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Home Health Workplace Safety During the COVID-19 Pandemic: A Cross-Sectional Descriptive Analysis of Home Health Agencies in Arkansas

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HOME HEALTH WORKPLACE SAFETY DURING THE COVID-19 PANDEMIC: A CROSS-SECTIONAL DESCRIPTIVE ANALYSIS OF HOME HEALTH AGENCIES IN ARKANSAS

By

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Thesis Approval

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Abstract

Workplace safety is a continual concern for home healthcare workers that provide medical care in a patient's home environment. Healthcare workers, such as registered nurses, licensed practical nurses, and nursing aides, make up the largest group of home care providers. Before the COVID-19 Pandemic, home healthcare providers had to navigate job safety issues related to clutter in the home, unsanitary conditions, pest infestations, fumes, pets, and aggressive family members (Gershon et al., 2008). The pandemic brought about additional safety concerns, such as the implementation of isolation policies and limited supplies of personal protective equipment, to name a few. This cross-sectional descriptive analysis of home health agencies in Arkansas aimed to identify workplace safety issues experienced by home healthcare workers. A convenience sample of (N=14) of registered nurses, licensed practical nurses, and home health aides were recruited from home health agencies in Central and South Arkansas. Participants completed a 25-question survey that assessed home healthcare providers' workplace safety issues. Conclusively, the Home Healthcare Workplace Safety During the Covid-19 Pandemic Survey confirmed that home healthcare nurses and aides do experience significant workplace safety issues while providing care during the Covid-19 Pandemic. These safety issues are present despite positive findings related to worker satisfaction with the administrative structure and process of the employing agency and managers.

Keywords: COVID- 19; home healthcare; workplace safety; nurses; home care aides

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I. Introduction

Workplace safety is a continual concern for home healthcare workers that provide medical care in a patient's home environment. Home healthcare workers comprise a mix of disciplines: registered nurses, licensed practical nurses, home health aides, and physical and occupational therapists. Home healthcare workers have reported risks during the COVID-19 Pandemic, including safety concerns in the client's homes, access to personal protective equipment, and public transportation challenges (Bandini et al., 2021). During the COVID-19 Pandemic, home health agencies often reported having difficulty applying infection control protocols (59.3%), difficulty interpreting frequently changing CDC Guidance (52.1%), and lack of cleaning and disinfection supplies (65.4%) (Sama et al., 2021).

Healthcare workers, such as registered nurses, licensed practical nurses, and nursing aides, comprise the largest home care providers. In 2019, there were approximately 1.4 million home healthcare workers in the United States (*Home Health Care Service Employees U.S. 2000-2019*, n.d.). Allison et al. (2020), found that home healthcare workers were particularly vulnerable during the COVID-19 Pandemic. These vulnerabilities included new infection prevention responsibilities, difficulty applying infection control procedures in the home environment, and home health nurses and aides feeling overlooked in pandemic preparation (Sama et al., 2021). Although not considered front-line healthcare providers, in-home care workers are faced with unique situations and have job-specific identified hardships that worsened the COVID-19 pandemic (Allison et al., 2020). Home healthcare workers were essential to the healthcare continuum during the COVID-19 Pandemic. Home health workers provided crucial care

to people with functional cognitive disabilities and help with daily tasks like medication management, cooking, and bathing (Reckery, 2020). Home healthcare is a critical part of the healthcare system by reducing a patient's length of hospitalization and cost of care and decreasing hospital readmission rates (*Home Healthcare - Overview | Occupational Safety and Health Administration*, n.d.-b). Home-based care is an alternative to inpatient care for many people needing skilled medical and personal care and supplies essential healthcare services (Sama et al., 2020). In 2017, almost 3.4 million Medicare recipients used home health (Pogorzelska-Maziarz et al., 2020). Longer life expectancies of the adult population with increased co-morbidities have caused a greater need for home healthcare workers even before the declared pandemic. The nursing profession was experiencing a workforce shortage before the COVID-19 Pandemic, and because of demographic shifts of nurses retiring, fewer entering the profession and a greater need for medical care have created an overwhelming problem (Padilla, 2022). The COVID-19 Pandemic has also brought about changes in the types of medical care that can be performed in the home, allowing home healthcare workers can perform medical procedures and care that were previously limited to inpatient hospital stays (Quinn et al., 2016)

With the increased demand for home healthcare services, home care workers' job safety will become an even greater issue. Home healthcare workers have always experienced job safety risks which have been exacerbated during the COVID-19 Pandemic (Bandini et al., 2020; Gershon et al., 2008; Sama et al., 2020; Sterling et al., 2020). The most frequent hardships experienced include risks to personal health and safety, lack of adequate personal protective equipment, clutter, unsanitary conditions,

violence, and needlestick injuries (Gershon et al., 2008). Home health agencies, like other areas of healthcare, were not well prepared for the number of patients with COVID-19, had limited stockpiles of personal protective equipment, and supplies, and limited experience with extended respiratory droplet exposure protections and infection control prevention measures specific to COVID-19 (Sterling et al, 2020). The COVID-19 Pandemic "has catapulted nursing frontline responsibilities, and COVID-19 peaks have outweighed preparedness" (Schroeder et al., 2020, p.1).

Statement of the Problem

Home healthcare workers have continued to care for patients in their homes throughout the COVID-19 Pandemic. As frontline workers primarily employed in home health, these caregivers were not afforded the choice to not continue to perform their job duties. Home healthcare workers were delivering care in patients' residences during the COVID-19 Pandemic and were exposed to additional workplace safety issues. There is little published research on how the COVID-19 pandemic affects home healthcare worker safety.

Need for the Study

The COVID-19-Pandemic created occupational risks associated with limited access to supplies for infection prevention and control, environmental hazards associated with providing care in the patient's homes, uncertainty about COVID-19 information, and created personal dilemmas for home healthcare workers (Osakwe et al., (2020). These were new occupational risks that home healthcare workers, managers, supervisors, and agency leaders were not prepared for. Home healthcare workers provide "essential medical and supportive services, to elders and people with disabilities, enabling them to

live at home" (Sama et al., 2021, p.125). Home healthcare is "experiencing serious challenges to the increasing need for home care services as well as recruitment and retention within the workforce caring for older adults" (Foley & Luz, 2020, p. 488). The 65-plus age group was the fastest-growing of all age groups, with a population increase of 38% between 2010 and 2021 (*US Population by Year, Race, Age, Ethnicity, & More*, 2022). With an increased demand for home healthcare, it is imperative for administrators and agency managers to understand home healthcare workers' safety issues during the COVID-19 Pandemic. This study aims to explore the workplace safety of home healthcare nurses and home healthcare aides while caring for clients in a home environment during the COVID -19 Pandemic.

