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WORKFORCE

# COVID-19: Stress, Challenges, and Job Resignation in Aging Services

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Research Brief



In partnership with:



LeadingAge  
LTSS CENTER  
@UMass Boston

Research bridging policy and practice

# About This Report

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## About the LTSS Center

The LeadingAge LTSS Center @UMass Boston conducts research to help our nation address the challenges and seize the opportunities associated with a growing older population. LeadingAge and the University of Massachusetts Boston established the LTSS Center in 2017. We strive to conduct studies and evaluations that will serve as a foundation for government and provider action to improve quality of care and quality of life for the most vulnerable older Americans. The LTSS Center maintains offices in Washington DC and Boston, MA.

For more information, visit [LTSSCenter.org](https://LTSSCenter.org).

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# Overview

Approximately 4.6 million direct care professionals in the United States provide life-sustaining care to people who are older, live with disabilities, or have complex medical needs.

Professional caregivers include home care aides, home health aides, nursing assistants, and certified nursing assistants (CNA) working in nursing homes, assisted living communities, and in the private homes/apartments where older adults live. These caregivers play a critically important role in helping care recipients remain healthy, maintain their independence, and avoid unnecessary use of expensive health care services.

Direct care professionals have found themselves on the frontlines of the coronavirus pandemic. From March 2020 to June 2021, the virus infected over 1.38 million people in 32,000 nursing homes and other long-term services and supports (LTSS) settings. At least 184,000 coronavirus deaths have been reported among LTSS residents and staff, accounting for 31% of all COVID-19-related deaths nationwide (The New York Times, 2021).

Despite the significant personal risk they encounter on the job each day, professional caregivers often lack access to hazard pay, paid time off, pandemic-specific training, affordable and accessible childcare, or adequate personal protective equipment (PPE).

## Threats to Physical Health

Direct care professionals are particularly susceptible to contracting COVID-19 and are at increased risk of severe illness if they become infected with the virus. These risks are directly associated with several factors.



For example, professional caregivers:

- ➔ Have daily exposure to residents and clients who have been infected with the virus.
- ➔ Live in communities with high COVID-19 rates.
- ➔ Belong to demographic groups—including people of color and older adults—that are more likely to have comorbidities that can increase the risk for severe illness and mortality from COVID-19 (Lee et al., 2020; PHI, 2020; True et al., 2020; Gross et al., 2020; Koma et al., 2020; Laurencin and McClinton, 2020).
- ➔ Often use public transportation, which puts them at higher risk for COVID-19 exposure.
- ➔ Work multiple jobs, which increases their exposure to COVID-19 and their ability to spread the virus to multiple care settings (PHI, 2020; True et al., 2020; Lee et al., 2020).

## Threats to Mental Health

The pandemic negatively affected the mental health of frontline professionals (Kirzinger et al., 2020; Tomlin, Dalglish-Warburton, and Lamph, 2020; Wu et al., 2020). A Kaiser Family Foundation study (2021) found that 62% of frontline caregivers, including those working in nursing homes, reported that pandemic-related worry or stress had a negative impact on their mental health. Approximately three in 10 direct care professionals received mental health services, or thought they needed these services but didn't receive them, because of the pandemic.

## Workforce Shortages

COVID-19 intensified and shed new light on existing workforce shortages in the LTSS field. A survey conducted by the American Health Care Association and the National Center for Assisted Living (2021) found that 99% of nursing homes and 96% of assisted living communities in the U.S. are facing staffing shortages, with 59% of nursing homes and approximately one-third of assisted living communities experiencing a high level of staffing shortages.

These staffing shortages have a wide-ranging impact. They make it more challenging to provide basic care, monitor residents, and follow protocols. In addition, shortages result in even more staff leaving the job (McGilton et al., 2020).

The presence of adequate staffing levels has the opposite effect. For example, Gorges and Konetzka (2020) found that nursing homes with one or more COVID cases were more likely to have fewer deaths and lower probability of severe outbreak if they had high nursing assistant hours and a high share of total nursing hours provided by registered nurses (RN).

