



I I C E

H A W A I I

The 8th IAFOR International Conference on Education – Hawaii

January 05–08, 2023 | Honolulu, Hawaii, USA

Experiences and Challenges: Service Providers Working with People Living with HIV in Alberta

Presenters:

Rita Dhungel, Ph.D; John Wang, MEd; Sarah Rich-Zendel, Ph.D; Jose Benito Tovillo, Ph.D Candidate; Bess Yang, MSW.

Land Acknowledgements

We acknowledge that we gather on the original lands of the Anishinaabeg, Cree, Oji-Cree, Dakota et Dene, and the homeland of Métis Nation. We express our gratitude and appreciation for all Indigenous people who live here and share their knowledge with us.

We would like to acknowledge Hawai‘i as an Indigenous space whose original people are today identified as Native Hawaiians by the federal government. We recognize that in 1893, her majesty Queen Lili‘uokalani yielded the Hawaiian Kingdom under duress in protest to the United States to avoid the bloodshed of her people. We further recognize the generations of Native Hawaiians and the knowledge systems and lifeways that have shaped and continue to care for the land to this very day.

Research Context & Background

- Globally, around 38.4 million people living with HIV in 2021.
- Estimated 62,790 People Living With HIV (PLWH) in Canada at the end of 2020.
- Alberta has the 4th highest rates of HIV in Canada; a total of 5259 STI/HIV cases were reported in 2020.
- HIV continues to have a disproportionate impact on certain populations, particularly racial and ethnic minorities and gay, bisexual, and other men who have sex with men.
- PLWH rely on a network of community-based service providers for a range of social and health services.
- Research to address gaps in knowledge about how COVID-19 affected these service providers in terms of their working conditions and personal well-being.
- Initiated a community-engaged approach to address the gaps and to inform policies and practices.

Overarching Goals of the Study

To explore the support received for continuity of their services/programming during the pandemic.

To understand the extent of challenges experienced by the service providers.

To assess the mental and psychological well being, as well as the coping mechanisms and resources available for the frontline staff and leadership team.

To develop an emerging transformative HIV/AIDS practice model that could be utilized after the pandemic.

Methodology: Mixed Method Approach

Quantitative Methods

- Survey using Survey Monkey
- 29 participants completed the survey
- Participants were recruited through emails sent to community-based organizations supporting HIV communities based on our eligibility criteria
- SPSS was used to do the initial analysis of the survey data

Qualitative Methods

- 3 focus groups were conducted (2 with leadership (n=9) and 1 with frontline workers/staff (n=9))
- Participants were recruited through organizations (e.g., HIV Edmonton and Calgary Community Link)
- Thematic analysis was used to analyze the initial focus group data

Preliminary Findings: Survey

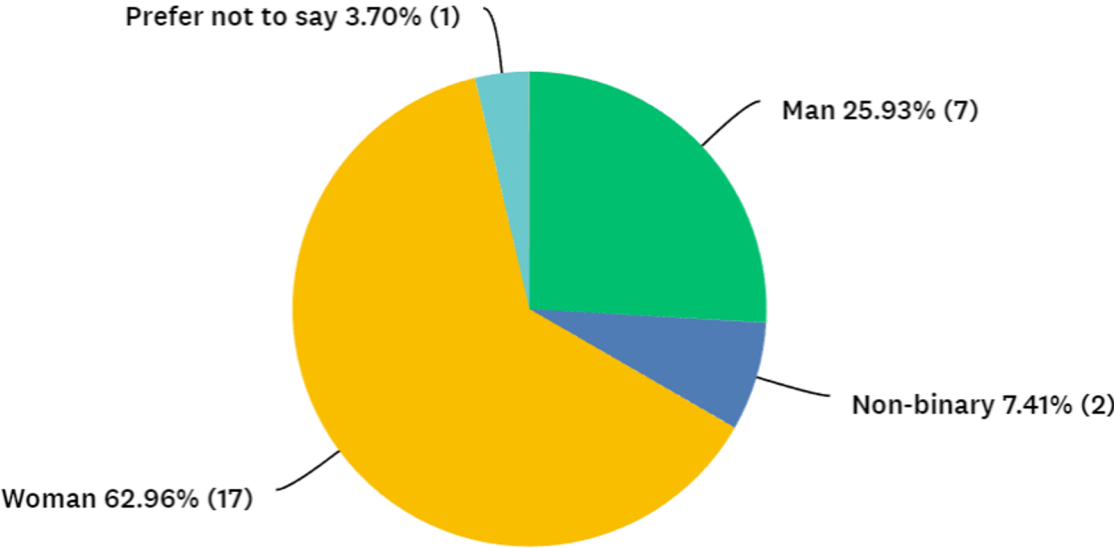
Effects on work:

- Increase in PLWH demand for services and a decrease in capacity to provide these services
 - increase in demand for social support services (77%); increase in demand for mental health services (57%)
 - decrease in organizational capacity for providing these services (82%)
- Top two challenges: meeting PLWH's demands and staff morale

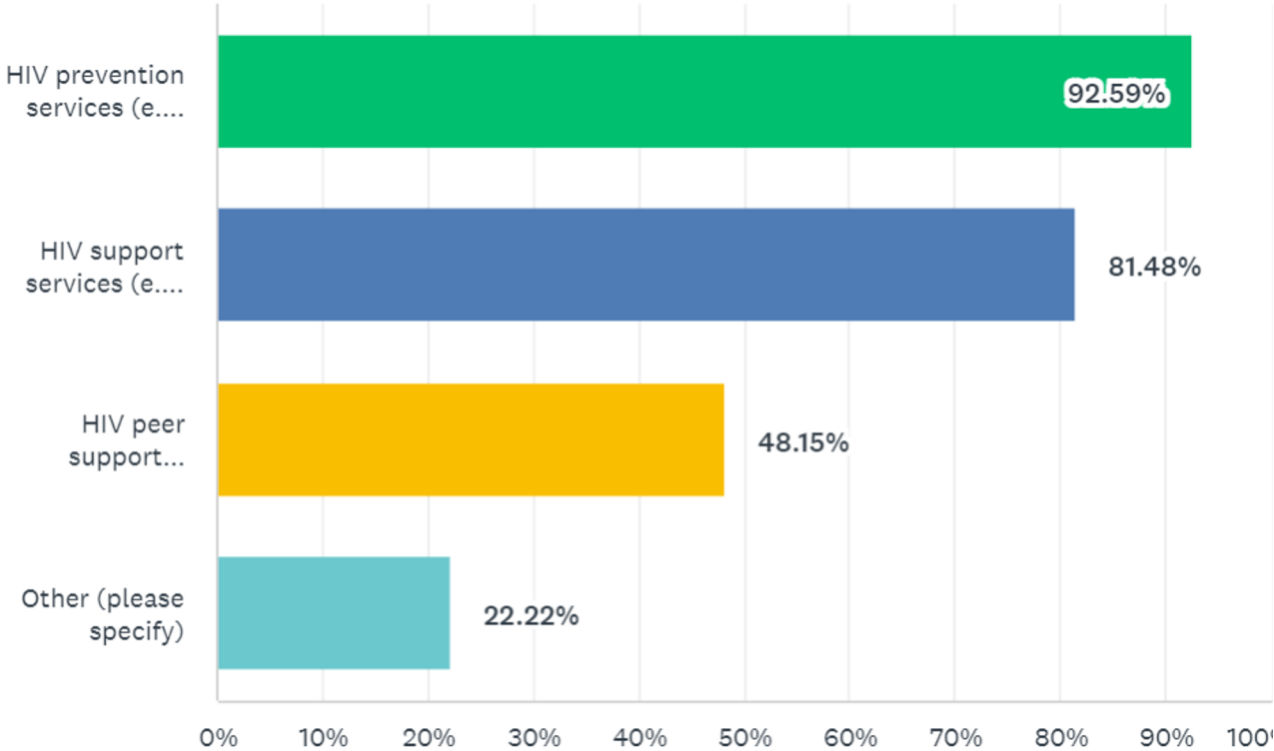
Effects on well-being:

- Over half of respondents report a decrease in their social and mental well-being while less than half report a decrease in their spiritual and financial well-being.
- Respondents tended to rely on healthy coping strategies such as:
 - learning to live with COVID (32%);
 - concentrating efforts on doing something about their situation (23%)

