

PREVENTING VIOLENCE IN THE HOME HEALTH CARE WORKPLACE ENVIRONMENT

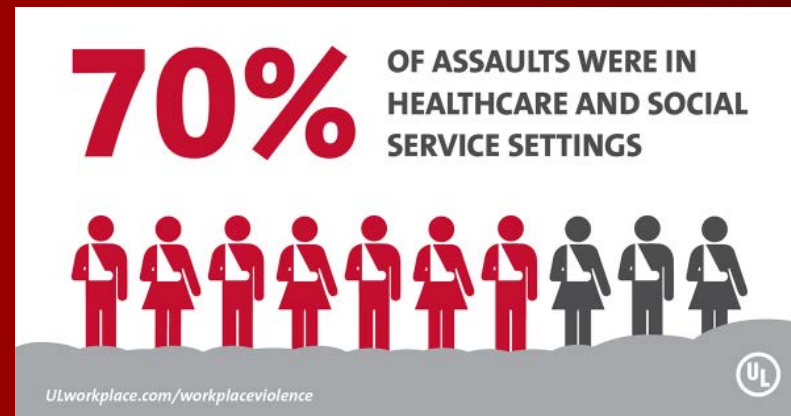
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“Serving the community is the essence of home care. Being a victim to the environment is not”

Sylvester & Reisener, 2002, p. 71

WHAT CONSTITUTES WORKPLACE VIOLENCE?

- Physical Violence
- Psychological Violence
- Verbal Abuse
- Intimidation
- Bullying
- Sexual Harassment
- Racial Harassment



Occupational Safety and Health Administration (2004)

VIOLENCE IN THE HOME HEALTH CARE ENVIRONMENT

Internal Factors:

- Violent or Unstable Patients or Family Members
- Illicit Drug Use
- Weapons present in the home
- Domestic Violence
- Presence of aggressive animals

External Factors

- Unsafe neighborhoods or communities
- Gang or gang related activities
- Robbery
- Car Theft
- Vandalism

Home health care providers have been assaulted, robbed, raped, and even murdered while performing their jobs.

- There are **no national guidelines** which require the workplace violence training of home health care (HHC) providers (Lang et al., 2008).
- There are **no national standards** regulating the environment in which home health care services are rendered (Lang et al., 2008).

Significance of the Problem

Approximately **66%** of violent acts occurred in the health care and social assistance industry workplace

(Bureau of Labor and Statistics, 2016).

In 2015, **homicide** was the second leading cause of death in home health care providers, exceeded only by motor vehicles accidents

(Phillips, 2016).

Home health care providers work **without** the benefit of security measures seen in institutionalized settings

(Canton et al., 2009; Fazzino et al., 2000; Gross, NIOSH, 2015; Peek-Asa, Nocera, & Casteel, 2013).

Home health care providers reported that the quality of training they received from their employer was **inadequate** in relation to the situations they encountered

(Fazzino et al., 2000; Sylvester & Reisener, 2002; Vladutiu et al., 2016).

Review of Literature

- **Violence** occurs in all healthcare settings, but HHC providers face a unique set of risks and challenges.
- HHC providers are often placed in **environments** where they work unaccompanied, devoid of the advantage of customary safety measures that are common in the acute-care setting.
- The **influence** that workplace violence can have in home health care is widespread and pervasive, with its effects felt frequently in patient care.
- The actual number of HHC providers who have been **affected** by workplace violence as the result of providing patient care is not actually known, because nurses tend to tolerate verbal abuse and violence and to not formally report it

WHAT THE LITERATURE IS SAYING?

