

Long-term care workers' experiences and their views about support during the COVID-19 pandemic: a scoping review

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Abstract

Healthcare workers (HCWs) in long-term care (LTC) faced and continue to experience significant emotional and psychological distress throughout the pandemic. Despite this, little is known about the unique experiences of LTC workers. This scoping review synthesizes existing research on the experiences of HCWs in LTC during the COVID-19 pandemic. Following Arksey and O'Malley's framework, data were extracted from six databases from inception of the pandemic to June 2022. Among 3,808 articles screened, 40 articles were included in the final analysis. Analyses revealed three interrelated themes: *carrying the load* (moral distress); *building pressure and burning out* (emotional exhaustion); and *working through it* (a sense of duty to care). Given the impacts of the pandemic on both HCW wellbeing and patient care, every effort must be made to address the LTC workforce crisis and evaluate best practices for supporting HCWs experiencing mental health concerns during and post-COVID-19.

Keywords: long-term care, healthcare workers, mental health, moral distress, resilience, COVID-19

Introduction

The COVID-19 pandemic has severely disadvantaged many groups, including older adults, especially those living in long-term care (LTC) homes. Across the Organization for Economic Co-operation and Development (OECD) countries, 93% of COVID-19 deaths were among those age 60 or older (OECD, 2021). Among 16 other OECD countries, Canada reported the highest proportion of all COVID-19-related deaths (~81%) in LTC residents during the initial wave of the pandemic (Canadian Institute for Health Information, 2020; Comas-Herrera et al., 2020). The impact of the pandemic was profound in the LTC sector due to pre-existing deficiencies including economic and operational difficulties (Estabrooks et al., 2020; Langins et al., 2020), which further exposed particular vulnerabilities experienced by residents and care staff. Pre-pandemic, LTC homes in many countries, including Canada were plagued for decades by underfunding, overcrowding, inadequate facilities, and a lack of appropriate regulation and oversight (Bourgeault et al., 2010; Estabrooks et al., 2015). Moreover, there are limited resources (human and non-human) including long-standing staffing shortages, which have increased the prevalence of multiple-job-holding, part-time and casual work status across the LTC sector. The staffing shortage has worsened since the pandemic, with over 86% of LTC homes reporting at least one staffing related challenge in 2020, and 71-77% increase in overtime hours and absenteeism (Clarke, 2021). In addition to the staffing inadequacies, many LTC homes face existing infrastructure challenges, including older buildings, poor technology and lack modern resources that are necessary to deliver quality resident care (Feder et al., 2000; Langins et al., 2020). In many cases, the facility size, design and age of LTC homes including the narrower hallways and limited space for social gatherings, makes physical distancing and segregation of infected residents and other safety measures difficult (Estabrooks et al., 2020), thus enabling easier transmission of the virus (Applegate & Ouslander, 2020).

Emerging evidence (Fisher et al., 2021; Kang et al., 2020) suggests that the pandemic unpreparedness to tackle the unprecedented situation and worsening conditions in LTC is severely impacting the health and well-being of healthcare workers (HCWs) (e.g., care aides, nurses, social workers, and other personal support roles), as many report high stress and mental problems such as anxiety, depressive symptoms, anger, and fear. A Canadian longitudinal study found the prevalence of anxiety and depression had increased by 10%-15% among nurses in all healthcare sectors during COVID-19 compared to pre-pandemic; cross-sector analysis, however, showed the largest increase belonged to nurses in LTC (Havaei et al., 2021). Similarly, a 2020 study from the United States reported that 50% of LTC workers are at increased risk of severe illness from COVID-19, including hospitalization and death (Gibson & Greene, 2020). Although HCWs in all sectors faced tremendous stress during the pandemic, compared to their hospital counterparts, LTC workers continue to experience additional challenges and stressors, such as job insecurity, chronic low pay/underpaid, temporary and part-time work (International Labour Organization, 2018; Osman, 2020). Immigrant and racialized women are overrepresented among care workers in LTC (Estabrooks et al., 2015) – a group that is especially vulnerable during the pandemic due to systemic and intersectional inequalities (Lightman, 2022). The workforce crisis in LTC is an equity related issue as a large proportion of LTC staff are older women who are from a minority racial group, low income, and speak English as their second language (Lightman, 2022; McGilton et al., 2020).

Throughout the pandemic, there has been a renewed focus on LTC homes and residents, which has spurred much needed and long overdue discussions on potential redesign of the system (Estabrooks et al., 2020). While there are emerging studies on the experiences and mental health of general HCWs during the pandemic (Ghaleb et al., 2021; Muller et al., 2020), only a few have focused on the experiences of HCWs in LTC. Despite the critical role that LTC staff continues to play in supporting the healthcare system, little is known about the psychological and mental health impact of COVID-19 on this precarious workforce. This review aims to synthesize the available evidence on experiences of HCWs in LTC during the COVID-19 pandemic to shed light on their unique challenges and effective strategies for improving HCWs' mental wellbeing during and post-

pandemic. Understanding HCWs experiences is crucial to improving the LTC workforce, resident care outcomes and strengthening this vulnerable healthcare sector.

Aim: The aim of this scoping review was to synthesize available evidence pertaining to the experiences of HCWs in LTC during the COVID-19 pandemic.