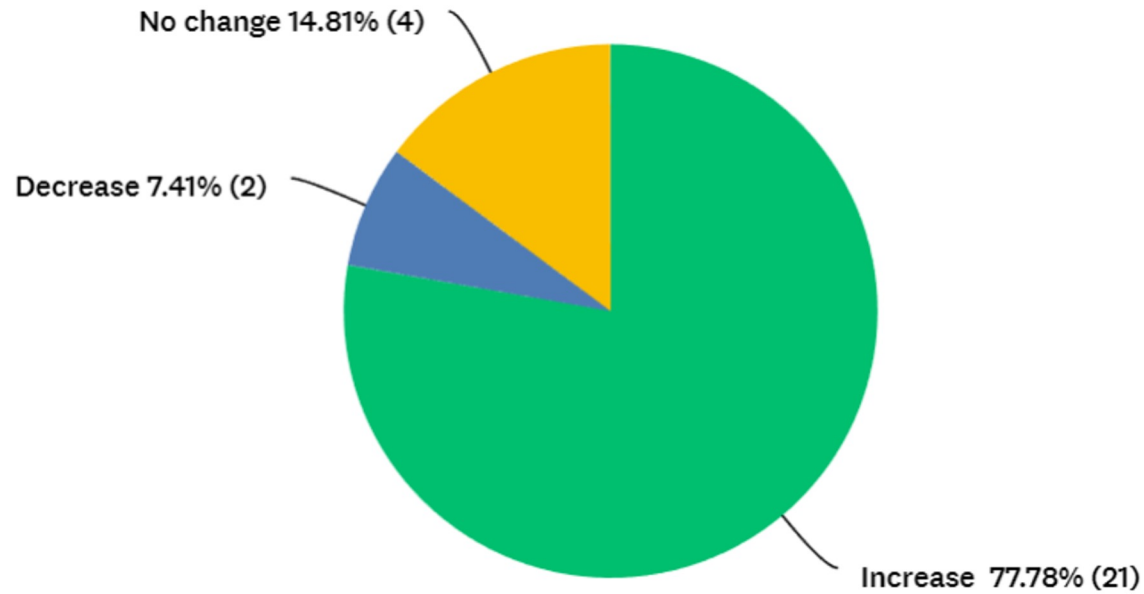
Gender (Self-identified)



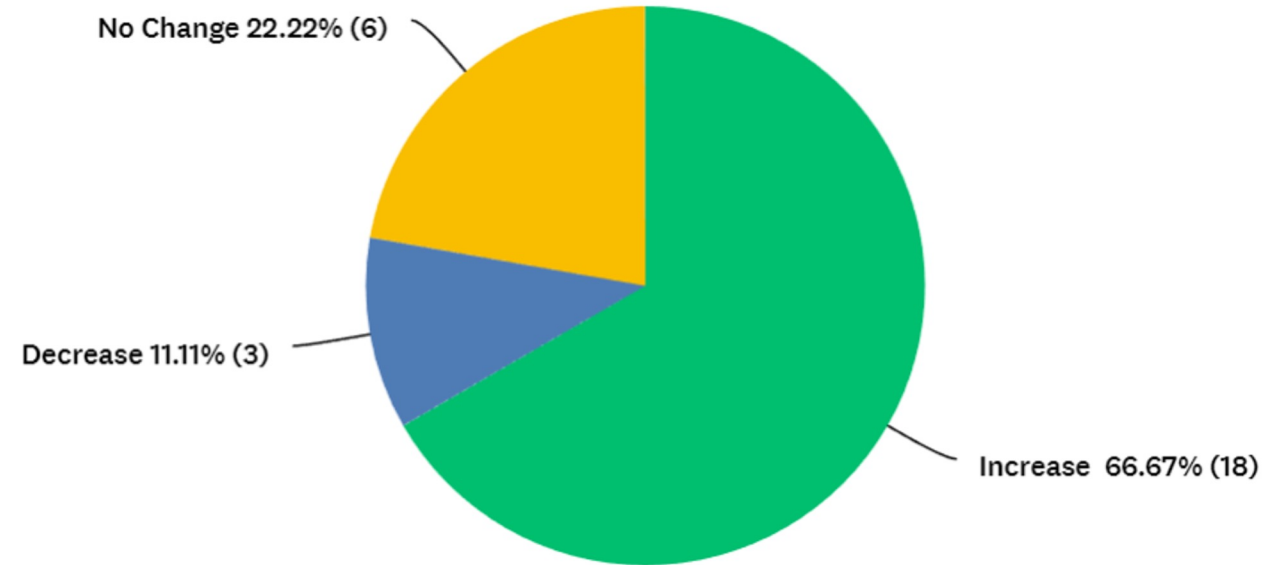
Types of Services Organization Provided



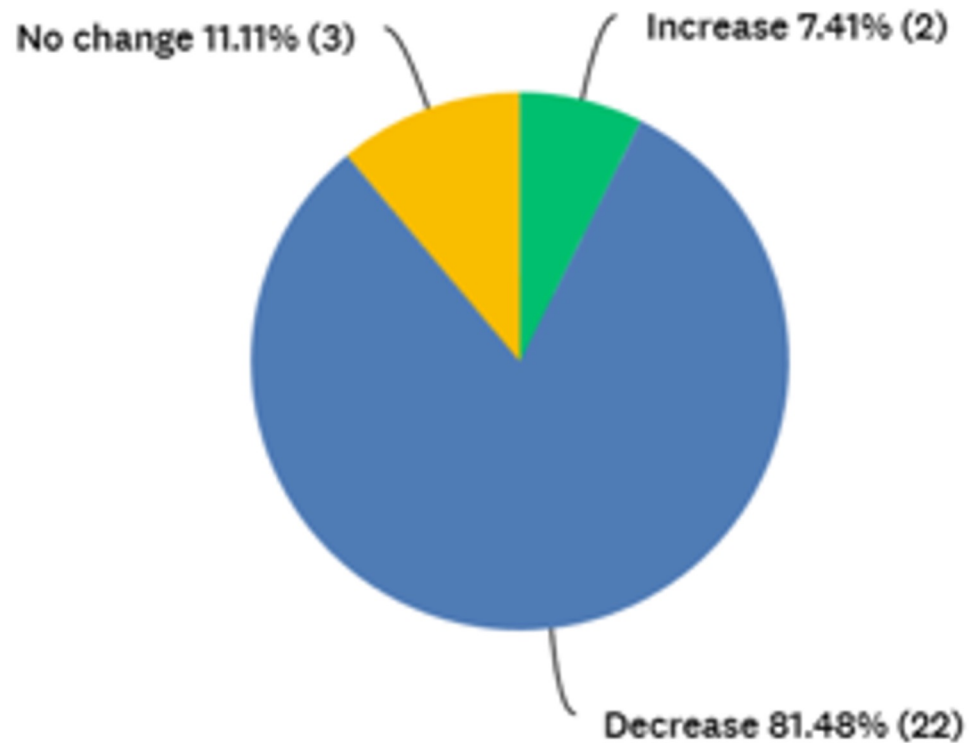
Change in Service Users Seeking Social Services during Pandemic



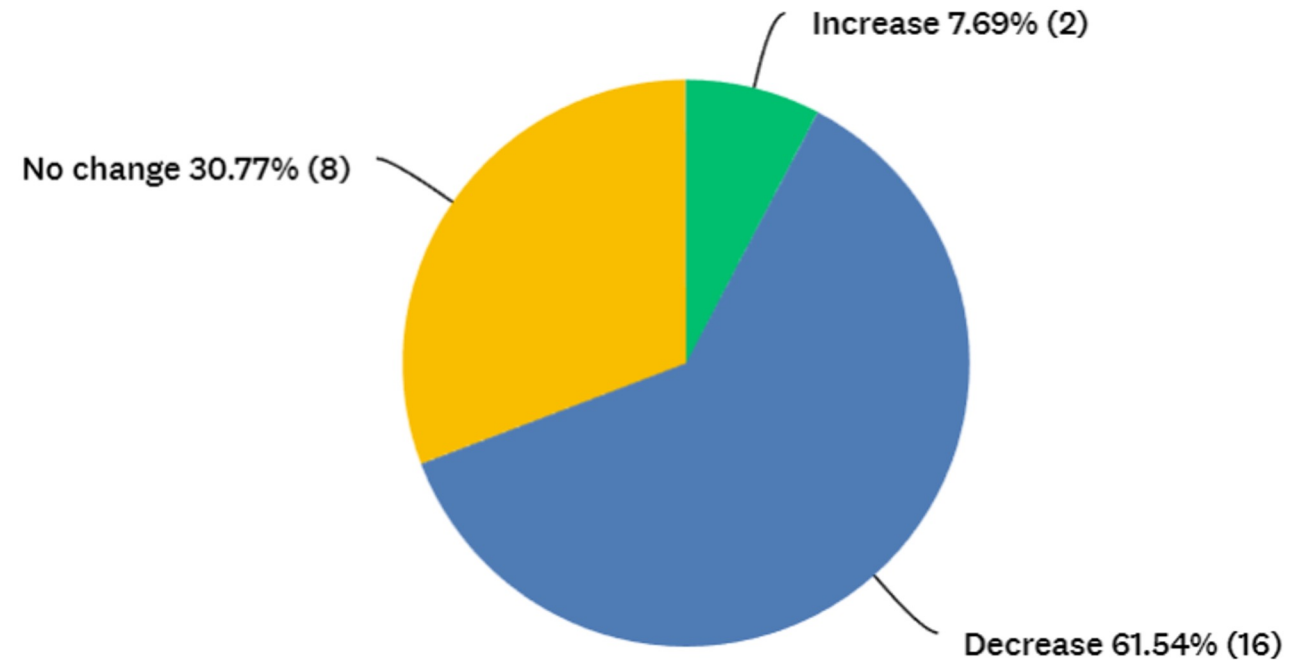
Change in Service Users Seeking Substance Use Supports during Pandemic



