

Trying to get back: The challenges faced by Registered Nurses returning to work

by: Laurie Clune RN, PhD(c)

Why a study about the Regulated Nurse?



BLOOMBERG
LAWRENCE S. BLOOMBERG
FACULTY OF NURSING
UNIVERSITY OF TORONTO

Nursing is a high risk profession for injuries

Lifting a patient from one bed to another
(Women's encyclopedia, 1912)



- **National Survey of the Work and Health of Nurses (NSWHN)**
- 18,676 nurses RN, RPN, LPN employed in a variety of health care settings and in all provinces and territories.
- **Minimal on regulated nurses, women and RTW**



The Question

How does Return to Work structure the everyday experiences of the injured registered nurse?

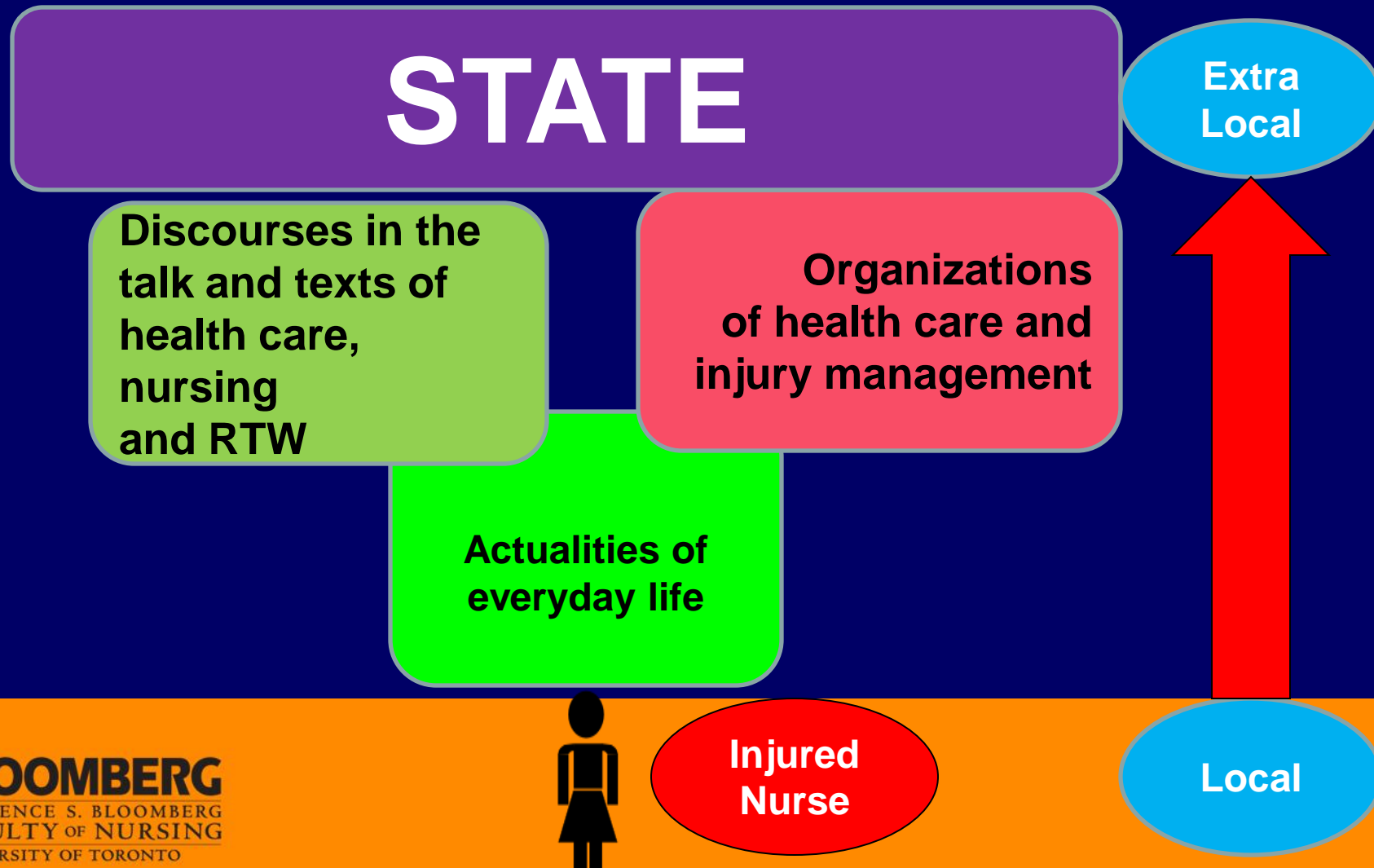
Inquiry approach: Institutional ethnography

