

Editorial

Occupational Health and Safety for Nurses Benefits Patients, Too

Claire C. Caruso, PhD RN



Claire C. Caruso, PhD
RN
Guest Editor

This issue of *Rehabilitation Nursing* is devoted to worker safety and health. We greatly appreciate our authors' efforts to share their expertise for this special issue. Their articles discuss risks posed by violence, smoking, fatigue and sleep loss, and patient lifting.

Although the rehabilitation work environment and other healthcare settings may appear clean and orderly, they actually expose workers to many hazards such as life-threatening infections including HIV and hepatitis. Workers also may be repeatedly exposed to hazardous chemicals, such as cleaning agents, cancer drugs, and other toxic substances. In addition, healthcare workers often are called upon to perform physically demanding tasks, such as patient lifting, and they may experience latex allergy, violence, and job stress. Compared to other industrial sectors, the healthcare social assistance (HCSA) sector sustains the second highest number of nonfatal injuries and illnesses (Bureau of Labor Statistics & U.S. Department of Labor, 2006). In 2005 the combined number of injury and illness cases involving days away from work for nursing aides, orderlies and attendants, and registered nurses accounted for more than 30% of all occupational injuries and illnesses (National Occupational Research Agenda [NORA] Healthcare Social Assistance Council, 2009). Also in 2005, two-thirds of personal assaults and violent acts associated with occupations occurred in the HCSA sector.

Hazards in the healthcare work environment also endanger sick people and those requiring care. Exposures to airborne infectious agents, spills of industrial-grade disinfectants or anticancer drugs, and encounters with violent emergency department visitors affect both patients and workers. Demanding work hours are linked to many types of illnesses and injuries for workers and increased risk for fatigue-related medical errors.

Fortunately, evidence-based strategies are available to protect workers and patients from many of these hazards. Adopting these strategies in the workplace and promoting a culture of safety benefits workers, patients, family members, and all who enter healthcare facilities. Consequently, safety programs should not discriminate between patients and workers. Rather, programs should promote comprehensive systems of safety and cultures of safety that address all known hazards and receive support from all levels of HCSA organizations. Although there are many

examples of institutions that have successfully adopted comprehensive approaches to safety and health, widespread implementation in the HCSA sector remains the goal. One barrier is this sector's entrenched belief that patient care issues supersede the personal safety and health of workers, and that it is acceptable for HCSA workers to have less than optimal protections against hazardous exposures. Because patients and providers share the healthcare environment, efforts to protect all people within a setting can be complementary, even synergistic, when pursued through a comprehensive integrated approach.

The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention is a source for additional information. NIOSH was established by the Occupational Safety and Health Act of 1970 and charged with conducting research and making recommendations to prevent work-related injury and illness. This Act also established the Occupational Safety & Health Administration (OSHA), which is charged with setting and enforcing regulations. The NIOSH website features a wealth of information to help reduce risks posed by hazards in the workplace. A NIOSH topic page is devoted to healthcare workers and healthcare organizations (www.cdc.gov/niosh/topics/healthcare/). This website is updated as new documents, statistics, and resources become available. Visit this site to access information and strategies to guard against hazards in the healthcare environment.

Healthcare workers, patients, healthcare organizations, and society all benefit from improved worker safety and health. According to OSHA, the American Society of Safety Engineers, the American Industrial Hygiene Association, Liberty Mutual Insurance Company, and others, companies with effective health and safety programs can expect a return on investment of at least \$3-\$6 for every \$1 invested, in addition to benefits such as reduced workplace injuries and illnesses, improved employee morale, and a more positive public image as a safety and health leader.

Acknowledgment

The findings and conclusions in this report are those of the author and do not necessarily represent the views of NIOSH.