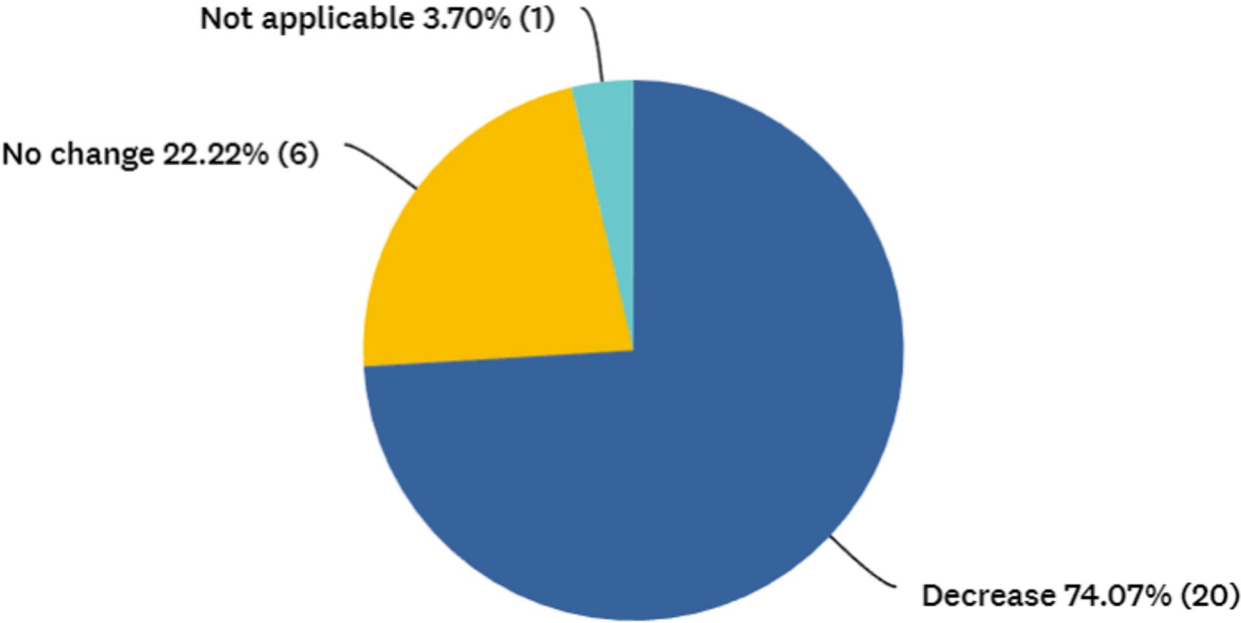
Change in Ability to Provide/Connect Service Users with Mental Health & Social Supports



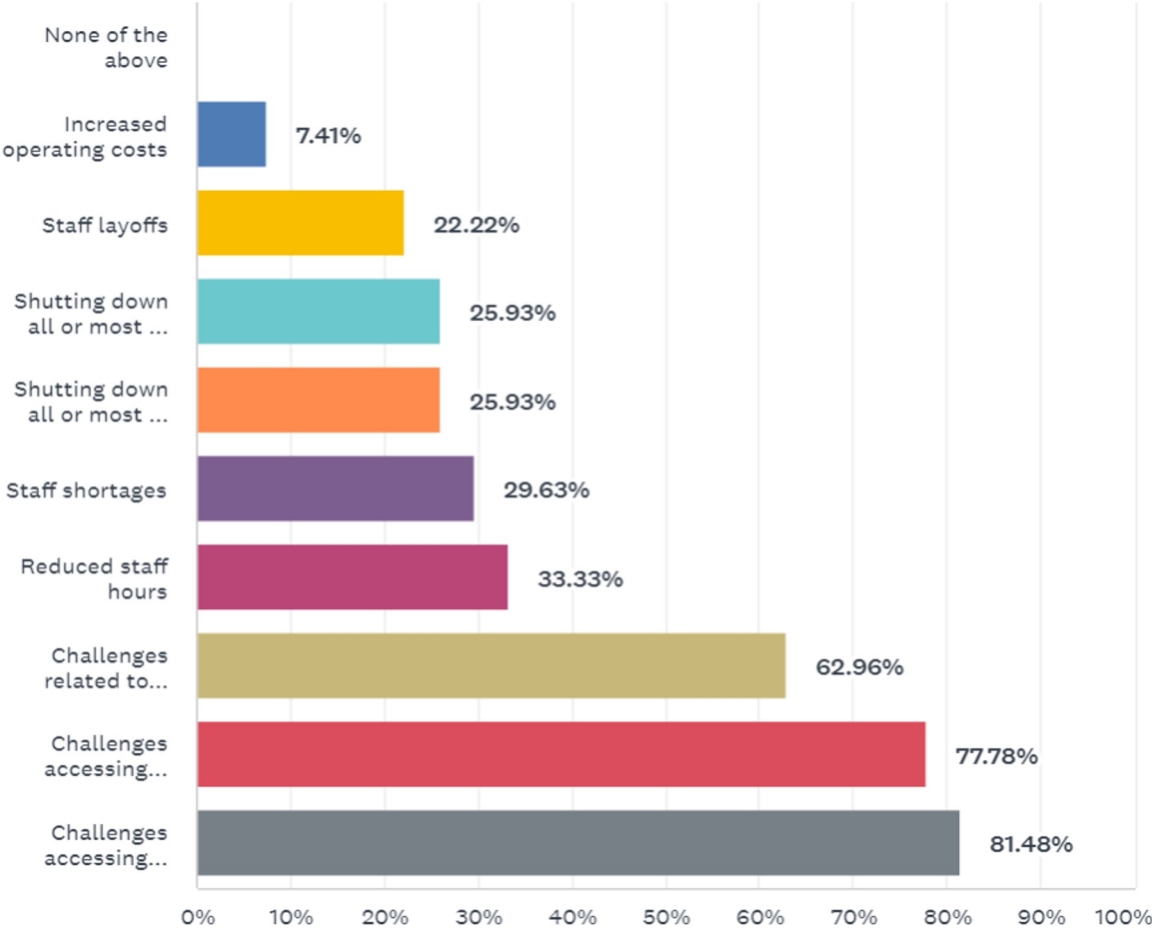
Change in Hours of Operation during Pandemic



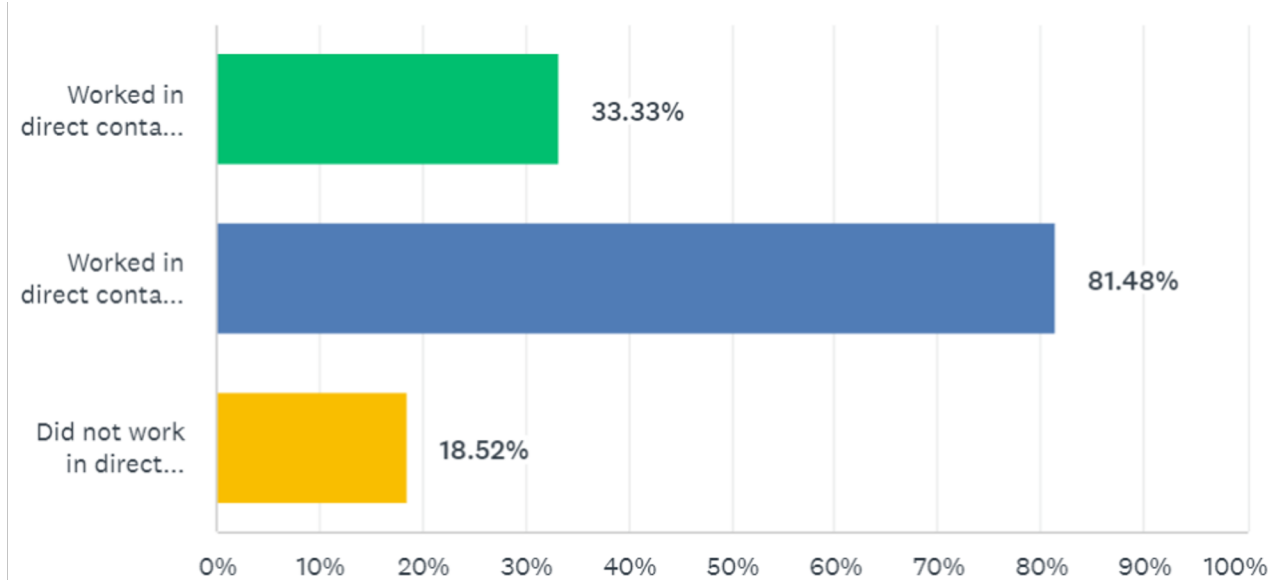
Change in Ability to Provide Face-to-Face Services



