

## Resources Used by People with Hearing Disabilities to Cope with Emergency Situations

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**Introduction:** People with hearing disabilities (PwHDs) face many challenges in their everyday lives, as their environments were not designed to accommodate their needs. They may have a communication disability as well as a hearing disability. To cope, PwHDs rely on the assistance of others, their communities, technology, and personal resources. In emergency situations challenges become greater and resources scarcer.

**Method:** This study was conducted from November 2018 through July 2020. A mixed-methods approach consisting of in-depth interviews and online quantitative surveys with PwHDs in Israel was used. The qualitative part enquired about the resources they used to cope during emergencies and the obstacles they faced. Grounded theory was used for the analysis of the findings. The quantitative part focused on their perceptions of self-efficacy, methods of communication, and accessibility of services in emergency situations. The participants were deaf or hard of hearing individuals, and those who used hearing aids and/or had a cochlear implant, as well as individuals who chose not to use them. The study excluded people over 60, because we focused on those who didn't suffer from hearing loss caused by age. The survey was accessible in Israeli sign language using Qualtrics survey platform. The statistical analysis was conducted using SPSS ver.23.

**Results:** PwHDs' resources for coping with emergencies were identified and classified under four categories.

1. Characteristics of the PwHD: type, methods of communication (sign language, read lips, speech) and accessibility of services.
2. Personal resources: Independent communication and self-efficacy.
3. Time of event: Daytime or nighttime.
4. Characteristics of the emergency: Personal vs. collective.

**Conclusion:** The study identified the resources PwHDs used to cope with emergencies. Results can help develop standards of accessibility for places providing services during both day and night that will allow PwHDs to communicate independently.

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## A PhotoVoice Exploration of Pharmacists' Lived Experiences Working During the COVID-19 Pandemic

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**Introduction:** Pharmacists' pivotal role during the COVID-19 pandemic has been widely recognized, as they adapted to continue to provide an even higher level of care to their patients. We sought to gain deeper understanding of frontline pharmacists' lived experiences of the COVID-19 pandemic and its impact on their roles and professional identity (what they do and what it means to them).

**Method:** Photovoice was used, a visual research method that uses participant-generated photographs to articulate their experiences, and semi-structured interviews. This approach allowed us to explore the subjectivity of professional identity from the pharmacists' lived experiences. Participants were asked to provide 3-5 photos that reflected on how they see themselves as a pharmacist and/or represents what they do as a pharmacist. The semi-structured interview guide asked open-ended questions about their photos, included a photo-elicitation exercise, and additional questions based on a recent scoping review. We recruited frontline community pharmacists who provided direct patient care during the COVID-19 pandemic in Alberta, Canada through social media and relevant pharmacy organizations. Data analysis incorporated content, thematic and visual analysis and was facilitated using NVivo software. Ethics approval was obtained from the University of Alberta ethics board.

**Results:** Five primary themes emerged from the photographs and interviews: (1) autonomy, (2) clinical courage, (3) leadership, (4) safety, and (5) value and support. The photographs identified symbols participants associated with their lived experiences (e.g., worn shoes illustrate the relentless pace of pharmacists, a messy bed representing work-life balance out of control).

**Conclusion:** This study identified that pharmacists' felt the pandemic made them visible to the public and made them feel valued as a trusted resource and a safe-haven for ongoing healthcare. Additionally, it was highlighted how participants demonstrated clinical courage and led their communities by adapting their roles and using their autonomy to fulfil community needs.

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