

Covid-19 in nursing homes as experienced by employees

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Summary

In this report, we study how employees at four nursing homes in Stockholm experienced the Covid-19 pandemic. It features firsthand experiences of employees on how the pandemic for two years affected their work situation and the care provided for the residents. As the people living in nursing homes are generally very old and suffer from multiple chronic conditions, they represent a group at high risk of suffering from serious illness if infected with Covid-19. As a result, this group and the employees working in nursing homes were particularly affected by the pandemic.

At each nursing home, we have interviewed three groups of employees working the closest with the residents and being responsible for their well-being, health and safety: care workers tasked with providing practical, social and emotional support to the residents, registered nurses tasked with performing medical assessments and interventions and first-line managers responsible not only for the work environment for care workers but also the quality of care. The study examines the conditions for managing the pandemic, the measures taken to prevent the virus from spreading and the consequences of the pandemic for employees and for the care of residents.

Current knowledge of the impact of the pandemic on Swedish nursing homes is largely based on studies on the conditions during the early stages of the outbreak, including the report issued by the Swedish Corona Commission in late 2020. In contrast to these studies, we analyze how the operations at various nursing homes were affected over time as well as the consequences of the pandemic in the long term. The report also presents an in-depth account of the implementation of various

guidelines and measures and the consequences of these for the work situation of the employees and the care of the residents.

This report is aimed at decision-makers and politicians at all levels, as well as managers and employees working in eldercare. It highlights measures necessary for strengthening our ability to manage future pandemics and other outbreaks of infectious diseases. The report also highlights the resources and skills needed for offering high-quality care for older people with extensive health and social care needs living in nursing homes, regardless of whether or not there is a pandemic.

Conditions for managing the pandemic

The report shows that shortcomings in terms of information, hygiene practices and competence made it harder to manage the pandemic. Initially, there was a lack of knowledge on how to prevent and treat Covid-19 as well as which protective equipment should be used by the employees to protect themselves and others. First-line managers, registered nurses and care workers were definitely afraid of getting infected and spreading the virus. Eventually, there was a massive flow of information originating from different actors that first-line managers and registered nurses had to spend a great amount of time reading up on. An additional challenge for first-line managers and registered nurses involved disseminating up-to-date information to all care workers working in different units of the nursing home and at different times of the day.

There were recommendations during the pandemic concerning expanded hygiene measures. The implementation of these was hampered by the fact that basic hygiene practices were not consistently followed before the pandemic. This meant that the nursing homes not only needed to update the care workers on the basic hygiene practices that always apply but also train them on the expanded hygiene measures. The fact that the facilities of the nursing homes are not adapted to the required measures aimed at stopping the virus from spreading resulted in additional difficulties. This is due to the fact that nursing homes, unlike hospitals, are designed to resemble a normal home and thus lack facilities in every single apartment for hand washing, disinfection and changing protective clothing.

Staffing represented a problem for all nursing homes during the

pandemic. Even before the pandemic, the low staffing levels and the high level of temporary and casual employment contracts at Swedish nursing homes were criticized for leading to high workloads and poor conditions for offering high-quality care. The pandemic has shown us that low basic staffing and temporary and casual employment contracts also mean that nursing homes are not well-equipped when it comes to managing periods of higher sick leave rates. The fact that eldercare rely on a large portion of employees working on an hourly basis or with fixed-term contracts makes them more vulnerable. Another problem concerns the competence of care workers. There are several assistant nursing training programs, and the interviewees state that these programs differ in quality and that there are great differences in terms of the competence of assistant nurses. There is also criticism that not all assistant nurses exhibit sufficient language skills, even though they were trained in Sweden. Good care requires that the care workers receive support and guidance from registered nurses, particularly in cases of serious illness. Hence, the fact that registered nurses have not been present at nursing homes around the clock constitutes a problem. This means that during some parts of the day, care workers had to assume great responsibilities without access to medical expertise except for in emergency situations. This caused stress and anxiety among the care workers and placed the residents at risk.

Measures aimed at preventing the virus from spreading

The nursing homes took measures in the form of information and training initiatives, isolating sick and infected residents, social distancing and increased staffing.