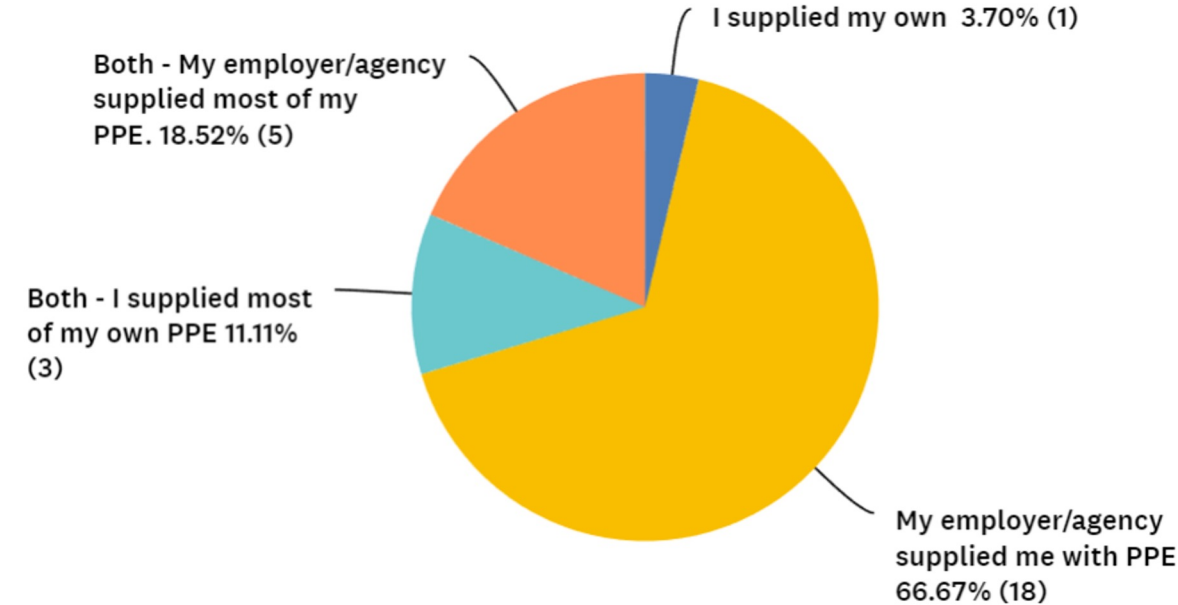
Organization Operational Changes during Pandemic



