



Nursing home front-line staff experiences during the COVID-19 pandemic

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This issue brief presents findings from a survey conducted by Brown’s Center for Long-Term Care Quality & Innovation (Q&I).

Nursing home residents account for 9% of COVID-19 cases in the United States to date, but 42% of deaths.¹ Front-line nursing home staff face unprecedented challenges as they adapt to a continuously changing environment to care for this vulnerable population. We surveyed staff to document their voices and identify areas for interventions. This issue brief summarizes respondents’ free-text responses regarding the context and challenges of the environment in which they practice.

Methods

We distributed an electronic survey via social media and professional networks from mid-May through early June 2020.

Sample

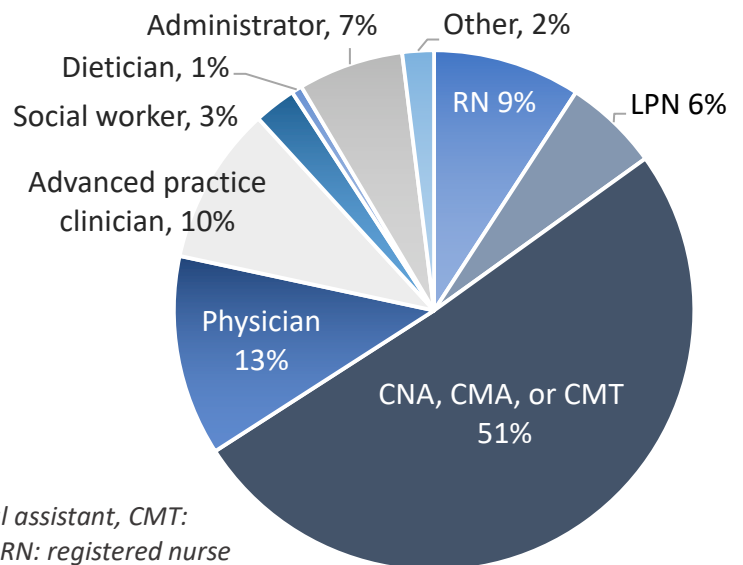
152 nursing home staff from 32 states:

- 51% are CNAs, CMAs, or CMTs (see figure)
- 87% provide direct resident care
- 39% work in supervisory roles
- 74% work in nursing homes that have had resident or staff cases of COVID-19
- 47% cared for one or more residents with COVID-19 in the last month

Notes: CNA: certified nursing assistant, CMA: certified medical assistant, CMT: certified medication technician, LPN: licensed practical nurse, RN: registered nurse

Key Findings:

- Respondents describe working under complex conditions with suboptimal availability of personal protective equipment and testing.
- They discuss the burden associated with tracking and implementing sometimes confusing or contradictory guidance from numerous local, state, and federal agencies.
- They poignantly describe how hospital workers are publicly recognized as heroic, while nursing homes are vilified.
- They express care and concern for their residents experiencing isolation, especially those unable to understand the restrictions.



Lack of PPE & Testing

Respondents, on the whole, describe access to personal protective equipment (PPE) and testing in June 2020 as better than early in the pandemic.

“When everything first hit, nothing was in place. There was no COVID unit, there [were] no COVID swabs available, there was no staff.

“After the crisis was in full tilt, then we started getting things we needed.”

Advanced Practice Clinician

At the same time, they are going to great lengths to procure PPE, including spending a great deal of time, money, and effort to obtain sufficient quantities. And they describe continued reliance on extended reuse of gowns and masks.

What are the biggest challenges?

“Obtaining needed supplies from unconventional suppliers. Actually leaving the building to go pick up supplies [from places] such as distilleries and plastics manufacturers.”

Administrator

“[We are] reusing PPE gowns and going in and out of rooms with the same gown.
The face masks [are] being reused for a week.”

Certified Nursing Assistant

Testing remains an ongoing challenge, with many respondents commenting on the need for “more tests” or “more testing.”

Burdensome Regulations & Guidance

Respondents also discuss navigating frequent changes in regulations and guidance. They comment that direction from multiple sources can not only be confusing or contradictory, but also require leaders to monitor numerous communications and continually update policies, procedures, and operations to remain in compliance.

“Keeping up with all the changing regulations is challenging.... that is Federal, State and Local Health Departments.

“And many times the guidance conflicts.”

Administrator

What are the biggest challenges?

“Constant changing regulations. Spending too much time reading, researching, typing, and re-typing policies and procedures to be current and educating staff and residents...