Assumptions

In this cross-sectional descriptive analysis, it may be assumed that participants are home healthcare providers with duties of providing nursing and personal care duties, are employed at least part-time at a home healthcare agency, and have performed direct care in patient's homes during the COVID-19 Pandemic. It is also assumed that participants answered the survey questions voluntarily and honestly, without malice towards administrators or supervisors.

Research Question

What are the perceived workplace safety issues among home healthcare nurses and home healthcare aides while caring for patients in the home environment during the COVID-19 Pandemic?

Limitations

Several limitations existed for this study**.** First, this survey was researcher created based on the review of the literature. Inaccuracies in the interpretation of the literature had the potential to affect the construction of survey questions and, therefore, inaccuracies in conclusions of the survey results. A limitation was the recruitment of participants; the home healthcare agencies had a no-outside visitor policy and were also restricted by isolation precautions mandated by each home health agency's facility COVID-19 protocol. This policy affected the number of available home healthcare workers visiting their home office regularly and created fewer opportunities for participation solicitation. Another limitation was the small sample size reducing the generalizability of the study findings to other home health care agencies. Consideration was made when creating the survey to remove ambiguity and decrease confusion among questions without leading or influencing answers; however, some participants may still have difficulty doing so. The survey had 25 brief questions requiring about 30 minutes to read and complete. Therefore, some participants may not have devoted enough time to read the questions thoroughly.

Definition of Terms

The common terms used in this study were home healthcare aides, home healthcare, home health workers, licensed practical nurse, and registered nurse.

Home healthcare aides or aides, also terms used interchangeably, are *Certified nursing assistants (CNAs) and Personal Care Technicians (PCTs)*; they assist patients with activities of daily living and require a formal training program. CNAs are trained to

perform patient ambulation, aid with activities of daily living, bathing and personal hygiene, light housekeeping, and support nursing personnel (http://www.careers.org/, n.d.). *Home healthcare* is a wide range of healthcare services that can be given in the home for an illness or injury and follows a plan of care created by the physician and registered nurse (Medicare.gov, n.d.). A *licensed practical nurse* is a part of the home healthcare team and performs job duties such as administering medications, wound care, and other treatments outlined in the plan of care under the supervision of the registered nurse (thefreeddictionary.com, n.d.). All home healthcare staff must travel to patients' homes to perform care. A *registered nurse* is a care provider and team member having education beyond basic nursing education and certified by a professional organization, nursing specialty, or meeting other criteria established by a Board of Nursing (thefreedictionary.com, n.d). Registered nurses in home healthcare act as case managers, perform advanced treatments, provide teaching, and develop plans of care and corresponding interventions to meet patient goals.

Summary

Home healthcare workers have reported risks during the COVID-19 Pandemic, including safety concerns in the client's homes, access to personal protective equipment, and public transportation challenges (Bandini et al., 2021) This research study aims to explore the workplace safety of home healthcare nurses and home healthcare aides while caring for clients in a home environment during the COVID 19 Pandemic. Research is needed to understand the perceived workplace safety issues experienced by home healthcare nurses and aides.

II. Literature Review

A literature review was conducted to examine existing data on home healthcare workers' job safety issues. A literature review search was completed using MEDLINE, Ovid, ProQuest, and the Cumulative Index for Nursing and Allied Health Literature (CINAHL) databases. Peer-reviewed articles, primary research, position papers, and government reports within the past six years were reviewed. The databases were searched for the keywords home health aides, home health worker safety, job duties, nurses, and safety issues in home health during the COVID-19 Pandemic. The literature review will also provide details about the Donabedian Model conceptual framework used to help evaluate healthcare quality. In addition, this chapter will address workplace safety issues experienced by home healthcare workers prior to and during the COVID-19 Pandemic.

Conceptual Framework

Donabedian's Model serves as the conceptual framework for this study. The Donabedian Model, developed in 1966 by Avedis Donabedian, is "a conceptual model that provides a framework for examining health services and evaluating healthcare quality" (Cullen et al., 2018, p. 633). The Donabedian Model includes three components: structure, process, and outcomes. Structure, the first component, is the services provided by home healthcare providers as well as the attributes and characteristics of that care. In home healthcare, the structure comprises organizational hierarchy, involvement level of management, and roles and responsibilities. "Roles outside of usual duties", are also considered even while potentially under duress during the COVID-19 Pandemic (Cullen et al., 2018, p. 634). For this research study, management structures include the chain of command, line of decision-making, employee autonomy level, and the arrangement of

supervision and supportive activities. The second component, process, measures the actions of the organization and related interventions provided to reach a goal (Cullen et al., 2018). Process in home healthcare are those activities relating to clinical practice aimed at maintaining and adhering to accepted management and clinical processes that lead to positive outcomes. Outcomes are the last process measure and include activities that evaluate the first and second process measures. Outcome measures are predetermined performance indicators and are comparatively examined to indicate quality (Cullen et al., 2018). Several recent COVID-19 research studies have used the Donabedian Model as a framework for nursing quality where nursing structures and processes were assessed, and changes were implemented based on the studies' findings in assessing quality (Binder et al., 2020; Mormer & Stevans, 2019). Donabedian's Model also provides for assessing "roles outside of usual duties" (Cullen et al., 2018, p. 634), as is the situation with providing care during the COVID-19 Pandemic. For home healthcare, the design of the Donabedian Model is widely accepted to measure healthcare quality. This framework easily supports this study.

Job Safety Concerns for Home Healthcare Workers Before COVID-19

To address home healthcare workers' job safety issues adequately, this literature review included pre-pandemic research. The Safe Home Care Project, funded by the National Institute for Occupational Safety and Health (NIOSH) was used as a guide. The Safe Home Care Project, using research in conjunction with a study by Quinn et al. (2016) quantified hazards obtained from surveys of 3,484 home healthcare worker visits from a total of 1,249 questionnaires completed by home healthcare workers across the United States in 2015. Hazards were calculated by the percentage they occurred in the

total of visits reported *(N*=3484). Smoking in the home occurred in 10% of all visits, with corresponding 10% of all patients having oxygen in the home (Quinn et al., 2021). Of all the home healthcare worker hazards identified, three percent involved exposure to sharps, four percent of the workers assisted the patient with using a sharp, and exposure to strong odors occurred in 20% of visits (Quinn et al., 2021). Musculoskeletal injuries reported were most frequently caused by the patient moving and assisting, with trips and falls associated with home environments were reported in 10% of all visits in the preceding 12 months of the study (Quinn et al., 2021). Pandemic preparedness and readiness were shown to support safer work environments in a study performed by Rebman et al. (2011). In a survey using the Kruska-Wallis (KW) test, larger home health agencies reported having greater resources available and staffing to meet a surge capacity (a rapid increase in patient load) (Rebman et al., 2011). A similar study by Gershon et al., (2008) used a home healthcare worker survey consisting of 58 items, administered to 1,561 home healthcare workers in the United States, and identified job safety hazards. Home healthcare workers surveyed reported most frequently encountered issues in patient's homes were cockroaches (33%), cigarette smoke (30 %), clutter (17%), violence or crime (11%), and aggressive pets (6%) (Gershon et al., 2008).

