

GUIDE

Clinician Safety in Home Health: Addressing and Preventing Workplace Violence

By Danielle Pierotti, PhD, RN, CENP



Overview

In recent years, violence against caregivers in home health has become a significant concern, impacting the physical and mental health of clinicians, and contributing to burnout and high turnover rates that ultimately affect the quality of care delivered to patients. With the home health industry growing rapidly, violent incidents are unfortunately on the rise. In fact, 65 percent of home care workers have reported experiences of verbal, physical, or sexual violence while performing their duties.¹

On top of that, managing and preventing workplace violence can be especially challenging for agencies and staff due to the isolated nature of home health work. Unlike facility-based care, home health staff often work alone in unpredictable environments, increasing their vulnerability.

To protect workers, it's essential for executive leadership to establish and maintain a culture of safety. In addition to implementing effective policies, leaders need to demonstrate a hands-on commitment to safety, one that reassures staff that their safety is prioritized alongside patient care. To succeed in this area, leaders must foster a culture where employees feel encouraged to express safety concerns, actively listen to these concerns, and provide visible support and reassurance that worker safety is an organizational priority.

IN THIS GUIDE WE'LL COVER:

- The primary risk factors for violence in home-based settings
- How violence against home health clinicians results in higher staff attrition and costs for agencies
- Practical strategies your agency can implement to protect frontline workers and create a culture of safety

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Understanding violence and safety in home health



How is workplace violence defined?

Workplace violence in home health falls under the purview of the Occupational Safety and Health Administration (OSHA), which defines workplace violence as any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. If a home health clinician is injured due to workplace violence, OSHA may take action against the provider.

According to Home Health Care News, OSHA has been intensifying its efforts to address workplace violence in home-based care. In one instance, OSHA imposed a \$98,000 fine on a provider for an alleged willful violation of requirements related to workplace violence exposure, which involved incidents of physical and sexual assault by a client.²

The high cost of workplace violence to agencies and staff

Workplace violence in home health, especially when an agency doesn't have a culture of safety, is strongly associated with stress, depression, and burnout among nurses, along with high turnover rates.³

Violence in home health settings also has far-reaching consequences that extend beyond the immediate safety and well-being of staff. For leaders, it's important to address this issue proactively because it directly impacts key operational metrics like costs, patient satisfaction, and the quality of care. When workers feel unsafe or experience violence, it often leads to increased sick days, missed patient visits, and higher turnover. These disruptions not only strain staffing resources but can also damage patient satisfaction and trust, leading to lower survey scores and potential harm to an agency's reputation.

The Problem of Underreporting

 **65%**

65 percent of home care workers have reported experiences of verbal, physical, or sexual violence while performing their duties.¹

Understanding violence and safety in home health

Financially, the costs associated with workplace violence can escalate quickly. Workers' compensation claims, legal expenses, and the costs of hiring and training new employees add up. According to a study in *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, the cost of legal proceedings for each incident of workplace violence against nurses can be as high as \$250,000.⁴

In addition, disengaged or burned-out clinicians are less likely to provide the empathetic, high-quality care that drives positive patient outcomes. By creating a safer work environment and providing tools and training to mitigate risks, home health leaders can reduce these burdens, protect their workforce, and maintain a strong focus on delivering exceptional care.

Understanding and addressing risk factors for violence

Understanding how and why violence occurs in home-based settings is key for developing effective prevention strategies.

By its nature, the home environment varies greatly and can pose risks that are difficult to anticipate or control, making it essential for agencies to have a deep understanding of the circumstances that contribute to violent incidents. With this understanding, agencies can better equip their staff and implement targeted measures to address potential threats before they escalate.

Factors that contribute to workplace violence in home health range from individual patient characteristics to situational and environmental dynamics. These risk factors require consistent assessment and monitoring to ensure that clinicians are prepared for and able to de-escalate tense situations safely.

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Understanding violence and safety in home health

Common patient-specific risk factors:

- Cognitive impairments like dementia, memory loss, or other neurological conditions that can impair judgment and emotional regulation, increasing the potential for aggressive or impulsive behaviors.
- Psychiatric conditions, such as schizophrenia or mood disorders, can also contribute to violent episodes, especially if patients become confused or experience paranoia.
- Substance use disorders, which can contribute to erratic behavior, emotional instability, or aggression.

