Community Staff Well-Being and Organizational Practices During COVID-19 and Beyond: A Mixed Method Study

Iman Sta-Ali
Université Laval
SHERPA University Institute

Naïma Bentayeb
McGill University
SHERPA University Institute
École Nationale d'Administration Publique (ENAP)

Annie Jaimes
SHERPA University Institute
Université du Québec à Montréal

Dadly Achille Borvil
École Nationale d'Administration Publique (ENAP)

Mélanie M Gagnon
SHERPA University Institute

Lara Gautier
Université de Montréal
SHERPA University Institute

This study explored community workers' experiences during COVID-19, focusing on their well-being and organizational coping strategies. A mixed-method approach included five focus group discussions (FGDs) (three with practitioners and two with managers) and an online survey with 47 frontline workers. Statistical analysis using SPSS 21 and thematic analysis with QDAMiner identified three main thematic categories: (a) Pandemic context and working practices; (b) Well-being at work; and (c) Psychosocial support. Findings highlighted the need for systematized collective care through compassionate leadership and government support. The study underscored the ongoing need for structured collective support for frontline workers during and beyond crises like COVID-19.

Keywords: community workers, well-being at work, COVID-19, mixed method study, intervention research, collective care, Québec

INTRODUCTION

The COVID-19 pandemic highlighted and intensified vulnerabilities within organizational structures, bringing to light significant challenges in maintaining operational efficacy and employee well-being. These organizational challenges, such as disrupted workflows, inadequate protective measures, and heightened uncertainty, had profound impacts on the mental health of frontline workers (FW) across various sectors. These workers experienced considerable burdens due to increased virus exposure, heightened risk, pervasive uncertainty, and escalating professional stress (Froessl & Abdeen, 2021). The INSPQ highlighted healthcare workers' psychological distress, with 23% perceiving "fair" or "poor" mental health (INSPQ, 2021). The global prevalence of psychological distress among healthcare workers during crises remains concerning (Firew et al., 2020).

Despite numerous studies on health workers' experiences during COVID-19, the vital role and experiences of the community sector have been less explored. This intervention research aimed to fill this gap by investigating how community workers and managers adapted to COVID-19-associated crises, focusing on their perspectives on well-being and coping strategies amid pandemic challenges. During the crisis, community workers played a pivotal role in addressing the pandemic's impacts on the population, offering crucial services in precarious conditions (Glowacz, 2022; Meunier & al., 2021). Categorized as "essential services," many community organizations (COs) remained operational to meet vulnerable needs, sometimes without protective equipment. Community workers faced vulnerability factors such as virus exposure, precarious working conditions, increased workload, and accelerated adaptation to new services and modes of action (Cleveland et al., 2020; Gautier et al., 2023). Research in Western societies documented the significant impact of physical distancing, lockdown, and public health measures on COs' actions (Borvil et Gautier, 2023; Gautier et al., 2023). In the United States, preliminary data showed the profound impact of COVID-19 on social workers, with more than 25% meeting criteria for PTSD, 50% reporting secondary trauma, and over 60% reporting burnout (Holmes et al., 2021). FW faced extraordinary client needs and health concerns (McCoyd et al., 2022).

Studies in Canada revealed similar phenomena. Before COVID-19, 20% of Montreal's community workers reported burnout (Meunier et al. 2020). In 2020, symptoms of anxiety, depression, PTSD, and infection risk were prominent in the health and social services network in Quebec (CERDA, 2020). Another study found a 29% burnout rate among community workers, a 9% increase since the pandemic's onset (Meunier & al., 2021). Moreover, 79.5% of Canadian community service providers reported declining mental health during the pandemic, with younger direct service providers at higher risk (Kerman et al., 2023). These results align with healthcare workers' experiences (Feingold et al., 2021). Organizational factors like over-investment, work guilt, COVID-19 fear, and high workloads were significant burnout contributors for community workers (Meunier et al., 2021). Concerns about the vulnerability of served populations, particularly ethnocultural communities with heightened anxiety (21%), add to the challenges. The distress these workers face may adversely affect personal and professional well-being, workforce engagement and retention, and community service sustainability amid the COVID-19 pandemic (Hendrickson et al., 2022).

In a recent article on healthcare workers' mental health strategies during COVID-19, authors emphasized the crucial role of social connection and value in mental resilience (Lewis et al., 2022). While self-care broadly refers to actions maintaining health (Godfrey et al., 2011), existing literature focuses on strategies for health professionals and first responders, often emphasizing individual responsibility (Rodriguez-Vega et al., 2020; Smith et al., 2019). These approaches lack consideration for organizational or systemic impacts on well-being (Carroll, Gilroy & Murra, 1999). Community FW in precarious work environments need collective strategies, an underexplored area in literature. This study addresses this gap, defining "mental health" per the World Health Organization's well-being definition (2022). The study adopts a critical perspective, enabling collective empowerment, and explores positive transformations and protective elements associated with worker involvement during the pandemic (Hogan, 2020; Jaimes, Hassan & Rousseau, 2019; Sumner & Kinsella, 2022).