Research Question: This scoping review was guided by the following research question: What are the experiences of HCWs in LTC during the COVID-19 pandemic?

Methods

Study design

This scoping review was guided by the five stages described in Arksey and O'Malley's (2005) framework, with recommendations from Levac and colleagues (2010) for advancing the methodology of scoping reviews. This methodology was chosen due to its capacity to support knowledge synthesis addressing an exploratory research question, various types of evidence, and gaps in a research field area (Levac et al., 2010). The scoping review results were reported in accordance with the Preferred Reporting Items for Systematic Review and Meta-analysis (PRISMA) guidelines (Page et al., 2021).

Data sources

In consultation with an experienced health sciences librarian trained in conducting systematic reviews, an appropriate search strategy was developed, revised and updated for the following databases: CINAHL, AgeLine, PsycINFO, MEDLINE, OVID, and Google Scholar. The search strategy including an eligibility checklist was developed to identify studies on HCWs in LTC.

Eligibility criteria

Inclusion criteria required results to be peer-reviewed empirical research studies published in English between March 1, 2020, and June 1, 2022, with no restrictions in terms of country, thus establishing a broad review of the literature on LTC HCWs' experiences during the COVID-19 pandemic. Qualitative, quantitative, and mixed method studies were included. Review studies, commentaries and policy reports/briefs were excluded.

Search strategy

A systematic and comprehensive search strategy was created using the medical subject heading (MeSH) for relevant studies that met the inclusion criteria. Two authors independently searched the computerized databases using the finalized string of search terms and combined Boolean key search terms such as, 'COVID-19', 'novel coronavirus 2019', 'SARS- CoV-2', 'health care worker', 'mental health', 'nurse', and 'long-term care'. Search terms were adapted to each databases search format (e.g., separating the string of phrases into different search boxes separated by "AND"). The reference lists of all relevant articles and 'related citations' were hand-searched for additional articles and studies not identified in our original search. All potentially relevant studies were scrutinized against pre-specified inclusion criteria to confirm eligibility in and contribution to our study.

Study selection and abstraction

The study selection was an iterative process involving three interrelated steps: (1) title and abstract reviews, (2) full-article reviews, and (3) reviewers' examination of reference lists from full articles to identify articles for possible inclusion. The authors used *Covidence* online software, the standard platform for Cochrane Reviews, to manage study selection. Initially, 25,708 articles were identified using the search design and inclusion criteria, of which, 21,900 duplicates were removed, with a total of 3,808 articles remaining. Each of the team members independently screened/scrutinized the titles and abstracts against the selection criteria and

indicate “Yes” or “No” whether to be included or excluded. Ambiguities and disparities were discussed and resolved with a third reviewer. Abstracts that met the eligibility criteria automatically moved to the full text review list in *Covidence* for the research team to perform a complete review of the articles (n=192). Once all titles and abstracts were reviewed twice and all discrepancies arbitrated during regular bi-weekly Zoom meetings, the research team performed full text review of the resulting 74 articles. In the second phase of study selection, each team member was randomly assigned a set of articles for full text review using the same inclusion and exclusion criteria – about 18 or 19 articles per reviewer. The third and final phase involved examining the reference lists of included articles for additional pertinent studies that were previously excluded, resulting in a total of 40 articles for review (see Figure 1).