Job Safety Concerns for Home Healthcare Workers During The COVID-19 Pandemic

Home healthcare nurses and aides face many job safety concerns that are associated with providing routine care to patients in their homes. Providing healthcare in the home is naturally associated with safety concerns because home care workers are often unfamiliar with the patient and family members living in the home, the general

safety of the neighborhood, and the uneasiness of the patient having intimate care providers in their "personal space" (Ashcroft et al., 2021, p. 2). Environmental risks are additional job safety concerns. Home healthcare workers are exposed to dangerous conditions that include ergonomic concerns, exposure to secondhand smoke, blood, and saliva, and aggression from pets and family members (Bien et al., 2020). In a qualitative study of home healthcare workers during the COVID-19 Pandemic, Sterling et al. (2020), comprised five themes related to personal risks. Home healthcare workers felt invisible, had a substantial increase in risks of virus transmission, had varying resources and relied on non-agency alternatives for support, and felt required to make difficult tradeoffs in their personal lives (Sterling et al., 2020). In another qualitative study designed to assess the care planning processes for home healthcare nurses and aides, Osakwe et al. (2020) highlighted major themes that included environmental concerns that include home healthcare workers having limited access to both supplies and information to mitigate environmental hazards and experiencing dilemmas associated with providing care to patients in uncontrolled environments in the home during the COVID-19 Pandemic. Pogorzelska-Maziarz et al. 2018, conducted a qualitative descriptive research study with a convenience sample of 41 home healthcare providers via telephone interviews between May to November 2018. Primary and subcategories were created using directed content analysis, identified infection prevention, and control risks. Among the categories, the most notable is the unpredictability of the home care environment, the importance of education in infection prevention and control in the home care setting, and education as a key to appropriate infection prevention and control (Pogorzelska-Maziarz et al., 2018).

Home healthcare workers experience psychological and physical demands while performing their duties during the COVID-19 Pandemic. In addition to the environmental risk found in Gershon et al. (2020), safety institutions and researchers have widely published that home healthcare workers' job safety risks include physical and emotional issues related directly to their job (Allison et al., 2020; CDC, 2018; NIOSH, 2018; Sama et al., 2021; Sterling et al., 2021). The National Institute for Occupational Safety and Health (NIOSH) has identified a cluster of major home healthcare worker safety issues as developing musculoskeletal disorders, exposure to bloodborne pathogens and needlestick injuries, and experiencing occupational stress, and violence (NIOSH Workplace Safety and Health Topic, 2018).

The Council on Graduate Medical Education (2020) included a revised brief (CDC - Health Care Workers, Home Healthcare - NIOSH Workplace Safety and Health Topic, 2018) statement concerning special needs in Rural America at the onset of the COVID-19 Pandemic: Workforce education, training, and practice. When assessing risks associated with diseases and transmissions, "A national public health emergency will likely exacerbate the health care access gaps between rural and urban areas," whereas the demand-capacity mismatch creates underfunding and understaffing (COGME, 2020, p.1). Baron et al. (2009), summarized findings from a national stakeholder meeting where a hypothetical influenza pandemic scenario was evaluated and highlighted challenges specific to home healthcare workers during a pandemic, including standard healthcare infection and control measures, proper personal protective equipment, infection control training, and worker supervision. All were deemed inadequate during the pandemic by home healthcare providers (Allison et al., 2020). Sterling et al. (2021), via research

methods using qualitative data, confirmed health and safety hazards experienced by home healthcare providers have been worsened by the COVID-19 Pandemic. These conditions are present and threats to clients and healthcare workers and significantly impact home healthcare recipient outcomes. Although most home healthcare workers routinely receive training and preparation on the use of masks, gloves, and standard isolation precautions, the lack of isolation and PPE equipment contributes to increased home healthcare worker safety risks related to infection control.

Merryweather et al. (2020) identified that home care workers felt rushed and hurried along with an increasing number of patients with partial weight-bearing status, which was the cause of 18% of the reported home healthcare worker injuries from falls. Home healthcare is unique in the assumption that the worker, the organization, and the patient or patient's family all bear some degree of responsibility for worker safety while providing care in the home.

Inconsistencies in Supply and Information

The COVID-19 Pandemic created strains on available resources of personal protective equipment. Inconsistencies in access to personal protective equipment and COVID-19 information became pressing issues for home healthcare administrators. Home healthcare agencies rapidly depleted stockpiles of masks, gloves, gowns, and hand sanitization supplies. Sterling et al. (2020), found that home healthcare workers relied on non-agency resources for needed personal protective equipment and often turned to sources such as the internet, news, and social media for COVID-19 information and purchase of supplies. With a novel virus, and with rapidly changing guidance from the Centers for Disease Control, home healthcare agencies and healthcare workers felt a lack

of consistency in their agency's infection control and prevention information. Sama et al. (2020) found that 85.4% of agencies reported having policies in place that revealed 52.1% reported difficulty interpreting COVID-19 guidance on safe practices and 31.3% had difficulty obtaining adequate supplies of N95 masks for employee use. Often agencies had no structural policies to ensure consistent communication in the event of extended emergencies beyond 72 hours (about 3 days). The home health sector is overlooked by the Occupational Safety and Health Administration (OSHA) as home healthcare providers are not included in its risk assessments or categories (Bandini et al., 2022). The importance of infection prevention and control education and innovativeness as a key to success was identified by Hutchins et al. (2009) alerted that "Protecting vulnerable populations from Pandemic Influenza in the United States was a strategic imperative" (p. 1459). Allison et al., (2020) published "A Call to Action: Extreme Vulnerability of Home Care Workers During the COVID-19 Pandemic" and further alerted the need for home healthcare workers to be acknowledged as high-risk providers who were at risk for increased transmission and infections due to lack of adequate PPE. Sama et al. (2020) highlighted a study conducted during the early onset of the COVID-19 Pandemic. This study identified training barriers, difficulty interpreting and understanding rapidly changing policies, and lack of adequate supply of PPE as major challenges for home healthcare workers. Bandini et al. (2021) found "impacts of COVID-19 on aid job responsibilities" to be access to PPE, changes to caseload, and "new challenges for everyday tasks" for home healthcare providers (pp. 23-25). Home healthcare agencies routinely reported inconsistencies in access to personal protective equipment**.** The COVID-19 Pandemic created strains on available resources of personal

protective equipment. Many home healthcare agencies rapidly depleted their stockpiles of personal protective equipment. Sterling et al. (2020) found that home healthcare workers relied on non-agency resources for needed personal protective equipment such as gowns, masks, and gloves and turned to sources such as the internet, news, and social media for COVID-19 information.