Our research occurred in Montreal's multicultural neighborhoods during the second and third waves of the 2021-2022 COVID-19 pandemic. Collaborating with active COs, we explored their pandemic experiences and well-being strategies through a participatory approach.

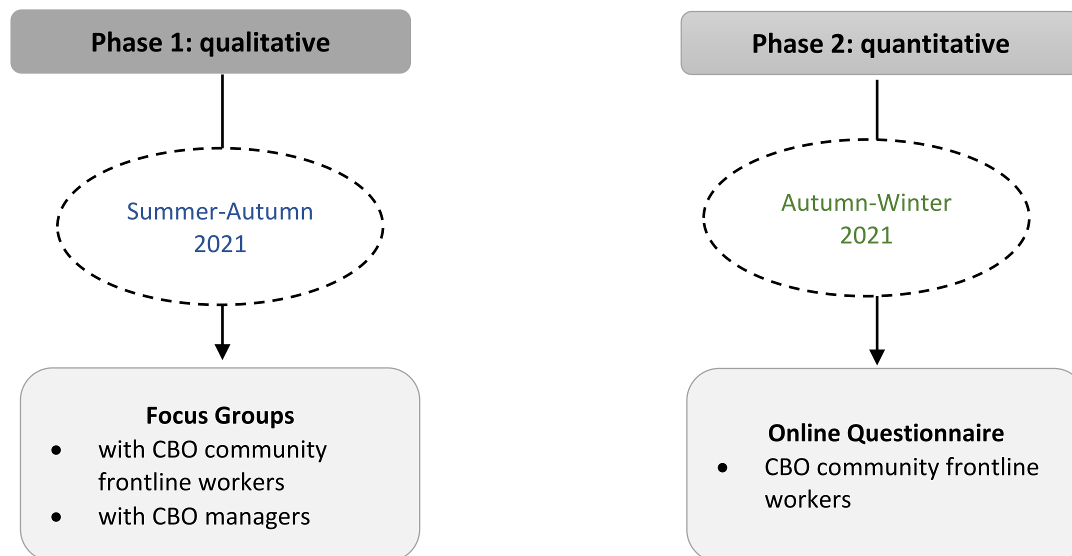
RESEARCH METHODS

This section outlines the methodology employed to explore the experiences, needs, and responses of CO workers during the COVID-19 pandemic. We present the research design, participant recruitment, materials, and analytical techniques.

Research Design

This study employed an exploratory sequential mixed design (Creswell, 2008) combining qualitative and quantitative data to explore the experiences, needs, and strategies of CO workers during the pandemic. The research team adopted a participatory approach at all stages of the intervention research (Trickett & al., 2011) to co-construct with two COs as partners. The participatory dimension of the project was supported by setting up and involving an advisory committee composed of researchers and referents from partnering COs. The committee met once a month to ensure a mutual decision-making process. Meetings focused on the contents of data collection materials, strategies for recruiting research participants to the different phases of data collection (see Figure 1), dissemination of flyers for recruiting research participants, and planning and validating the data collection tools (in French and English). These regular meetings allowed for the necessary flexibility of the initial research design to adjust to the context and exchanges with partners and changing needs.

FIGURE 1
THE SEQUENTIAL MIXED DESIGN OF OUR RESEARCH



The qualitative phase consisted of exploratory focus groups with managers and FW of COs (N=12) to draw a portrait of the needs, main issues faced by the nonprofits, and resources to deal with them. Informed by the qualitative part, the second phase was quantitative. It consisted of a cross-sectional survey examining the needs of the COs and organizational resources made available during the COVID-19 crisis, thereby validating and complementing the qualitative findings. An online, self-administered questionnaire was shared with community workers and CO managers.

Recruitment, Material, and Analysis

Qualitative Component

Qualitative data collection was conducted between July and October 2021. The recruitment of participating COs for focus group discussions (FGDs) was done first from a random selection of COs pre-identified by our partners and then using snowball sampling. FGDs were all conducted in French and lasted about 1.5 hours. The citations in the present paper were translated into English using DeepL, a translation program. To ensure validity, the research assistant, who is bilingual and understands the subtlety of French expressions used by the interviewees, checked the citations. The interviews were transcribed, coded, and analyzed on QDAMiner, using thematic analysis to reveal categories used in this component's quantitative phase. The FGD themes also provided content that we integrated into the findings elicited from the questionnaires for producing an integrated analytical report.

Quantitative Component

The online questionnaire (French and English) was available for participation a first time from November 23 to December 22, 2021, and a second time from the 1st to the 7th of January 2022. A total of 47 respondents completed the survey. The pandemic circumstances influenced the response rate, coinciding with the Omicron variant's spread. The invitation to participate was sent through various channels (social media platforms, e-bulletins, internal CO members' lists, etc.) and via our partners' communication channels in the two targeted neighborhoods.

The questionnaire included three main categories of variables measured using a 7-point Likert scale applied to a combination of validated measurement tools: overall well-being (Linton, Dieppe, & Medina-Lara, 2016); burnout and vicarious trauma (University of Buffalo School of Social Work, 2020); compassion fatigue (Huggard & Nimmo, 2013); post-traumatic growth (Tedeschi & Calhoun, 1996); and perceived organizational support (Marchand, & Vandenberghe, 2015). We added a home-made measure on participant satisfaction with the support provided by their organization.

