"We're just treated so differently": Experiences of women working in long-term care facilities in British Columbia, Canada during COVID-19

GENDER & COVID-19

GENDER & COVID-19

"We're just treated so differently": Experiences of women working in long-term care facilities in British Columbia, Canada during COVID-19

Overview

This brief summarizes preliminary findings of a qualitative research study exploring the experiences of women working in long-term care (LTC) facilities in British Columbia (BC), Canada during the first year of the COVID-19 pandemic. Five focus group discussions and two semi-structured interviews were conducted with care aides, or those working in similar capacities, and two focus groups were held with those working in custodial and food service at LTC facilities. Participants were recruited through emails disseminated by unions and social media advertisements. Focus groups and interviews took place virtually over Zoom during March 2021. Informed consent was received from all participants, with ethics approval granted by Simon Fraser University. Through a framework approach, analysis provided insight into the risks, challenges, and inequities facing women working in LTC. The COVID-19 pandemic has highlighted challenges facing the LTC sector, which has borne the brunt of community outbreaks. This research aims to bring to light the experiences of those working within the sector, in order to inform the development of more equitable and sustainable care systems.

The issue

LTC facilities in BC have been disproportionately affected by the COVID-19 pandemic. Over the first two waves of the pandemic (March 1, 2020, to February 15, 2021), 69% of COVID-19 deaths in Canada were attributable to residents in LTC facilities[1]. In addition to the direct health risk of COVID-19 infection, those working in LTC faced increased workloads, rapidly changing information, and stressful work environments[1].

Pre-COVID-19, studies on the working conditions in LTC in BC found that, in many facilities, working conditions have declined over the past two decades, particularly since the increased privatization of the sector in 2002[2]. Workers are often subjected to exhaustive and unpredictable workloads with inconsistent assignment of work hours[3]. They have reported increased injury and declining emotional well-being, as well as fear of taking sick leave due to the risk of losing employment[3]. As work in the sector has become increasingly precarious, a growing portion of workers have come to rely on jobs at multiple sites due to insufficient pay and contracted hours[4].

This report specifically aims to share the experiences of women working in LTC, recognizing that 80% of those working in the health and social assistance sector identify as women. Overall, women have disproportionately experienced the secondary effects of COVID-19, which are indirect social, economic, and non-COVID health impacts, not only because they make up the majority of essential workers, but also because they provide the bulk of care to children and other dependents at home.

Findings

Many women working in the LTC sector faced poor working conditions, such as low pay and high turnover, while facing increased labour demands. The inability to provide adequate care to residents due to staff and resource shortages weighed on workers, and the resulting work environment has had detrimental effects on their physical and mental well-being.

Lack of support affects the sustainability of the care systems

Staffing shortages

Staffing shortages were a common concern highlighted by women working in LTC. One LTC worker noted that this was an issue before the pandemic, and will likely continue after the pandemic is over. A custodial and food service worker stated that the reason their organization struggled with staff retention was due to low pay. Other reasons for staffing shortages include burnout and casual workers leaving for permanent positions elsewhere.

> ***"They doubled the amount of staff that we have since COVID, and it's a rotating door. Every day I go to work, there's two or three new people. But we never seem to go over 100 people, so we must be losing two or three a day. So, and yet, we're always short staffed, we always have positions in our area that aren't filled."***
>
> **Custodial and food service worker**

GENDER & COVID-19

Work burden

Workers took on additional stress, responsibilities, and work burden, due to staff shortages and pandemic guidelines. For example, prior to the pandemic, LTC workers received additional support from residents' visiting family members and volunteers, but they were no longer able to visit due to COVID-19 guidelines. For LTC workers, being short-staffed often meant being the only available worker in their role with nobody to fill in. At times, facilities were assigned support from other types of staff such as registered nurses to offset increased labour demands, but some workers stated that this support never arrived. One care aide described working 13 days without a day off, which equated to approximately 105 hours, during the first two weeks of an outbreak. Another woman described all the housekeepers and food service workers being overworked with 12 hour days. Many mentioned the additional burden of needing to console both residents and colleagues to try to maintain a positive work environment. One LTC worker discussed trying to act as an emotional and psychological support for residents who either do not have families or are unable to contact them. One custodial and food service worker stated that workers were repeatedly getting injured because of the pace of work and lack of time for breaks.