- Lack of health care professionals reporting violence.
- Inconsistent standards of training across the industry
- Need for workplace violence prevention/training programs
- Impacts on the delivery of care due to safety concerns for home health professionals

IMPACT ON DELIVERY OF HEALTH CARE

Employee

- Physical and psychological effects on employees
- Poor job satisfaction and reduced employee retention rate

Patient

- Delayed or shortened visits
- Unable to obtain care in dangerous neighborhoods

Healthcare System

- Increased length of hospital stay
- Increased cost in obtaining alternative care

Canton et al., 2009; Fazzone, Barloon, McConnell, & Chitty, 2000

LACK OF REPORTING

- “Part of the job”
- Peer Pressure
- Administrative Pressure
- Sense of duty to patient
- Loyalty to patient
- Offset by patient needs

Fazzone et al., 2000; Mathews & Salmond, 2013;
McPhaul & Lipscomb, 2004; Zolnlerek, 2015



INCONSISTENT TRAINING STANDARDS

- Employees reported training they received from their employer was inadequate in relation to the situations they encountered
- California mandated training however only 55 percent of home health care agencies actually had formal programs in place and many of them were not reviewed or updated on a regular basis.
- In other states where training was not mandated there seemed to be a disconnect as several agencies reported that they lacked policies, procedures, and written standards for management of workplace violence nor do they provide safety training for their staff.

Fazzone et al., 2000; Gross et al., 2013; Mathews & Salmond, 2013

WORKPLACE VIOLENCE PREVENTION TRAINING PROGRAM NEEDS

- Defining types of violence for providers
- Clarifying what are threatening behaviors
- Reiterating need for providers to report incidences
 - Identifying risk factors for providers
- Providing strategies on how to respond to threatening situations

NIOSH, 2015; Vladutiu et al., 2016

WORKPLACE VIOLENCE PREVENTION TRAINING PROGRAM NEEDS

- No regulatory requirement or mandates on either State or Federal level for employees to be trained for violence prevention. (Vladutiu et al., 2016)
- OSHA has provided guidance and has expressed that the guidelines that they have provided are neither new standards nor new regulations, that they are meant to be advisory and informational. (OSHA, 2015)
- In 2015 the National Institute for Occupational Safety and Health (NIOSH) developed and recommended the implementation of a workplace violence training program specifically for home health care providers addressing safety in the home workplace environment. (NIOSH, 2015)

THE NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH GUIDELINES

- Create a zero tolerance policy for workplace violence.
- Ask employees to report each incident, even if they think it won't happen again or it might not be serious.
- Develop a written plan for ensuring personal safety, reporting violence, and calling the police.
- Conduct training on the workplace violence plan when the employee is hired and annually thereafter.

NIOSH, 2015

- Let workers know about the risks of their assignments and how to assess the safety of their work environment and its surroundings.
- Train employees to recognize verbal abuse.
- Train employees to identify different types of illegal drugs and drug paraphernalia.
- Train employees to recognize the signs and body language associated with violent assault and how to manage or prevent violent behavior, such as verbal de-escalation techniques, management of angry patients, recognizing and protecting themselves from gangs and gang behavior

RESEARCH QUESTION

In home health care providers, how does an educational and training program for workplace violence prevention affect HHC providers' perceived ability to assess risk and prevent violence during home health visits?

METHODS

Design: Quasi experimental pre-post design

Sample: Convenience, N=98 pre test and N= 80 post test (unmatched data). Inclusion criteria were that participants were 18 years or older and currently employed as a home health care provider. Those who did not meet these criteria were excluded.

Setting: Privately owned home health agency located in Central Florida.

Data Collection Tool: Investigator created the online survey comprised of six sections and 31 questions which was validated by home health care industry experts.

METHODS CONT.

Procedures: HHC agency personnel were invited to participate in this study prior to attending a six-hour Workplace Violence Prevention (WVP) training program and two weeks after the training program.

Data Analysis: Chi squared tests and descriptive statistics were utilized. Data was analyzed using IBM SPSS Statistics for Windows, (Version 24.0. Armonk, NY: IBM Corp).

Data Collection: Data was collected via SurveyMonkey[®] and exported into a confidential excel spreadsheet with no participant identifiable information.

PROGRAM DELIVERY PROCESS





PRE/POST TEST QUESTIONS

What is workplace violence?

Have you ever been provided with a workplace violence training program?

Have you ever encountered workplace violence?

Have you reported workplace violence?

Have you ever felt unsafe in a workplace environment?

How long have you worked as a health care professional?

What is your work experience?