## Pre-Pandemic Challenges

The coronavirus pandemic exacerbated challenges that direct care professionals have faced for many years. These caregivers are:

- ➔ **Undervalued:** Most direct care professionals are women (87%) and people of color (61%), and approximately one-quarter are immigrants (27%). These professional caregivers can face discrimination on the job. In addition, the demands and value of their work are often underestimated (PHI, 2021).
- ➔ **Financially insecure:** In 2020, direct care professionals typically earned a median hourly wage of \$13.56. In 2019, 15% of professional caregivers lived in poverty and 45% received public benefits (PHI, 2021).

- ➔ **Inadequately supported:** Many direct care professionals lack access to reliable and affordable transportation and childcare (Famakinwa, 2020).

## The Research Study

During the early days of the coronavirus pandemic, the LeadingAge LTSS Center @UMass Boston partnered with WeCare Connect™ to study the impact of COVID-19 on LTSS staff working for LeadingAge provider members.

WeCare Connect™ is an employee engagement and management system created by Wellspring Lutheran Services, a Michigan-based LeadingAge member. The WeCare Connect™ system helps 165 organizations, with more than 1,200 locations around the country, solicit regular feedback from their employees. Employee responses to an online battery of questions help employers better understand staff challenges with onboarding, training, supervisor relationships, job fit, job satisfaction, expectations, and the physical and organizational environment.

During May 2020, WeCare Connect™ added several pandemic-related questions, created by LTSS Center researchers, to its employee interview battery. This report presents what LTSS Center researchers learned after analyzing the responses to those questions from two samples of employees participating in the WeCare Connect™ employee interview battery.

“ **Most direct care professionals are women (87%) and people of color (61%), and approximately one-quarter are immigrants (27%).** ”



## Two Phases of the Study

The first phase of the LTSS Center research, referred to here as the “multi-setting phase,” examined how 1,414 direct care professionals responded to the LTSS Center’s pandemic-related questions. These direct care professionals worked in assisted living and independent living communities, nursing homes, home and community-based services (HCBS) agencies, and health care services. They were employed or had resigned in May 2020.

The second phase of the research, referred to here as the “nursing home phase,” examined how 1,730 nursing home staff members responded to the LTSS Center’s pandemic-related questions. Nursing home staff participating in this phase of the study included direct care professionals, RNs and licensed practical nurses, staff in dietary and environmental services departments, therapists, and social workers. These staff members were either still employed (n=1,467) at the end of November 2020 or had resigned (n=263) between June 2020 and the end of November 2020.

## Research Questions and Aims

Researchers sought to answer these questions during both phases of the study:

1. What specific challenges (external and work-related) and level of stress are frontline professionals experiencing during the coronavirus health crisis?
2. How do professional caregivers perceive their own preparedness to care for residents/patients/clients with COVID-19 and how do caregivers rate the quality of employer communication around COVID-19?



Researchers had additional aims during each phase of the study. In the multi-setting phase of the study, researchers focused on whether the stresses/challenges and perceptions noted in employee responses to pandemic-related questions differed by setting or among currently employed and resigned employees in May 2020.

In the nursing home phase of the study, researchers compared the responses of employees who resigned between May 2020 and the end of November 2020 with responses from employees who stayed on the job during that period. Researchers sought to:

- ➔ Identify the differences between nursing home employees who had resigned and those who were still employed at the nursing homes.
- ➔ Determine if high-quality employer communication regarding COVID-19 influenced whether professional caregivers at nursing homes decided to remain on the job, when taking into account such factors as perceived preparedness to care for residents with COVID-19, length of employment, and direct caregiver status.

