Unmasking Dimensions of Grief During COVID-19: The Long-Term Care Crisis

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ABSTRACT

COVID-19 is a serious, viral infectious disease. With its global spread on March 11, 2020, the World Health Organization (WHO) declared a state of global emergency. COVID-19 continues to rapidly sweep across Canada, resulting in more than 10,000 deaths as of October 2020 (Lao & Jackson, 2020). Over 80% of deaths have occurred among older adults in Long-Term Care (LTC) facilities (Canadian Institute for Health Information, June 2020). LTC is described as a range of preventive care and support offered by not-for-profit and for-profit providers within facilities, that address the needs of older adults. Older adults in LTC facilities often have complex health conditions and multiple comorbidities, resulting in a group at high risk of contracting the virus. The Public Health Agency of Canada's introduction of physical distancing regulations, in an effort to mitigate the spread of the virus, has unfortunately proven ineffective at lowering the mortality rate of older adults within LTC. This article reveals the ways in which COVID-19 has increased the risks for older adults in LTC, by examining the impact of inadequate staffing and medical supplies within some for-profit LTC facilities. The article will further explore the impact of the unfortunate loss of life and grieving processes among affected family members and broader communities.

Keywords: COVID-19 Pandemic, Older Adults, Long Term Care, Collective Grief, Social

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Introduction

Canada's preventative public health policies in response to the COVID-19 pandemic overall has garnered international recognition. However, Canada's difficulties in dealing with high mortality rates among residents in Long-Term Care (LTC) facilities is nonetheless criticized by the International Long-Term Care Policy Network (Comas-Herrera, Zalakaín, Litwin, Hsu, Lane, & Fernández, May 2020). The purpose of this article is to unpack the crisis within LTC facilities as a result of the COVID-19 pandemic, which overwhelmingly accounts for 80% of Canada's COVID-19 related deaths (MacCharles, 2020). While the focus of this paper is Ontario's LTC facilities, it is important to highlight that not all of Canada's LTC facilities were impacted by the COVID-19 pandemic crisis. In fact, some LTC facilities in Ontario reported no positive COVID-19 cases among staff or residents. As of September 2020, at least 20 LTC facilities in Ontario have reported a confirmed case of COVID-19 (Neustaeter, 2020). It is therefore pivotal to analyze preparedness strategies used within these LTC homes to assist in preventing future infection.

The first COVID-19 outbreak in a Canadian LTC facility was reported on March 5th, 2020, at the Lynn Valley Care Center in Vancouver, British Colombia, where a staff member had tested positive-this was followed by numerus reported deaths among residents (Comas-Herrera, Zalakaín, Litwin, Hsu, Lane, & Fernández, May 2020). The majority of reported COVID-19 deaths in Canadian LTC are in British Columbia, Alberta, Quebec and Ontario (Comas-Herrera, Zalakaín, Litwin, Hsu, Lane, & Fernández, May 2020). That being said, the challenges faced by the LTC sector existed long before the COVID-19 pandemic began. Reports suggest residents in LTC facilities faced appalling living conditions prior to the COVID-19 pandemic (Neustaeter, 2020). As a result, it is not surprising that their vulnerabilities became more apparent when faced with crisis in recent months (Harris, 2020) including adequate staffing; where underpaid and precarious caregivers worked in multiple facilities with limited access to Personal Protective Equipment (PPE), jeopardizing the livelihoods of both the caregivers and residents (Hsu, et.al., 2020).

To mitigate the risk of spreading COVID-19, the Public Health Agency of Canada, in collaboration with the Canadian government, implemented a lockdown alongside strict social distancing regulations. These measures, although necessary, further isolated residents in LTC from their families. Family members had no access to residents, leaving them to grieve any losses in isolation. As the number of deaths within LTC facilities continued to mount, its impact on affected family members and the broader community became undeniable. The nation grieved the unfortunate losses of some of society's most vulnerable members. As such, the COVID-19 pandemic highlighted ongoing issues of inequality, neglect and abuse experienced by residents. Social media posts exemplified images of their living conditions, while the Canadian Armed Forces revealed horrifying reports of inhumane treatment to residents and staff. Although improvement to LTC facilities is a long-term effort, rapid systemic changes can positively impact both grieving family members and LTC residents in the interim.

