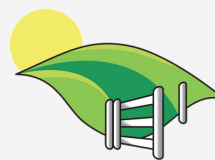


GATEWAY CERH

IMPACT OF COVID-19 ON THE WELL-BEING OF RURAL HEALTHCARE WORKERS

PERTH-HURON UNITED WAY
COVID-19 URGENT NEEDS FUND



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EXECUTIVE SUMMARY

The COVID-19 pandemic is unprecedented in scope and severity and has presented a threat globally to the health and wellbeing of all people. One group of people who face a “double whammy” in terms of having to confront the consequences of the pandemic both personally and professionally are healthcare workers. This study sought to identify stressors rural healthcare workers were experiencing and forms of support, assuming they sought support, to mitigate the stress they experienced. However, it must be recognized that it simply provides a snapshot of their experiences in the middle of the pandemic. All responses were gathered in Huron county during June, 2020. Respondents were invited to complete a short online survey. In total, we had 153 respondents “click” through the whole survey to the end, however, not all respondents answered all questions so the total response to any question will vary.

The main finding in terms of stressors is fear, and this included fear for their own health, fear that they might infect loved ones, in addition to the fear that arises from the delivery of services to patients and changing protocols. Other stressors were increased workload or feeling overworked, constant change, and management and communication challenges in an environment that is continually changing. Furthermore, 65% of the respondents indicated that these stressors did not exist prior to the pandemic while 95% of respondents who indicated that these stressors did not exist prior to the pandemic, reported that they were a direct result of the pandemic. Of those who indicated that they were experiencing some stressors prior to the pandemic, 95% of respondents noted that the pandemic had exacerbated these pre-pandemic stresses. In addition, 76% of respondents indicated that workplace stressors impacted their life outside of work with over 50% indicating it impacted their physical and mental health, while 18% indicated that it created challenges in work/life balance and/or family challenges and concerns (13%). 10% indicated that some of the protocols such as social distancing resulted in them feeling isolated and feeling lonely, especially for those who lived on their own. When asked if they experienced stressors outside the workplace, 79% indicated that they did. Thus they experience stress both as a result of their employment, but also experience stressors that others are experiencing as a result of living through a pandemic.

When asked about support and where they seek it, only 14% report that they sought out formal support while 71% reported seeking out informal support. The predominant form was seeking out “connection with others” and 87% report that they have access to these forms of support (mostly friends and family). Only 13% indicated they do not have access to these forms of informal support. In terms of mitigating stress, 44% reported engaging in various activities such as gardening, food or sleep while 28% reported engaging in exercise and 15% simply report communicating with others.

In summary, healthcare workers experience stress both within the workplace, and in the larger community and most seek informal support to help manage and/or mitigate the stress that they are experiencing as a result of the COVID-19 pandemic.

The Impact of the COVID-19 Pandemic on Rural Healthcare Workers

Prepared by Casandra Bryant¹, Taylor Pratt² and Dr. Al Lauzon³
Report submitted July 10, 2020

INTRODUCTION

The COVID-19 pandemic is, in many ways unprecedented. While it is true we have dealt recently with infectious disease outbreaks such as SARs or H1N1, these were not close in scope or severity that we are seeing with the COVID-19 pandemic. According to today's *New York Times* (July 2, 2020), globally we have seen 10.8+ million cases and 520,912 deaths.

The magnitude of the pandemic and its impact on healthcare workers is unknown, although earlier lessons can be drawn from the SARs and H1N1 outbreaks (Walton et al., 2020). As was noted from these earlier outbreaks, there appears to be a consistent pattern of challenges for staff. This pattern includes: increased workload as a result of outbreaks; fears of contagion for themselves and families; working with new and frequently changing protocols and personal protective equipment (PPE); caring for very sick and rapidly deteriorating patients; and sometimes having to care for colleagues who may have contracted the infection through work. What we know to date about the COVID-19 pandemic is that it appears to be following this pattern. We also learned that healthcare workers are torn between worrying about infecting loved ones while having a commitment to their professional duty to care (Wu et al., 2020).

However, the severity of the impact during the COVID-19 may be greater as a result of the unprecedented scope and severity of the pandemic.

Early reports from the COVID-19 pandemic suggests that healthcare workers are experiencing stress, anxiety and fear (Wu et al., 2020). One of the greatest psychological challenges we can face is uncertainty, and it goes without saying that COVID-19 has created uncertainty ranging from the local to the global. It is further suggested that the drivers of stress, fear and anxiety experienced by healthcare workers are a result of:

- uncertainty of the duration of the pandemic;
- lack of proven therapies or vaccines;
- potential shortage of healthcare resources, including PPE;
- the challenge of social distancing when they desire to be present with their families;
- the possibility of personal and family illness;

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- rapid access to information via the internet which also often contains misinformation and the ability to distinguish between them.

It has also been reported that healthcare workers who have to self-isolate or quarantine report symptoms of PTSD, depression, stigmatization and fear of financial loss (Wu, 2020). If there is not adequate support in place for these individuals, it can lead to under reporting of symptoms and can increase the risk of in-hospital transmission. In addition, quarantined staff suffer from boredom, exhaustion and loneliness and may be reluctant or anxious to return to work once they have been cleared of COVID-19 (Walton et al., 2020). Other impacts on healthcare staff have included: burnout, compassion fatigue and moral injury (Walton et al., 2020). With regard to moral injury, it simply means the pandemic may require healthcare staff to make decisions or carry out procedures that contravene normal practice and/or contravene their personal or professional ethics and this would constitute moral injury. As is noted in the literature, pandemics are high stakes games where the guiding procedures and protocols of “normal” times may no longer hold. (Walton et al. 2020).