Exploratory FGDs and ongoing discussions with community partners informed questionnaire refinement. Findings prompted the addition of a distress variable related to workers' concern for vulnerable individuals. The questionnaire underwent two consistent pre-tests by the advisory committee.

The statistical analysis consisted of descriptive analyses (frequencies, means, standard deviations) and correlation tests between certain variables on a statistical software (SPSS 21). Scores were calculated according to the WHO guidelines for calculating the well-being index, the ProQOL guidelines (version 5, 2009) for the quality of work-life scale and other variables. In addition, we also generated correlation tables to highlight the level of relationship between certain variables, including organization size and overall well-being; overall well-being and job resilience; and the relationship between work style and level of burnout.

Integration of Quantitative and Qualitative Material

Integration in this study involves analyzing quantitative and qualitative findings together, comprehensively understanding community workers' experiences during COVID-19. Triangulating questionnaire and FGD data enriched exploration (Pluye et al., 2018). Researchers identified agreement and discrepancies, offering a nuanced perspective on each theme. Quantitative findings came from the online questionnaire, and qualitative insights were from the FGDs. Recognizing sample differences, integration aimed to leverage each approach's strengths while acknowledging potential variations due to participant groups.

RESULTS

This section presents findings in three parts: 1) FGD participant profiles; 2) questionnaire participant profiles; and 3) integrated qualitative and quantitative results. This section offers a comprehensive view of community workers' COVID-19 experiences—blending FGD insights with survey data.

Research Participants' Profile

A total of 14 employees, including ten workers and four managers, participated in FGDs. Three FGDs (of three to four participants) with community workers (four different COs) and two FGDs (of two participants each) with COs managers, all from different COs - were organized online (Zoom platform) and lasted about two hours. Table 1 offers more details about FGD participants.

TABLE 1
FOCUS GROUPS' PARTICIPANTS

	Number of FGDs	Number of Participants	Cos represented
Frontline workers	3	10 (4 males and 6 females)	4 different organizations: • Food Aid/Security • Support for youth 6-12 and their families • Support for vulnerable families
Managers	2	4 (all males)	4 different organizations: • Food Aid/Security • Mental health • Immigrants and refugees' assistance

Regarding the questionnaire, the sample (n=47) was composed mainly of women aged from 20 to 70 years old and was culturally diversified. More than half of the respondents had the same position for five years and over. Table 2 provides more details about the questionnaire respondents' profiles.

TABLE 2
QUANTITATIVE QUESTIONNAIRE RESPONDENTS' PROFILE

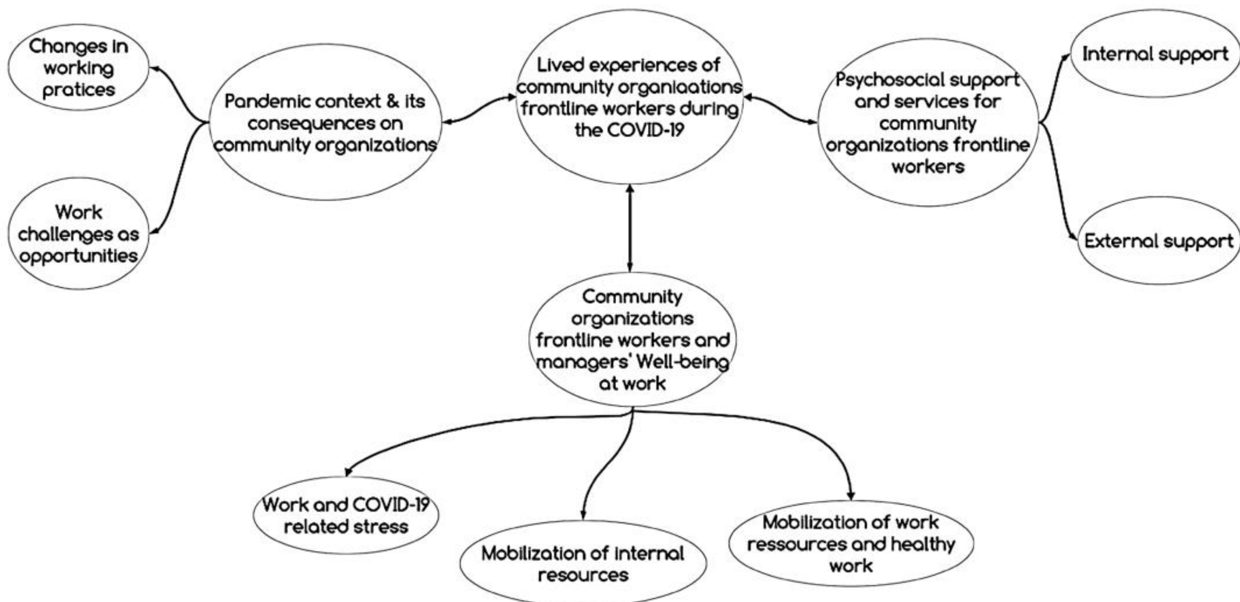
Gender	Women	72.3%
	Men	12.8%
	Gender fluid	2.1%
	Non-binary	2.1%
Age	20-29 years old	14,9%
	30-39 years old	31,9%
	40-49 years old	19,1%
	50-59 years old	14,9%
	60 years old and over	6,4%
Ethnicity	White	40.4%
	Arabs	8.5%,
	Latinos	6.4%
	Blacks	8.4%.
	Chinese	4.2%
	West Asia	6.4%
Intervention domain	Food Aid/Security	23.4%
	Vulnerable population	17%
	Family support	12%