## Detailed Findings of Both Phases of the Study

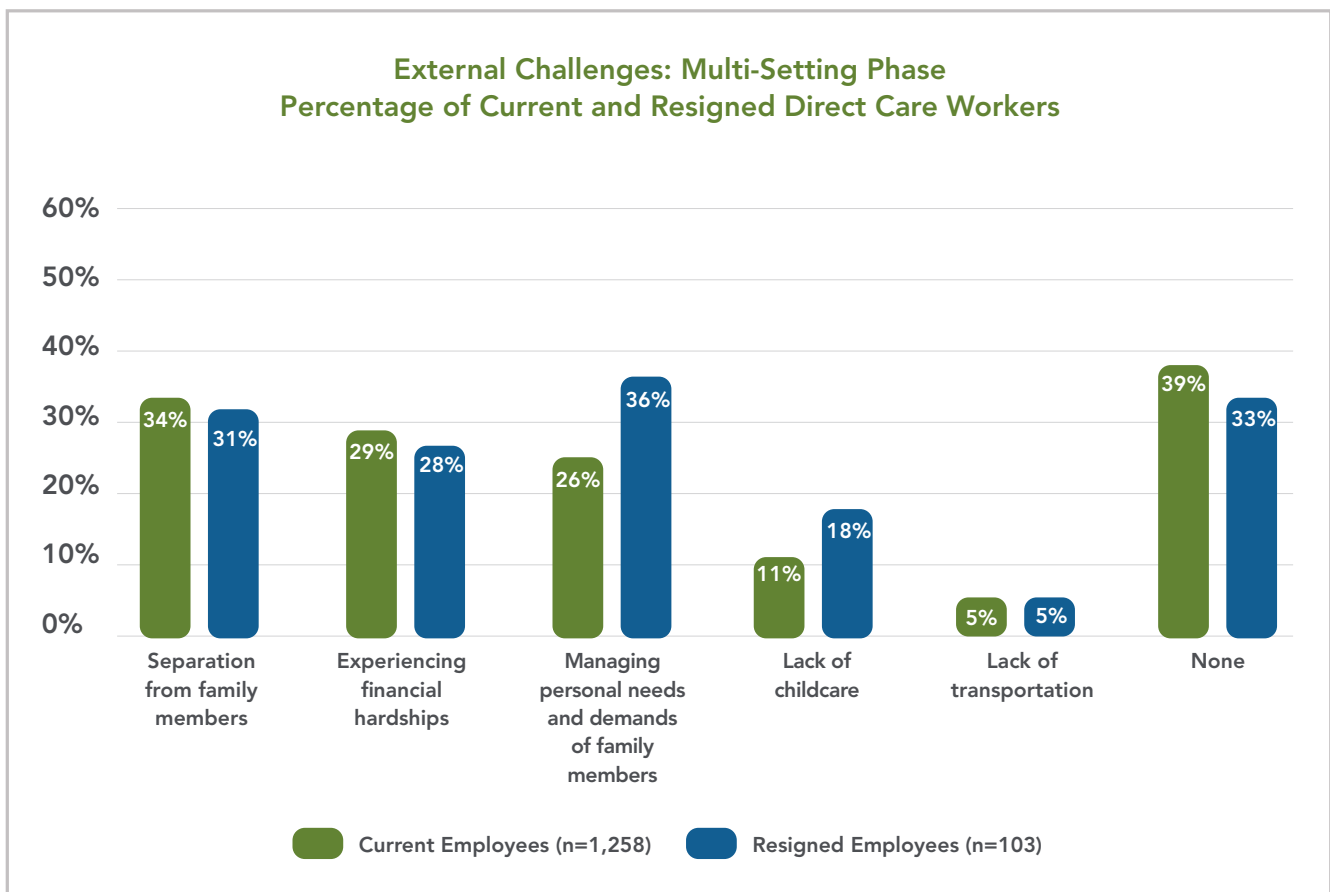
### Challenges Faced by LTSS Staff

#### External Challenges

In both phases of the study, LTSS staff reported experiencing the same challenges outside of work:

- ➔ Separation from family members.
- ➔ Managing the personal needs and demands of family.
- ➔ Experiencing financial hardship.

Resigned direct care professionals in the multi-setting phase of the study experienced external challenges more frequently than current employees. A smaller percentage of resigned direct care professionals in this phase (33%) did not report any challenges, compared to current employees (39%).