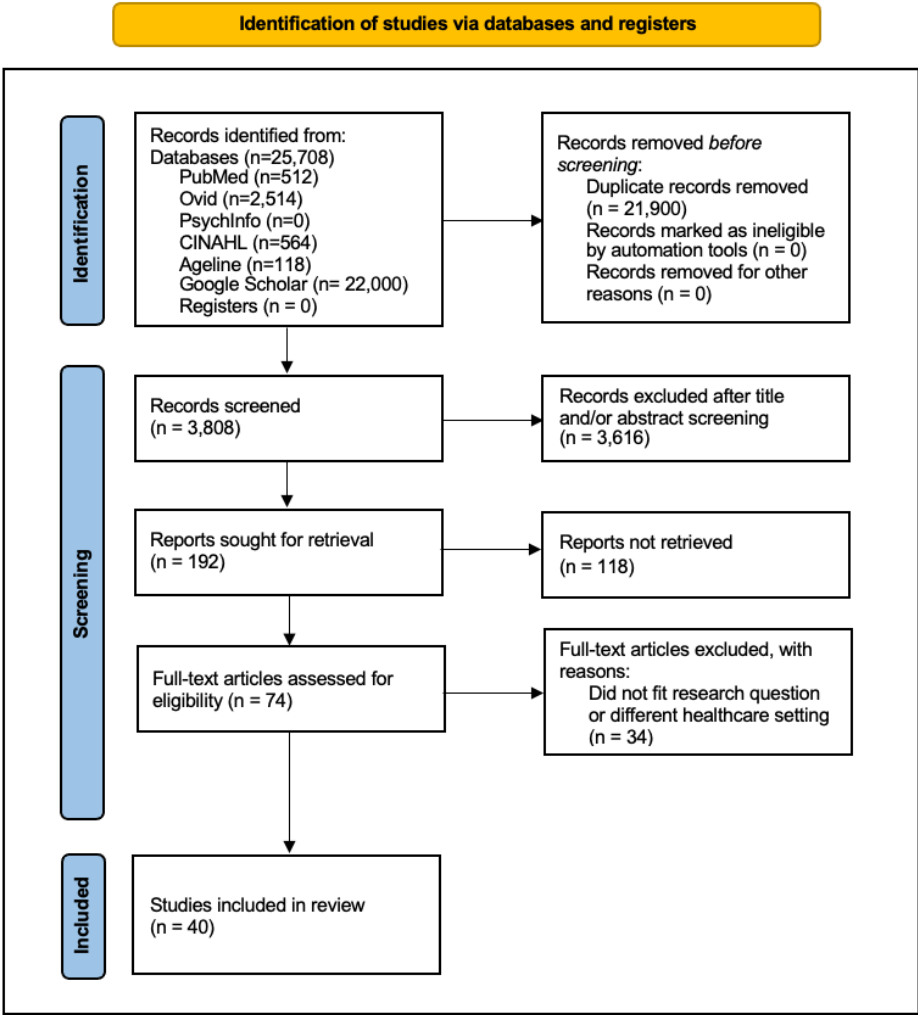


Figure 1. PRISMA flow diagram of literature search and screen process (Page et al., 2021).
Note. PRISMA = Preferred Reporting Items for Systematic Reviews and Meta-Analyses

Data extraction

Two authors independently extracted and organized data from the full texts of articles included in the review using descriptive analytical techniques (Arksey & O’Malley, 2007; Levac et al., 2010) in ATLAS.ti 8 based on the inclusion criteria and cross-checked for accuracy and to ensure coding validity. Any discordance between the

reviewers were discussed among the team until consensus is reached. The data were exported into Microsoft Excel. The Joanna Briggs Institute's (2016) (JBI) "Data Extraction Form for Experimental/Observational Studies" was adapted to tabulate the characteristics and findings of the studies. Selected data are reported in Table 1 including details about the author(s), publication of study, study aim, sample size and design, methodology, and country.

Synthesis

Given the emergence of the COVID-19 literature and the limited number of relevant articles, no meta-analysis or formal assessment of the methodological quality or appraisal of individual studies was performed and/or explored in depth. Because of the broad nature of scoping reviews, no rating of quality or level of evidence is provided, thus recommendations for practice cannot be graded (Joanna Briggs Institute, 2016). However, each stage of the Arksey and O'Malley's (2007) framework provides both clarity and rigor of the review process. The analysis was conveyed in prose to outline and explain the results, which allows key concepts from the research questions to be used as the initial coding categories (Hsieh & Shannon, 2005). The findings from the included studies were synthesized into thematic groups using thematic content analysis.

Results

The initial search strategy identified 25,708 records, of which 40 studies were included in the final review, consisting of 18 (45%) qualitative studies, 14 (35%) quantitative studies, and 8 (20%) mixed-method studies. Many of the publications were from Europe (e.g., Spain, Netherlands, United Kingdom) and North America. Figure 1 displays the PRISMA Flow Diagram summarizing the literature search and screening processes used to identify studies for inclusion in this review.

Thematic analysis: To synthesize the core concepts underpinning the scoping review, findings were categorized/organized according to three interrelated themes pertinent to our study aims, while recognizing that experiences/emotions are rarely discrete categories: (i) *carrying the load*; (ii) *building pressure and burning out*; and (iii) *working through it*. The themes were named based on the data extraction and discussion within the research team.

Carrying the load

Carrying the load refers to the cognitive, socio-emotional, and psychological burden carried by HCWs throughout the pandemic and impact on their health and wellbeing. This burden, or "emotional load" (Dohmen et al., 2022), was directly linked to work-related demands and tremendous responsibilities placed on HCWs in the LTC sector. Twenty-five of the 40 studies reported negative emotions and internal struggles that LTC workers experienced in caring for infected and dying residents. Some of the emotions described include a deep sense of sadness, helplessness, anger, frustration, discomfort, and fatigue caused by high-intensity work and concerns for residents' safety as many were dying from COVID-19, and what HCWs felt could have been preventable. Many of the workers reported psychological consequences of working in LTC such as uncertainty and fear and described how witnessing suffering and preventable deaths illuminated both "their individual devaluation as low-paid formal caregivers, and that of their aging residents, by the larger society" (Freidus & Shenk, 2020, p. 206). One care home staff described their sense of helplessness and frustration as they witnessed immerse grief by stating: "they're literally smothering to death; they're literally choking to death. And all you can do is sit there and hold their hand and try to make them comfortable... This possibly could have been prevented" (Freidus & Shenk, 2020, p. 204).