One of the challenges that healthcare staff have faced during the pandemic has been ever changing directives and protocols from leaders, medical and public health staff and political leaders. Furthermore, stress levels can be increased by having to work longer hours as colleagues become ill and the facilities become short-staffed. And for some healthcare staff, they will be faced with moral distress in having to make decisions about who gets to go into ICU or on a ventilator when demand exceeds supply (Schmerling, 2020). They also struggle with patient communication as PPE can make it hard to communicate, and can depersonalize the interaction with patients; staff are not always recognizable when using PPE (Walton et al., 2020). Furthermore, they are often busier than normal and may not have as much time to spend with each patient as they would like to or would normally.

Perhaps one of the greatest challenges for healthcare workers is what can be considered the “double whammy” whereby healthcare workers experience the uncertainty of the pandemic in the context of work and their professional duties and responsibilities, but also experience all the stress that comes with simply being a citizen and managing the various protocols recommended or implemented by public health and decisions made by political leaders (i.e. attending to children’s education at home etc.). This source of stress arises from the worry stemming from their everyday lives (Blackburn et al., 2020).

This study is exploratory in nature and seeks to have rural healthcare workers identify sources of stress and sources of support during the COVID-19 pandemic. The rural context is an important one to understand as rural people are, in general, less healthy, less educated and have less health and wellbeing services and personnel available to them than urban residents (Lauzon, 2015). While one would expect that the rural healthcare workers’ experience would share some commonalities with urban healthcare workers, the context is sufficiently different that rural needs to be considered independently of the urban context.

The data collection was completed during June, 2020 in Huron County. The following section of the report describes the methodology followed by a section on respondent identified stressors and implications, then a section on sources of support and behavioural responses followed by a demographic description of survey respondents. We close the report offering up some reflections based upon the results and identify future research.

METHODOLOGY

This is a survey study in data collection and analysis consisting of closed and open-ended questions. The survey was constructed and delivered using Qualtrics, an online survey software platform. The survey was developed by the report authors in consultation with Gateway board members and staff.

Qualtrics provided the descriptive data analysis for the quantitative questions. Data analysis for qualitative responses was completed with manual coding in Microsoft Excel. Manual coding consists of reading data and assigning codes. Manual coding allows for emergent codes to be identified (letting the data tell the story) as well as identifies nuances in the data (that may not be identified using an automated coding platform). There were a total of 1,275 coded responses. The manual coding process included three stages, 1) reading the data to identify categories and assign a text and colour code; 2) identify sub-categories within each category and assign a sub-text code, and; 3) assign a number to each response within each category to confirm all responses were included in the analysis. Categories that contained 10% or more of responses were considered major categories and anything below 10% was considered a minor category. The minor categories were included because there were two or more of the same response. There were responses not categorized due to being invalid and/or not specific enough to determine the nature of the response.

While some questions seem similar, the study attempts to compile data in specific ways. For example, one question asks how workplace stressors impact life outside of work and another question asks about these stressors related specifically to quality of life. In the study, quality of life is defined as the standard of health, comfort, and happiness experienced by an individual at work, home, and play. This helps gain a deeper insight into the stressors.

While the survey platform, Qualtrics, registered 153 completed surveys, **the average number of completed surveys was 108.23**. Qualtrics considers a survey complete if a respondent clicks on the survey link and 'clicks through' using the 'next' button to reach the final, thank you page. The survey did not use 'forced responses' (where a respondent must enter a response or cannot continue). Instead every question was optional. There is a possibility some respondents did not answer the questions. There is also a possibility that respondents chose to answer some questions but not others.

An email to participate in the survey was sent to 74 potential participants with a request to forward the link to others in the healthcare sector. The timeframe to respond to the survey began on June 8, 2020 and ended on June 29, 2020.

RESULTS

The results are presented in three sections – impact of COVID-19 pandemic, sources and utilization of support and demographic information.

SECTION ONE: IMPACT OF COVID-19 PANDEMIC

When respondents were asked to identify three major stressors they experienced in the workplace, the most common responses were fear (28.95%), and concern regarding PPE (18.42%). See Table 1 for an overview of responses defined by category. Detailed information about each of the categories follows.

Table 1: Major stressors experienced in the workplace

Response	Percentage	Count
Fear	28.95%	88
Personal protective equipment	18.42%	56
Overworked and/or increased workload	11.84%	36
Constant change	11.18%	34
Management and communication challenges	7.24%	22
Personnel shortages	4.93%	15
Patient-focused concerns	4.93%	15
Working from home	2.96%	9
New roles and training	2.30%	7
Practice changes	1.32%	4
Employment uncertainty	1.32%	4
Concern for mental health of staff	1.32%	4
Uncategorized	3.29%	10
Total	100%	304

Fear

28.95% of responses identified fear as a major stressor as a result of the COVID-19 pandemic. The online dictionary Oxford Languages defines fear as an unpleasant emotion that is considered painful, threatening or dangerous. The majority of responses in this category (33) stated that fear of infection and personal safety were stressors in the

workplace. Seventeen (17) responses identified workplace stress related to family whether a fear of infecting family members, being isolated from family and childcare challenges. Additional safety protocols (10 responses), such as measures to keep the 'self' protected in the workplace (for example, constant hand washing and hand sanitizing), seeing patients and/or delivering patient services as well as shopping outside of the workplace contributed to fears in connection to the pandemic. Six (6) responses identified stress related to those who disregard the rules of the pandemic such as social distancing. Five (5) responses experienced stress when they engage with patients who either have a positive COVID-19 status or an undetermined status. In equal measure with four (4) responses each, fear as a stress was experienced in relation to mental health, financial strain and general uncertainty. Lastly, three (3) responses identified isolation as a stress. There were two (2) responses labelled as "uncategorized" as the response did not clearly state the stress.