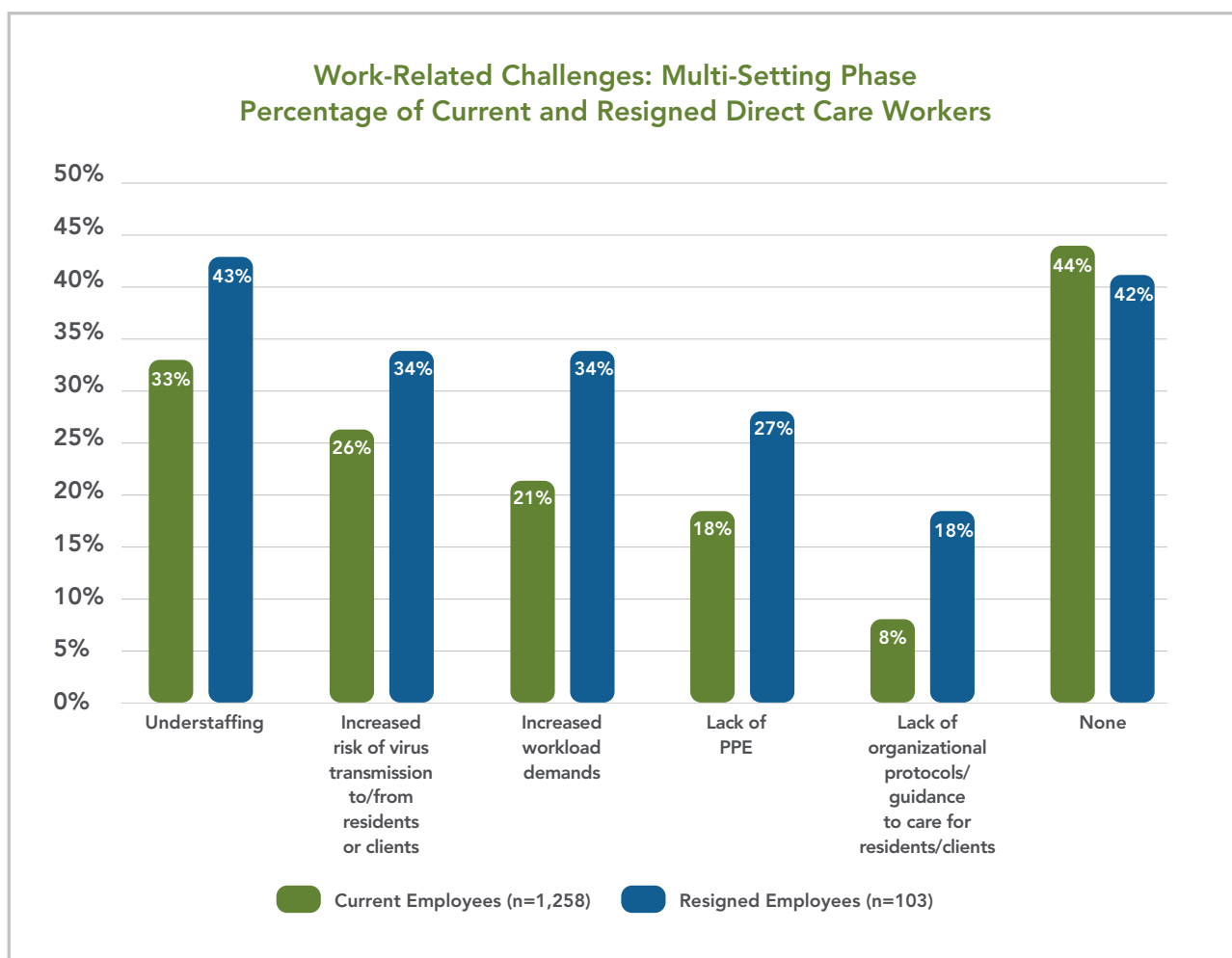


## Work-Related Challenges

LTSS staff in both phases of the study reported the same top work-related challenges:

- ➔ Increased workload demands.
- ➔ Increased risk of virus transmission to and from residents or clients.
- ➔ Understaffing.

Resigned direct care professionals in the multi-setting phase reported understaffing as a work-related challenge more often than current direct care professionals (43% of resigned versus 33% of current direct care professionals). Resigned direct care professionals were also more likely than current direct care professionals (18% versus 8%) to identify as a challenge their organizations' lack of protocols or guidance on caring for residents or clients. Approximately 40% of current and resigned direct care professionals across settings did not report any work-related challenges.





