Work Place Safety Perspectives of Home Health Care Managers and Nurses
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Session # 709  
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Learning Objectives

1. Explain prevalence of risk of physical assault or non-physical aggression that contribute to workplace violence and understand the challenges that are unique when providing services in a home environment.
2. Identify the extent of home health nurse underreporting of type II workplace violence and identify the barriers and facilitators of violence reporting perceived by home health nurses and management staff.
3. Identify how agencies can improve reporting rates and address leader training methods to better support staff members when staff are facing challenging situations.
Our Goal Today

...is to review our research and use this information to help our home health (and hospice) teams recognize and acknowledge workplace violence directed against home health (and hospice) nurses, therapists, social workers and aides from patients and visitors, better prepare staff to handle behaviors and violence, and address the unique challenge of care in patient homes.

...each episode of violence or credible threat to health care workers warrants notification to leadership, as well as the creation of an incident report, which can be used to analyze what happened and to develop actions that need to be taken to reduce future risk.

What is Workplace Violence?

- CDC National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as “violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty.
- The U.S. Department of Labor defines workplace violence as an action (verbal, written, or physical aggression) which is intended to control or cause, or is capable of causing, death or serious bodily injury to oneself or others, or damage to property.
- Workplace violence includes abusive behavior toward authority, intimidating or harassing behavior, and threats.

The Joint Commission. The essential role of leadership in developing a safety culture. Sentinel Event Alert, 2017;57.
BACKGROUND

- Home healthcare nurses (HHNs) as the predominant workforce in the home healthcare industry
- Provide skilled nursing services
- Type II Work Place Violence (WPV)
- Previous research
- Underestimation issues of reporting WPV
- Factors affecting reporting in other settings

SPECIFIC AIMS

1. What is the extent of HHNs’ underreporting of Type II WPV by violence type?
2. What are the barriers and facilitators when HHNs report Type II WPV, perceived by HHNs and management staff?
3. What are the barriers and facilitators when management staff receive reports of Type II WPV from HHNs?
Study Methods

- Mixed Methods – Quantitative & Qualitative
- Convenience Sample
- Use of Focus Groups, Individual Interviews, & Online Survey
- Field Staff
- Management Staff

Quantitative Data

- Actual experience of subtypes of violence in the past 12 months
  - physical assault
  - threats of harm
  - verbal abuse
- Potential experience of violence
- Threat of harm
- Verbal abuse
- Most serious event
- Reported to management
- Career tenure
Qualitative Data

- Two focus groups (8 and 10 HHNs each)
- Semi-structured focus group guide
- Theory of planned behavior (TPB) (Ajzen, 1985)
  - motivational facilitators
  - barriers of WPV reporting
  - intention to report WPV

Qualitative Data – Focus Group – Examples of Questions

- Benefits of reporting WPV?
- Support structure?
- Ease of reporting?
- Barriers to reporting?
- Facilitators of reporting?
Data Analysis - Qualitative

- Audio-recorded and transcribed verbatim
- Qualitative descriptive approach
- Deductive and inductive approaches
- Open coding
- Themes - 3 levels:
  - major themes (e.g. behavioral belief),
  - categories (e.g. benefits, disadvantages),
  - subthemes (e.g. affirmation, telling my side of the story)
- Dedoose software ("Dedoose Version 8.2.14 - web application for managing, analyzing, and presenting qualitative and mixed method research data," 2018)

Extent of HHNs’ Underreporting of Type II WPV

Identified the average length of work experience in the home health industry.

In the last 12 months, at least once, experienced WPV

<table>
<thead>
<tr>
<th>Physical Violence</th>
<th>Threat of Harm</th>
<th>Verbal Abuse</th>
<th>Potentially Violent Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.60%</td>
<td>33.30%</td>
<td>50%</td>
<td>61.10%</td>
</tr>
</tbody>
</table>

Underreporting Rates

<table>
<thead>
<tr>
<th>Physical Attack</th>
<th>Physical/Verbal Threat</th>
<th>Verbal Abuse</th>
<th>Potential Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>0%</td>
<td>11%</td>
<td>9%</td>
</tr>
</tbody>
</table>
Barriers and Facilitators When HHNs Report Type II WPV: Home Health Nurse Perspectives

Behavioral beliefs:
- Alerting other HHNs and management staff.
  “I think I report it more for the next person [nurse] that might go out after me. And then you will report that to management and that information will be shared with your colleagues [nurses].”
- Providing an opportunity to present their perspectives.
- Receiving affirmation
- Reminiscing the incident

Normative beliefs:
- Part of their job.
- Tolerate violence.
- Not supposed to report all violence.
- Accept patients’ aggressive vent of frustration.
- Patients are frustrated by their situation.