> ***"It always ends up coming back on us [...] we have to eventually- just have to stop and find the energy or find the time – it eventually just catches up to us. The work just doesn't disappear, we just don't do it for that day."***
>
> **Care aide**

Job precarity

Women working in LTC described being placed in precarious circumstances due to the structure of their employment. One housekeeper described that being in a privatized facility made her feel like a second-class citizen; the management pushed for workers to come to work even when they were sick, and due to the nature of their probation period, workers were being fired for taking time off due to sickness. Another stated that without a contract, they were paid close to minimum wage without raises that paralleled the increases to contracted minimum wage for the past four years. One custodial and food service employee described how workers stopped coming in due to the lack of overtime pay.

> ***"Yeah, working in like short staffed- working 16 hours and 24 hours sometimes because nobody wants to come in... Because working overtime, there's no pay for overtime. That's what we experienced at work."***
>
> **Care aide**

Custodial and food service workers felt they are treated differently from health care workers

One custodial and food service worker described how the doctors, nurses, and care aides in their facility were vaccinated first, before the housekeepers and food service staff, and while all the other professions had received their second dose, they were still waiting for their first. Another described receiving their first dose at the same time as residents' family members. For some custodial and food service workers, this differential treatment resulted in distrust of management. One worker described not trusting their manager after witnessing them directing nurses to wear N95 masks, but for the same situation telling custodial and food service workers that they were fine to proceed without one. Another described feeling their concerns were belittled by management.

> ***"We're just treated so differently. I don't know. Like I said, like we're the bottom of the shoe. Like, they'll bring in food, donate food and it always goes to the nurses, or the care aides, it never makes its way to us."***
>
> **Custodial and food service worker**

Caring for dependents

In addition to the increased work burden and resulting stress, many women working in LTC care for children and other dependents in their personal life. The lack of stability and sustainability in their occupations placed many under added pressure. One woman described caring for their sick relative as a second shift. Another summarised that society places a lot of demands on mothers. One custodial and food service worker described needing to visit her aging parents regularly to care for them and tend to their chores. Other workers experienced similar circumstances,

> ***"With regards to holding yourself up with a higher standard, I think – well first of all I am a mother of four and I have a grandchild too. So anyways, when you are a mother you want to protect your whole household, and that goes with your patients, your work as well."***
>
> **Care aide**

caring for sick in-laws, parents, partners, or children. Many workers experienced fear and anxiety, particularly around spreading the COVID-19 virus to residents and family members. One care aide described the worry of contracting COVID-19 due to living with an elderly family member and another with a respiratory condition. Another described immunocompromised colleagues being fearful of coming into work.

> ***"I feel I've – I was worried that I was going to be the one to take it into work. So I walked around, as we all have, with so much angst that every day would be tears and hoping that I didn't have it and I wanted to not be around my family, because I didn't want them to give me something and me take it into work."***
>
> **Care aide**

Additional work burdens left many women working in LTC feeling guilt over their lack of capacity to provide appropriate care to residents

Inability to provide appropriate care

Excess work burden had a direct impact on the quality of care for residents. LTC workers described the need to skip tasks and one worker described how this led to residents' suffering. For example, workers described being unable to provide residents with all their routine baths. One care aide stated that at times residents would miss baths for at least four weeks.

> ***"It doesn't feel good to leave people without having a bath for four weeks. It doesn't feel good to not put that lipstick on that one lady for whom it just brightens up her whole day."***
>
> **Care aide**

Resident suffering created mental and emotional strain for workers

Being unable to provide appropriate care to residents left many feeling disparaged. One woman described the drive to go above and beyond and that it did not feel good to be providing less than quality care. For some this was described as a disconnect between their role and values as a care aide and the care they are able to provide to residents. A care aide stated that she saw colleagues get worn down by not having the capacity to do the tasks that they feel qualifies as performing appropriate care. Furthermore, being told to 'make do' by management did not feel good enough for many as they reflected on the impact this had on residents. One care aide described the resulting guilt of going home even though they had not been able to accomplish all their tasks. Another described the resulting burnout from being forced to provide a lesser quality of care.

Women working in LTC are exposed to risks to their physical and mental health as a result of their work environment

Exhaustion, stress, fear and anxiety

Across all focus groups, women working in LTC discussed exhaustion. One custodial and food service worker described how exhaustion manifested both physically and mentally. This is paralleled by discussions among care aides. One woman described how exhaustion was first physical, due to the pace of the work and the lack of breaks, but over time this manifested mentally as well. The same care aide described testing positive for COVID-19 and ultimately being glad that they were forced to stay home and self-isolate because it helped them realize that there was no work-life balance at their site. One custodial and food service worker described just anticipating their upcoming tasks as being draining.

