PHASE in Healthcare

Preliminary Study Results

UMASS Lowell
Promoting Healthy and Safe Employment in Healthcare
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This project is supported by a grant from the National Institute for Occupational Safety and Health (Grant # RO1OH07381-05) under the auspices of the National Institute of Environmental Health Sciences Health Disparities Research Program.

Thank you all PHASE study participants. You made it possible for us to learn more about working in the healthcare industry. We hope that knowledge will help to improve the working conditions for you and future healthcare workers.

The purpose of this booklet is to share some examples of the PHASE study results with you and to give you some information about other health and safety resources. The PHASE project is ongoing and more extensive study results will be ready by September 2006. You will be able to access them through our website www.uml.edu/phase or by calling one of the Principal Investigators: Craig Slatin (978-934-3291) or Laura Punnett (978-934-3269).

Enjoy the booklet!

Best regards,
PHASE in Healthcare Research Team
1. Description of the PHASE study

Promoting Healthy And Safe Employment (PHASE) in Healthcare is a 5-year research project examining how working in the healthcare industry affects workers’ health. The healthcare workforce includes maintenance, housekeeping and food supply workers, patient care workers, technicians, administrators, clerical workers and managers. The study is being conducted by a team of researchers at the University of Massachusetts Lowell (UML). The National Institute for Occupational Safety and Health (NIOSH) and the National Institutes of Health (NIH) are funding the research.

Partner organizations include a number of hospitals and nursing homes in Massachusetts. All results reported in this booklet are from these facilities.

The PHASE study uses a variety of research methods including surveys, interviews, discussion groups, observations of the work environment and reviews of various documents and organizational information.

2. Who participated in the study?

- 47 healthcare managers, supervisors and administrators were interviewed.
- 139 healthcare workers participated in discussion groups (focus groups).
- 194 healthcare workers were observed while they worked.
- 103 nursing home and 376 hospital employees returned at least one survey. Many of them filled out three surveys.

Who completed the survey?

- 83% of all the respondents were women.
- Their ages varied between 18 and 82. The average age was 45.
- A larger portion of nursing home respondents than hospital respondents were non-white. This is probably because the nursing homes in our study have more non-white workers than the hospitals.

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Racial background of the survey respondents

![Racial background chart]

- 35%
- 30%
- 25%
- 20%
- 15%
- 10%
- 5%
- 0%

Hospital respondents

Nursing home respondents
What is work like for people who completed the survey?

- On average survey respondents work 33 hours per week.
- The majority of the respondents work in permanent day shifts.
- 5% of respondents work overtime. People who work overtime work an average of 4 hours of overtime per week.
- On average respondents have worked 8 years in their current workplace.
- A higher percentage of hospital respondents than nursing home respondents have another paid job outside the facility.

What is family life like for people who completed the survey?

- 66% of the respondents are married or live together with a partner. 20% have never been married.
- 26% of the respondents live in a household with no other adults.
- 13% of the respondents who live together with one or more adults are the only ones working outside the home.
- 49% of the respondents have at least one child under 18 at home.
- 14% of the respondents with children have primary responsibility for the children.
- 19% of the respondents have an elderly person in their life who depends on their care.
- 22% of the respondents do child care or other household work more than 20 hours per week.
3. What shapes the healthcare workplace?

Our healthcare system has gone through a lot of changes over the past twenty years. Government, insurers and healthcare providers have been trying to find ways to reduce costs while maintaining high quality and effective healthcare services. Many of these changes have been put in place to make healthcare provider organizations more responsive to market competition.

Because of this the healthcare work environment has changed in many ways. New technologies have been introduced to improve care and lower labor costs. Patient care work is done by a different mix of professionals and support staff than in the past. The Massachusetts healthcare workforce is also more culturally diverse than it was twenty years ago. We studied how these changes have been affecting employee health and safety and whether all healthcare workers have equal access to health and safety programs and workplace protections.

In the following sections we will share with you some preliminary results which come from surveys and discussion groups with nursing home managers and employees.

