

Distressed, detached, devalued and determined: aged care workers' experiences of the COVID-19 pandemic

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ABSTRACT

Background: The COVID-19 pandemic has had widespread impacts on the community and has demanded a rapid response from the aged care sector. System changes for infection control have been required including the use of personal protective equipment, lockdowns, visitor restrictions and changes to activities within aged care facilities. Even prior to COVID-19, the high physical and emotional demands of aged care work were recognised.

Objective: This study sought to understand aged care workers' experiences of the COVID-19 pandemic.

Methods: Using a pragmatic paradigm qualitative data about work experiences during COVID-19 was collected from people employed in different aged care organisations in a range of aged care roles and settings from multiple Australian states. Data was collected using focus groups and interviews conducted online between August-October 2020. Inductive thematic analysis was used to identify key themes in the data.

Results: Participants included 15 people working across a range of aged care roles including clinical, care and management staff and across both residential and community settings. Five themes were identified which characterised aged care workers thoughts about their jobs during the pandemic. These included intensified procedures and emotional demands, feeling undervalued and detached from the frontline, exposure of existing system deficiencies, recognising teamwork and increased confidence in technology.

Conclusion: Reflecting on aged care workers' experiences of COVID-19 highlights the need to better support workers and acknowledge their important role in caring for older Australians. This includes at an organisational level by providing supportive environments and access to online resources as well as at the community and policy level by recognising aged care workers as frontline workers. The COVID-19 pandemic has also highlighted existing systemic issues in the aged care sector that need to be addressed for the provision of quality aged care in Australia during the COVID-19 pandemic and into the future.

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What is already known about the topic?

- While the COVID-19 pandemic is affecting the global community, it is disproportionately impacting the aged care sector with higher rates of severe illness and death and wide-ranging system changes to prevent and control the spread of the virus.
- Prior to COVID-19, aged care work was associated with high job demands and lack of access to resources to support aged care workers in their role.
- Survey data on the Australian RACF workforce found workers felt prepared for the pandemic with a wide range of measures to control the spread of COVID-19 but they faced several challenges associated with their additional roles and restrictions.

What this paper adds

- This paper provides qualitative and descriptive

- insights into the challenges experienced by the Australian aged care workforce during COVID-19 including increased workloads and intensified emotional demands of their roles while at the same time feeling undervalued by the wider community.
- This study has highlighted the need to better support and acknowledge aged care workers in the community through their portrayal in the media and within their organisations by facilitating supportive team environments and providing access to online resources and training.
 - This paper discusses existing systemic issues that have been highlighted by COVID-19 and the Royal Commission into Aged Care Quality and Safety and need to be addressed for the wellbeing of workers and the provision of quality aged care.

Keywords: Aged care workers, aged care, COVID-19, wellbeing, job demands

BACKGROUND

Impacts of the COVID-19 pandemic and restrictions to contain the virus have been felt throughout the community. The aged care sector has been disproportionately impacted, with the risk of severe disease for many people accessing aged care services meaning aged care has had higher rates of cases, more severe illness and more deaths.¹ System changes to prevent and control the spread of COVID-19 have also impacted aged care workers. For example, at times over the course of the COVID-19 pandemic in Australia, visitors to residential aged care facilities (RACFs) have been prohibited or limited in number with visits restricted in time and location.² For much of the pandemic, external excursions from RACFs have also been prohibited. Older adults living at home, have been affected by the same social distancing, gathering restrictions and lockdowns implemented across the broader community. These system changes, including periods of visitor restrictions and social isolation, have meant the role of aged care workers in the lives of the older adults they support has become even more important during COVID-19.³ Support from volunteers and family members has been restricted and older adults have had reduced access to additional services and supports considered non-essential with aged care workers often undertaking additional tasks and roles to address these gaps. There has also been additional workload for aged care workers in facilitating alternative means of contact and visiting arrangements such as supporting older adults to participate in video calls.

