

Long term care staff experiences of death anxiety during viral outbreaks

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Long-term care facilities – besieged hubs

- + During the COVID-19 pandemic, community care facilities including nursing and residential homes
- + Termed “hubs” and “besieged castles”
- + Experiencing large outbreaks due to rapid transmission of COVID-19 (Barnett and Grabowski, 2020; Logar, 2020; Onder, Rezza and Brusaferro, 2020).
- + COVID-19 disproportionately affects care home residents due to their increased age, frailty, disability and multimorbidity - making them particularly vulnerable to developing severe infections (Utsumi *et al.*, 2010; Comas-Herrera, Zalakaín, Lemmon, *et al.*, 2020; Lauretani *et al.*, 2020; Wang *et al.*, 2020).
- + Residents of nursing and care homes have been at high risk of severe complications and death due to respiratory viruses, such as influenza and more recently COVID19 (Arons *et al.*, 2020; Jordan, Adab and Cheng, 2020; McMichael *et al.*, 2020; Zhou *et al.*, 2020) .
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Staff – unique circumstances

- + Care workers caring for older people within long term care establishments unique circumstances
- + Included but has not been limited to:
 - + the closure of institutions to visitors, including reduced or restricted visits from other health care professionals such as doctors, therapists and entertainment providers, and residents' relatives;
 - + Insufficient access to personal protective equipment (PPE) for staff and residents; increased hygiene protocols
 - + increased admissions of new and existing residents being discharged from hospital.
- + Working in such circumstances can have an impact on CWs' wellbeing, including causing burnout, compromised quality of life, and resigning from their jobs (Greenberg, 2020).

A Scoping Review

Research undertaken during the COVID-19 has the potential to demonstrate ways to support staff both in the short and longer term.

To inform ongoing discussions on how to best support CWs in these settings, we conducted a scoping review on the potential psychological impacts of viral outbreaks on care home staff.

Topics included changes to work practices, stressors, staff emotional responses, and ethical dilemmas.

The results from this review can inform ways in which to better support care home staff during the current COVID-19 pandemic and future viral outbreaks.

Eight studies...

- + Sweden, Norway, UK, USA, Australia, Canada, Hong Kong and Spain
- + Most studies reported strong emotional responses of CWs related to infection and viral outbreaks, which includes anxiety, fears, and guilt; however, grief was minimally present in the reviewed literature.
- + Analysis identified what CWs faced as stressors, issues around confusion and preparedness, and ethical dilemmas.
- + Within the studies included, there were no evidence-based interventions identified for use in long-term care establishments during viral outbreaks.

Emotional responses by staff working in long-term care

Most studies reported strong emotional responses such as fear, guilt, and anxiety by CWs working in long-term care establishments.

COVID-19 related studies are in keeping with the emotional impact on CWs in previous viral outbreaks during SARS and MERS. Indeed, a rapid review and meta-analysis showed high rates of psychological distress in staff who cared for people with SARS or MERS, with symptoms of psychological distress persisting three years after the viral outbreak had ceased as a threat (Kisely *et al.*, 2020).

This scoping review of CWs reported fears upon becoming infected through contact with others at work or during work-related commuting and subsequently passing this onto families and children.

Led to feeling insecure and being afraid of becoming too close to them during the performance of their care duties (e.g. when providing personal hygiene).

- + One nurse working in a long-term care facility stated:
- + ***“I had this feeling of anxiety and fear every day when I wake up to go to work...it is mainly because the condition is untreatable and so many colleagues in the profession have lost their lives.”***(Nyashanu, Pfende and Ekpenyong, 2020).
- + These findings were in keeping with a survey of 1459 CWs working in long-term care experiencing a higher level of psychological distress due to work-related COVID-19 infection risk associated with higher level of anxiety and stress when compared with the general population (Gómez-Salgado *et al.*, 2020).
- + Negative impact on staff, especially when confronted with responding to an increasing number of questions by residents of long-term care sites:
- + ***“Many service users would ask me a lot of questions about the coronavirus and I could [sic] not even answer some of them.... You could see fear and anxiety on their faces. The situation of not being able to provide them with answers is a challenge of its own”*** (Nyashanu, Pfende and Ekpenyong, 2020:7)

Stressors experienced by CWs

- + Several studies reported CWs experiencing stress due to heightened workload, staff shortages, new work-regulations, and lack of preparedness.
- + Heightened workload was reported when additional duties involved taking time out to read and digest COVID-19 related guidelines (Nyashanu, Pfende and Ekpenyong, 2020)
- + Performance of extra cleaning duties, and personal care of service users in line with regulations (Embregts, Van Oorsouw and Nijs, 2020; Nyashanu, Pfende and Ekpenyong, 2020).
- + For some CWs, stress was exacerbated by a shortage of staff and having to undertake additional duties (Duan *et al.*, 2020; Embregts, Van Oorsouw and Nijs, 2020).

Information and guidance

- + A lack of preparedness was experienced by CWs during the COVID-19 pandemic (Kisely *et al.*, 2020; Nyashanu, Pfende and Ekpenyong, 2020).
- + Information and training about how to stem the virus was perceived as lacking by CWs (Kisely *et al.*, 2020), leaving ongoing ambiguity about how to care adequately for infected residents in long term care (Nyashanu, Pfende and Ekpenyong, 2020).
- + Where CWs were guided by infection control nurses about how best to control a virus, CWs felt more positive about their role in long-term care establishments (Embregts, Van Oorsouw and Nijs, 2020:76).
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Ethical dilemmas around care and infection control

Dilemmas included making decisions about enforcing social distancing in the workplace