“Constant reporting at the county, state and federal levels and trying to learn how and where to report (their systems).”

Administrator

“Guidance has been spotty and unrealistic...”

“My patients’ deaths are being politicized.”

Physician

Public Blame & Lack of Recognition

Poignantly, respondents contrast the public support for hospitals and hospital workers, who are often referred to as heroic, with vilification of nursing homes and their staff.

“We would all love it if the general public, media, and government showed the same respect for nursing homes as they do for hospitals.”

Social Worker

“It is very frustrating that hospitals receive praise for what they are doing. [Nursing homes] and their leaders are an amazing group of providers and we get no credit, we are left as the scapegoats, the government adds tons of requirements, additional punitive surveys and unrealistic guidelines.”

Administrator

Many respondents describe the burden of public scrutiny and blame on the industry.

“[Long-term care] staff are treated as if they are the cause of the deaths, not the unseen virus... No one tells all the positive things [staff] have done to protect the residents they love. That is very sad to me.”

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Registered Nurse

The other thing that has taken an emotional toll is the amount of negative media...[Our] profession has done an unbelievable job in preparing for and fighting this invisible enemy. You can do everything right and still be negatively impacted.... then there is fault [implied].”

Administrator

Is there anything you would like to share?

“The standard we are held to compared to any other healthcare providers. The vilifying of people risking their lives while trying to save others.

“The mere fact that we have been turned into criminals for not being able to keep up with an event that the entire world could not manage, but somehow nursing facilities should have done better than world leaders.”

Administrator

Concern for Residents

Respondents mention the ongoing stress of trying to protect residents, while worrying about the consequences of social distancing and isolation.

“At times I feel like we are killing the residents with the cure [the isolation].”

Certified Nursing Assistant

What are the biggest challenges?

“Keeping Alzheimer's and dementia residents safe when they don't have the ability to understand the scope of the pandemic.”

Certified Nursing Assistant

“We have had increased numbers of deaths in otherwise stable residents, typically showing signs of failure to thrive... These changes seemed to have started 4-6 weeks after... visitation/activity restrictions and all had families that regularly visited prior to the pandemic.”

Advanced Practice Clinician

Concern for Self & Family

We report on respondents' fears for themselves and others in detail in issue briefs dedicated to PPE and staffing, respectively; but many comment on the fear and stress associated with risking being infected and infecting family members.

“My biggest challenge has been handling **the stress of juggling work and family safety concerns.**”

Certified Nursing Assistant

What is the biggest challenge?

“**That I don't get it.**
My age and I'm a smoker play a big part.”

Certified Nursing Assistant

Flexibility & New Roles

While respondents express worry for the health and safety of themselves and their families, many, particularly those in leadership roles, comment with pride on how staff are going above and beyond to provide care to their residents.

“Our staff are filling multiple roles while we fight this virus: **they are caregivers, entertainers, spiritual companions, family members...**”

“They really have been heroes.”

Administrator

“**We are short of help, which means I must care for 20 residents alone.**”

Certified Nursing Assistant

“The cooperation of the staff, residents and families has been absolutely wonderful and **has made these difficult circumstances tolerable.**”

Administrator

Summary

The nursing home staff who participated in this survey describe working under stressful, complex, evolving conditions requiring them to adapt and assume new and increased responsibilities. With staffing shortages and visitation restrictions, direct caregivers are responsible for greater numbers of residents and for helping residents cope with isolation. Frequent changes in state and federal guidance and systemic PPE and testing challenges have forced facility leaders to remain constantly vigilant to maintain compliance, and to find creative solutions to procure supplies.

Perhaps most importantly, respondents contrast the public support for hospitals against the vilification of nursing homes. Nursing homes care for a high-risk vulnerable population requiring extensive, hands-on care that cannot be done while social distancing. And they do this with considerably fewer resources than hospitals, due to chronic systemic underfunding of long-term care systems in the United States.

Nursing home staff are tackling a Herculean task and deserve recognition and support. This means an influx of funding – not penalties – and supplies to keep their vulnerable residents safe as the pandemic continues indefinitely.

¹ NYTimes. More than 40% of US coronavirus deaths are linked to nursing homes. 15 July 2020. <https://www.nytimes.com/interactive/2020/us/coronavirus-nursing-homes.html>

About the Brown Center for Long-Term Care Quality & Innovation (Q&I): At Q&I, we partner with healthcare providers to identify and test interventions using pragmatic methods. Understanding the real-world context under which providers operate is central to our approach. More: [@BrownLTCQI](http://brown.edu/go/innovation)