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OSH Risks of Health and Social Care Workers Working in Clients' Homes in Finland

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ABSTRACT

Health and social care workers working in clients' homes face many occupational safety and health (OSH) challenges in their work. This study is about the related OSH risks in Finland. Workers from eight teams from three Finnish municipalities, two private companies, and one nonprofit organization participated in the study. The material was collected through a current state survey and interviews. The results indicate that home care work was experienced as mentally burdensome. The most important OSH risks were related to the home as a work environment, travelling during the workday, physical ergonomics, biological hazards, and work-related violence. The results indicate that there is a need to develop methods for controlling OSH risks in clients' homes.

Keywords: Client, Home, Occupational safety and health, Social care, Health care, Risk

INTRODUCTION

The need for services provided at home has increased and will increase further in the future (de Jong et al., 2014). In Finland, the number and frequency of accidents at work in the health and social services sectors increased between 2010 and 2021 (Kaari, 2020; Sysi-Aho, 2022). A previous survey involving occupational safety and health (OSH) specialists showed that home care workers were afforded weaker safety protection than those employed at hospitals and other institutions (de Jong et al., 2014). The client's home as a work environment is challenging, and employers' ability to ensure home care workers' safety and health is limited (Quinn et al., 2021). Health and social care workers face multiple OSH challenges while working in clients' homes. They are exposed to many dangers, including biological hazards, such as needle puncture infections or other infectious diseases (Markkanen et al., 2014); chemical hazards, such as medicines and disinfectants used in cancer treatments; physical hazards, such as ionizing radiation (de Jong et al., 2014); ergonomic risks when dealing with patients (Schoenfisch et al., 2017); and psychosocial risks, such as violence and shift work (Markkanen et al., 2014).

The most common causes of injury are overexertion, repetitive motions, falls, and contact with objects or equipment. Work situations often involve manually assisting clients, performing domestic tasks, and moving heavy objects, which can affect the back, shoulders, fingers, or knees (Schoenfisch

et al., 2017). Musculoskeletal pain can result from helping clients in and out of bed, pushing or lifting wheelchairs, and helping clients get into and out of bathtubs or showers (Zhang et al., 2019). Especially helping clients in and out of bathtubs and providing care to the feet and lower legs (e.g., washing or applying lotion) expose employees to postural risk factors for musculoskeletal injury (King et al., 2020).

Home care workers are also exposed to verbal and physical violence, including inappropriate behavior during bathing, biting, and scratching (Barken & Sims-Gould, 2020; Markkanen et al., 2014). Clients' state of health and conditions such as dementia or other mental illnesses heighten the perceived risk (Craven et al., 2012). Home care aides may not be capable of detecting signs of mental illness and may not have the skills necessary to communicate with clients with mental health conditions (Zhang et al., 2019).

Scheduling issues due to the unpredictable nature of home care work affect aspects such as travel time and time spend with the client, which affect employee's safety. Work schedules may provide little or no opportunity to familiarize oneself with clients and their needs (Panagiotoglou et al., 2017). The number of hours spent caring for individual clients is reduced, while caseload increase, resulting in heavy workloads. Short notices of schedule changes and insufficient time to plan for clients are additional causes for concern (Denton et al., 2002).

The home as a work environment includes physical factors that affect occupational safety both inside and outside the home. Inside the home, safety is affected by the home's layout and suitability for the necessary work equipment. Outside the home, safety is affected by the home's location and the dangers associated with the specific residential area (Craven et al., 2012). Moreover, a client's home can be in poor condition, unhygienic, or too hot (Denton et al., 2002). In some cases, the cleaning products found in a client's home may be unsafe, or the client may smoke just prior to or during a worker's visit, which has been reported even for clients using oxygen delivery devices (Panagiotoglou et al., 2017; Quinn et al., 2016).

During the COVID-19 emergency, one of the key safety issues was the lack of proper personal protective equipment. Other challenges were related to uncertainty about whether clients had COVID-19, caseload changes, new challenges in everyday tasks (e.g., cleaning and doing the shopping for clients), and clients' reactions and behaviors (Bandini et al., 2021; Markkanen et al., 2021). Home care personnel also perceived a greater lack of respect compared to other social welfare and healthcare personnel (Bonnet et al., 2021).

This study aims to provide new information about the OSH risks faced by health and social care workers working in clients' homes in Finland. Recognizing the risks involved is critical for occupational safety, as only known risks can be managed.

MATERIALS AND METHODS

This study was related to a project aimed at promoting the OSH of health and social working in clients' homes. Eight teams from three municipalities, two private companies, and one nonprofit organization participated in the

study. The participants included nurses, personal assistants, supervisors, and heads of home care and safety organizations.

A current state survey (n = 160; 85% women) was conducted through questionnaires sent by email in the spring of 2022. After a preliminary analysis of the survey results, semi-structured interviews (n = 55) were conducted in the summer of 2022. Most interviews were conducted face-to-face, while some were conducted on Microsoft Teams or by phone. Both individual (n = 34) and group interviews (n = 21) were conducted, involving a total of 98 participants. The material was analyzed using thematic categorization (Flick, 2009).

The survey and interviews covered various dimensions of OSH, including psychosocial load factors to physical, biological, and organizational factors. The focus was on questions about the respondents' perceived OSH risks and challenges related to working in clients' homes.