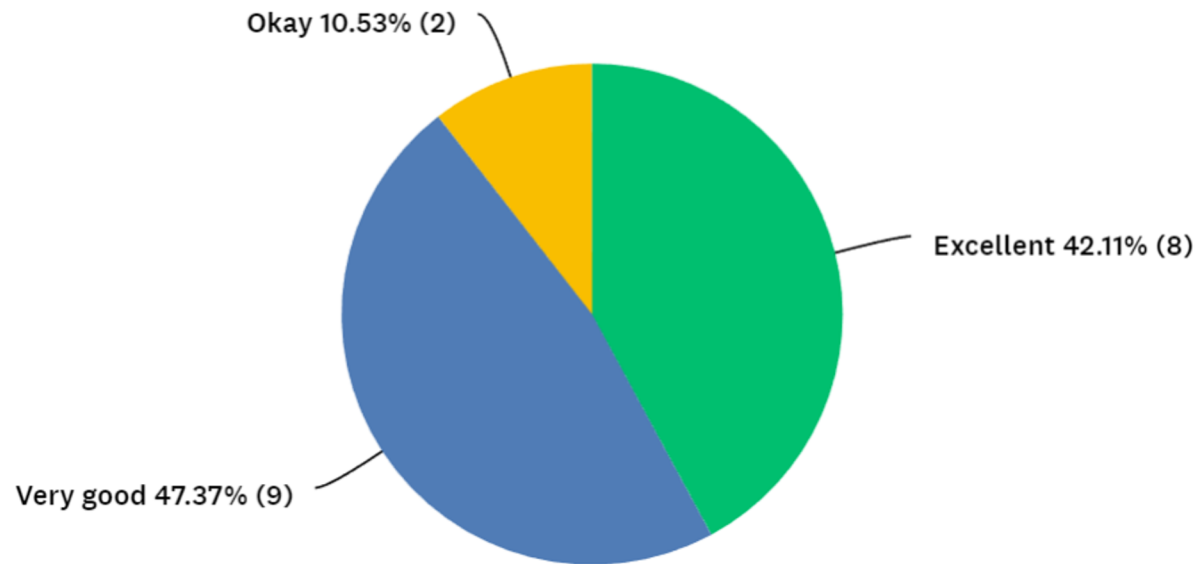
Type of Contact with People



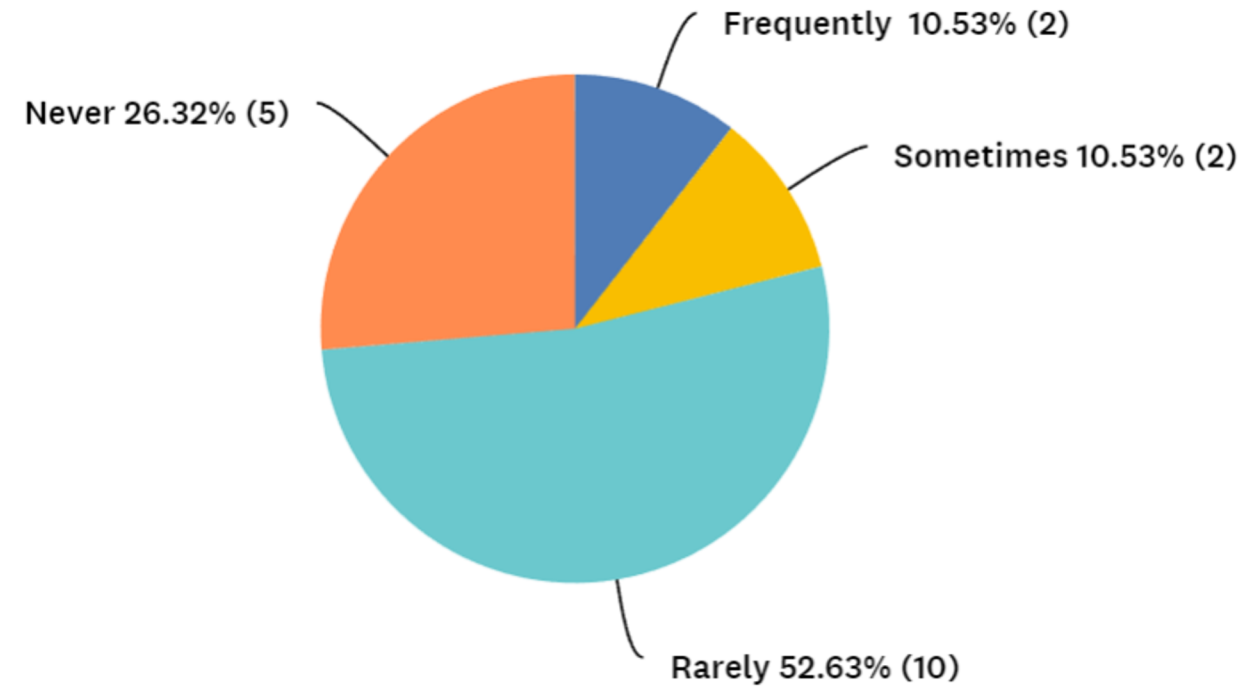
Access of PPE



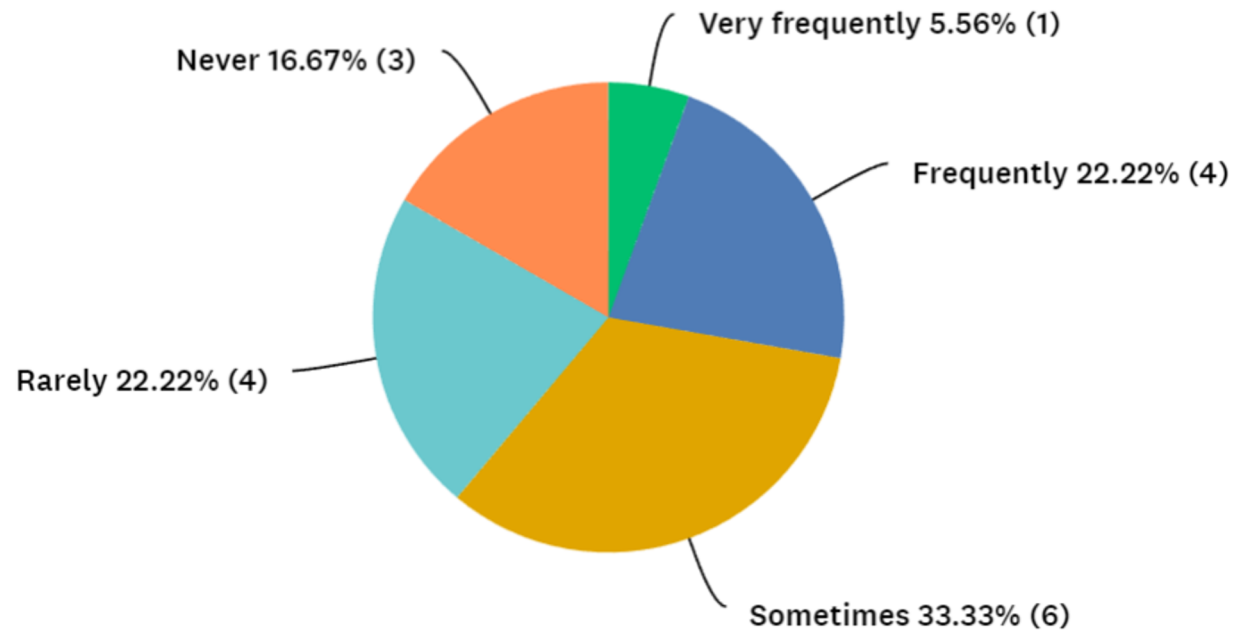
Rating of Agency's Support of Staff



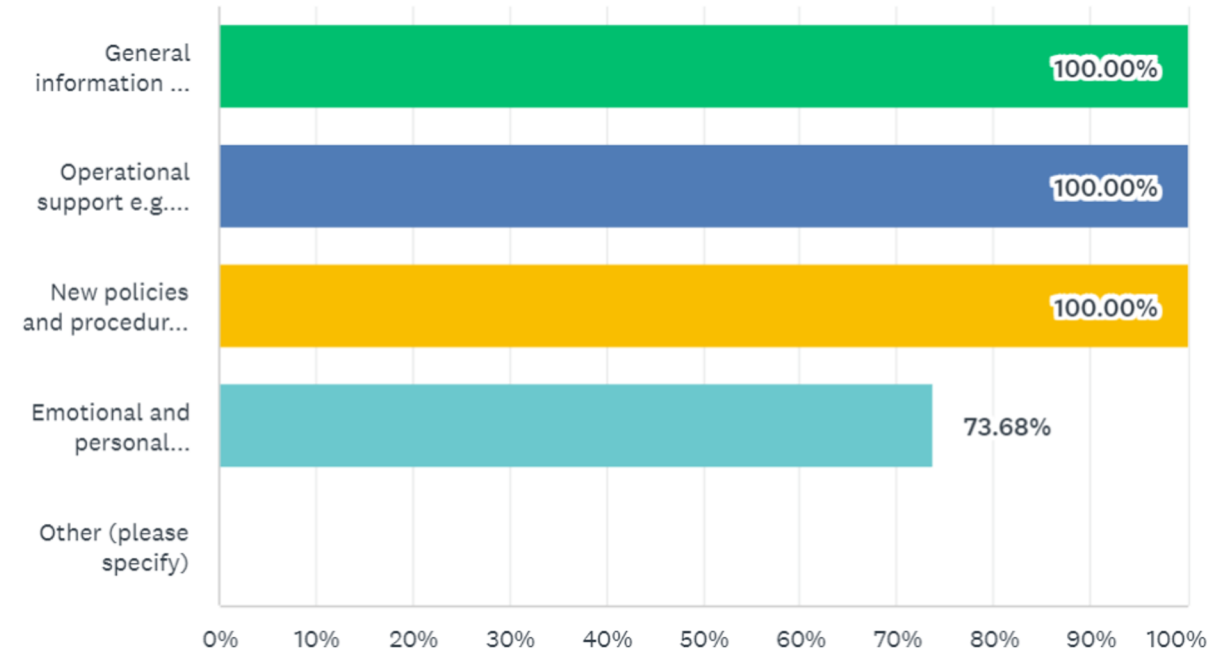
Fear of Working During Pandemic



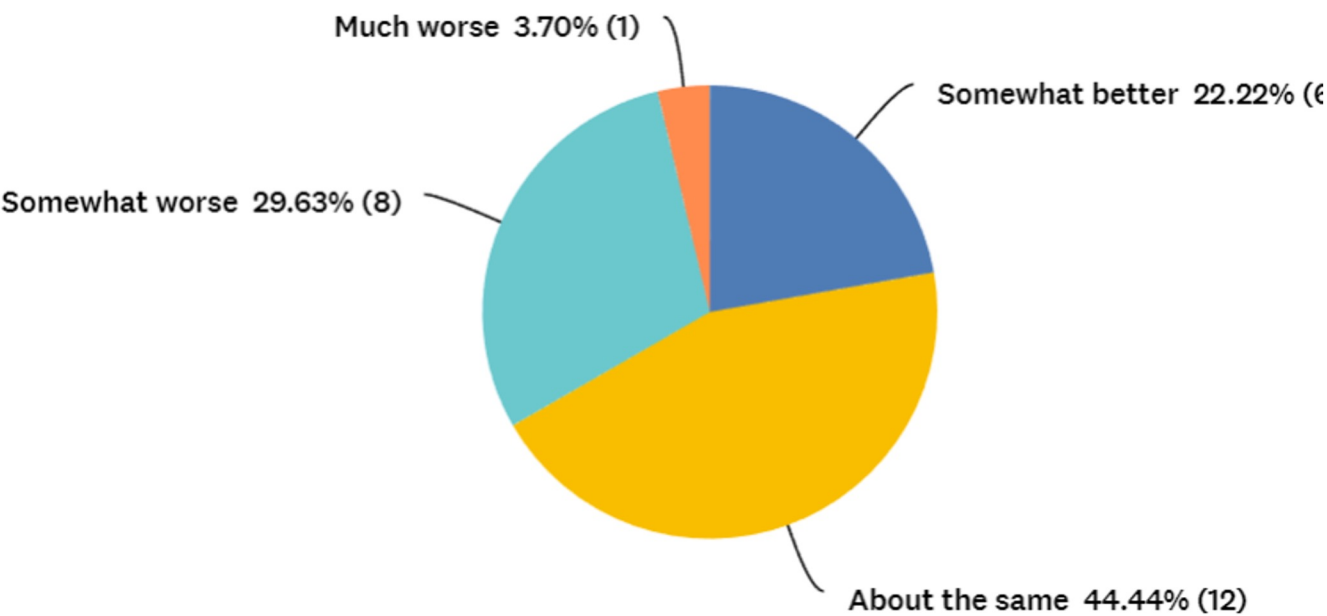
Experience of Anxiety Working in Pandemic