Position	Frontline workers	23%
	Coordination position	17%
Seniority at work	5 years and over	51.1%
	2 to 4 years	17%
	1 to 2 years	23.4 %
	Less than 1 year	8.5%

Lived Experiences of Community Frontline Workers During the COVID-19

The results of the exploratory FGDs and the questionnaire were grouped into three main themes: 1) Pandemic context and its consequences on COs; 2) Community FW and managers' well-being at work; 3) Psychosocial support and services for community FW (See Figure 2). For each theme, we presented subthemes and specified whether the results pertained to FW (employees of COs who worked in direct contact with the population) or managers of COs.

FIGURE 2
RESULT'S THEMES AND SUBTHEMES



Pandemic Context and Its Consequences on COs

Changes in Working Practices. The pandemic context involved many changes – public health restrictions; expanding and emerging needs of users; transition to telework – requiring many adaptations from COs to maintain their services, etc. For example, COs that worked directly with vulnerable populations observed an important increase in populations' needs and vulnerabilities, as highlighted by this manager:

> *... with the pandemic, the demand for services increased by more than 80%. We went from maybe close [to] 1,200 requests ..., to more than 10,000 requests... It's obvious that..., the employees were called upon to do tasks that were not necessarily theirs before. So sometimes there were requests, there were related tasks. But the employees were willing and accepted to be able to modify their tasks by understanding the urgency of the situation and what the situation required. (Manager 3)*

As this manager emphasized, these circumstances brought about various repercussions, prompting critical changes in the organization of work and leadership and management practices. FW discussed the impact of social isolation experienced by service users, the challenges of limited supervision, the complexities related to work reorganization, the constraints in providing in-person care, and the issue of insufficient funding.

During the government-imposed lockdown of the first wave, COs whose activities could be done remotely, such as psychosocial services (listening, counseling) or who were housed in public buildings or renting their spaces, were forced to close their offices completely and work from home. However, COs whose activities could not be offered remotely, such as food services, emergency shelter, etc., kept their premises open even during the major waves.

FW also had to adapt their work methods, with nearly 30% shifting to a hybrid mode, over 27% working exclusively from home, and about 21% remaining in the office. FGDs participants noted that this transition to virtual work increased their workload and mental strain, often intruding into their personal lives:

> *But the work has multiplied, because working from home means working from the time you wake up until you go to bed. Me, I... sometimes, I know after 5 o'clock, I'm making my dinner or something. Hop, I go check because the computer is right next to me(...) we are all the time working. (...) I wake up and then I'm connected, I'm connected all the time, all the time, all the time, all the time, because the office is at home. It's not like when I'm in the office, at 5 o'clock I leave, it's over. (Community Frontline Worker 6)*

Telework reportedly led to a deprivation of professional contacts for FW as well as managers, particularly those who were living alone, as described by this FW:

> *Let's face it, okay there, people can't come to my house. It's true, there are videocalls, we call each other, we try to, or there are phones, or you can call, but it's been a huge change. And let's face it, at work too, you don't see anyone because even though work is not your family or your friends, but the human contact maybe at work could have played a role, but everything has stopped. (Community Frontline Worker 4)*

The lack of workplace supervision emerged as an issue for the workers who participated in the FGDs, particularly for those hired during or shortly before the pandemic. New employees said they experienced insufficient guidance, impacting their job starts. Amid evolving work settings, many FW felt isolated in seeking information with unclear responsibilities and expectations. In addition, FW in the FGDs highlighted struggles in accessing reliable information, leading some to feel frustrated and powerless:

> *In fact, the issue here is autonomy, autonomy which is, which is sometimes hard, you know, or you do feel alone. Then it's something that is, that is difficult sometimes I would say on mental health. (...) these difficulties ...of like I'm doing a job, but I'm not sure of my business, I'm like I'm alone in my corner. (Community Frontline Worker 9)*

Experiences were varied in that regard. While some FW mentioned the lack of supervision and managers' availabilities, others reported that managers set up more meetings, which provided spaces for discussion to support each other and the team. Workers also reported using social networks to have close contact despite the distance imposed by the pandemic.

