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Research Article

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Impact of COVID-19 on Care Homes: A Qualitative Study of Experiences of Black Carers in UK

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Abstract

Background: *COVID-19 has drastically impacted care home residents, families, and staff. However, little is known about the impact of this pandemic on carers from the ethnically minoritised background. The present research explored the experiences of UK's black carers during COVID-19.*

Methods: *A semi-structured interview-based qualitative study was conducted involving black carers from Berkshire, Hampshire, and Oxfordshire. Interviews were conducted online through Microsoft Teams, and a thematic analysis was performed on verbatim transcribed interviews.*

Results: *The present study included 15 participants from three UK counties which have a large number of care homes. The analysis of interviews resulted in the development of seven themes: 1) reactions to COVID, 2) infection control in the work environment, 3) workplace discrimination, 4) impact of COVID on well-being, 5) coping mechanisms and impact of deaths, 6) reflection on challenges, and 7) recommendations to care home managers.*

Conclusion: *The black carers reported a substantial impact on their mental and physical health. They recognized the need for timely information, sufficient and fair availability of PPEs, more support, better communication, and equitable work distribution to maintain their mental and physical health.*

Keywords: COVID-19, Care Home Workers, PPEs, Mental Health, Ethnically Minoritised

1. Introduction

The emergence of the coronavirus disease 2019 (COVID-19) outbreak caused severe disruptions worldwide due to its high mortality and rapid spread. As of 20th December 2022, the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infected approximately 650 million people, including over six million deaths [1]. Although the pandemic impacted the global population, healthcare workers and people from a Black, Asian, Minority Ethnic (ethnically minoritised) background were affected disproportionately [2, 3].

Healthcare workers have been at higher risk of COVID-19 infection and mortality due to close proximity to symptomatic and asymptomatic infected patients. A ten-fold higher risk of infection in healthcare workers was reported compared to non-healthcare workers [3]. The UK is among the many countries reporting a substantial number of deaths of physicians during the COVID-19 pandemic [4]. The first ten healthcare workers who died from COVID-19 in the UK belonged to ethnically minoritised backgrounds [5]. Among various ethnicities, black healthcare workers have been disproportionately affected by the impact of COVID-19 [2, 6]. This impact has not only been in terms of incidence and mortality but also regarding mental health and experiences of carers with various sources of support during the pandemic [7].

The patient population is particularly vulnerable in nursing homes, where evolving circumstances further complicated the care process [8]. Because of a higher occupancy base than UK's National Health System, care homes received a significant number of vulnerable patients from hospitals during COVID-19. Despite that, the care homes were provided with inadequate testing facilities and personal protective equipment, especially during the early phase of the pandemic [9]. Therefore, the negative impacts of COVID-19 on care homes are exceptionally considerable [10]. However, the challenges faced by care home staff (carers) have been underreported, particularly the evidence regarding the experiences of ethnically minoritised carers is limited.

Since ethnic minorities make up 21% of the adult social care workforce in England and about half of this proportion is contributed by blacks, the present qualitative study aimed to explore the experiences of the UK's black carers during COVID-19 [11]. Considering the disproportional impact of COVID-19 on the care homes for the elderly, a semi-structured interview-based study was conducted on black carers from care homes for elderly residents, and the results were presented as various themes [12, 13]. Understanding the impact of COVID-19 on carers' experiences could help identify the areas of change and support required by black carers for working through the pandemic while sustaining their physical and mental health.

2. Methods

2.1. Participants and Recruitment

The recruitment for the present qualitative research was advertised in three care homes of one care company in Berkshire, Hampshire, and Oxfordshire after seeking permission from care home managers. These three counties of the UK have a large number of care homes. Purposive sampling was employed in the present study as it increases the depth of understanding in qualitative research and helps effectively identify and select participants that can most seemingly provide appropriate and valuable information [14]. A total of 15 participants from three care homes approached the researcher and expressed their willingness to participate in the present research. All these carers were included as they met the following inclusion criteria: black carers aged 18-64 years, currently employed in care homes for the elderly in Berkshire, Hampshire, and Oxfordshire regions, with at least three years of working experience in the care sector.

