

# Violence in a Healthcare Workplace: Your Home



By *Chuck Dinerstein* — June 19, 2019



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Violence in healthcare is not limited to surgery, where it is controlled in service to healing. There are infrequently, but not infrequently enough, the random gun violence we have seen in hospitals and other healthcare settings. But a more pervasive form of violence is the verbal abuse directed by patients to the staff and physicians caring for them. A study in *Occupational Environmental Medicine* brings some data forward.

With a rapidly expanding geriatric population and an increasing prevalence of cognitive decline by Alzheimer's and other forms of dementia, home healthcare is a growing sector. Home healthcare workers have a variety of titles home health aide, personal care aide, etc. The study surveyed home healthcare workers using the self-administered Safe Home Care Survey, conducted over six months beginning in the fall of 2012; reporting results are from 954 workers who cared for a non-family patient.

22% reported at least one incidence of verbal abuse within the last year – characterized most frequently as an angry or humiliating tone, but including denigrating comments, racial, ethnic or religious insults and in a few instances a threat of harm. 7.4% experienced physical violence and as you might suspect the two forms of violence were related, verbal abuse was 11-times more likely to be a prelude to physical abuse.

These are disturbing statistics especially for members of a helping profession. The key findings of the survey was how the characteristics of aides, patients, and work organization were related to abuse.

- Aides who were older, with predictable hours or hired directly by their patients fared better. Aides having insufficient time to perform care or not having a clear care plan were 60% more

likely to experience verbal abuse.

- Patients were more likely to be abusers when their home had too little space to provide the needed care, when they had limited mobility, and as you might anticipate when they had dementia or other mental/psychologic issues.

Are there features in these findings we should consider? I would argue that in many instances a lack of adequate planning sets up both aides and patients for failure and frustration. Predictable hours allow for a set routine and an anticipation for both parties of what is expected. That problem is writ large when you consider that in many of these cases there was no clear care plan. Patients expectations were not aligned with the services they were receiving. And it is easy to see how limited mobility and cramped quarters makes for difficulties in providing the activities of daily living, like bathing and getting dressed. When those physical hurdles are put on a clock with insufficient time, how is it possible to succeed?

The verbal abuse of home-aides are silent canaries in homecare's coal mine. It is our earliest warning that there are troubles ahead, troubles that will multiply as Boomer's swell the need for home care. Dementia and other forms of mental illness are always going to be a problem, but careful evaluation and planning on the part of homecare agencies and families can remedy most of the difficulties, the difficulties when expectation exceeds the ability of care.

Source: Home care aides' experience of verbal abuse: a survey of characteristics and risk factors  
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