4. Health and safety programs at work

We asked management and employees if their workplace has the following health and safety programs and policies:

<table>
<thead>
<tr>
<th>Health and safety program or policy</th>
<th>Program exists according to management</th>
<th>% of employees who think a program exists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting of workplace injuries</td>
<td>✓</td>
<td>100</td>
</tr>
<tr>
<td>Biohazard (e.g., lab biosafety)</td>
<td>✓</td>
<td>100</td>
</tr>
<tr>
<td>Patient restraint</td>
<td>✓</td>
<td>97</td>
</tr>
<tr>
<td>Reporting of sexual harassment</td>
<td>✓</td>
<td>97</td>
</tr>
<tr>
<td>Prevention of sexual harassment</td>
<td>✓</td>
<td>94</td>
</tr>
<tr>
<td>Prevention of back injuries</td>
<td>✓</td>
<td>90</td>
</tr>
<tr>
<td>Prevention of needlestick injuries</td>
<td>✓</td>
<td>90</td>
</tr>
<tr>
<td>Security issues (e.g., weapon possession or terrorism threats)</td>
<td>✓</td>
<td>74</td>
</tr>
<tr>
<td>Prevention of workplace assault</td>
<td>✓</td>
<td>71</td>
</tr>
<tr>
<td>Restricting visitors</td>
<td>—</td>
<td>43</td>
</tr>
</tbody>
</table>

All employees knew that their workplace supports reporting of workplace injuries and that the workplace has a biohazard prevention program. One fourth of the employees did not know that their workplace has a policy or program on workplace assault prevention or on security threats. Over 40% of the employees thought that their workplace has a program for restricting visitors even though that is not the case.

Recommendations from employees for better health and safety training:
- Better training for young and new employees
- Release from job responsibilities while in training
- Ongoing education on health and safety, especially on how to care safely for aggressive residents with dementia
5. Injuries and assaults at work

6% of the employees who responded to the survey have had a physical injury at work in the past year. Back injuries are common in healthcare because of patient lifting. Other common injuries are burns and cuts in the kitchen and in maintenance. Slips and falls can cause muscle and bone injuries. In addition, financial pressures on healthcare institutions have led to extended shifts and staff shortages that cause employees to experience time pressure and fatigue at work.

36% of the survey respondents told us that they have been verbally abused or threatened at work at least once in the past year. These incidents included swearing, name calling, threats of physical assault and showing a weapon. These behaviors may come from co-workers, supervisors, patients or visitors.

Some managers and employees saw work-related injuries, verbal assaults and threats of violence in the workplace as an accepted part of the job. Managers and employees both felt that the injured worker often takes the blame for the injury.

Recommendations from employees on how to prevent work-related injuries:
- Better staffing ratios
- Less time pressure
- More availability of lifting devices

(Illustrations are based on research results, but the text has been modified.)
We asked employees about reporting of injuries.

“Did you tell anyone at work what happened to you?”

Red = yes     White = no

62% of survey participants answered “yes”.

All workers knew that their workplace has a policy that supports injury reporting (see page 7). However, more than one third of the surveyed workers who had been injured had not told anyone at work about their injury. Employees thought that some reasons for this are:

- Fear of losing time from work. Employees cannot afford not to be paid
- Fear of being blamed for causing the injury
- Fear of undesirable “light duty” assignments
- Feeling guilty for taking a sick day, especially when there is a staffing shortage
- Hard to know if injuries or illnesses that develop slowly over a long period of time are work-related
- Difficult and tedious paperwork required by the Workers’ Compensation process

Lesson learned: Report your work injuries!
We asked employees who said they had been injured about Workers' Compensation.

**Have you or your employer filed a Workers' Compensation claim for your illness or injury?**

Only 14% of employees who said they suffered a work-related injury filed a Workers' Compensation claim.

However, 75% of employees who missed at least one workday because of an injury did file a Workers' Compensation claim for wage replacement.

We asked why workers decided to come back to work after an injury. The most common answer was: “because I couldn’t afford the lost wages”.

Other frequent answers were:
- “because I was all better”
- “because I was worried about losing my job”
- “because my healthcare provider didn’t think I needed to be off work any longer”

7. Working conditions

Employees thought that their earnings and benefits had not kept up with increasing job responsibilities. They told us that work is harder today with less reward.

96% of employees feel that they are helping others, and most reported good job security and respect at work. However, 43% said they do not have good opportunities for promotion or personal development.

“Social support” means the extent to which employees feel that their co-workers and their supervisors are friendly and are helpful in getting the work done as well as possible. Nursing home employees who answered the PHASE survey reported levels of social support that are about average for the U.S. workforce. Those who felt more social support at work also felt they were healthier.
Healthcare employees do a lot of “emotional labor”. This means having to exaggerate or suppress your own feelings in order to make others feel good. For example, a nurse might have to hide her feelings of frustration and be pleasant with patients even when she is extremely tired and overworked. Emotional labor may contribute to burnout. Women experience higher demands for emotional labor than men.

We asked employees about cultural differences in the workplace. Employees told us that:

- It is not easy to understand cultural differences.
- Education programs mostly address patient needs.
- Cultural education programs teach about people’s food, language, sports and music. The programs do not teach about each group’s history and hardships as immigrants.