This study adhered to the ethical principles of the Finnish National Board on Research Integrity TENK (Finnish National Board on Research Integrity TENK, 2019). No information on clients was collected. An ethics review by the Ethics Committee of Tampere Region was not required (Tampere University, n.d.).

RESULTS

Various OSH risks related to working in clients' homes were identified. Fifty percent of the survey participants perceived heavy mental burden caused by their work, 30% perceived heavy physical burden and 34% perceived heavy ethical burden. Interviewees cited working alone as the most burdensome mental factor. They also reported having many responsibilities and performing most tasks with no contact with colleagues. Table 1 summarizes the most important OSH risks faced by health and social care workers providers working in clients' homes according to the survey.

Table 1. Occupational safety risks for health and social care workers working in clients' homes.

How often do you feel that your occupational safety is compromised…	Monthly or more frequently
due to psychosocial load factors?	40%
due to physical workloads?	49%
due to chemical hazards?	20%
due to biological hazards?	44%
due to physical hazards?	29%
due to travelling during the workday?	50%
in the use of various assistive devices and tools?	19%

According to the survey, social and healthcare workers seemed to frequently face many occupational risks related to travelling during the workday, ergonomics, biological hazards, and psychosocial load factors. Half (50%) of the respondents faced risks related to transitioning from one client to another during the workday. According to the interviews, the risks associated with traveling from one client's home to another were related to weather

conditions and traffic. Many survey participants (49%) also reported heavy physical workload. In the interviews, poor ergonomics was the most frequently mentioned risk factor, as the work involved many instances of lifting and moving clients. Forty-four percent of the survey respondents encountered biological hazards in their work monthly or more frequently. In the interviews, COVID-19 was discussed, but other contagious diseases were also mentioned. Many survey respondents (40%) also felt that their safety was compromised due to psychosocial load factors. According to the interviews, work was often conducted in a hurry and under stress. Besides client-related risks, clients' family members and external intoxicated individuals were often perceived as burdensome. According to the survey, physical and chemical hazards were not encountered as often as other risk factors. However, in addition to the abovementioned OSH risks, the interviewees reported several risk factors faced in the home as a work environment, such as poor hygiene (bodily secretions or bugs), the quantity of things, clutter, temperature, lighting, smoking, and pets.

According to the survey, social and healthcare workers encountered physical violence or the threat of violence. Threats of violence seemed to mostly come from clients (26%) but also from clients' family members or individuals in their in their homes or neighborhoods (17%). Almost a quarter (24%) of the survey respondents had been subjected to sexual harassment by clients, and 12% had suffered sexual harassment by clients' family members or other individuals in their homes or neighborhoods. Although the weekly and monthly frequencies of violence or the threat of violence were low and some respondents had no such experiences, some workers reported encountering violence, the threat of violence, or sexual harassment weekly. Moreover, some incidents can be considered serious, as they required the involvement of the police or security guards. Table 2 illustrates the situation of occupational violence for health and social care workers working in clients' homes.

Table 2. Occupational violence encountered by health and social care workers working in clients' homes.

Statement	Weekly	Monthly	Infrequently	Never
I have experienced physical violence from a client over the past year.	1%	1%	18%	78%
I have experienced physical violence from a client's family member or other person in the apartment, yard, or neighborhood in the past year.	0%	1%	9%	89%
I have been threatened by a client over the past year.	1%	4%	21%	71%
I have been threatened by a client's family member or other person in the apartment, yard, or neighborhood in the past year.	0%	3%	14%	80%
I have experienced sexual harassment from a client over the past year.	4%	4%	16%	74%
I have experienced sexual harassment from a client's family member or other person in the apartment, yard, neighborhood, or district over the past year.	0%	1%	11%	86%
I encounter situations in which a security guard is required for my safety.	3%	3%	24%	68%
I encounter situations in which a police officer is required for my safety.	0%	1%	17%	80%

DISCUSSION AND CONCLUSION

The aim of this study was to identify the OSH risks faced by health and social care working in clients' homes. Our findings suggest that health and social care work involves many risks, most of which have also been reported in previous studies. Working in a client's home involves risks because homes are not designed for work purposes. In line with previous studies (e.g., Schoenfisch et al., 2017; Zhang et al., 2019), the participants in this study often cited poor ergonomics. Moreover, as home care involves traveling from one client to another during the day it poses many risks related to traffic and timetables (Panagiotoglou et al., 2017). However, other occupational safety risks frequently reported in previous studies were not as commonly cited in this study. For example, work-related violence and the threat of violence have frequently been reported in social work and healthcare (Markkanen et al., 2014) but were not among the most common risks in this study. Moreover, although psychosocial load were reported by survey participants, they were not the most commonly cited risk factors. Furthermore, chemical risks, which have also been reported in earlier research (de Jong et al., 2014), were not significant in this study.

This study was conducted during the COVID-19 pandemic. Although this may have affected the results, it is noteworthy that risks related to the pandemic, such as biological hazards, were not the most commonly cited by the survey or interview participants. The study's small sample size may also have affected the results. However, the participants were from different organizations and different backgrounds, and the results reached saturation.

This study contributes to the relevant research by providing new information on the OSH risks faced by health and social care workers working in clients' homes in Finland. Identifying the risks involved is the foundation of work safety. Future studies should focus on how the OSH risks related to home care can be controlled, considering the limited possibilities of affecting clients' homes.

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