Analysis of Risk Factors Contributing to Home-Based Direct Care Workers (DCWs)
Occupational Injury in Long-Term Care

by

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ABSTRACT

Home-based direct care workers (DCWs) provide care in a unique workplace environment: the patient’s home. The high rate of injuries experienced by this subcategory of healthcare workers compared to other industries makes the need to understand the risk factors for these injuries vital. This study builds on prior research and specifically profiles occupational injury patterns among home-based DCWs who deliver care primarily in patient homes, and the association of individual, environmental, and ergonomic characteristics on the likelihood of reporting work-related injuries. The study used a cross-sectional analysis of secondary data from the 2007 National Home Health and Hospice Aide Survey (NHHAS) conducted by the National Center for Health Statistics, sampling six eligible DCW’s across the U.S. in home health, hospice, and mixed agencies. Multivariable logistic regression determined if perceived training knowledge, work environment characteristics, and ergonomic factors predict whether workers report occupational injuries and their severity. The findings indicate White HHAs with some college education are more likely to report work-related injuries. The most frequent injuries reported were: back injuries (n=254); strains, including pulled muscles (n=212); and burns or wounds (n=129). Full-time employment, high hourly pay
rates, and working in an in-patient or mixed setting also linked to an increased risk for reporting one or more injury. These factors also impacted the reported degree of injury severity. White race, college education, and high hourly pay rate linked to higher frequencies of reported injuries with low severity (82%, and 65%). Overall, HHAs were satisfied with their perceived training knowledge, work environment, and availability of safety devices. Multivariate adjusted analyses revealed perceived training knowledge was not linked to injury and severity. Regarding the work environment, the risk of reporting an injury was lower among HHAs who did not consistently care for the same patients (OR= 0.96, 95% confidence interval [CI]:0.53-1.73). As for ergonomics, injury risk decreased only among HHAs who reported not needing any other devices for job safety (OR= 0.30, [CI]:0.15-0.61). Thus, addressing modifiable risk factors for occupational injury may reduce preventable injuries and improve worker safety.