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BACKGROUND

LONG-TERM CARE IN NOVA SCOTIA:

Pandemic Lessons and Persistent Failure

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Methodology

The data for this study were collected as part of a larger project, “Understanding Workers’ Experiences During COVID-19: A Case Study of Three Groups of Workers,” which included LTC workers, retail workers, and teachers in Nova Scotia. This paper focuses on the data from LTC workers. Participants completed an online survey about their experiences prior to and during the first wave of the pandemic (March 2020-September 2020).

This mixed methods survey included open- and closed-ended questions focused on duties and working conditions; health and safety concerns; changes in behaviour due to the risk of contracting COVID-19; access to health services; changes in physical and mental health; and demographic questions. Participants were recruited using paid ads and personal posts on social media platforms. We also asked several unions and other labour organizations to share the survey information. The survey was active from August 12th to November 6th, 2020. Four \$50 gift cards were provided to participants through a draw. The study received ethics approval from Acadia University (REB 20-45).

A total of 279 people initiated the LTC study. For this analysis we include responses from 72 participants who completed at least 80% of the survey. This is not a representative sample of LTC workers in Nova Scotia and we do not draw generalizations from this data. These data are useful for providing a snapshot in time of what was happening in NS during the pandemic. We draw on descriptive quantitative data to capture detailed information from LTC workers about how their work experiences changed during the first wave of the pandemic. These data are supported with participants’ qualitative responses from open-ended questions. We used SPSS 29 to analyze data from the closed-ended questions. We coded the long answers manually and as a team, working initially to identify important topics for participants related to health, and then moving to categorize these codes. In analyzing themes from the long answers, we theorized these in

relation to the quantitative data as well as reports and academic literature on LTC.

Table 1 / Profile of the Participants

n=72

Demographic Information	Percent
Gender (n=67)	
Men	10
Women	90
Sexual Identity or Orientation (n=67)	
Straight/Heterosexual	85
Gay/Lesbian/Bisexual/Queer/Asexual	15
Racialized Person (n=58)	
Yes	14
No	86
Highest Level of Education Completed (n=67)	
Highschool or Less	8
Trade Certificate or Diploma	25
College Diploma	42
University Degree (plus post-graduate degree)	25
Personal Income (n=66)	
Less than \$25,000	7
\$25,000 to \$49,999	64
\$50,000 to \$74,999	20
\$75,000 or more	9

Participant and Workplace Characteristics

There are more women included in our sample than men (see Table 1). This was expected, as the majority of LTC workers are women. The median age is 46 with a range between 18 to 62 years of age. Almost 14% identify as racialized and 96% report being Canadian citizens.¹ The majority of participants report

¹ Compared to Canada as a whole, Nova Scotia's population is comprised of fewer racialized people and immigrants. According to 2021 census data, 9.8% of the province's population were racialized and 90.2% Canadian born. Our sample has more racialized and more Canadian born participants compared to both the national and provincial populations as a whole (Nova Scotia Finance and Treasury Board 2022).

education levels beyond high school, with 67% reporting a college diploma or university degree. Nearly two-thirds report their personal income to be between \$25,000 and \$49,999. Almost 90% of the participants report earning an hourly wage, and the median wage is \$18.86/hour.

Table 2 provides information about the workers surveyed and the LTC facilities in which they worked. Over half of the participants worked in full-time permanent positions and 42% worked a regular daytime shift. Most participants (52%) are continuing care assistants (CCAs), also referred to as personal support workers (PSWs); 24% are nurses; and 6% are nursing aides or assistants. Most participants are unionized or covered by a collective agreement (80%) and 70% worked at a public facility.² This high response rate from participants in a public facility may be due to these being larger facilities with more staff and the fact that another survey was being completed at the same time by CUPE Nova Scotia, which may have raised awareness about studying the work experiences of public employees during the pandemic. Because the literature on the sector focuses on public vs. private LTC facilities, we did not ask participants about the location of the LTC facility and are unable to draw insights about experiences in rural vs. urban areas, or between the four different health management zones in the province.

² This includes Northwood which had a large outbreak of COVID-19 cases.