In addition, violence in home health settings is not always limited to interactions with the patient. In some cases, caregivers, family members, or even neighbors can become sources of aggression or conflict.

Common situational and environmental risk factors:

- Family members experiencing emotional distress due to the strain of caring for a loved one, which can sometimes lead to verbal or physical altercations with clinicians.
- External threats such as disruptive behavior or crime in the patient's neighborhood.

Three best practices for developing an effective safety strategy

- **Implement risk assessments** that account for patient history, household dynamics, and neighborhood conditions to identify high-risk situations.
- **Provide staff with ongoing training** in risk recognition, situational awareness, and de-escalation techniques to prepare them for a range of scenarios they may encounter.
- **Encourage transparent reporting protocols** so that employees feel empowered to document incidents and share concerns without fear of blame.

The High Risk of Home Care Work

Being a home care worker is the second-most dangerous profession in the U.S., behind only law enforcement.⁵

Home care workers experience more than double the national rate of workplace injuries for all professions.⁶

75% of nonfatal workplace assaults occur in the healthcare and social assistance industries.⁷

41% of home healthcare workers have reported sexual harassment.⁹

Improving employee safety: fundamental concepts



The five pillars of safety in home health care

A comprehensive safety framework for home health should encompass the following five pillars (as outlined in the [NAHC Home Care Worker Safety Resource Guide](#)):

- 1. Leadership commitment:** Leaders must actively prioritize safety every day, not just during audits or accreditation reviews.
- 2. Organizational culture:** Establish a culture where reporting safety concerns is encouraged, valued, and consistently addressed.
- 3. Training and education:** Implement ongoing, scenario-based training that includes de-escalation techniques and self-defense skills to prepare staff for a variety of situations.
- 4. Communication and reporting systems:** Create a streamlined process for reporting incidents of violence, with clear follow-up actions to ensure incidents are not overlooked.
- 5. Community integration:** Partner with local authorities in high-risk areas, informing them of staff routes and schedules to improve response times in emergencies.

The Problem of Underreporting

 **12%**

According to a study in the journal *Workplace Health & Safety*, when workplace violence is underreported in healthcare, it's much harder for organizations to prevent it. The study found that only 12% of healthcare worker respondents who said they had experienced a violent event in the previous year had reported it.¹⁰

Improving employee safety: fundamental concepts

The role of culture in safety and nurse retention

Workplace culture significantly influences how safety is perceived and prioritized. A culture that values clinician safety as highly as patient care can help shift the longstanding expectation that caregiving requires personal sacrifice. Leaders who prioritize safety encourage clinicians to prioritize self care as an integral part of delivering high-quality patient care.

When clinicians feel unsafe or unsupported, they are significantly more likely to leave their roles in pursuit of safer, less stressful work environments, which increases staffing challenges and disrupts patient care continuity. By creating a culture of safety, agencies help empower clinicians to do their best work without fear. This not only protects staff morale but also reduces burnout and turnover rates, creating a more stable and resilient workforce.

Transforming organizational culture requires addressing ingrained attitudes that discourage incident reporting or downplay safety concerns. Caregivers might feel pressure to "tough it out," viewing reporting as a personal failure. Leaders can counter this by normalizing open discussions about safety and reinforcing the concept that reporting identified hazards as well as more general concerns is both proactive and valued.

Consistent training and positive reinforcement of safety protocols reinforce these organizational values. For example, recognizing staff who actively contribute to safer work conditions—whether through reporting, training, or teamwork—helps foster a workplace environment where caregivers feel valued and secure, enhancing both patient care and workforce morale.

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Key strategies for protecting employees



Building an organizational safety plan

Creating a sustainable and effective safety plan involves the following practical steps:

Promote leadership engagement

Ensure that safety is integrated as a core organizational value rather than a formality. Safety policies should be adaptable and relevant to the unique challenges of home health. Leaders must actively demonstrate their commitment to safety through visible actions and regular communication, beginning at the onboarding stage and continuing throughout the employee career journey.

