Peer worker experiences of workplace stigma and discrimination: a scoping review

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INTRODUCTION

- Peer workers with living and lived experience of injecting drug use (IDU) and/or bloodborne viruses (BBVs) ("peer workers") are increasingly recognised as critical for engaging people affected by hepatitis C in education, testing and treatment.
- Health services are keen to employ peer workers in efforts to move towards hepatitis C elimination. However, peer-led drug user organisations report that peer workers are at risk of workplace stigma and discrimination.
- This scoping review aims to map available literature and identify common experiences of stigma and discrimination affecting peer work in

Australia and internationally.

METHODS

- This review used the Joanna Briggs Institute Methodology for Scoping Reviews (Peters, 2024).
- Papers were screened against the following inclusion criteria:
 - People in health/community roles with BBV/history of BBV (HIV, hepatitis C, hepatitis B) and/or IDU who are required to disclose their lived experience,
 - Experiences of workplace stigma and discrimination related to the peer worker role,
 - Primary research/Theses/Grey literature,
 - Healthcare/Research/Policy setting,
 - Full text available in English.
- A minimum of two authors screened each paper for eligibility.

RESULTS

- **4,965** records identified through search strategy
- **54** included studies
- Majority of studies were from Canada (n = 17) and Australia (n = 11) and published since 2019 (n = 35).

Barriers to peer work:

- Negative attitudes, beliefs or behaviours toward peer workers from non-peer staff,
- Key characteristics of eligible papers, including positive and negative experiences of peer workers and influences of peer work were extracted, and analysed using a descriptive content analysis approach (Aromatis et al., 2024).

CONCLUSION

This is the first scoping review focused on peer worker experiences of stigma and discrimination in the workplace. Findings may inform processes for appropriately and equitably embedding peer models within organisations and assist with the expansion of the peer workforce to support hepatitis C elimination and harm reduction efforts.

NEXT STEPS

 Continue meeting with AIVL and their members to refine results that will support ongoing work on workplace safety for peer workers.

- Inequitable/unequal pay,
- Lack of clear measurements of success and appropriate support and management,
- Tokenism/Lack of meaningful participation (consultation vs. participation)
- Preference for abstinence/recovery models,
- Law enforcement practices.

Enablers to address workplace stigma and discrimination:

- Ensuring role clarity by clearly and effectively communicating roles, responsibilities, and expectations of the peer worker role to non-peer staff/management,
- Supporting opportunities for training, leadership, and career progression,
- Provision of practical and emotional support from
- Publish and disseminate findings in order to support advocacy efforts in addressing peer worker experiences of workplace stigma and discrimination.

REFERENCES

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- management/non-peer staff (informal and formal),
- Consulting best practice guidelines for employing peer workers appropriately (e.g., International HIV/AIDS Alliance's 'Good practice guide for employing people who use drugs')
- Collaborative partnerships and meaningful/active participation of peer workers.



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