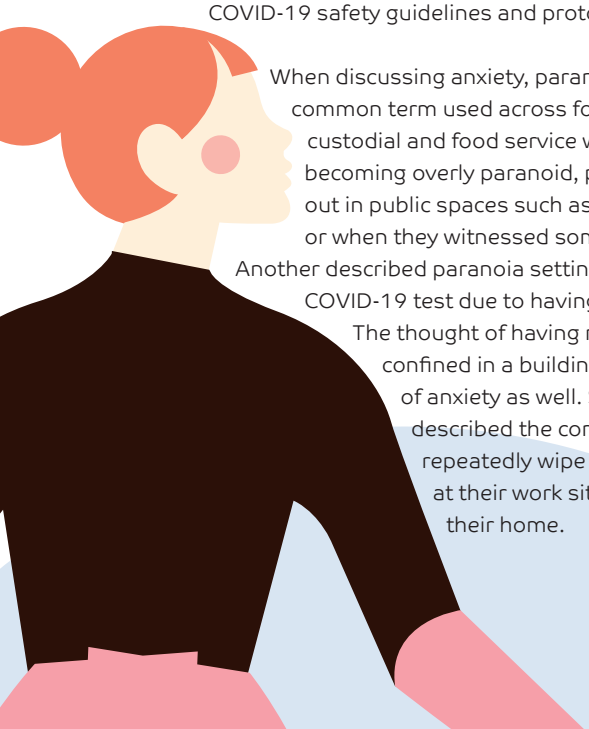
GENDER & COVID-19

> ***"The one thing I really want people to know, is that sometimes it's just really hard, like I don't even want to get out of bed. Like I just – like, oh God, you know, it's Friday morning, I'm supposed to be at work at eight o'clock. And I'm not a person who would call in sick and just say, "Oh yeah, by the way it's ten to eight and I've got a sore throat." So that's one thing I really want people to know, that even though I'm not a nurse, and I haven't had to have anybody who's had COVID, thank God, it's still scary."***
>
> **Care aide**

Additionally, across multiple focus groups, women working in LTC described feeling stressed and overwhelmed. One care aide discussed the importance of talking about their experiences, because otherwise they felt isolated and alone, even if surrounded by others. Seeing the rising cases of COVID-19 was a stressor for many, especially when considering the high volume of residents at their sites. One woman described the stress of handling up to 38 residents between three care aides.

> ***"Whether you've been able to continue working or have had to work from home or not work at all. It's - there's stresses in all different kinds of forms."***
>
> **Care aide**

One custodial and food service worker described the difficult balance between personal safety and trying to support residents. At times, workers were fearful of colleagues because they were aware that they were not following COVID-19 safety guidelines and protocols.



When discussing anxiety, paranoia was a common term used across focus groups. One custodial and food service worker described becoming overly paranoid, particularly when out in public spaces such as grocery stores or when they witnessed someone coughing. Another described paranoia setting in after getting COVID-19 test due to having cold symptoms. The thought of having many people confined in a building was a source of anxiety as well. Some workers described the compulsion to repeatedly wipe down facilities at their work site or within their home.

> ***"It's always in the front of your mind, right, not in the back of your mind, but it's always in the front, right? It's like 'OK, well did I wash my hands,' you know, or my mask is once again falling off my nose, and so I'm fixing it, and then they're like 'Well now you've contaminated your mask.'"***
>
> **Care aide**

Risk of experiencing violence

For many women working in LTC, experiencing violence from residents was a norm. One LTC worker described how some residents may not receive support from family, or are upset, lonely or sad, which would cause them to act out. These conditions could potentially be more prevalent given the restrictions to family visits and volunteer work brought about by COVID-19. Another stated that violence was so normal that they simply accepted it and would not report it despite policies that state all cases of violence should be reported.

> ***"I don't know, it's disheartening, but it's true. I mean who hasn't been spat on, kicked, punched, told that they were many names throughout their shift? And it's a norm."***
>
> **Care aide**

One LTC worker stated that their site would keep a calendar that staff were intended to mark with a red dot on a day they experienced violence, however they questioned the purpose of this task and whether it resulted in any change.

> ***"And that calendar was red for the whole month, but did that change anything? No. Nobody got more meds, we didn't get more staff, that didn't happen, because at the end of the month, that was just a test to see how much we're not reporting and that's it."***
>
> **Care aide**

Long-term care workers need more support and opportunities to engage in decision-making

Lack of clarity and consultation

Women working in LTC described a top-down organizational structure that emphasized obeying protocols and left little room for decision-making. The onset of the COVID-19 pandemic created confusion amongst staff as debriefs, changes, and rules became more frequent, and protocols and procedures became less clear. Many described not knowing what they were walking into at their job sites, and others noted that instructions from their regional health authority did not match those from their management.