The Job Demands Resources model (JD-R)⁴ provides a lens for understanding the experiences of aged care workers. Aged care work is associated with high workloads and emotional demands.⁵ Some of the specific demands experienced by workers include being alert to changes in the care recipients and their environment, undertaking a diverse range of tasks, communicating with clients and their family members, dealing with strong emotions such as grief and loss, navigating professional boundaries in their care relationships and isolation for those working alone in community-based care.⁶ Some of the resources workers can draw on to cope with these demands include congruence between personal and work goals, commitment to the work and their organisation, relationships at work,⁶ and perceived organisational support for example to attend training.^{6,7} However, some job resources are lacking and despite the high demands of their work, those working in aged care experience a lack of social and professional recognition and receive lower pay compared with people working in other areas of the health system.⁵ This imbalance of job demands, and resources means that burnout, moral distress and compassion fatigue are common experiences in this sector.⁵ The COVID-19 pandemic and associated changes and restrictions are likely to have placed increased demands on aged care workers without them necessarily having increased job resources, further exacerbating this imbalance.

OBJECTIVE

This paper examines aged care workers' experiences of the COVID-19 pandemic in Australia.

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METHODS

This paper reports incidental findings that arose while undertaking a larger study. As part of the larger program of research, a pragmatic qualitative study design was used in 2020 to seek aged care workers' input during the development of a capacity and resilience building intervention. A pragmatic paradigm was chosen because of the need to ensure the research was based on participant experiences with a clear focus on being practically relevant and producing actionable knowledge to be used in further development of the intervention.⁸ The findings of the larger study are yet to be reported. As the COVID-19 pandemic was a key issue impacting the community and the aged care sector at the time of data collection, despite no specific questions being asked about COVID-19, participants discussed their experiences of the pandemic and it is these incidental findings that are reported in this paper.

PARTICIPANTS

This study utilised convenience sampling, with people working across the range of aged care roles and settings invited to participate. Study information was distributed by email and newsletter articles through an Australian University's networks with potential participants invited to contact the research team for an information sheet and consent form. A total of 97 people contacted the research team and of those 37 returned a signed consent form. While the larger study involved 32 participants, 15 spontaneously discussed their experiences of COVID-19.

DATA COLLECTION

Participants were invited to attend one of three online focus groups. Participants unable to attend the scheduled focus groups (n=9) were offered an individual online interview. A semi-structured interview guide was used to focus discussions on seeking input for the development of the intervention. The interview guide included questions and prompts related to aged care workers' capacity and resilience as well as the support needed for these workers, but no specific questions or prompts related to COVID-19. Discussions (facilitated by first author) were held between August-October 2020 and ranged between 25-71 minutes in duration.

DATA ANALYSIS

Interviews and focus groups were recorded and transcribed verbatim. Data relating to experiences of COVID-19 was treated as supplementary data, categorised separately in the larger dataset and then analysed in NVivo using inductive thematic analysis to identify key themes. Within NVivo, attribute values were added to cases based on participant role and setting. In the initial stage of coding, the larger dataset was categorised under themes related to the various aspects

of feedback on the intervention with an additional theme created for the data relating to the impact of COVID-19. This data was then separated from the larger dataset and codes were drawn inductively from the data. Coding was initially undertaken by one of the researchers. All text was coded into thematic categories until a process of data saturation occurred whereby no new information was identified that was substantially different from the themes created, consistent with accepted approaches.⁹ The number of focus groups and interviews conducted was appropriate for reaching code saturation.¹⁰ The themes, relevant quotes and interpretations of the data were then reviewed, discussed and refined by the whole research team until agreement was reached. Once key themes were agreed a coding query was run in NVivo to explore any differences in perspectives and experiences across participant groups.

The quality and validity of the themes reported from this study have been enhanced by data source triangulation with data collected from participants in a range of aged care roles and settings, providing multiple perspectives on their experiences.¹¹ Where relevant, differences in perspectives and experiences of these participant groups have been noted in the findings. Data was collected in various formats (individual interviews and focus groups) allowing for method triangulation.¹¹ Investigator triangulation was also used with all three members of the research team,¹¹ each with a different background and perspective, participating in regular meetings during data collection and involved in discussing and refining the final themes and interpretation of the data.

