RPNs' Experiences of the Moral Habitability of Long-Term Care Environments during the COVID-19 Pandemic

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Registered Practical Nurses' Experiences of the Moral Habitability of Long-Term Care Environments during the COVID-19 Pandemic

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Acknowledgements

- Toronto COVID-19 Action Initiative

- Thank you, participants!

Background

- Lengthy history of quality-of-care concerns in LTC care homes in Canada
- Multiple reports—more than 100 in the last 50 years but not much ever changes
- High quality research in the LTC sector exists—rarely acted on

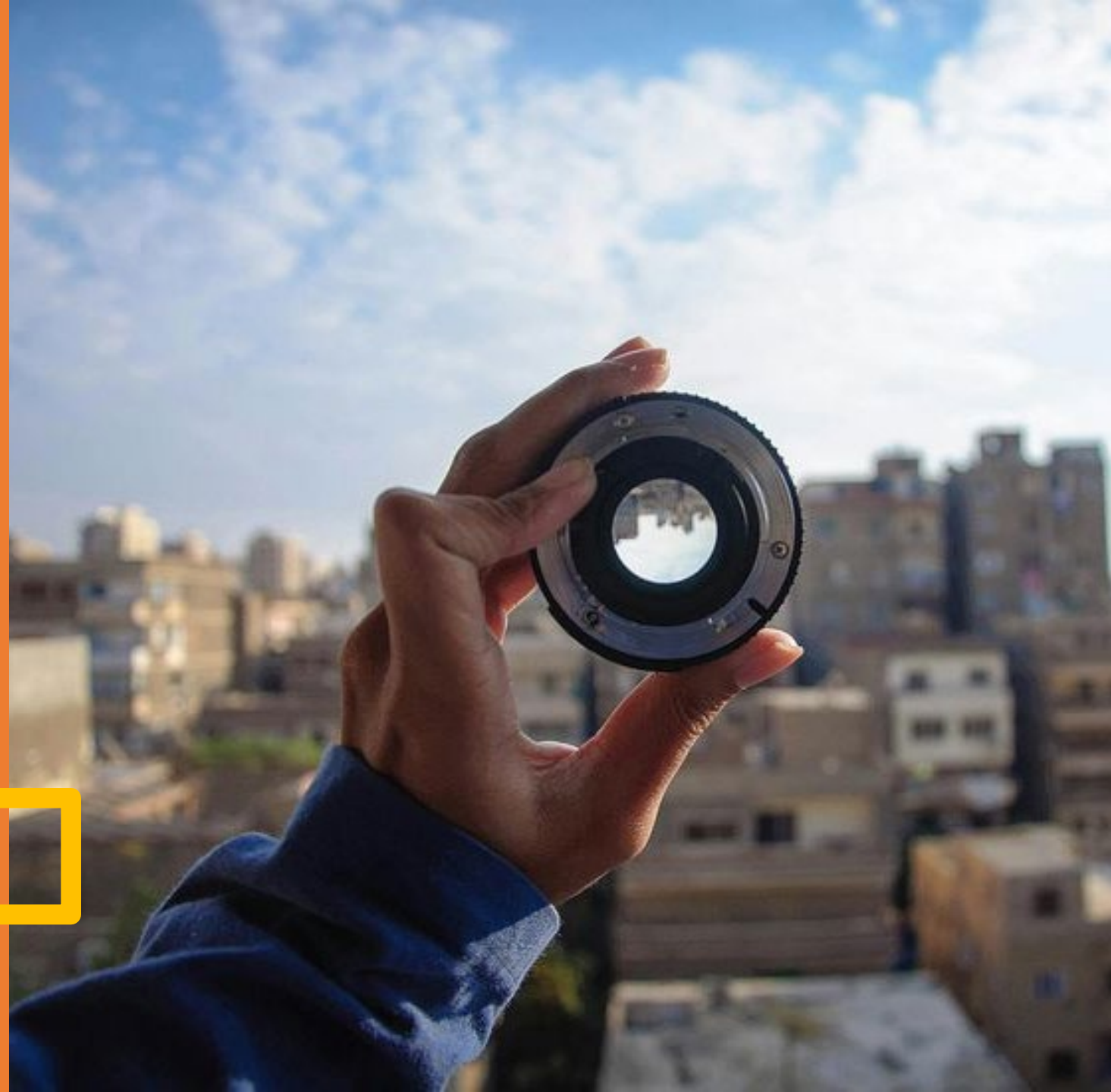
Estabrooks CA, Straus SE, Flood CM, Keefe J, Armstrong P, Donner GJ, Boscart V, Ducharme F, Silvius JL, and Wolfson MC. 2020. Restoring Trust: COVID-19 and The Future Of Long-term Care In Canada. *Facets 5*: 651–691.