Continued on page 222

Safe Patient Handling for Rehabilitation Professionals

- King, P., Huddleston, W., & Darragh, A. R. (2009). Work-related musculoskeletal disorders and injuries: differences among older and younger occupational and physical therapists. *Journal of Occupational Rehabilitation*, 19(3), 274-283. Epub June 6, 2009.
- Langhorne, P., Coupar, F., & Pollack, A. (2009). Motor recovery after stroke: A systematic review. *Lancet*, 8, 741-754.
- Leigh, J., Markowitz, S., Fahs, M., Shin, C., & Landrigan, P. (1997). Occupational injury and illness in the United States. Estimates of costs, morbidity, and mortality. *Archives of Internal Medicine*, 157(14), 1557-1568.
- Liberty Mutual Insurance. (2001). *The Executive Survey of Workplace Safety*. Retrieved May 25, 2010, from www.mrodaily.com/mropress/083101/a_majority_of_u.htm.
- Marras, W. S., Davis, K. G., Kiring, B. C., & Bertsche, P. K. (1999). A comprehensive analysis of low-back disorder risk and spinal loading during the transferring and repositioning of patients using different techniques. *Ergonomics*, 42, 904-926.
- National Research Council and Institute of Medicine. (2001). *Musculoskeletal disorders and the workplace: Low back and upper extremities*. Washington, DC: National Academy Press.
- Nelson, A. (2006). *Safe patient handling and movement: A practical guide for health care professionals*. New York: Springer.
- Owen, B. D., Garg, A., & Jensen, R. C. (1992). Four methods for identification of most back-stressing tasks performed by nursing assistants in nursing homes. *International Journal of Industrial Ergonomics*, 9, 213-220.
- Rice, M., Wooley, S., & Waters, T. (2009). Comparison of required operating forces between floor-based and overhead-mounted patient lifting devices. *Ergonomics*, 52(1), 112-120.
- Rockefeller, K. (2008). Using technology to promote safe patient handling and rehabilitation. *Rehabilitation Nursing*, 33(1), 3-9.
- Rozenfeld, V., Ribak, J., Danziger, J., Tsamir, J., & Carmeli, E. (2009). Prevalence, risk factors and preventive strategies in work-related musculoskeletal disorders among Israeli physical therapists. *Physiotherapy Research International*, April 22. [Epub ahead of print].
- Silvia, C. E., Boswick, D. S., Lillquist, D., Wallace, D., & Perkins, M. S. (2002). An ergonomic comparison between mechanical and manual patient transfer techniques. *Work (Reading, Mass.)*, 19, 19-34.
- U. S. Department of Labor, Bureau of Labor Statistics. (2007). *Nonfatal occupational injuries and illnesses requiring days away from work, 2006*. Retrieved July 10, 2010, from www.bls.gov/iif/oshwc/osh/case/osnr0029.pdf.
- Waehrer, G., Leigh, J. P., & Miller, T. R. (2005). Costs of occupational injury and illness within the health services sector. *International Journal of Health Services: Planning, Administration, Evaluation*, 35, 343-359.
- Waters, T., Dick, R., Davis-Barkley, J., & Krieg, E. (2007). A cross sectional study of the risk factors for musculoskeletal symptoms in the workplace using data from the general social survey (GSS). *Journal of Occupational and Environmental Medicine*, 49(2), 172-184.
- Waters, T., Nelson, A., Hughes, N., & Menzel, N. (Eds.). (2009). *Safe patient handling training for schools of nursing: Curricular materials*. [DHHS (NIOSH) Pub. No. 2009-127]. Cincinnati, OH: U.S. Department of Health and Human Services, National Institute for Occupational Safety and Health.
- Waters, T., Putz-Anderson, V., Garg, A., & Fine, L. J. (1993). Revised NIOSH equation for the design and evaluation of manual lifting tasks. *Ergonomics*, 36(7), 749-776.
- Webster, B., & Snook, S. (1994). The cost of 1989 workers' compensation low back pain claims. *Spine*, 19(10), 1111-1115.
- Zhuang, Z., Stobbe, T. J., Hsiao, H., Collins, J. W., & Hobbs, G. (1999). Biomechanical evaluation of assistive devices for transferring residents. *Applied Ergonomics*, 30, 285-294.

Occupational Health and Safety Benefits Patients, Too *continued from page 176*

The NORA publication cited in this article's reference list offers additional statistics and information related to this editorial's discussion. The document discusses many of the risks encountered in the health-care work environment, challenges connected to the healthcare culture, and recommendations for progress.

References

- Bureau of Labor Statistics & U.S. Department of Labor. (2006, October 19). *Workplace injuries and illnesses in 2005*. Retrieved July 2, 2010, from www.bls.gov/iif/oshwc/osh/os/osnr0025.txt.
- National Occupational Research Agenda Healthcare and Social Assistance Sector Council. (2009). *State of the sector—Health care and social assistance: Identification of research opportunities for the next decade of NORA* (DHHS [NIOSH] Publication No. 2009-139). Cincinnati, OH: Author.