

“ And if you try, professional and vulnerable group link’s during the Covid-19 1st wave”

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INTRODUCTION

In March 2020, because of the Covid-19 pandemic, primary healthcare professionals had to change their routines and reorganize their work and organization. Of special interest is how the first Covid-19 wave impacted the social and health professionals’ practices in their support for vulnerable groups (addiction, older people in nursing homes, women in bad situation, refugees)? How did the professionals adapt to maintain the link with their audiences?

METHOD

This research is based on a qualitative method data collection according to Grounded Theory. It was conducted amongst primary care professionals in Brussels and Hainaut.

Thee data sources were:

- Detailed analysis of textual sources: Media, Facebook pages, professionals’ forums, administrative documents, documentary sources from stakeholders and representatives of professionals.
- 80 interviews conducted with 1st line professionals (private and public, alone or within organizations).
- Field observations within 4 Primary care structures.

RESULTS

Health services and practitioners have mobilized to meet the challenges as well as maintain the social connections with the patients by:

- Relocating services in areas’ where vulnerable group are prominent,
- Interdisciplinary collaborating between health and addiction support professionals and organizations for the homeless,
- Mobilizing appropriate and easy to understand communication tools (text messages, phone call),
- Modifying their professional identities across health and social skills.

DISCUSSION

Structures in touch with vulnerable groups anticipated the legal measures imposed (lock, social distancing, resettlement homeless man in hotel, right protective equipment) and adapted to the specific vulnerabilities of their users. These variations have led to uneven effects on the therapeutic relationship between professionals and users. It would be interesting to find out how stakeholders have been mobilizing during the 2nd wave.

KEY WORDS

Interprofessional collaboration – vulnerable groups – primary care- Covid-19