LTC Workers' Experiences of Moral Distress During the COVID-19 Pandemic

Lessons Learned and Paths Forward

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Introduction

The CaRER Lab

- Led by Dr. Bonnie Lashewicz at the University of Calgary, the CaRER Lab is a program of qualitative and mixed methods research about responsibilities and identities in relation to an array of disability, mental health disorder and/or chronic disease diagnoses.
- Lab members have backgrounds in disability studies, public health, medicine, and political science

CaRER Lab

Background

- The CaRER Lab began research on moral distress and injury through the study *'Supporting mental health and preventing moral injury among LTC+ workers',* funded by the Canadian Institutes of Health Research (CIHR) and Healthcare Excellence Canada as a component of the Strengthening Pandemic Preparedness in Long-Term Care initiative.
- Research focused on understanding how LTC workers experienced moral distress through their workplace experiences during the COVID-19 pandemic and asking how staffing practices in LTC facilities could be informed by worker experiences.

Methods

- Mixed-methods study
  - semi-structured interviews **(n=50)**
  - self-administered online survey of LTC+ workers **(n=≤485)**
- Workers lived in BC, Alberta, and Ontario

Findings and Research Mobilization

Publications

- Cruise et al.. (2023). Staffing in Long-Term Care During the COVID-19 Pandemic: Insights, Lessons and Paths Forward, *Health Care Excellence Canada*
  - Executive summary of research, infographic, and webinar for long-term care workers

Paths to Strengthen Long-term Care Worker Resilience

We interviewed long-term care and assisted living workers about their experiences during the COVID-19 pandemic, and identified eight workplace practices to help others prepare plans for future pandemic and crisis response.

Be on the ground, accessible, and act as an advocate for your team to positively impact their experience.

Leadership and management can support workers' mental health during a crisis.

Cooperate, as it can be a source of strength.

Working under intense strain can provoke tensions in the workplace, but can also propel appreciation and support for co-workers.

Make every effort to include essential care partners in care, even during crisis conditions.

Care isn't only a physical act; emotional and spiritual care matter greatly and require inclusion of essential care partners.

Prioritize peer support resources.

Workers often feel other healthcare workers can uniquely understand what they experience at work. Create an environment conducive to peer support by ensuring staff have the time and opportunity to demonstrate care for each other all while being mindful that providing peer support can be an added demand.

Communicate often, and in multiple formats, to create more learning opportunities for workers.

During crisis situations, communication is ever changing yet this can be used to promote an atmosphere of mutual teaching rather than policing.

Recognize worker skills and sacrifice.

Workers need and value feeling appreciated by society and by their workplaces. Workers need encouragement and support in caring for their mental health, both in and outside the workplace.

Make resources for long-term care workers transparent and equally accessible.

Ensure frontline workers have the same access to information or resources as management and allied health professionals.

Provide adequate resources to help prevent moral distress.

Staffing shortages and inadequate personal protective equipment leads to worker distress and creates conditions that increase vulnerability to outbreaks and reduced standards of care.

Learn more

More details on what we learned through interviewing workers can be found in the Staffing in Long-Term Care During the COVID-19 Pandemic: Insights, Lessons and Paths Forward executive summary.
Learn how Healthcare Excellence Canada is supporting long-term care homes to work together to build better care with and for people and working in long-term care in Canada through the Reimagining LTC program.

Healthcare Excellence Canada is an independent, not-for-profit charity funded primarily by Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Healthcare Excellence Canada

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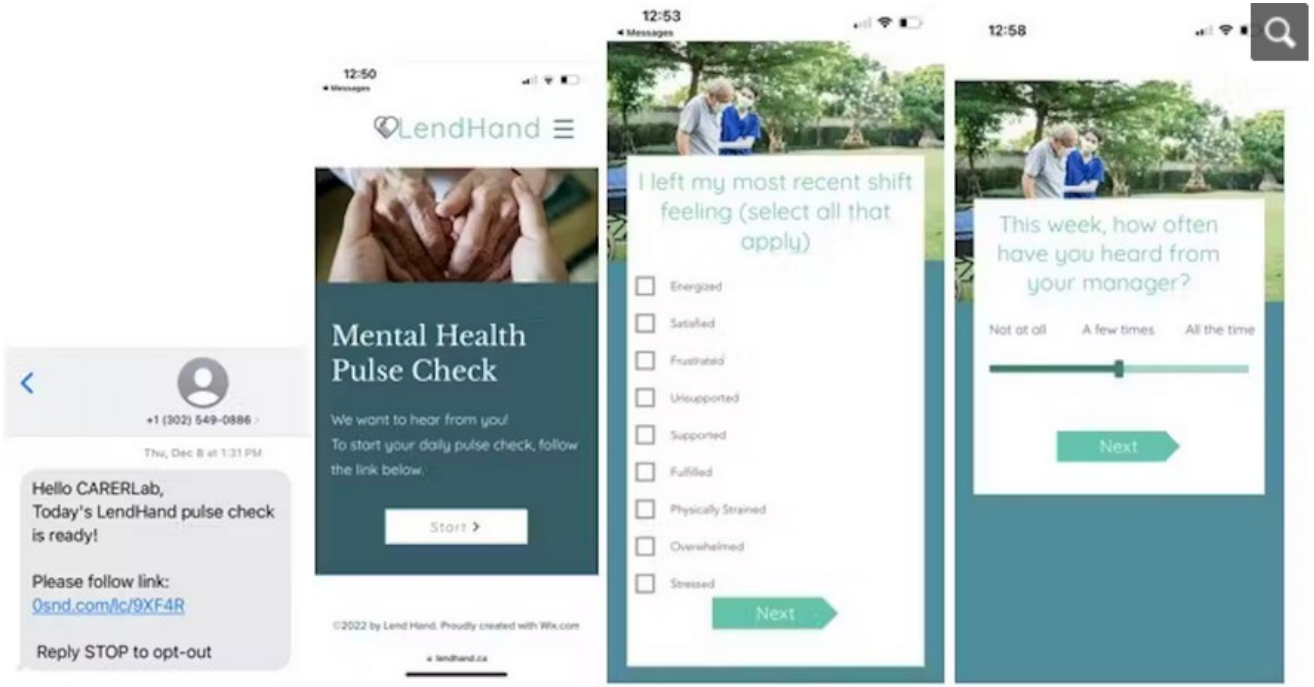
Publications