Long-Term Care (LTC) facilities as a Model of Communal Home for Older Adults

In recent decades, the average life expectancy in Canada has increased due to the improvement in medical technology and living conditions. Older adults are relying more on LTC facilities for their end of life stages. In Canada, there exists a universal system of LTC facilities. The National

Institute of Ageing describes LTC facilities as:

> A range of preventive and responsive care and supports, primarily for older adults, that may include assistance with Activities to Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) provided by either not-for-profit and for-profit providers, or unpaid caregivers in settings that are not location specific and thus include designated buildings, or in home and community-based settings (Sinha et. al., 2019).

According to Hsu, et, al., (2020) 71%, of older adults, or approximately 400,000 older adults are currently living in publicly funded LTC facilities. The growing international evidence suggest that residents of LTC are particularly vulnerable to COVID-19 (Comas-Herrera, Zalakaín, Litwin, Hsu, Lane, & Fernández, May 2020). The majority of LTC residents require ongoing medical support, due to conditions including: cognitive deterioration/impairment, neurological diseases, dementia, stroke, or frail physical conditions (MacCharles, 2020). The Government of Canada's annual health care budget is approximately $17 billion, yet only 9.7% of that amount is allocated to publicly funded LTC Nursing Homes (CIHI 2010A). In Ontario, LTC facilities are provincially managed; covering the cost of all nursing and personal care with a total annual budget of $45 billion (Ontario Long Term Association, 2019). There are approximately 77, 257 residents living in over 600 LTC facilities, with a growing waitlist of over 32,000 since April 2018 (Ontario Long Term Association, 2019). The majority of LTC facilities are underfunded and understaffed, despite the rising number of residents with complex medical conditions requiring care (Flanagan, 2020; Ontario Long Term Care Association, 2019). As a result, more pressure is placed on overworked, underpaid personal support workers (PSWs), employed in precarious working conditions (Sathiyamoorthy, 2020). A recent survey from the Ontario Long Term Care Association revealed that 80% of homes have difficulty filling shifts, and 90% experienced challenges recruiting staff (Ontario Long Term Care Association, 2019). These challenges are seen across all LTC facilities. At the present time, 24% of LTC are publicly owned (non-profit); 58% are privately owned (for-profit) and 16% are religiously based. The highest number of deaths in LTC occurred in for-profit facilities (Schachter, 2020).

For-Profit vs Non-Profit

Ontario's population of older adults (80+ years of age) is 592,260, with 101,745 of them living in LTC facilities (Hsu, et.al., 2020). Ontario has 600 for-profit LTC facilities, with much of the part-time staff being employed in more than one facility. Studies show that working in multiple facilities increases both staff and residents' risk of exposure to COVID-19 (Bell and Russel, 2020). As of June 16th, 2020, approximately 5400 deaths occurred in six for-profit LTC facilities, in comparison to 275 deaths in non-profits. In Ontario, most COVID-19 related deaths occurred within nine LTC facilities; Altamont Care Community, Camilla Care Community, Orchard Villa, Extendicare Guildwood, River Glen Haven, Downsview Long Term Care, Woodbridge Vista Care Community, Forest Heights, and Hawthorne Place Care Centre (Schachter, 2020).

The majority of LTC facilities (over 300 homes) require significant repair and modernization to meet design standards (Ontario Long Term Care Association, 2019). In addition, their current infrastructure is not appropriate to accommodate the ever-

growing medical needs of residents. These challenges have been highlighted as a result of the COVID-19 pandemic, where most residents were forced to share rooms, despite social distancing regulations. COVID-19 is responsible for over 80% of all deaths of LTC residents during the pandemic outbreak (MacCharles, 2020). However, these unfortunate deaths are not necessarily caused by the virus alone, but compounded with the deplorable living conditions within LTC, which placed residents at higher risk of contracting and spreading the virus. Overall, the amount of preventable deaths within LTC is significant amongst its residents, PSWs, families, community members, and the broader system at large.

A Crisis Within Crises: The Impact of COVID-19 on Older Adults

The COVID-19 pandemic is more than a health crisis. It highlights a prolonged system of neglect to some of Canada's most vulnerable populations. The surfacing of the pandemic insinuated concerns within some LTC facilities, causing confusion, fear, and uncertainty for residents and their family members. This state of crisis was intensified with the imposition of social distancing regulations, where older adults were physically isolated from loved ones in their rooms. Brooke and Jackson (2020) define social isolation as; the absence of contact or physical connection with a network of family, friends and acquaintances. This includes participation in social activities and routines. Loneliness on the other hand, is subjective feelings and emotions experienced in the form of anxiety, sadness, and depression caused by the lack of a sense of connectedness with loved ones or social environment (Brooke & Jackson, 2020).