The Unseen Caregivers

Sterling et al. (2021) discovered home healthcare workers are less visible members of the healthcare team and identified that home healthcare workers felt "invisible and often forgotten" (p. 1454). Since home healthcare workers' duties are provided in the privacy of patients' homes, the importance of the care they provide is not noticed or recognized (Bandini et al., 2021). It is important to recognize home healthcare workers as essential members of the healthcare team as they are valuable contributors to optimal patient outcomes, even behind the scenes. This is another reason bringing light to their safety risk is important.

Personal Dilemmas

Home healthcare workers routinely face personal risks to their own health and safety while providing care. Home healthcare workers are routinely exposed to communicable diseases as a part of their job duties and often reported fear of acquiring and transmitting the COVID-19 virus, causing additional personal safety concerns (Sterling et al., 2020). For home healthcare workers, close contact is necessary to provide care. When performing personal care, medical procedures, assessment, bathing, personal hygiene, and help with ambulation, social distancing guidelines often cannot be followed.

Bandini et al. (2020) noted concerns related to risks of disease transmission when traveling to and from patients' homes were also prevalent in the population they sampled. Home healthcare workers experienced personal dilemmas because of having to choose to continue to work and becoming infected with COVID-19 and transmitting the virus to others or choosing to lose income by not continuing to work in their home healthcare positions (Bandini et al., 2021; Sterling et al., 2020). The intent to leave the profession remains higher than in other healthcare occupations. Significant associations were identified between the nursing practice environment, post-traumatic stress, and intent to leave (Zeiher et al., 2022).

Summary

In the presence of the COVID-19 Pandemic, home healthcare workers have faced new challenges that include providing care in unique home environments, difficulty obtaining personal protective equipment, varying infection control, lack of prevention information, and continuous exposure to and risk of spreading the COVID-19 virus. This literature review aimed to identify home healthcare workers' job safety while caring for patients during the COVID-19 Pandemic. Current research supports that job safety risks are congruent across home healthcare agencies, as discussed above. Using the Donabedian model to evaluate the structure and processes in home healthcare and compare those outcomes will contribute relevant information for future research and may influence home healthcare policy at all levels.

III. Methodology

While workplace safety is not a new concern for home healthcare providers, the COVID-19 Pandemic has exacerbated additional risks to the health and safety of nurses and healthcare aides. The purpose of this quantitative research study was to explore the workplace safety of home healthcare nurses and aides while caring for clients during the COVID-19 Pandemic. The Donabedian Model was used to classify the survey questions by structure and process, then evaluate using the standard deviation as a measure of the positive or negative outcome. This chapter will discuss the research design, setting, population, sample, human subjects, survey, and data collection methods.

Research Design

A quantitative, cross-sectional descriptive design was used for this study. Cross-sectional studies are observational studies that analyze data from a population at a single point in time and are used to understand and describe the features of a population (*NCEE Publications: Descriptive Analysis in Education: A Guide for Researchers*, n.d.; Wang & Cheng, 2020). Using a cross-sectional descriptive design is productive for "Diagnosing" (*NCEE Publications,* n.d., p. 7). This descriptive analysis design focuses on "what and not why" and is intended to raise awareness (Frue, 2019, p. 1). The Donabedian Model was used as a guide to evaluate home healthcare workers' activities using the structure, process, and outcomes.

Research Question

What are the perceived workplace safety issues among home healthcare nurses and home healthcare aides while caring for patients in the home environment during the COVID-19 Pandemic?

Setting

The settings chosen for this research study were four home health agencies within Central Arkansas. Each agency is a for-profit service provider of home healthcare and collectively employs approximately 65 full-time nurses and home healthcare aides. The agencies selected provide nursing and home health aide services. Nursing services include teaching and monitoring the patient's diagnosis and conditions, wound care, and care coordination with physicians and other care providers. Home health aide services include short-term assistance with activities of daily living, such as eating, bathing, and personal grooming. None of the agencies included in the research study provide hospice care. All are licensed by the State of Arkansas and are reimbursed by Medicare, Medicaid, and a variety of private insurance. Three of the four home health agencies are exclusively in rural areas, and one agency is in a metropolitan area.

Population/Sample

The population of interest was home healthcare workers employed as nurses and healthcare aides providing care in the home environment during the COVID-19 Pandemic. Convenience sampling was used to recruit participants from four home healthcare agencies in Arkansas. The accessible population was registered nurses,

licensed practical nurses, and home health aides at home healthcare agencies in Arkansas. Participation was strictly voluntary and required participants to be working in home health. The research study was explained to home healthcare agency managers, and consent for agency participation was initially obtained. Home health agency managers allowed placement of written surveys, envelopes, and locked drop boxes, and facilitated the selection of qualifying employees. The research study was explained through informed consent and materials that were included in the introduction of the survey. Employees participated voluntarily, and agency managers were not involved in the completion, collection, or supervision of the deposit of surveys into the drop box.

Human Subjects

Approval from the Institutional Review Board (IRB) was obtained through Arkansas Tech University on February 22, 2022 (Appendix A), and letters of permission were obtained through email from each home health site agency manager. A statement of informed consent was created and attached preceding the survey. Participation was voluntary, and participants had the right to stop participating at any time and to not answer any questions. The survey questions were structured to protect participant confidentiality and the privacy of responses. Some survey questions could cause some participants to re-visit unpleasant or distressful and the completed returned surveys were kept securely and locked in a lockbox in the researcher's locked office. No identifying information was included in any returned survey.

Survey

A self-created 25-question survey titled *Home Healthcare Workplace Safety during the COVID-19 Pandemic* was used in the study based on the current review of the literature created to evaluate demographic information, workplace safety issues, and perceptions of workplace safety issues concerning structure, procedures, and administrative policies (Appendix B). The survey provided participants with responses based on a 5-point Likert scale rating. After IRB approval was obtained, data were collected using 25-question paper surveys provided by the agency managers for dissemination to workers. Data from the surveys were analyzed using IBM SPSS and Microsoft Excel. Question one collected information about job description. Question two identified the length of experience as a home healthcare provider. The last 13 questions assessed safety issues related to administrative structure and individual policy.