> *Then we wrote to each other, we used Slack a lot every day... it was like good morning, good evening, how are you? We did a lot more check-ins like that, even remotely. ...There was also a time when, there's like a zoom, it's there every week, we could just log in, then put ourselves on mute and work, you take advantage of it to recreate the workspace. In*

fact, there was still a lot of energy that was put into providing enough opportunities to be connected to each other. (Community Frontline Worker 2)

Managers also experienced isolation. While it was very easy for some to access necessary information, funding, or support from governmental organizations, the situation was more challenging for others. Some organizations did not have access to reliable resources during the pandemic, including appropriate protective equipment:

Afterwards, we had a re-lockdown and so there our capacity changed, but it was discretionary to us. That is to say that there was nobody who really told us to do this, to do that. It was us in our corner, with our masks, we bought all that ourselves, we were really isolated, I think that everything happened at the level of the network. I was in contact with the people in the network. But I never got anything from them, so that was also hard, (...) we really lived in isolation. I found it very difficult for the team, for the management, for the members, to be shunted from one side to the other, to be pushed aside, and in any case, we were really isolated from the rest of the community. (Manager 2)

Finally, while going virtual was the most logical solution, it did not solve everything. Indeed, the FW were confronted with a digital divide among part of the population. Some families did not have access to technology, and some refused to expose their children to social networks.

We first thought about it, we tried it, and then we said to ourselves why not do it online? Well, that's the way it is, but not all parents could connect online because many don't have Internet, so it's already difficult. (...) Some say no, I don't want my children to be on Messenger on Facebook. (Community Frontline Worker 4)

Difficulties and Challenges. Increased user needs amplified FW' daily tasks during the pandemic's first year. They performed a wider range of tasks to address the new demands and adapt to changes, sometimes unrelated to their usual roles. This diversification of duties heightened the workload and required greater flexibility. Beyond the heightened demand, complying with health measures added extra responsibilities, as this FW explained:

I let the families in, so I have to clean everything. (...) the tables, everything we touch, we have to disinfect everything need to be put back in place, which means that I have to leave at 5:00 pm because I have to come very early in the morning, we have children coming in. When we arrive in the evening, we are exhausted, zero energy. (Community Frontline Worker 5)

The respondents reported a great deal of concern for the safety of users (48.9%) and a feeling of powerlessness about users (34%). FW also reported experiencing sadness and grief (29.3%), frustration and anger (27.7%), and despair (7.1%). The FW from the FGDS also experienced these emotions and reported being concerned about the users for different reasons. One of these concerns was the isolation of families during the lockdown period. FW reported being unable to assist families they considered vulnerable during the pandemic-related panic. Many respondents experienced anger, helplessness, and discouragement at the difficulties in performing their duties.

...it was very hard, very hard not to be able to reach isolated families, vulnerable families, families with children, to explain to them, (...) it was horrible, really, it gives me... It's as if .... It was hard, it was very hard. The work as we're doing it right now, the human side of it is completely missing. (Community Frontline Worker 6)

The lack of funds limited the willingness to do more and better for those users. Before the pandemic, funding difficulties were not new, especially for smaller COs. According to participants in the FGDs (workers and managers), the crisis intensified this issue, straining the community network and stressing project-funded managers amid renewals. In addition to staff management and adaptation challenges, these managers were responsible for raising funds, unlike others with recurring funding and emergency aid access.

> *I would say that the XXX organization and us are in a situation where we have experienced less stress in terms of our ability to react with our staff than groups that are perhaps at a higher level with fewer resources, more projects to renew perhaps, have experienced much greater stress with staff. How, they were able to, with a smaller staff as well, right, how are we able to operate on that? (Manager 4)*

Work Challenges as Opportunities. Despite these major challenges, several respondents noted that by having to continuously adapt their interventions to meet the needs of the population and new circumstances, they also learnt and developed new skills, as the following quote indicates:

> *Well, ... I worked on the XX project among isolated elders, so I had to readjust the entire project in some ways. But it allowed me to do content creation by creating workshops. It allowed me to develop new skills that I didn't have. So, I think that's a positive aspect.... If I can put it that way… of the pandemic. (Community Frontline Worker 9)*

The pandemic introduced significant remote work opportunities, notably in video conferencing, which eased service delivery for FW and beneficiaries. Managers noted enhanced inter-organizational collaboration, with new partnerships formed to address specific needs and implement health measures. Emergency funding availability was crucial for sustaining operations. In this challenging pandemic context, grasping FWs' well-being perceptions was vital in addressing the difficulties, highlighting their adaptability in response to these challenges.

CO Frontline Workers and Managers' Well-Being at Work

The context presented above and its consequences on the workplace and work organization also impacted community workers' and managers' well-being and mental health. During FGDs, participants mentioned how several factors related to the health crisis exacerbated their stress at work and led to workers' isolation, lack of motivation and chronic fatigue. Participants' experiences were also reflected in the questionnaire results, where although 36% reported average well-being at work and 15% high well-being, nearly 49% scored low on well-being, indicating a potential risk of depression as per WHO standards.

In addition, we identified three categories of indicators of well-being at work (see Table 3) from the material collected in the FGDs which we were able to quantify through questionnaire items, i.e.,1) personal stress; 2) mobilization of internal resources and; 3) work environment.

TABLE 3
INDICATORS OF WELL-BEING AT WORK

Indicators of well-being at work	Description
Personal stress	Stress related to COVID-19 and stress related to their family situation
Mobilization of internal resources	Refers to everything that distinguishes individuals from each other, in their way of thinking, their values and their behaviors. It includes their individual ability to prioritize themselves, their understanding of their work and their personal values related to their job.
Healthy work environment	Psychosocial aspects (relations with users, hierarchy, and colleagues, etc.) Material aspects (physical constraints, means, sanitary conditions, etc.), organizational aspects (working time, work pace, autonomy, and leeway, etc.)