ETHICS

Ethical approval was obtained from the University of Tasmania Human Research Ethics Committee (H0015478).

RESULTS

A total of 15 people from five Australian states discussed their experiences of COVID-19. Most (n=12) worked in an RACF with the remaining working in community care or day centre services. Participants worked in management (n=3), nursing (n=4), allied health (n=3) and care or activity (n=5) roles.

Analysis of the data revealed that aged care workers have experienced challenges during COVID-19 including intensified procedures and emotionally demanding roles while feeling undervalued. They also see opportunities emerging for the sector because of the exposure of system deficiencies, recognition of the importance of teamwork and increased confidence using technology.

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INTENSIFIED PROCEDURES AND EMOTIONALLY DEMANDING ROLES

Intensified procedures and the heightened emotional demands of their roles was the experience emphasised and highlighted most by participants. Participants working in community-based aged care settings focused almost exclusively on this experience.

Participants shared the strategies that had been implemented in their workplaces to prevent the spread of COVID-19. These were often procedural changes, such as wearing personal protective equipment (PPE), not using agency staff, not accepting visitors, modifying activity programs, staying home when sick and minimising resident/client exposure to outside medical care. Workers were prepared to do what was required to protect care recipients even if it meant increased workloads.

We were asked a couple of weeks ago "Did we or didn't we want agency staff in at the moment?" You know, basically on the understanding that if we said "No, we didn't want agency staff," then we'd run the risk of obviously running short on some shifts. ... We're prepared to work short. (Participant 10; care worker, RACF)

Aged care workers have experienced intensified emotional demands of the job during COVID-19 linked to increased workloads and concern for the distress being felt by those they support. This distress being experienced by those around them was of greater concern to the workers than actual or potential COVID-19 cases in their workplaces. Workers reported challenges helping people with dementia understand COVID-related restrictions and supporting care recipients and their family members to cope with their increased stress, isolation and concerns about the spread of COVID-19.

We have the residents themselves becoming more lonely and feeling more isolated and more disorientated because their people can't come. And we can't have any entertainment. And we can't take them out. (Participant 84; allied health, RACF)

At the moment things are incredibly stressful in aged care, for the residents as well and for the staff... you can feel it. It's around you all the time, the tension... One particular family phones our facility and says - because there's no visits anymore. "I think you're hiding something. I think my father is dead and you're hiding it and you're not telling me." Because that happened once apparently. So everybody is very, very stressed. Very stressed. (Participant 15; allied health, RACF)

They reported either themselves or other workers were 'emotionally affected', 'stressed', 'overwhelmed', 'worried', 'depressed', 'grieving' and at a team level there was reduced 'staff morale'. For some, their grieving processes associated with the death of clients were interrupted by restrictions, meaning their loss was 'paused or on hold'. Work relationships that were usually positive were being tested and some workers reported others

'get on your nerves' and having 'a bit of a rant at' their co-workers. While comments suggested the job was emotionally demanding they also alluded to another layer of personal stress 'from their own homes'. COVID-19 raised many challenges for the broader community including isolation from support networks, home-schooling, uncertainty, and concerns about health. Aged care workers also experienced these challenges in addition to those experienced through their work.

The emotional experiences have been even more heightened for those in workplaces that have been impacted by COVID-19 cases and deaths. In some situations, the responses of workers, including those in management roles, were suggestive of a mental health condition, in the intensity and duration of reported symptoms.