CRISIS PREVENTION INSTITUTE (CPI) TRAINING PROGRAM



- Comprehensive 6-hour behavior management program
- Competency-based, practice and demonstrate knowledge of verbal and physical intervention techniques
- Focus: Prevention and intervening early

RESULTS

RESULTS

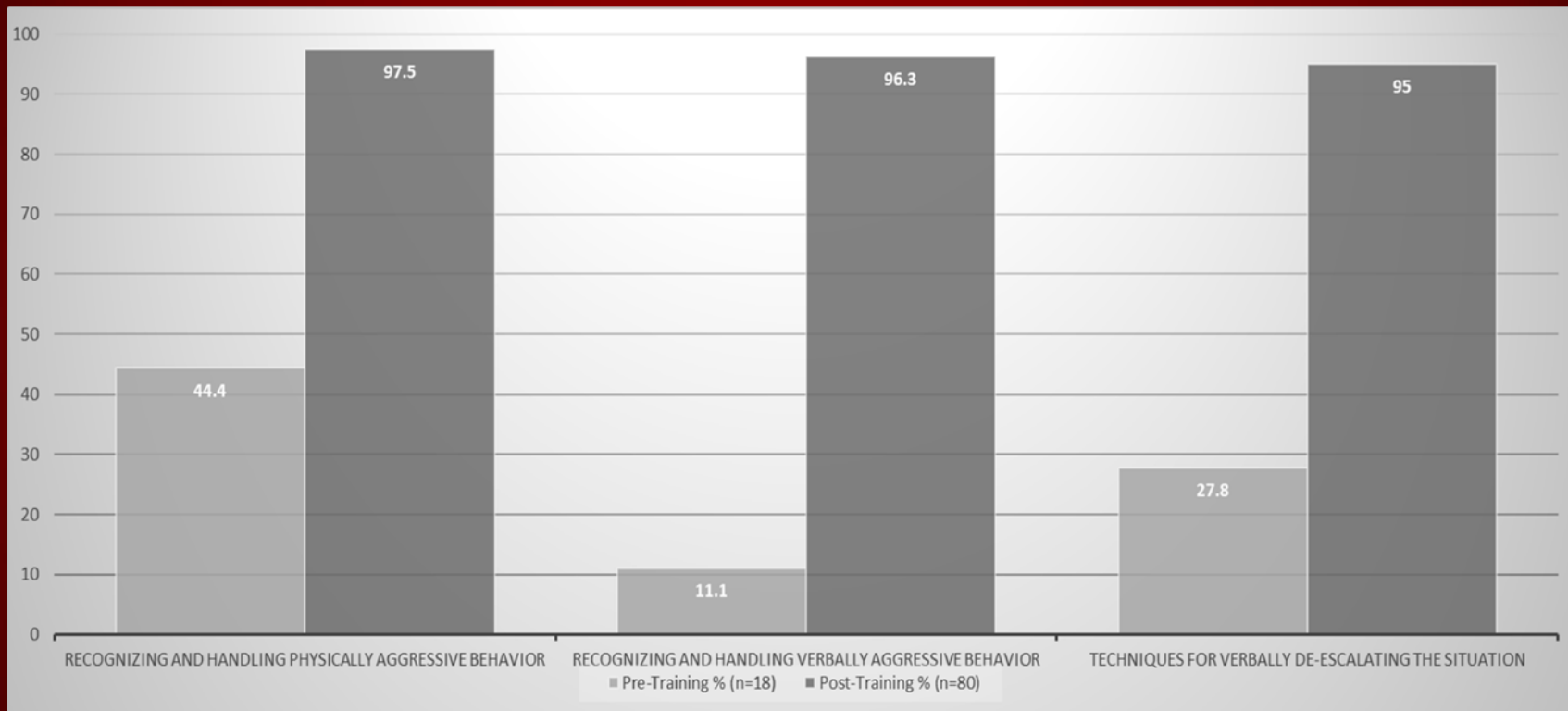
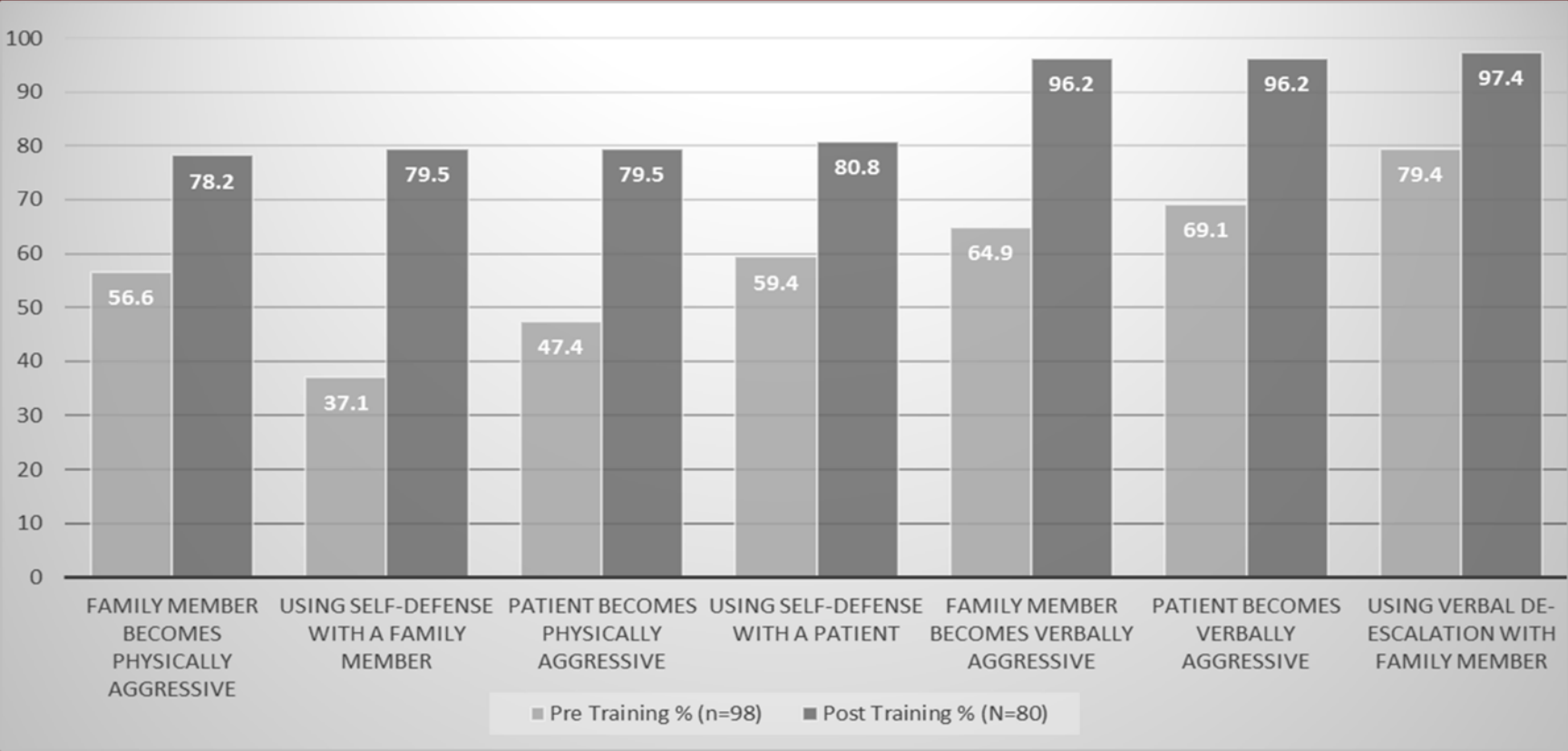