Data Collection

Data were collected from February 25, 2022, to March 8, 2022. The participants completed a 25-question *Home Healthcare Workplace Safety During the COVID-19* paper survey. The researcher delivered surveys, envelopes, and locked drop boxes to home health locations and provided a written and brief verbal explanation of the survey's in-person process to each agency administrator. The paper survey method of data collection was chosen for the accessibility of home healthcare workers due to COVID-19 guidelines. During COVID-19, strict visitor guidelines were in place for non-employee entrance to facilities.

Summary

A cross-sectional descriptive analysis design was used to collect data on home healthcare workers' perceived safety issues while performing care in the home setting during the COVID-19 Pandemic. After IRB approval was obtained, data were collected using 25-question paper surveys provided by the agency managers for dissemination to workers. The sample size for the study was *N*= 14 home healthcare workers, including home health aides (*n*=2, 14.29%), Licensed Practical Nurse (*n=2,* 14.29%), and Registered Nurse (*n*=10, 71.42%) who have provided home care in Arkansas during the COVID-19 Pandemic. Data from the surveys were analyzed using IBM SPSS and Microsoft Excel. The following chapter will present the results of the survey.

IV. Findings

This chapter presents the results of the *Home Healthcare Workplace Safety during the COVID-19 Pandemic* survey administered to four home healthcare agencies in rural Arkansas in March 2022. The purpose of this cross-sectional descriptive analysis of home health agencies in Arkansas was to evaluate the perceived workplace safety risks of home healthcare nurses and home care aides providing care during the COVID-19 Pandemic. A total of *N*=14 participated in this study by completing a one-time survey. The data collected were analyzed using descriptive statistics, and the findings are presented in tables and followed by a narrative summary. The first section presents the two demographic questions (Table 1). Then the second section presents the results of the workplace safety questions organized by questions relating to administration or environment.

Demographics

The results of this study are presented in tables and with a narrative description. Further discussion and conclusions of this research study are drawn in the next chapter. The first set of survey questions explores the participants' *job description by discipline* (Table 1) and *length of experience in Home Healthcare* as providers (Table 2).

Table 1

Job Description by Discipline N=14

Discipline	RN		LPN		Aide	
	n	*%*	*n*	*%*	*N*	*%*
Discipline	10	71.42	2	14.29	2	14.29

There was a total of *N*=14 participants that completed the two demographic questions. The first demographic question asked the participants to identify their *Job Description by Discipline;* the results were*:* registered nurse (*n*=10, 71.42%), licensed practical nurse (*n*=2, 14.29%), and certified nursing assistants/personal care technician (*n*=2, 14.29%). Registered nurses were the majority demographic of home health employees represented in this sample.

Table 2

Length of experience in Home Healthcare (N=14)

Years of Experience	**Discipline RN**	**Discipline LPN**	**Discipline Aide**	**Percentage Total**
0 to 2	3			21.43
3 to 5	1	1	1	21.43
6 to 10	2		1	21.43
11 to 20	3			21.43
21 plus	1	1		14.28
Total	**10**	**2**	**2**	**100**

The participants were asked to identify their *length of experience in home healthcare* in years, *N*=14 (Table 2). The *length of experience in home healthcare* reported by the participants was equally distributed between 0 to 2 years, 3 to 5 years, 6 to 10 years, and 11 to 20 years, all having three participants in each category and each comprising 21.43 % of participants. Registered nurses, the majority, have the most

experience of all disciplines surveyed in the total number of years, with licensed practical nurses second. Home health aides reported having the least amount of experience.

Home Healthcare Workplace Safety Survey Questions Related to Administration

Table 3

Workplace Safety Survey Questions 4-6 Related to Administration

Questions 3-6	Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree	*N=14*
4. I feel treated with dignity and respect by my employer	12(85.7%)	0	2(14.3%)	0	0	
5. My safety is a priority to my company	11(78.6%)	2(14.3%)	1(7.1%)	0	0	
6. I feel included as a part of the healthcare team	10(71.5%)	4(28.5%)	0	0	0	

Questions 4 through 6 confirmed they have felt afraid of pets in a patient's home, reported positive feelings about being respected, and agreed that safety is a priority to their company. Overall, a positive rate of 100% (*n*=10, 71% strongly agree and *n*=4, 29% agree) reported feeling included as a part of the healthcare team. Question 4, *I feel treated with dignity and respect by my employer* had the greatest positivity rate among all nurses and aides responding 86% (*n*=12).

Table 4

Workplace Safety Survey Questions 9, 10, 12, 14 Related to Administration

Questions 9-10-12-14	Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree	*N=14*
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	
9. In the past 12 months, I have utilized social media/internet more often than company resources to obtain information on COVID-19	2(14.3%	1 (7.1%)	3 (21.5%)	7(50%)	1 (7.1%)	
10. I feel I have received adequate training on infection control and prevention in the last 12 months	6(42.9%)	7(50%)	1(7.1%)	0	0	
12. I have purchased supplies using my own money in the past 12 months	3(21.5%)	8(57.2%)	1(7.1%)	1(7.1%)	1(7.1%)	
13. I feel free to voice safety concerns to my managers	11(78.5%)	3(21.5%	0	0	0	

Questions 9,10,12, and 13 on administrative processes revealed that half of the participants indicated they did not utilize social media or the internet for sources of COVID-19 information more often than agency-provided resources or training. An

overall positive response (*n*=11, 78.5%) of participants indicated they felt free to voice safety concerns to their managers. *I have purchased supplies using my own money in the past 12 months:* with a combined positive response rate of 79%, (*n*=3, 21.5%) strongly agreed and (*n*=8, 57.5%) agreed.

Table 5

Workplace Safety Survey Questions 15,20,21 Related to Administration

Questions 15,20,21	Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree	*N=14*
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	
15. My company has a strong safety culture	9 (64.2%)	2(14.3%)	3 (21.5%)	0	0	
20. I feel personally satisfied with the care I provide to my patients	9(64.2%)	5(35.8%)	0	0	0	
21. I am looking to change professions in the next year	1(7.1%)	2(14.3%)	3(21.5%)	5(35.8%)	3(21.3%)	

Table 5. Question 15, surveyed healthcare providers' feelings of safety as a culture feelings of personal satisfaction and intent to change professions within a year.