Because of this Covid pandemic... I could see a lot of staff grieving - our company had some nursing homes that were impacted and some of the managers, they are not yet back. Three months, they are still not fit to come back to work. Emotionally they are affected because one of our homes, they lost [number removed to protect anonymity] residents at once [from COVID-19]. So, it's really affecting the staff. So, they grieve as well... I had one nurse who rang sick saying she is depressed because we lost a lot of residents, so they grieve as well. (Participant 45; manager, RACF)

FEELING UNDERVALUED AND DETACHED FROM THE FRONTLINE

Aged care workers reported many ways they have felt their caring efforts were not valued. This experience was largely discussed by participants working in RACFs but not by those working in community or day centre settings. They felt that they were under scrutiny because of the Royal Commission into Aged Care Quality and Safety and COVID-19.

A lot of people are feeling overwhelmed and undervalued and feel like they're being looked at under a microscope. (Participant 95; nurse, RACF)

They largely attributed the negative image of aged care and aged care workers to their portrayal in the media and by community leaders. Participants felt 'horrified' by news stories on care failures and hid from others that they worked in aged care. They felt they were 'all being tarred with the one brush' and that 'aged care is a poisoned chalice'. While participants felt that frontline staff and healthcare workers have been valued during COVID-19, this has not extended to the aged care workforce.

It's [aged care] a damned space where no-one receives accolades. Frontline healthcare staff are never inclusive of aged care staff. And the hundreds of people who are working in these spaces so hard and working longer shifts because we can't have people coming between facilities and their hearts are really in it... So to see us, you know, hitting the [newspaper] page constantly only for the failures doesn't really help. (Participant 84; allied health, RACF)

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These negative perceptions of aged care may adversely impact recruitment and retention of workers with participants reporting that they '*felt quite intimidated about coming back to work*'.

EXPOSING SYSTEM DEFICIENCIES

Some participants felt that the recent attention on aged care has simply exposed existing system deficiencies. They expressed some optimism that this may lead to improvements such as new standards, more funding and better training and pay for staff.

And who knows - all the horrible stuff that's going on with COVID and aged care residential facilities and the aged care workforce and all that sort of stuff - I know it will never be fixed quickly, but at least it's bringing it to the fore that these people [staff] are woefully under-trained, underpaid, overworked.
(Participant 79; manager, day centre)

RECOGNISING THE IMPORTANCE OF TEAMWORK

Changes to normal working arrangements during COVID-19 have helped some participants to realise the importance of teamwork for job satisfaction and wellbeing at work. In some organisations staff felt less supported because of an inability to meet in person and no alternative arrangements. In others, consciously allocating time to connect was beneficial with plans for some of these practices to continue beyond the pandemic.

The teams have benefitted so much from a weekly team meeting [during COVID-19] instead of a monthly one. (Participant 79; manager, day centre)

INCREASED CONFIDENCE USING TECHNOLOGY AND ONLINE RESOURCES

During COVID-19 aged care workers have increasingly used technology and online resources both within and outside of their work. For example, telehealth appointments, video calls with family and colleagues, online training and supporting care recipients to utilise video calls. This experience has given them increased confidence in the online environment. The increased confidence was especially raised by participants working in activity related roles. It is these staff who were often responsible for supporting residents to remain connected to their support people using technology during visitor restrictions.

Probably in a really ironic way, Coronavirus might actually help with it [training] in an online environment, because people are getting used to it. A year ago, six months ago, everyone would have been, oh [no], but now... (Participant 20; care worker, RACF)

DISCUSSION

The findings of this study show that throughout COVID-19, aged care workers in Australia have experienced increased workloads, emotional demands, and concern for the wellbeing of those they support. Increased workloads for participants in this and other studies were associated with infection control measures, increased processes for monitoring and documentation, screening procedures for staff and visitors, supporting residents in the absence of typical family and volunteer supports and additional communication with families.¹² Participants in this study discussed the challenges of dealing with clients' families who were also experiencing increased emotions. Almost half of aged care workers have reported being treated unfairly or abusively by family members in response to visitor restrictions.¹² Prior to COVID-19 Australian aged care workers reported work-related demands that focused primarily on the tasks involved in their roles such as time pressure, physical demands, administrative requirements, insufficient staff mix and training to deal with complex conditions and work scheduling.¹³ Clearly COVID-19 has intensified these task-related demands and added additional emotional demands including complicated grief and loss.