Table 3. Article Summary

Author, Year	Country	Aim of Study	Study Design/ Methods	Sample	Study Findings
Bilal et al. (2020)	Pakistan	To explore the experiences of staff providing care to elderly residents during the covid pandemic	Qualitative (semi-structured interviews)	n = 27 (5 male, 22 female)	Care workers experienced fear of contagion and in turn felt lower motivation to work
Blanco-Donoso et al. (2021)	Spain	To explore levels of satisfaction among nursing home workers during the COVID-19 pandemic	Cross-sectional Quantitative	n = 335 (66 male, 269 female)	Workers had high levels of satisfaction with social support at work helping found to promote satisfaction
Blanco-Donoso et al. (2020)	Spain	To examine the psychological consequences of the COVID-19 pandemic on nursing home workers	Cross-sectional Quantitative (online questionnaires)	n = 228 (45 male, 183 female)	Workers report high workload and social pressure. Workers experienced fear of contagion, and secondary traumatic stress
Brady et al. (2021)	Ireland	To evaluate the mental health of long-term care workers during the COVID-19 pandemic	Quantitative (survey questionnaires)	n = 390 (86.4% female)	Findings showed that workers had suicidal thoughts and well-being scores indicating low mood
Briggs et al. (2021)	United Kingdom	To explore the perspectives and experiences of long-term care workers during the pandemic	Qualitative (open ended interviews)	n = 15 (social care workers)	Workers experienced stress, increased workload and feelings of pressure as well as faced mental health problems
Brito Fernandes et al. (2021)	Portugal	To explore the perceived readiness and safety of nursing homes against the COVID-19 pandemic as well as worker experiences	Quantitative (survey plus open-ended questions)	n = 720 (93% female)	Outbreak capacity and training were noted as areas for improvement for pandemic response
Bunn et al. (2021)	United Kingdom	To evaluate the experiences of care home staff during two waves of the COVID-19 pandemic	Mixed methods (online surveys and in-depth interviews)	n = 238 survey (n = 15 for interviews)	The pandemic had a significant effect on the well-being of care home staff. Participants reported good morale due to a supportive environment
Cohen-Mansfield (2022)	Israel	To understand the impact of COVID-19 on staff in long term care facilities	Mixed methods (survey and open-ended questions)	n = 52 facilities	Workers experienced increased workload due to a reduced workforce and negative mental health effects
Corpora et al. (2021)	United States	To explore nursing home staff perceptions of implementing a person-centered communication intervention during the pandemic	Qualitative (telephone interviews)	n = 11	Nursing home providers, namely nursing staff experienced disproportionately greater burdens and pressures
Dohmen et al. (2022)	Netherlands	To explore care home staff experiences during the COVID-19 pandemic	Qualitative (open ended narrative responses)	n = 424 (all female)	Workers experienced a great degree of internal conflict when enforcing pandemic mitigation measures

Freidus and Shenk (2020)	United States	To explore the experiences of care workers working in COVID-19 units during a major outbreak	Qualitative (in-depth semi-structured interviews)	n = 5 (4 staff members, 1 administrator)	Workers in COVID-19 units experienced fear of contagion, frustration, and trauma
Giebel et al. (2022)	United Kingdom	To explore the impact of the COVID-19 pandemic on the mental health of workers in long term care homes	Qualitative (semi-structured interviews)	n = 42 (11 male, 31 female)	Individuals experienced anger and frustration, stress, and burnout. They reported an overall negative impact on their mental health
Hoedl et al. (2022)	Austria	To explore the impact of the COVID-19 pandemic on the mental health of nursing home staff	Qualitative (interviews)	n = 18 (14 female)	Workers reported feelings of uncertainty, fear, and stress
Hung et al. (2022)	Canada	To explore the experiences of long-term care home staff during a COVID-19 outbreak	Qualitative (focus groups and interviews)	n = 30 (6 male, 24 female)	Workers reported feelings of anxiety with regards to safety and safety protocols. There were feelings of fear due to lack of PPE
Husky et al. (2022)	France	To explore the impact of the COVID-19 pandemic on the mental health nursing home staff	Quantitative (questionnaires)	n = 127 (89% female)	Workers reported a fear of infecting others and mental health issues and feelings of depression
Krzyzaniak et al. (2021)	Australia	To evaluate the experiences of LTC workers during the COVID-19 pandemic	Quantitative (survey with open-ended questions)	n = 371 (87% female)	Workers reported problems with regards to adequate PPE availability. Workers experienced increased workload, stress, and emotional toll
Lightman (2021)	Canada	To explore the impact of the pandemic on the working lives of immigrant women in long term care facilities	Qualitative (in-depth online interviews)	n = 25 (all women)	Immigrant women workers in LTC facilities reported experiences of economic and social exclusion being heightened by pandemic conditions
Leontjevas et al. (2021)	Netherlands	To understand from the perspective of nursing home practitioners whether challenges in dealing with residents during the COVID-19 pandemic changed	Mixed methods (online survey consisted of closed and open-ended questions)	n = 323 (psychologists, physicians, nurse practitioners)	Workers reported increases in challenging behavior among residents, an overall increase in workload and a decrease in work satisfaction
Leskovic et al. (2020)	Slovenia	To explore job satisfaction and burnout levels among healthcare workers in nursing homes during the COVID-19 pandemic	Mixed methods (survey and in-depth interview)	n = 781 (nurses, nursing assistants)	An increase in burnout syndromes was evident with workers experiencing heightened emotional exhaustion and lack of recognition
Martín et al. (2021)	Spain	To explore mental health and health related quality of life among care home workers	Quantitative (questionnaires)	n = 210 (86.19% female)	Symptomatology of stress, depression, anxiety, health related quality of life, etc. were affected among LTC workers

