



# Home Safe and Sound?

Safety Perceptions Among  
Home-Based Care Professionals

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For many patients and consumers, home represents a sacred and intimate space. Home-based care professionals and volunteers often find themselves entering these private residences, becoming guests during vulnerable times for those in their care. The skillset required to navigate the intrapersonal dynamics is complicated and doesn't always come naturally.

The home-based care community touts itself as the higher-quality, consumer-preferred and lower-cost option to institutional care. While demographic and policy trends are moving care home, workplace safety remains a barrier to progress.

Transcend Strategy Group has consistently researched workforce issues, such as **burnout** and **retention**, for home-based care providers. Staffing shortages have eased marginally post-COVID, but the fact of the matter is that concerns over safety are a barrier to robust recruitment and retention. If bedside providers don't feel safe and supported in the home environment, agencies will struggle to accept new patients and grow sustainably.

Transcend conducted this study in the summer of 2024 to gain insights of the day-to-day experiences of those providing care at the bedside. A diverse sample of 400 home-based care employees in the United States provided input regarding their experiences and needs to improve safety in the workplace.

Our research found significant concerns about safety and employer response to harassment or violent incidents in the home. This report outlines the survey methodology, key findings, takeaways and resources that home-based care agencies can use to help build and strengthen their employee safety programs.

# Key Findings

- Of those surveyed, **more than 50% have experienced or witnessed** at least one incident of workplace violence or harassment; 20% reported seeing at least seven such incidents.
- When asked if they felt they could leave an unsafe environment without fear of retaliation from their employer, **only 48% strongly agreed**.
- Slightly more than 30% **do not feel that their organization prioritizes their safety**.
- **Certified nursing assistants, registered nurses and physician assistants** were more likely to have experienced or witnessed harassment than physicians and social workers.
- **Respondents expressed a desire for their employer being an advocate for their safety** in a variety of forms – consequences for those who try to harm or harass; proactive training and safety resources; and employee resource programs and counseling for those affected by an incident.

## Key Takeaways

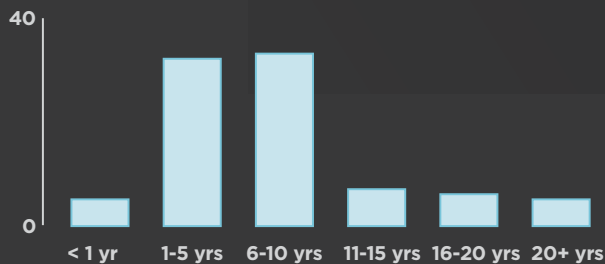
- Home and community-based service providers have real challenges in providing for the safety of their field staff. **Perceptions of unsafe conditions directly impact recruitment and retention**, and employers must have programs and systems in place to ease employee concerns.
- Staff and potential **employees must feel like their judgment is trusted**. Developing intentional mutual trust between staff and employers is crucial to a feeling of safety when providing home-based care.
- **Consistent and honest communication, training and protocols** are all concrete steps that home-based care providers can take to assuage staff concerns and boost recruitment and retention.

## Demographic Overview

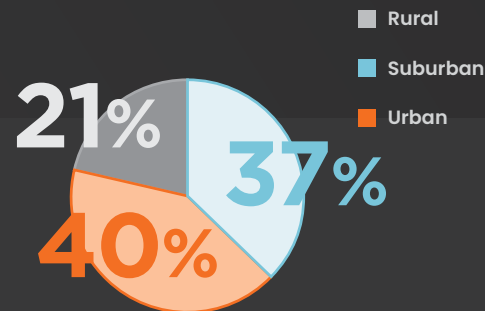
Transcend developed a quantitative survey that was shared with 400 individuals currently working in home-based care. Upon completion, the data was analyzed by role, age and additional factors to identify statistically significant differences.

Respondents represented various direct-patient fields, including hospice, home health, palliative care, private duty nursing and personal care services. Although respondents represented diverse age, gender, race and U.S. regional demographics, there is a benefit to focusing future studies on more specific populations.