Accounting for a 12% contribution (0.12 prevalence) of black carers in the UK, a sample size of 15 was deemed sufficient as it could represent a power value of 0.79 [11, 15]. Moreover, a minimum sample size of 12 has been recommended in qualitative studies to reach data saturation [16].

2.2. Ethical Consideration

Ethical approval was acquired from the Social Sciences and Humanities Interdivisional Research Ethics Committee (SSH IDREC) per Oxford University's procedures for ethical approval of all research involving human participants. The present study followed CUREC reporting guidelines.

2.3. Data Collection

Semi-structured interviews were conducted online through Microsoft Teams between 22nd December 2021 to 17th January 2022. The researcher explained the study objectives before interviews and obtained electronically signed informed consent from the participants via email. Besides self-reported demographic information, the interview questions focused on carers' experiences in their respective care homes during the pandemic, such as their clinical, personal, psychological, and emotional experiences, experiences with managers, resource provisions and limitations, differential treatment concerning race or work status, cleaning practices, availability of PPE, as well as their experiences with family. Open-ended questions were asked to explore their perception of the treatment they faced as ethnically minoritised carers during the pandemic.

2.4. Data Analysis

Thematic analysis was selected for the analysis of the interviews [17]. Semi-structured interviews were verbatim transcribed and de-identified by alphabetical labels. The verbatim transcripts were then compared with interview recordings and corrected if required. As per thematic analysis approach, verbatim transcripts were repeatedly read to understand the qualitative data and to generate initial codes [18]. The coded transcripts were then imported to NVivo (Version 12, a qualitative data analysis software), and the codes were aggregated into potential overarching themes. The themes were reviewed further for similarities and dissimilarities and were combined or separated accordingly. The themes were then named to facilitate their brief and adequate description, incorporating quotations from interviews necessary to describe each theme and the relationships between them [19, 20].

3. Results

3.1. Characteristics of Participants

All participants described their ethnicity as black. The age of participants ranged from 20 to 60 years, with the majority in the age bracket of 41 to 50 years (n = 7). Most participants had been working as carers for more than five years (n = 11). Pre-existing medical conditions were reported by one-fourth of the participants. The summary of participants' characteristics is presented in Table 1.

Characteristics	N
Gender	
Male	7
Female	8
Age group	
20 to 30	1
31 to 40	3
41 to 50	7
51 to 60	2
61 and above	1
Not provided	1

Ethnicity	
Black/African	15
Years of experience	
1 to 5	4
6 to 10	5
11 to 20	6
Covid-19 infection	
Negative	3
Positive	7
NA	5
Pre-existing conditions	
NA	11
Asthma	2
Mental Health issue	1
High Blood Pressure	1

Table 1: Summary of Participants' Characteristics

3.2. Theme 1: Reactions to COVID-19

Participants' experiences, perceptions, and responses were characterized by the awareness of COVID, personal reactions and feelings, reactions of the workplace (care homes) to COVID, and experiences as well as responses to government initiatives.

Most of the participants began to become aware of the pandemic between December 2019 and January 2020. Initial pandemic information was sourced from news outlets, including radio, television, and newspapers. Some participants reached for authentic and peer-reviewed information.

"I chose early on, to look for information from trusted sources, and sources that had been recorded, scholarly articles that had been like proofread to be published like PhD student. I also selected from the United Nation and, from the WHO, that's where I get my sources. I don't go to other places where, you know, they can take people down a rabbit hole." Participant T.

However, carers underlined the knowledge as little or nonexistent in the initial phases of the pandemic. They felt helpless in understanding how to deal with situations at their respective care homes:

"We never knew about ventilation. There was so much we never knew about. We just walked into it because we had a job to do, we had to put food on the table." Participant IK

Carers identified their personal reactions to COVID-19 led by anxiety, fear, insecurity, and uncertainties which were mainly driven by high incidence and mortalities and risk of contracting the virus:

"Well, for me, I think, it was scary." Participant C
"Still, there was that tension of stress, like, what is gonna happen? Am I gonna get it and take it home?" Participant GK