"Fear of moving through the hospital due to the virus." – Survey Respondent

"I struggle with those that don't understand the reasons for physical distancing and closures; also they have more time to think of things that they feel I should be doing." – Survey Respondent

Personal Protective Equipment (PPE)

18.42% of responses identified stress connected to PPE. For the purpose of the study, PPE refers to the equipment required for safety reasons. One of two major stressors in this category was the use of PPE (20) - experiencing discomfort while wearing the equipment and the improper use by others such as staff and patients. The second major stressor was the lack of PPE (16) in relation to supply shortage and access. Four (4) responses identified concern over the quality of PPE and two (2) stated concerns over the preparation of PPE for the pandemic. There was also reference to supplies and equipment (12 responses) ranging from a lack of supplies to stricter inventory counts to storage space issues for pandemic supplies. There were two (2) responses labelled as "uncategorized" as the responses did not clearly indicate why PPE is a stress (responses state "PPE" only).

"Distrust in management they didn't have adequate PPE. I suggested to wear masks in front of ambulance while not socially distancing from partner but was laughed at by management. Then weeks later they made it a policy then weeks after that ministry made it a policy." – Survey Respondent

Overworked and/or Increased Workload

11.84% of responses stated being overworked in reference with an increase in work hours, and work or caseload.

Constant Change

11.18% of responses identified stressors connected to change. For the purpose of the study, constant change is defined as change that is continuously occurring. The majority of responses (22) referred to constant changing policy, procedure and rules. Five (5) responses identified stress in terms of changes in their practice. Two (2) responses stated a change in routine and another two (2) responses specifically referred to constantly changing information. There were three (3) responses labelled as “uncategorized” as the responses did not clearly indicate the type of change (for example, “Doug Ford”, “constant changes”, and “unprecedented changes”).

Management and Communication Challenges

7.24% of responses identified stressors with management and communication. Eleven (11) responses identified communication challenges such as a lack of communication, negative social interactions and ‘misinformation’. Eight (8) of these discussed management issues whether experiencing stress from management or stress in managing staff. There were three (3) responses labelled as “uncategorized” as the responses did not clearly indicate why management is a stress (responses state “management” and “organization”).

“Safety of self and having my concerns heard.” – Survey Respondent

Other

19.08% of responses highlighted minor, but important categories. There was concern over personnel shortages (15 responses) and patient’s health, loneliness and confusion (15 responses). Working from home (nine responses) presented challenges with a lack of necessary resources and IT issues. There were seven (7) responses referring to stress regarding new roles, and/or partners along with a lack of training. In equal measure, there were four (4) responses regarding stress over reduced, in-person physician hours, employment uncertainty and concern about the mental health of staff.

3.29% of responses could not be categorized as they did not clearly state the type of stress (for example, “staff”, “work”, and “peers”). Other uncategorized responses included, “age as seniority”, “reliable transportation”, “lack of collection/lab service in rural Ontario”, and, “technology malfunctioning.”

When asked if any of these stressors were experienced prior to the COVID-19 pandemic, 65.25% of respondents stated that they had not with 34.75% reporting that they did. See Table 2 for an overview of results.

Table 2: Did any of these stressors exist prior to the COVID-19 pandemic?

Response	Percentage	Count
Yes	34.75%	41
No	65.25%	77
Total	100%	118

When respondents were asked if these stressors were a direct result of COVID-19, 96.05% of those who responded that they were. See Table 3 for the results.

Table 3: Are these stressors a direct result of the COVID-19 pandemic?

Response	Percentage	Count
Yes	96.05%	73
No	3.95%	3
Total	100%	76

As for those who were already experiencing stressors prior to the pandemic, 95.12% of participants who responded, reported the pandemic made those stressors worse (See Table 4).

Table 4: Has the COVID-19 pandemic made these stressors worse?

Response	Percentage	Count
Yes	95.12%	39
No	4.88%	2
Total	100%	41

When respondents were asked if workplace stressors were impacting their life outside of work, 76.07% of respondents reported that it did (See Table 5).

Table 5: Do the stressors in the workplace have an impact on your life outside of work?

Response	Percentage	Count
Yes	76.07%	89
No	23.93%	28
Total	100%	117

For respondents who answered ‘yes’ in Table 5, 93.26% shared how workplace stressors have impacted life outside of work. The most common response identified mental and physical health concerns (with just over half of the total responses). Challenges with a work/life balance, and family concerns were also common responses. Other, minor groupings included isolation, restrictions, shopping, COVID-19 information overload, financial strain and stigma attached to working in healthcare. See Table 6 for an overview of the responses defined by category. Detailed information about each of the categories follows.

Table 6: How do workplace stressors impact life outside of work?

Response	Percentage	Count
Mental and physical health concerns	50.25%	100
Work/life balance challenges	18.09%	36

Family challenges and concerns	12.56%	25
Isolation and restrictions	9.55%	19
Shopping	3.01%	6
COVID-19 information overload	2.01%	4
Financial strain	1.51%	3
Stigma	1.01%	2
Uncategorized	2.01%	4
Total	100%	199

Mental and Physical Health Concerns

Just over half of all responses (50.25%) stated that workplace stressors have impacted either mental and/or physical health. For the purpose of the study mental and physical health is defined as a state of well-being (mental) and the overall condition of a body in regards to fitness and absence of disease (physical) (CMHA, 2020; EPA, 2020). The majority of responses (46) identified mental strain such as an increase in worry, stress, and anxiety as well as a depletion of mental energy due to COVID-19 related issues. Many responses (35) identified experiencing negative physical symptoms, mainly exhaustion and sleep problems as a result of the stress. Thirteen (13) responses referred to exhibiting mental strain with an increase in moodiness, irritability, frustration, and anger. Lastly, six (6) responses stated concern about mental and physical health in general.

