



## One Nurse's Story

### **Maggie Flanagan Registered Nurse, Washington State**

My name is Maggie Flanagan and I'm a 46-year-old registered nurse, wife, and mother of two small boys. I live and work in Washington State and am a member of the American Nurses Association and its affiliate, the Washington State Nurses Association. I have a total of 21 years of experience working as a nurse in hospitals and consider caring for high-risk infants an honor and a privilege.

Five years ago in Alaska, I experienced serious back, neck and shoulder injuries that prohibited me from working for eight months. I still work in the same capacity in a hospital facility near my new home, having recently relocated from Alaska to Washington State.

I am providing this testimonial to let other nurses and the general public know just how devastating a back or musculoskeletal injury can be, and to provide evidence as to why action is so desperately needed on this issue. Until I am able to explain my story, people often look puzzled when I say that I sustained a disabling injury from caring for newborn infants. But, take it from me, even though our patients are small, the ergonomic hazards in this particular health care setting are very real and very serious. Providing nursing care to sick and premature infants in a newborn intensive care unit (NICU) is complex, fast-paced and stressful. Newborns in distress require split-second interventions.

Caring for sick newborns also requires long periods of standing and bending, frequently in awkward postures. Increasingly, newborn intensive care units are cramped and loaded with high-tech equipment. In most hospitals, the expanding amount of equipment now used in everyday patient care was not planned for in original designs. The "human" factor seems to have been an afterthought. With equipment arranged like this, our everyday work involves long horizontal and vertical reaches. Alarm soundings from machines can number in the hundreds during a 12-hour shift and must be silenced by reaching high and far. Before my injury, I would reach past the point of discomfort to silence these alarms....alarms that could potentially damage the underdeveloped hearing of my fragile patients. What my injuries have taught me is that continuously reaching far and fast and above one's shoulders is extremely hazardous.

As someone who has experienced an ergonomics injury or a musculoskeletal disorder (MSD), what this really means to a nurse trying to work in a challenging environment and raise two young boys is the following: For years leading up to my eight-month disability, I found that it took longer and longer to recover from a 12-hour shift. Back, neck and shoulder pains plagued me even on my days off. I didn't realize that these cumulative aches and pains could develop into a chronic injury. I didn't know that each shift was becoming "a down payment" for the injury that would become mine "for keeps." In addition to these cumulative problems, I was acutely injured while lifting patient monitoring equipment, which my charge nurse deemed necessary to move. (The charge nurse had originally called throughout the hospital to get help, but there was not

enough staff.) From my experience, I know that moving critically ill infants can have extremely dire consequences, so I agreed to assist.

The lifting activity involved moving a 75-pound monitor down from a shelf above shoulder height, on to a rolling table and back up to a shelf above shoulder height. We had seen men in our unit move the monitors by themselves and thought that the two of us together could also move the equipment, but we were wrong. Had the charge nurse and I been educated about the seriousness of these hazards, she never would have required either of us to perform this lift. Instead, we went ahead and my severe back spasms started soon after completing the equipment move. Looking back, I now know that performing this heavy move was the exact motion that I had used in silencing all the hundreds of alarms that occurred in my daily work. The repetitive strain of answering those alarms with long and high reaches, being protective of my patients' hearing, had taken its toll. My musculoskeletal injury from the heavy lift had occurred in the same areas that were slowly being damaged in my day-to-day work.

My back disorder also involved my shoulders and my neck. I attended physical therapy several times a week. I had a hard time sleeping. I experienced spasms and a lot of pain, and I had to take long-term painkillers. For months after I was hurt, I also could not bathe or dress my children. I couldn't perform simple chores like laundry or using the dishwasher. During my physical rehabilitation, I experienced several setbacks. It took me eight months to return to work.

My family life also suffered because we had to put our children in daycare while I attended rehabilitation services. Prior to my injury, my husband and I had always worked opposite days so we could keep our young children home. I was told by the hospital's insurance adjuster that now that I was an injured worker, my children were not "my priority." I want you to know that no one can give me back the time I lost with my children, or quell the resentment about employer and insurer-imposed decisions about my personal family life.

In the unit where I was hurt, several ergonomic evaluations had been conducted because other nurses had been injured before me. Despite clear recommendations from ergonomics experts to implement control measures and eliminate hazards, my hospital took no action because it wasn't required by law. After my injury the neonatal intensive care unit was remodeled, but the ergonomic recommendations by the hospital's own expert were still not followed.

The release of OSHA's Ergonomics Standard three years ago at least spurred the hospital to form an ergonomics committee. But because the standard has since been repealed, there is now no mandate guaranteeing that the hospital will make the interventions so desperately needed.

In closing, I'd like to offer some reflections about my experience: Repetitive strains symptoms are usually subtle in their onset, and often come and go. The most at-risk group for these injuries are nurses who work long, strenuous hours, who are not able to take breaks and who also become dehydrated. And the worst part is that these injuries most often affect our hardest workers – precisely the workers whom we can least afford to lose.

I know I am not the first person hurt at my job. But what I can't live with is that I won't be the last...unless we start protecting nurses and other health care workers immediately from ergonomic hazards in the workplace. Nurses deserve a place of employment free from recognized hazards because when a worker develops a musculoskeletal disorder, it is not just a lost work day, it can be a life lost forever to pain and disability. Let the protection begin! Thank you.

*For more information or to arrange an interview with Ms. Flanagan, contact Cindy Price at 202-651-7038 or Carol Cooke at 202-651-7027.*