Martínez-López et al. (2021)	Spain	To explore how the COVID-19 pandemic has affected healthcare workers in residential centers/ nursing homes for the elderly	Cross-sectional Quantitative (survey)	n = 296 (13.9% male, 86.1% women)	Many workers were found to be emotionally exhausted and suffering from depersonalization
McGilton et al. (2021b)	Canada	To understand the roles of nurse practitioners in optimizing care in long term care homes during the COVID-19 pandemic	Phenomenological approach Qualitative (interviews)	n = 14 (nurse practitioners: 11 women, 3 male)	Nurse practitioners showed concerns regarding the spread of COVID-19 and the ability to adequately support staff
Miller et al. (2020)	United States	To understand perceptions of preparedness among nursing home social workers for the COVID-19 pandemic	Cross-sectional Quantitative (social media surveys)	n = 63 (1 male, 62 female)	Majority of workers felt unprepared to meet the demands and challenges posed by the pandemic
Navarro Prados et al. (2021)	Spain	To analyze the extent to which potential risk and protective factors against burnout have influenced nursing home workers during the COVID-19 pandemic	Cross-sectional Quantitative (online survey)	n = 340 (health professionals)	Increase in hours has negative impacts on burnout. Perceived social support and availability of resources were found to have protective effects
Nyashanu et al. (2020)	United Kingdom	To explore the triggers of mental health problems among healthcare workers in care homes during the COVID-19 pandemic	Qualitative (semi-structured interviews)	n = 40 (20 female, 10 male)	Triggers of mental health problems among frontline workers were found to include fear of contagion and infection of others and lack of recognition
Pförtner et al. (2021)	Germany	To investigate whether the demands of the COVID-19 pandemic are increasing the intent to quit the profession among long-term care managers	Cross-sectional Quantitative (online survey)	n = 532 and n = 301 (two cycles of surveys)	A significant association was found between the perceived pandemic-specific demands and the intention to leave the profession among care managers
Reynolds et al. (2021)	Canada	To explore the experiences and needs of staff during the COVID-19 pandemic in long term care homes	Mixed methods (survey with open-ended questions)	n = 70 (care home staff and management)	Workers experienced stress, increased workloads, fear of contagion, and overall caregiver burden
Riello et al. (2020)	Italy	To test the prevalence of anxiety and post-traumatic symptoms among care home workers during the first COVID-19 outbreak	Cross-sectional Quantitative (online survey)	n = 1140 (188 nursing and care home)	Among the mental health conditions related to exposure to potentially traumatic events, post-traumatic stress disorder and anxiety are the most prevalent and scientifically recognized
Rutten et al. (2021)	Netherlands	To understand the experiences of workers in nursing homes during the COVID-19 pandemic	Qualitative (focus groups)	n = 29 (5 male, 24 female)	Workers experienced a loss of daily working structure and expressed an increased need for social support
Sarabia-Cobo et al. (2020)	Spain, Italy, Peru, and Mexico	To understand the emotional impact and experiences of geriatric nurses in nursing homes during the COVID-19 pandemic	Qualitative (semi-structured interviews)	n = 24 (7-Spain, 7-Italy, 4-Peru, 6-Mexico)	Workers experienced emotional exhaustion and shared fears of contagion

Scerri et al. (2022)	Malta	To understand the experiences of long-term care nurses working during the COVID-19 pandemic	Qualitative (interviews, open-ended)	n = 9 (6 females, 3 males)	Workers reported having feelings of frustration, anger and sadness and also reported facing an increased workload
Snyder et al. (2021)	United States	To understand the experiences of nursing home staff during the COVID-19 pandemic	Qualitative (focus groups)	n = 110 (23 focus groups)	Workers reported a toll on their well-being and increased stress along with staffing issues within facilities
Spilsbury et al. (2020)	United Kingdom	To identify pertinent care and organizational concerns expressed by care home staff members	Qualitative (self-formed closed WhatsApp discussion group)	n = 250 (mixed of care home staff)	Staff concerns about infection prevention and support and maintenance of effective care for residents and staff
Tebbeb et al. (2021)	France	To evaluate the mental health of nursing home staff and the psychological impact of the covid pandemic on workers	Mixed methods (12 semi-structured interviews)	n = 373 (survey - 82% female; interviews)	Screenings through self-reported questionnaires and enforcement of preventative actions to reduce stress is helpful towards improving mental health of workers
Tomaszewski et al. (2022)	Poland	To evaluate the impact of the COVID-19 pandemic on psychosocial burden and job satisfaction among LTC workers	Quantitative (survey questionnaires)	n = 138 (96.4% female)	Workers rated the characteristics in the workplace relating to psychosocial risks as being at an average level with emotional commitment also being rated as being a medium level
van Dijk et al. (2022)	Netherlands	To evaluate the impact of the COVID-19 pandemic on the mental health of workers in LTC homes	Quantitative (questionnaires)	n = 1669 (91.6% female)	Some workers reported high levels of burnout and depressive symptoms
White et al. (2021)	United States	To explore the experiences of front-line nursing home staff during the COVID-19 pandemic	Mixed methods (electronic survey and open-ended questions)	n = 152	Workers expressed concerns regarding constraints on testing and lack of PPE equipment. Workers also experienced fear of contagion and reported burnout
Yau et al. (2021)	Canada	To describe the experiences of long-term care workers during COVID-19 outbreaks	Qualitative (key informant, semi-structured interview)	n = 23	Workers need better management of outbreaks including early case identification, public health interventions, training and education, PPE, workplace culture, leadership, communication, and staffing
Zhao et al. (2021)	China	To understand the challenges faced by nursing home staff during the COVID-19 pandemic	Qualitative (in-depth semi-structured interview)	n = 21 (all females)	Workers experienced fear of contagion and faced heavy workloads. Workers described coping strategies involving support from fellow peers and management groups