Table 2 / Profile of Participants' Work Information and LTC facility

n=72

Information about Employment	Percent
Type of Worker During Pandemic (n=69)	
Permanent Part-Time	33
Permanent Full-Time	54
Temporary (Seasonal, Term or Contract, Casual)	13
Type of Shift During Pandemic (n=71)	
Regular Daytime	42
Regular Evening or Night	14
Rotating Shift	34
Split Shift/On Call/Irregular	10
Job Description (n=68)	
Personal care/support worker	51
Registered Nurse or Nurse Practitioner	15
Licensed Practical Nurse	9
Administration/Administrative Assistant/Receptionist/Office staff	7
Nursing aid/assistant	6
Occupational or vocational therapy/Recreational support	6
Dietitian or Dietary and nutritional services/Cook kitchen support/Environmental Services	6
Unionization (n=69)	
Members of a Union	71
Covered by a Collective Agreement but not Unionized	9
Not a Member of a Union or covered by a Collective Agreement	20

Results

This section provides data illustrating changes in the working conditions and the mental and physical health of survey participants. We begin by presenting findings on participants' feelings about work in LTC prior to the pandemic and then present findings related to their experiences during the first wave of COVID-19. Additionally, we discuss participants' views on the impact of media attention on the LTC sector. We end with a discussion of these findings.

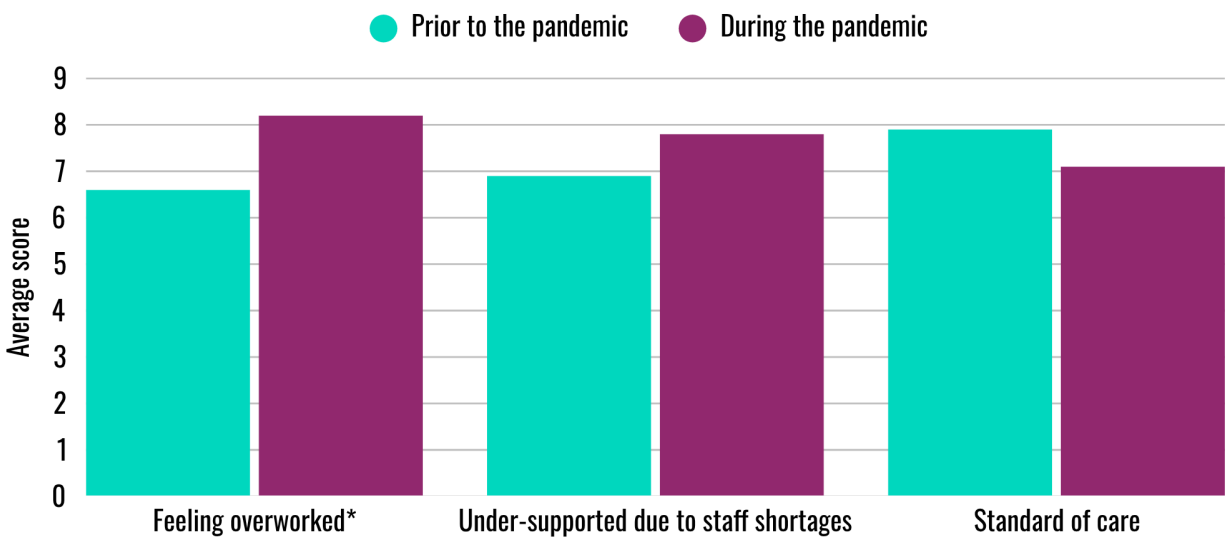
Working in Long-Term Care Prior to the Pandemic

To better understand whether and how workers' self-rated overwork and stress changed during the pandemic, we first asked about their experiences *prior to* the pandemic. The majority (93%) of participants worked in LTC prior to COVID-19. We asked them to rank, on a scale from 0 to 10 (never to all the time), their response to questions about work experiences. When asked about feeling overworked prior to the pandemic, the average was 6.6. When asked about feeling under-supported due to staff shortages, the average was 6.9. These averages suggest that workers were already experiencing stress and often felt overworked and undersupported as a result of staff shortages. Despite feeling overworked, when asked to rank the standard of care provided to residents on a scale from 0 to 10 (terrible to excellent), the average was 7.9. These results, shown in Figure 1, reflect a commitment to providing the best possible patient care despite feelings of overwork and lack of support.