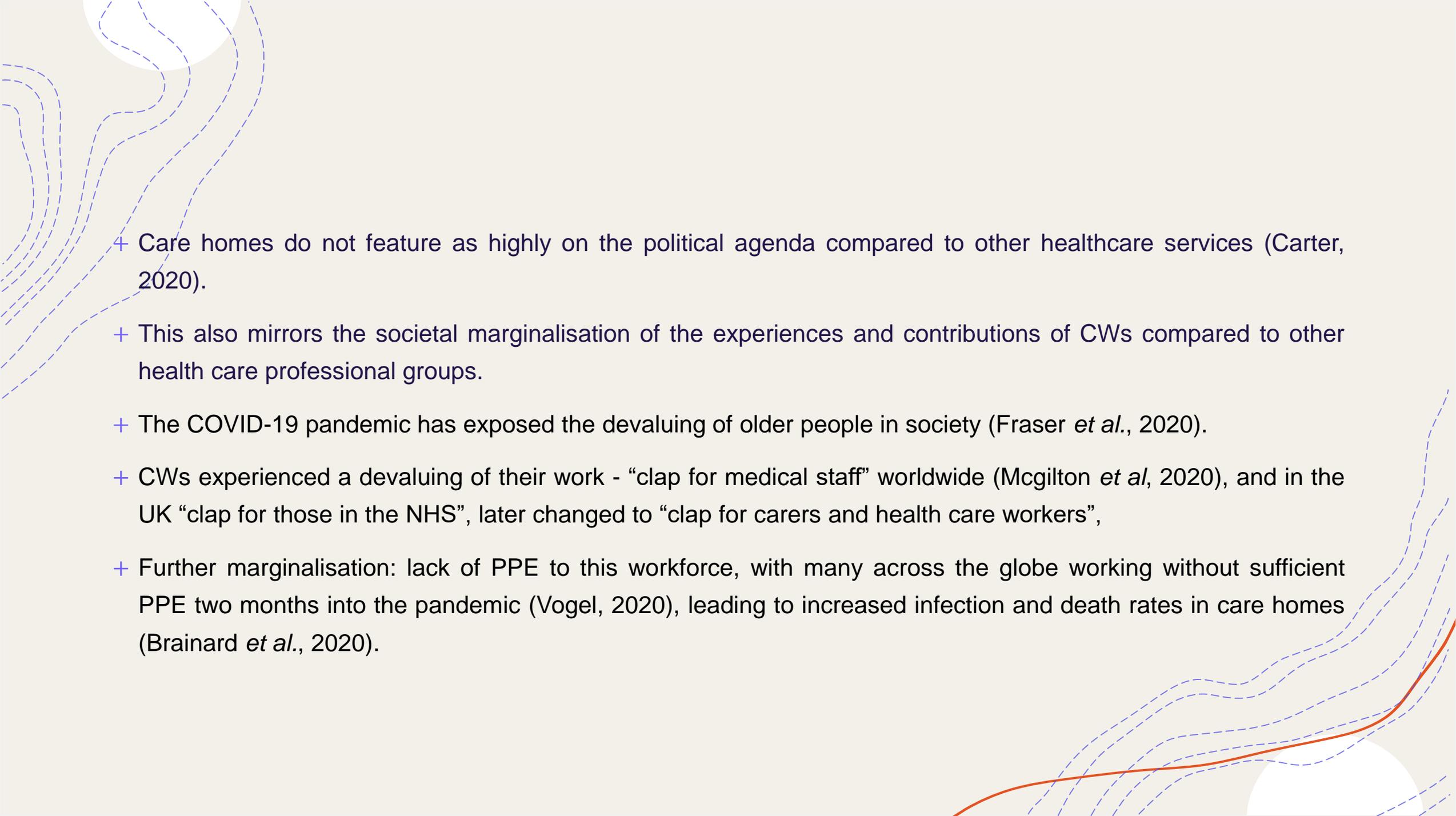
Refusing to work with infected residents and dilemmas posed by other staff members who do not confirm to PPE guidelines.

Reporting on viral outbreaks studies found that CWs were faced with the dilemma of having to isolate residents by locking doors to stem an outbreak and engaging wearing PPE (i.e. masks)

Increasing a sense of loneliness among residents who were used a hug or hand holding and did not understand the need to do so as they were cognitively impaired.

In summary

- + Death can be considered part of the job in care homes (Silverdale and Katz, 2003; Marcella and Kelley, 2015), especially as care homes are considered to be the hospices for the prevalent form of dying when considering long-term care provision towards the end of life in countries like England (Teggi, 2020).
- + However, generally staff are often overlooked for support (Marcella and Kelley, 2015).
- + Yet, staff experience anxiety, fear and guilt in relation to how they interact with residents and the potential consequences of procedures related to infection control.
- + This could exacerbate grief after the death of residents or the staff's own family and friends during a viral outbreak.
- + Even if death and grief may be 'part of the job', the increased rates of deaths during viral outbreaks intensifies this.

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- + Care homes do not feature as highly on the political agenda compared to other healthcare services (Carter, 2020).
 - + This also mirrors the societal marginalisation of the experiences and contributions of CWs compared to other health care professional groups.
 - + The COVID-19 pandemic has exposed the devaluing of older people in society (Fraser *et al.*, 2020).
 - + CWs experienced a devaluing of their work - “clap for medical staff” worldwide (Mcgilton *et al.*, 2020), and in the UK “clap for those in the NHS”, later changed to “clap for carers and health care workers”,
 - + Further marginalisation: lack of PPE to this workforce, with many across the globe working without sufficient PPE two months into the pandemic (Vogel, 2020), leading to increased infection and death rates in care homes (Brainard *et al.*, 2020).



+ Additional analysis is needed to understand the unintended consequences of policies, reduced visitation, as well as the longer-term impact on staff, including experiences of bereavement. There is potential to grow our collective knowledge base in this area.

+ Thank you..