First-line managers and registered nurses have carried out training sessions and informed employees on various measures aimed at preventing the virus from spreading. However, disseminating information to employees across different units of the nursing homes and shifts has been a challenging task, requiring a great deal of effort. An additional difficulty is the fact that care workers often face time constraints while also exhibiting varying educational backgrounds and language skills. Our study shows that first-line managers and registered nurses have become increasingly present in the operations in order to

demonstrate and remind employees of hygiene practices. This seems to have played an important role, not only with regard to compliance with these procedures but also the security of the employees.

A key measure for reducing the spread of the virus has been to isolate sick and infected residents (i.e., so-called cohort care). Cohort care has been carried out in two forms: the individual being isolated in his or her apartment or setting up special Covid units.

Isolating residents in their apartments represents a staff-intensive measure, as one or a few employees are assigned as cohort staff to only work with the infected individual or individuals. This also means that the isolated individual only interacts with the cohort staff, which have not always been the regular staff. This may have jeopardized the quality of care and caused anxiety for the residents. The interviews also indicate that isolating residents suffering from dementia has been difficult. The care workers have in some instances been uncertain as to what to do, such as when an infected individual wants to leave his or her apartment, and there have been cases where residents have been locked up against their will. Cohort care in the form of Covid units with employees assigned to work in these units enabled well-functioning collaborations between registered nurses and care workers. For the residents, however, moving to a Covid units meant that they had to leave their home, something they did not always consent to.

Various social distancing measures were also implemented as part of the efforts to reduce the spread of the virus. These have changed everyday life at nursing homes. Activities involving residents from different units of the nursing homes were canceled, while activities limited to one unit have to some extent occurred – however, this has varied over time and between units. To mitigate the consequences of the visitation ban, the nursing homes have tried to set up video calls between residents and their families, which was made more difficult due to technological shortcomings. In addition, impaired vision, hearing or cognitive abilities have prevented some residents from fully participating in such calls.

Another measure has been to keep care workers working in different units of the nursing homes separated from each other. However, the lack of staff has led to employees in one unit sometimes having to work in another unit at the nursing home. The fact that employees working on an hourly basis may have worked in several different nursing homes

without the first-line managers being aware of this has led to uncertainties regarding the spread of the virus. During the pandemic, there was an increased need for care workers due to high sick leave rates and measures requiring more staff, such as cohort care. One way of managing the high sick leave rates was by trying to cover gaps in staffing by using existing employees. An advantage here was that all employees were familiar with the organization and the day-to-day work, while a drawback was that this overtime impacted the employees' ability to recover. Many nursing homes also hired new staff, which caused problems. The study shows that new employees did not always have adequate training, previous experience and/or sufficient language skills, nor was there enough time to give some of them a proper introduction to the job before they started working on their own.

Consequences of the pandemic

There are many indications that the measures taken during the pandemic affected the quality of care at the studied nursing homes. The fact that Region Stockholm, at the beginning of the pandemic, decided that sick individuals at nursing homes should not be given priority for hospital care represented a medical risk, especially in combination with the fact that most physicians did not go out on physical visits at this time but were only available via telephone. This affected Covid-related care but might also have had a negative impact on other medical conditions. The quality of care services was jeopardized by the fact that new and untrained employees carried out personal care on their own. The quality of care was also affected by the fact that the social aspects of care were not prioritized due to the substantial focus on hygiene and social distancing. The residents were isolated from the outside world for a long time while also distancing themselves from both employees and other residents. Care workers and registered nurses argue that this resulted in a reduction in the quality of life for the residents, including increased depression and anxiety. Activities being canceled resulted in boredom, less physical activity and limited interactions with other people. In addition, communication between the employees and the residents was hampered by the fact that employees wore masks and/or face shields while maintaining a distance.

The measures taken during the pandemic also reduced the autono-

my of residents. The long visitation ban meant that they were unable to meet their family for a long period of time. Other measures regarding aspects such as activities, isolation and socializing appear to have been carried out without consulting the residents. A nursing home is the individual's home, and restricting what a person can and cannot do in his or her own home constitutes a major infraction of fundamental rights and freedoms. Locking up people or moving them against their will is not permitted. At the same time, a nursing home is a collective environment, and first-line managers and employees faced difficult decisions balancing the will of the individual and their responsibility to protect other residents from getting infected. This was further complicated by the fact that some residents had a limited ability to analyze the consequences of their decisions, such as meeting their families.

