

Workplace Hazards and Risks: The Case of Covid-19 Pandemic Impact on Healthcare Workers

Professor Duygu Biricik Gulseren

Osswah Qaisar - 218193243

Amir Garshashb - 210342905

Arpit Goyal - 217308784

Kinza Jafri - 214421168

Alexsia Di Matteo - 218438895

HRM 3400

November 22, 2022

Keywords: hazard, risk, injury

Workplace Hazards and Risks: The Case of Covid-19 Pandemic Impact on Healthcare Workers

Background about the organization:

Great Hospital is a large and highly respected care center in Southern Ontario. It has a legacy and history which is known widely. Students have become famous Canadians here, some progressing to careers in NASA and the government. Currently, it has 10 000 staff members in an expansive location that has 4 satellite locations. These satellites are specialized and deliver care ranging from rehabilitation from orthopedic surgeries, or providence convalescence to patients in complex continuing care, as well as veterans from the Second World War. It has the largest institution in Canada for the care of veterans. About 500 World War II and Korean War veterans received long-term and specialized hospital treatment through this partnership with Veterans Affairs Canada. Veterans receive three types of care from the staff: palliative care, cognitive assistance, and physical support. From 2001 to 2003, the hospital was amongst the first private cancer care clinics opened in Ontario. They also handle air ambulance services for individuals in need of urgent trauma care. Cumulatively, it has nine intensive care units (ICUs) and therefore focuses extensively on research, drawing universities and their prospective students from around the world. It offers residencies to students from various medical specialties as well as to residents in pharmacy, nursing, occupational health, occupational therapy, physiotherapy, and many more. With this level of care and specialty, it is obvious that managing safety is a special concern itself.

Description of the incident:

“Leila”, an emergency department nurse who was recently hired, had made a medication error. During the pandemic, the loss of nursing staff, and the influx of even greater numbers of patients resulted in nurses taking care of more patients than they typically might in a shift. On a normal shift, 8 patients might be reasonable, but during the pandemic, nurses were staying long hours and taking care of 12 patients at a time in some cases. Leila, being new, and wanting to contribute as efficiently as possible without disturbing her colleagues, ignored the mandatory

“independent double check”. This check is performed when narcotic medications are used to ensure that the right dose in milligrams is given to the right patient, at the right drip rate, and at the right time. The patient’s weight, health, and vital signs are all checked by a second nurse before the medication is started intravenously. Leila ignored that step because she was likely thinking about the dozens of other jobs she had to do before the night ended and the new nurses came in, assuming all the morning staff would show up. The pandemic has caused burnout, and the increasing pace brought on by COVID has resulted in more staff needing greater time off than they are usually allotted. For example, when lunches and breaks get missed in a 14-hour shift, that nurse will likely take the next day off or more. Leila was in a similar situation: a new nurse with hope and aspiration, experiencing burnout and beginning to cut corners at work. Inevitably, this posed a hazard with high risk. Due to an error, a dangerous medication was given to a patient, leading to serious injury and nearly claiming the life of the patient.

Recently, with the stress that the COVID pandemic has created in staff and resource shortages, burnout rates, and stress has been at an unprecedented level in the 32 years that former surgical nurse, now Risk Manager, “Vera” reports. Vera was a nurse for 25 years and has spent the last 8 years serving the role of risk management and control at her site. She followed up regarding the mistake that was made in a critical setting, despite well-established safety practices.

In the past, when staff was newly recruited, they were often placed under the instruction of mentors and very well-established staff. Some of these mentors were nurses for longer than Vera and moved into teaching or administrative positions. A handful, however, remains in practice, serving both a clinical role but also training and educating new generations of nurses to have a “Spidey-sense”; an iron-clad intuition that permits them to thrive in the steady or often rushed pace while delivering excellent care. Additionally, the institution ensured that self-care, as well as continuing education, was essential to maintain a reliable and safe workplace. But with the increasing volume of admissions during COVID, that element was often neglected as staff felt that their real mission was to uphold the integrity of the health center. Vera, like many, had left her administrative role to return to the frontline, where mentorship could continue, and dissolve the traps that awaited new nurses. Her veteran leadership was invaluable, especially for the nurses who had never experienced extreme workplace hardships. She believed that her role

now was to provide support and to inform nurses who frequently report skipping steps “because their colleagues were busy”.

