

Perceptions of Nursing Home Employees During COVID-19: Perceived Risk, Perceived Support from Leadership, and Post-Traumatic Growth

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Received: 05 Jan 2025; Accepted: 10 Feb 2025; Published: 20 Feb 2025

Citation: Eran E Hanke and Elaine M Eshbaugh. Perceptions of Nursing Home Employees During COVID-19: Perceived Risk, Perceived Support from Leadership, and Post-Traumatic Growth. *Nur Primary Care*. 2025; 9(1): 1-4.

ABSTRACT

Administrators and staff in nursing homes experienced challenges in determining how to carry out their work while responding to stressful demands during the COVID-19 pandemic. Despite the challenges, healthcare workers can experience post-traumatic growth (PTG), and PTG may serve as a coping mechanism. This study examined 211 individuals who worked in nursing homes during the pandemic. Our results suggest that both higher perceived support from administration and higher perceived risk are related to increased post-traumatic growth. Implications for nursing home leadership are discussed.

Keywords

Nursing, Post-traumatic growth, Stress, COVID-19.

Introduction

During the COVID-19 pandemic, administrators and staff in nursing homes experienced challenges in determining how to carry out their work while also responding to additional work demands. Working in long-term care during the pandemic involved taking on new tasks or filling in where there were gaps in services or workforce shortages [1]. Some employees had to find new ways to do their jobs while others took on entirely new roles. These challenges have added complexity to a workforce that was already strained and prone to losing staff due to burnout [2].

The safety of the residents became a heightened concern during the pandemic. However, many nursing home staff described inadequate preparation, a lack of resources (i.e., personal protective equipment, testing), uncertainty about the COVID-19 virus itself, and a lack of communication, or quickly changing guidance and protocols as factors adding to the demands [1,3,4]. Workers contended with perceived risk, the impact of the COVID-19 virus, and the impact of infection control and prevention measures. Research suggests that nursing home employees exhibited higher levels of stress, anxiety, and depression during the pandemic.

Not surprisingly, COVID-19 had a negative impact on the job satisfaction of nursing home employees. Lapierre et al. found that nursing home staff members reported lower job satisfaction and higher emotional exhaustion after the onset of the pandemic.

Post-Traumatic Growth

Post-traumatic growth (PTG) refers to the positive psychological changes experienced as a result of a traumatic life event. This concept embraces the idea that people can experience growth following trauma and not simply return to baseline. Research has identified several factors that influence PTG, including personality, coping strategies, social support, and the severity of the trauma [5]. PTG is related to improved mental health outcomes, including lower levels of depression and anxiety [6]. Despite the negative psychological impact of the COVID-19 pandemic, the literature reveals the occurrence of post-traumatic growth (PTG) among healthcare workers [7,8]. Cai et al. [7] studied Chinese nurses and found that a considerable proportion experienced PTG, including an increased appreciation of life and personal strength. Polizzi et al. [8] found that a proportion of Italian nurses reported symptoms of post-traumatic stress disorder (PTSD) as well as PTG. Previous research has shown that awareness of risk and fear of contracting COVID are positively associated with post-traumatic growth among healthcare workers [9,10].

Nursing home leadership may also play a role in the well-being of employees during a crisis. Communication with management and the provision of personal protective equipment by the organization may have been particularly important factors during the pandemic [2]. In a broader sample of those working in healthcare, positive perception of workplace culture related to decreased psychiatric symptoms during the pandemic [11]. A negative perception of workplace culture included a lack of transparency, which led to a perception of greater risk and a feeling of non-support. It has been suggested that nursing home administrators may need additional training to successfully lead staff, especially in times of crisis [3]. Despite the challenging circumstances of a pandemic, healthcare workers can experience growth, suggesting PTG may serve as a mechanism to cope with trauma [12]. More research is needed to understand how to foster PTG among nursing home staff, particularly in the context of a crisis.

Research Questions

1. How does risk perception relate to PTG?
2. How does support from organizational leadership relate to PTG?

Methods

Design and Sample

After receiving IRB approval, a SurveyMonkey survey was sent by email to contacts at local nursing homes as well as posted on social media. Participants in this study were 211 individuals who had worked in senior living after March 1, 2020, and continued to work in senior living at the time they completed the study in October-December of 2021. One hundred twenty-one (57.3%) identified as women, whereas 90 (42.7%) identified as men, and one participant identified as non-binary. The majority of participants was White ($n = 154$; 73%). One hundred thirty-eight (65.4%) of participants were aged 25-34, whereas 29 (13.7%) of participants were 18-24 and 28 (13.3%) were 35-44. 14 (6.7%) were aged 45 or greater. Gender and age were unrelated to race.

Measures

Predictor Variables

The Pandemic Experiences and Perceptions Survey [13] is a measure used to assess employees' experiences working during a pandemic. For this analysis, risk perception and perception of leadership subscales were used as variables. For risk perception, participants responded to four items assessing their perception of risk to 1) themselves, 2) their family, 3) residents, and 4) their colleagues. Responses ranged from 1 (no risk) to 7 (life-threatening risk). Cronbach's alpha in this study was .87. For the purposes of analysis, the risk perception variable was used to divide the participants into two groups: low and high perceived risk. The low perception of risk group ($n = 111$) had perception of risk scores of 18 or lower. The high group ($n = 110$) had perception of leadership scores of 19 or higher. To measure perception of administrative support, 5 items from the PEPS relating to organizational management were used. Participants rated items from 1 (not at all) to 5 (frequently if not always). Cronbach's alpha in this study was .86. For the purposes of analysis, the perception

of support variable was used to divide the participants into two groups: low and high perceived support. The low group ($n = 111$) had perception of support scores of 12 or lower. The high group ($n = 100$) had perception of support scores of 13 or higher.

