Issue #46: Trends in resident handling equipment use in nursing homes and factors associated with consistent use

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Musculoskeletal disorders, particularly low back injuries, are very common among healthcare workers (1-3). Despite evidence that using safe handling equipment reduces injuries among healthcare workers (4-7), few studies have reported on the frequency of workers’ equipment use or reasons for inconsistent use of handling devices.

Surveys were distributed to nursing home employees on four survey occasions after a safe resident handling program (SRHP) began (2006-2013). We have previously reported on the program’s effectiveness in terms of reduction of awkward postures and heavy manual handling (8, 9) and return-on-investment (10). However, among centers, variation in equipment use and physical workload (11) and net average savings (10) was noted.

In 8 centers where surveys were distributed all four times (3 months, 12 months, 24 months, 60+ months post-SRHP), responses from 776 nursing aides were examined to learn more about variation in SRHP effectiveness. The frequency of resident handling equipment use, reasons for not using it consistently, and work organization and individual characteristics related to differences in frequency of use were examined.

At least two-thirds of nursing aides reported using devices “often” or “always” on each survey (Figure 1). The biggest reasons for not using equipment were consistently “device not available when needed” and “residents dislike” (Figure 2). In particular, these were the reasons reported most by the “often” and “always” users (Figure 3). Also, “not enough time” to use the lifts became a less important barrier over time, for most workers (Figure 2).
Several personal and work environment factors were found to be associated with higher equipment use. Higher perceived staff engagement in the program and higher prior expectations of its benefits were each related to higher equipment use. Older employees used equipment more frequently, which may be due to their greater experience or to their perceived vulnerability to back injury. Employees with higher health self-efficacy have stronger beliefs in their ability to improve their health and overcome barriers, so it is not surprising that they used equipment more frequently. Having been assaulted at work was somewhat related to lower equipment use. While the exact reason was not stated, it is plausible that aides may avoid using equipment with residents who have previously assaulted them. It is unclear why lower supervisor support was related to higher equipment use, since the opposite was expected. This is even more surprising because supervisor support was strongly related to perceived staff engagement, which included four items related to supportive supervisors/management and was also related to higher equipment use.

**Recommendations:** When implementing and evaluating safe handling interventions, barriers to consistent equipment use should be addressed, through measures such as:
- Attention to device availability and maintenance
- Increasing workers’ decision-making opportunities and empowerment, in general
- Education of residents and their family members as to the value of the SRHP

**References**

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