“Depressed – as work is the only thing I have to look forward to and it’s so draining.”

– Survey Respondent

“Frustration carries over into personal life.” – Survey Respondent

“Have had anxiety and depression before COVID19 but it has been intensified by pandemic.”

– Survey Respondent

Work/life Balance Challenges

18.09% of responses referred to the challenges in connection to work. According to Wikipedia (2020), work/life balance describes the balance, “that a working individual needs between time allocated for work and other aspects of life.” The majority of responses (27) identified an imbalance between work and home-life was negatively impacted. Examples included working longer hours, bringing work home, an increase in work-related telephone calls at home, and the difficulty of working from home especially with small children. The remaining eight (8) responses identified that work has “changed,” since COVID-19, feeling a decrease in work satisfaction, concern about faulty equipment and increased stress in managing staff to stay positive and to avoid absences. There was one (1) response labelled as “uncategorized” as the response did not clearly indicate the whether the work-related impact was experienced at home or at work (“phone calls about protocol”).

“I am uncomfortable bringing in relief so I can have a day off, so I go without.”

– Survey Respondent

“Working at a home office with small children is difficult.” – Survey Respondent

Family Challenges and Concerns

12.56% of responses discussed the impact that workplace stressors have on family. For the purpose of the study, family challenges refer to a direct reference to how work is impacting family and/or family life. Most of the responses (nine) stated missing immediate and extended family due to working more or following social isolation rules. Six (6) responses identified how other family members worry about the safety and exposure to COVID-19 of the respondent. Five (5) responses experienced challenges with childcare and home schooling. For example, one states, “no one wanted to provide childcare to my kids [because of where I work].” Four (4) responses highlighted the additional strain on family relationships. There was one (1) response labelled as “uncategorized” as the response did not clearly indicate why family was impacted (response states, “family”).

Isolation and Restrictions

9.55% of responses identified the challenges of isolation and the COVID-19 restrictions. For the purpose of the study, isolation and restrictions are defined as being isolated, feeling alone and experiencing restrictions that were not present prior to the COVID-19 pandemic. Most of the responses (14) referred to living alone and therefore felt isolated outside of work, and experiencing limited interactions with others. One response highlighted, “lacking physical touching.” Some of the responses (five) experienced social distancing fatigue, social restriction frustration and the inability to participate in normal activities.

“Socially isolated live alone and not welcomed by family due to coworkers not socially distancing.” – Survey Respondent

Other

The remaining responses (7.54%) were divided into four categories and included stress over grocery shopping (six responses), receiving frequent and changing information (four responses), financial concerns (three responses) and experiencing a COVID-19 stigma attached to working in healthcare.

There are four (4) responses (2.01%) that were not categorized and included, “occupying my thoughts”, “time shortages”, “life style”, and “much more laundry for scrubs.”

When respondents were asked if workplace stressors were impacting their overall quality of life, 61.61% reported that it was (See Table 7).

Table 7: Do you find workplace stressors are impacting your overall quality of life?

Response	Percentage	Count
Yes	61.61%	69
No	38.39%	43
Total	100%	112

For respondents who answered ‘yes’ in Table 7, 94.20% shared how workplace stressors have impacted overall quality of life. The categories specifically related to how workplace stressors due to the COVID-19 pandemic affect quality of life. Respondents considered these categories an integral part in the quality of life equation. For example, mental and physical health was a necessary component in determining whether someone has a high or low ‘quality’ of life.

The most common response identified mental and physical health concerns (64.24%). Family challenges and concerns were another common response. Other, minor groupings included work-related challenges, isolation, new COVID-19 behaviours, financial strain and travel limitations. See Table 8 for an overview of the responses defined by category. Detailed information about each of the categories follows.

Table 8 – How do workplace stressors affect quality of life?

Response	Percentage	Count
Mental and physical health concerns	64.24%	97
Family challenges and concerns	11.26%	17
Work-related challenges	8.61%	13
Isolation	8.61%	13
COVID-19 behaviours	2.65%	4
Financial strain	1.99%	3
Travel limitations	1.32%	2
Uncategorized	1.32%	2
Total	100%	151

Mental and Physical Health Concerns

Almost two-thirds (64.24%) of responses stated mental and physical health issues have impacted quality of life. The majority of responses (45) identified experiencing negative physical symptoms, with exhaustion as the main symptom following by sleep problems; health issues such as short-term memory loss and increased blood pressure; increased pain from previous conditions; and increased in blood pressure. Thirty-one (31) responses stated mental strain such as worry, fear, anxiety, irritation and anger. Six (6) responses highlighted the inability to relax, and feel joy. Concerns about wellness, self-care, mental

health and exercise were mentioned by 11 responses. Four (4) responses directly stated that appetite was affected either by over-eating or having no appetite.

“COVID is like if you have an app on your phone that's constantly running but you aren't aware of it and then you're like, shit, my battery is low for some reason.”

– Survey Respondent

“Decreased self worth; why bother when things are changing so fast.” - Survey Respondent

Family Challenges and Concerns

11.26% of responses (17) stated that quality of life was impacted by the inability to spend time with family and friends as well as added stress to family relationships. One response highlighted the negative impact of, “watching kids after night shift.” While all responses except one discussed immediate and extended family, one response highlighted the family of patients stating, “[I have] empathy for patients who are dying and cannot see their family members.”

Work-related Challenges

8.61% of responses (13) highlighted that quality of life was impacted by the challenge of work/life balance along with COVID-19 information overload and changes in work.