When social isolation and loneliness intersect with one another the outcome can be severe. Given that older adults are at a significantly higher risk of contracting COVID-19, family visits were curtailed. Isolation resulted in major mental health consequences on older adults. As echoed by Holmes et. al., (2020), isolation and loneliness intensify depressive moods, feelings of self-harm, frustration, and anger. In promoting older adults' mental health and resilience a study by Wenger (1991) highlights the significance of social support networks for, decision making and intervention, including the mental health and wellbeing of older adults. Armitage and Nellums (2020) consider COVID-19 related isolation in older adults a subject of serious public health concern; increasing risk of cardiovascular, autoimmune and neurocognitive complications, and mental health problems such as anxiety and depression.

Over the course of the pandemic, according to Brooke and Jackson (2020), ageist discourse has added additional layers of complexity to the COVID-19 crisis, presenting them as less important members of society. In the instance of LTC, ageist discourse is exemplified in the quality of care provided to residents; from the shortage of staff, to the increased medical demands of residents infected with the virus. Together, they disrupted residents, staff and programming activities, leaving older adults without daily routine care (Dorriti et. al., 2020). The COVID-19 pandemic severely impacted older adults in some LTC facilities; they continue to grapple with the trauma of being neglected while simultaneously grieving for the deaths of other residents succumbing to COVID-19. Grief is a natural reaction associated with the loss of loved ones (Lobb et.al. (2012). However, due to implemented social distancing regulations, older adults were unable to participate in funeral or memorial ceremonies to commemorate their losses (de Bellefonds 2020). The impact of COVID-19 on residents is then twofold; having to cope with

grief, while simultaneously experiencing shortages of PSWs or high staff turnover (Comas-Herrera, Zalakaín, Litwin, Hsu, Lane, & Fernández, May 2020) amidst high COVID-19 positivity rates among them.

Unpacking Long-Term Care Staffing: The Case Study of Ontario, Canada

The COVID-19 pandemic has impacted LTC residents in addition to their caregivers. According to numerus media reports, COVID-19 has shown Ontarians the amount discrimination, marginalization, inequality, and mistreatment personal support workers (PSWs) are subjected to within these facilities. In Ontario, PSWs are hired by the Ontario Association of Community Care Access Centre (CCAC), and funding is allocated by Local Health Integrated Networks (LHINS). PSW's services are outsourced to either private (for-profit) or public (non-profit) homes (Sladeks and Ying, 2010). The Ministry of Health and Long-Term allocates the funding to LHINS, and the community agency that succeeds in the bidding process is responsible for the hiring of PSWs.

A recent survey conducted by the Occupational Health and Safety Board of PSWs revealed disturbing findings. The majority of respondents reported hazardous working environments in conjunction with physically and psychologically demanding schedules, no job security, and expectations to sustain workplace injury as well as physical, sexual, verbal and emotional harassment (Denton, et. al., 2018). Hurley & Brophy (2019) points out that the majority of PSWs are racialized women caring for older adults, with responsibilities such as; personal hygiene, feeding, dressing and continence care. Due to the precarious nature of their work, they are ineligible for vacation or sick pay. Notably, due to the piecemeal nature of their work, PSWs are working in multiple facilities in order to accumulate full-time hours. Their services are one of the most underpaid jobs within the health care system (Hurley & Brophy (2019)). Most deaths that have occurred in some LTC facilities among staff and residents were compounded by the lack of availability of PPE, PPE training, alongside staff employed at multiple facilities, grappling with fears of losing pay despite presenting with symptoms of COVID-19 (Bowden, 2020).

It is paradoxical that the effects of the COVID-19 pandemic has propelled the realities within some LTC facilities, to the forefront encouraging more proactive measures to be taken, such as; developing best practices of infectious disease protocols, occupational health and safety protocols, addressing staffing issues, hiring skilled workers and monitoring availability of PPE in order to avoid future public health catastrophes. This includes addressing the feminization and racialization of the staff. As noted by Laxer et.al., (2016), PSWs are valuable members of staff, however, they were not trained to adequately provide the complex care required throughout the COVID-19 pandemic.

As the COVID-19 pandemic continued to spread throughout LTC facilities, claiming the lives of both residents and staff, Ontario Premier Doug Ford issued an emergency order on April 12th, 2020, banning employees from working at multiple locations, and pledging to allocate more funding to cover the cost of overtime work for part-time workers (Mulligan, 2020). British Columbia was ahead of Ontario in introducing the emergency order for staff to work exclusively at one location, and as a result, reducing mortality rates in their LTC facilities (Mulligan, 2020).