Impact of Pandemic on Healthcare Workers

- High workload & lack of staff
- Lack of organizational support
- High exposure to suffering
- Fear of contagion
- Traumatic stress & emotional exhaustion

- Blanco-Donoso, L. M., Moreno-Jiménez, J., Amutio, A., Gallego-Alberto, L., Moreno-Jiménez, B., & Garrosa, E. (2021). Stressors, job resources, fear of contagion, and secondary traumatic stress among nursing home workers in face of the COVID-19: the case of Spain. *Journal of Applied Gerontology*, *40*(3), 244-256.
- White, E. M., Wetle, T. F., Reddy, A., & Baier, R. R. (2021). Front-line nursing home staff experiences during the COVID-19 pandemic. *Journal of the American Medical Directors Association*, *22*(1), 199–203

Concept: Moral Habitability



Morally Habitable Environments

Their practices of responsibility engender:

- Cooperation
- Shared benefits
- Mutual recognition
- Mutual understandability
- Accountability

(Walker MU. (1998). *Moral understandings: A feminist study in ethics*. New York: Routledge.)

Morally Uninhabitable Environments

Their practices of responsibility engender:

- Suffering
- Oppression
- Incoherent moral understandings
- Lack of accountability

- (Walker MU. (1998). *Moral understandings: A feminist study in ethics*. New York: Routledge.)

Purpose

The purpose of this research was to explore RPNs' experiences of the moral habitability of long-term care environments in Ontario during the COVID-19 pandemic.

Methodology and Methods

Methodology: Critical Qualitative

- Ethics approval & informed consent

Recruitment:

- WeRPN: Newsletter, Twitter, Facebook, LinkedIn, Word-of-mouth

Data Collection & Analysis

- Semi-structured lasting up to 60 minutes
- Thematic analysis

Participants

- 20 Registered Practical Nurses
- All from Ontario (16 outside of GTA)
- Experience: Average 8.15 years
- Type of Home:
  - 3 publicly owned
  - 8 Private not-for-profit
  - 8 Private for-profit
  - 1 agency nurse working in LTC

Findings: Four Themes

Experiencing moral suffering while striving to meet responsibilities in a failed system

Bearing the moral and emotional weight of residents' isolation and dying

Knowing the realities of the work yet failing to be heard, recognized, or supported by management