Normative beliefs:
- Management staff and nurse colleagues support reporting violence. Felt supported when the management staff took interest and asked “Please let us know what is going on.”
- Physician responses to reported issues.

Control beliefs:
- No theme
- Lack of time for reporting WPV

Ambiguity on reportability:
- Uncertainty - reportable incident
- “Egregiousness”
- Advice from colleagues
- Training on what constitutes violence and how to identify it
- Scripted simulations
Barriers and Facilitators When HHNs Report Type II WPV: Management Staff Members Perspectives

**Behavioral Beliefs:**
- beneficial
- followed through
- bring about necessary changes
  - "investigating what was going on" and "getting the nurse out of the home" when there were safety concerns.

**Normative Beliefs:**
- support from management
- comfortable, receptive, trustful
- lack of attention or slow follow-up
- part of their caring job

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**Control Beliefs:**
- lengthy and unstandardized reporting process
- ambiguous reportable violence incidents

**Behavioral beliefs:**
- monitor and identify potential trends and patterns

**Control beliefs:**
- unstandardized receiving process
- pattern of violence incidents could be unrecognized or overlooked
- "judgment" versus a policy or a procedure
Considerations - Unique Barriers Among HHNs

- Time
- Violence is part of the job
- Unstandardized reporting process
- Ambiguity on the reportability of violence
- Unclear definition of violence
- Work alone in patients’ home

Considerations - Unique Benefits Among HHNs

- Inform nurse colleagues and management
- Altruistic motives
- Communication options if HHNs don’t have a “routine shift report” or “team huddles”
- Heightened HHN’s sense of responsibilities for sharing and reporting WPV.
Discussion

- Management staff as facilitators of HHNs’ WPV reporting
- Management’s concern and non-judgmental attitude
- Colleagues
- Violence as part of the job
- Definitions of violence (i.e. what are reportable violence incidents?) - more complicated in the home healthcare field than other institutional settings
- HHNs consult their colleague nurses on what and whether to report to management
- Extent of tolerability of violent behaviors that are reportable
- Importance of peer support
- Minor violence may not be reported to management if…
- Experiences of racial harassment

Management Team

- Issues with follow-through of reported incidents
- Lengthy procedures for responding
- Opportunity of identifying the risks
- Monitoring the trends
- Knowledge of the agency policies and procedures
- Standardized method of recording and addressing incidents
- Lack of standardized receiving process
- What contributed to low rates of underreporting? Distance?
- Supporting and trusting the home health nurses
Limitations

- One home healthcare agency with limited sample size - limiting the transferability of the study results
- Inclusion of only currently employed HHNs and management staff could have resulted in an underestimation of underreporting and overlooked of certain barriers and facilitators of WPV reporting
- The underreporting rates were based on HHNs’ self-report which might have caused measuring bias

Study Conclusions

- The study identified barriers and facilitators of HHNs’ Type II WPV reporting
- HHNs can be motivated to report WPV or they can decide not to report
- The management staff may not accurately receive and collect reports from HHNs when a standardized receiving process is lacking
- WPV reporting and receiving process including the definition of workplace violence of various forms and subtypes (e.g. physical violence, physical/verbal threat, verbal abuse) should be explicitly stated in a policy (Pompeii et al., 2016).
- Alert the danger and discuss consultation options
- Supportive attitude by managers/supervisors
Next Steps – Know the Issues

Identify how we can improve reporting rates and address leader training methods to better support staff members when staff are facing challenging situations.

**Actions suggested by The Joint Commission:**

Health care workers must be alert and ready to act when they encounter verbal or physical violence — or the potential for violence — from patients or visitors who may be under stress or who may be fragile, yet also volatile.