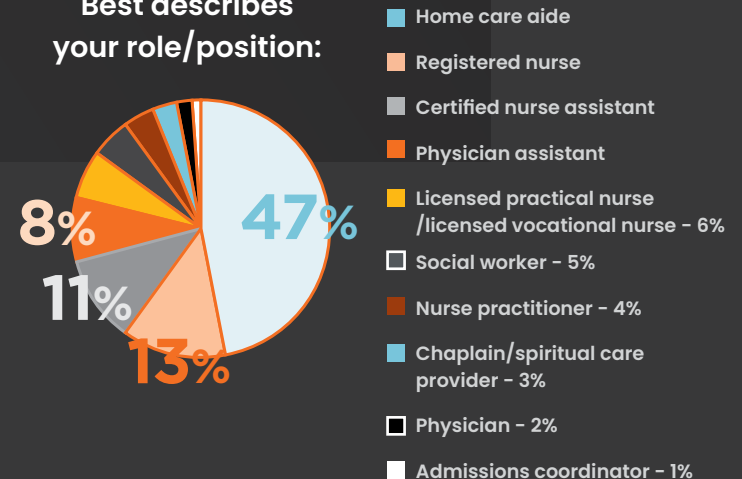
Years of direct experience:



Best describes where you live:



Best describes your role/position:



# Exposure to Violence and Harassment in Home-Based Care



Unfortunately, negative experiences that impact the safety of home-based care employees happen. For this study, two specific workplace safety challenges were explored – violence and harassment.

Of the participating respondents, more than 50% have experienced or witnessed at least one incident of workplace violence or harassment. The aggressors have included a combination of their colleagues, leadership, patients and/or family caregivers. 20% can recall experiencing at least seven incidents of workplace violence or harassment throughout their home-based care career.

The survey dove deep into three key areas of the employee experience relative to safety in the home-based care environment:

1

## Trust and Autonomy

How much respondents felt they were trusted by their employers to make safe choices in the home.

2

## Thoughtful Communication

How respondents assessed the level of communication about safety incidents from their employers.

3

## Resource Accessibility

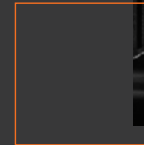
Survey participant preferences for the resources, policies and protocols surrounding workplace safety from their employers.

# Trust and Autonomy

*Does my employer trust me to make choices that keep me safe when providing care?*

Key findings related to trust and professional autonomy:

- Study participants shared that **less than 70%** felt their organization prioritizes their safety.
- Approximately 55% of study participants **strongly agree that they feel supported** in setting appropriate safety expectations while providing care in the home.
- When asked if they felt they could leave an unsafe environment without fear of retaliation from their employer, **only 48% strongly agreed** with this statement.
- 25% of those who have experienced or witnessed workplace violence or harassment either **didn't feel comfortable reporting these events** to their employer or did report it but didn't feel their organization was supportive.



Appropriate caseloads and visit metrics are crucial to sustaining a business and maximizing employee resources. However, it was clear from the survey that many staff harbor concerns about how those productivity standards will be held against them, even in an unsafe environment.

To sustain a high level of work that contributes to quality care, it is imperative that employees feel confident that they will be safe while doing their jobs and that their employer trusts their decision-making capabilities when it comes to dangerous situations or harassment.



"If we don't trust your judgment, you shouldn't be in the home. It can't be that we trust your judgment to go in the home and deliver care, but we don't trust your judgment to know if you need to cut a visit off. You can't have it both ways, because that is an unfair, unjust approach to our staff."

# Thoughtful Communication

*Does my agency do a good job of communicating risks and provide me with channels to raise safety concerns?*

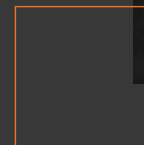
Key findings related to thoughtful communication:

- Just over 50% of respondents strongly agreed that their employer communicates about potential safety risks to their team.
- Respondents in the 35-44 age range were more likely to have experienced or witnessed physical violence in the workplace and those 55+ were least likely to have this experience.
- Those age 55+ were also more likely to feel empowered in setting appropriate safety expectations while providing care in the home.



"We must acknowledge the inherent risks and vulnerabilities present in our field of work, as well as the potential safety challenges staff may encounter during home visits."

~ Sarah Posa, AVP, Program Administrator  
NorthStar Care Community



Federal and state agencies mandate strong emergency management response plans for most types of home-based care. A crucial part of that is two-way employee communication. When dealing with a distributed workforce, having multiple methods of communication are needed to deal with weather events, mass casualty situations or other unplanned emergencies.

Of course, the living situations for patients can also sometimes present dangerous situations that agencies have a responsibility to gauge and share with the clinicians they are asking to walk into a home. Properly and consistently warning staff about potential risks in the neighborhood, as well as the mental health of the patient or client, any substance abuse issues or weapons that may be present, should all be considered standard documented practice for home-based care agencies.

The generational divide in the survey results also bears scrutiny. The workforce of tomorrow represented in this survey has greater exposure to workplace violence than their older cohorts. The research did not explore the possible reasons behind this, and more follow-up work is needed to understand the differences in these experiences.