The impact of deaths within LTC on PSWs also requires attention. PSWs work directly with residents-witnessing the loss of life on a regular basis. COVID-19 related deaths within some LTC facilities were

experienced different as a result of the pandemic; older adults were suddenly dying in isolation. PSWs build meaningful bonds with residents. As a result, further research is pivotal to explore the grief and impact on the mental health of PSWs during the COVID-19 pandemic.

Keeping Hope from Behind the Walls: The Impact on Family Members

At the onset of the COVID-19 pandemic, lockdown protocol strategies were critical in mitigating the spread of the virus. This was partly because older adults are at a higher risk of contracting the virus, as a result of medical comorbidities, weaker immune systems, or potential transmission by family members. However, a recent study by Li-Yee Li and Huynh, (2020) refuted the practice of socially isolated older adults, stating it would significantly weaken their immune systems, increasing their likelihood of contracting COVID-19. As evident in LTC, social distancing regulations created a sense of uncertainty, leading to deeper feelings of loneliness in the older adults. Banning family members from visiting their loved ones have had traumatic and detrimental effects on residents' overall health and wellbeing. As stated earlier, social interactions and connectedness are therapeutic for older adults, (Brooke & Jackson, 2020). Suppressing such pivotal needs, combined with feelings of isolation and loneliness and fear of contracting the illness or death can have devastating health effects, both for older adults and their family members. Conversely, chronic loneliness and disconnectedness increase symptoms of mental health conditions including anxiety, depression, destructive behavior and suicidal thoughts (National Academies of Sciences, Engineering and Medicine, 2020; Armitage and Nellums, 2020).

Living in an era of technology, enables some family members to connect with their loved ones at LTC facilities through virtual spaces, phones and computers. However, social technologies are not accessible to all LTC residents. As pointed out by Moore and Hancock (2020), older adults may lack access to technology, or not have the skills required to use them effectively. Adapting to social technology might be particularly challenging for older adults in their 80s, with little exposure to these technological tools or electronic devices, leaving themselves and their families deprived of social connectedness. A longitudinal study of over 350 participants aged 65 to 87 years by von Humboldt and colleagues (2020) further indicate that disparity in digital technology and digital skills during the COVID-19 pandemic impacts the older adults in maintaining meaningful relations, rewarding activities, and spirituality.

It is evident that COVID-19 has placed a spotlight on the importance of informal care provided by family members or volunteers to older adults. There are approximately 2.7 million unpaid caregivers, either family members or volunteers saving the Ministry of Health and Long-Term Care approximately 25 billion dollars (Petch and Laupacia, 2012). Those who have lost their loved ones to COVID-19 found themselves with no option but to grieve their losses in isolation as a result of the closure of funeral homes, religious and spiritual as well as professional grief support services.

Collective Grief: The Impact on the Community

The high number of deaths in LTC has resulted in collective grief among the entire community at large. While individuals grapple with a loss of normalcy throughout the pandemic, grieving for a collective loss can impact mental health and wellbeing of

the overall population. Grief is a natural reaction to loss, unique to every individual. As noted by Rosa et.al., (2020), grief has a profound effect on families and communities. Death in the midst of a pandemic escalates feelings of hopelessness, guilt and vulnerability over being unable to connect or leave older adults dying alone. Notably, these thoughts are natural, but grasping the reality of sudden loss of loved ones without saying their goodbyes can make it difficult to have meaningful feelings of closure (Gray, 2020). During the COVID-19 pandemic, restricted numbers of mourners were allowed to attend funeral ceremonies, as large gatherings were prohibited as a result of physical distancing regulations. The intimacy of funeral ceremonies was disrupted in respect to social norms, rituals and mourning practices. Family members mourned in isolation without human consolation or physical touch; a handshake or hug was prohibited due to transmissibility of the virus. Grieving families and community members mourned in isolation-feeling angry and resentful for not having traditional, cultural or religious funeral ceremonies. The absence of traditional funeral and memorial services interrupted the process of fully accepting their losses (Yuko, 2020). Although death is a part of the life cycle, losing a loved one during a pandemic in such a short period of time is nonetheless devastating. Such effects however, is multidimensional, given our global community is now faced with a prolonged duration of the pandemic (Simon, Saxe, & Marmar, 2020). While our sense of what is considered normal process of grief has been interrupted by COVID-19, the transformation of such grief into prolonged grief can provoke depressive disorders, including posttraumatic stress disorder (Simon, Saxe, & Marmar, 2020). Understanding and acknowledging mental health challenges associated with grief is essential to improving mental health and wellbeing, resilience, and policy intervention locally and globally (Maddrell, 2020).