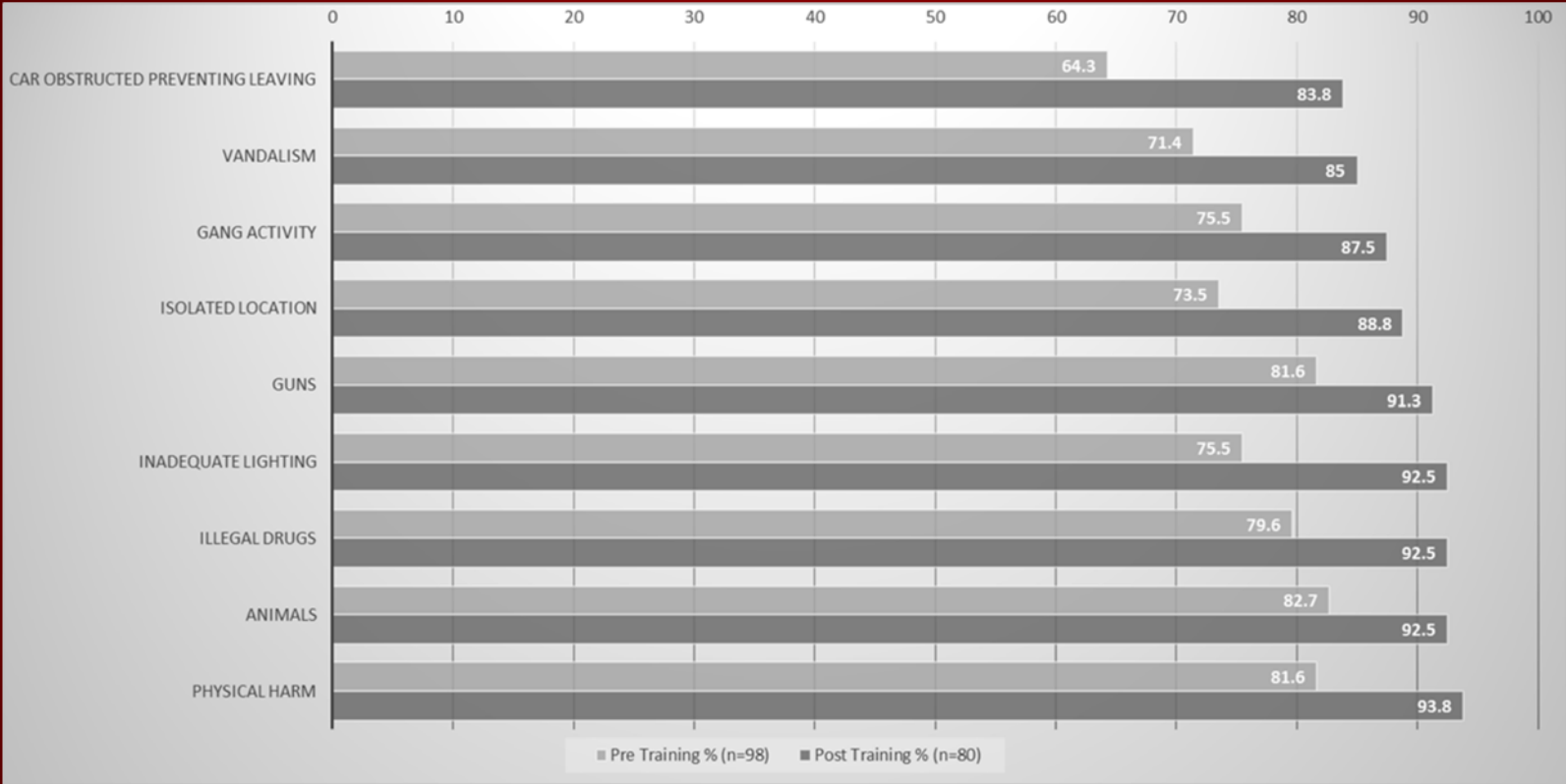
Table 1. Pre and Post Training Comparison of Type of WVP Education and Training Received by Provider