# Resource Accessibility

*Does my employer provide me with a strong set of tools, trainings and protocols to keep myself safe in the homes of those I care for?*

When study participants responded to the question, “Have you experienced or witnessed harassment of any form in the workplace?” certified nursing assistants, registered nurses and physician assistants were more likely to answer yes compared to physicians and social workers.

Specific topics desired in the study responses regarding training include:

- Tactics to de-escalate safety events
- Best practices to remove themselves from uncomfortable situations
- Self-care and stress management
- Addressing aggressive pets in the home
- Communication strategies for cultural sensitivity

When asked what support might look like, respondents offered up the following as their top five preferences based on the open-ended question:

- They wanted to feel like action was taken and that there was a form of consequence to negative behavior, regardless of who the aggressor was.
- They would feel valued if acknowledgement and a general support response was provided in reaction to harassment or violence.
- They wanted to feel compassion from their employers after experiencing or witnessing an event.
- Respondents wanted to work for organizations that have procedures and training in place that prioritizes their safety.
- Respondents would like to know that emotional and psychological resources are available after experiencing or witnessing an event.



The types of resources, trainings and protocols an agency creates will depend significantly on the line of service they provide, the profiles of the patients/clients they serve, and the nuances of their service area.

There is no one-size-fits-all approach to building out resources focused on safety for an agency's workforce, but it's clear that those surveyed expressed a strong desire for the resources and tools to keep themselves safe while delivering patient care.

# How Providers Are Addressing Challenges of Safety in the Workplace for Home-Based Care

In addition to the quantitative survey questions, Transcend also spoke to various home-based care leaders to learn about workplace safety resources they are currently implementing. Some of the common themes and programs we heard from providers were:



We conduct annual training both online and in-person because addressing safety is a part of our DNA.”

~ Deb Haugh, VP of Strategic Initiatives, Delaware Hospice

## Safety wearable devices

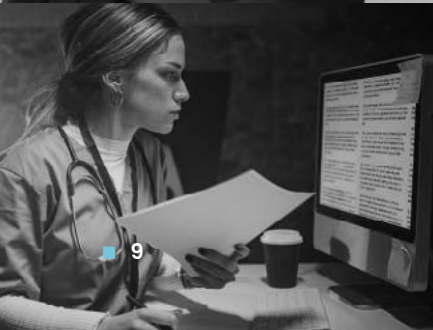
- A prominent hospice care organization provides each employee with hardware that clips onto a belt, lanyard or scrub top.
- If they press that button, two things happen simultaneously.
  - 1. It opens a microphone that accesses a 24-hour call center. The recipient can listen in while you walk to the car, alert authorities and more.
  - 2. It transmits your geolocation, so people know exactly where you are.

## Mobile phone applications

- There has been success with providing each bedside employee with a work cellphone that has an app preloaded to submit safety events. The safety portal can be used to report events related to both the employee and/or the patient.

## Policies and protocols

- Some organizations have a policy that if the staff doesn't feel safe in the environment, they can gracefully leave immediately without fear of retaliation from their organization.
- Another organization has a discussion with the family caregivers and patient if there is a safety concern. Both parties must sign a case agreement prior to the continuation of care in the home.
- Every organization that provided input includes some form of safety training that addresses workplace violence during new employee onboarding.



## Conclusion

In home-based care, staffing *is* the product. Ensuring that staff can deliver care in the home as safely as possible is a crucial concern for providers. Transcend's research shows that the adoption of home-based care will be challenged by the sometimes unpredictable nature of safely providing care in a patient or client's home.

Agencies can and should consider examining the ways in which they support their staff in the field through three key areas:

- Ensuring staff is trained and trusted to make safety decisions for themselves and their patients without fear of reprisal.
- Building a culture of two-way communication that highlights situational challenges patients may present and ensuring staff knows whom to turn to when there is an incident of harassment or violence.
- Building easily accessible policies, tools and resources related to workplace safety for staff entering patient homes.

The specific contours of how an agency works to minimize harassment and violence directed towards their staff will depend on where they are in their evolution and environment. There are tangible benefits in the form of increased capacity, employee retention, recruitment capability, and sustainable growth and market share for the provider who proactively and aggressively addresses workplace safety.



# Need help addressing workplace safety at your organization?

Transcend Strategy Group offers deeply experienced assistance providing employee surveys, analysis, employee experience strategic planning, training and other support for providers of home-based healthcare.

Outside perspectives can help – sometimes internal dynamics can mask blind spots and cloud opportunities for making changes that can help attract talent and keep them.

To start a conversation, email  
[hello@transcend-strategy.com](mailto:hello@transcend-strategy.com)

Email Us

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