Work and COVID-19 Related Stress. The pandemic's stress impacted individuals across a spectrum in both personal lives and workplaces, often blurring lines between personal and professional strain. Respondents encountered personal stressors amid work disruption due to the health crisis.

Notably, around 64% of survey participants could not see family and friends abroad due to the pandemic. For many, the virus itself induced stress, with nearly 28% knowing infected family or friends outside Canada, whom they could not assist due to border restrictions. Over 36% experienced COVID-19 exposure, with over half at work. Over 36% had someone close diagnosed without hospitalization, and over 10% had hospitalized relatives. Among all the responses on the possible death due to COVID-19, 14% were related to the death of friends, nearly 14% were the death of family members, more than 16% were the death of other relatives, and nearly 16% were the death of colleagues.

The FGDs revealed that community FW faced stress balancing work and family, particularly due to limited access to daycare during the pandemic. While emergency care providers had daycare support, community FW didn't. They struggled with managing telework and childcare simultaneously, especially single parents. This situation also led to a significant workload increase for many FW:

> *In the last two years, I have […] accumulated more than 50 hours of overtime. (...) It's a bit of a drain on the motivation and the energy, you can't do that in the long term. (...) In fact, it's often our personal life that suffers. I had the feeling that at times I was not very present. I am impatient with my daughters as I am a single parent. It was painful for me. And then also just not having a social life for months because what I was doing was working, taking care of the kids. […] My job ends up costing me a lot in terms of social life. Then when I don't have a social life, well my mental health suffers too. You know, the social life of work doesn't replace the social life of leisure, and then the social life of family. (Community Frontline Worker 2)*

Mobilization of Internal Resources. Professional resilience and internal resources refer to individual capacities that enable people to resist work difficulties or adapt to situations that could lead to stressful episodes. Using the General Self-Efficacy Scale (Dumont, Schwarzer & Jerusalem, 2000), our research results suggest that respondents' levels of resilience were high for 10%, average for 70%, and low for 20% of participants.

The FGDs revealed factors contributing to resilience among FW. Participants identified key individual traits like self-awareness, self-respect, and an understanding of the work environment and personal values. They stressed the significance of prioritizing oneself, recognizing and accepting personal limitations for better well-being. Furthermore, FW emphasized the importance of setting boundaries between work and personal life, such as detaching from work-related issues at home or with family:

> *So, when I come back to my job, it's [a matter of] taking the time to say„ like, okay, this is work. Now I get home, this is home. To separate things, it's been a big job this summer for me to learn to really separate this, which is work, to take what's mine. (Community Frontline Worker 6)*

Finally, FGDs participants emphasized how personal values and the meaningfulness of community work affect their well-being. Aligning work with personal values, especially those centered around mutual aid, reduces stress and enhances job satisfaction. Managers particularly valued the sense of being useful to the community and positively impacting others' well-being. This aligns with the quantitative findings, where over 42% of respondents experienced high levels of compassion satisfaction. Compassion satisfaction refers to the sense of enjoyment and empowerment experienced when providing support and assistance to others.

Participants expressed pride in contributing to collective efforts against the pandemic. Leaders observed an increased momentum in cooperation to support disadvantaged populations:

> *I think the collaborative work, has never been stronger in the last year, in fact since the beginning of the pandemic. I've been involved in a lot of groups, committees to help citizens for COVID, et cetera. (Manager 4)*
> *I could say that the community movement, really... has, how to say, legitimized its presence in society during the pandemic? (Manager 3)*

Mobilization of Work Resources and Healthy Work Environment. Individual factors impact workplace well-being, but all participants stressed the crucial role of a healthy work environment. In FGDs, the work environment correlated with workplace trust, comfort in vulnerability, and the ability to seek help. A conducive well-being environment included harmonious relationships, consideration, kindness, camaraderie, and mutual support. Fair treatment by supervisors, effective communication, acknowledgment of competence, and employer support were key markers.

FW particularly highlighted their supervisors' support, from addressing fears about in-person work to accommodating flexibility. Additionally, managers displayed an openness to FW' choices in telework, alongside recognition of the same attributes and communication habits previously noted.

Managers and FW believed that working in safe conditions influenced workers' mental health. Managers felt that it was their duty to provide their employees a safe and healthy environment. Therefore, in addition to ensuring a sense of safety for employees associated with the psychosocial aspects of their work environment, managers also felt responsible for conditions related to salary, physical environment, relationship with users, etc. Despite many efforts put in place by organizations, a few FW reported feeling worried about work and pandemic related risks due to their work nature and the vulnerability of the population they serve.

In addition to the high workload mentioned earlier, some FW also mentioned job security as a factor in motivation and well-being at work. They explained how the fear of losing their job due to the health crisis caused a lot of stress and anxiety in their professional and personal lives.

