

B.C. Health Care Assistants

Assessment of education and support needs during COVID-19

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Executive Summary

The BC Centre for Palliative Care (BCCPC) is a provincial non-profit organization primarily funded by the BC Ministry of Health to accelerate uptake of best practices in palliative care and to support British Columbians affected by a serious illness to live the best quality of life possible. Through a recent stakeholder engagement about how best to support health care providers during the time of COVID-19, BCCPC became aware of a possible need for increased access to education and support for Health Care Assistants (HCAs) working in Long Term Care, Home Support and Indigenous Communities.

Before developing a support plan, BCCPC engaged with HCAs through a series of online “kitchen table chats” and a survey to better understand their experience and needs. Then, BCCPC met with health care educators and leaders to discuss the findings and strategize how best to address the identified needs.

Through a series of consultations, the HCAs expressed experiences of fear, stress, concern for clients and families, grief and loss in both their personal and work lives. They also described what makes these challenges either more or less stressful. The health care leaders affirmed that these themes reflected what they have been hearing from HCAs and other staff. They also reported feeling similar stresses themselves.

The leaders shared with BCCPC and each other both suggestions based on what they have learned in their own organizations and existing resources. Both the HCAs and leaders suggested activities that BCCPC could lead to support the education needs of HCAs across B.C. during the time of COVID-19 pandemic.

The assessment process is now concluded, and BCCPC's next steps are to:

- create documents and videos to communicate the findings and recommendations from this assessment;
- pilot more “kitchen-table chats” to facilitate online education and support for HCAs;
- explore other methods of connecting with HCAs, in collaboration with new and existing partners; and
- consider innovative ways to support health care leaders during COVID-19.

Background

The BC Centre for Palliative Care (BCCPC) has a mandate to support palliative care in B.C., and currently, to support health authorities and other organizations to provide best care for people living and dying in the time of COVID-19.

In assessing the education and support needs for Health Care Assistants during COVID-19, BCCPC undertook searches of online resources and discussions with Pall Ed BC (a provincial network of palliative care leaders, educators and clinicians), health authorities, BC Care Providers Association and the BC Care Aide & Community Health Worker Registry. These explorations suggested that Health Care Assistants (HCAs) are being educated on infection control, but may benefit from other education and support as well. In some areas, there seemed to be limited resources specific to this audience on caring for people with COVID-19, on how to integrate a palliative approach, and on specific comfort measures for common symptoms associated with COVID-19. (Note that HCA are also known as Home Support Workers, Resident Care Aides and Community Support Workers).

To ensure that any resources created by BCCPC are appropriate and well-targeted, BCCPC sought input from HCAs around B.C. about their needs for education and support. A series of video “kitchen table chats” (“Chats”) provided a neutral space outside of their employing organizations for HCAs to describe their experiences. As well, an online survey was offered for those who registered for the Chats but were unable to attend.

HCAs were invited to participate in the Chats and survey by email sent to their leaders via a newsletter distributed by EngAge BC, news items on the BC Care Aide & Community Health Worker Registry website, the BCCPC website and Life and Death Matters website. As well, invitations were posted to multiple Facebook groups and Twitter feeds.

BCCPC contracted with Life and Death Matters to co-facilitate the chats on May 5,7 and 12. The Chats brought together HCAs around B.C. to describe self-care activities, identify stressors, and explore education topics or strategies that would help to address their learning needs. The HCAs who participated identified as working in home support, long term care or Indigenous communities.

As a precaution against duplicating the work done by regional organizations, the Chats and surveys were followed up by meeting with Pall Ed BC members and other leaders from most regions of B.C. to discuss the results, give insight from their experiences, share resources and make suggestions about possible educational and supportive activities.

The information in this report was sent to the HCA participants and leaders for affirmation of themes before dissemination.

Purpose of the assessment

The purpose of this assessment was to inform a plan for education and support of B.C. HCAs in the time of COVID-19, which will be developed and implemented through collaboration with partners such as the B.C. health authorities, EngAge BC and the BC Care Aide & Community Health Worker Registry.

Demographics

- 33 HCAs joined the Chats
- An additional 9 completed the online survey
- Of the participants in the Chats and survey, half were from long term care. Many were from rural and remote areas. Interior Health region and Island Health region were fairly evenly represented. Unfortunately, there were no participants from Northern Health and few from Vancouver Health (3%) and Fraser Health (13%). It is noteworthy that there was little representation from these areas that have experienced COVID-19 outbreaks.

