RPN Leaders' Experiences Responding to Workplace Violence and Harassment in Home and Community Care

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Introduction

- As in other practice settings (e.g. LTC), a key area of accountability for RPN leaders in homecare is the safety and welfare of their staff - PSWs.[1] This makes **workplace violence and harassment (WVH) prevention an important RPN leadership priority.**
- Severe underreporting of WVH in homecare makes it difficult to understand the magnitude of the problem, and leaves RPN leaders with too little insight of the challenges PSW's experience.
- Mistrust in reporting systems, lack of autonomy in how reports are handled, and fear of losing client relations are known PSW reporting barriers.[2,3]
- Although RPN leaders possess many of the required skills needed to support staff, gaps exist around clear and practical guidance on how to respond in a way that **aligns with reporter preferences and respects relational care**.
- A **restorative response framework for leaders**[4] was co-designed to use in responding to WVH that incorporated trauma-and violence informed principles, restorative inquiry that focused on unmet needs to support restoration of care relationships, and organizational best practices.

Research Objectives

- To describe the perspectives of homecare RPN leaders in responding to PSW-reported incidents of workplace violence and harassment.
- To understand enablers and barriers to incorporating a new co-designed restorative response framework for leaders into practice.

Methods

- This study used a qualitative descriptive approach to address the research objectives.
- Recruitment occurred at one large homecare organization in the Greater Toronto Area, Ontario between April – May 2025.
- Semi-structured interviews were conducted with **10 RPN leaders** supervising PSW teams in Central, Toronto Central and Central East regions.
- Data were analyzed using thematic analysis.[5]

Results

- 10 RPN leaders completed into the study
- 90% identified as women
- 70% identified as belonging to a racialized community
- Average tenure in supervisor role 3 years
- Average size of team: 60 PSWs

Practices in responding to WVH

- Participants aimed to ground their responses to incidents in timely and empathetic support, but complexity and resource constraints impacted their decision-making
- Leaders took on an investigative role to understand precipitating events.
- Preference was toward mediation (e.g., reinforce boundaries with clients/care partners over staff removal from PSW from care), though approach were highly individual. PSW preferences were rarely incorporated.
- Early and timely engagement with funder (Ontario Health atHome) supported leaders to reconcile incidents and implement safety plans.

Noted challenge:

- Limited staff availability created challenges in care coverage when separating a client and PSW was required.
- Funder support and coordination were not always timely which caused frustration and negatively affected staff morale.

"So the PSW will put it into the workplace violence [report]. And typically what I'll do is either give them a call or we'll have an email back and forth just kind of seeing just a little bit more of the details. And then what I'll do is I'll inform OHaH, the care coordinator..." [RPN07]

Low uptake of response framework

- Majority of participants were either unfamiliar with the response framework or rarely utilized it in practice. They viewed it as too complex, inaccessible, or unnecessary - experienced leaders preferred to rely on their own approaches.
- Those who had used the framework (n=-2), believed that it aligned with their existing practices and supported their decision-making. They also found it helpful in identifying internal/external support networks.

Gaps identified:

- Framework is not well integrated into leadership practices and was perceived to be too complex by many.
- Leaders relied on personal experience and intuition to guide decision-making than practice tools, leading to some responses that did not reflect reporter needs or align with identified best practices.

"I've never heard of this. [I] don't even know how to access it. [RPN08]

Mixed perspectives on incorporating restorative response pathways into practice

- When possible, maintaining care relationship was stated to be a priority, and some participants believed that a restorative approach could be valuable in mediating conflicts.
- Limited familiarity with restorative and relational principles among those not using the leadership response framework and some were not convinced of the feasibility

Limitations and Concerns:

- Leaders were aware that relationship repair may not be possible following some types of incidents.
- Most leaders relied on their intuition as to which relationships could be restored, rather than consulting PSWs about their preferences.

"I would say it's [restorative approach] important. But what I've seen is most of the time it's very difficult to do that. Given if violence or harassment does occur, it's very, very tough. And again, do we want to restore that relationship and put our staff back in that situation? Probably not in most cases. So I think we really need to think about that." [RPN10]

Implications to RPN Practice

- Aligning leadership responses with PSW preferences for support and resolution can create greater trust and reduce barriers to reporting WVH.
- RPN leaders bring many critical skills to their roles. Openness to training and education on adopting new best practices, such as trauma informed approaches are essential for sustaining an open safety culture in homecare settings.
- Greater openness and support around WVH can improve the work experiences of PSWs, making it easier for them to remain in their roles.

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To learn more about the study, contact:

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