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A Workplace Violence Policies Influence on the Occurrence of Violence

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Abstract

There is a lack of research on the quality of workplace violence (WPV) policies in home care. This study conducted a blinded review of WPV policies from home care agencies in Ohio, Oregon, and Texas, evaluating them based on five key criteria: WPV reporting, WPV training, WPV policy, workplace conduct, and policy review. Seven agencies participated, but only one met more than 50% of the criteria. Major deficiencies included a lack of WPV prevention methods, formal training, and protective strategies for home visits. While the study examined a small sample, the findings highlight that most WPV policies were incomplete, lacking essential procedures and training to safeguard home care providers. If these findings reflect broader industry trends, home care agencies must prioritize employee safety by implementing more comprehensive WPV policies.

According to the Occupational Safety and Health Administration (OSHA), workplace violence (WPV) is the second leading cause of fatal occupational injuries in the United States (BLS, 2023). It has been shown that those who experience WPV are more likely to have increased rates of work-related burnout, self-reported depressive symptoms, and difficulty sleeping (Hanson et al., 2015; Meyer et al., 2024). There has also been evidence of a correlation between the rate of verbal aggression experienced and subsequent occupational musculoskeletal injury in the healthcare setting (Sabbath et al., 2014; Sabbath et al., 2024).

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These findings have substantial implications for the future of the home healthcare industry. In a study by Hanson et al. (2015), it was noted that 50.3% of home healthcare providers reported experiencing verbal aggression within the past year, threatening behavior (26.9%), workplace violence (23.6%), sexual harassment (25.7%), and sexual aggression (12.8%). WPV has been tied to increased worker turnover, something that this sector already experiences at higher rates as compared to hospital or long-term care facilities (Dieleman & Kleinau, 2017; Sherman et al., 2008). Home healthcare services are also expected to continue their expansive growth through the next decade (Biden, 2023), leading to potential increases in WPV experienced and reported.

Although it has been established that WPV in home healthcare is an expanding problem, studies have shown that many home healthcare providers remain underprepared when such situations arise (Al-Sagheir et al., 2022; Kim et al., 2020). This has been found to be a function of the lack of robust policies and training related to WPV (Gross et al., 2013). The way in which WPV policies and training are delivered to workers has also been shown to be related to the rate of WPV experienced (Steege et al., 2014). Policies regarding WPV need to consist of actionable items regarding the prevention of WPV events and guidance on reporting their occurrence. Gross et al. (2013) evaluated home healthcare agencies' WPV prevention programs in California, a state with guidelines put forth by Cal/ OSHA regarding WPV prevention programs (California Department of Industrial Relations Division of Occupational Safety & Health, 2019). They found that many agencies lacked formal WPV programs altogether, and the programs that agencies did have in place were inadequate for practical application.



The inadequacies of policies and implementation need to be further explored to determine the impact on the experience of home healthcare providers when exposed to WPV. This study aims to assess current WPV policies of home healthcare agencies in multiple states.

Methods

The research design is a cross-sectional study that reviewed established WPV policies within home healthcare agencies against a set of criteria for an effective WPV policy. Ethics approval for this study was obtained from the Institutional Review Board at the University of Cincinnati.

Design

Purposive and convenience sampling were used to recruit home healthcare agencies. The inclusion criterion for selection for the study was currently licensed home healthcare agencies in the United States. The exclusionary criteria consisted of nondisclosures related to policies as well as any known conflict of interest. Analysis criteria were designed to assess how organizations effectively implement WPV training, reporting, and prevention.

Sample

A total of seven home healthcare agencies were recruited in Ohio, Texas, and Oregon. These agencies were mixed with half being Medicare-certified home healthcare agencies and the other half being private duty care. Companies were recruited through email and phone calls. The agencies were both for-profit and nonprofit entities. The WPV policies were collected by email and analyzed between April 2022 and November 2022.

Policy Analysis Tool

The research team developed the WPV prevention policy analysis tool (see Appendix A as supplemental digital content at <http://links.lww.com/HHN/A164>) to assess current workplace policies. The development of this tool was based on a scoring tool used in a previous research study regarding WPV policy in home healthcare, conducted by Gross et al. (2013). Permission to use the scoring tool was granted in writing by a member of the Gross research team. The modified version excluded hospice settings, as the research did not work with this population. Additionally, questions related to management commitment were reduced, as the study focused primarily on the direct home care providers. The policy review process was completed by four members of the research team. De-identification of each policy was completed by one investigator who did not participate in initial scoring, to allow for blinding when grading the policies. Agencies were then denoted as A-G. Policies were scored on the following criteria: *reporting* (3 evaluation criteria), *WPV training* (2 evaluation criteria), *WPV policy* (11 evaluation criteria), *workplace conduct* (5 evaluation criteria), and *policy review* (2 evaluation criteria). Points were awarded based on the presence of WPV program elements. The 23 questions scored one point for “yes” and zero for “no”. For each criterion, the percentage of “yes” answers was calculated.