Regarding workplace reactions, guidelines-, support-, preparation-, and information-related concerns were articulated by the carers. The responses indicated disparities in government guidelines and equivocal instructions leading to inconsistent standards in care homes:

"We normally have the guidelines on how we're expected to undertake our work. Now, apart from those guidelines, there will be some new guidelines adding on to the usual guidelines. Oh, to me, that sounds a confusing because there is an additional something, possibly new, a new way to understand how to incorporate it into your usual routines." Participant K

Some care homes exhibited consciousness for carers' physical and mental well-being while some could not provide sufficient and proper PPEs:

"We were left to get our own PPE or turning up at work with a kit that was quite inferior to everyone else's that was given out to other white staff." (Participant S)

Participants highlighted sending carers to care homes without prior information about the presence of COVID-19 cases. However, they also noted resolving this concern after registering the complaints:

"Sometimes they don't tell anyone that they have Covid on the site because they know that is they tell you staff will be scared they might end up losing their staff with non one to work." Participant AA

"...because we had complained, we had laid an issue. So, they made it clear now, if there is a COVID, they will ask you. Are you okay to go there?" Participant GK

The carers also expressed disappointment with the unpreparedness of care homes and the government's response to COVID-19.

3.3. Theme 2: Infection Control in the Work Environment (Care Homes)

The cleaning practices were carried out irrespective of the carers' basic job function; some care homes employed dedicated staff for cleaning. However, few carers considered it an issue if they were the only ones to clean. Moreover, the lack of appropriate cleaning material and protective equipment was also pointed out:

"I'll be honest, it's everybody. Sometimes the manager cleans". Participant C

"Some of the place, they have got their own cleaners". Participant AA

"But it would always be me and XX who will clean the home." Participant AT

I think they (deaths) could have been avoided if there was enough knowledge and enough PPE". Participant AM

Most participants recorded infection control in terms of implementing the mask mandate, limiting the inflow of visitors, and ensuring that the same carer was not sent to COVID-19-free and infected care homes. Contrarily, few also noted everyday practices of infection control in terms of allowing unlimited visitors and sending the same carer to care homes with and without COVID-19 patients:

"They were with all sorts of friends, you know, would come into the service, bring drugs, bring alcohol, bring women and we never had the support from management". Participant IK

"If they find out there are some houses (with COVID), there is no staff, then they have no choice. They can just ask you to go". Participant AA

3.4. Theme 3: Workplace Discrimination

The participants described workplace discrimination as racism, lack of sense of belonging, and being bullied for refusing to work in high-risk locations. They mentioned that they felt worthless and had no sense of self due to their experiences of differential treatment. However, some carers also mentioned fair treatment irrespective of their ethnic background:

"They expected more from us than to the white counterparts." Participant SM

I think there's a lot of injustice that was done. I certainly felt that I wasn't treated the same as everybody else I felt like a second-class citizen." Participant S

"They've been trying to be so fair, from the beginning." (Participant AA)

The carers highlighted the need to resolve their work-related concerns in care homes without any discrimination.

3.5. Theme 4: Impact of COVID-19

The increased workload during COVID-19 impacted staffing levels in care homes. The self-isolations or refusal to work due to fear of contracting the virus resulted in an extra workload on other staff members. The changes in work nature during the pandemic, supplemented with multiple ambiguities and lack of clarity, resulted in financial challenges and dilemmas among carers; some earned less or no income due to self-isolation or being absent from work.

"And a few of them started to take the time off saying that they had health issues and so on". Participant S

"I have had some days that I needed to isolate. So, I loss money, loss income there". Participant C

The negative impact of COVID-19 on mental health was obvious in the narrations by the participants. They mentioned heightened anxiety, depression, stress, loneliness, emotional distress, and fear for self, family, and loved ones because of the pandemic. The pandemic's uncertainty and severity affected motivation and morale in doing the jobs they felt exciting before COVID-19—even some expressed their decision to change their jobs:

"And like, even if I want to read a forecast in Reading, Berkshire, because that actual thing which was motivating me, it was not there anymore". Participant AS

"Taking their bodies out the morgue vehicles from the care home was quite intoxicating. It's very depressive". Participant S

