

Caring for Carers

Henry Woods is CEO of Boston-based mobile worker safety specialists, Guardian Mobile Personal Safety. The company has significant expertise in protecting mobile workers through technology and on-line training solutions. Relatively new in the US market, the company's software protects over 25,000 nurses and social workers in the United Kingdom. US customers include Government agencies, Home-Healthcare companies and Hospitals.

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Safety first

Could the Home Healthcare industry's excessively high turnover of staff be due to something more unexpected?

The high turnover of staff in the Home Healthcare industry is variously attributed to poor pay, long hours, tough and tiring work, excessive traveling and relentless pressure. But is there something else at play?

The explosion in demand for Home Healthcare services has led to the creation and growth of many hundreds of companies with tens of thousands of employees. Many of these work remotely, providing care services to patients in their homes.

Home healthcare is now considered one of the highest-growth industries in the US, and jobs in the sector are projected to increase by almost 30% to over 3.2 million in the coming years, a net increase of over 500,000 jobs.

By any standards that's a lot of jobs, but achieving the growth is made even more complex by an employee turnover rate that is also amongst the highest in the US, with over 20% of new joiners leaving within one year.

This combination of high industry growth and high staff turnover leads to something of a perfect storm, and there is extensive media coverage of the difficulty of both hiring and retaining staff. The situation is already leading to shortages, increased costs and potentially negative effects on quality and customer service.

In response, employers are offering enhanced benefits, with extra paid time off, more training, more flexibility, and various other incentives. One well-known company even announced a partnership with Uber to bring candidates to interviews! But what else can be done, as part of a retention plan?

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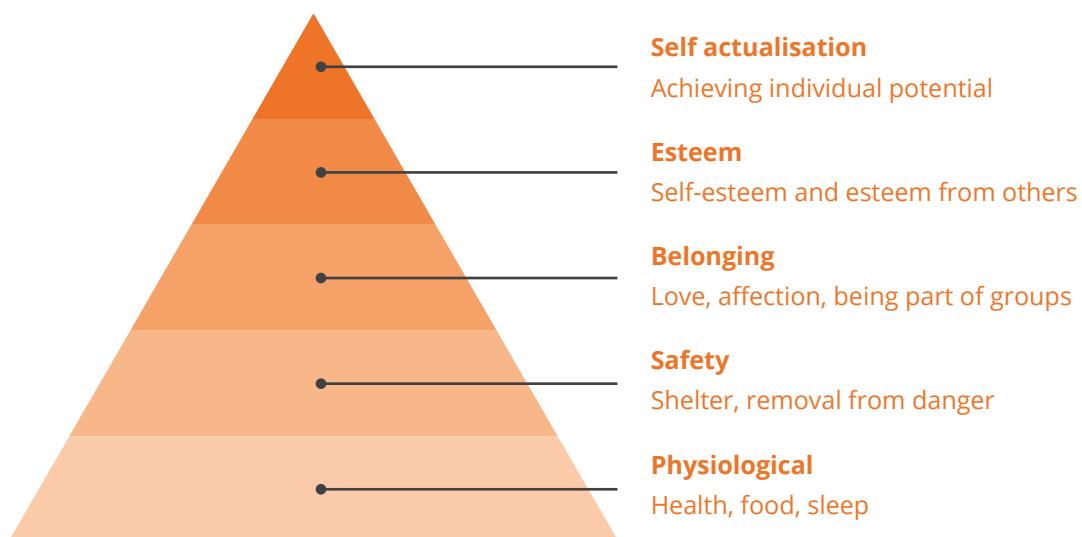
A hierarchy of needs

Through his research into human motivation, Abraham Maslow developed his Hierarchy of Needs theory, which proposes that people seek to fulfil their needs in a very hierarchical fashion. First, they seek to fulfil the basic, most critical needs known as the physiological needs, which would include food, water, warmth, before moving on to the next level, which includes the safety needs. So for example people will take little interest in their need for inclusion in a group – the need to belong – if they and their family do not have enough food to eat.

In the human psyche safety is a deep and strong instinct, and the lack of a feeling of personal safety is highly disruptive in all aspects of life. People whose need for safety is not met can regularly suffer from sleeplessness, depression, digestive problems, low motivation, relationship discord and many other debilitating conditions. Over time this kind of stress can create chronic and sometimes serious illness.

When an employee is in this frame of mind, there may be little point in offering enhanced benefits; an employee who regularly feels unsafe is likely to be underwhelmed by the offer of a gym membership.

It seems sensible therefore that an employer that wants to get optimum performance and stability from employees will need to help them feel safer.



Safety in Home Healthcare

Now let's put all this in the context of Home Healthcare workers. The Organization for Safety and Health Administration (OSHA) ranks Home Healthcare workers as some of the most at-risk employees in any job. They are considered at a level of risk that compares with construction workers and even law enforcement officers. Of all the many workplace violence incidents reported in the US in 2014, the Department of Labor states that 52% occurred in Healthcare settings.

Each year 80,000 US nurses report being attacked or threatened by patients, relatives and others, and 60% of nurses report that they have been subjected to verbal abuse, aggression, assault, sexual intimidation and other threats while working. There is an estimated under-reporting trend of 30%, so the actual number of threatening incidents is probably over 100,000 each year.