The policy assessment yielded 161 total grading criteria based on 23 policy critique items per each of the seven site policies reviewed. Of the 161 total grading criteria evaluated, there was 100% agreement on 62.5% of the criteria, 75% agreement (single team member disagreement) on 30% of the criteria, and 50% agreement (split agreement) on only 7.5% of the criteria. For the 37.5% of the grading criteria that the team had some disagreement, an evidence-based discussion was held where each party voiced why a particular grade was

assigned. In these discussions, all but one came to a group consensus. The criteria that remained split will be the subject of the discussion section.

Data Analysis

Descriptive statistics were calculated for the 23 policy critique items and overall criteria scores using Excel.

Results

Only one agency's WPV policy was found to meet more than 50% of the criteria (see Table 1 for a complete breakdown). Among all policies, **reporting** was the only section of the grading rubric that was largely covered (5 agencies with all 3 criteria and 2 with 2 of 3 criteria). The reporting section in the grading rubric was to ensure that the policy discusses the reporting process and subsequent protection of the reporter from retaliation by the perpetrator or other involved parties. Three sections of the grading rubric were nearly absent from the policies reviewed. These included *WPV policy* (all but one of the agencies under 50%), *workplace conduct* (no agency satisfied any items), and *policy review* (all but two were under 50%). The *WPV training* section was not meant to evaluate the content of training but rather the existence of training with three agency policies satisfying less than 50%.

Table 2 provides a breakdown summary of the individual items across the seven agencies. Only four items were found to be satisfied completely (two were under *Reporting*) but seven items were found to have not been satisfied by any of the agencies (five were under *Workplace Conduct*).

Discussion

Home healthcare is a complex sector with unique challenges within the healthcare industry. Home healthcare providers are particularly vulnerable to WPV due to their independent work environments and the lack of resources typically available in hospitals or long-term care facilities. The first line of defense against WPV is implementing a comprehensive policy that outlines procedures and provides training specifically tailored for home healthcare providers.

The current study examined the robustness of WPV policies across seven agencies in three states: Ohio, Texas, and Oregon. The findings revealed that although all agencies had protocols for reporting WPV as well as included WPV training, most failed to address workplace conduct adequately. Given home healthcare providers most often work alone, the risk of WPV may be particularly elevated. WPV policies reviewed did not address protections that could assist in protecting home healthcare providers. Agencies reviewed did not include requirements for measures like working in pairs, ending a visit early, limiting after-dark visits, informing a point-of-contact upon arrival, or using a security escort. The lack of policies for workplace conduct may place home healthcare providers at risk of escalation and improper response to WPV events. Additionally, most policies did not address specific procedures or protections for various WPV acts, except acts from

co-workers or management of physical or sexual assault. Nearly all agencies failed to extend their policies beyond basic WPV protections, such as reporting and training. Furthermore, only a few agencies had annual policy review procedures. Overall, only one agency had a WPV policy that met more than half of the criteria (52%), highlighting the need for significant improvements in WPV policy development and implementation within the home healthcare industry.

Some of the variations in WPV policies between agencies may result from different regulations at the state level. If a state has stronger regulations for WPV policies, agencies will likely have more developed policies and procedures. For example, Oregon regulations require that employees immediately terminate the healthcare encounter and notify their employer (Oregon Secretary of State, 2021); however, not all employers were compliant with their state's regulations for WPV possibly because home healthcare agencies believe the policies are for acute care facilities not home healthcare. Further, policies are only as good as how they are implemented and complied with by the home healthcare providers.

A companion paper investigated the perceptions of home healthcare providers about their agency's WPV policy, incidence of WPV, and reporting of WPV events. Together, these two papers provided evidence of the quality of WPV policies and how they are implemented. These agencies represent a small portion of the total number of home healthcare agencies but are likely a good representative of current WPV policies and compliance.