"I said the whole thing has affected me very seriously impacted me emotionally and I've decided now to leave care and do something else". Participant S

However, carers also expressed being more attentive, cautious, and confident in the care process recognizing the value of supporting each other in building resilience, unification and getting a new positive outlook:

It has changed me I'm no longer the person I was before COVID. Because now I'm always aware of my surroundings, where I'm going, whatever I'm doing. And I'm always on the lookout of things that I never used to look out for". Participant SM

"It made me desirable to people that wanted a carer, because they said, well, she's got three years-experience, but she's done all these things. Yeah, so I got a lot of skills out of it". Participant ES

"We supported ourselves. So, we got stronger from that point of view because there is no way back". Participant DN

The participating carers also revealed the impact of COVID-19 on their physical health. Almost half of the participants (n = 7) reported developing COVID-19 and experienced mild to severe forms of the disease. The symptoms of severe COVID-19 mainly occurred in a few with pre-existing conditions. Exhaustion due to work burden and being less active due to restricted movement

were also reported. One participant believed that compliance with the mitigating measures helped reduce some pre-existing ailments:

"I think the wearing of the mask has really helped me because since the outbreak of COVID, I've not had a severe hay fever attack, and I think it's down to the fact that I'd always had my mask on". Participant N

Regarding the impact of COVID-19 on personal relationships, most participants reported experiencing difficulties having interpersonal relationships pertaining to their high-risk exposure job and significant human-to-human transmissibility. They felt poor connectedness with family, friends, or even patients having to be self-contained and isolated:

"As I said, of course, I don't go out, like, go out and socialising anymore, unless I'm in my home country, so, yeah, I kept to myself, to be honest". Participant C

"It became so difficult going near the residents and your colleagues as well… the trauma of it all was when resident's family were not allowed in, that time was really emotional." Participant N

3.6. Theme 5: Coping Mechanisms and COVID Deaths

Because of not only managing their own fear, anxiety, and depression but also taking care of patients, the carers struggled both in and outside work and had to develop coping mechanisms. The majority adopted the situation to live by the rules, while some used religion and belief systems and focused on getting support from around them:

"Because I know if you live by the rules, by all means, it can even do something better than not living by the rules". Participant SA

"There were Christians or Muslims, they had a very strong religious belief. And I think that this really helped people to get through things emotionally." Participant S

"We supported ourselves. So, we got stronger." Participant DN

The carers expressed fears of death arising from the knowledge that most carers working in care homes were black:

"Because they were saying, I don't know, blacks will die more than white I was very scared" Participant GK

"So, to see many of them dying, while being a carer, I found that unsettling and scary." Participant AM

3.7. Theme 6: Reflection on Challenges

The carers re-evaluated their COVID-19 experiences to indicate areas of importance that value to them, including emotional importance associated with workplace discrimination, preparedness of care homes for the pandemic, and timely provision of knowledge. The participants linked inadequate PPE with the COVID-related death of so many people. Also, of concern was the provision of equipment like visors to team leaders and not carers dealing directly with COVID-19 patients. Moreover, participants wanted recognition and acknowledgement from the care homes regarding their work during the pandemic:

"White carers could make an excuse and be told, you know, that's perfectly fine. It's understandable". Participant ES

"It was the lack of knowledge as well about the disease and how we were meant to protect ourselves." Participant AM

"So, you'll be like, no, I'll go to work. I'll be careful, but how can you be careful when you're not provided things that are meant to make you safe?" Participant AM

"And it's not about the money. It's about the appreciation, saying, thank you for what you've done." Participant DN

"If you give all that you have, and It's not appreciated by people is very bad. It hurts". Participant SA

3.8. Theme 7: Recommendations to Care Home Managers

In the interviews, the participants were questioned about what they would accomplish as care home managers. Early planning, fair treatment, encouraging a positive outlook and teamwork by providing training to manage pandemic-related stress and workload, listening to and caring about staff well-being, providing financial assistance, and enhancing staff safety by ensuring the availability of enough PPEs were among the recommendations made by the respondents.