## Stress Levels

LTSS staff members in the study reported feeling stressed during the pandemic. On average, current direct care professionals in the multi-setting phase of the study rated their stress level in May 2020 at 2.9 on a scale from 1 to 5, with 5 being the most stressed. Direct care professionals in the multi-setting phase of the study who were resigned in May 2020 reported a higher level of stress, with an average rating of 3.3.

In comparison, current and resigned employees in the nursing home phase of the study rated their overall stress level during the pandemic at 2.8 in May 2020.

## Preparedness and Communications

In both phases of the study, LTSS staff reported that their employers adequately prepared them to care for residents/patients/clients with COVID-19. On average, participants in both phases of the study gave their employers a high score of 4, on a scale of 1 to 5, for:

- ➔ Preparing them to care for residents, patients, or clients with COVID-19.
- ➔ Communicating with them about how to care for and protect residents, patients, or clients and how to protect themselves and their family members during the pandemic.

“**Employees who felt more prepared due to high-quality communication were less likely to resign from their job.**”



## Resigned vs. Current Employees

During the nursing home phase of the study, current nursing home employees gave their employers higher scores for quality of communication than resigned nursing home employees. Current nursing home employees also rated their own preparedness higher than resigned nursing home employees. Lower ratings from resigned nursing home employees affected the likelihood of their resignation. Data from the nursing home phase of the study (Cimarolli et al., 2021) suggest that:

- ➔ Employees were more likely to feel prepared if the employer provided high-quality communication on how to care for residents or patients and how staff could protect themselves and their family members.
- ➔ Employees who felt more prepared due to high-quality communication were less likely to resign from their job.

## Prevalence of Challenges by Setting

The multi-setting phase of the study compared the challenges of direct care professionals across settings in May 2020. Here are those findings:

### Nursing Homes

Separation from family members was the top external challenge reported by direct care professionals in nursing homes. Understaffing was the top work-related challenge. Approximately four in 10 nursing home caregivers did not report any work-related or external challenges.

### Assisted Living

Separation from family members topped the list of external challenges identified by direct care professionals in assisted living communities. Understaffing topped the list of work-related challenges. About 40% of direct care professionals in assisted living did not report any work-related or external challenges.

### HCBS

Financial hardship was the top external challenge reported by HCBS direct care professionals. Increased risk of virus transmission to or from clients was the top work-related challenge reported by these caregivers. More than half of HCBS direct care professionals did not report any work-related challenges and one-third did not report any external challenges.

“ More than a third (37%) of nursing home direct care professionals and 33% of professional caregivers in assisted living communities reported understaffing as a challenge. ”



## Comparing Stresses Across Settings

Direct care professionals in nursing homes and assisted living communities were statistically more likely than HCBS direct care professionals to report increased workload demands and understaffing as challenges. Specifically:

### Increased Workload

Nearly a quarter (24%) of nursing home and assisted living direct care professionals reported increased workload as a challenge, compared to 10% of direct care professionals in HCBS agencies.