Isolation

8.61% of responses (13) stated quality of life was impacted with an increase in the sense of isolation due to living alone or making a choice to isolate during the pandemic. For example, one response stated, “[my] wife isolated herself at home for almost the whole pandemic,” while another felt the negative social impact being, “single living in a new city 1.5 years.” Other responses highlighted the lack of connection with others outside of work.

“Living alone in a time of social distancing makes dealing with stressors hard. Normally going to the gym, visiting with friends and family help but now not allowed.” – Survey Respondent

COVID-19 Behaviours

While only a small percentage (2.65%), four (4) responses identified changing behaviour because of the pandemic. For the purpose of the study, COVID-19 behaviours are new behaviours as a result of the pandemic. This potentially is an area of concern, now and in the future. For example, one response stated, “While people seem to be loose on physical distancing, [I am] stuck being over cautious and judged for it.” Another response said, “[I am] developing intolerance to noncompliance.” Lastly, one response stated, “because of where I work some people don't want to have anything to do with me.”

Other

The remaining responses (3.31%) were divided into two categories and included stress over financial strain (three responses) and the inability to take a holiday and/or travel (two responses).

There were two (2) responses that were not categorized and include, “how to get groceries,” and “same responses as before.”

When respondents were asked if they experienced other stressors outside the workplace related to the COVID-19 pandemic, 78.70% report that they did (See Table 9).

Table 9: Outside of the workplace, have you experienced or continue to experience other stressors related to the COVID-19 pandemic?

Response	Percentage	Count
Yes	78.70%	85
Not	21.30%	23
Total	100%	108

For respondents who answered ‘yes’ in Table 9, 91.76% shared other ways they experienced stress related to the COVID-19 pandemic outside of the workplace. The most common responses identified family challenges and concerns (27.12%), shopping challenges (20.34%) and mental health concerns (16.95%). Other, minor groupings included social distancing concerns, isolation, lack of leisure activities, financial strain and stressful media-coverage. See Table 10 for an overview of the responses defined by category. Detailed information about each of the categories follows.

Table 10 – How are you experiencing stress outside of the workplace?

Response	Percentage	Count
Family challenges and concerns	27.27%	48
Shopping challenges	24.43%	43
Mental and physical health concerns	15.34%	27
Social distancing concerns	7.39%	13
Work-specific issues	6.82%	12
Isolation	6.25%	11
Lack of leisure activities	5.68%	10
Financial strain	2.84%	5
Media coverage	2.27%	4
Uncategorized	1.70	3
Total	100%	176

Family Challenges and Concerns

Over a quarter of responses (27.12%) identified stressors associated to family. Twenty-two (22) of these responses felt a lack of connection or miss family members due to restricted or limited visits with children, grandchildren, extended family, and elder family members. Eighteen (18) respondents with children struggled with childcare, homeschooling, and leaving older children at home. Eight (8) respondents experienced stress and worry for family members that also work in the healthcare industry, were recent graduates, elderly or immune-compromised.

“Not seeing family or friends is emotionally difficult especially with young children.”

– Survey Respondent

“Would love to greet family and friends with hugs; was even afraid to hug my kids

Elderly father is lonely and it is hard for him to understand that visits will be limited [because] kids [are] exposed to public at work.” – Survey Respondent

Shopping Challenges

24.43% experienced stress related to shopping and access to services. Fifteen (15) responses highlighted the change in public behaviour including a policing mentality on wearing masks, abiding by new shopping rules, lack of courtesy and witnessing others' panic. Shopping stressors (14) included fear of the virus, witnessing a 'hoarder' mentality, lack of supplies, line-ups, reducing the number of outings and the overall the change in the process and practice of shopping. Seven (7) responses stated lack of access to wellness services such as the chiropractor, and physiotherapy, along with the new restrictions on pharmacy rules also contributed to the stress. Seven (7) responses identified an increase in anxiety directly associated to shopping.

Mental and Physical Health Concerns

15.34% of responses stated mental and physical health concerns outside of work. Twenty (20) responses identified mental strain such as fear, stress, exhaustion, anxiety and irritability. Four (4) responses highlighted the physical stress such as a lack of physical activity, loss of appetite and headaches. Three (3) responses discussed worry over ensuring proper sanitization.

Other

The remaining responses (31.25%) were divided into six minor categories and included stress about social distancing rules (13 responses) (both having to follow them and witnessing others not following them), isolation (11 responses), lack of leisure and travel (10 responses), financial strain (five responses) and COVID-19 media coverage (four responses). While this question attempts to stress outside of the workplace, 12 responses referenced work.

“People telling me ‘how can you do what you do.’ – Survey Respondent

“Differing views from friends and family on how strictly we abide by public health recommendations.” – Survey Respondent

*“Working in Long Term Care has been impacted by the negative press/stories of other home situations; this fear-based approach has brought about decreased trust in the management and staff of our centres--this is felt by many whose homes are not in question.”
– Survey Respondent*

Thirty-three (33) respondents provided an additional comment regarding stressors. Just under half of the responses (15) discussed the additional stress of the COVID-19 pandemic at work, home and for health reasons (fear of getting the virus, being immune-compromised and being pregnant). Ten (10) responses took note that ‘things’ were manageable. One response stated that, “Aside from the added stress - this has provided me an opportunity to connect more closely with my family.” Five (5) responses highlighted expectations of others and on themselves. For example, one response stated, “Working in healthcare you make sacrifices for your own health and have a higher expectation from the public on how you act and perform. However, some close friends who do not work in healthcare do not understand that and the balance between how to exist and function in the community is a challenge.” Three (3) responses discussed challenges with management such as poor communication and distrust.

SECTION TWO: SOURCE AND UTILIZATION OF SUPPORTS

When respondents were asked if in the last month they had sought formal support outside of the workplace to help manage the stress, 13.88% had sought support (See Table 11).