- Lashewicz, B., & McDonagh Hull, P. (2023). **Making good on promises: Long-term care workers' mental health is a shared long-term responsibility**, *The Conversation*
  - Emphasizing that LTC workers mental health is a shared responsibility rather than an individual issue, the article provides a summary of our work and introduces the idea of an app intended to improve communication about mental health between LTC workers and management.



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Publications

- Boettcher, N., Celis, S., & Lashewicz, B. (2023). **Canadian Long-Term Residential Care Staff Recommendations for Pandemic Preparedness and Workforce Mental Health**, *The Journal of Long-Term Care*

CATEGORY NAME	# OF CODED RESPONSES (N = 50)	RECOMMENDATION SUMMARY
Look out for staff	N = 23	Experiences: Workplace responses to pandemic risks through reduction (PPE) and pay increases were helpful and brought reassurance. Some staff felt their roles were underprioritized in disbursement of PPE within the organization. Recommendations: Conduct worker-driven appraisals of equity in plans to reduce and compensate for risk.
More hands	N = 22	Experiences: Inadequate staffing, key people down at the same time. Recommendations: Ensure adequate baseline staffing held to a publicly accountable benchmark. Develop robust backup plans for staffing. Incorporate greater flexibility in role descriptions during outbreaks. Introduce new roles into staffing mix such as staff support, resident companions, more designated infection prevention and control (IPAC) staff.
Opportunities for relief	N = 13	Experiences: Mistakes and suboptimal care occurred due to the stress of assigned workloads, taking on too much, and overlooking necessity of breaks. Recommendations: Provide more time off for mental health. Support staff in recognizing overwork and give reminders to take breaks throughout day.
Spaces to be heard	N = 19	Experiences: Lack of workplace mental health resources and divergent individual preferences for types of mental health support. Recommendations: Offer a variety of accessible and free talk-based options (individual counseling, peer debriefs) for different needs and preferences. Provide additional individual resources for staff well-being, including support for mindfulness, self-awareness, and mood. Staff must have enough time to access resources.
Refine Communications	N = 13	Experiences: Deluges of information created feelings of overwhelm and confusion about who to trust and follow. Misinformation created mistrust among workers. Recommendations: Implement clear, consolidated, and documented organizational communication. Improve information sharing with other healthcare settings where staff work to assist with contact tracing and adapting to single-site orders. Proactively anticipate and address media-driven information.
Cultivate responsive leadership	N = 18	Experiences: Some workers criticized lack of presence and responsiveness of managers in pandemic conditions. Recommendations: Cultivate authentic connection with, and lasting appreciation for, staff. Learn and adapt from the initial stages of the pandemic. Create a "playbook" for preserving institutional memory of what worked and what didn't work during the pandemic.
Redefine public accountability	N = 13	Experiences: Exposure to the public and alienation from the public. Worsening of systemic issues preceding pandemic. Recommendations: Promote more widespread recognition and higher valuation of LTRC in society. Foster greater harmonization of pandemic response from governments, health authorities, and LTRC facilities.

Table 2 Summarized Recommendations.

Using Workers' Own Voices

https://www.youtube.com/watch?v=zGj2u25QD_8

Application of Findings

Frontline LTC Workers

- Recognize signs of distress and overwork
- Prioritize cooperation and support of coworkers

LTC Providers and Managers

- Be on the ground, accessible, and act as an advocate for your team to positively impact their experience
- Make every effort to include essential care partners in care during crisis conditions
- Recognize worker skills and sacrifices
- Communicate often and in multiple formats to create more learning opportunities for workers
- Prioritize peer support resources
- Make resources transparent and equally accessible to all workers

Policy Makers

- Make every effort to include essential care partners in care during crisis conditions
- Recognize worker skills and sacrifices and encourage public to do likewise
- Communicate often and in multiple formats with consistent policy recommendations, informed in part by LTC workers
- Make resources transparent and equally accessible
- Providing adequate resources (staffing, PPE, COVID-19 tests) helps prevent moral distress

Questions we're left with

- What measures can be implemented throughout efforts to enact structural change in LTC to mediate the exposure to and impacts of moral distress for LTC workers?
- How can findings be integrated into future crisis responses?

Thank you!

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