In open-ended responses, participants expressed a fatalistic sense that the LTC sector would never be a priority for government resources. A CCA illustrated this, stating, "the issues have been the same for a long time, but no one listened. The way to solve it will cost too much money so I don't think it will ever change for the better." A nursing assistant emphasized that the government gives lip service to the sector, without investing resources: "The government will continue to talk but unfortunately, I have not seen

positive changes in over 20 years. The conditions continue to get worse.” Still another CCA echoed the overall feeling of hopelessness about government responsiveness, commenting that “We have had problems in LTC for years, nothing will change.” Despite these longstanding problems, LTC workers remained committed to their patients. As another CCA told us, “It’s not individuals [workers] in the LTC home, it’s the politics behind it. Long term care has been neglected by government cutting funding. So, employees have tried doing their best, I’m sure, but sometimes media makes it seem like individual employees’ fault.” Heading into the pandemic, the LTC workers in our study were already struggling and were pessimistic about the possibilities of change. Entering the pandemic at a place of deficit and demoralization likely diminished workers’ resilience in the face of amplified pressure and risk.

Figure 1 / Work Related Changes Prior to the Pandemic and During the Pandemic



Note: Feeling overworked and feeling under-supported due to staff shortages: 0=never, 10=all the time; Standard of care: 0=terrible, 10=excellent

*p < 0.001

Working During the Pandemic

LTC facilities were early sites of concentrated COVID-19 cases. Although most LTC facilities had few cases and limited outbreaks (392 cases among LTC residents and staff and 57 deaths among residents), the majority of deaths during the first wave in Nova

Scotia were linked to a single LTC facility, Northwood, in the province's largest city of Halifax (Lata and Stevenson, 2020; Rankin, 2020). COVID-19 cases in Nova Scotia remained low during the first wave of the pandemic. This is reflected in our data, as only nine participants reported that there was a positive case among residents at their facility (overlap in facility was not recorded due to confidentiality). Overall, six of the nine participants who had COVID-19 cases among the residents reported being satisfied or very satisfied with how the case(s) were handled. More generally, Nova Scotia had low rates of COVID-19 infections especially during the first wave of the pandemic. These low rates are associated with strict public health measures that were carefully followed by the majority of Nova Scotians (Sganzerla Martinez et al., 2023) due in part to a strong sense of trust with the Chief Medical Officer of Health (Steenbeek et al., 2022).

Most LTC facilities in Nova Scotia did not experience a COVID-19 outbreak during the first wave; nevertheless, participants worried over the potential for a workplace outbreak. When asked about how concerned they were about an outbreak, 38% reported being extremely concerned. In open-ended answers, lack of preparedness and the likely ineffectiveness of existing measures in the face of an outbreak was a theme. A registered nurse (RN) wrote of workplace safety measures that "I don't think they are going to work to prevent an outbreak." Similarly, another CCA reported, "I don't feel the proper infection control practices are followed as far as an outbreak is concerned. I don't feel we are prepared if we have a case."

Access to Personal Protective Equipment (PPE)

We asked participants if there was ever a concern about shortage of personal protective equipment (PPE). The majority, 59%, reported that there had been a shortage in the supply. Supply shortage was more prevalent in small facilities (fewer than 80 beds), where 78% of workers reported a shortage in PPE, compared to 45% in larger facilities (more than 120 beds) and 63% in mid-sized facilities (80 to 120 beds). Among all workers, 37% reported having to reuse equipment that they thought should not be reused while the remaining 63% were never asked to reuse

equipment. When asked whether workers ever needed a piece of PPE that was not available to them, 21% of workers in small facilities reported at least one time when PPE was not available, compared to 43% of workers in large facilities and 41% of workers in mid-sized facilities.