- Look at the institutional complexes that organize and shape experiences



An injured nurses' standpoint: return to work

(adapted from Smith, 2006, p. 3)



Underpinnings of Institutional Ethnography

- work processes as the fundamental grounding of social life.
- do not privilege paid work but keep in mind the broader requirements of embodied existence—people’s need to sustain themselves
- “It is like putting a magnifying glass on a map. You want to illuminate the details that are often taken for granted or invisible” (Smith, 2009).

Data Building strategies:

Local: Primary Informants

Injured Registered Nurses

Recruitment: Social network recruitment

Methods: 2 interviews (1 ½ hours and 1 hour)

Sample: 6 RN's primary informant interviews

- 9 injury/illness incidents
- Various acute care hospitals throughout southern Ontario
- Unionized and non-unionized
- WSIB claim
- Physical injury and mental illness

Scaffold map: how does it work?

Occupational
Health

Injury

Injury
Reporting

WSIB

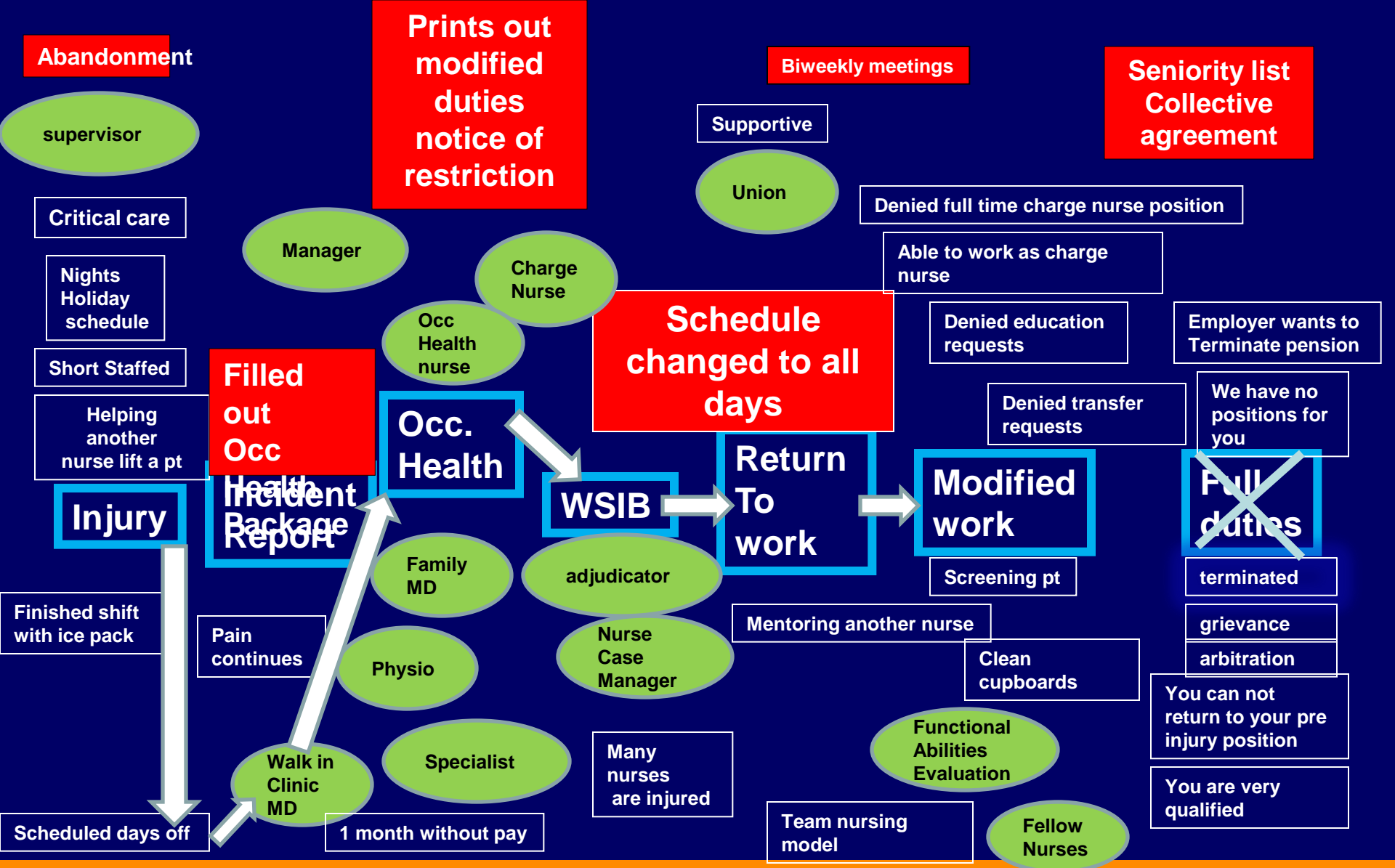
Return
to
work

Modified
Work

Full
Duties

Manager





Initial Discoveries: Primary Informants

- Resuming paid employment on a modified schedule while still engaged in rehabilitation treatments was problematic for the nurses.
- Most nurses were unsuccessful in returning to their pre-injury position

Data Building strategies:

Extra Local: Secondary Informants

Recruitment: Social network, newsletter add recruitment

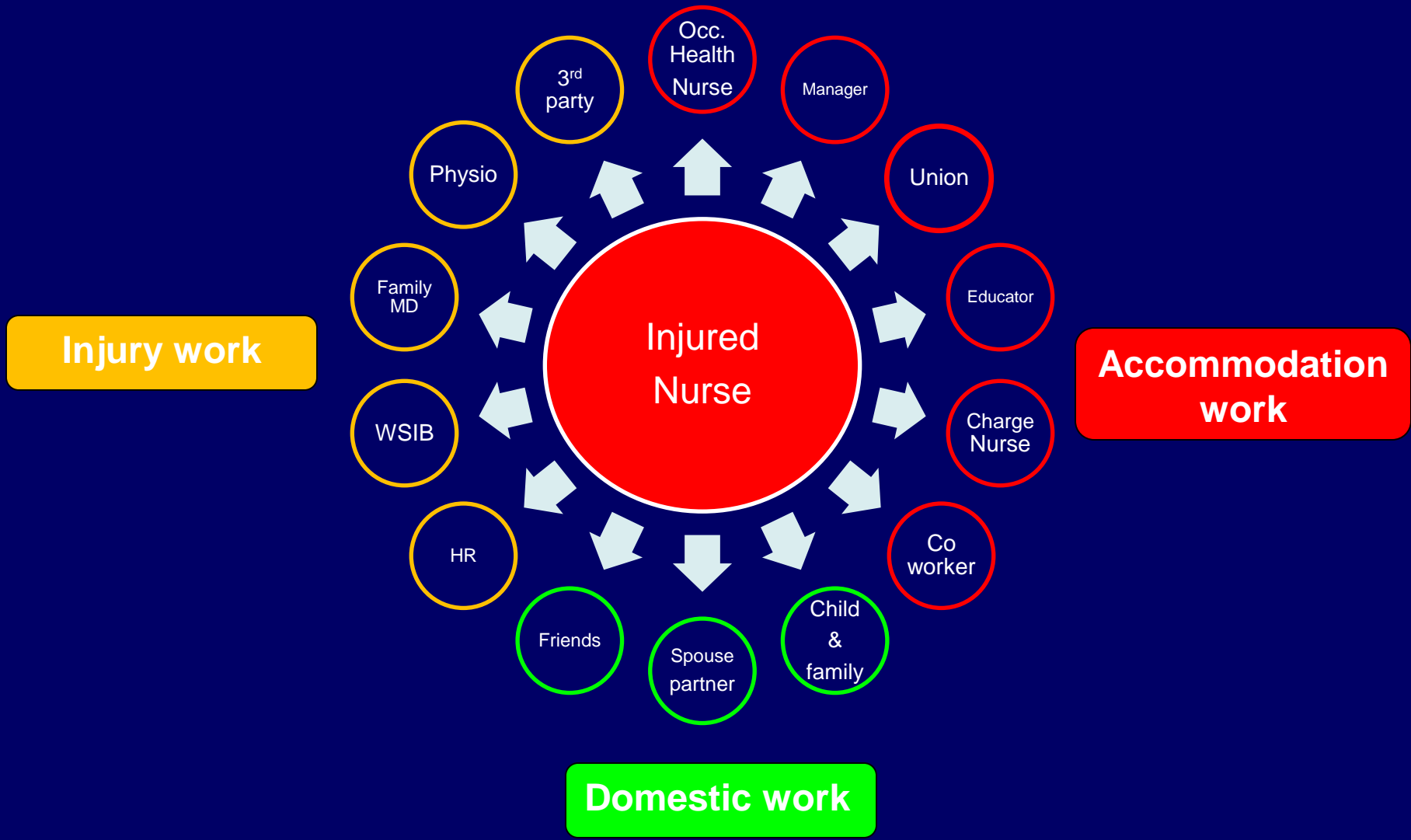
Methods: 1 interview (1 hour)