When surveyed about the impact of COVID-19 on their mental health and wellbeing, almost two thirds of people working in RACFs reported work-related stress including burnout, anxiety, insomnia, depression and grief and one third expressed concern about the ongoing impacts on their mental health.¹² Similarly, Australian nurses working across a range of sectors reported that they felt anxious, overwhelmed and vulnerable during COVID-19.¹⁴ This compares to pre-COVID-19 when studies among female aged care workers in Denmark and homecare workers in USA found that 8% and 7% respectively reported depressive symptoms.^{15,16} Using the JD-R model to understand this experience suggests that there may not have been an adequate increase in resources for aged care workers to cope with the increased demands they faced during COVID-19.

Despite the increased work demands, participants in this study felt the infection control measures they have implemented throughout the pandemic are effective. This was also found in a survey of the Australian RACF workforce with most respondents reporting their RACF was well prepared for an outbreak and few reporting they were concerned about contracting COVID-19 at work.¹² In other countries aged care workers reportedly fear developing and transmitting COVID-19 and feel unprotected from the virus in their workplaces.^{17,18} The different experience of aged care workers in Australia is perhaps a reflection of our aggressive public health response, rapid introduction of lockdowns and lower rates of COVID-19 cases in the wider community.

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COVID-19 has put a spotlight on aged care as the disproportionate impact of COVID-19 in aged care settings has been a focus of the media throughout the pandemic.¹⁹ Data collection for this study coincided with the Victorian outbreak and second lockdown during which many RACFs in the state were impacted by COVID-19 cases and all were impacted by strict control measures.¹ In Australia, COVID-19 coincided with the Royal Commission into Aged Care Quality and Safety which also highlighted deficiencies in the care and support of older Australians.^{20,21} The Royal Commission was announced in 2018 to assess the presence of substandard care in the Australian aged care system in response to negative media representation and widespread community views that services were not meeting quality and safety expectations.²²⁻²⁴ The extent of substandard care found was highlighted by the Commission releasing their Interim Report titled 'Neglect'.²⁰ Negative representation of the sector in the media both informed and reflected community's views contributing to mistrust and perceptions that RACFs are a dangerous place to live.¹⁹ Even prior to this time of crisis that has exposed shortcomings of the aged care system, the media has promoted negative and unbalanced images of aged care, reporting failings and errors without reporting stories related to quality care.²⁵

Aged care workers have felt scrutinised, undervalued and as though the community sees them as the cause or at least part of the broken system. Aged care workers around the world have similarly not felt valued for their contributions to controlling the spread of COVID-19 and caring for those who are particularly vulnerable.^{12,17,26,27} This contrasts sharply with the appreciation shown to hospital-based healthcare workers through public campaigns such as 'Clap for the NHS' in the UK.^{17,26,27} The marginalised status of the aged care workforce is compounded by reports of lack of access to adequate PPE, infection control training and paid sick leave.²⁸ More recently in Australia, there appears to be poor attention paid to vaccine rollout for workers in this sector suggesting they are still not seen as frontline workers. This exclusion and poor status of the aged care workforce is not new with RNs in aged care reporting that they feel invisible at best and unfairly judged at worst with much of the nature and reality of their work not understood even by RNs working in other fields²⁵. This devaluing of the aged care workforce has been highlighted and exacerbated by COVID-19.²⁶

During COVID-19 aged care workers have felt tension between their experience of increased workloads and emotional demands while at the same time receiving little support and recognition. While recent media and community attention has recognised the risk of COVID-19 in aged care settings and supports improved vaccine rollout to address that risk, aged care workers are still not necessarily valued or acknowledged for their commitment. Discussion has focused on why aged care staff are still *allowed* to work across multiple sites and the COVID-19 vaccine being made *mandatory* for all aged care

workers. These discussions place blame on staff for COVID-19 cases in aged care settings and do not reflect the sentiments of staff involved in this study who were willing to change their usual work practices at their own expense, putting others' needs before their own, to protect those they support and care for. In addition to this they have actively worked to minimise the impact of COVID-19 related restrictions, taking on the care and emotional support roles usually filled by families and volunteers.³ For some, COVID-19 has actually highlighted the importance of their work and strengthened their commitment to it.¹⁸