Table 11: Have you sought formal support (governmental, organizational and/or health related resources) outside of the workplace to help manage the stress?

Response	Percentage	Count
Yes	13.88%	15
No	86.11%	93
Total	100%	108

For respondents who answered ‘yes’ in Table 11, 93.33% shared how they sought support for a total of 27 responses. Nine (9) responses identified seeking professional wellness services such as the family doctor, psychiatrist, counsellor, naturopath and dietician. Six (6) responses referred to peer support whether through work or in the community. Three (3) responses stated seeking financial support from the government and one (1) has engaged in mental health webinars offered through the workplace. Seven (7) responses

identified ‘informal’ support that will be further explored in the next section. Finally, one (1) response was uncategorized since it did not clearly indicate the type of formal support (response states, “health”).

When respondents were asked if they had sought informal support (community, friends, social networks, and/or family) outside of the workplace, 71.03% reported that they had (See Table 12).

Table 12: Have you sought informal support (community, friends, social networks, and/or family) outside of the workplace to manage stress?

Responses	Percentage	Count
Yes	71.03%	76
No	28.97%	31
Total	100%	107

For respondents who answered ‘yes’ in Table 12, 97.37% shared how they sought informal support. The most common response was seeking connection with others such as family and friends (75.80%). Other, minor groupings included healthcare industry peers, engaging in exercise and activities and time spent on social media and selective news. See Table 13 for an overview of the responses defined by category. Detailed information about each of the categories follows.

Table 13 – How have you sought informal support?

Response	Percentage	Count
Connection with others	75.80%	119
Healthcare industry peers	8.28%	13
Exercise and activity	8.28%	13
Media	3.82%	6
Invalid responses (identified formal support instead of informal)	2.55%	4
Uncategorized	1.27%	2
Total	100%	157

Connection With Others

Three-quarter of responses (75.80%) identified seeking support with family, friends, and the community. Forty-two (42) of these responses directly referred to friends, 41 responses to family, 10 responses included both family and friends, eight (8) highlighted community such as neighbours and church and 18 do not identify the group but stated the mode of connection.

While not all responses identified the mode of connection (as this was not a direct question in the survey), 21 responses identified video chat as a mode of connection (Zoom, Facebook, Houseparty and other), 18 responses identified in-person contact (whether

immediate family members or social distancing gatherings such as “porch visits”), and 12 responses identified the telephone.

Healthcare Industry Peers

Thirteen (13) responses stated seeking informal support with others in the healthcare industry sector such as co-workers, colleagues, peers and friends.

Exercise and Activity

Thirteen (13) responses referred to exercise and activities as a way to informally help reduce stress. Eight (8) of these responses stated physical exercise and five (5) highlighted activities such as board games, spending time outside, resuming some ‘normal’ activity and self-care.

Media

While only six (6) responses discussed media-related items to help reduce stress, they identified watching TV, spending time on social media, receiving industry news and being selective on type of news.

2.55% of responses identified formal support and these responses were not included in the data. There were also 1.27% of responses uncategorized because the response did not clearly state the type of informal support (for example, “social” and “signs for support”).

When asked if they had support outside the workplace to help manage stress, 87.38% of respondents reported that they did (See Table 14).

Table 14: Do you have support outside the workplace (such as home, through social networks, family and/or friends?)

Responses	Percentage	Count
Yes	87.38%	90
No	12.62%	13
Total	100%	103

When asked about the kind of behaviours and actions they engaged with to help manage the stress, 64.05% of respondents provided a response. The most common responses included activities (outside of exercise) (43.67%), exercise (28.38%) and communication with others (15.28%). Other, minor but important categories included mindset and faith, drinking and drug use and in-person, social distancing visits. See Table 15 for an overview of the responses defined by category. Further information about each of the categories follows.

Table 15 – What kind of behaviours or actions did you engage in to help manage the stress?

Response	Percentage	Count
Activities (outside of exercise)	43.67%	100
Exercise	28.38%	65
Communication with others	15.28%	35
Mindset and faith	3.93%	9
Drinking and drug use	3.50%	8
In-person social distancing visits	3.10%	7
Uncategorized	2.18%	5
Total	100%	229

Activities (outside of exercise)

43.67% of responses identified a number of different activities to help manage stress. The top three activities with 12, 10 and 10 responses respectively were gardening, food, and sleep. There were nine (9) responses that referred to “outside” or “outdoor” activities (not including gardening) such as riding a motorcycle, driving, enjoying nature and simply getting out of the house. The same number of responses (nine) stated that spending time with family helped reduce stress. An equal number of responses with eight (8) responses in each category highlighted meditation, arts and crafts, reading and writing, spending time on media and spending time at home to reduce stress. Five (5) responses listened or played music, and two (2) enjoyed retail therapy. There were three (3) responses sub-categorized as “general” because they stated either “hobbies” or “keeping busy”.

Exercise

There were 28.38% of responses that highlighted exercise as an action to help reduce stress. Interestingly, 47 out of the 65 responses were listed as the respondent’s first choice when asked to identify behaviours and actions to reduce stress.

Communication with Others

15.28% of responses stated that communication with others, whether family, friends or colleagues, was an action to help reduce stress.

Other

The remaining three minor categories, 10.53%, included mindset and faith (nine responses), increased drinking and/or drug use (eight responses) and participating with in-person social distancing visits (seven responses).

2.18 % of responses were uncategorized because the response was not valid (for example, “none,” “depression,” and “anxiety”).

SECTION THREE: DEMOGRAPHIC INFORMATION

When asked about occupation or profession, 63.40% of respondents provided a response. See Table 16 for an overview of results.