22 secondary informant interviews

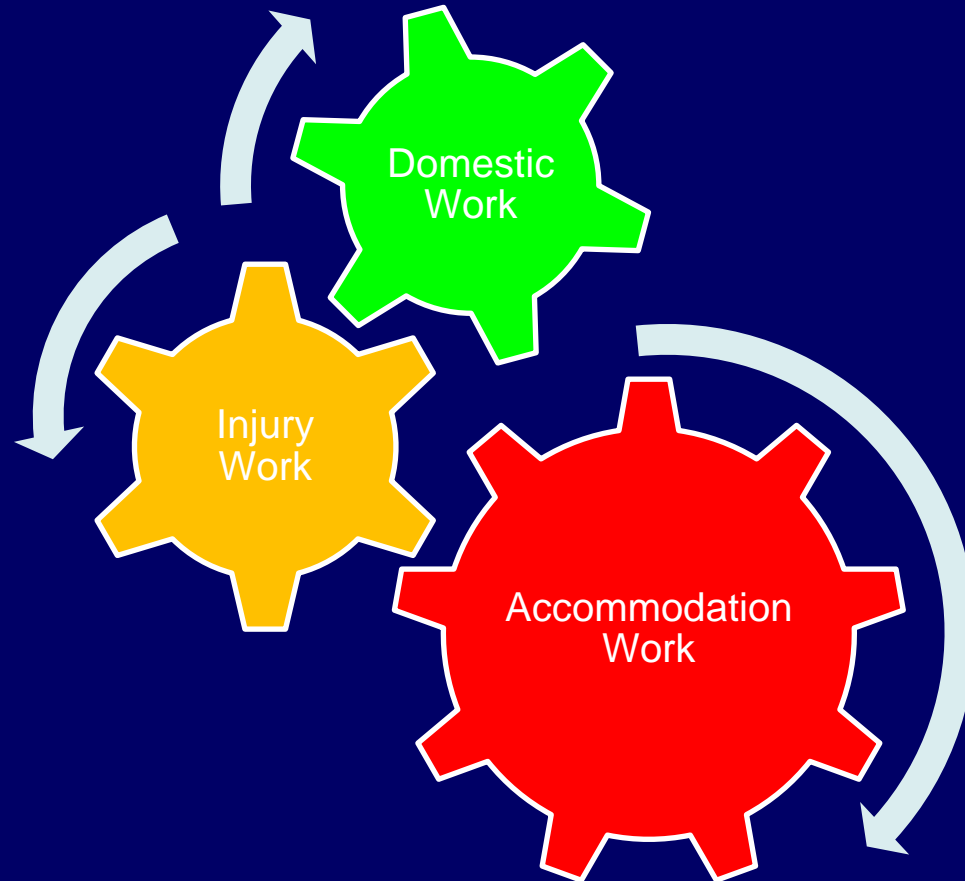
- Occupational Health, Physio, ortho surgeon, managers, charge nurses, RN's who had worked with injured nurses, ONA local, ONA central, spouse