Attention should be directed to providing better support to aged care workers in their roles at this time. For example, providing clear information about and easier access to the vaccine and supporting them to work at one site with adequate hours, reducing their need to hold multiple jobs.²⁹ In addition, some of the required supports identified by nurses across multiple sectors early in the pandemic include education and information about COVID-19, access to mental health counselling, additional staff and a supplemental pay rise.¹⁴ These additional supports or resources for aged care workers to cope with the increased demands in their roles caused by COVID-19 would attempt to address the imbalance and widening gap between demands and resources that may lead to increased burnout, moral distress and compassion fatigue among workers. Highlighting the value of these resources from this and other studies throughout the pandemic has broadened our understanding of the JD-R model in care contexts to include internal resources and external resource both within and beyond the workplace.

Stigma of working in aged care is associated with the adverse psychological consequences of distress, diminished self-esteem, and sense of professionalism.³⁰ Feelings of being the lowest priority in public health efforts to protect and care for the community that were identified in the current study seem to align with the sentiments of stigma and discrimination. The findings reported here further add to the qualitative research on the JD-R model with a new focus on the current pandemic environment.^{6,13} Nuanced examples have been provided that describe the complexity of emotional demands of grief and loss associated with psychological adjustment of caring for people with COVID as well as their estranged family members (unable to visit due to restrictions) and during their end of life. These were shown to be overwhelming with serious health implications such as lengthy work absences. In this way, the JD-R model has been expanded to include external stresses of grief and loss, and non-tangible psychological resources.

Larger social attitudes in Australia towards ageing, older adults and aged care are part of the social context of the experiences of aged care workers throughout the COVID-19 pandemic. Ageism in the wider community is behind the pervasive 'burden narrative' that assumes all older people are frail and dependent and therefore burdening both

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their families and society economically and socially.³¹ This burden narrative negatively impacts on perceptions of the status, value and role of the aged care system which cares for and supports those who are most frail and vulnerable in our community.³ The care of older people in a system that is segregated from the wider community, out of sight and provided with limited resources reinforces society views of the low value of living later life with impairments or frailty.³¹ Widespread acceptance of segregated residential aged care is in contrast to the broad rejection of institutionalised care for younger people with disabilities.³¹ In addition to this, the funding structure for aged care is rigid and does not support reablement and rehabilitation of care recipients.³¹ At the same time the negative views towards ageing among many health professionals exclude older adults from decisions about their own healthcare, underestimate their capacities and capabilities and focus on their disabilities with a lower expectation of rehabilitation.^{31,32} Ageism has been clearly evident during COVID-19 in policy responses as well as media and political debates.³³ For example, discussions about the prioritisation and rationing of healthcare resources created a sense that older people are disposable.^{33,34} Positively, unlike many other countries Australian policy early in the pandemic rejected the notion of 'herd immunity' which would have disproportionately impacted older adults in order to protect the economy in favour of protecting lives through strict lockdowns.³⁴ However, as some participants in this study acknowledged there was still some degree of downplaying COVID-19 cases and deaths among older people and in aged care reflecting a level of ageism in the community.

Despite the challenges it has raised for the workforce, the negative attention COVID-19 has brought to the sector can be framed as an opportunity to improve the system.¹⁸ COVID-19 has highlighted the difficulty of delivering a social care model in RACFs. This model depends heavily on staff with limited training and skills to respond to complex health and medical needs with a greater focus on addressing residents' personal care needs and creating a home-like atmosphere.³⁵⁻³⁷ Aged care organisations are familiar with managing gastroenteritis and influenza outbreaks. However, even for these relatively common illnesses the quality of prevention and response strategies are variable and, in some cases, limited with resident and staff influenza vaccination rates lower than national targets and few RACFs implementing a documented surveillance system for detecting outbreaks.³⁸ Prevention and management in these settings is primarily focused on providing hand sanitiser and hand washing facilities and requesting those who are ill not enter the facility.³⁸ The focus on a social care model means they are ill equipped to manage the stringent isolation and quarantine procedures required for COVID-19 that are well established in acute healthcare settings.³⁵