> ***"Our hallways were chaotic. There was people running around, people forgetting and not being in that moment of doing your donning and your doffing [...]. You need to just treat everybody as positive."***
>
> **Care aide**

Need for effective and inclusive communication

Effective communication from management was a challenge. For example, one LTC worker described the ineffectiveness of management communicating procedures through page-long e-mails, particularly due to language barriers. A custodial and food service worker described being unsure whether their workplace offered safety information in different languages in the context of a highly racialized workplace where many did not speak fluent English. Some felt they were not appropriately notified of the number of COVID-19 cases or when an outbreak had occurred.

> ***"Lack of communication is a big one. When the lockdown first happened, they just changed all the codes on all the doors and came around and took all of our fobs away . . . No communication at all. And yeah, when rules changed, they just were changed. There was no – and there was no listening to us or answering questions. It was really frustrating. And I didn't feel supported, I don't think anyone did, honestly"***
>
> **Care aide**

Lack of voice and acknowledgement

Across multiple focus groups, women felt they either were not listened to or had no say in the matters concerning their profession. One care aide described feeling ignored despite herself and her colleagues picking up the labour of other professions in their facility and taking on the role of the 'mom of the house'. Many described a lack of praise and refusal to acknowledge concerns around being overworked and needing additional supports.

> ***"I was flabbergasted that not once in the last year, has our manager kind of gathered us together and said like well done team or I see how hard you're working or anything. That would kind of just really acknowledge how hard we were working and how complex it was."***
>
> **Care aide**

Recommendations

The COVID-19 pandemic has exacerbated substandard working conditions and provided new challenges for those working in LTC. Residents, who may already lack social and family support, are further isolated and are more prone to emotional distress and violence. Workers also fear for their physical safety with regards to contracting COVID-19. Both the pandemic and on-going working conditions have led to exhaustion, stress, fear and anxiety for many custodial, food service, and care workers.

GENDER & COVID-19

This analysis has highlighted that women working in LTC are intimately aware of the impact their roles have in bettering the lives of LTC residents. Structural issues have resulted in substandard conditions including low pay and inconsistent hours, and these conditions have made this work unsustainable for many. Those who remain in these roles face consistent staffing shortages and subsequently unmanageable workloads that force them to compromise the level of care they are able to provide to residents, which leads to additional mental and emotional burdens.

Actions to better support women working in LTC must consider both structural health system barriers, such as lack of consultation between staff and decision-makers, and procedural barriers, such as staffing, communication, and training. Individual-level supports that acknowledge workers' unique personal circumstances, such as caring for dependents, are also fundamental to ensuring the health and well-being of workers, residents, and their families.

Policy Recommendations

1. Provide monetary and wage compensations that mirror the benefits of other healthcare professionals, including sick benefits and additional compensation when working whilst understaffed.

2. Introduce government mandated job security guidelines that standardize wages, benefits, and allocation of work hours across care facilities.

3. Develop and implement culturally competent communication strategies that accommodate language barriers and do not necessitate the use of e-mails and computers.

4. Implement appropriate, accessible, and standardized grievance procedures that provide workers a safe method to voice concerns.

5. Adjust staff to resident ratios to ensure those working in long-term care are not overworked and can meet the needs of all residents.

6. Provide a range of on-site wellness resources including: access to support groups, wellness counseling, and exercise programs.

7. Provide subsidized, accessible childcare services for long-term care workers that meets the demands of shift work.

8. Ensure comprehensive coverage for counseling and physical therapy services for those working in long-term care.

9. Develop and implement media strategies that promote public awareness of long-term care workers as essential workers and highlight their contributions, as well as on-going challenges and inequities.

References

1. The Impact of COVID-19 on Long-Term Care in Canada: Focus on the First 6 Months. Canadian Institute For Health Information; 2021 Mar p. 34.

2. Province reverses privatization of cleaning and dietary work in B.C. hospitals [Internet]. [cited 2021 Oct 30]. Available from: https://www.heu.org/news/media-release/province-reverses-privatization-cleaning-and-dietary-work-bc-hospitals

3. Stinson J, Pollak N, Cohen M. The Pains of Privatization: How contracting out hurts health support workers, their families, and health care. Ottawa: Canadian Centre for Policy Alternatives; 2005.

4. Fast Facts: Canada's Long-Term Care Workers on the Front Lines of the COVID-19 Pandemic [Internet]. Canadian Centre for Policy Alternatives. [cited 2021 Oct 30]. Available from: https://www.policyalternatives.ca/publications/commentary/fast-facts-canada%E2%80%99s-long-term-care-workers-front-lines-covid-19-pandemic