Community Frontline Care Staff Perspectives on COVID-19 Restrictions:

"It's not what I was hired to do."

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Abstract
The COVID-19 pandemic presented numerous challenges and changes for all frontline providers, but the impacts on care staff in community service agencies is less understood. The current study involving secondary data analysis explored how frontline care staff with a Fetal Alcohol Spectrum Disorder (FASD) program describe their work during the public health restrictions. Semi-structured focus groups were conducted with frontline care staff (N=20). Inductive thematic analysis resulted in three themes: shifting procedures, adapting interactions, and declining motivation. Changes in work because of COVID-19 and feelings in response to those changes shed light on the yet unknown cost of the pandemic on these services and the FASD community.

Keywords: COVID-19 impact; frontline care staff; fetal alcohol spectrum disorder; qualitative

Résumé
La pandémie de Covid 19 a présenté de nombreux défis et changements pour tous les fournisseurs de première ligne, mais l'impact sur le personnel soignant est moins compris. L'étude actuelle impliquant l'analyse de données secondaires a exploré comment le personnel soignant de première ligne participant à un programme de troubles du spectre de l'alcoolisation fœtale (TSAF) décrit son travail pendant les restrictions de santé publique. Des groupes de discussion semi-structurées ont éte réalisées avec le personnel de première ligne (N=20). Une analyze thèmatique inductive montre trois thèmes: les procédures de changement, les interactions adapter, et les motivations en déclin. Les changements de travail à cause de la pandémie, et les sentiments par conséquent des changements, élucident le prix encore inconnu, par rapport aux services et la communauté SAF.

Mots-clés : impact du COVID-19 ; le personnel soignant de première ligne ; troubles du spectre de l'alcoolisation fœtale ; qualitatif

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On March 11, 2020 the World Health Organisation declared COVID-19 a global pandemic (Cucinotta & Vanelli, 2020). In Canada, public health restrictions, including school closures and work-from-home policies took effect shortly thereafter (Vogel & Eggertson, 2020). At the time, there was no way of knowing that many of these public health restrictions would be in place, on and off, for two years resulting in a sustained shift in work. Since then, there has been recognition of the potential impacts of COVID-19 on general frontline workers (Billings et al., 2021), but less is known about frontline care staff such as outreach workers and mentors in community service agencies. As part of a larger study on motivation at work, this brief report describes the experiences of non-medical frontline care staff during the COVID-19 public health restrictions.

Prior to the COVID-19 pandemic, approximately 13% of Canadians worked from home (Statistics Canada, 2020). Thus, for most Canadians, work-from-home mandates represented a significant shift in how they worked. Although the vast majority of professions worked remotely during this time, helping professions such as teaching (Chan et al., 2021), social work (O'Leary & Tsui, 2021), and counselling (Doorn et al., 2021) struggled to move online, at least in part because of the relational nature of their work. In addition, many of the people whom they serve are structurally marginalised, young, poor, and/or have unstable access to technology, exacerbating the challenges associated with working online.

Frontline care staff with the Fetal Alcohol Spectrum Disorder (FASD) programs at [name removed for blind review] faced all these challenges to work remotely in March 2020. Typically, frontline care staff within these programs serve as a physical presence in the life of their clients and their support is tangible. For example, staff who work with adolescents and young adults may support them in taking steps to obtain their driver's licence, become employed, or find housing. Staff who work with pregnant women may visit their homes, help book prenatal appointments, and even provide transportation to such appointments. Similar to social workers worldwide, care staff faced specific challenges such as ensuring client privacy in telework and gaining access to technology (Banks et al., 2020).

Working from home not only impacted how people completed their work but how they attended to their own well-being. For many people working from home provided a sense of relief that supported their well-being (e.g., McDowell et al., 2021). For other people the fear of COVID-19 and anti-virus measures put in place restricted their everyday lives and behaviours in ways that directly and indirectly hampered their mental well-being (e.g., Best et al., 2021). Studies have also explored potential moderating factors such as involuntary employment, wage reduction, alterations of working conditions and environments, risk of contagion, and social exclusion that could help explain the inconsistency of current research findings (Oakman et al., 2020; Vindegaard & Benros, 2020). Collectively, these studies help to provide greater insight into the complex relationship between work and well-being during the pandemic.

The current research question emerged as part of a larger investigation of frontline care staff's understanding of motivation in their work. Many comments spontaneously pertained to working during the COVID-19 and warranted being extracted from the larger study through secondary data analysis. To best work with the existing data, we used a descriptive qualitative design (Stanley, 2014) to explore the following question: How do frontline care staff describe their work during the COVID-19 public health restrictions?