It is important to note the limitations of this study. First, recruitment of agencies was limited to Texas, Ohio, and Oregon for the policy evaluation reaching out to 350 agencies in total but only had 7 agencies that responded. State regulations and other legal requirements may have influenced the policies. Therefore, this policy review represented a small sample, which may not completely represent the status of many agencies across the United States. They also may represent the best policies or worst policies. This sample has provided a starting point for future investigation into WPV policies and how they can be improved. The assessment has indicated that most policies need to be improved. Future research should expand to other states with a much larger sample. Second, although the criteria were developed from a previously validated and published assessment tool, other criteria could have been used to further evaluate the policies. The comprehensive evaluation that was completed could have been improved by more specific criteria rather than just the existence of certain items.

Conclusion

Overall, this study has provided insight into existing WPV policies and how these policies lack the proper procedures and training required to ensure the protection of home healthcare providers. If these agencies are truly representative of current WPV policies, the home healthcare industry needs to increase its focus on the health and well-being of its employees by adopting more comprehensive WPV policies. This may require more extensive state regulations.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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Table 1.
Overall Summary of the Workplace Violence Policy Evaluation for the Seven Organizations

Organization	Criteria Met (%)	Reporting (3 criteria items)	Workplace Violence Policy (2 criteria items)	Workplace Violence Training (11 criteria items)	Workplace Conduct (5 criteria items)	Policy Review (2 criteria items)
A	10 out of 23 (43.4%)	100.0%	50.0%	54.5%	0.0%	0.0%
B	12 out of 23 (52.2%)	100.0%	0.0%	72.7%	0.0%	50.0%
C	9 out of 23 (39.1%)	100.0%	0.0%	54.5%	0.0%	0.0%
D	6 out of 23 (26.1%)	66.7%	0.0%	27.2%	0.0%	50.0%
E	7 out of 23 (30.4%)	66.7%	0.0%	45.5%	0.0%	0.0%
F	6 out of 23 (26.1%)	100.0%	0.0%	27.2%	0.0%	0.0%
G	11 out of 23 (47.8%)	100.0%	0.0%	72.7%	0.0%	0.0%

Table 2.

Summary of the Organization A of the Criteria of Workplace Violence Policies

	A	B	C	D	E	F	G	Overall
Reporting								
Policy addressing or encouraging employee reporting	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%
Policy to protect employees reporting violence	Yes	Yes	Yes	No	No	Yes	Yes	71%
Policy describing roles and responsibilities following violence	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%
Workplace Violence Policy								
Policy addresses workplace violence training	No	No	No	Yes	No	No	No	14%
Policy requires annual training review or completion	Yes	No	No	No	No	No	No	14%
Workplace Violence Training								
Policy to protect from violent or aggressive household members and visitors	No	Yes	No	No	No	No	Yes	29%
Policy to protect from violence in the community or outside of the home	No	No	No	No	No	No	No	0%
Policy to protect from violence perpetrated by other workers in the agency	No	Yes	Yes	No	Yes	Yes	Yes	71%
Policy to protect from intimate partner violence while on the job	No	Yes	No	No	No	No	No	14%
Policy to protect from violence when caring for mentally ill/psychiatric patients	Yes	No	No	Yes	No	No	No	29%
Policy to protect from violent or aggressive patients	Yes	Yes	No	100%	No	No	Yes	57%
Policy mandates zero tolerance for any type of violence from an internal party	Yes	Yes	Yes	No	Yes	Yes	Yes	86%
Policy mandates zero tolerance for any type of violence from an external party	No	Yes	No	No	No	No	Yes	29%
Policy addresses physical assault or abuse	Yes	Yes	Yes	Yes	Yes	No	Yes	86%
Policy addresses sexual assault or abuse	Yes	Yes	Yes	No	Yes	Yes	Yes	86%
Policy addresses psychological (mental or emotional) abuse	Yes	No	Yes	No	Yes	No	Yes	57%
Workplace Conduct								
Policy to inform point of contact of worker's location during shift	No	No	No	No	No	No	No	0%
Policy for conducting home visits after dark	No	No	No	No	No	No	No	0%
Policy for ending a home visit early	No	No	No	No	No	No	No	0%
Policy for using a buddy system (with a co-worker)	No	No	No	No	No	No	No	0%
Policy for using police or security escorts	No	No	No	No	No	No	No	0%
Policy Review								
Program reviewed and updated by management on an annual/regular basis	No	Yes	No	Yes	No	No	No	29%

	A	No	
	B	No	
	C	No	
	D	No	
	E	No	
	F	No	
	G	No	
	Overall	0%	

Policy requiring annual review of policy or handbook

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