Figure 1 – Demographics of the 44 HCA participants in the Chats and survey.



After the Chats and survey were completed, 10 leaders from each of the care settings and regions as well as the BC Care Aide & Community Health Worker Registry attended an online discussion to provide their insights and feedback.

Results of the assessment

Quotes from HCAs

“I’m worried when I leave the reserve to get groceries that I may bring the virus back to the community”

“[This has been an] opportunity to connect, share thoughts, feelings and ideas. I feel less isolated. I would like more sessions like this”

“I’m grateful for something just for us”

“Are the PPE policies based on availability of supplies or on the truth?”

Quotes from Leaders

“My hope is the COVID pandemic provides an opportunity for us to better support HCAs now and going forward.”

“This pandemic has been a great opportunity to learn teamwork. It has also been a mass experience of trauma.”

“We would appreciate help to alleviate fear for HCAs.”

Identified challenges

Fear

Fear was the most consistent theme expressed in the Chats and discussion with leaders

- Fear about getting COVID-19 themselves, especially those who are immunocompromised
- Fear of bringing it into their community and/or their family
- “There is a fear of losing elders...we would lose culture, language and leadership.”

Stress at work

- Workload challenges – staff sick calls increase due to fear and self-isolation
- Change in providing care – making calls in the community and not providing direct care
- Role confusion/boundaries, privacy concerns when HCAs are also part of the family and community

Stress at home

- Home schooling
- Raising children
- Spouse working in front lines as well
- Re-negotiating division of home-making tasks
- Worry about own family members they are unable to visit

Concerned about clients who:

- Are not able to see family or access activities
- Don't recognize staff
- Have more responsive behaviours
- May become depressed, and not sure how to help them
- Are isolated in their rooms or homes

Concerns about families of clients who:

- Don't know how to support their person in long term care when they cannot visit
- Don't know how or are not able to provide all the care required at home
- Need respite

Grief and loss

- Especially when client is also family member or “feels like family”
- When they can't see clients in person and have to connect only on the phone
- Many deaths in a short amount of time and unable to grieve in the usual ways
- Feel overwhelmed and fatigued

What makes the challenges feel *more* stressful:

- Inconsistent or absent communication
- Insufficient PPE

- Frequent changes in policies and conflicting information i.e., PPE
 - “We are told different things every few hours”
 - “We hear different things at different sites”
- Guidelines written for long term care settings and not always applicable to home support and Indigenous communities (e.g. PPE disposal after leaving a home, vacuuming disperses fomites)

What makes the challenges feel *less* stressful:

- Consistent, frequent communication
- Education and planning
- Frequent check-ins from leaders
- Care packages and other encouragement from the community
- Support from peers, meeting online or outside with physical distancing
- Self-care activities
- “This phone chat”

Existing resources

The list of resources below was compiled by the leaders during a single online discussion. The authors acknowledge that there are efforts being done throughout B.C. to support HCAs that may not be reflected in this list. NOTE: Sharable resources will be posted on the [BCCPC COVID-19 Resource Library](#)

- [Care for Caregivers: Mental Health Support for Healthcare Providers](#), an online resource for healthcare providers and leadership (partnership between the Canadian Mental Health Association, BC Division and SafeCare BC, supported by the BC Ministry of Mental Health and Addictions)
 - [Care to Speak](#), a peer support phone line, staffed by volunteers with health care experience
- [Mobile Response Team & COVID-19](#) (Province-wide) Due to the COVID-19 pandemic, the team’s mandate has been expanded to support the mental well-being and the psychological safety of frontline healthcare workers, specifically long-term care professionals and other community care providers, who are experiencing exponential distress and mental health concerns.
- [Fraser health resources for well being and psychological supports](#) : Online resources and tools to help staff manage stress and anxiety during COVID-19 (Fraser Health)
- The Interdisciplinary Long Term Care Team has provided access to the virtual learning platform across all VCH homes, with a round the clock schedule of 30 minute in-services and a weekly schedule. Topics are relevant to palliative and long term care. They are also providing education and support to family members of people living in long term care (Vancouver Coastal)
- [Home and Community Care COVID-19 Toolkit](#) and Safe Return to Work resources (First Nations Health Authority)
- In response to the COVID-19 pandemic, [Life and Death Matters](#) is offering a series of short videos about dyspnea, as well as excerpts about dyspnea from their texts for nurses and for personal support workers / HCAs.