While a home healthcare company may not have had a specific incident reported amongst their staff, the chances are minimal that their staff have not been affected. Employers reassure themselves that they have never had an incident, while their workers just hope and pray that that remains the case. Sadly, there are many companies right now dealing with the trauma and financial disaster of a serious incident, who used to say "this will never happen to us".

To make it more difficult, people often deal with fear and anxiety by denying it exists. So even if an employer asks a team-member if they feel at risk, the answer will often be no, whereas at a deeper level, they do feel anxious.

So, do mobile healthcare employees feel safe? Do they worry about the next client they're going to visit? Have they ever been shouted at or threatened? do they have a plan or a back-up if something goes wrong during a visit?

Generally speaking, the answers tend to be No, they don't always feel safe; Yes, they do sometimes worry about certain clients, family members or areas that they have to visit; Yes, they have often been shouted at, and had to deal with upset and angry clients or family members, and No, more often than not they do not have a plan if something goes badly wrong during a visit. In those four answers lies a recipe for stress, burnout and job-change.

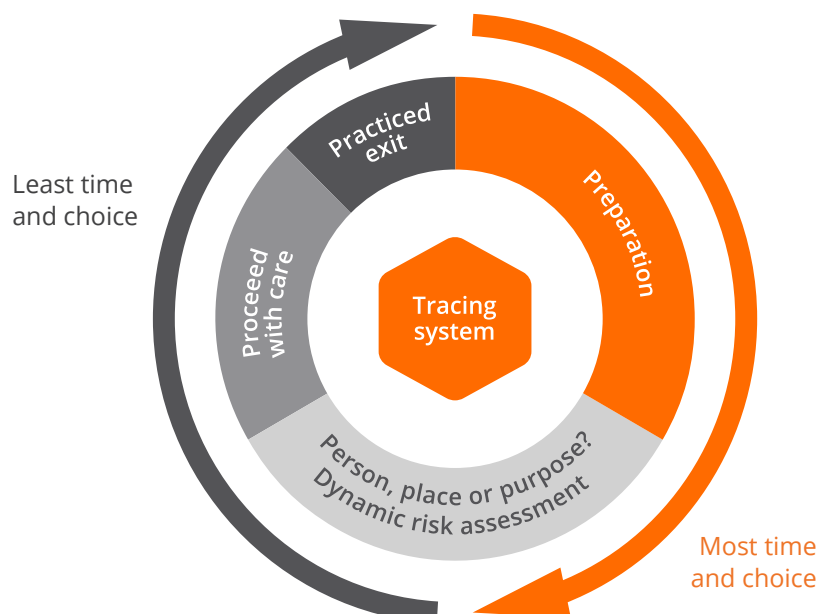
“ the actual number of threatening incidents is probably over 100,000 each year.”

Caring for caring people.

People who make a career of caring for others tend to be caring people. They have a built-in reflex to help others through their challenges and suffering. They do incredible work for relatively low levels of pay and benefits. If someone needs their help they will often rush in, thinking little or nothing of the risks they are taking with their own safety. Their management often come from the same background; everyone sees personal risk as “part of the job”. Only when it’s too late, and a situation has developed, do they realize how exposed they all are. Suddenly, someone is in a closed room, with an irate or emotional patient or relative, whose anger and frustration and pain suddenly ignite. Looking for an outlet, they land on the unfortunate and completely unprotected carer, but by now, it’s too late to be able to avoid the danger.

The consequences can be dire, although more often than not, thankfully, they come out of the incident physically uninjured. Emotionally, though, they can feel frightened, stressed and shocked and this can last for a very long time. We know from interviews that they begin to stress, lose sleep, suffer depression, think about their own family and whether it’s all worth the risk. Sometimes too their family members will notice their distress, and will suggest that the victim – and they are indeed victims – should consider a different job.

GMPS Mobile Personal Safety Model



And the anxiety can be amplified by being unable to do anything concrete about the risk; if a healthcare employee is anxious about a visit or a particular client, but is unable to do anything to address the concern, their fear tends to become all the greater, even if there is no real risk involved.

Crucially, it is not necessary for an employee to personally experience violence or aggression, or even to see it happen to a colleague in their own company; rather, they can become fearful just that they might experience it. Reading about it in the media is enough to create awareness, and that awareness is sufficient to create the underlying, long-term symptoms of anxiety, that can ultimately cause some employees to leave the job.

Conclusion

In the fiercely competitive market for home healthcare employees, it is essential not only to recruit good staff but also to retain them. With industry growth of almost 30%, and attrition (people leaving the industry) at 20%, the gross recruitment requirement is close to impossible for the industry to achieve.

Home healthcare workers are among the most at-risk employees in OSHA's universe, and employers need to help them to feel safe, as part of an overall retention plan.

If an employee does not feel a sense of personal safety then one of their most basic needs has not been met, and other retention initiatives will be less effective.

Perhaps it gives new meaning to the old adage "Put Safety First"

“ it is essential not only to recruit good staff but also to **retain** them.”

“ If an employee does not feel a sense of personal safety then one of their **most basic** needs has not been met.”



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