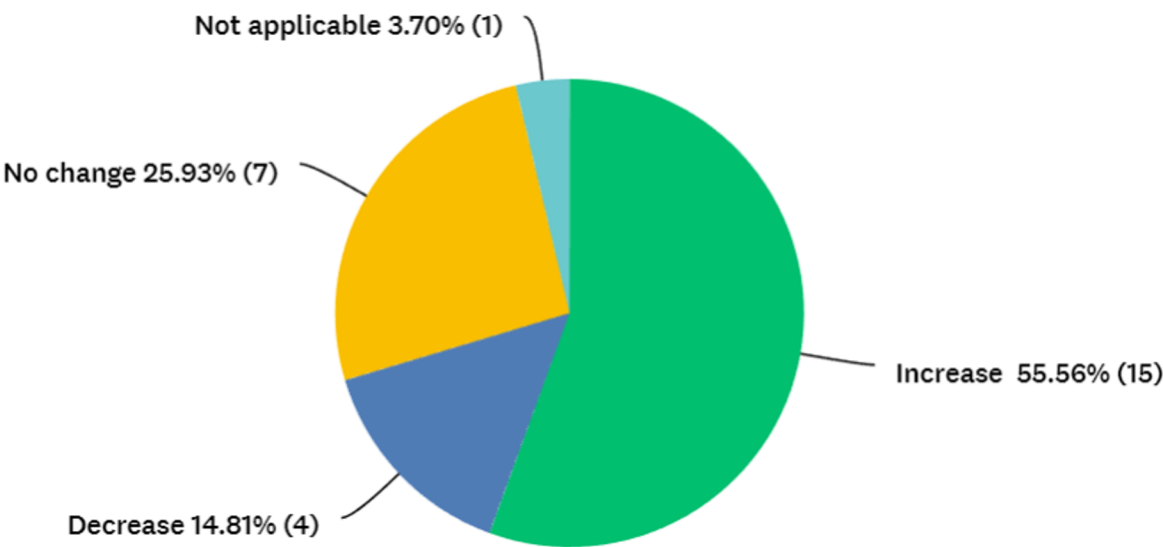
Covid-19 Related Accommodations



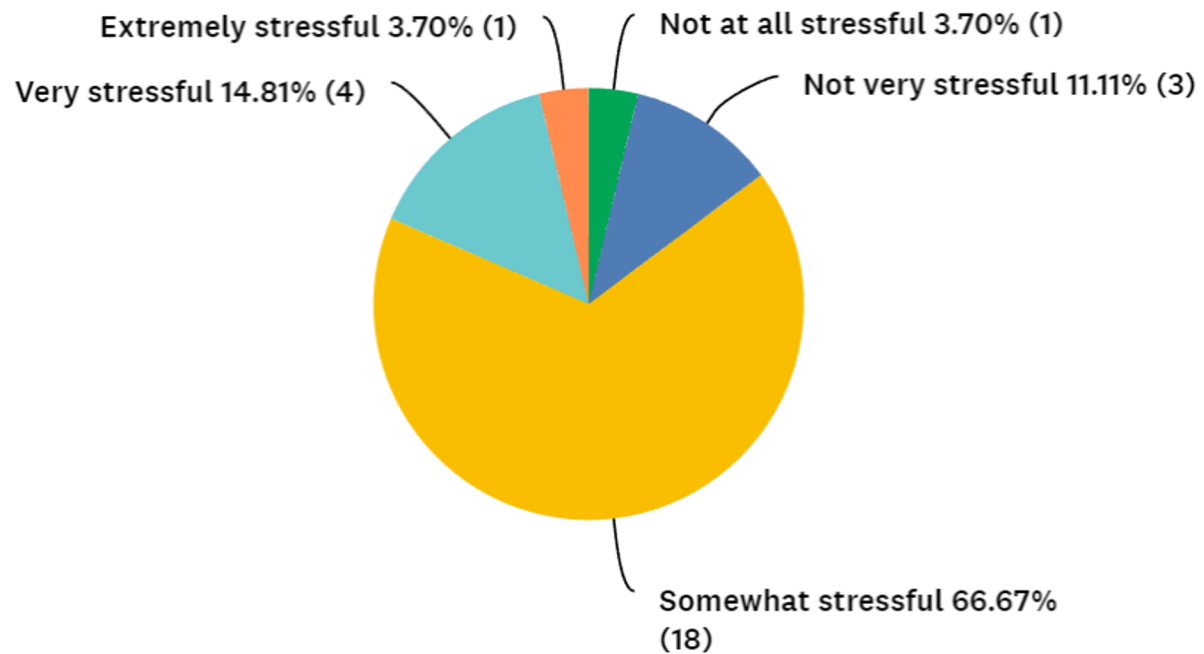
Financial Well-being during Pandemic



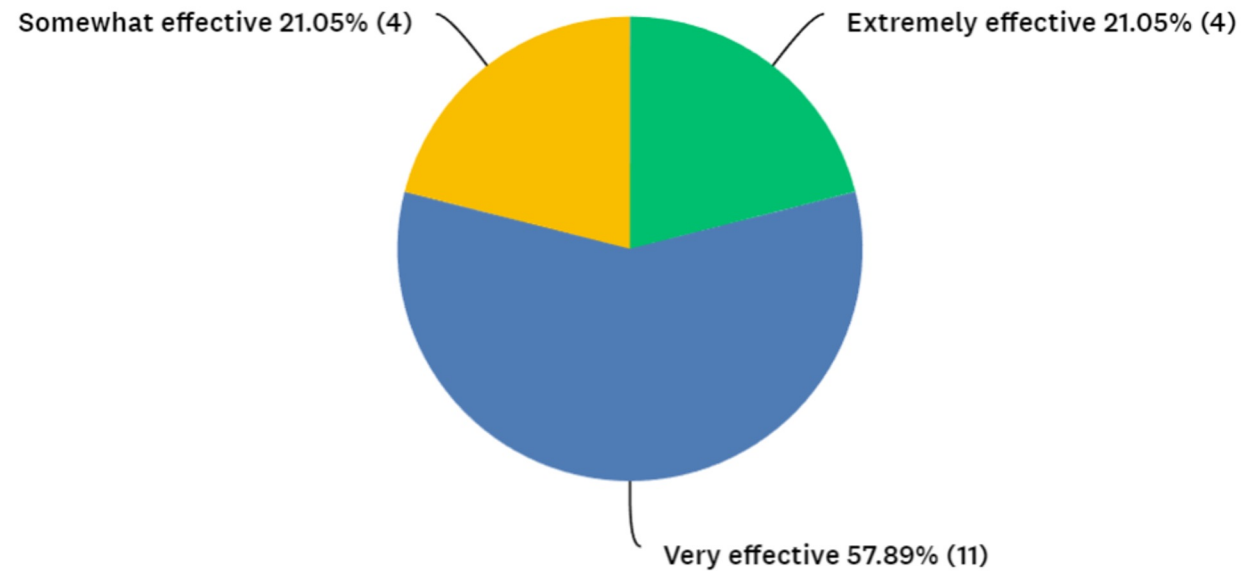
Change in Service Users Seeking Mental Health Services during Pandemic