Suggestions for the education and support plan

- Collaborate with BC Care Aide & Community Health Worker Registry and the unions to support HCAs
- Create infection control guidelines for home care settings
- Promote awareness of existing resources (through emails, website)
- Write an article with quotes, comments and stories from HCAs
 - Send to HCAs and post online
- White paper – Report about this project
- Create a video - “We heard you and we value you” 1.5 minute video expressing esteem and gratitude
- Engage HCAs as leaders/champions to provide education and lead discussions
- Consider establishing a program that would be sustainable after COVID such as providing care with a palliative approach
- Offer ongoing Kitchen Table Chats for HCAs as psychosocial support for them to connect, educate, and share stories and stresses
 - When asked in the poll if they would be likely to attend, HCAs who attended the Chats responded positively at a rate of an average of 9.25 out of 10. HCAs who did not attend responded positively at a rate of an average of 7.6 out of 10.
 - Record the sessions for those who are unable to attend
- Provide education in various formats such as online chats, regular emails, podcasts, videos etc. (The hope is to decrease the workload on the Health Authorities and other organizations having to develop all education)

See **Appendix A** for HCA preferences for education topics and delivery methods

Recommendations from Leaders to Leaders

- Use a variety of ways to connect, communicate and educate (e.g. online huddles, parking lot lunches, regular check-ins e.g., 2x day “How are you on a scale of 0-10?”)
- When you, as a leader, are not onsite and not in direct contact with HCAs, consider how to reach out, how to hear their concerns
- Provide regular, ongoing, frequent communication
- Consider other ways to connect when internet connection is unreliable
- Remember HCAs do not always have the opportunity to check work email
- Share rationale for changes in protocols/guidelines and explain the rapid change in knowledge about COVID-19, i.e., with PPE
- Find ways to validate and celebrate the work of the HCAs
- Pay close attention to stress and burnout of leadership as well as staff
- Remember and address the needs of other team members including kitchen support, housekeeping, dining room staff, and other allied staff members. They are all experiencing fear and anxiety.

Next steps

The BC Centre for Palliative Care will take the following next steps to provide education and support for B.C. HCAs during the time of COVID-19 to supplement what is already being provided by others:

1. Collaborate with potential partners to share ideas, avoid duplication and explore opportunities for synergy
2. Disseminate this paper via email to appropriate stakeholders
3. Create a video for HCAs to illustrate the themes of this assessment and existing resources
4. Explore other ways to acknowledge HCAs' experience such as an online article for an HCA audience
5. Create a video for leaders to illustrate the themes of this assessment and ideas for supporting HCAs
6. Promote awareness of existing resources for HCAs via the BCCPC website, email contacts and social media
7. Invite other organizations such as applicable unions, the BC Care Aide & Community Health Worker Registry and EngAge BC to promote awareness through their channels
8. Pilot a series of Kitchen Table Chats for HCAs to provide opportunity for peer connection, education and psychosocial support
9. Explore other methods to increase accessibility of education and support for HCAs during and after COVID-19
10. Consider an additional project to support health care leaders as they support HCAs and other staff

Conclusion

We have been humbled by the willingness of HCAs to share their stories of joy, rest, sadness, fear and grief. Often through tears, they expressed feeling overwhelmed by stress at work and at home while describing profound compassion for those they serve and care for. It is clear that HCAs are truly at the “front-line” – providing care from an often vulnerable position. It is our hope that BCCPC and our partners can provide education and support to HCAs, answering the call made by one participant,

“you say I’m a hero, now show me that you value me”

Appendix A – Results of the Chat polls and the survey

“What education or support is most urgent for you right now? (listed in order of preference)”

1. Caring for people with dementia during the pandemic
2. Caring for self and one another in crisis situations
3. Comfort measures for common symptoms (COVID-19)
4. Other (PPE, clients with depression and feelings of isolation, stress management at work and home)
5. Communicating caring from behind masks and gowns
6. Supporting families and tips for connecting using technology

“How do you like to learn?” (listed in order of preference)”

1. Webinars
2. Videos/podcasts
3. Online modules/courses
4. In-person workshops
5. Huddles with the team
6. Kitchen table chats with case studies (online)
7. Texts or printed handouts
8. Topical self-study guides

“How would you like to hear about upcoming education or support activities?”

- 100% chose email over Websites, Facebook groups or Other

“How likely would you be to attend a similar session to this one to connect with others around B.C.?” (0 = no way, 10 = for sure)”

- Average for HCAs who attended a Chat = 9.25
- Average for survey participants = 7.6