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ISSUE BRIEF

Workplace Injuries and the Direct Care Workforce

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Direct care can be strenuous work, as many individuals who receive long-term services and supports require extensive physical assistance in their daily lives. Home care workers and nursing assistants experience exceptionally high rates of occupational injury, which suggests that direct care can also be dangerous work. However, many direct care injuries can be prevented. Drawing on a review of data from the Bureau of Labor Statistics and published literature on occupational injuries across long-term care settings, this brief describes the main causes of injury among direct care workers and identifies evidence-based strategies for mitigating those risks. By addressing high injury rates in direct care, we can improve quality of life for direct care workers—and stabilize care for older adults and people with disabilities.

THE DIRECT CARE WORKFORCE

The direct care workforce includes 4.5 million personal care aides, home health aides, and nursing assistants. They are largely employed in private homes, group homes, residential care facilities, assisted living facilities, continuing care retirement facilities, nursing care facilities, and hospitals. Direct care workers assist older adults and people living with disabilities with daily tasks, such as dressing, bathing, and eating. Personal care aides also help their clients with housekeeping and may assist them with errands, appointments, and social engagements outside of the home. Home health aides and nursing assistants perform some clinical tasks, such as blood pressure readings and assistance with range-of-motion exercises.

METHODOLOGY

To compare direct care worker injury rates to the average rates for all U.S. workers, we relied on 2016 Injury, Illness, and Fatality (IFF) program data from the Bureau of Labor Statistics. The IFF program, which draws data from the Survey of Occupational Injuries and Illnesses, measures injury rates per 10,000 workers.¹ When completing the survey, employers report workplace injuries that involve: loss of consciousness; days away from work; restricted work activities or job transfer; and/or medical treatment beyond first aid, among other criteria. The survey likely undercounts injuries, particularly among direct care workers, for three reasons: (1) directly attributing an injury to work-related tasks can be difficult; (2) the survey only includes injuries that workers and employers report; and (3) the survey does not cover private households or self-employed workers.

DIRECT CARE WORKER INJURY RATES AND IMPLICATIONS

Occupational injury rates for direct care workers are among the highest in the country. In 2016, the injury rate per 10,000 workers was 144 injuries among personal care aides, 116 among home health aides, and 337 among nursing assistants. By comparison, the overall injury rate across all occupations in the U.S. was 100 per 10,000 workers (see Table 1). Direct care workers are most commonly injured when they overexert themselves through lifting and repositioning their clients. They are also significantly more likely than the average U.S. worker to be injured due to violence from another person or an animal. Due to overexertion, violence, and/or other events on the job, the most common types of injury among these workers are sprains, strains, tears, soreness, and pain.

Among direct care workers, injury rates are particularly high for nursing assistants, who have an increased risk for injury because they assist multiple residents at once. For example, a home care worker might lift one client while helping them get dressed in the morning, whereas a nursing assistant working in a nursing home might lift and reposition as many as 20 or more residents every morning. Relative to the typical U.S. worker, nursing assistants are three times more likely to be injured on the job.

When direct care workers sustain injuries, it affects not only their personal wellbeing but also their ability to provide optimal care and support for their clients. Some workers must take time off due to their injuries, though the majority (63 percent) do not receive pay while they are away from work.² Others leave their jobs or the field altogether.³ In both cases, older adults and people with disabilities may experience a disruption in care, especially when they cannot find a replacement due to the growing shortage of available workers. Given these far-reaching effects, workplace safety for direct care workers is a critical concern.⁴

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TABLE 1: DIRECT CARE WORKERS ARE SIGNIFICANTLY MORE LIKELY THAN THE TYPICAL U.S. WORKER TO BE INJURED ON THE JOB

	U.S. WORKERS	PERSONAL CARE AIDES	HOME HEALTH AIDES	NURSING ASSISTANTS
All Injuries	100.4	144.3	116.4	336.5
Leading Reasons or Cause of Injury				
Overexertion and Bodily Reaction	32.9	53.4	53.4	184
Violence/Other Injuries by Persons/Animals	6.7	34.6	13.6	47.9
Most Common Types of Injuries				
Sprains Strains or Tears	36.3	59.5	53.1	177.5
Soreness or Pain	16.8	41.4	27.5	80.6

Notes: This table includes the injuries that most commonly afflict direct care workers by event and nature. Injury rates are expressed per 10,000 workers. "Overexertion and bodily reaction" refers to injuries that are sustained through excessive physical effort, including repetitive or awkward movements like bending, reaching, or twisting.

Source: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment Statistics. 2016. Nonfatal Cases Involving Days Away from Work: Selected Characteristics. <https://www.bls.gov/iif/>.

IDENTIFYING AND ADDRESSING WORKPLACE HAZARDS IN DIRECT CARE

Evidence from various long-term care settings indicates that high-quality training for direct care workers is an essential prerequisite for improving safety on the job.⁵ Workers would benefit from stronger training standards and delivery methods, especially for personal care aides. Unlike home health aides and nursing assistants (who must meet a 75-hour federal training requirement), personal care aide training requirements vary across programs and states. Twenty-one states have at least one personal assistance services program with no training requirements at all.⁶

Additionally, training for all direct care workers is often didactic and lecture-based—offering little opportunity for workers to practice their skills due to limited time, space, and/or equipment. In contrast, when workers *can* practice their skills with an experienced trainer, research shows that they are more likely to understand and retain their new knowledge.⁷ Furthermore, by practicing hands-on care with each other, trainees are able to experience lifts and repositioning from the client’s perspective, which helps them understand how to implement proper ergonomic techniques in a compassionate, person-centered way. Training on communication skills and specialized care are also important for helping direct care workers learn how to prevent or minimize the risk of resistant or aggressive behavior during care provision, particularly when providing care for people with Alzheimer’s disease or other dementias.⁸



Beyond the broad need for comprehensive, high-quality training, here are four primary reasons that direct care workers suffer workplace injuries, paired with evidence-based strategies for prevention.