Results



Pre and Post Training Comparison of Provider Comfort in Handling Aggressive Situations

RESULTS



Pre and Post Training Comparison of Provider Awareness of Possible Safety Risks

WVP education and training for HHC providers resulted in significant increases in:

- **awareness** of potential safety risks,
- **reports** of exposure to safety risk,
- **comfort levels** in handling aggressive patients and family members.

Guidelines for Preventing

workplace violence

for Healthcare
and Social Service
Workers

“All employers have a general duty to provide their employees with a workplace free from recognized hazards likely to cause death or serious harm”

OSHA, 2004

HHC agencies have an obligation to provide a comprehensive WVP education and training programs to employees.

Providers need to consistently report instances of workplace violence.

Further studies are needed to evaluate the impact that a WVP education and training program has on provider practice.

LIMITATIONS

The use of a non-random convenience sample increases the probability of response bias.

The sample size was small and confined to one agency location in one geographic location.

Administration of pre-test may have influence on participants' knowledge irrespective of the training program.

Utilizing a self-report questionnaire may result in response bias.

RECOMMENDATIONS FOR
FUTURE PRACTICE

NURSING PRACTICE

EDUCATION

RESEARCH

POLICY



INITIAL
TRAINING
REQUIRED

ANNUAL
TRAINING
REQUIRED

ANNUAL
SURVEYS

References

- Canton, A., Sherman, M., Magna, L., Westra, L., Pearson, J., Raveis, V., & Gershon, R. (2009). Violence, job satisfaction, and employment intentions among home healthcare registered nurses. *Home Healthcare Nurse, 27*(6), 364-373. <http://dx.doi.org/10.1097/01.NHH.0000356828.27090.bd>
- Crisis Intervention Institute website. (n.d.). www.crisisprevention.com
- Fazzone, P. A., Barloon, L. F., McConnell, S. J., & Chitty, J. A. (2000, January). Personal safety, violence, and home health. *Public Health Nursing, 17*(1), 43-52.
- Gross, N., Peek-Asa, C., Nocera, M., & Casteel, C. (2013). Workplace violence prevention policies in home health and hospice care agencies. *Online Journal of Issues In Nursing, 18*.
<http://dx.doi.org/10.3912/OJIN.Vol18No01Man01>
- Guidelines for preventing workplace violence for health care & social services workers. (2004). Retrieved from <https://www.osha.gov/Publications/osha3148.pdf>
- Markkanen, P., Quinn, M., Galligan, C., Chalupka, S., Davis, L., & Laramie, A. (2007, March). There's no place like home: a qualitative study of the working conditions of home health care providers. *Journal of Occupational Environmental Medicine, 49*(3), 327-37.
- Mathiews, A., & Salmond, S. (2013). Opening the door to improve visiting nurse safety. *Home Healthcare Nurse, 31*(6), 310-321. <http://dx.doi.org/10.1097/NHH0b013e318293634f>
- McPhaul, K., & Lipscomb, J. (2004). Workplace violence in health care: Recognized but not regulated. *Online Journal Of Issues in Nursing, 9*(3).
- National Institute for Occupational Safety and Health. (2015). *Caring for yourself while caring for others* (2105-102). Washington, DC: Government Printing Office.
- Nonfatal assaults in workplace violence 1993-1999. (1999).
- Occupational Safety and Health Administration. (2004). *Guidelines for preventing workplace violence for healthcare and social service workers* (OSHA 3148-04R 2004). Washington, DC: Government Printing Office.
- Sylvester, B. J., & Reisener, L. (2002). Scared to go to work: A home care performance
- The public health approach to violence prevention. (2015). Retrieved June 5, 2016, from <http://www.cdc.gov/ViolencePrevention/overview/publichealthapproach.html>
- U.S. crime statistics. (2010). Retrieved from <http://www.disastercenter.com/crime/uscrime.htm>
- Via Browning, S., Culver Clark, R., & Glick, R. E. (2013). Preparing for the unexpected. *Home Healthcare Nurse, 31*(6), 303-309. <http://dx.doi.org/10.1097/NHH0b013e318291ee9c>
- Vladutiu, C., Casteel, C., Nocera, M., Harrison, R., & Peek-Asa, C. (2016). Characteristics of workplace violence prevention training and violent events among home health and hospice care providers. *American Journal Of Industrial Medicine, 59*, 23-30.
- Workplace violence prevention for nurses. (2015). Retrieved June 3, 2016, from <https://www.cdc.gov/niosh/topics/healthcare/>