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## **Problem of Violence in Healthcare in the United States**

Healthcare workers are frequently exposed to a variety of serious or even life threatening hazards. These dangers include overexertion, stress, verbal abuse, weapons including firearms, illegal drugs, and other forms of violence in the home or community. Some stressors of home healthcare workers are; they generally work alone, their work is not directly supervised, they may travel through unsafe neighborhoods, and they might have to face alcohol or drug abusers, family arguments, or dangerous dogs. (NIOSH, 2010).

## **Problem of Violence in the Home Health Care Setting**

The Bureau of Labor and Statistics estimates that home healthcare employment has grown 55% between 2006-2016, making it one of the fastest growing occupations of the past decade and represents one of the fastest growing segments of health care services (BLS, 17 Dec. 2015). Home healthcare workers may work any hour of the day or night and on any day of the week (NIOSH, 2010). Night visits, the lack of safety training and the failure to provide security escorts increases the risks for home health workers. Hazards they may encounter are unique to the home setting. The security for the home and environment is not under the control of the home care agency, thus eliminating the prevention options available in the institutional setting. Home healthcare workers may need to resolve violence issues without immediate help from their employers or coworkers. Home health workers experience more than double the national rate of workplace injuries for all industries, ranking them among the ten highest reported for over-




(Jacobson, 31 Dec 2014). Between 2011 and 2013, the number of workplace assaults averaged approximately 24,000 annually, with nearly 75% occurring in healthcare settings. Overall, the healthcare sector statistically ranks among one of the industries that are most subject to violence in the United States (Phillips, 28 April 2016).

In the Minnesota Nurses study, the annual incidence of verbal and physical assaults was 39% and 13% respectively. In another large study, 46% of nurses reported some type of workplace violence during their five most recent shifts; of these nurses one third were physically assaulted (Phillips, 28 April 2016). The U.S. Department of Labor's Bureau of Labor Statistics recently released data showing that nonfatal occupational injuries and illnesses for healthcare support workers increased at almost two-and-a-half times the rate for all private and public sector workers in 2010 ( Bills, 20 July 2013).

Survey results from several different studies have shown 5 to 61% percent of home care workers have experienced some form of workplace violence. 18 to 59% of home care workers reported verbal aggression as the most pervasive, with the highest estimate coming from studies that asked about the occurrence over a home care workers career. Furthermore, studies of home care workers have found that approximately 30% of homecare workers reported being sexually harassed (Glass, Hanson, Lahamar, Moss, and Perrin, 17 January 2015).

Although, training is important to prevent sexual harassment and discrimination in the workplace, other important topics to train on are how to prev




family violence. Given that home healthcare workers provide care in the home of the client, the environment is uncontrolled and more highly varied than that of a traditional healthcare facility (Casteel, Gross, Nocera, and Peek-Asa, 31 Jan 2013).

Home healthcare workers are not only at risk from the household hazards of the client, but from the surrounding community as well, such as robbery, motor vehicle theft, and vandalism (Casteel, Gross, Nocera, and Peek-Asa, 31 Jan 2013). Therefore, home healthcare workers are vulnerable as they face an unprotected and unpredictable environment each time they enter a client's community and home. The spectrum of violence ranges from verbal abuse, stalking or threats of assault, to homicide (OSHA, 2015).

To add to the risk, there are many safety hazards that appear once the home health worker enters the patient's home. They have little control over their work environment, which may contain a number of safety and health hazards. Home healthcare workers may encounter unsanitary homes, temperature extremes, homes without safe drinking water, or hostile pets (OSHA, 2015), which can carry the risk of a home healthcare worker being bitten; feeling threatened, or otherwise injured (Bills, 20 July 2013).


With regard to in-home treatment or training of diabetic patients, employers are not responsible for lack of safety devices on needles purchased by patients. Needle sticks and other "sharps" injuries are a serious hazard in any healthcare setting. Contact with contaminated needles, scalpels, broken glass, and other sharps may expose healthcare



Home healthcare employers can help prevent and control violence in a patient's home by establishing violence prevention programs and tracking the programs in reducing work-related assaults. Occupational Safety and Health Administration recommends the following measures be implemented, create a zero tolerance policy for workplace violence, and require employees to report each incident, even if they think it unlikely to happen again or is not serious in nature or outcome. Additionally, developing a written plan for ensuring pers

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schedule. This tool eliminates the need for paper on the job (Healthcare Information Technology, 08 Mar 2012). Eliminating paper and charts may be easier on the home healthcare worker because it gives them one less thing to carry, making their job a little easier when they are in a hurry to go from car to house.

Another resource that can be useful to home healthcare workers is a household safety checklist. The household safety checklist was designed to be used by home healthcare workers, after receiving a brief one hour training session. The 50 item checklist focuses on common hazardous conditions that could result in falls, burns, and biohazards and chemical hazard exposure. Both workers and patients commented on how easy it was to overlook hazards (Gershon, 2013). Along with the safety checklist, a household safety fact sheet with resources for low-or no cost remediation and contact information for emergency agencies (Gershon






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visit, so they're expecting you and don't be afraid to shorten a visit if things get out of control or if you feel threatened (Brooks, 11 April 2012).

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