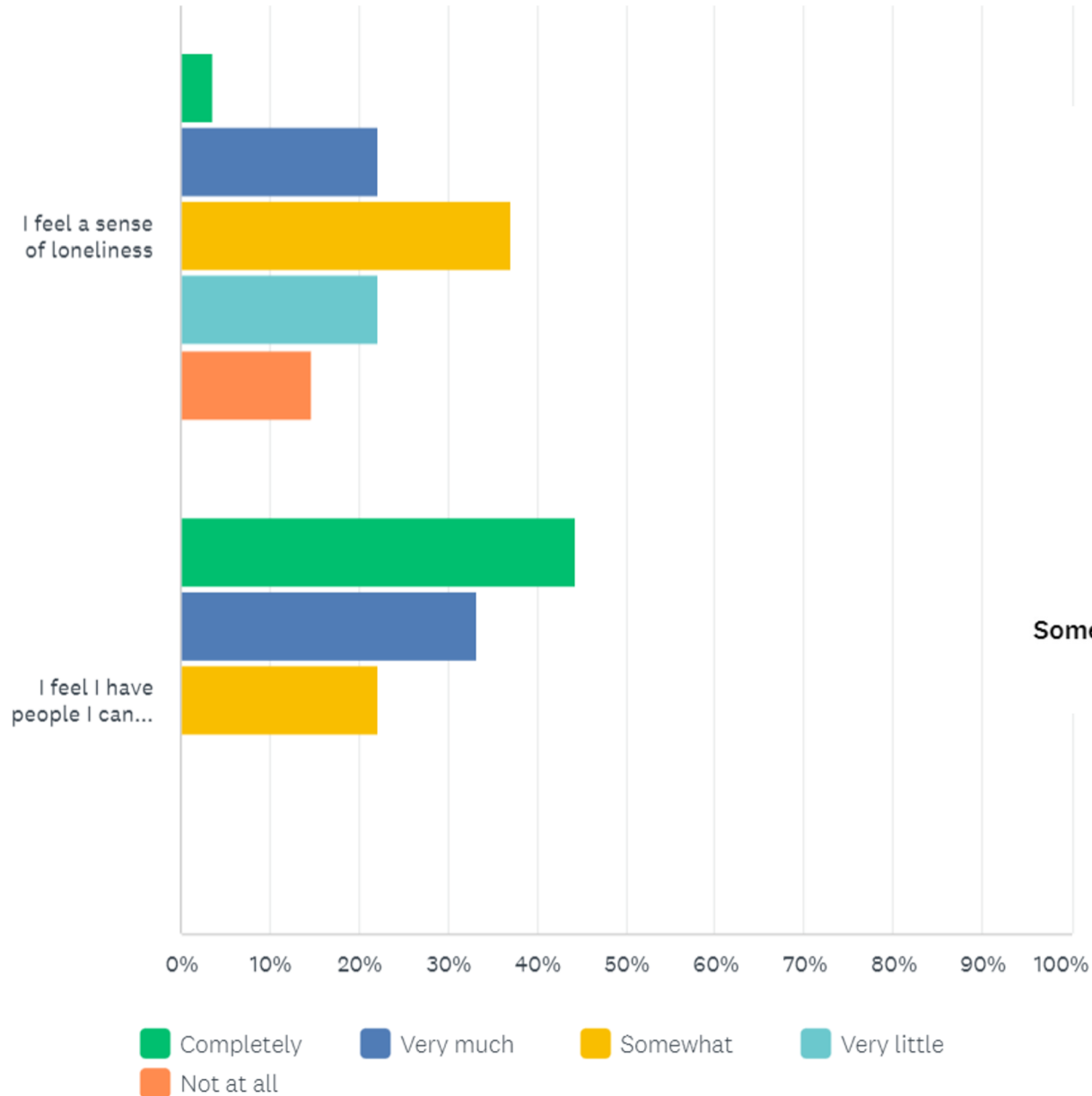
Stress Level during Pandemic



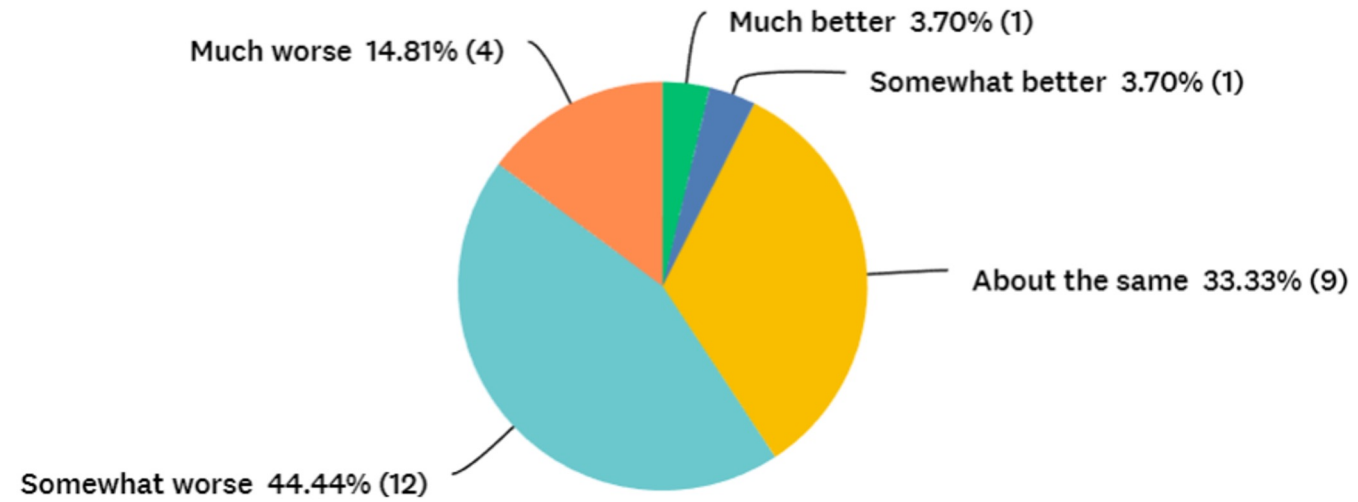
Effectiveness of Support Received



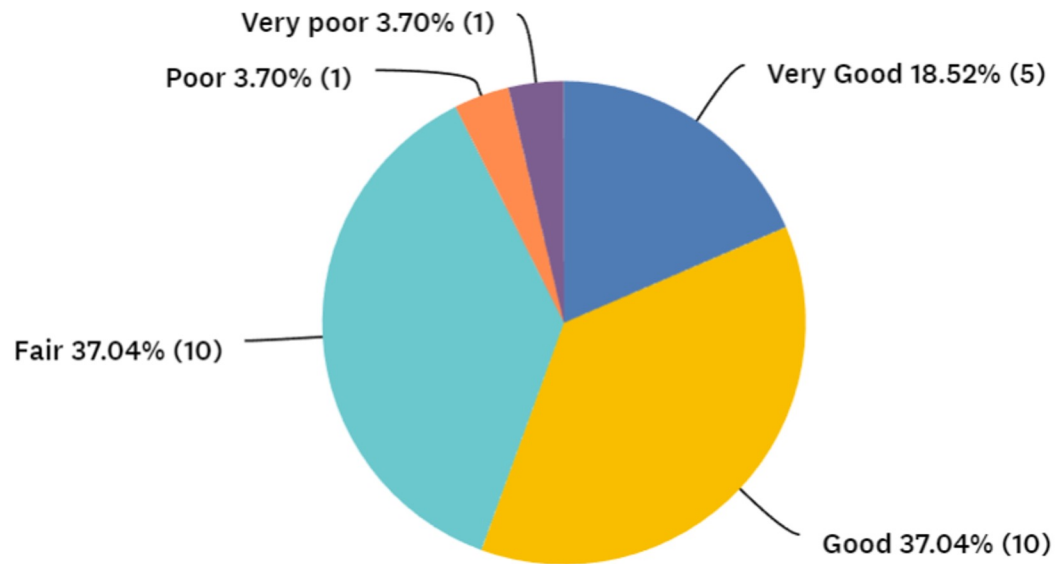
Loneliness & Counting on Others



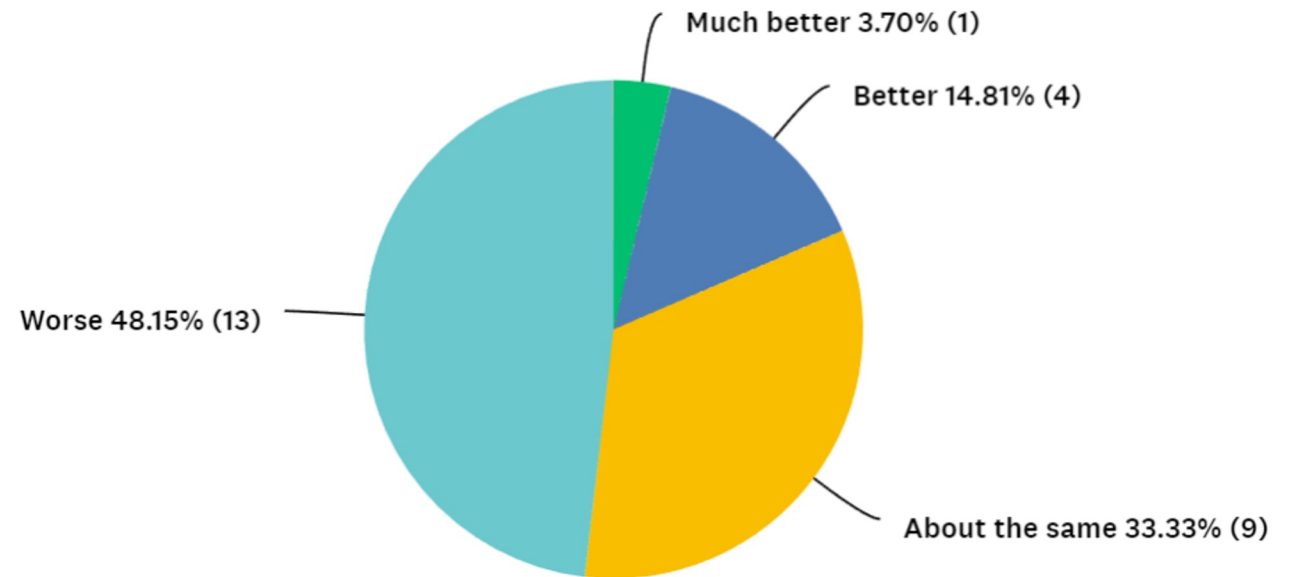
Social Well-being during Pandemic



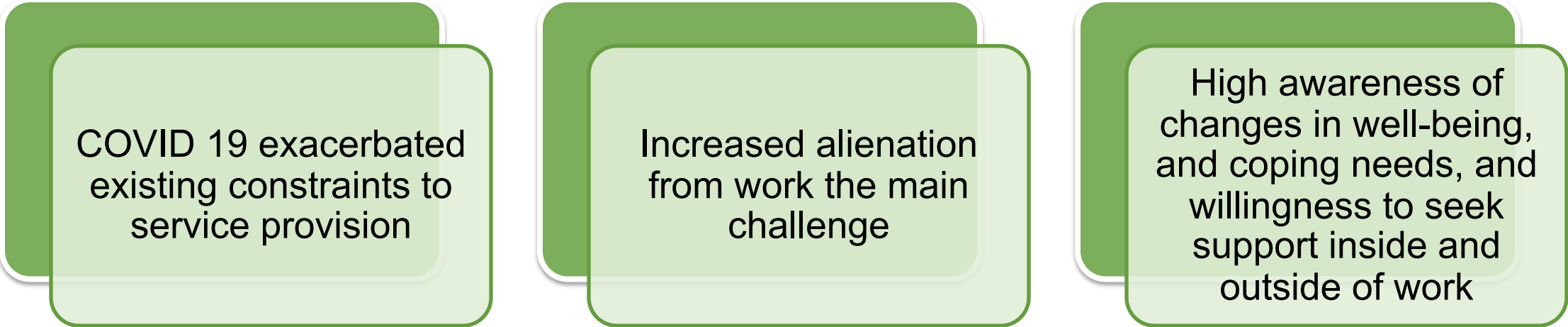
Service Providers Mental Health Prior to Pandemic



Mental Health during Pandemic



Preliminary Findings: Focus Groups



COVID 19 exacerbated
existing constraints to
service provision

Increased alienation
from work the main
challenge

High awareness of
changes in well-being,
and coping needs, and
willingness to seek
support inside and
outside of work

Participant Narratives

“And I think when COVID came in, and all the [community engagement] disappeared I kind of [thought] ... How do I engage with folks? How do I support them?...So that was really frustrating.”

“I was one of those people who was working at home, staring at my computer screen for an hour going, what the hell am I doing?”

“[F]or me, work is my community. That, it's also part of my family. I go there to do work, but sometimes I go there just to commune with these people. But because that's not happening, it means I'm alone at home alone a lot. So that that hasn't been easy.”



Coping Mechanisms used by Staff during Pandemic

So what's resiliency all about?

Protective factors vs. Risk factors

AND

Personal vs. relational vs. organizational

Implications and Recommendations



Explore options to continue community-based services provision outdoors as one-on-one services do not meet the needs of some clients



Focus on addressing staff social well-being, in addition to physical, mental, and emotional health



Strengthen relationships, coordination, and collaboration between researchers and leadership/frontline staff leaders and between organizations



Invest in research tools, education, and programs that will improve the overall health and well-being of frontline staff and leaders, especially during challenging times such as the COVID-19 pandemic.

Recommendations Continued



Psycho-educational Workshops



Promotion of Self-Care Culture in Workplace (e.g., create and maintain self-care plans)