Workers' feelings of safety were linked to PPE policy and access. Some participants were satisfied with PPE access and other safety measures: one CCA stated, "My employer provided all the necessary PPE and you could always ask anything about any concerns." However, other participants expressed dissatisfaction with their access to PPE. Some noted limits on PPE availability, such as one mask per shift. A recreational therapist pointed out that lack of availability was compounded by the quality of PPE: "Masks were so mass produced that they fall apart at the seams, literally. Some are missing nose pieces, some are tight or loose, some break. And if we ask for a new one it's the end of the world." A nursing assistant noted that the government had responsibility as well as the employer, writing, "our safety measures were implemented as soon as the directive was implemented by the government. However, I don't think that the government in Nova Scotia acted quick enough with masking for staff." Finally, a nursing assistant noted a concern about possible outbreaks as "Proper equipment is not available for staff if there is an outbreak." These concerns about having enough PPE and the fear of an outbreak were also noted by long-term care workers in Manitoba (Reynolds et al., 2022). Problems of PPE impacted the quality of care that could be provided to residents and may have put some at risk of contracting COVID.

The Impact of PPE Use on Quality of Care

Though PPE was important to protect safety, masks created discomfort for staff and challenges for patient care. During the summer, high temperatures made wearing a mask more uncomfortable. Participants identified sore nostrils, nausea, and exacerbated asthma with mask wearing. Wearing masks made providing care for residents more challenging, in part because residents' health conditions included hearing loss, dementia, and other conditions that make communication difficult and facial expressions important. Participants reported that residents were

not used to interacting with people wearing masks, and that it could be difficult for patients to recognize and hear staff. For example, a CCA wrote that for patients with dementia, a person in a medical mask “can be scary.” Interacting with residents was further challenged by the need to be physically distant from patients, the need to layer face shields over masks for some tasks, and the introduction of new tasks such as regular temperature checks and keeping new patients isolated. A CCA summed this up: “All of this makes my job more challenging; it’s more duties, it’s harder to communicate, and it can make residents uncomfortable.” Another CCA wrote: “Very stressful!!!! And the people I feel worst for are our residents who feel like they are in jail and only see humans with masks on”. When asked to reflect on working in LTC during the pandemic overall, a Registered Nurse wrote: “Hell. LTC residents deserve more.” While masking could make interactions difficult, it was also necessary to facilitate close contact care; access to adequate PPE not only contributes to safety through preventing transmission, but also through preventing isolation and missed care (Armstrong et al., 2020a).

The Impact of Overwork and Understaffing

As well as safety concerns, changes to work responsibilities during the pandemic negatively affected working conditions in LTC. Ninety percent of participants reported that their tasks or responsibilities had changed, and 94% of those who experienced a change reported that it made their job more challenging.

Staffing shortages and resulting overwork were prevalent among participants. Feelings of overwork were much higher during the pandemic. When asked about feeling overworked on a scale of 0 to 10 (never to all of the time), the average was 8.2. When asked about feeling under-supported due to staff shortages during the pandemic, the average score was 7.8 (see Figure 1). These changes are statistically significant. Nearly all LTC workers (96%) reported that their workplace experienced staff turnover during the pandemic, and that this turnover made their work more challenging. Another aspect of overwork was inability to take a break: 56% of workers were asked to defer vacations or leaves. The pandemic amplified thoughts of quitting, as 49% reported thinking about quitting more often during the pandemic than

previously. When asked whether participants expected to be at their job five years from now, only 49% said yes.

Despite these difficult conditions, participants reported that they were providing high quality care. When asked to rate the quality of care offered to patients during the pandemic on a scale from 0 to 10 (terrible to excellent), the average was 7.0 (see Figure 1). This is a significant decrease from 7.9 which was reported prior to the pandemic yet still good quality. The high self-rating of care quality speaks to a work culture in which prioritizing quality care in difficult circumstances is valued among LTC workers (see Twohig 2021).

These findings on overwork due to increased workload and staffing shortages in Nova Scotia reflect problems in LTC experienced across the country (see Reynolds et al., 2022 on Manitoba; Cruise et al., 2023 on Ontario; and Orhierhor et al., 2023 on British Columbia), which is likely a reflection of the extra burden placed on LTC workers during the pandemic.

Changes in Behaviour

One source of stress was the potential to become infected with COVID-19 and subsequently infect someone else at work or at home. Sixty-six percent of participants reported being very concerned about infecting residents with COVID-19. This demonstrates that, despite the low number of COVID-19 cases in LTC facilities, most workers surveyed were concerned about bringing the virus into their workplace. A similar question was asked about concern over infecting family members or housemates; and 61% of participants reported they were very concerned.

