INTRODUCTION

New York City (NYC) was an epicenter of the COVID-19 outbreak in the United States during Spring 2020. Long-term care facilities serving older adults experienced some of the highest infection and death rates in the city during this time. It is estimated that, as of June 1, 2021, deaths in long-term care facilities—among residents and staff—accounted for 30% of all deaths from the virus in New York State (NYS).

Although an executive order shut down nonessential services in the state on March 20, 2020, essential workers, including those in long-term care facilities, were expected to report to work.

RESEARCH OBJECTIVE

This research aimed to explore the experiences of resident-facing staff in long-term care facilities serving older adults during the COVID-19 pandemic, including the factors that helped or hindered professional satisfaction and staff wellbeing during the height of the COVID-19 pandemic.

STUDY DESIGN

Researchers conducted 14 qualitative semi-structured interviews with resident-facing staff members in long-term care facilities that serve older adults in NYC between October and December 2020. Participants were recruited via publicly available job posting websites (i.e., Craigslist) as well as targeted industry listservs. Once completed, interviews were professionally transcribed, and researchers coded and analyzed data according to preexisting and emerging themes using NVivo 12.0 software. All interviewees provided verbal informed consent.

POPULATION STUDIED

Participants were employed in 12 different long-term care facilities. Facilities ranged in size from under 150 beds to nearly 450 beds. All were privately-owned (for-profit) and most had unionized staff members. Staff in other types of facilities may have different experiences. Most participants were CNAs and may have different experiences than other resident-facing staff.

FINDINGS

Main themes from interviews included:

- **Mental health impact of the COVID-19 pandemic**: Participants consistently reported experiencing high levels of anxiety and stress related to 1) personal safety; 2) resident wellbeing; and 3) home stressors exacerbated by working during the first wave of COVID-19 in NYC.
- **Facility-level factors affecting staff experiences**: Facility-level factors, including 1) perception of administrative support; 2) work environment and safety conditions; and 3) workload changes were influential in participants’ experiences of the pandemic.

Mental health impact of the COVID-19 pandemic

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<th>Summary of Findings</th>
<th>Example Quote</th>
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<td>Personal and family safety</td>
<td>Participants reported stress, anxiety, and trauma related to working in long-term care settings during the COVID-19 pandemic, especially during the first wave of the virus in NYC in Spring 2020.</td>
<td>Traumatizing. That’s the only word I can think of…So, there were people sleeping in their cars, I slept in my car a few times. I slept in a hotel that I had to pay for out of my own pocket. I didn’t wanna bring it home to anybody…Everyone was really scared. (CNA)</td>
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<td>Resident wellbeing</td>
<td>Participants described stress and trauma associated with caring for an extremely vulnerable population during the pandemic, especially those in facilities with high COVID-19 caseloads and fatality rates.</td>
<td>We’re working with human souls, and if we’re not careful, which it’s easy in fact to be because our whole life, we didn’t have anything like this pandemic, so one false step or one missed move, and things can go really bad. So, I can see people around me, coworkers and the management, they’re really stressed. (CNA)</td>
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<td>Home stressors exacerbated by frontline work</td>
<td>Participants reported stressors in their personal lives that were related to their essential worker status during the pandemic, such as lack of childcare, loss of secondary employment, and long commute times due to changes in public transportation.</td>
<td>A lot of people—I wanna say at least 90% of the CNAs and nurses have children which means none of these kids are in school. So, they all have to pay for childcare. (CNA)</td>
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Facility-level factors affecting staff experiences

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<td>Perceived administrative support</td>
<td>Participants valued transparency, communication, demonstrated appreciation of staff, and onsite presence from leadership and expressed disappointment, frustration, and mistrust when it was not present.</td>
<td>I think the administration just needs to be a little bit more considerate about their essential workers, and I don’t think they should look at us as robots. (CNA)</td>
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<td>Work environment and safety conditions</td>
<td>Participants’ sense of safety at work was affected by access to PPE, community and facility spread, and levels of trust in government agencies, facility administration, and colleagues.</td>
<td>Honestly, I’ve questioned my safety at work…I don’t know how my coworker has been in contact with, or I don’t know if the person I’m caring for has a family member that possibly could have come in contact and didn’t know…It’s really on my mind a lot. (CNA)</td>
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<td>Changes in workload</td>
<td>Participants described staff shortages, changes in duties, and increases in the demands of caring for residents resulting from the pandemic.</td>
<td>Some people were more stressed because there was more we had to do because of the virus. We had to make sure things were sterilized and disinfected more times during the day. (CNA)</td>
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ACKNOWLEDGEMENTS

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REFERENCES


RECOMMENDATIONS

Participants’ recommendations centered on changes at the facility level that could increase employee and resident safety, reduce resident stress, and demonstrate a greater appreciation and respect for staff. They included: providing hazard pay and other employee benefits to staff; hiring more staff; providing sufficient PPE and stricter enforcement of existing infection prevention policies; increasing administrative presence on the floor and improving communication and transparency; and providing additional training on infection prevention and on the provision of the complex care required for COVID-19.

LIMITATIONS

- Sample size was small, limiting generalizability of findings.
- All facilities were privately-owned (for-profit) and most had unionized staff members. Staff in other types of facilities may have different experiences.
- Most participants were CNAs and may have different experiences than other resident-facing staff.

DISCUSSION

Frontline workers in long-term care facilities experienced a substantial amount of anxiety and stress during the pandemic. While much of it was due to fears related to the virus itself, findings also suggest that facility responses to the pandemic and the level of appreciation and support they showed staff affected employee stress and burnout. Improving working conditions and employee benefits in these facilities—especially in the context of a global pandemic—has the potential to improve the wellbeing and safety of both staff and residents.

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