Method

Setting and Participants

This research was undertaken in partnership with [agency named removed for blind review], a large, multi-function social service agency which was created in 1962 to serve Central Alberta, Canada. The frontline care staff come from educational backgrounds such as Child and Youth Care, Social Work, Addictions, Corrections, and Psychology. Participating frontline care staff (n = 20) came from four client-centred programs that focus on assisting families/individuals with Fetal Alcohol Spectrum Disorder in developing appropriate supports and interdependence to experience and maintain healthy outcomes. Care staff support clients in achieving a wide variety of goals such as completing school, managing budgets, maintaining housing, completing addiction or parenting programs, and seeking employment. Participants ranged in age from 21 to 60 (Modal age = 31-40), were almost all women, and represented a variety of ethnicities (e.g., African, East Indian) although more than half identified as Caucaisan (n =12).

Procedures

For the primary data collection, the first and last authors, as the principal investigators of the community-research partnership, conducted five semi-structured focus groups with frontline care staff about their understanding of motivation in their work. Group size ranged from 2 to 6 people. Because of the partnered nature of this project, recruitment occurred through the organisation and focus groups were conducted during the regular work day. Before each session, frontline care staff were informed about the purpose of the research, the benefits/risks of participating. Consent was inferred by active participation in the session. Focus groups were completed via zoom over a two-month period in Fall 2021 and each lasted about an hour. The same semi-structured interview guide was used in all focus groups and allowed for sufficient variety to permit secondary analysis. The University's Research Ethics Board approved the procedure.

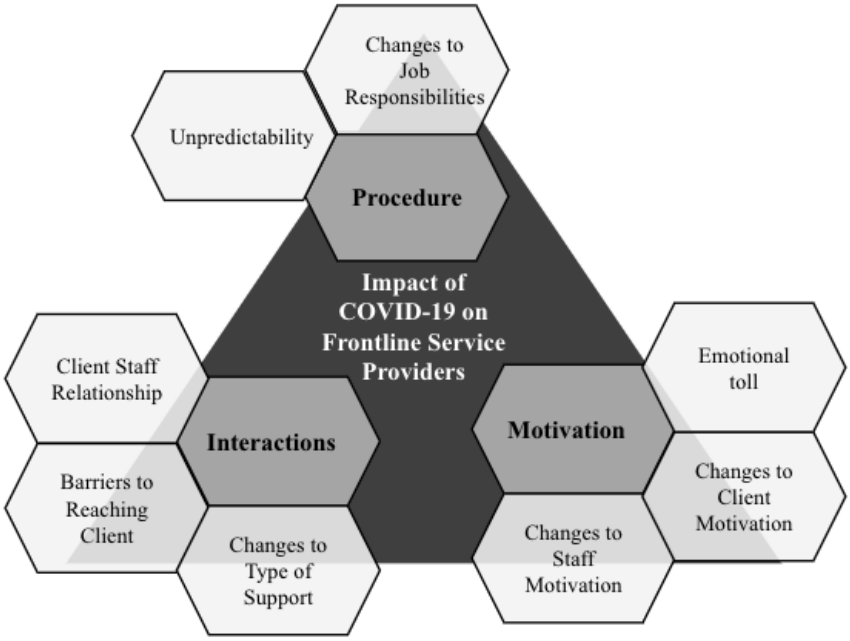
Plan for Analyses

Focus group interviews were digitally recorded and transcribed verbatim by the research assistants (RAs) who also conducted an inductive thematic analysis (Stanley, 2014) on all comments directly linked to describing how COVID-19 impacted the work of frontline care staff. First, they open-coded the data independently, identifying meaning units in the full transcripts. Second, they collectively discussed the meaning units and used them to create a codebook to delineate the definition and anti-definition of initial codes anchored by representative verbatim quotes. Third, they met regularly with principal investigators to discuss the process and to combine codes into final themes. This iterative process allowed all authors to be in agreement on the final themes.

Results

The inductive analysis resulted in three themes consisting of eight codes: shifting procedures, adapting interactions, and declining motivation (see Figure 1).