Participants' concern over transmission led to a variety of activities intended to help protect their household. When asked if they avoided certain practices due to their work requirements, 81% of participants reported that they avoided touching or hugging someone who was not their child, and 41% reported that they avoided touching or hugging their child. When it came to regular routines at home, 34% reported that they avoided eating with others; 17% reported that they did not prepare meals for others;

26% reported that they avoided sharing a bed; and 20% reported that they did not share a bathroom. When asked about hygiene practices, 76% reported that they showered as soon as they came home from work, 66% reported washing clothes immediately after work or storing them until they could be washed, and 76% reported wiping down surfaces. One CCA described the experience of working during a pandemic as “horrendous,” due to “living in isolation from family for fear of infecting them. Feeling afraid all the time.”

Workers who were exposed to COVID-19 at work described more comprehensive measures. A licensed practical nurse (LPN) described her practices at home: “When I was working on the COVID unit I [used] a different door, scrubbing down the bathroom every time I used it and stayed in my room. Using only disposable dishes and had no contact with my family that wasn't 6 feet apart.” A CCA described how “I would change clothes right at work, bringing scrubs home in a bag and down through the back door right into the washer. I would wear gloves entering the house and then asking children not to touch me until I had showered and [got] rid of anything I had been using that day (keys, lunch box etc.) What a headache.” Such changes substantially affected the daily routines of workers.

Impact on Health

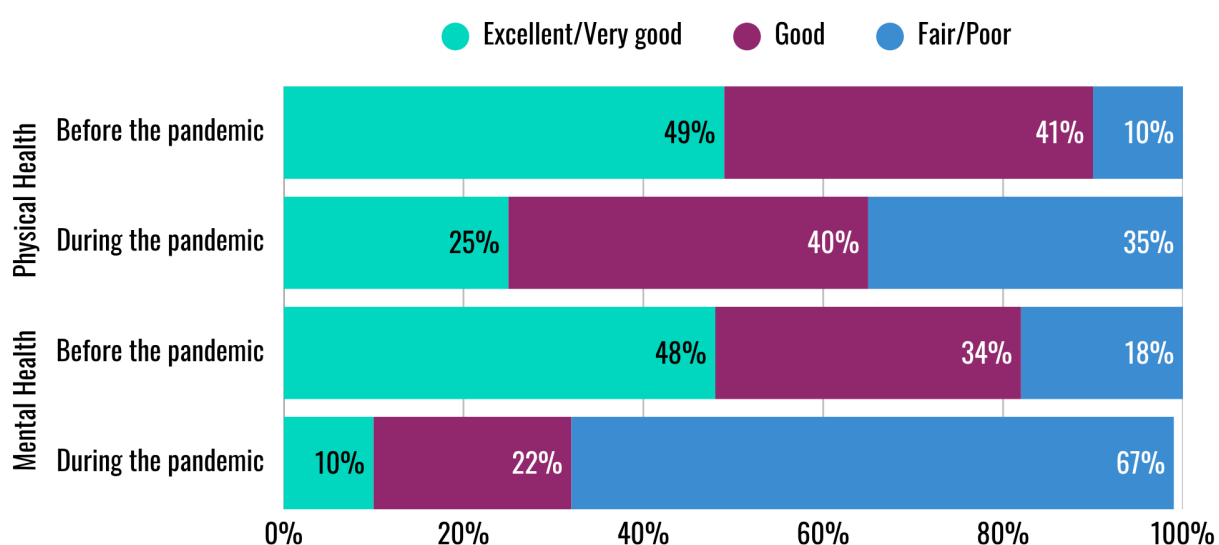
Our data show that the pandemic had a negative impact on the physical and mental health of LTC workers (see Figure 2). The changes were compared using a Wilcoxon Sign-Rank Test for significance. With respect to physical health *prior* to the pandemic, 49% reported theirs to be either excellent or very good, 41% reported good, and only 10% reported fair or poor physical health. However, during the pandemic, only a quarter of the participants reported their health as either excellent or very good, and 35% reported their health as fair or poor. These changes are significant.

Self-reported mental health declined much more strikingly during the pandemic. Prior to the pandemic, mental health was rated excellent or very good by 48% of participants, good by 34%, and fair or poor by 18%. In contrast, during the pandemic only 10% reported their mental health as excellent or very good, while 67%

reported their mental health as fair or poor. These changes are significant.

