**The uniqueness of home health care HRM*:***

There are several factors that make HR in home health care unique. Home health care is provided at the home of the patient. This makes the job difficult to directly monitor (Corbin & Strauss, 1988). Check in cards at the workplace is not possible, direct supervision by a senior is difficult, and even if there are errors in performance of home health care, these are not immediately detected. Thus, corrective action is difficult.

From the perspective of HR, the job description of home health care is daunting. The description includes providing healthcare at someone’s residence, assisting people in hospices, and day programs, and visiting the same home at pre-determined intervals (Corbin & Strauss, 1988). The person providing home health care must work under the direct supervision of a nurse, keep records of services performed, and record the client’s condition & progress. The personnel are required to check the pulse rate, temperature, and respiration rate. These are activities that are difficult to monitor or assess. The person providing home health care is often required to perform exercises, administer medications, change dressings, and provide skin care to patients (Corbin & Strauss, 1988). The HR personnel find it difficult to evaluate the performance of home health care personnel.

**The personal independence issues*:***

The key issue is that the personnel are independent when they work at home health care jobs. They use their judgment in performing their tasks and the quality of work cannot be assessed easily either by the supervising nurse or by the HR (Hunter, 1996). The personnel must decide on the spot whether to prepare food or not, whether they should change the dressing or not, whether they should perform housekeeping or not.

Another problem that HR faces is that individuals in homes have personnel belongings. The personnel have to use these. The personnel have to use groceries to provide food to patients, they have to use medicines to provide medication to patients, and they have to use supplies for laundry. The personnel may face charges of misuse of personnel belongings HR (Hunter, 1996). The supervisor or the HR cannot evaluate correctly the charges because of distance from the home. Further, a patient may accuse the personnel of stealing personal belongings. The supervisor or the HR may find it difficult to assess the veracity of these charges.

**The home health care personnel safety and health**:

The HR is responsible for the health and safety of the personnel. However, in home health care, the personnel are working away from the workplace. At the home of the patient the personnel are required to provide massage, turn over patients, and assist with medical equipment (Arena, 2012). Different homes have furniture of different sizes and shapes. Duty at homes can mean serious injuries because the furniture is not ergonomically made for providing home health care. The personnel may have to bend, twist, and work in conditions that may lead to injuries. The HR must take responsibilities for injuries that take place when the personnel are on duty. The uniqueness of home health care is that even though the HR is responsible for the safety of the personnel, it has little control over the environment in which the personnel work (Arena, 2012).

Further, what makes it difficult is that personnel are required to make on the spot decisions. For example, the personnel must decide when they must transport the patient to the doctor’s office or hospital. The decision of the personnel is critical for the well-being of the patient. Still, the personnel are not within the direct supervision of either the nurse or the HR. For example, the home health care personnel are required to decide on the spot if lifesaving medicine or oxygen is to be provided to the patient (Arena, 2012). The role of the home health care personnel is important. Therefore, it is difficult to control and evaluate.

**References**

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