

American Nurses Association
“Handle with Care” Campaign
Backgrounder



Nursing and Musculoskeletal Disorders

Over the past decade, much attention has been given to the issue of ergonomic hazards as a health and safety concern among health care workers. Professional nursing groups, labor organizations, industry, regulatory agencies, and the scientific community have converged in attempts to arrive at effective solutions to protect health care workers from ergonomic hazards associated with patient handling. Despite the recognition that manual patient handling is a high-hazard task, the incidence of musculoskeletal disorders persists at high rates for nurses and other nursing personnel – signaling the need for continued action. Emerging efforts to prevent musculoskeletal injuries have concentrated on reducing exposures through the use of assistive equipment and devices for patient handling.

Patient handling tasks are recognized as the primary cause for musculoskeletal disorders among the nursing workforce. A variety of patient handling tasks exist within the context of nursing care, such as lifting, transferring, and repositioning patients, and, are typically performed manually. Continuous, repeated performance of these activities throughout one’s working lifetime results in the development of musculoskeletal disorders. Of primary concern are back injuries and shoulder strains, which can both be severely debilitating for nurses.

Compared to other occupations, nursing personnel are among the highest at risk for musculoskeletal disorders. According to the Bureau of Labor Statistics, nursing aides, orderlies, and attendants ranked first and RNs sixth in a list of at-risk occupations for strains and sprains that included truck drivers (second), laborers (third), stock handlers and baggers (seventh), and construction workers (eighth). Studies of back-related worker’s compensation claims reveal that nursing personnel have the highest claim rates of any occupation or industry.

Exacerbating the Growing Nursing Shortage

The extent of musculoskeletal disorders among the U.S. nursing workforce is particularly distressing when considered in the context of the current nursing shortage. Estimates report that 12% of nurses leave the profession annually due to back injuries and greater than 52% complain of chronic back pain. Specifically, injuries secondary to patient handling tasks compound factors driving the shortage such as aging of the nursing workforce, declining retention and recruitment rates, and lowering social value of nursing.

Federal Legislation/Regulation

In response to persistent outcry from labor organizations and advocates and recognition of mounting scientific evidence, the U.S. Department of Labor – Occupational Safety and Health Administration (OSHA) promulgated a standard intended to protect workers from ergonomic hazards, such as patient handling. In March 2001, Congress repealed the OSHA standard and ordered that the agency cease all work related to the standard.

The U.S. Department of Labor convened a work group called the National Advisory Committee on Ergonomics (NACE) in January 2003. The committee is charged with advising the Secretary of Labor and the Assistant Secretary for OSHA on ergonomic guidelines, research, outreach, and assistance over the next

two years. In March 2003, Federal OSHA released its “Guidelines for Nursing Homes – Ergonomics for the Prevention of Musculoskeletal Disorders.” In these “Guidelines,” OSHA explicitly recommends that “manual lifting of patients be minimized in all cases and eliminated when feasible.” While only a guideline (and not a regulation), this statement still reflects the recognition that manual patient handling is an extremely high-risk job task.

State Legislation

The Washington State Department of Labor and Industries adopted a rule to reduce work-related musculoskeletal disorders on May 26, 2000. Effective July 1, 2002, with implementation being incrementally phased in through 2006, the rule explicitly points out “heavy, frequent or awkward lifting” as a criterion for compliance. Nursing and Personal Care facilities were identified as high risk workplaces for which this rule was intended. Since then, however, business groups have been successful in collecting enough signatures to introduce a Fall 2003 ballot measure aimed at repealing the state ergonomics rule (see flier, “Leggo Our Ergo!” at <http://www.wslc.org/reports/04-25-03.htm#Monday>).

California enacted an ergonomics regulation referring to repetitive motion injuries (RMIs) on November 14, 1996. This rule specifically requires the consideration of engineering controls to minimize exposures that cause RMIs. In February 2003, the Cal/OSHA Standards Board voted to create an Advisory Committee to study a proposal for a revised ergonomics standard that would require employers to identify ergonomic hazards as part of their Injury and Illness Prevention Program. More details can be found on the California Labor Federation, AFL-CIO website at: <http://www.calaborfed.org/legislation/Scorecards/scorecard%2002%2026%2002.pdf>

ANA’s Advocacy on Ergonomics

On, June 22, 2003, the ANA Board of Directors approved a position statement presented by the ANA Congress on Nursing Practice and Economics titled, “The Elimination of Manual Patient Handling to Prevent Work-Related Musculoskeletal Disorders.” This position statement was crafted with the intent to deliver a message to the larger nursing and health care communities, be the cornerstone upon which to structure a multi-faceted ANA health and safety campaign focused on the prevention of musculoskeletal disorders, and position ANA as a leading voice to advance current ergonomic prevention efforts.

ANA has also partnered with Audrey Nelson, PhD, RN, FAAN, Director of the Tampa Veterans’ Health Administration Patient Safety Center of Inquiry (<http://www.patientsafetycenter.com/>). Nelson is a nurse researcher leading the way to developing and incorporating evidence-based interventions that reduce the risk for occupational injury secondary to patient handling through the use of technology and equipment. ANA is co-sponsoring with the Patient Safety Center of Inquiry and the University of South Florida the Safe Patient Handling Conference, March 2-5, 2004, in Clearwater, Florida. Future objectives for this partnership include development of safe patient handling curricula for training purposes and conducting educational sessions at ANA’s 2004 convention.

For more information about ANA’s efforts related to ergonomics, work-related musculoskeletal disorders, and safe patient handling, visit the Handle with Care Web site at www.NursingWorld.org/handlewithcare/ or contact Pam Hagan, MSN, RN, Chief Programs Officer, (301) 628-5059, phagan@ana.org.

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