

PSW safety in the home care

Community-based personal support workers (PSWs) experience injuries at more than twice the rate of the general working population. This imposes pain and suffering on the PSWs, and if their injuries cause them to lose time from work, this prevents them from caring for their clients and their employers bear significant costs replacing them.

Work schedules that involve a greater number of visits with clients who are unsteady on their feet, and an underreporting of client/family abuse both increase the risk of injury for PSWs. Additionally, many PSWs informally perform extra tasks to meet client needs beyond those activities identified in client care plans. Some of these 'extras' may carry physical, legal or social risks.

Project Overview

As the providers of 70-80% of publicly-funded home care in Ontario, personal support workers (PSWs) are critical to community-based health and social care. Unfortunately, PSWs experience injuries at more than twice the rate of the general working population. Most existing research on how these injuries may occur provides limited guidance for improving safety.

The purpose of this study was to identify conditions and patterns of activity that put community-based PSWs at increased risk of injury, and to use this improved understanding to find ways to make providing home care safer.

What did we do?

Researchers visited all personal support teams in two Local Health Integration Networks to invite PSWs to participate in a year-long series of surveys about their backgrounds and work life experiences. In total, 230 individuals chose to participate in at least part of the study.

In addition to the surveys, PSWs recorded four observations about their clients during each visit: degree of unsteadiness; level of assistance required; whether the client resisted care; and whether the client showed signs of dementia and/or delirium.

Follow-up visits to each team were conducted by the researchers mid-way through the study, to provide an update on how the project was doing and introduce a few changes based on participants' feedback. At the end of the study, researchers also visited teams to share preliminary findings and gather thoughts on how the study findings were being interpreted.

What did we find?

Staff who conducted a greater number of visits with highly unsteady clients (who typically require a high degree of assistance) were about 10% more likely to report injury. This was regardless of having a full-time or part-time schedule. Among part-time staff who had a higher number of weekly visits with clients showing signs of dementia and/or delirium, there was a 5% greater risk of reporting an injury. Together, these findings suggest an opportunity to improve safety through scheduling to reduce 'high risk' schedules.

Staff who feel that their employment and financial situations are not secure are less likely to report challenges, including abuse from clients/families. However, reporting of hazards increases safety for both the individual and for other PSWs who visit clients. Recognizing the role of job and income security could encourage reporting of challenges experienced in clients' homes. Additionally, many PSWs work informally to meet client needs by performing tasks beyond those identified in their care plans. While many of these 'extras' have a social and health care function that could fall within the scope of work for PSWs, some activities may carry physical, legal, or social risks. In these cases, there is an opportunity to improve safety for both clients and PSWs by making it faster and easier to link clients in need with appropriate services to safely address unmet needs.

What is the impact?

Findings are being shared broadly with relevant stakeholder groups that include PSWs, supervisors, occupational health staff, senior management, the Public Services Health and Safety Association, and the Ministry of Labour. Insights from this study have been shared through a recent Ministry of Labour/Ministry of Health and Long-term Care project to develop a workplace violence prevention toolkit for home care workers. As well, a number of intervention-focused projects are being planned to improve PSW safety.

How was the research funded?

This research was funded by the Government of Ontario Ministry of Labour, Toronto Rehabilitation Institute (TRI), MITACS Accelerate, and by SE Health.

Researchers

Emily King, PhD, Postdoctoral Fellow, University of Waterloo, emily.king@uwaterloo.ca Tilak Dutta, PhD, Scientist, TRI Susan Jaglal, PhD, Senior Scientist, TRI and Professor, University of Toronto Paul Holyoke, PhD, Director, SE Research Centre Tara Kajaks, PhD, Postdoctoral Fellow, McMaster University Joco Del Sole, RN, Manager, Occupational Health & Wellness, SE Health Robin Hurst, RN, MSc(N) Kenneth Hutchinson Margaret Saari, RN, PhD, CIHR Health Systems Impact Fellow, SE Research Centre & University of Waterloo Jennifer Voth, PhD, Research Associate, Hotel-Dieu Grace Healthcare

About the SE Research Centre

The SE Research Centre is funded by SE Health to conduct impact-oriented health services research and evaluation for the benefit of Canadians. We study the needs of people, their caregivers, and health care providers, to develop evidence-based solutions to tough health and social care problems. Our researchers collaborate with a wide variety of community and academic partners across Canada.

In the SE Research Centre there are four fields of research and evaluation: Aging in Society; Dying, Death and Grief; Health and Care Experiences; and Models of Care Delivery.

SE Research Centre. Creating a brighter future of health.

Visit research.sehc.com Contact research@sehc.com