Figure 1.
Visual Representation of Thematic Analysis



Shifting Procedures

Frontline care staff [in the FASD organisation] described how COVID-19 public health restrictions lead to changes in procedures in their work. First, frontline staff commented on how their policies and procedures had become *unpredictable* at work, for example, " …things changed non-stop for a while," and "...it seemed like every other day we were making a change." Second, frontline care staff reflected on *changes to their job responsibilities*. These statements included descriptions of tasks they were no longer able to do because of public health restrictions, such as: "We can't just take you, we have to call a taxi um oh we can't meet you there, you're on your own, those kind of things." Other times, these comments described additional responsibilities, for example, "…there's additional tasks that have been added…when it comes to a visit um there's a lot more steps involved now than pre-covid." One frontline care staff went as far as to say, "[Staff] feel they're not, you know, doing what they were hired to do."

Adapting Interactions

Frontline care staff also described how their interactions at work had changed because of public health restrictions. First, frontline care staff described new and challenging *barriers to reaching clients*. For example, one frontline care staff said, "Umm yeah, like she's homeless and she doesn't usually have a phone…so there's barriers right to connecting with her." Another frontline care staff commented, "Our clients sometimes have disabilities, and sometimes they don't, so the virtual world doesn't always work for them." Second, frontline care staff described the *changes to support* they made in light of these barriers. For example, most frontline care staff compensated for limited opportunities for face-to-face interaction by increasing the use of text and video communication. Some care staff noticed clients needing to take responsibility because of the change in support: "No more face to face visits and so this put her in a position where she

had to go by herself umm and…it was good and encouraging." Third, frontline care staff reflected on their *client-staff relationships.* These comments focused mainly on the difficulty of connecting with clients during the COVID-19 pandemic and extended to both new and existing clients. Summing it up, one care staff said: "It's hard, it's just hard to connect."

Declining Motivation

Frontline care staff described various ways the COVID-19 restrictions impacted motivation. These comments were grouped into three categories. First, frontline care staff commented on *changes to staff motivation*: "The words that have come up a lot during the pandemic from staff is I am feeling unmotivated." When speaking about changes to staff motivation, most frontline care staff cited unpredictability, changes to job responsibilities, and the current state of client-staff relationships as contributors to their decreased motivation. Second, frontline care staff reflected on *changes in client motivation.* For example, one frontline care staff commented, "[Clients] become unmotivated um you know doing it over like virtual but it just doesn't work for some of our clients, and so they just don't see the benefit of it and so they become unmotivated." Lastly, frontline care staff described how the COVID-19 restrictions had an *emotional toll*. For example, one front line care staff commented, "One client was very frustrated because her mentor couldn't come out to help her and so she was right. She's like, well, what's the point of you working with me if you're not able to come out and help me with this paperwork." Another frontline care staff commented, "I think so many of our moms [service recipients] are just so burned out and just don't see, um, you know, a light at the end of the tunnel."

Discussion

During the course of interviews exploring motivation in the work of frontline care staff, it became evident that COVID-19 represented a novel experience within the larger landscape of their daily work. Thus, the descriptive qualitative study presented herein is a secondary analysis that represents frontline care staff's authentic and spontaneous comments related to COVID-19. We will discuss the types of changes participants described in their work and its possible relevance to future work interruptions, pandemic or otherwise. Then, we will address the limitations of the research and directions for future research.

Changes in Work because of COVID-19

Frontline care staff [in FASD…] described changes in the procedures they had to follow and the consequent challenges maintaining supportive interactions with clients as a result of the COVID-19 public health restrictions. In these explanations, participants focused on how they engaged with the work itself now that they could not be a physical presence in the lives of their clients. As with much of the COVID-19 literature (Mallonee et al., 2022), they expressed a new reliance on technology that drastically changed their work. Although participants acknowledged that technology created opportunities to stay connected in compliance with public health restrictions, there were many parts of their work that care staff said simply could not be accomplished without in-person contact, particularly for structurally marginalised populations who lacked skills or resources to engage meaningfully in these ways. In some instances, care staff reported that this shift in support compelled their clients to take action themselves in a good way, but more often, it seemed that the tasks staff would have offered help with went unaccomplished when in-person support was not available. Similar results were recorded by

teachers, who particularly early in the pandemic, reduced the amount of instruction and focused on specific curricular areas to the exclusion of others (MacDonald & Hill, 2020) and social workers (Mallonee et al., 2022) who found telehealth particularly ineffective for clients with cognitive disabilities as would be the case for most of the clients of these support workers.

Care staff described high levels of unpredictability as rules, protocols, and expectations kept changing, making it difficult to know what sort of commitments could be made to clients. Without predictable, tangible support, the shift in work left some clients unsure of what they were actually getting from the care staff, and the staff themselves felt quite separate from the work they expected to be doing. Unpredictability paired with difficulty staying connected may be particularly difficult for clients who have come seeking services out of experiences of broken relationships and broken trust.