Vera strives to promote for people like Leila, a culture of safety. Mental health, personal safety, psychological safety, and patient safety in a friendly, collegial, and professional setting are essential to providing support in an industry where people’s lives are the central concern. The recent loss of human resources and the dismantling of the senior-junior relationship have become important topics in leadership and policy circles. Ultimately, Vera, the patient, and Leila are implicated, and the result would have to be brought to the attention of many staff, including the doctors, their chief of staff, the hospital CEO, and ultimately, the patient and their families.

Discussion Questions

1. In terms of hazard identification, what factors (people, environment, processes etc.) played a role in leading to the incident in this case?
2. Given the risk and consequences of not following through with procedures, what were the reasons for Leila doing so? Was it a cognitive failure?
3. Were any methods of risk control undertaken in this case? Were they effective? What could management have done differently to prevent the injury from occurring?
4. Were safety compliance and participation promoted in the organization? Should it be? Why or why not?
5. Heinrich’s Domino Model suggests that every injury is the result of a series of events and the Swiss Cheese Model suggests that the occurrence of accidents is due to a sequence of factors and latent errors. Are any of these theories evident in this case? If yes, how so?

Informed Consent Form Template

Date: October 14, 2022.

Study Name: Occupational Health & Safety: Case Study Writing

Researcher name: Amir Garshasb , Principal Investigator, School of Human Resources Management, York University, and Duygu Biricik Gulseren, gulseren@yorku.ca, Assistant Professor, School of Human Resource Management, York University.

Purpose of the Research:

The goal of this study is to develop a case study based on an occupational health and safety challenge experienced by real-life organizations

What You Will Be Asked to Do in the Research:

We will ask you to answer a few open-ended questions about your organization, your job, and common health and safety challenges that you experience in this organization. With your permission, we would like to audio-record our interview so that we can refer to it when we write the case. Our interview should not take more than 30 minutes.

Risks and Discomforts:

Potential risk for negative emotions to be brought up when recalling negative experiences that has happened in your organization. In such an event, you can refer to the following online resources to manage your negative feelings:

<https://www.psychologytoday.com/ca/blog/women-s-mental-health-matters/201509/7-ways-deal-negative-thoughts>

- <https://www.wikihow.com/Deal-With-Negative-Thoughts>
- <https://psychcentral.com/blog/how-to-sit-with-painful-emotions/>
- <https://www.psychologytoday.com/ca/blog/critical-feeling/201608/5-ways-deal-feelings-you-d-rather-not-feel>

Benefits of the Research and Benefits to You:

You may gain better insights about your workplace. Your answers will help us develop case studies to be used in Occupational Health and Safety education across the world. Please note that there is no monetary compensation in this project.

Voluntary Participation and Withdrawal:

Your participation in the study is completely voluntary and you may choose to stop participating at any time.

Student Version 12.23.21

time. Your decision not to volunteer, to stop participating, or to refuse to answer particular questions will not influence the nature of your relationship with York University either now, or in the future. In the event you withdraw from the study, all associated data collected will be immediately destroyed wherever possible.

While translating your data into a case, we will change some details about your organization (such as its name, industry, location) to protect its identity. We will also use story telling and employ characters in the case study. You or your organization will not be identifiable in the final case study.

Confidentiality:

All information you supply during the research will be held in confidence and unless you specifically indicate your consent, your name will not appear in any report or case study.

Your data will be safely stored in an encrypted, password protected internet cloud and only research team members will have access to this information. Data will be stored for 3 years before electronically destroyed. Confidentiality will be provided to the fullest extent possible by law.

The researcher(s) acknowledge that the host of the online survey may automatically collect participant data without their knowledge (i.e., IP addresses.) Although this information may be provided or made accessible to the researchers, it will not be used or saved without participant's consent on the researchers system. Further, "Because this project employs e-based collection techniques, data may be subject to access by third parties as a result of various security legislation now in place in many countries and thus the confidentiality and privacy of data cannot be guaranteed during web-based transmission."

Questions About the Research? If you have questions about the research in general or about your role in the study, please feel free to contact my supervisor, Duygu Gulseren at gulseren@yorku.ca.

This research has received ethics review and approval by the Delegated Ethics Review Committee, which is delegated authority to review research ethics protocols by the Human Participants Review Sub-Committee, York University's Ethics Review Board, and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process, or about your rights as a participant in the study, please contact the Sr. Manager & Policy Advisor for the Office of Research Ethics, 5th Floor, Kaneff Tower, York University (telephone 416-736-5914 or e-mail ore@yorku.ca).

Legal Rights and Signatures:

I consent to participate in this study.

Student Version 12.23.21

X *Sue Thorne*

Sue Thorne
RN, BScN Risk Manager Sunnybrook Health ...