Occupational Hazards in Direct Care

Interventions to Prevent Injuries

1 Problem: Improper and/or repetitive lifting and repositioning activities can lead to injury.

Without proper training, techniques, and access to assistive equipment, many direct care workers sustain workplace injuries when lifting and repositioning clients.⁹ This is a particular risk in nursing homes, as reflected in the higher rate of injuries among nursing assistants.¹⁰

Solution: Monitor and enhance the use of good ergonomic techniques and equipment.

When appropriate (and with clients' consent), equipment such as mechanical lifts can help prevent injuries among direct care workers and their clients.¹¹ The resulting cost-savings will likely outweigh the initial investment. It is also essential that employers implement clear policies and protocols regarding safe lifting techniques.¹²

2 Problem: Inadequate staffing generates a cycle of workplace injuries and absences.

Inadequate staffing leads to long shifts and large workloads among direct care staff, especially in nursing homes—which can compromise their safety on the job.¹³ The injuries and absences that result exacerbate staffing shortages, which further undermines job safety and care stability.

Solution: Adopt innovative staffing strategies to prevent and compensate for workplace injuries.

Adequate staffing is critical for improving safety among direct care workers. In nursing homes, creatively deploying staff can also help mitigate occupational risks. One example is to create “lift teams”—groups of staff with specialized training in managing strenuous lifts.¹⁴

3 Problem: Incompatible assignments contribute to injuries among home care workers.

Home care workers often work one-on-one with clients without peer support or sufficient supervision, and they are sometimes assigned to work with clients whom they are physically unable to assist.¹⁵ This is a heightened risk for workers who have their own health limitations.¹⁶

Solution: Ensure home care workers' assignments align with their abilities.

By asking home care workers about their abilities, preferences, and availability, employers can assign cases more appropriately.¹⁷ Matching service registries—online platforms that gather detailed information about workers' availability, skills, and preferences—provide one example for carefully matching workers and clients.¹⁸ Strengthening relationships and communication between workers and case managers through supervisory training and internal promotion may also improve assignments.

Occupational Hazards in Direct Care

Interventions to Prevent Injuries

4 Problem: Many workers underreport injuries, which prevents useful data from reaching long-term care leaders.

Workers might not be reporting injuries because they do not know about their organization's reporting protocols or their employment benefits.¹⁹ They might also fear repercussions, such as blame or judgement from supervisors,²⁰ or disruptions in care for their clients if they take time off.²¹

Solution: Establish reporting requirements and employment supports to promote workplace safety.

With clear organizational protocols for reporting workplace injuries—introduced during orientation and reinforced regularly—workers are more likely to report their injuries, learn their rights, and access safety resources.²² Employers, in turn, obtain reliable injury data to improve workplace safety.

CONCLUSION

Workplace injuries continue to be a serious problem in direct care, with injury rates among direct care workers exceeding the national average and nursing assistants experiencing particularly acute risks. This research brief speaks to a number of preventable causes of workplace injuries in direct care, including a general lack of training and support in ergonomic techniques, the appropriate use of lifting equipment, and violence prevention; staffing shortages, which can cause a cycle of unsafe conditions, injuries, and disruptions in care in nursing homes; incompatible staff assignments and limited supervision in home care; and workplace cultures that inadvertently discourage workers from reporting injuries, limiting the data that employers need to promote workplace safety.

Targeted interventions to mitigate these risk factors must begin with high-quality training standards and approaches. For example, instead of only describing how to safely perform tasks, trainers can provide opportunities for workers to practice these tasks. Additionally, clear protocols that encourage workers to report injuries and relevant workplace supports (such as paid time off) would help workers address their injuries before they worsen. Practices that more efficiently deploy workers in the field or within residential settings also promote safety—these practices include adequate staffing and innovative staffing arrangements in nursing homes, and careful attention to worker assignments in home care. More broadly, to ensure a systemic solution that encompasses all of these considerations, workplace safety depends on funding, commitment, and coordination among payers, employers, and policymakers involved in the long-term care system.

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NOTES

- ¹ The BLS IIF program expresses injury rates per 10,000 full-time equivalent workers, generated by dividing the total hours for all part-time and full-time workers by 2,080 hours (annual full-time work hours).
- ² This data point includes workers who took time off due to injury, illness, or other medical problems; U.S. Census Bureau. 2017. *Current Population Survey (CPS), January 2015 to December 2018 Basic Monthly CPS*. https://thedataweb.rm.census.gov/ftp/cps_ftp.html; analysis by PHI (April 8, 2018).
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- ¹⁹ Schoenfisch et al., 2017.
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- ²² Schoenfisch et al., 2017.

About PHI

PHI works to transform eldercare and disability services. We foster dignity, respect, and independence for all who receive care, and all who provide it. As the nation's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care.

Drawing on 25 years of experience working side-by-side with direct care workers and their clients in cities, suburbs, and small towns across America, PHI offers all the tools necessary to create quality jobs and provide quality care. PHI's trainers, researchers, and policy experts work together to:

- Learn what works and what doesn't in meeting the needs of direct care workers and their clients, in a variety of long-term care settings;
- Implement best practices through hands-on coaching, training, and consulting, to help long-term care providers deliver high-quality care;
- Support policymakers and advocates in crafting evidence-based policies to advance quality care.

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