


# Chapter 13

## Mindfulness–Based Approaches to Reduce Injuries Among Nurses and Nursing Aides

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### ABSTRACT

*Physical and psychological injuries occur at a high rate among nurses and nursing assistants (NNAs). The humanitarian and economic costs associated with injuries to these vulnerable workers is a global health concern. The characteristics and organization of work are major determinants of injuries. Individual differences are also important determinants with mindfulness skills being particularly relevant for injury prevention. There is a developing and promising literature examining mindfulness-based behavior therapy (MBBTs) for NNA psychological and physical injuries. Most research has been limited to Western countries and Western NNAs using MBBT interventions that use concepts and techniques from Eastern philosophy, religion, and cultures. The borrowing of these concepts and techniques was haphazard and incomplete which may limit their effectiveness. There is a pressing need to develop and evaluate MBBTs for NNAs that more thoughtfully and carefully integrate Eastern concepts and techniques. Interventions that better integrate East-West concepts and techniques are acceptable, feasible, and effective.*

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## INTRODUCTION

### Epidemiology of Nursing and Nursing Aide Injuries

Nurses and nursing aides (NNAs) working in healthcare settings are a vulnerable population of workers who experience some of the highest rates of work-related injuries relative to any other occupation. These work-related injuries and illnesses can be physical such as musculoskeletal pain and suffering as well as psychological such as emotional pain and suffering. Addressing work-related injuries among NNAs is an important health, social, economic, and humanitarian concern.

Surveillance data from the Bureau of Labor Statistics shed light on the impact of injury in the healthcare industry. NNAs experience high rates of physical injuries compared to other occupations. Approximately 249 out of 10,000 nursing aids report experiencing a significant musculoskeletal symptom due to work and approximately 104 nursing aides per 10,000 report missing one or more days of work due to a work-related injury (BLS, 2010, 2018). A national survey of NNAs working in long-term care found that 58% experienced a serious work-related physical injury in the prior year, with an average of 4.5 injuries per person per year (Khatutsky, et al., 2012).

Our survey of 229 NNAs working in long-term healthcare settings in Ohio and found that 66% reported one or more work-related physical injuries in the month prior to the survey (O'Brien et al., 2019a). The average number of work-related physical injuries per month was 5.44 ( $sd = 12.08$ ) and 9% of the study participants reported missing one or more days of work in the prior month due to injury. These data are consistent with reports from Stanev and colleagues (2012) who found that the median rate of physical injury among Ohio NNAs was 5.7 serious incidents per 100 workers which was 200% higher than the combined incidence of work-related injuries among workers in other occupations.

In addition to physical injuries, NNAs also report high levels of psychological injuries which include stress, burnout, trauma, post-traumatic stress symptoms, and other work-related mental health problems (O'Brien et al., 2019a; Schuster & Dwyer, 2020; Woo et al., 2020). Data from Ohio NNAs indicated that these workers reported high levels of work-burnout, work-withdrawal, and a lower quality of life (O'Brien et al., 2019a). The psychological injuries experienced by NNAs is not confined to the USA. Woo et al. (2020) conducted a systematic review and meta-analysis focused on studies reporting the global prevalence of burnout symptoms among NNAs. They located 113 studies for the systematic review and 61 studies that could be coded for the meta-analysis. Woo et al. (2020) reported that across the 49 countries included in their meta-analysis, 11.23% of NNAs reported experiencing high levels of burnout symptoms. Heterogeneity was observed across global regions with the highest levels of burnout being reported in Southeast Asia and the Pacific Islands (13.68%) and the lowest levels of burnout being reported in Europe and Central Asia (10.06%). North America and Latin American/Caribbean countries fell between the two extremes (10.27% and 10.51% respectively). These high levels of burnout were associated with other adverse outcomes such as sleep disruption, depressive symptoms, job withdrawal, absenteeism, and intent to leave.

Work-stress and burnout are more than adverse work-related psychological injuries. Work stress and burnout are also significant risk factors for additional work-related physical and psychological injuries (Ahola et al., 2013). Furthermore, higher levels of psychological distress have been associated with an increased risk of exposure to aggression from patients. Indeed, NNAs are exposed to violent events at rates that are 300% higher than any other occupation (BLS, 2018). The cost of NNA injuries is most frequently measured in lost workdays, which average to about 5 days per work injury (BLS, 2010, 2018).

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