Table 16 – Occupation or Profession

Occupation/Profession	Number of Respondents
Paramedic	18
Admin	11
Registered Nurse	9
Technician	9
Management	8
Nurse	7
Pharmacist	6
Dietician	5
Doctor/Physician	4
Registered Practical Nurse	4
Social Work	2
Purchasing Agent	2
Nurse Practitioner	1
Long-term Care Staff	1
Housekeeper	1
Speech therapist	1
Health Care Aide	1
Psychologist	1
Recreation	1
Hospice Coordinator	1
Logistics	1
Primary Care	1
Uncategorized	3 (health care is listed as occupation)
Total	97

When asked how long they have been in the occupation or profession, 67.97% of respondents provided information. The most common responses were between zero to five years (25.96%) and twenty-one plus years (34.62%). See Table 17 for an overview of results.

Table 17 – How long have you been in this occupation or profession?

Response	Percentage	Count
0 - 5 years	25.96%	27
6 -10 years	15.38%	16
11 - 15 years	10.58%	11
16 - 20 years	13.46%	14
21 + years	34.62%	36
Total	100%	104

When asked what age range best reflects current age, 67.97% of respondents provided an answer. The most common age range was between 40 and 59 years of age. See Table 18 for an overview of results.

Table 18 – What age range best reflects your age?

Response	Percentage	Count
18 - 24 years	7.69%	8
25 - 39 years	27.88%	29
40 - 59 years	50.96%	53
60 + years	13.46%	14
Total	100%	104

When asked what gender respondents best identify with, 77.88% identified with female and 22.12% identified with male. See Table 19 for an overview of results.

Table 19 – What gender do you identify with?

Response	Percentage	Count
Female	77.88%	81
Male	22.12%	23
Other	0.00%	0
Total	100%	104

REFLECTIONS

First, we must acknowledge that while we asked respondent to identify individual stressors, that many of these stressors are related and additive; the more stressors present the greater the experienced stress. For example, if we look at the five top stressors experienced in the workplace, can fear really be separated from PPE, overworked/increased workload, constant change and management’s ability to communicate those changes etc. When considered together we can begin to understand how these stressors are related and lead to fear about infection of oneself or carrying home and infecting loved ones. Thus they may experience tension, and hence stress, as a result about their fear of infecting loved ones while at the same time experiencing their professional responsibility to care. Fear is also generated from a fear of not having adequate PPE to protect themselves, and ultimately could pose a risk to loved ones. This is exacerbated by the discomfort of having to wear PPE and is related to changing practises. In the context of the workplace, staff members must have confidence and trust in those who lead them and their ability to be transparent and clear in communication. As Schmerling (2020, 2) notes, “its terribly frightening to be on the front lines of treating a new—and potentially deadly—contagious disease about which so much is uncertain.”

While some respondents did indicate that some of the stressors existed prior to the COVID-19 pandemic, almost 2/3 of respondents reported that most of the stressors reported arose with the onset of the pandemic. Of the 76 respondents who answered the question were the stressors a direct result of COVID-19, 96% reported that they were. And for those who had pre-existing stressors, 95% report that the pandemic exacerbated the severity of these stressors.

Family life has also been impacted with a number of respondents reporting a negative impact upon the quality of family life. Much of this may stem from social isolation or social distancing coupled with fear of infecting loved ones etc. One consideration that we often do not necessarily make is the isolation of those who may live on their own. And while they may not have the worry of infecting loved ones, we know the negative consequences of loneliness. We can only imagine what it must be like to work in a stress filled environment to only come home to an empty house or apartment.

In terms of the impact of stressors on quality of the respondents' lives, 64% reported physical and mental health concerns. Symptoms ranged from short term memory loss, insomnia, increased pain from previous conditions, increased blood pressure through to anxiety, depression, worry and anger.

While healthcare workers experience stress as a result of work and the workplace, they also must contend with the stress we all contend with during the pandemic whether it is shopping, children at home or simply honouring social distancing etc. This we described earlier as the "double whammy", having to deal with the stress of the workplace and deal with the stress outside the workplace during the pandemic.

When sources of support or resources were used, what was striking is that only 14% of respondents reported accessing formal supports/resources while 71% report accessing informal supports/resources. We could only speculate on why access to formal supports were not readily used given the experienced stress respondents reported.

In the future, it would be better to understand the how various classes of healthcare workers responded but numbers of various healthcare workers who completed the survey are not adequate to compare and contrast their responses.

FUTURE RESEARCH

This survey research project provides a snapshot in time and identifies some of the challenges faced, and supports accessed by rural healthcare workers. This study was limited in terms of time and resources; however, it has revealed what future research should focus on. As noted, this research was really exploratory and there is a need to acquire a more in-depth understanding of the dynamics and experience of rural healthcare workers during the pandemic. Furthermore, while it is important to carryout additional research during the pandemic, it will also be important to carryout research with this

population post pandemic to determine what, if any, the after effects are. This, we would argue, requires in-depth qualitative study to understand the experience of rural healthcare workers. Furthermore, there is a need to investigate systematically the different experiences of different categories of rural healthcare workers. It is interesting to note that in terms of respondents paramedics were the most likely to participate in this study, and it was disappointing that long term care workers, in particular PSWs, did not actively participate in this study despite the long-term care sector being impacted more negatively than other rural healthcare contexts. An overview of the rural healthcare labour force is required if we are to adequately learn lessons from this pandemic so that we are better prepared for the next one.