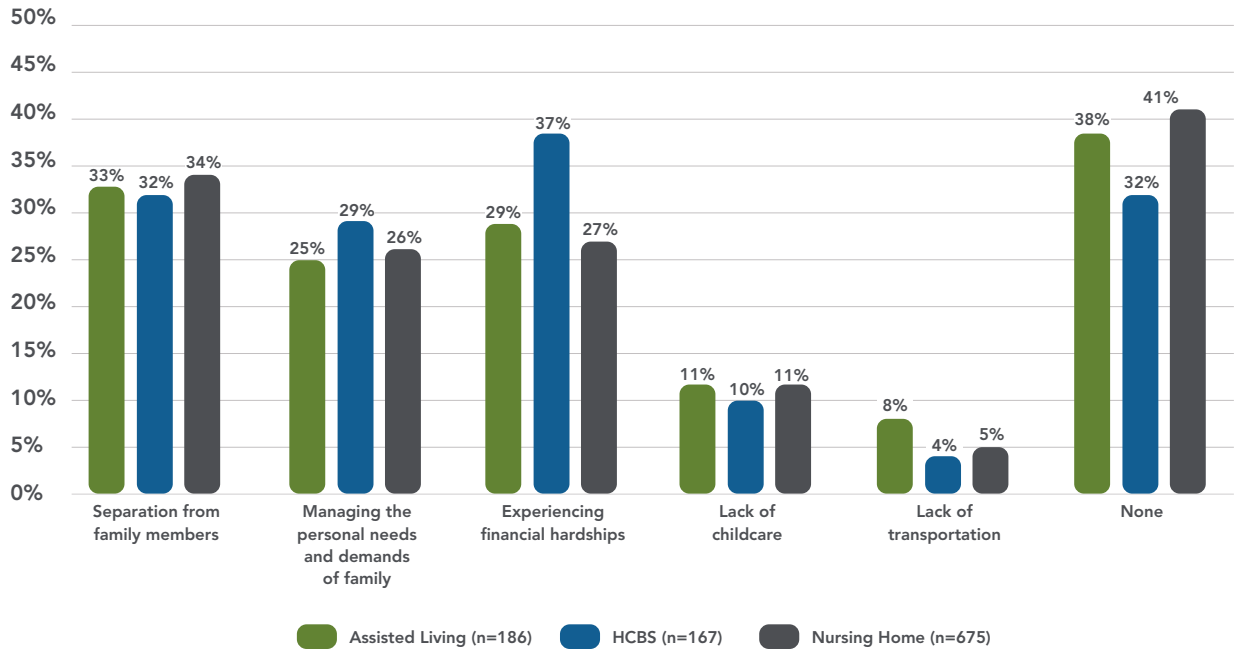
### Understaffing

More than a third (37%) of nursing home direct care professionals and 33% of professional caregivers in assisted living communities reported understaffing as a challenge, compared to 13% of professional caregivers in HCBS agencies.

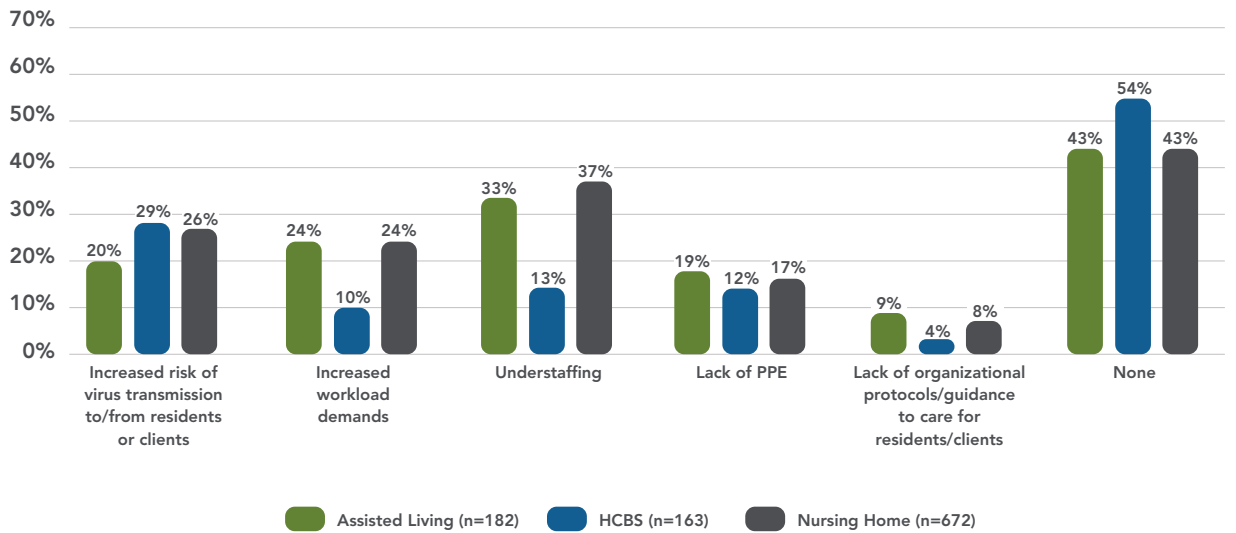
### Stress

Direct care professionals in all three settings had similar levels of stress, with an average rating of 3 on a scale of 1 to 5.