Outcome Variable

The Posttraumatic Growth Inventory Short Form [14,15] was used as an outcome variable in this study. This is a 10-item inventory that measures positive changes after having experienced traumatic events. Items are rated on a 6-point Likert scale (0=I did not experience this change as a result of my crisis; 5=I experienced this change to a very great degree as a result of my crisis).

Results

Descriptive statistics are shown in Table 1. It should be noted that race/ethnicity and gender were not significantly related to these variables, and therefore, were not used in the subsequent analysis. Correlations are also shown in Table 1. Post-traumatic growth was positively related to risk perception and perception of support ($p < .01$).

Table 1: Means, Standard Deviations, and Correlations for All Variables.

	Mean	SD	Perceived Risk	Perception of Leadership	Post-Traumatic Growth
Perceived Risk	18.15	6.33	---		
Support	13.49	6.20	.24**	---	
Post-Traumatic Growth	30.81	11.18	.22**	.22**	---

** indicates $p < .01$

Post-traumatic growth was used as an outcome variable in univariate GLM models. Predictor variables were low vs. high-risk perception and low vs. high perceived support. The possibility of interaction effects was also explored. A univariate GLM model was responsible for 16% of the variance in post-traumatic growth (Table 2). Those in the higher perceived risk (34.31 vs. 27.60) and higher perceived support (34.84 vs. 26.87) groups showed higher post-traumatic growth ($p < .01$; Table 2).

Post-hoc analysis indicated that, among those with low perceived support, the high perceived risk group (31.94) had significantly higher post-traumatic growth than the low perceived risk group (21.71; $p < .01$; Table 2). Among those with high perceived support, the high perceived risk group had higher post-traumatic growth than the low perceived risk group, but this difference was not statistically significant.

Table 2: Univariate GLM Analysis.

	Low Perceived Support	High Perceived Support	
Low Risk Perception	21.71 ($n = 55$) ^{c, e, g, h}	33.40 ($n = 56$) ^{d, c}	27.60 ($n = 111$) ^a
High Risk Perception	31.94 ($n = 56$) ^{c, f, g}	37.33 ($n = 44$) ^{d, f, h}	34.31 ($n = 100$) ^a
	26.87 ($n = 111$) ^b	34.84 ($n = 100$) ^b	30.81 ($n = 211$)

Letters indicate $p < .01$.

Discussion

Our research found that those nursing home employees who perceived higher COVID risk were more likely to show PTG than those with lower perceived risk. In addition, these results show that perceived support from leadership is an important factor in cultivating PTG. Factors involved in this support may be transparency, expression of hope, and specific feedback. Furthermore, there was an interaction effect for perceived risk and perceived support. For those nursing home workers with less perceived support from leadership, perception of risk was a significant predictor of PTG. It seems that, for those with less support at work, a perception of risk is necessary to show PTG. However, risk is less necessary to achieve PTG for those who perceive strong leadership support.

Not surprisingly, post-traumatic growth among healthcare workers is negatively related to burnout, and finding meaning in work is inversely related to burnout [16]. Meaning-making in the work setting is an important way for employees to minimize negative work-related psychological outcomes. The capability of those in the healthcare field to adjust to trauma is due to continuous sense-making that increases their sense of efficacy. Post-traumatic growth may serve as an important resource in reducing burnout for healthcare workers who experience adverse events in the workplace.

For that reason, it is useful to explore ideas to promote post-traumatic growth among nursing home employees. According to this study, support from administration may be important in predicting post-traumatic growth. Factors included in the PEPS that may play a key role in administrative support are expressing hope and confidence, being transparent, helping employees feel safe, and giving specific feedback. Administration may want to consider implementing the following strategies during times of crisis:

1. Holding regular sessions to update employees on policies and procedures.
2. Promoting an open-door policy for management so staff feel free to stop by and ask questions.
3. Showing confidence in staff by allowing them to participate in decision-making and problem-solving related to the crisis.
4. Ensuring that the facility is following safety protocol to protect both residents and employees.
5. Sharing long-term plans to assure employees that there is a hopeful future for the facility post-crisis.

This study is not free of limitations. First, we used a convenience sample. There may be a selection bias in that all participants were internet-users with the capability to complete a survey online. Those who volunteered to participate may be systematically different from those who did not participate. Furthermore, we only collected data from those who still worked in long-term care. Employees with the lowest levels of post-traumatic growth and/or administrative support may have already resigned from their positions during the pandemic.

Nonetheless, this is a significant step in determining factors that may help nursing home employees achieve post-traumatic growth amid a crisis. Although the COVID pandemic affected people across the world in significant ways, some crises occur locally, regionally, and nationally. Because post-traumatic growth may be related to decreased burnout in employees, nursing home administrators may want to explore strategies that can help staff bolster post-traumatic growth.

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