The effects of carrying this emotional burden and feelings of guilt often led to “internal conflict” and “moral distress” for HCWs (Dohmen et al., 2022; Scerri et al., 2022). One participant expressed that “[h]er emotional turmoil was associated with moral distress of not being able ‘to be a nurse’ in the current circumstances” (Scerri et al., 2022, p.6) as a result of COVID-19 mitigation measures. Most HCWs conveyed a deep-seated grief, anxiety, and concern for the quality of life of residents as many deteriorated. A care worker was quoted stating: “If we had followed all the rules, we would have been very inhuman – then we would have suffered from our behaviour” (Havaei et al., 2021, p. 6). This statement reflected participants’ concerns regarding the precautionary measures that were put into place to ensure physical distancing, in particular the ban of visitors and the psychological toll on both residents and caregivers. These experiences highlight the multiple ways in which HCWs carried the weight of the pandemic, as well as the toll of this burden.

Building pressure and burning out

Building pressure and burning out refers to the chronic emotional and interpersonal stressors that HCWs experienced as job demands rose. Twenty of the 40 studies reported various symptoms associated with staff burnout, which are categorized as: physical (chronic fatigue, extreme exhaustion), emotional (fear, anger, and frustration), cognitive (mental fatigue, difficulty in making decisions), and behavioural (cynicism, negativism). More profoundly, there were reports of increase in burnout syndromes especially, intensified emotional exhaustion and lack of personal accomplishment (Giebel et al., 2022; Krzyzaniak et al., 2021; van Dijk et al., 2022), during the COVID-19 pandemic resulting in job dissatisfaction and high turnover. One care home staff said, “I burned out in the end. [...] In hindsight, it was so draining because it was constant. And it was constant fear, and I think fear is the just the worst thing, the fear from getting ill and my actions making someone ill—or my lack of actions, I should say. That’s a horrible thought to have” (Bunn et al., 2021, p.395). In other instances, staff were “overburdened and burned out” and experienced “emotional upset” (Giebel et al., 2022, p. 10) when working with dying patients/residents. In fact, a national study of aged care facility workers in Australia found that 33% of respondents suffered from burnout during the pandemic (Krzyzaniak et al., 2021), underscoring the immense impact of the COVID-19 on the mental well-being of LTC workers.

In all the studies reviewed, HCWs reported feeling physically and emotionally exhausted due to longer workdays and unmanageable workloads associated with a constantly changing environment, monitoring and documentation processes, screening staff and visitors, and providing additional communication and support to residents and their families. In addition to that, LTC workers expressed mental exhaustion, as one respondent stated, “I was at home and really started to cry. Because my nerves just felt like they could not take anymore. Hopefully it’s over soon, because otherwise I’ll break, I thought, from the whole thing” (Hoedl, 2022, p. 6). In referencing the long-standing deficiencies that existed within the LTC sector pre-and during the COVID-19 pandemic, one HCW noted that “we and all the patients are the victims of politicians. I barely worked and lived before the coronavirus, but now I’m a zombie” (Leskovic et al., 2020, p. 668).

In addition to burnout, HCWs reported experiencing mental health conditions including generalized anxiety disorder and post-traumatic stress disorder (PTSD) related to the ongoing exposure to the traumatic events and in performing day-to-day tasks. One participant was quoted stating: “I have PTSD... Going through this trauma, I’m still trying to come out of it.... I don’t ever wanna do it again.... I say that I don’t think I mentally could do it, but I sit here, and I tell myself, like I just told you, if I had to do it, I would do it again...” (Freidus & Shenk, 2020, p. 205). This statement reflects the ongoing stressors that healthcare continues to face since the emergence of the pandemic. Specifically, excessively high levels of mental and emotional exhaustion were consistently reported by health workers in almost all the articles (Blanco-Donoso et al., 2021; Corpora et al., 2021; Freidus & Shenk, 2020; Havaei et al., 2021; Leskovic et al., 2020; Martínez-López et al., 2021; Navarro Prados et al., 2022; Sarabia-Cobo et al., 2021). Participants emphasized that they did their best to offer quality care to residents while working under exceptionally challenging circumstances. One person

stated, “We didn’t just commit 100% of ourselves, but 200% for the residents – this shines a bright light onto the past period.” (Havaei et al., 2021, p. 6). While most of the articles reported increased burnout and dissatisfaction with the LTC work environment, none explicated mentioned high rate of turnover among care staff. Overall, all the articles stressed the importance of supportive work environments.