Low Impact Debriefing, Risk-assessment Check-ins



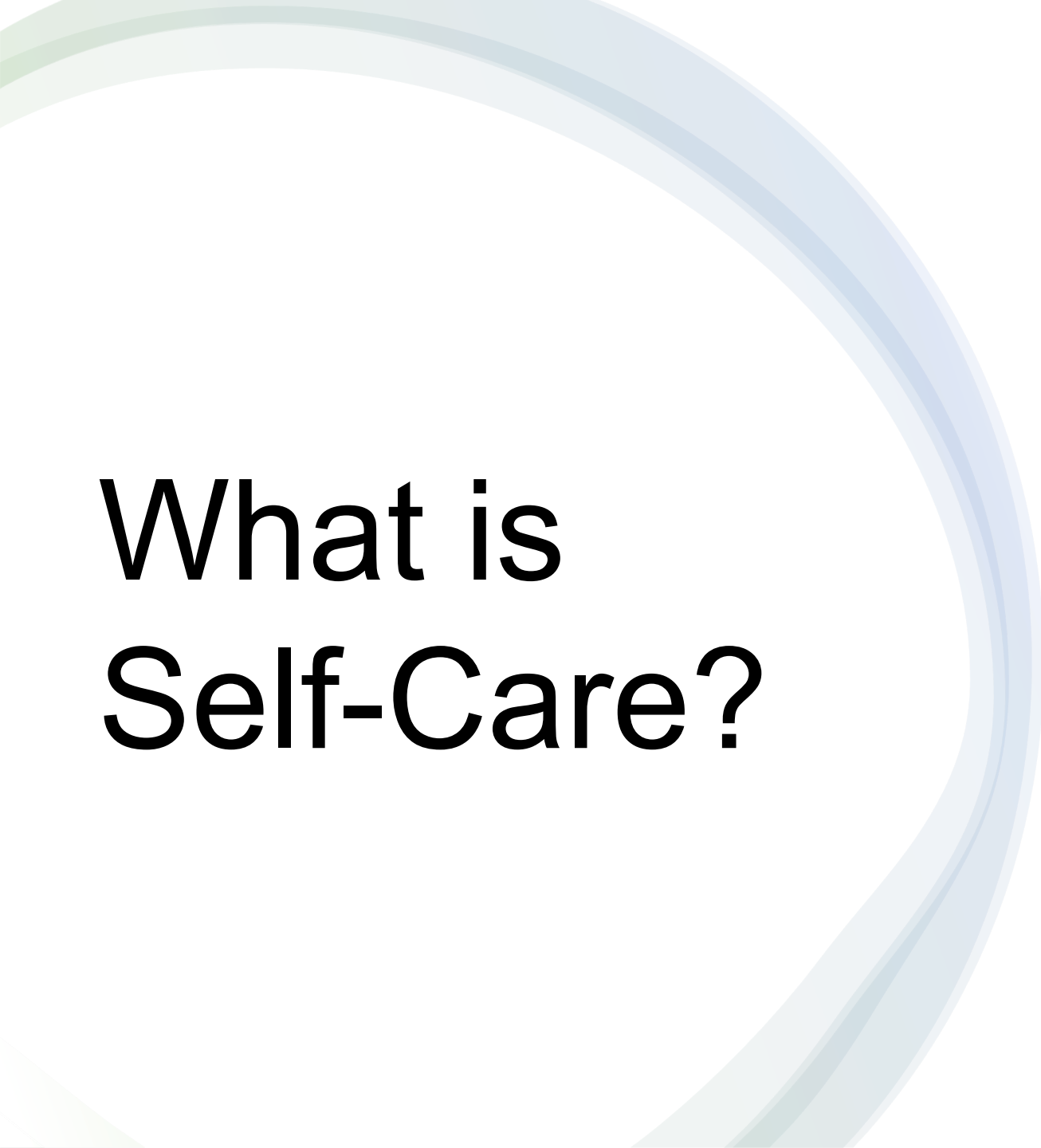
Organization should provide the necessary PPEs to staff and clients during a pandemic, and to outline procedures on the use PPEs.

Limitation and Challenges

- Our study is limited to the experiences of a small group of frontline service providers in Alberta.
- The pandemic brought extra workload for staff, which prevents them from engaging in other activities such as advocacy efforts, public events and research.
- There were recruitment challenges related to increased organizational workload, changes in program delivery approaches, and high staff turnover.
- Respondents may have had challenges with access to technology and digital literacy.
- Respondents may be reluctant to share their experience due to perceived stigma and discrimination on mental health and their ability to cope with stress.



Self-Care Key to Resiliency



What is Self-Care?

- doing things to take care of our minds, bodies, and souls
- identifying your own needs and taking steps to meet them
- nurturing activities that help reduce stress



Self-Care Red Flags

- Change in eating habits or weight
- Loss of interest
- Guilt
- Taking lots of time off
- Drinking, smoking, or vaping more
- Conflict in relationships
- Changes in sleep
- Don't give self a break
- Isolating self
- Feeling very busy or hurried
- Physical changes



Self-Care Plan

Reflect on:

- current habits
- self-care needs
- practices that support your needs
- how do they fit into your schedule
- barriers



Self-Care Plan

Consider how you will meet your:

- Practical needs
- Physical needs
- Emotional needs
- Mental needs
- Social needs
- Spiritual needs

Open Discussion

What experiences in the workplace have you had that helped improve your social, mental, psychological, physical, and/or overall well-being, especially during the COVID-19 pandemic?

What are the areas in the workplace that can be improved and done differently for the future?



Thank you!

**For questions & comments please
contact:**

Dr. Rita Dhungel
Rita.Dhungel@ufv.ca

This research was generously funded by
the Social Sciences and Humanities
Research Council of Canada.

The authors have no conflict of interest to declare.