COVID-19 has highlighted the need for appropriate staffing levels and skills and during the peak of the pandemic the Australian Government responded to this temporarily by implementing a surge workforce initiative.^{36,39} The Royal Commission also acknowledged that systemic shortcomings were highlighted by the impact of COVID-19 in aged care settings.²¹ The Royal Commission reports recommended mandatory minimum qualifications, ongoing professional development and improved remuneration for the aged care workforce.^{21,40} Short term changes and awareness of deficiencies could, if supported by political will and organisational commitment, render long term and meaningful changes to improve the sector. These governance and system level issues need to be addressed if we are to support improved mental health and wellbeing of workers.

The workloads of aged care workers and the emotional demands of their roles are high with or without COVID-19.⁵ There is a need to better support workers for their own wellbeing and for the provision of quality aged care.^{41,42} The emotionally demanding nature of the work needs to be recognised in workplace health and safety policy as a psychosocial risk. At an organisational level there needs to be a focus on creating mentally healthy workplaces. For example, being supported by colleagues can increase workers' confidence in difficult situations and can help reduce stress,⁵ the workforce is better able to adjust to the high job demands they face.⁴³ Organisations need to be agile and responsive to workers' needs and facilitate opportunities for this support. COVID-19 has necessitated immediate change within aged care organisations that, if sustained, may be positive for the workforce, helping workers feel supported. For example, providing online education and training may improve access for workers in regional and rural areas who in the past have reported a lack of training opportunities.^{29,44} Online workforce interventions will also improve access for those working in geographically dispersed organisations, particularly in the community aged care sector and enable greater flexibility in delivery and participation.

The findings reported here are incidental findings from a larger study seeking aged care workers input into developing a capacity and resilience building intervention. This may be a limitation of these findings as due to the focus on capacity and resilience, participants may have been reflecting primarily on the impact of COVID-19 on these topics. There are likely other experiences and impacts of COVID-19 that they did not raise in these discussions. For example, within the Australian aged care sector approximately 10-15% of workers are casual and a similar proportion hold more than one job.²⁹ The work hours and incomes of these workers are likely to have been impacted by the infection control strategies introduced but these types of impacts were not discussed.¹²

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Despite this limitation, this paper adds important insights based on empirical research as Australian literature related to the aged care workforce experience of COVID-19 to date has largely been commentary in nature. A recently published paper explored the challenges faced by RACF staff in Australia during the COVID-19 pandemic using a survey design.¹² While there are similarities in the findings of the survey study and our qualitative study, the survey study focused on the RACF setting and included mostly nurses with few care and activity workers or allied health professionals. Additionally, the data was collected earlier in the pandemic. Therefore, the similarities demonstrate that many of the concerns and challenges were experienced across a range of aged care settings and roles and persisted as the pandemic continued.

CONCLUSION

The COVID-19 pandemic demanded a rapid response from the aged care sector which led to greater demands on the workforce. Aged care workers have experienced many challenges including increased workloads and emotional job demands and feeling undervalued by the wider community. Despite the increased demands, aged care workers have not been supported with increased resources. The findings of this study, in line with the JD-R model highlight the need to address this lack of support for aged care workers to improve their wellbeing and the provision of quality aged care. Aged care workers need to be recognised as frontline workers with their contributions to healthcare and COVID-19 efforts acknowledged at a policy level, in the wider community and through their portrayal in the media. Changes necessitated by COVID-19 have also highlighted the importance of teamwork and the possibilities of technology for ensuring workers feel supported and valued in their organisations. Reflecting on these experiences brings opportunities for improving the sector and support for workers into the future.

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