Psychosocial Support and Services for Community Frontline Workers

Internal Support. Survey results showed varied availability and duration of COVID-related support resources in organizations: 43% of respondents reported availability, 32% did not, 21% chose not to answer, and 4.2% didn't respond. Regarding resource duration, 35% were unsure, 40% mentioned 12-23 months,

15% cited 7-11 months, and 10% said 3-6 months. FGDs reflected mixed perceptions of mental health and wellness support, with some participants noting a lack of support while others reported receiving some.

Managers described adopting a proactive approach to addressing employee concerns. They noted utilizing in-house clinical resources to discuss protective factors and mental health symptoms like fatigue and stress, fostering team well-being. Additionally, employees had access to professional services via employee assistance programs in certain organizations. A manager even mentioned surveying employees to identify personal challenges or stressful situations, like anxiety, that might impact their workplace well-being.

> *We are quite well equipped internally to deal with this [crisis], especially since we have a lot of team discussions on the level of fatigue of the workers, on strategies to cope with it and all that. So, it's part of our strategies to address these themes, that are often not addressed in a more regular context of private companies, for example, or even at the limit of a public network. So that's it. I would say that our support needs here are quite well met. (Manager 1)*

Despite the variation reported above about internal support resources, FW reported support from their managers through their flexibility and through maintaining communication.

In fact, during the FGDs, many FW reported their managers promised they would not lose their jobs, providing them support and reassurance. In addition, they reported that they benefited from the flexibility of their employer, who was open to their employees' varying levels of tolerance by allowing them to change their work arrangements.

> *Uh it's like XXX said, you know, there was really that transparency. It was reassuring, it's transparent [in the sense that] that if you weren't comfortable coming, you could work differently, contribute differently. There was room for personal sensibilities. (Community Frontline Worker 2)*

External Support. According to the managers we consulted, there were no mental health support services offered to employees and volunteers by the community network, whether there is a pandemic or not. This view was echoed by FW who reported that they did not receive psychosocial services during the pandemic. Since the community sector cannot afford to provide mental health services to their employees, community network employees and volunteers must use their own financial resources to seek professional help when needed. Professionals of institutional setting sometimes offered psychosocial support workshops to managers and FW to discuss certain mental health issues such as burnout or the difficulties encountered by organizations during a health crisis. According to the participants in our research, these services were not always appreciated because they did not answer their specific needs. There seemed to be a certain distrust of outside help that did not always arrive when it was hoped for.

> *...we were invited to share the situations, the real-life cases of organizations, most of which were still teleworking. I found, like... it was interesting for those who could benefit from it. For us, our practitioners, it was not necessarily the answer. (Manager 4)*

DISCUSSION

This study unveiled the multifaceted adaptations required during times of crisis, particularly through the lens of community workers and their organizations amidst the challenging COVID-19 context. The findings underscore a dual reality: the fragility exposed by the pandemic, and the remarkable resilience and adaptability exhibited by all stakeholders involved. Ensuring psychological well-being for frontline workers during crises like the COVID-19 pandemic is a significant challenge for organizations.

The FGDs revealed operational inefficiencies and the community sector's struggle to offer competitive working conditions compared to other industries, highlighting how the pandemic exacerbated labor shortages, as also demonstrated in studies like Nicolas et al. (2022). This shortage not only impacted the sector's ability to meet diverse community needs but also affected the well-being of workers and managers by increasing workloads, causing stress, and reducing overall job satisfaction. Despite these challenges, over 92% of respondents in our questionnaire reported finding profound fulfillment in their compassionate professional endeavors, aligning with a 2021 study conducted in Saskatchewan.

Focus group discussions echoed this sentiment, with participants emphasizing the empowerment derived from positively impacting vulnerable lives. However, while compassion satisfaction is beneficial, there is a cautionary note from Couturier & Fortin (2021) and Meunier et al. (2020) against overreliance on this alone due to potential guilt and reduced well-being. The heightened adaptability of community workers can be attributed to various factors, including their dedication to assisting families and maintaining clear boundaries between work and personal life. Recognizing personal limitations is crucial and is often facilitated by a supportive workplace environment. This acknowledgment, however, does not always translate into effective self-care practices. As a result, individual self-care often faces challenges, leading participants to favor collective care. This shift underscores the need for innovative support systems that go beyond traditional self-care, promoting a more inclusive and holistic approach to worker well-being.

Collective interventions such as workshops tailored to workers' needs, particularly those offering expert guidance, emerged as effective mechanisms for imparting the skills and knowledge necessary to prioritize collective care. These interventions serve as robust countermeasures against compassion fatigue and work-related stress. FGDs participants emphasized the importance of a supportive team environment that fosters trust and security, which is conducive to well-being at work. This perspective is echoed by a report from the Observatoire de l'Action Communautaire Autonome (ACA) (2022), which highlights how caring and supportive teamwork enhances a sense of belonging and serves as a protective factor.

The presence of a supportive team contributes to the overall well-being of community workers but is far from sufficient. In fact, the way managers present collective care activities can significantly influence participant engagement. Managers' approach in presenting these activities can foster a culture of collective care and participation or lead to disengagement if not handled effectively. It is not merely about offering these activities but how they are integrated into the organizational culture. Managers should frame collective care activities as integral to the organizational values and mission, rather than as optional add-ons. This involves especially dedicating time in the schedule for these activities, ensuring regular communication, creating spaces for feedback, and visibly participating in these activities themselves to model their importance. By doing so, managers can foster a culture where collective care is seen as a shared responsibility, enhancing the overall impact on worker well-being.