Struggling to find a means of preservation for themselves and the profession

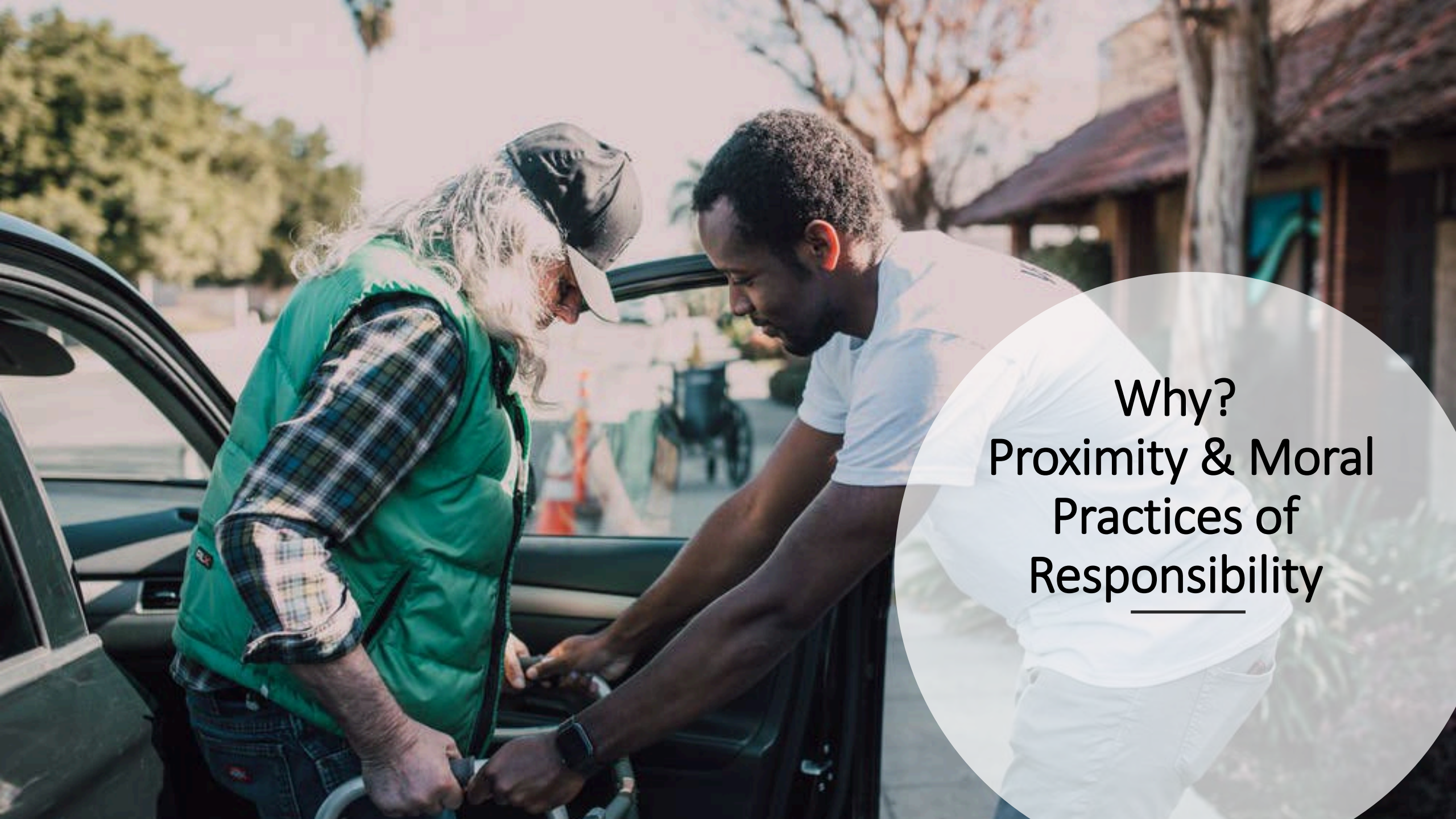
Conclusions:

Significance of work environments on moral well-being

Conclusions

RPNs experienced long-term care environments in Ontario during the COVID-19 pandemic as morally uninhabitable

- Suffering
- Unheard
- Incoherent moral understandings
- Lack of government and institutional accountability
- Pockets of moral community with their colleagues



Why?
Proximity & Moral Practices of Responsibility

Proximity & Moral Practices of Responsibility

Proximity can be:

- Relational—friendship, family etc.
- Spatial and temporal—being in the same time-space as others

Proximity tends to result in:

- Moral sensitivity and emotion, especially compassion and empathic distress
- Compels us to act and take responsibility

- Nortvedt, P., & Nordhaug, M. (2008). The principle and problem of proximity in ethics. *Journal of Medical Ethics, 34*, 156–161.

Implications of Proximity & Moral Responsibilities

- RPNs continued to provide care despite the conditions
- RPNs' compassion was exploited
- Experienced acute distress as a result of witnessing the suffering and death of residents
- Often held themselves morally accountable
- Apparent lack of compassion of managers
- Found support in their colleagues

Implications and Future Directions

- Clear policy implications re: staffing and working conditions
- Need to capitalize on the relational proximity of RPNs and other LTC staff rather than exploit it

- **Future research question:**

  How do the relationships of LTC staff with each other, residents, and family impact moral distress/moral habitability?


Questions