Foster a two-way dialogue

Encourage open communication and make it clear that employees can report safety incidents without fear of blame. Listening closely to the concerns of frontline workers using active listening strategies and acting on their feedback is essential for improving employee morale and understanding how to adjust and improve safety protocols.

Involve frontline workers in the process

Include caregivers in safety committees to ensure that policies reflect the real-world experiences of those who face risks daily. Allowing staff to contribute ideas for safety improvements and ongoing training increases the relevance and effectiveness of policies.

Implement regular training and education

Offer continuous safety training focused on verbal de-escalation, situational awareness, and basic self-defense techniques. Consider creating tiered training programs that provide in-depth instruction for those who encounter higher levels of risk.

Practice effective data collection for continuous improvement

Develop systems for tracking safety incidents, near-misses, and employee feedback. Regularly reviewing this data can reveal patterns and trends that inform proactive adjustments to safety protocols and training.

Engage community resources

Engage local authorities in community safety efforts, particularly in high-risk neighborhoods, to help ensure faster response times during emergencies. This partnership can also promote greater awareness and protection for caregivers.

How Medbridge helps

Medbridge offers a number of resources to help home health agencies understand and prevent violence against clinicians. These include:

New House Call podcast series: Protecting Our People

In this three-part series, Danielle Pierotti, PhD, RN, CENP, and Andrea Devoti, RN, MSN, MBA, discuss the role of leadership in preventing violence against home health workers. **Learn more about the topics discussed in this guide by listening to the series:**

- [Episode #1: The Scope of Home Health Care Workplace Violence](#)
- [Episode #2: Home Care Employee Risk Is Organizational Risk](#)
- [Episode #3: How Effective Leadership Can Reduce Violence Risk in Home Care](#)

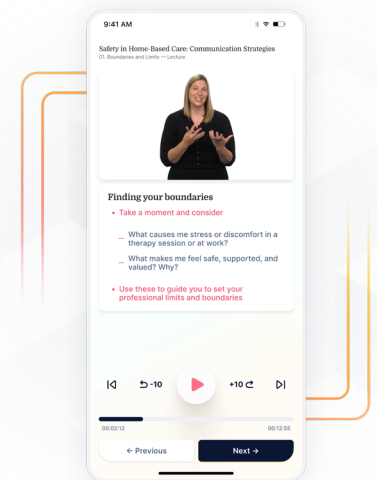
Course series: Safety in Home-Based Care

In this three-part course series, presented by community mental health expert Quinn Tyminski, OTD, OTR/L, BCMH, home health clinicians learn the essential skills they need to navigate difficult situations and conversations, assess risk, and protect themselves.

- [Safety in Home-Based Care: Communication Strategies](#)
- [Safety in Home-Based Care: Addressing Mental Illness](#)
- [Safety in Home-Based Care: Situational Awareness](#)

Medbridge In-Home Essentials Solution

This comprehensive solution is designed to meet the needs of your entire home health organization. It offers effective onboarding, point-of-care skills training, continuing education, and refresher boosters focused on both clinical and soft skills for home health clinicians and leaders.



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ABOUT THE AUTHOR

Danielle Pierotti

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Dr. Pierotti is a nurse leader, author, researcher, speaker, advocate, and educator. She is dedicated to the continuous advancement of individual health and wellness through the ongoing evolution of the science and practice of nursing.

Dr. Pierotti has developed her practice for 30+ years in acute, ambulatory, and home-based settings. She has represented and advocated for nurses and patient care directly with elected officials, federal and state policy agencies, and accrediting bodies. She has led the development of numerous standards of care documents, national quality measure developments, and economic impact studies. She has served on committees with CMS, the National Quality Forum, and the Institute for Healthcare Improvement, and she has also served as a reviewer to the MedPAC report to Congress on Medicare utilization.

As the director for undergraduate nursing at Idaho State University, Dr. Pierotti is focused on the dual needs of Idahoans as patients and future nurses, leading innovation in public nursing education.

About medbridge

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