One implication of these results is that it would be prudent for agencies to integrate technologies into their regular practice. Rather than returning to all in-person work, zoom meetings or online calendars could be used at strategic points to prepare clients in case of a future disruption to in-person work. Proactively working towards minimizing the shocking disruption through regular use of technology could help minimize the impact on relationships in case technology ever again becomes the only form of connection allowed. Such a practice could allow care staff to know that technologically-mediated communication is part of their work and could allow clients to have confidence in being able to seek support through multiple modalities.

Feelings in Response to Changes

Participants mainly described the changes in their work procedures and interactions caused by public health restrictions as negative. Some researchers suggest that when mandatory work from home policies began in March 2020, personal emotions such as sadness, anger, and fear dropped, and joy increased (Min et al., 2021), likely because people welcomed the notion of avoiding the virus. This positive personal response, however, seems less characteristic of work-related research. For example, VanLeeuwen and colleagues (2021) interviewed university faculty members who described feelings of "never-ending repetitiveness," sadness and loss, high pressure, multiple responsibilities, and limited direction. For our participants, words like frustrated, burned out, hard, and unmotivated were common in the focus groups. Participants sometimes visibly struggled to articulate the frustration and loss they were trying to manage for themselves and their clients, who arguably experienced severe hardship with the pandemic because of their vulnerability and reliance on supports. In their descriptions, participants revealed the yet unknown cost of COVID-19 on these services and the FASD community which may include breaches of trust, reckoning with limits on how they can work, and worsened physical and mental health of both clients and staff. Although these concerns are well documented in the media (e.g., Harding, 2020), more scholarly research is needed (Constantino et al., 2020).

Limitations and Conclusion

The results of the current brief report should be considered in light of the following limitation: the overarching purpose of the research from which this data was pulled was not COVID-19. The guiding questions asked participants about motivation in their work and COVID-19 responses emerged spontaneously creating an opportunity for secondary analysis of the transcripts. Once COVID-19 became an obvious factor in their experiences, we did not curtail the conversation in any way and encouraged participants to share their perspectives thoroughly. Thus, although it is possible there are elements of COVID-19 that could be better

captured by research designed to specifically address this topic, the results here reflect the reality that, in this moment of time, COVID-19 warranted specific attention.

The findings herein reinforce that COVID-19 has a separate and yet embedded influence on the way frontline care staff work in terms of procedures, interactions, and motivation. Perhaps the greatest learning from the current research is that anticipating disruption and even practicing different forms of accomplishing the work may need to become habitual for organisations that are dominantly person centred. This will require creativity and patience from organisational leaders and frontline staff as different ways of doing things are tested when not explicitly needed so that should they become required they are already a meaningful part of practice and less likely to disrupt procedures, interactions and motivation for clients and staff.

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Appendix A
Semi-Structured Focus Group Protocol

Researcher: Thank you for participating in this focus group discussion. This session is all about you sharing about your experiences and challenges. We want to understand the types of motivation challenges you encounter in your work. Please keep your cameras on for a more "in-person" feel. We are recording the audio for the discussion so we don't miss any information. Your comments will be anonymous in any reports or publication; that is, we will not identify your name. Also remember that your participation is voluntary and you can choose to leave the discussion at any time. You also can choose to answer or not answer any of the questions.

Please note, these are guiding questions only and we will follow the flow of the conversation.

Type of Work

- Tell us a little bit about the type of work you do? Who are your clients? What do you help them with?
- Can you tell us about a great moment? A success story of sorts? What do you think helped make this a success story?

Researcher: Let's turn to motivation more specifically….

Motivation

- When you think of the word "motivation" what comes to mind?
- What does motivation mean to you in your professional role? Give us some details.
- How important is motivation to your clients' outcomes?
- What sort of challenges in your work do you encounter that you think might be rooted in motivation? What makes you think these are motivation issues? How do these challenges make you feel?
- Can you tell us about a time you knew you were tackling a motivation issue? What did you try? How was it received? Were you successful? How do you know?
- What is the biggest motivation challenge you perceive in your work? If you had a magic wand, what would you want it to do in terms of motivation?

Researcher: That is all I have for questions. Thank you so much for participating in this study and contributing your time. As you know, your comments here will help shape a Professional Development session for Catholic Social Services in the new year. We look forward to seeing you then and continuing this partnership. If you have any questions, please feel free to email a member of the research team.