As a Home Health/Hospice Employee, You Should:

- Participate in violence-prevention training.
- Report to your employer all incidents of violence, no matter how minor.
- Be sure of the location and have accurate directions to the house or apartment.
- Always let agency know your location and when to expect you to report back.
- When driving alone, have the windows rolled up and doors locked.
- Park the vehicle in a well-lit area, away from large trees or shrubs.
- Keep healthcare equipment, supplies, and personal belongings locked out of sight in the trunk of the vehicle.
- Before getting out of the car, check the surrounding location and activity. If you feel uneasy, do not get out of the car.
As a Home Health/Hospice Employee, You Should:

• Stay in your car and contact your manager if you notice anything that might threaten your security, such as strong odors from a drug lab, gunshots, or shouting and sounds of fighting.
• During the visit, use basic safety precautions by (1) being alert, (2) evaluating each situation for possible violence, and (3) watching for signals of impending violent assault, such as verbally expressed anger and frustration, threatening gestures, signs of drug or alcohol abuse, or the presence of weapons.
• Notify your manager if you observe an unsecured weapon in the patient’s home.
• Maintain behavior that helps to defuse anger by (1) presenting a calm, caring attitude, (2) not matching threats, (3) not giving orders, and (4) acknowledging the person’s feelings.
• Avoid behaviors that may be interpreted as aggressive (for example, moving rapidly or getting too close, touching unnecessarily, or speaking loudly).

As a Home Health/Hospice Employee, You Should:

• If possible, keep an open pathway for exiting.
• Trust your judgment.
• Avoid situations that don’t feel right.
• If you are being verbally abused, ask the abuser to stop. If the abuser does not stop, then leave and notify your manager.
• If you cannot gain control of the situation, shorten the visit and remove yourself from the situation. If you feel threatened, leave immediately.
• If you need help, use your cell phone to call your employer or 911, depending on the severity of the situation. If you observe a crime, contact the police.
• Learn De-escalation tactics to use.
• How is workplace violence supposed to be reported? Notify Supervisor, Complete Incident Reporting Forms/Links https://www.osha.gov/injuryreporting/index.html.
Home Health & Hospice Agency Leaders:

- Establish reporting requirements.
- Our Definition of Workplace Violence:__________________________
- Define acceptable and unacceptable behavior and the severity of harm that will trigger an investigation. Have a zero-tolerance policy for all incidents of violence.
- Encourage conversations about workplace violence during case conferences, daily huddles or team meetings.
- Emphasize the importance of reporting all events involving physical and verbal violence toward staff members.

Home Health & Hospice Agency Leaders:

- Capture, track and trend all reports of workplace violence – including verbal abuse and attempted assaults when no harm occurred.
  - Regularly distribute these workplace violence reports throughout the organization, including to the quality committee and up to the executive and governance levels.
  - Aggregate and report incidents to external organizations that maintain a centralized database.
- Provide appropriate follow-up and support to impacted staff members.
- Review each case of workplace violence to determine contributing factors. Identify priority situations for interventions.
- By demonstrating the value and necessity of reporting (by communicating to staff the risk assessment findings and the interventions taken to immediately address the situation) – brings immediate respect to leadership for following through.
Supporting Staff

Learn De-Escalation Tactics

Make Changes to Physical Home Health/Hospice Office Environment

Train all staff: in de-escalation, self-defense and how to respond to emergency situations.

Work with police to identify dangerous neighborhoods where special precautions need to be taken and provide that information to employees. Consider working with an escort in high-crime areas, and if possible, schedule visits during daylight hours.

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CDC - Centers for Disease Control and Prevention
The National Institute for Occupational Safety and Health (NIOSH)

OCCUPATIONAL VIOLENCE
https://www.cdc.gov/niosh/topics/violence/training_nurses.html

Workplace Violence Prevention for Nurses
CDC Course No. WB2908 – NIOSH Pub. No. 2013-155
Free, interactive course, designed to help healthcare workers better understand the scope and nature of violence in the workplace. Upon successful completion of the course, healthcare professionals can earn continuing education units.

Course modules include:
• Definition, types, and prevalence
• Workplace violence consequences
• Risk factors for type II and III violence
• Prevention strategies for organizations
• Prevention strategies for nurses
• Post event response

By completing the course, healthcare workers will be able to:
• Identify institutional, environmental, and policy risk factors for workplace violence
• Recognize behavioral warning signs of violence in individuals
• Employ communication and teamwork skills to prevent and manage violence
• Identify appropriate resources to support injured healthcare workers
• Take steps to implement a comprehensive workplace violence prevention program
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**Thank You**

**Questions??**

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