For question 15, M*y company has a strong safety culture*; 64.2% (*n*=9) of the

Participants strongly agreed. While no participants reported they disagreed or strongly disagreed. *Personal Satisfaction* was high among those surveyed, and 100% *(n*=9, 64.2% strongly agree and *n*=5, 35.8% agree). However, 21.5% (n=3) indicated wanting to *change professions in the next year*.

Table 6

Workplace Safety Survey Questions 22 & 24 Related to Administration

Questions 22, 24	Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree	*N=14*
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	
22. Managers at my company are available to listen to my safety concerns	10(71.4%)	3(21.5%)	1 (7.1%)	0	0	
24. I am recognized and thanked for the care I provide	8(57.1%)	4(28.6%)	2(14.3%)	0	0	

Survey participants indicated they felt that agency managers were available to listen to their concerns with 71% (*n*=10), reporting positive responses. Eighty-six percent of participants (*n*=12) reported being *recognized and thanked for the care provided, with only 14% (n=2) reporting neither agree or disagree.* Zero participants completing the survey disagreed or strongly disagreed with questions 22 and 24. Only one participant 7.1% (*n*=1) indicated they neither agreed nor disagreed with the statement.

Home Healthcare Survey Questions Related to the Environment

Table 7

Workplace Safety Survey Questions 7,8,11,14 Related to the Environment

Questions 7,8,11,14	Strongly agree *n (%)*	Agree *n (%)*	Neither agree/disagree *n (%)*	Disagree *n (%)*	Strongly disagree n (%)	*N=14*
7. While performing my job I have encountered noxious fumes	2(14.3%)	6 (42.8%)	1 (7.1%)	2 (14%.3)	3 (21.5%)	
8. Of the care I have provided over the last 12 months, I have felt at risk for my own safety due to a hostile family member	1(7.1%)	3(21.5%)	2(14.3%)	6(42.8)	2(14.3%)	
11. I have sustained injuries from the lifting and moving patients that have caused me to miss at least one day of work	0(0%)	1(7.1%)	3(21.5%)	1(7.1%)	9(64.3%)	
14. I often encounter roaches, scabies, or bedbugs while performing my job	5(36%)	7(50%)	0	2(14%)	0	

Table 7 investigated workplace safety issues related to the environment. Questions 3 through 6 confirmed they have felt afraid of pets in a patient's home,

Question 7, *While performing my job, I have encountered noxious fumes,* home healthcare nurses and aides strongly agreed with 14% (*n*=2) and agreed with 43*% (n*=6). Question 8 asked of *the care I have provided over the last 12 months, I have felt at risk for my own safety due to a hostile family* with 7% (*n*=1) strongly agreed and 21% (*n*=3) answered agreed. Question 14 *I often encounter roaches, scabies, or bedbugs while performing my* job, had an overall agreement of 86%, with 36% (*n*=5) strongly agreed, and 50% (*n*=7) agreed. Question 11 *I have sustained injuries from the lifting and moving of patients that have caused me to miss at least one day of work,* indicated that overall participants did not miss work due to lifting or moving patients with 64.3 % (*n*=9) strongly disagreed. One participant 7.1% (*n*=1) reported they agreed to question 11.

Table 8

Workplace Safety Survey Questions 3 & 16-19 Related to Environment

Questions 16-19	Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree	*N=14*
	n (%)	*n (%)*	*n (%)*	*n (%)*	*n (%)*	
3. I have felt afraid for my safety while performing my duties because of a hostile pet	5 (35.8%)	4 (28.5%)	2 (14.3%)	2 (14.3%)	1 (7.1%)	
16. I often have difficulty confirming patient visits	1(7%.1)	3(21.5%)	2(14.3%)	6(42.8%)	2(14.3%)	

17. I always follow safe work practices	9(64%)	5(36%)	0	0	0
18. I compromise my personal safety to provide care to patients	2(14.3%)	3(21.4%)	7(50%)	2(14.3%)	0
19. An increase in lab draws in the patient's home has contributed to increased needlestick injuries	0(0%)	0	6(42.8%)	4(28.6%)	4(28.6%)

Table 8, in question 16, 57% (*n*=8) of survey participants had nonsignificant responses that *confirming patient visits* were sometimes difficult with disagreeing (*n*=6, 43 %) and strongly disagreeing (n=2, 14%) indicated confirming patient visits was not an issue. Question 17 *I always follow safe work practices*, 100%, (*n*=14) of participants agreed. Question 19 assessed feelings of increased job safety risks associated with lab draws. *An increase in lab draws in the patient's home has contributed to increased needlestick injuries, with* 0% (*n*=0) reporting they strongly agreed or agree. Question 18, *I compromise my personal safety to provide care to patients*, had a significant positive response rate with 14% (*n*=2) strongly agreeing, and 21% (*n*=3) agreeing. However, 50% (*n*=7), neither agreed nor disagreed. Question 3 *I have felt afraid for my safety while performing my duties because of a hostile pet* yielded results that confirmed that hostile pets are causes of job safety risks with 35.8% (*n*=5) strongly agreeing and 28.5% (*n*=4)

agreeing. Equally, 14.3% *(n*=2) neither agreed or disagreed (neutral) and 14.3% (n=2) disagreed, leaving 7.1% (*n*=1), strongly disagreeing.

Table 9

Workplace Safety Survey Questions 23, 25 Related to Environment

Questions 23,25	Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree	*N=14*
	n (%)	n (%)	n (%)	n (%)	n (%)	
23. I am recognized and thanked for the care I provide	8(57.1%)	4(28.6%)	2 (14.3%)	0	0	
25. Patients are compliant with my requests to wear a mask during a visit	6(42.9%)	3(21.4%)	4(28.6%)	0	1(7.1%)	

In Table 9, Question 23, *I am recognized and thanked for the care I provide,* asked about perceptions of recognition, and 86% (*n*=12) of participants agreed and strongly agreed they are recognized and thanked for the care they provided. For question 25, *Patients are compliant with my requests to wear a mask during a visit 42.9*% (*n*=6) strongly agreed, 21.4%(*n*=3) agreed, and 28.6% (*n*=4,) neither agreed nor disagreed that their patients were compliant with requests to wear masks during home health visits.

Summary

The results of this study indicate that home healthcare nurses and aides who completed the *Home Healthcare workers' job safety survey* were overall satisfied with

administrative structures and processes, as indicated by high positive rates of strong agreement and agreement. Participants reported being included as a part of the healthcare team, with 71% (*n*=10) strongly agreeing and 29% (*n*=4), agreeing. Overall, 100 % (*n*=14) reported feeling free to voice safety concerns to managers. In addition to all participants agreeing, they felt personally satisfied with the care they provided to their patients during the COVID-19 Pandemic. Question 22 *Managers at my company are available to listen to my safety concerns* and question 24 *I am recognized and thanked for the care I provide* had no responses of disagreeing or strongly disagreeing.