To effectively implement these practices, multilevel interventions addressing structural, institutional, and relational determinants of well-being at work are essential (Kaapu, McKinley & Barks, 2023). Within this framework, our study underscores the necessity of compassionate leadership in integrating collective care practices into the organizational structure. Compassionate leadership extends beyond individual acts of compassion to foster a culture where seeking and offering support are accepted and celebrated as the norm (Poorkavoos, 2016). This leadership style, highlighted by Mintzberg (2006) and Poorkavoos (2016), empowers employees to express concerns and support each other, creating a trustful and secure workplace that boosts overall well-being. Compassionate leadership supports employees and signals a forward-thinking approach to well-being, emphasizing flexibility and open communication, fostering a collective care culture vital for team strength. Additionally, workplaces that provide internal mental health support have been shown to protect against depression, anxiety, and stress among health and social service workers (Kang et al., 2020).

Furthermore, the collaborative effort between community organizations (COs) and the research team ensured the study's success and strengthened community bonds. By involving COs in the research process, the study's objectives aligned with the community's actual needs and realities, making the findings relevant and actionable. This collaboration fostered solidarity and shared purpose, highlighting the importance of collective action in addressing systemic issues.

Another important strength of this study is the diversity of its participants, which reflects the community for whose benefit the research is taking place. As detailed in Table 2, the participant demographics include Whites, WANAs, Latin Americans, Black individuals, and other ethnic groups. This diverse composition ensures that the sample represents the reality of the community sector. Moreover, these organizations serve a wide range of groups, including the general population, immigrants, refugees, youth in difficulty, and undocumented individuals, as detailed in Table 1.

This representation is particularly important given the higher prevalence of racialized individuals in precarious jobs within the community sector. This phenomenon can be attributed to several factors. Firstly, systemic barriers such as discrimination in hiring practices, lack of access to educational and professional opportunities, and socio-economic disadvantages limit access to more stable and higher-paying jobs for racialized groups (Block, Galabuzi, & Tranjan, 2019). Consequently, they are often pushed towards sectors with lower barriers to entry but higher job insecurity. Secondly, the community sector often provides services to marginalized populations, leading to a workforce that mirrors the diversity of its clientele. Racialized individuals often feel a sense of duty or responsibility to serve their communities, driven by personal experiences of marginalization and a desire to give back. This sentiment of obligation, sometimes referred to as the “cultural tax” or “service burden,” can lead to racialized workers disproportionately taking on roles that involve serving other marginalized individuals (Padilla, 1994; Turner, Gonzalez, & Wood, 2008).

Understanding these dynamics is essential to ensure that the integration of any practice for employee well-being does not overlook the power dynamics and intersectionality. In this context, understanding these dynamics makes it even more important to integrate practices such as in systematizing collective care and encouraging compassionate leadership into the organizational framework. This alignment with the broader goals of equity and inclusion requires a shift from viewing diversity as a checkbox exercise to understanding it as a dynamic and integral part of organizational health and effectiveness. This holistic approach can enhance resilience, improve job satisfaction, and ultimately improve outcomes for the communities served.

CONCLUSION

This study highlights the resilience and challenges faced by community workers during COVID-19, emphasizing the urgent need for sustainable solutions such as better funding and structural changes. It underscores the importance of organizational support, inner resource mobilization, and a shift from self-care to community care to enhance worker well-being. Compassionate leadership is key to fostering a supportive and inclusive culture.

Our findings call for future research to examine the long-term effects of collective care practices and compassionate leadership on worker well-being, particularly in diverse and intersectional contexts. Such studies should investigate how these practices influence individual mental health and job satisfaction, team dynamics, organizational efficiency, and the overall sustainability of community services. For instance, longitudinal studies could assess whether regular integration of collective care workshops reduces burnout rates over time or improves retention in high-stress roles. Further exploration is needed to determine how these approaches can be adapted to different cultural and organizational settings, accounting for variations in resources, workforce diversity, and community needs. Comparative research across sectors or regions could provide valuable insights into best practices, identifying which collective care and leadership models yield the most significant benefits in distinct environments. Additionally, studies should analyze the ripple effects of these practices on service quality, particularly when serving marginalized populations. This includes examining whether promoting worker well-being through collective care enhances employees' empathy, creativity, and cultural competence, leading to more effective and equitable service delivery. Research could also explore the mechanisms through which these approaches address systemic barriers faced by racialized workers and clients, thereby contributing to greater equity and inclusion in community support systems.

This study honors the unwavering commitment of community workers and emphasizes the need for systemic changes to ensure their long-term empowerment. At the policy level, our findings can inform local

and provincial discussion spaces to foster the development of sustainable practices that prioritize worker well-being. This includes allocating dedicated funding for collective care initiatives, revising labor regulations to improve conditions in the community sector, and embedding equity and inclusion into organizational practices. By addressing these structural challenges, the sector can better support its workforce, foster resilience, and improve outcomes for the communities it serves.

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