Working through it

Working through it represents that structural and systemic barriers and challenges that exists within the LTC sector that HCWs constantly had to overcome in caring for residents throughout the pandemic. Twenty-two of the 40 studies reported HCWs’ concerns about the LTC work environment including the facility size, design and/or age of the home (e.g., shared accommodations, narrowing hallways), lack of preparedness and safety, availability/lack of job resources (e.g., personal protective equipment), and staffing shortages (Blanco-Donoso et al., 2020; Tomaszewska et al., 2022). Many studies also commented on how the pandemic has exemplified the already precarious working conditions in LTC pre-COVID-19 including the lack of social, economic, and professional recognition of LTC workers compared to their counterparts in other sectors.

In many of the included studies, HCWs expressed fear of contagion (increased risk of contracting the virus) and of infecting their loved ones when working under conditions of extensive contact with suffering and death of residents. The fear of getting infected and infecting others was a primary cause of concern as one participant was quoted saying “Constant fear...the fear from getting ill and my actions making someone ill” (Bunn et al., 2021, p. 395). In another study, a respondent stated, “Of course I am afraid, I am terrified to think that I have it without knowing, and that I am infecting the residents ... and that is very scary” (Sarabia-Cobo et al., 2021, p. 872). Due to short staffing, many HCWs felt a sense of obligation to return to work even if their own lives were at risk as one care staff noted, “I’ve had so many people say to me in my personal life, “I’m still going to work even if I test positive because I can’t afford not to work” (Bunn et al., 2021, p. 394). Fear of contagion were reported as being a widespread occurrence in many of the included studies. A participant in a study of American staff summed up the duality of the fear: “You’re not only worried about yourself and your residents, but you’re worried about bringing it home as well” (Snyder et al., 2021, p. 6). While HCWs continues to put their lives at risk, many felt that they were being blamed for “bringing in the virus to the LTC site from their community” (Lightman, 2022, p.7) – sentiments that some HCWs felt were prejudicial and discriminatory because of their race/ethnicity, further highlighting the widespread racial and social inequalities that LTC workers experienced at work.

Many workers reported the feeling of uncertainty and a sense of disappointment and importance of recognition. One care home staff was said, “You are my hero! You are doing essential work, blah blah blah’, you know guys, what about money? We didn’t get enough to be secure, you know” (Lightman, 2022, p.6). HCWs felt that they were not being appreciated for their contributions. In a qualitative study of geriatric nurses in across four European countries, one Spanish health worker described a sense of under-appreciation stating: “Governments have failed...there has been no foresight, we are abandoned, exhausted...we fight alone” (Sarabia-Cobo et al., 2021, p. 873). Similar sentiment was expressed by a care home staff in the in the United Kingdom saying, “I’m a bit angry with the government really and in another way, I can see that they’ve got to keep everybody safe” (Giebel et al., 2022, p. 6). In another study, a health worker in Slovenia was quoted saying that; “The politicians have sacrificed us. We will totally burnout and the elderly will die due to COVID-19. We are worth nothing to them!” (Leskovic et al., 2020, p. 668). The sense of despair and disappointment was also attributed to the lack of recognition for their contribution in the healthcare system compared to their counterparts in hospitals (Nyashanu et al., 2022), no designated time off, and delays in receiving personal protective equipment (PPE) and testing at the peak of the pandemic.

Despite the enormous burden of distress and potentially traumatic events experienced by HCWs in LTC homes, some studies (Blanco-Donoso et al., 2021; Krzyzaniak et al., 2021; Sarabia-Cobo et al., 2021) highlighted the positive feelings experienced by HCWs including a sense of duty and commitment to care and gratification and fulfilment working during the crisis and how their work contributed to the greater good of society. For instance, participants reported feelings of pride, satisfaction in helping others and professional fulfillment in providing care to residents during the pandemic. Healthcare workers who had more social support at work experienced higher levels of professional satisfaction despite the demanding work conditions.

Discussion

This paper presents the results of a scoping review examining the experiences of HCWs in LTCs during the COVID-19 pandemic. While emerging research during the pandemic has considered the experiences of HCWs broadly, a relatively smaller body of evidence has investigated the unique experiences of those working in LTC homes (Ghaleb et al., 2021; Muller et al., 2020). As such, the findings of this scoping review provide valuable insights pertaining to the experiences of HCWs working in a sector that has been greatly impacted by the pandemic. Thematic findings broadly support existing research on HCWs in other sectors, but also extend beyond this literature by synthesizing the LTC-specific challenges and burdens experienced by HCWs during the pandemic. These impacts were felt widely and across many job types (e.g., nurse, support worker), and have left lasting impacts on the LTC sector as a whole. Findings from this review raise several implications for future research, practice, and policy addressing these issues.