We asked employees about how well they work together. Employees told us that:

- There are some misunderstandings and tensions between different groups of workers, for example, between CNAs and licensed nurses, or among different minority groups.
- Sometimes CNAs do not get the help and appreciation from licensed nurses that they feel they deserve.

Recommendations from employees:
- Education for residents and their families to help them respect the diverse staff
- Include issues such as political conflicts, religion, rituals and customs in diversity training programs to help to ease tensions between different cultural groups
- Training and protocols to improve communication between licensed nurses and CNAs and between workers on different shifts
- More recognition and appreciation for the difficult work and caring approach of employees
8. Resources

For a free consultation service to recognize and control potential safety and health hazards in the workplace, please contact:

**Massachusetts Division of Occupational Safety (DOS)**
Phone: 617-969-7177
http://www.mass.gov/dos/consult/index.htm

For information about occupational health and safety in Massachusetts or to join an organization committed to improving working conditions, please contact:

**Massachusetts Coalition of Occupational Safety and Health (MassCOSH)**
12 Southern Avenue Phone: (617) 825-7233
Dorchester, MA 02124 www.masscosh.org

To find out about the latest occupational health and safety guidelines and research in English and Spanish, please contact:

**National Institute for Occupational Health and Safety (NIOSH)**
Phone: 1-800-356-4674 www.cdc.gov/niosh/homepage.html

**NIOSH Ergonomics and Musculoskeletal Disorders**
http://www.cdc.gov/niosh/topics/ergonomics/

To find information, rules, forms and professional help relating to workplace injuries and disabilities in English and Spanish, please contact:

**Department of Industrial Accidents**
Phone: 1-800-323-3249 www.mass.gov/dia (click on Employee Guide)

**Workers’ Compensation**
www.workerscompensation.com/massachusetts.php (click on Employees)

To find out how the US government ensures safety and health of work environments, please contact:

**Occupational Safety and Health Administration (OSHA)**
North Boston Area Office Phone: 617-565-8110
South Boston Area Office Phone: 617-565-6924
www.osha.gov (English)
www.osha.gov/as/opa/spanish/index.html (Spanish)

If you have concerns about discrimination in the workplace, you may contact:

**Commonwealth of Massachusetts Commission Against Discrimination**
One Ashburton Place, Room 601 Phone: 617-994-6000
Boston, MA 02108 www.state.ma.us/MCAD

To find out about needlestick and sharp object injury prevention:


If you seek treatment or diagnosis for occupational injury or illness, you may want to contact an occupational and environmental health clinic close to where you live:

http://www.aoec.org/directory.htm (choose Massachusetts)

If you would like to identify a community health center close to you that provides services in multiple languages regardless of your financial status, please see:

http://www.massleague.org/HealthCenters-communities.htm

Use of a computer keyboard and/or mouse can lead to persistent muscle aches, tendon inflammation or other injuries. Please see the MIT website about ergonomics to learn about repetitive strain injuries and prevention:

http://web.mit.edu/environment/ehs/topic/ergonomics.html

An example of how one nursing home used ergonomics to make work easier:


To find information about occupational asthma (causes, treatments, prevention):

http://www.osha.gov/SLTC/occupationalasthma/

If you would like to learn more about stress in the workplace and methods to prevent it, please look at these websites:

http://www.cdc.gov/niosh/stresswk.html (English)
http://www.cdc.gov/niosh/topics/stress/ (English)
http://www.cdc.gov/spanish/niosh/docs/99-101sp.html (Spanish)

If you would like to find out more about workplace violence, please look at these websites:

http://www.cdc.gov/niosh/pdfs/2002-101.pdf (English)
http://www.cdc.gov/spanish/docs/2002-101sp.html (Spanish)
Craig Slatin, Sc.D., MPH
Principal Investigator
Dept. of Community Health and Sustainability
University of Massachusetts Lowell
218 Weed Hall
3 Solomont Way
Lowell, MA 01854
phone: 978-934-3291
e-mail: Craig_Slatin@uml.edu

Laura Punnett, Sc.D.
Co-Principal Investigator
Dept. of Work Environment
University of Massachusetts Lowell
200 Kitson Hall
1 University Avenue
Lowell, MA 01854
phone: 978-934-3269
e-mail: Laura_Punnett@uml.edu

Diane Doherty
Project Administrator
phone: 978-934-3197
e-mail: Diane_Doherty@uml.edu

For further information, please contact:

Visit our website: www.uml.edu/PHASE