Texts

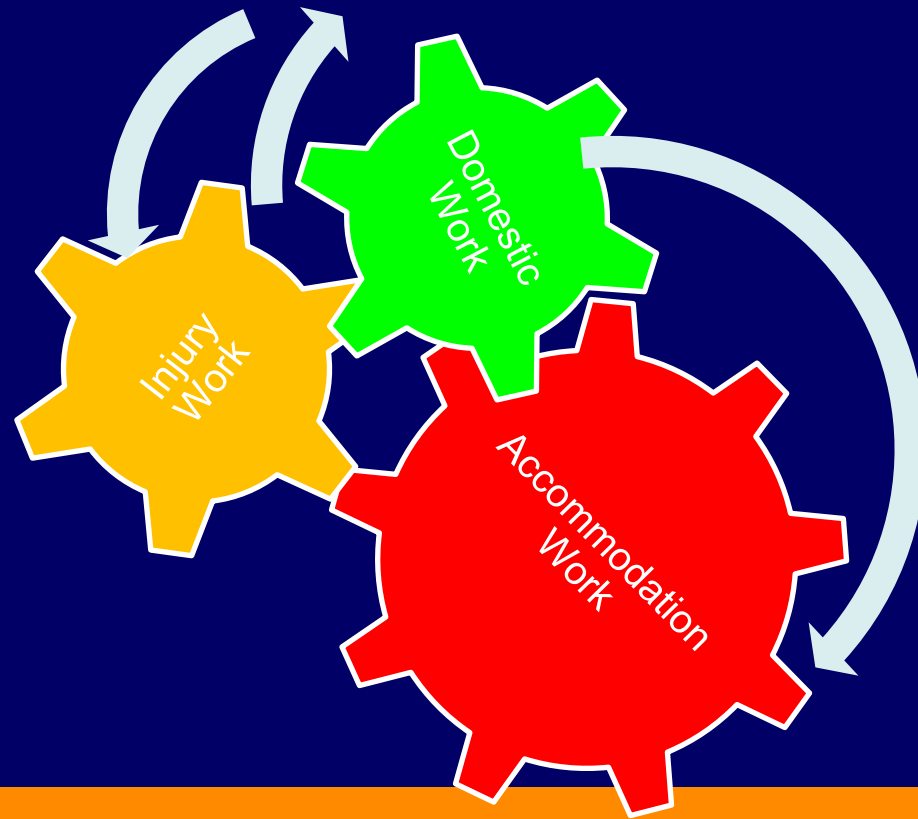
- WSIB web site, Statistics Canada, Ministry of Health, legislation, forms and reports, collective agreements, forms, notes, files



Successful RTW



Unsuccessful RTW



Domestic Work

“Everything at home went wrong”



RTW: common hospital practice

- Hospitals place nurses on an all day shift graduated schedule
- Validated by primary and secondary participants

Regular Schedule

child care needs= 5 days

Mon	Tues.	Wed	Thurs	Fri	Sat	Sun
D12	D12	N12	N12	off	off	off
off	off	D12	D12	N12	N12	off
off	off	off	off	D12	D12	N12
N12	off	off	off	off	off	D12

RTW schedule

child care needs= 12 days

Week	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Total hours
1	9-12			9-12				6
2	8-12		8-12		8-12			12
3	7-3	7-11		7-3				20
4	7-3	7-11	7-3		7-3			28

Domestic work:

- Child and elder care
 - *“My Mum got confused more because I couldn’t come on Wednesday”*
- Financial distress
 - *“it was a lot more expensive. There’s daycare, then pay premium parking rates, Timmy’s, advil. It all adds up”*
 - *“My son couldn’t go to college. I couldn’t pay of it”*

Domestic work:

- Strained relations with the family members
 - *“(husband) got in trouble at his work. He had to take so much time off when I was hurt with my physio appointments. When I went back to work he still needed to help out with the kids. They wrote him up and we were afraid he would get fired”*
- Neglected domestic chores
 - *“I got a fine for the city for my grass. The last thing I was able to do was cut my grass after work...gone are the days when you can get a kid to cut your grass for 20 bucks”*