The situation for the employees also deteriorated during the pandemic. The workload increased and first-line managers, registered nurses and care workers worked more than usual. Protective gear made the work more demanding, and the measures taken to reduce contamination resulted in new work tasks – such as contact tracing or setting up video calls and safe visits – in addition to increased cleaning and disinfection. Managers and registered nurses spent a lot of time communicating with worried relatives, while managers also found it time-consuming to solve the staffing problems. When the physicians tied to nursing homes no longer went out on physical visits, but were only available by telephone, registered nurses took on a great responsibility by making difficult medical assessments regarding sick residents. The registered nurses also played a key role in monitoring and instructing care workers when it came to hygiene practices. At the same time, the care workers took greater medical responsibility in terms of relieving and/or covering up for registered nurses facing a great workload. In addition, experienced employees had to take a great deal of responsibility when new employees were hired and who had not received an adequate introduction and/or lacked the right skills.

The pandemic also caused an increased emotional burden on first-line managers, registered nurses and care workers. Employees in all three groups talk about their concerns and fear of getting infected and infecting others. Employees had to manage the dilemmas created by measures to reduce the spread of the virus, thereby protecting residents from serious illness and death, but which at the same time

counteracted other aspects related to the physical and mental health of residents. The absence of activities and the visitation ban resulted in registered nurses and care workers witnessing how the residents became more passive and missed their families. Due to rules regarding social distancing, they were prevented from providing the comfort and social interactions that might have offset these consequences. It was difficult for the employees not to be able to comfort residents with a hug or pulling up a chair and talking to them. An additional strain primarily affecting the care workers was that they to a greater extent encountered serious illness and death among individuals with whom they had formed a relationship. They have experienced grief, fear and a sense of powerlessness.

Lessons for developing policies and practices

A COORDINATED FLOW OF INFORMATION ADAPTED TO THE TARGET GROUP

During the pandemic, first-line managers and registered nurses faced an overwhelming task of managing information from different government agencies and compiling it for care workers. In any future crisis, it is imperative to have a coordinating function at the governmental or municipal level, responsible for disseminating relevant information to care workers in a timely manner. Additionally, nursing homes should establish an internal communication infrastructure that makes this information available to staff working across different units and shifts.

THE RIGHT TO AUTONOMY

The Swedish Social Services Act emphasizes the individual's right to autonomy, influence and integrity. The fact that autonomy was severely curtailed during the pandemic indicates the importance of systematically addressing these issues. Government agencies need to provide recommendations and guidelines here. Municipalities and care provider organizations need to support the first-line managers at nursing homes in identifying working methods and approaches while also providing the necessary skills for this (e.g., for working with people with dementia). Each nursing home needs to identify which concrete and individualized working methods work best for their specific setting and residents.

STRENGTHENING SUPPORT AND GUIDANCE FOR CARE WORKERS

As those working the closest to the residents, care workers have shouldered significant responsibility for the well-being of the residents during the pandemic. To provide health and social care for older people is a complex task and employees need more support and guidance to maintain a high level of quality. Experiences from the pandemic show that care workers need continuous guidance on how to maintain hygiene practices and how to safeguard autonomy in the collective environment represented by the nursing home. Care workers encountering unusually difficult situations at work also need crisis support.

MORE EMPLOYEES, SECURE FORMS OF EMPLOYMENT AND IMPROVED SKILLS FOR CARE WORKERS

Trained assistant nurses are needed in eldercare. The initiative to regulate and certify the assistant nurse profession represents an important step in ensuring skilled employees. In order to recruit and retain employees, reasonable working conditions and good opportunities for further training and development are required. Having more employees in eldercare working on a permanent basis is key for maintaining the quality of care and reducing the vulnerability of organizations in case of unforeseen events. Care workers should primarily be assistant nurses. If untrained and inexperienced people are hired, special efforts are needed in the form of a longer introduction and more guidance at work. Supported by their respective municipality, nursing homes need to determine which tasks may be carried out by untrained care workers without risking a reduction in the quality of care. Municipalities should also provide training to improve both care and language skills.

SOCIAL AND MEDICAL COMPETENCE IS NEEDED AT NURSING HOMES

The pandemic has highlighted the need for medical expertise in nursing homes. The people living there often suffer from multimorbidity, and Covid-19 represented a real threat to them. To improve medical care and provide high-quality care, registered nurses and care workers need to work closely together. In order to do so, more registered nurses are needed as well as registered nurses being present around the clock. The social aspects of care have proved to be as important as the medical aspects. Care workers also need to possess good social and language

skills in order to meet the social needs of the residents and maintain their quality of life.

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