Collectively, participants indicated they experienced workplace safety hazards while performing their job duties during the COVID-19 Pandemic. Question 14 *I often encounter roaches, scabies, or bedbugs while performing my job* revealed that 86% (*n*=12), strongly agreed or agreed, with only two participants 14 % (*n*=2) disagreeing, indicating they had not encountered roaches, scabies or bedbugs while performing job duties. Question 18 *I compromise my personal safety to provide care to patients,* produced the most variance among participant responses. Five participants (35.8%) agreed or strongly agreed, seven (50 %) participants neither agreed nor disagreed, and two (14.2%) disagreed. The Home Healthcare Workplace Safety findings During the COVID-19 Pandemic Survey found that home healthcare nurses and aides have experienced job safety risks.

V. Conclusions

Overview

This quantitative cross-sectional descriptive study aimed to identify workplace safety risks perceived by home healthcare workers during the COVID-19 Pandemic**.** The lack of current research on home healthcare workers' safety during the COVID-19 Pandemic was a foundation for the need for this study. A convenience sample of approximately 200 home health nurses and home care aides employed by four home health agencies in rural Arkansas received invitations to participate in this study. Only *N*=14 nurses and aides from four agencies took part in the study. The low participation rate could be attributed to the ongoing pandemic restrictions in place at the time of the research study. Participants completed the "Home Healthcare Workplace Safety during the COVID-19 Pandemic Survey," which collected experiences in providing care in the home during the COVID-19 Pandemic. This survey consisted of 25 self-created questions based on the literature review. The questions asked the home healthcare workers about their experiences of workplace safety risks, availability of personal protective equipment, training, specific safety threats experienced, safe work practices, and organizational safety culture.

The home healthcare workers that took part in the study held job positions as registered nurses 71.42 % (*n*=10), licensed practical nurses 14.29% (*n*=2), and home healthcare aides 14.29% (*n*=2). Registered nurses were the majority demographic of home health employees represented in this sample. In addition, registered nurses reported the longest tenure in home healthcare, with 21.42% (*n*=3) working in home healthcare for 11 to 20 years and 14.282*% (n=1)* reporting 21-plus years working in home healthcare.

The findings of this research study contribute to the limited body of knowledge on workplace safety concerning home healthcare workers' safety. This chapter discusses the research study findings and draws conclusions supported by those findings. Furthermore, this chapter identifies implications for practice and future study recommendations.

Discussion

This cross-sectional descriptive study of home healthcare workers' job safety risks found that nurses and aides often experience safety risks while performing care in a patient's home environment. Nurses and aides often encountered parasitic insect hazards such as roaches, scabies, or bedbugs, and revealed that 86% of workers experienced these hazards. In addition, 57% of home healthcare workers frequently encountered noxious fumes, and 85% felt afraid for their personal safety because of hostile pets in patients' homes. Comparatively, Ashcroft et al. (2020), found environmental risks related to providing care in personal spaces as a significant hazard for home healthcare workers. Pogorzelska-Maziarz et al. (2020) found personal safety risks associated with hostile pets and irritating fumes-smoke odors. This research study revealed that home healthcare workers experienced strains and inconsistencies related to access to personal protective equipment (PPE) and relied on non-agency resources for information and obtaining PPE during the COVID-19 Pandemic. Home healthcare nurses and aides 78% (n=11) reported purchasing supplies using their own money in the past 12 months and 21% (n=3) utilized social media or the internet more often than company resources to obtain COVID-19 information. Similarly, access to affordable PPE and disinfectants was a major concern among Home Health Agencies in Massachusetts from June 1 to 30th, 2019, and rated third of the top three concerns for nurses and aides (Sama et al., 2020). Home healthcare

workers are among the frontline workers, and during the COVID-19 pandemic, reported inconsistencies in levels of support (Allison et al, 2020). Home health aides reported, "nobody comes and says this is what you are supposed to do" (Osawake et al., 2021, p. 1364), causing home healthcare nurses and aides to turn to other sources of information on COVID-19. A positive finding from this study was that home healthcare nurses and aides reported high satisfaction with administrative processes, and personal recognition was also an astounding discovery. Of the participants, 78% (*n*=11) reported feeling their company has a strong safety culture. When asked about feelings of inclusion within the healthcare team, 100% (*N*=14) reported feelings of being included and treated as a part of the healthcare team. Questions 6 *I feel included as a part of the healthcare team,* and question 4 *I feel treated with dignity and respect by my employer,* respectively, 100% and 86%, revealed that home healthcare workers held positive feelings about their managers' concern for their safety and well-being. The most surprising finding is that 57% of the home healthcare nurses and aides surveyed disagreed or strongly disagreed that they were looking to change professions within the next year. However, this is concerning because 43% were looking to change professions within the next year, which contributes to the ongoing healthcare shortage. Nationally, the U.S. Bureau of Labor Statistics anticipates 711,700 openings are projected each year to replace those who choose other occupations or retire (*Home Health Aides and Personal Care Aides: Occupational Outlook Handbook: U.S. Bureau of Labor Statistics*, 2019). This study aimed to understand what home healthcare worker safety risks are during the COVID-19 Pandemic. More in-depth studies are needed to focus on the causes of workplace safety issues and explain the

intent of 43% of nurses and aides who completed the survey desire to leave the profession in the next year.

Conclusively, the Home Healthcare Workplace Safety During the COVID-19 Pandemic Survey confirmed that home healthcare nurses and aides do experience significant workplace safety issues while providing care during the COVID-19 Pandemic. These safety issues are present despite positive findings related to worker satisfaction with the administrative structure and process of the employing agency and managers. Collectively, home health nurses and aides who took part in this study confirmed the findings of Sama et al. (2021) that PPE and information on COVID-19 infection were difficult to obtain, and workers turned to alternative sources. A major theme noted by Sterling et al. (2020) was that home healthcare nurses and aides often felt invisible; however, this study finds that 86% of nurses and aides surveyed felt treated with dignity and respect by their employers. These study findings suggest that home healthcare worker satisfaction rates are related to administrative processes used by managers. The findings also suggest that further research is needed to determine if home healthcare worker safety risks are influenced by geographic locations or job duties.

