Desire for place attachment in healthcare among people living with HIV: Perspectives of potential clients of a forthcoming day health program in a specialty HIV hospital

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Background

- The current Canadian healthcare context prioritizes shorter hospital stays and fewer readmissions.
- Readmission is typically framed as 'failure' and hospitalization is assumed to fracture individuals' connections with the community.
- However, these measures may not fully capture care experiences for people living with HIV/AIDS (PLHIV), especially those experiencing medical, psychosocial, and economic complexity.

Place attachment is a multifaceted phenomenon defined as **an emotional bond established between a person and a place in which a particular place acquires a special meaning for the individual and is associated with feelings of security, control and opportunities for privacy and restoration** (Harris, Brown, & Werner, 1996; Hidalgo & Hernandez, 2001; Marcheshi et al. 2015).

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Conflict of Interest Disclosure: we have no conflicts of interest

Methods and participants

- As part of a larger study to develop outcome indicators for a day health program (DHP) at Casey House, a Toronto-based specialty HIV hospital, we hosted **4 focus group discussions** covering different topics each week.
- After the introductory focus group with all participants, we invited participants to pick one of two times for sessions 2,3, and 4; for a total of 7 discussion sessions to ensure all had a chance to speak.
- Sessions were developed to build on one another, **included elements of education and capacity building** about outcome indicators, examined desires/needs for the DHP, and explored what participants thought would be good outcome indicators for this program.
- Across the 7 discussion groups, we had a total of n=52 attendances, which included **n=18 unique PLHIV participants**. In terms of retention over the 4 weeks of sessions – 50% (n=9) of participants attended all 4 unique sessions; 61% (n=11) attended 3 or more; and 78% (n=14) attended at least 2 sessions.
- **We use a place attachment as a lens to analyze** an emergent theme concerning issues of belonging, security, control, and restorative aspects of the emotional bond between person (client) and place (hospital).

Participant characteristics	% (n=18)
Gender	Male – 78%(n=14) Female – 22%(n=4)
Ethnicity (multi-ethnicity reported)	White/Caucasian – 72% (n=13) Aboriginal – 22% (n=4) Black – 17% (n=3)
Average age	53 years old
Housing	Subsidized housing – 72% (n=13) Other – 17% (n=3) Supportive/transitional housing – 11% (n=2)
Drug use	Ever used drugs – 94% (n=17) Used drugs in the last year – 67% (n=12)

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Results: focus groups

Findings	Example quotes:
Most participants were long-time Casey House clients. Many described fluctuating periods of health and illness.	*"I am a person that suffers from mental health issues. And you know, some days are really bad. And I just throw my hands up in the air, and say 'Let nature take its course.' You know? Only because I'm in a low place or a dark place or whatever. But the next day could be astounding, like sun's out, and mood is so much better, and then, 'Yes,* [I'd] *better do this.' or '*[I'd] *better take* [my] *pills today.'"* (Session 3 – Group 2)
Participants wanted continual connection to hospital, since continuity in care was lacking elsewhere.	*"And if my goal is never to leave Casey House?... No, no, seriously. I say that in jest, a bit, but I mean... When I was in here, I didn't really, you know, I wasn't rushing to get out the door."* (Session 2 – Group 1)
Many urgently desired admission into the forthcoming day health program and wanted the program to provide assistance with healthcare (e.g., pain management, mental health, addiction) and socio-economic (e.g. housing, food security) concerns.	*"When you're in the day health program, I think Casey House should advocate as much as possible to make sure that the house that the person is returning to is liveable...It has a bed; it has the necessities of life. Because, you get used to the comforts of Casey House: the meals, the beds… and then you go home to blah. And a depression and then the cascade of medications, depression, et cetera... And you're back around to a very resistant cycle."* (Session 3 – Group 1)

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Results: focus groups

Findings	Example quotes:
Participants also desired a place that additionally provided: a sense of belonging, community connections (e.g., friendship, love, information sharing), and nurture.	*"Casey House loves us so much, they would encourage us to go through the day health program, just to see if we need it, right?..."* (Session 2 – Group 1) *"But even if you don't have family, just to be able to access the community"* (Session 3 – Group 1)
Participants sought security (e.g., trusting relationships with clinicians, protection from stigma).	*"like nowadays… I'm not ashamed to be HIV+. You know what I mean? I tell everybody… I don't care, and you know it's a liveable disease, and this place* [Casey House] *taught me that, just coming in for meetings. You know?"* (Session 4 – Group 1)
Most wanted control over how/when they access services, and saw the DHP as a place of restoration, for encouragement/self-esteem and combating boredom/isolation.	*"I would like a space where I could come with my three friends… and we could play cards for the afternoon, getting a meal or something. I don't need counselling. I don't need this. I don't need that. I just need someone to go to do something"* (Session 2 – Group 1)

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Discussion

- This research shows that shorter hospital stays and fewer readmissions, do not reflect the healthcare desires of people living with HIV/AIDS with complex care needs.
- Our findings demonstrate that continual attachment to hospital is preferred and may be beneficial, but that most wanted greater control over their care.
- Our findings have implications for care engagement and retention frameworks.
- **Questions: kat.rudzinski@utoronto.ca**

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