### External Challenges by Setting: Multi-Setting Phase Percentage of Direct Care Workers



### Work-Related Challenges by Setting: Multi-Setting Phase Percentage of Direct Care Workers



## How Can Providers Support Stressed Caregivers?

Both phases of this study provided practical insights into how providers of aging services can support direct care professionals during health emergencies like the coronavirus pandemic. This support could enhance the delivery of high-quality care for residents and clients who receive LTSS and could strengthen the direct care workforce (McGilton et al., 2020).

### Communication and Preparation

Leaders in all LTSS settings should train staff on infection control and how to care for residents or patients during the pandemic. Organizations should also provide timely communication and should be as transparent as possible regarding:

- ➔ Organizational policy changes.
- ➔ Safety protocols and procedures.
- ➔ State of the organization.
- ➔ How to protect oneself and others.

Employers could consider utilizing daily huddles to provide staff with updates and address concerns. Messaging platforms can also help employers provide guidelines and post helpful resources for staff (McGilton et al., 2020).

### Valuing Direct Care Professionals

Over the long term, LTSS organizations should take deliberate steps to professionalize and raise the value of LTSS direct care professionals. Policies and strategies that can elevate the role and improve the recruitment and retention of direct care professionals include:

- ➔ Increasing the pay of direct care professionals to a living wage.
- ➔ Providing direct care professionals with access to benefits.
- ➔ Creating career pathways for both lateral and vertical career mobility.

- ➔ Developing higher entry-level and ongoing training standards.
- ➔ Preparing individuals to work across all LTSS settings as universal workers (Stone and Bryant, 2021).

### Wrap-Around Services

Direct care professionals experience difficulties managing family needs and financial hardship. Providers can help mitigate these stresses by providing access to wrap-around services, including:

- ➔ Food delivery and laundry services.
- ➔ Financial education.
- ➔ Mental well-being support.
- ➔ Childcare support.
- ➔ Emergency financial assistance.
- ➔ Access to transportation.
- ➔ Information about public benefits and community services.
- ➔ Referrals to help address specific challenges.

### Mental Well-Being

Providers of aging services can build the capacity of staff members to address pandemic-related challenges by supporting employees' mental well-being. This support could include offering professional caregivers access to:

- ➔ Individual counseling.
- ➔ Team member support groups.
- ➔ Mental health resources offered through partnerships with community organizations.
- ➔ De-stress rooms featuring quiet music.

“Leaders in all LTSS settings should train staff on infection control and how to care for residents or patients during the pandemic.”

- ➔ Tips for how staff can take short breaks from stress.
- ➔ Relevant articles that normalize the emotions people may be experiencing. These articles could be included in the organization's employee newsletter or posted on a bulletin board.
- ➔ Activities that cultivate a spirit of fun and camaraderie.

## Staffing Levels and Workload Demands

Providers of aging services cannot assume that issues relating to understaffing and workload demands will disappear in the near future. Instead, providers should take immediate action to increase their staffing levels by taking these steps:

### Strengthening the Caregiver Pipeline

This can be accomplished by training new cohorts of professional caregivers to fill vacant positions.

### Creating Flexible and Creative Work Schedules

Home care agencies may:

- ➔ Negotiate revised schedules with clients.
- ➔ Cluster cases together to minimize travel time.
- ➔ Temporarily reduce client hours when it is safe to do so.

Nursing homes and other residential care providers may also stagger shifts and allow staff to work different shifts than usual.

### Access to Testing and PPE

The shortages of testing and PPE have been widely acknowledged since the pandemic began. Providers of aging services must do whatever they can to:

- ➔ Give staff members access to these tools.
- ➔ Adopt policies addressing infection control and treatment.
- ➔ Train staff in implementing those policies.

## Conclusion

This study sheds light on the external and work-related challenges that direct care professionals and other LTSS staff have experienced during the COVID-19 pandemic. Study findings suggest that providers can help mitigate some of the stress that professional caregivers feel by offering wrap-around services and support for mental well-being, increasing the caregiver pipeline to reduce understaffing and heavy workloads, and finding ways to reduce the demands on professional caregivers during the coronavirus pandemic and during future health emergencies.



“ Study findings suggest that providers can help mitigate some of the stress that professional caregivers feel by offering wrap-around services and support for mental well-being; ”



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