Conclusions

Home healthcare workplace safety during the COVID-19 Pandemic is an ongoing problem. The COVID-19 Pandemic has brought increased hardships for home healthcare workers and presented unprecedented challenges to previously existing problems (Bandini et al., 2022; Baron et al., 2008; Bein et al., 2020; Gershon et al., 2008; Sama et al., 2020). Developing workplace safety programs and training focusing on situation

management and infection control in non-medical environments is vital to support safe working environments.

Evaluating the home healthcare workplace safety during the COVID-19 Pandemic survey revealed that home healthcare nurses and aides in rural Arkansas reported concerns associated with workplace safety. Survey participants reported concerns with noxious fumes 57% (*n*=8), hostile pets 64% (*n*=9), and encounters with roaches and scabies 86% (*n*=12). Even though home healthcare workers are not directly supervised, survey results yielded overall positive feelings about their organization, with 86% (n=12) feeling thanked and recognized for the care they provide. Overall positive responses were reported in the areas of feelings of being treated with dignity and respect 86% (*n*=12), and 93% (*n*=13), felt that worker safety is a priority to their employer. These results show that more research is needed on the correlation and causation of home healthcare worker safety issues.

Implications

These study results indicate that during the COVID-19 Pandemic, home healthcare workers have continued to experience job safety issues while providing care during the COVID-19 Pandemic. A succinct evaluation of pre-pandemic safety risks of home healthcare nurses and aides would further compare pre- and pandemic-specific safety risks. The literature review showed that home health worker job safety risks are inherent. Using the Donabedian Model to evaluate the structure and processes in relation to survey responses showed that this group of home healthcare workers taking part in the Home Healthcare Workplace Safety During the COVID-19 Pandemic survey experienced risks while performing their duties, maintained adaptability while continuing to provide

care to patients in their homes throughout the COVID-19 Pandemic, and experienced significant job safety hazards.

Recommendations

The results of this study showed that home healthcare nurses and aides experienced increased workplace safety risks associated with the COVID-19 Pandemic The findings also suggest that degrees of risk may exist between disciplines performing care and calls for further research designed to explore differences in safety risks classified by job description. The findings also suggest that agency administrative structure can play a role in home healthcare workers' job satisfaction, job performance, and safety. The survey results, compared with other studies and those included in the literature review, suggest further quantitative research is called for to differentiate and confirm types of home healthcare worker safety risk hardships associated with the COVID-19 Pandemic, provider location, and patient illness.

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Appendix A

IRB Approval Letter

ARKANSAS TECH UNIVERSITY

OFFICE OF RESEARCH AND SPONSORED PROGRAMS

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February 22, 2022

To Whom It May Concern:

The Arkansas Tech University Institutional Review Board has approved the IRB application for Kelly Taylor's proposed research, entitled "Home health workplace safety during the COVID 19 Pandemic. A cross-sectional descriptive analysis of home health agencies in Arkansas." The Institutional Review Board used an expedited review procedure under 45 CFR 46.110 (7).

Please note that in the event that any of the parameters of the study change, the researcher may be required to submit an amended application.

Please proceed with your research. We wish you success with this endeavor.

Sincerely,

Megan Toland

Megan Toland
Institutional Review Board
Arkansas Tech University

Appendix B

Home Healthcare Workplace Safety During the Covid-19 Pandemic Survey

Please **circle** the choice that best answers each question for you. You may stop participating at any time you choose.

1. What best describes your job position?

   Registered Nurse Homecare Aide/CNA Patient Care Tech LPN

2. Years of experience as a home healthcare provider?

   0-2 3-5 6-10 11-20 21+

3. I have felt afraid for my safety while performing my duties because of a hostile pet(s).

   strongly agree agree neither agree nor disagree strongly disagree

4. I feel treated with dignity and respect by my employer.

   strongly agree agree neither agree nor disagree strongly disagree

5. My safety is a priority to my company.

   strongly agree neither agree nor disagree strongly disagree

6. I feel included as a part of the healthcare team.

   strongly agree neither agree nor disagree strongly disagree

7. While performing my job I have encountered noxious fumes.

   strongly agree neither agree nor disagree strongly disagree

8. Of the care I have provided over the last 12 months, I have felt at risk for my own health and/or safety due to hostile patient family members while providing care in a patient' s home.

   strongly agree agree neither agree nor disagree strongly disagree

9. In the last twelve months I have utilized social media or the internet more often than company resources to obtain information on COVID-19?

   strongly agree agree neither agree nor disagree strongly disagree

10. I feel I have received adequate training on infection control and prevention from my agency in the last 12 months.

    strongly agree agree neither agree nor disagree strongly disagree

11. I have sustained injuries from the lifting and moving of patients that have caused me to miss at least one day of work.

strongly agree agree neither agree nor disagree strongly disagree

12. I have purchased supplies using my own money for use in my work within the last 12 months.

strongly agree neither agree nor disagree strongly disagree

13. I feel free to voice safety concerns to my managers.

strongly agree neither agree nor disagree strongly disagree

14. I often encounter roaches, scabies or bedbugs while performing my job

strongly agree agree neither agree nor disagree strongly disagree

15. My company has a strong safety culture.

strongly agree neither agree nor disagree strongly disagree

16. I often have difficulty confirming patient visits.

strongly agree agree neither agree nor disagree strongly disagree

17. I always follow safe work practices.

strongly agree neither agree nor disagree strongly disagree

18. I compromise my personal safety to provide care to patients.

strongly agree agree neither agree nor disagree strongly disagree

19. an increase lab draws performed in the patient's home has contributed to increased needlestick injuries.

strongly agree agree neither agree nor disagree disagree strongly disagree

20. I feel personally satisfied with the care I provide to my patients.

strongly agree agree neither agree nor disagree disagree strongly disagree

21.I am looking to change professions within the next year.

strongly agree agree neither agree nor disagree disagree strongly disagree

22. Managers at my company are available to listen to my safety concerns.

strongly agree agree neither agree nor disagree disagree strongly disagree

23. I have missed at least one day of work in the last year due to a trip or fall I sustained while performing my job duties.

strongly agree agree neither agree nor disagree disagree strongly disagree

24. I am recognized and thanked for the care I provide.

strongly agree agree neither agree nor disagree disagree strongly disagree

25. Patients are compliant with my requests to wear a mask during a visit.

strongly agree agree neither agree nor disagree disagree strongly disagree

Please feel free to leave any comments or additional information pertaining to the above survey questions. Please indicate the question number your comment is concerning, if applicable. Please do not provide any identifying information about yourself, your agency or location.

Comments:

Please seal this survey in the envelope provided and place in the secured drop box located at your agency. Thank you for your participation.