Thematic findings from this scoping review indicate that many HCWs working in LTC faced and continue to experience significant psychological and emotional consequences throughout the pandemic, which are linked to structural and environmental factors within this sector (Boamah et al., 2021). In particular, the unpreparedness of the LTC sector, rapid spread of the COVID-19 virus/illness, the high death of patients, as well as concerns about physical distancing measures and other COVID-19-related policies created immense pressure for front-line staff (Canadian Institute for Health Information, 2020; Comas-Herrera et al., 2020; Estabrooks et al., 2020). Sadness, anger, and grief were often reported, underscoring the emotional and psychological weight felt by many LTC HCWs (Freidus & Shenk, 2020). These findings align with emerging research which has documented the widespread grief and anger experienced by HCWs working throughout the COVID-19 pandemic (Di Mattei et al., 2021; Rabow et al., 2021). These findings extend the current literature by highlighting the immense moral distress experienced by LTC workers, which has been linked to reduced job satisfaction and retention in healthcare workers (Lamiani et al., 2017). Given the possible impacts on both HCW wellbeing and patient care (Havaei et al., 2021), there is an urgent need for future efforts to evaluate best practices for supporting HCWs experiencing workplace-related grief, while considering factors that might make some HCWs more susceptible to stressors than others. Promoting positive mental health and coping through supportive workplace environments will ultimately benefit both HCWs and patients. Likewise, findings suggest a need for expanded sick leave and mental health policies for HCWs that recognize the relationship between psycho-emotional and physical health. While so-called 'mental health days' among HCWs have been documented in the literature (Clarke, 2021; Lamont et al., 2017), there remain significant barriers and stigma associated with taking time off for mental – rather than physical – health reasons.

Similarly, scoping review results also indicate that HCWs in LTC settings experienced greater stress, anxiety, and depression during the COVID-19 pandemic. For many, these experiences translated to heightened risk of burnout (Leskovic et al., 2020; Sarabia-Cobo et al., 2021). This finding is noteworthy given the mounting evidence linking COVID-19 to stress, anxiety, and burnout among HCWs in other sectors (Al Maqbali et al.,

2021; Pappa et al., 2020; Salari et al., 2020), and the impacts that HCW burnout can have on patient care (Shaheen et al., 2019). As such, LTC homes, and indeed all healthcare settings should consider additional means of protecting HCWs and supporting their psycho-emotional wellbeing. This can include strategies such as enhanced protection from harm and infection at work (e.g., PPE, virus testing policies), direct support for mental health concerns (e.g., counselling, enhanced employee assistance programs), support with daily needs outside of work (e.g., childcare), and improved crisis leadership skills (Wu et al., 2020). Likewise, evaluating COVID-19 responses within an organization alongside HCWs and their first-hand perspectives can inform the refinement of best practices whilst simultaneously curbing future harm amongst HCWs (Stelnicki et al., 2020). Furthermore, lessons learned from the pandemic can aid in structuring better staffing and workload management tools to improve staff work experiences (Udod et al., 2021).

Lastly, findings suggest that despite the challenges and hardships experienced by LTC HCWs during the pandemic, their care work has been at times rewarding. These experiences suggest that not all pandemic-related experiences in LTC have been negative. This finding is thought to align with emerging COVID-19 research. For example, a recent study of nurses found that most frontline nurses maintained a strong commitment to their work throughout the pandemic (Ke et al., 2021). Future research and practice should therefore consider means of acknowledging and rewarding HCWs for their ongoing work while building resilience among staff as the pandemic continues. These factors can serve to protect HCWs from burnout and other harmful secondary outcomes related to COVID-19 (Baskin & Bartlett, 2021). Further, in the context of LTC, there is growing work precarity and social marginalization as well as worsening of workplace inequalities and intersectional racism (Lightman, 2022). The results confirmed that need to address intersectional inequalities within LTC to better support HCWs during and post-pandemic. As such, every effort must be made to prioritize principles of cultural safety and eradicate systemic barriers that exacerbate mental distress among HCWs and hinder quality of resident care.

Strengths and limitations

This scoping review has several strengths and limitations. This scoping review is strengthened by the fact that studies included were published in 12 countries, suggesting that the results are not country or region-specific. In other words, while LTC structures and policies are likely to differ across different regions, studies of HCWs' experiences across these regions revealed similar results. In terms of limitations, this scoping review was limited by the fact that studies not yet published or translated in English have been missed and/or excluded. Despite this, we are confident that the findings are meaningful and widely applicable, particularly given the various regions represented among included studies. Additionally, the quality of evidence identified was not explored in-depth. This review is also limited by the fact that studies after June 2022 are not included. However, the findings offer valuable insight into the impacts of COVID-19 to date and lay the foundation for studies of long-term effects in the future.

Conclusions and Implications

Healthcare workers in the LTC sector experienced, and continue to experience, significant challenges and harmful outcomes related to the COVID-19 global pandemic. Emotional burden, burnout, fear, and moral distress were reported widely across HCWs in many countries, suggesting a commonality of experience across many varied LTC contexts. Despite this, many HCWs have found fulfillment and pride through their work and care. These findings address a crucial knowledge gap in the growing body of COVID-19-related research, and therefore provide a much-needed synthesis of emerging research. Going forward, researchers, practitioners and decision makers alike are urged to consider means of supporting HCWs in LTC settings in order to promote wellbeing among HCWs themselves, as well as LTC residents. The psycho-emotional and social health of HCWs must be both protected and supported through critical enhancements to LTC settings

and workplaces if further harm is to be prevented among these essential workers. The care provided by HCWs in LTCs is an integral part of the wider healthcare system, and its value cannot be understated. With the rising death toll in LTC coupled with the human resource issues and lack of pandemic preparedness, every effort must be made to address these long-standing systemic challenges to redress the workforce crisis in LTC and avoid more catastrophic outcomes. By taking steps to build supportive work environments for HCWs, LTCs can limit many of the harmful secondary effects of the pandemic.

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