The increase in mental health concerns could be linked to participants' reported high levels of stress during the pandemic. On a scale from 0 to 10 (not at all stressful to extremely stressful), the average was 8.0, a statistically significant increase from 5.1 before the pandemic.³ The mental health impact of the pandemic on LTC workers, who were already reporting stressful working conditions before the pandemic, is remarkable.

Figure 2 / Self-reported physical and mental health before and during the pandemic



Note: Figures may not add up to 100 per cent due to rounding.

Will Media Coverage Lead to Change?

In their report “Re-imagining Long-term Residential Care in the COVID-19 Crisis,” Armstrong et al (2020a: 11) observe that improved regulations in the LTC sector often result from media coverage of scandal. On the other hand, as noted above, Curry’s (2015) report on the NSNU lamented that public concern about

³ Working in long-term care during a pandemic is likely only one reason for high levels of stress. For example, on April 18-19, 2020, a gunman committed what became Canada's largest mass shooting event in a small Nova Scotia community; the province also experienced several other newsworthy losses during this time (CBC News 2020).

LTC that emerges during a crisis is rarely sustained. We asked participants how they felt about the mainstream media coverage of COVID's impact on LTC and if they thought it would lead to changes in the sector. When asked whether media coverage was focused on the most important issues, only 42% responded yes. As for whether "the additional media attention will lead to permanent changes," most participants were ambivalent or unsure, and 21% strongly disagreed that media coverage could lead to lasting change.

Many participants who shared their thoughts on media coverage in open-ended responses pointed to ways in which the reporting was flawed or incomplete. A repeated theme was that the long-standing nature of LTC problems was not highlighted in media coverage. For example, participants stated, "They did a fair job, but the issues were there long before the pandemic" (LPN); "Not a complete picture. Many of the issues (staffing) were problems before the pandemic" (RN); and "We have had problems in LTC for years, nothing will change" (PSW). **The feeling that media scrutiny would not lead to change was elaborated by a personal support worker:**

Nothing good ever comes from using the media to draw attention to it. [...] Easy to draw attention to the fact health care was drastically affected by COVID, but the only outcome from this has been to literally throw money at us, hoping it will solve the issues that were long there before the pandemic was here. Short staffed, mentally and physically exhausted workers, lack of supplies and support. You cannot pay them enough to say 'good job'

The frustration with never hearing 'good job,' was echoed by some participants who felt there was a message of blame in the coverage without enough credit given, some citing Northwood. For example, a PSW wrote, "A lot of blame has been put on care workers in cases where facilities have had deaths due to COVID so that is very stressful." As another PSW notes, failures were emphasized over successes: "it is a bit one sided - as the outbreak at Northwood was awful but a lot of other long term care facilities got ahead of the outbreak and put the precautions in place even before they needed to, and I think the media needs to cover that side as well." A lack of acknowledgement of the limited agency of

staff to prevent an outbreak was another shortcoming in media coverage. One administrator emphasized “[the media] have been hard on LTC [but] what is expected and what we have the resources to do are very different.”

In contrast to the blame critique, some felt that the most difficult aspects of LTC during the pandemic were not adequately covered. One participant focused on the fact that LTC facilities are homes and that other aspects of life as well as primary health care are important yet were overlooked. A recreational therapist explained: “The media has not covered our job during the pandemic. The jobs of CCAs [PSWs], RNs, LPNs have barely changed. But rehab/recreation jobs have severely changed.”⁴

Amid these concerns over the longstanding nature of problems, the potential for media stories to point blame, and the lack of nuanced coverage, some participants were largely positive in their assessment. They welcomed the idea that the public would better understand LTC issues. A PSW wrote that they were “Grateful for exposing the faults in the system,” while another PSW reflected, “now we are recognized more for the work we do. People don't understand how difficult a day can be, physically as well as mentally.” An RN used the metaphor of bringing problems to light, demonstrating their belief that the general public lacked awareness: “it has brought to light the ‘gaps’ in the system and how some of the most vulnerable people in society are treated and prioritized.”

⁴ LTC workers' frustration about media portrayal is reflected in other studies about the pandemic. See Reynolds et al. 2022, p. 617.

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Declaration of interests

The authors report that there are no competing interests to declare.