"I would urge the government, my managers, which is difficult because sometimes these things are embedded in people's minds. To just treat every individual as they would want themselves to be treated, I think the world will be a better place". Participant SM

"The listening would have been one thing just to take into consideration". Participant ES

"Incentivizing people during the crisis, it helps them you know, give themselves to their best". Participant K

"We need to just make sure we have everything, visors, everything ready for carer". Participant AM

4. Discussion

This study is one of the first to report the impact that COVID-19 is having on the care workforce of black ethnicity. Impacts include high risk and fear of contracting COVID-19 leading to stress, anxiety, and depression. The narrations linked workplace discrimination, unfair distribution of PPE, lack of knowledge, and unpreparedness of care homes for the pandemic with the distressed working environment.

Participants in the present study emphasized the need for accurate and timely information to manage pandemics like COVID-19. This demand among caregivers was not identified in previously published qualitative research on care homes or long-term care facilities [10, 21]. However, in a previous study,

the primary healthcare service providers noted that they felt disadvantageous in getting timely information during epidemics and pandemics [22].

Due to early PPE shortages, carers reported feeling uncomfortable and unprotected from the virus while working during this period. The absence of PPE for caregivers has been discussed in the literature and the media, but the current study further explored the psychological and physical effects this shortage has on workers [23]. According to our research, staff members were compelled to adjust in the short term, accepting low or reused PPE while sensing racial prejudice in the equitable distribution of PPE. Nevertheless, better supply and procurement integration is needed to solve PPE shortages over the long term or in the case of new pandemics.

The staff shortage in UK care homes has been identified in previous studies [10, 24]. The present study underlined that the care home workforce shortage, augmented with unfair work distribution into high-risk areas, expanded the burden on black carers. This could further worsen their physical and emotional health. The COVID-19-related restrictions hindered the emotional support carers received from their family members before COVID-19. They also felt poor connectedness with residents during the pandemic. This also overburdened the job of carers. Nyashanu et al. reported similar observations from UK [25]. However, the present study found that limited movement and exercise also affected care's physical and mental health.

This study revealed that carers adapted to live with the situation and used belief systems to help them cope with the pandemic situation. Various other COVID-19 coping strategies have been previously noted in the research, including personal daily habits impacting psychological well-being, humour as a buffer for stress, creating opportunities for social interactions during infection control restrictions, emotional support, and helpful leadership [26-28].

The present study's findings show a stigma of carers with burn-out staff force and unpreparedness of care homes and the government. The study confirmed prior claims that carers felt undervalued and unsupported at work during COVID-19 by identifying decreased job satisfaction among participants due to the challenging work environments they had been working in [29]. The leadership perception of care facilities has to be changed in order for carers to feel respected in their positions [10]. This appears particularly essential for ethnically minoritised carers. However, this is only possible if the government supports the care facilities during the pandemic by supporting them with timely information, resources and funding [29].

Substantially excess deaths in the UK care home sector in the early phase of COVID-19 and disproportionate effect among ethnically minoritised groups highlight the importance of support required by carers of black ethnicity [30]. Both new and existing staff should be trained in infection control and workplace stress management. The authorities should develop a system to ensure equitable high-risk work distribution and fair availability of protective equipment with emotional and financial support during the tough time of the pandemic.

The present study enrolled participants from UK's three regions which have a saturation of care homes; however, the experiences of black carers in other areas may have been different. Considering high COVID-19 incidence and mortality among ethnically minoritised carers, the psychological impact might also differ between minority and majority ethnic groups. Further research is warranted to verify the results of the present study in other counties of the UK and to compare it with carers of different ethnicities.

5. Conclusion and Implications

This research has found drastic impacts of COVID-19 on black carers. They perceive to be victims of physical and mental health devastation. The disproportionate effect of the pandemic on ethnically minoritised people and workplace discrimination particularly affected their emotional state. They highlighted the importance of timely pandemic-related information, sufficient availability of PPEs, and recognition from leadership to cope with the COVID-19 situation. The black carers also considered the broader impact on the future of care homes. The gap in support, guidance, and fair working conditions should be addressed to help carers adapt to new working practices. This will ensure carers' well-being and sustained care provision in care homes.

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