Injury Work

“It’s like a second job... I need a secretary”



Injury work

- Appointments

- *“ Once you go back to work it is tough to get your appointments. You can’t go through the day anymore. So you have to compete for premium appointments after work. They are tough to get.”*

Injury work

- Commuting work
 - *“The location of my physio was great when I first got hurt because it was close to home. Now that I am back I have to sit in rush hour traffic in order to get there.”*
- Getting notes
 - *“My doctor won’t do the note on the same day of my visit. So I have to go back the next day to get it. Then I have to make copies, keep records. I am like a secretary”*

Injury work

- Waiting work
 - *“All I do is wait to be seen. Hours and hours of waiting”*
- Treatment work
 - *“I am so tired by the time I work at the hospital, sit in rush hour to get to physio. I am not doing as well now that I am back (at work). I experience a lot of pain and stiffness.”*

Injury work

- Meeting work (union)
 - *“There is always tension in the air. First occupational health talks, then management, then the union rep. Everyone is busy taking notes. And I just sit there. They don’t really care about me. They care about the process”*
- Meeting work (non-union)
 - *“Things were totally different (in a non-unionized hospital). We talked, negotiated things. They listened to me. And I was able to do different things to get me back”*

Accommodation work

“Everything was different when I went back. New useless jobs, new people and sometimes doing nothing. I wanted to go back to my unit, my job. I wanted my life back”



Accommodation work

- The charge nurse had a difficult time finding appropriate duties when
 - There are no appropriate patient assignments or concerns about patient safety were evident
 - There is more than one injured worker on the same unit

Accommodation work

- Settling for a job

- *“They gave me to volunteer’s job. I was so bored”;*
- *“I was the hand washing police”;*
- *“I had a new job everyday. Nothing hard. I just never belonged anywhere.”*
- *“I had nothing to do. I was done that job in 5 minutes.”*
- *“I have over 25 years ICU experience and all they have for me is to answer phones. I suggested lots of things for me to do...but HR said no”.*

Accommodation work

- Union challenges
 - *“I loved that job. It was perfect...but it wasn’t posted and they grieved it. They just cut the position all together”*
 - *“they assigned me to do (job) and it created a union turf war”*

Accommodation work

- Negotiating with peers
 - *“I was assigned to do all the vital signs and there were two things wrong with that. First pumping up a BP cuffs on 40 patients is hard work. Second the nurses didn’t want me to do their vitals. When a nurse does vitals she is doing a lot more than just that task... And I know that. But they won’t listen”*
 - *“Everyone knew about me. They had to post my restrictions for everyone to see. So as soon as I can on the unit they all looked at me. I knew they were afraid I was going to be a burden to them”*
 - *“I couldn’t spike the IV bag. But everyone was so busy with their own patients and had no time to help me”*

Accommodation work

- Moral dilemma
 - *“It was tough sometimes. It was really busy and everyone was running around. I’d be done my work and someone asked for help. I wasn’t suppose to. At first I said no I have restrictions...but I had to help. I couldn’t watch them anymore. So I helped got hurt and it made my back worse”*

What aided successful RTW

- A support system that could assist with domestic responsibilities
- Home, physio, doctor and work in close proximity
- Savings or credit
- Team nursing
- Meaningful work

Conclusions

- RTW is a complex process (especially for hospital nurses)
- There is a lot of (in)visible work wrapped into RTW that is unrecognized or acknowledged.
 - Gender issues: domestic responsibilities
 - Shift workers lives becomes disorganized when their schedules are changed
 - There are many demands in injury work

Conclusions

- Nurses could identify creative ways they could be used in the system – strategies to consider these solutions should be considered.
- The unsuccessful RTW of a nurse contributes to the nursing shortage

Conclusions

- Labour and injury management practices in health care may limit or reduce the incentive to provide meaningful accommodated work
 - *“It’s like a buzzer in HR goes off at 2 years”*
(middle manager)

Question of an injured nurse

*“Do they (hospitals) really want us
back?”*

**Thank you
Questions**



BLOOMBERG
LAWRENCE S. BLOOMBERG
FACULTY OF NURSING
UNIVERSITY OF TORONTO