

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

Karlsson et al, Occupational and Environmental Medicine (2019)

This research paper describes results about verbal abuse from a larger survey conducted in 2012-2013 to help understand a range of working conditions among home care aides. 1,249 Massachusetts home care aides responded to the survey, and from these, 954 aides who had at least one non-family member client were included in this paper. 206 aides reported verbal abuse. Home care aides who reported verbal abuse were more likely to also experience physical abuse, although physical abuse was less common. Aides over the median age of 48 reported less verbal abuse. The risk of verbal abuse was higher when there was not enough space in the home, when the client had dementia and when aides did not have predictable work hours. Not having a clear care plan and clients with limited mobility were also suggestive of risk for verbal abuse.

Employers and other Stakeholders –

What is the relevance of the research findings?

Home care aides participating in this survey experienced verbal abuse in client homes. Among the respondents to the survey who cared for a non-family member, 22% reported instances of at least one type of verbal abuse.

Verbal abuse included:

- being yelled at or spoken to in an angry or humiliating tone (17%)
- made to feel bad about myself (10%)
- racial, ethnic, religious or other personal insults (6%)
- verbal threat of harm (5%)

Aides who experience verbal abuse were more than 11 times as likely to experience physical abuse.

A home care aide was more likely to report verbal abuse when:

- There was not enough room in the home to perform the care work
- The aide did not have predictable work hours
- The client had dementia
- The client had limited mobility
- There was an unclear care plan

Older aides as a group reported less verbal abuse. While it is possible that older aides were more used to the behavior and didn't report it on the survey, it is also possible that, on average, older aides have more experience that helps them navigate client behaviors or that they may relate better to older clients' health and emotional needs.

Intervention Opportunities –

Employers may be able to reduce the risk of home care aides experiencing verbal and physical abuse by recognizing that abuse is common, and certain factors are associated with it. Training at orientation and/or in-service trainings can cover topics such as conflict de-escalation and understanding dementia

and best practices for working with clients with dementia. Older or more experienced aides may have developed skills that allow them to be resources or mentors in training and beyond.

Employers and their referral networks can screen clients' homes at in-take and regular assessments for the presence of home environment conditions such as having adequate space to work. Creating care plans that address the management of conditions associated with risk of verbal and physical abuse to home care aides are important. Such care plans should be reviewed with clients and client family members.

Clear support for aides and policies against client abuse let aides who are "lone workers" know they are not alone. Creating predictable schedules for aides when possible can reduce uncertainty and stress that may contribute to some client behaviors.

Home Care Aides and their Advocates -

Here are some steps that home care aides can take to protect themselves from abuse in clients' homes:

- Ask for and participate in training on how to recognize and reduce the risk of experiencing verbal and physical abuse. This can include de-escalation techniques and skills in working with clients with dementia.
- Recognize conditions that may lead to the increased risk of experiencing abuse. These conditions may include:
 - a client home that doesn't have enough room to work in
 - a client with dementia
 - a new client, or a client who does not have a predictable schedule with you
 - clients with unclear care plans
 - clients with limited mobility
- Review the client's care plan and ask your employer for assistance when the plan is unclear or doesn't address conditions that may increase the risk of experiencing abuse. For example, if the home is too crowded to work safely, or a client with limited mobility needs a patient handling device.
- Leave a situation when a client becomes violent or abusive. Then contact your employer for support and follow agency procedures for these situations.