REFERENCES

Blackburn, P.; McAuliffe, D.; & Johns, L. (2020). Health-care workers share trauma during coronavirus pandemic—on top of their own. *The Conversation*. <https://theconversation.com/health-care-workers-share-our-trauma-during-the-coronavirus-pandemic-on-top-of-their-own-137887> (accessed July 10, 2020)

Canadian Mental Health Association. (2020). “Mental health: What is it really?” <https://cmha.ca/blogs/mental-health-what-is-it-really> (accessed July 10, 2020)

European Patients Academy. (2020). “Physical Health” *Glossary*. [https://www.eupati.eu/glossary/physical-health/#:~:text=Physical%20health%20is%20defined%20as,behaviour%20\(for%20instance%2C%20smoking\)%3B](https://www.eupati.eu/glossary/physical-health/#:~:text=Physical%20health%20is%20defined%20as,behaviour%20(for%20instance%2C%20smoking)%3B) (accessed July 10, 2020)

Lauzon, A. (2015). The rural learning challenge: Meeting the health needs of rural residents through ICTs. In Victor C.X. Wang (ed.) *Handbook of research on advancing health education through technology*. IGI Global, pp. 1-22.

Schmerling, R.H. (2020). What’s it like to be a healthcare worker during a pandemic? Harvard Health Blog, Harvard Health Publishing. <https://www.health.harvard.edu/blog/whats-it-like-to-be-a-healthcare-worker-in-a-pandemic-2020040819485> (accessed July 10, 2020)

Walton, M.; Murray, E. & Christian, M.D. (2020). Mental health care for medical staff and affiliated healthcare workers during the COVID-19 pandemic. *European Heart Journal: Acute Cardiovascular Care*, 9(3), 241-247.

Wikipedia. (2020). Work/life Balance. https://en.wikipedia.org/wiki/Work%E2%80%93life_balance (accessed July 10, 2020)

Wu, P.E.; Styra, R. & Gold, W.L. (2020). Mitigating the psychological effects of COVID-19 on healthcare workers. *CMAJ*, 190(17), E459-E460.

APPENDIX A – SURVEY QUESTIONS

During this time of rapid change, Gateway CERH would like to better understand how your health and well-being are being impacted, in terms of major stressors, during the COVID-19 pandemic. This survey will also help us understand the types of support currently available and inform us of the support needs post-COVID-19.

This survey is confidential and should take no more than 10 minutes to complete.

We hope to use the feedback to take meaningful and impactful action in this ever-evolving situation. Survey data will only be reported in summary form in future materials including but not limited to presentations, publications, and promotional tools created by Gateway CERH.

A link to available support resources will be provided at the end of the survey.

Thank you again for your time.

Section One: Identifying Stressors

A stressor is something that causes a state of strain or tension.

1. In the last month, what are **two to three stressors** you have experienced in the workplace?
2. Did any of these stressors exist prior to the COVID-19 pandemic?
 - a. Yes
 - b. No
3. Are these stressors a direct result of the COVID-19 pandemic?
 - a. Yes
 - b. No
4. Has the COVID-19 pandemic made these stressors worse?
 - a. Yes
 - b. No
5. Do the stressors in the workplace have an impact on your life outside of work?
 - a. Yes
 - b. No
6. List **two to three ways** workplace stressors are impacting your life outside of work.
7. Do you find the workplace stressors are impacting your **overall quality of life**? Quality of life is defined as the standard of health, comfort, and happiness experienced by an individual at work, home, and play.
 - a. Yes
 - b. No
8. How so? List **two to three ways** workplace stressors are impacting your quality of life.
9. Outside of the workplace, have you experienced or continue to experience other stressors related to the COVID-19 pandemic?
 - a. Yes

- b. No
- 10. How so? List two to three ways you have or are experiencing these stressors.
- 11. Is there anything else you wish to share about the stressors you are experiencing?

Section Two: Exploring Sources of Support

Support is defined as emotional, mental, spiritual, physical, or practical help, activities and/or engagement that reduces stress.

- 12. Do you feel there is support available and accessible through the workplace to help manage stress?
 - a. Yes
 - b. No
- 13. In the last month, have you sought formal support (governmental, organizational and/or health-related resources) outside of the workplace to help manage the stress?
 - a. Yes
 - b. No
- 14. How so? List two to three ways you have sought this support?
- 15. In the last month, have you sought informal support (community, friends, social networks, and/or family) outside of the workplace to manage the stress?
 - a. Yes
 - b. No
- 16. How so? List **two to three ways** you have sought this support?
- 17. Do you have support outside of the workplace (such as at home, through social networks, family and/or friends) to help manage the stress?
 - a. Yes
 - b. No
- 18. In the last month, what are **two to three behaviours or actions** you engaged in to help manage the stress?
- 19. Is there anything else you wish to share about the stressors you are experiencing?

Section Three: Demographic Information

- 20. What is your occupation or profession?
- 21. How long have you been in this occupation or profession?
 - a. 0 – 5 years
 - b. 6 – 10 years
 - c. 11 – 15 years

- d. 16 – 20 years
- e. 21+ years

22. Please select the range that best reflects your current age?

- a. 18 – 24 years
- b. 25 – 39 years
- c. 40 – 59 years
- d. 60+ years

23. What gender do you identify with?

- a. Male
- b. Female
- c. Other

Thank you for going above and beyond during this difficult time.

Should you have any questions regarding the survey between now and June 22, 2020, please contact Taylor Pratt at taylor@gatewayruralhealth.ca or 519-612-1053.

If you have media-related questions regarding Gateway CERH and this research, please contact Gwen Devereaux, President, Board of Directors, at gwen@gatewayruralhealth.ca or 519-612-1053.

Gateway CERH would like to acknowledge the funding provided by Perth Huron United Way (COVID-19 Urgent Needs Fund) to conduct this inquiry into the pandemic's impact on rural healthcare workers.

If you would like access to available resources to support your needs, [please click here](#) to visit our Health Resources page.