To overcome such a challenge, some religious leaders relied on virtual ceremonies and commemorations to ease bereavement (Carr, et. al.,2020). However, adequate individual and collective grief process requires commitment to improve public health strategies to address inequities faced by older adult populations.

Responding to Adversaries: The Impact on The System

With the rapid escalation of COVID-19 fatality cases, the nation became bombarded with news broadcasts releasing updates on death counts within some LTC facilities. Social media outlets exemplified horrendous images of inhumane treatment of vulnerable and forgotten populations within LTC residents. It was several weeks after the beginning of the pandemic that testing for older adults and staff became accessible in an effort to flatten the curve (Herhalt, 2020). Older adults were unwittingly engaged in pandemic war against the virus itself within some LTC facilities. To contain the spread of the virus, mobilizing medical resources became the government's priority to avoid further fatalities. As an emergency response to COVID-19, which at the time appeared to be beyond the control of traditional LTC staff, the government called for the assistance of the local hospitals and the Canadian Armed Forces. On April 24th, 2020, over 1600 Canadian Armed forces personnel were deployed to five LTC facilities severely affected by the pandemic (Herhalt, 2020).

McKenna (2020) released a report compiled by Brigadier-General C.J.J. Mialkowski, an observer with the Canadian Armed Forces to the Minister of Health and Long-Term Care, which detailed an unfavorable picture of the conditions in which LTC residents were living. Many politicians, including the Premier of Ontario,

described the report as disturbing and horrific (Nasser and Powers, 2020). Since then, the report has been requested to be made public, with a full investigation subsequently being launched with the possibility of pressing criminal charges (Nasser and Powers, 2020). The Canadian Armed Forces' report, although alarming, was not surprising, as systemic issues have been overlooked for many years (Nasser and Powers, 2020).

The report highlighted disturbing details; facilities were infested with pests, trays of stale food were lying around, food trays placed out of reach, residents being fed while sleeping, and residents sleeping in soiled diapers for long hours (Brewster and Kapelos, 2020). It is evident that families and impacted communities need time to grieve not only for the losses, but for the conditions perpetuating such loss. Social workers, like many other front-line practitioners played a vital role in providing mental health and grief support not only to impacted residents, but family members and the broader community.

Caring Under COVID-19 as a Social Workers

Social workers play pivotal roles in providing psychosocial and spiritual support to marginalized and vulnerable populations. The role of social workers, including gerontological social workers in assisted living, is highly recognized as key elements in supporting older adults and their family members (Herod & Lymbery, 2002). Gerontology social workers enhance the quality of life of older adults and their family members (Mellor & Lindeman, 1998). They are trained care providers, relying on holistic and multidimensional psycho-social geriatric approaches to address the intersection of physical, emotional, psychological, faith and wellness, as well as social needs of the older adults (Herod & Lymbery, 2002; Mellor & Lindeman, 1999). I have personally worked as a social worker and have found the profession very rewarding. Huxley, et. al., (2005) articulated that social workers experience immense job satisfaction and fulfillment. However, no preexisting education could have prepared social workers for profound magnitude of employment complexities as a result of the COVID-19 pandemic. Social workers in LTC facilities, like other practitioners, were forced to work in isolation without psychological support from their interprofessional team members, who were either self-isolating, overwhelmed by increased complex caseloads, or recovering from COVID-19 related illnesses themselves.

Despite the challenges associated with working throughout the COVID-19 pandemic, social workers played a critical role in supporting older adults dealing with the multiple challenges; including feelings of grief, loneliness, fear, anxiety and trauma. In addition, social workers were unable to adequately maintain case-management for older adults, as a result of social distancing regulations preventing family members from physically attending meetings. In the absence of these family members, social workers were responsible to provide increased emotional, spiritual and compassionate care to older adults, in addition to their existing responsibilities. Because of inadequate supply of PPE, social workers were anxious and fearful of risking their own lives by contracting the virus and transmitting to their loved ones. Nonetheless, social workers, like other essential workers, learned to adapt and apply new skills to increase individual and community resilience. According to Parton and O'Byrne (2000) social workers are known for their stamina and resilience in their work environment. They have been at the forefront responding to the COVID-19 pandemic with courage, wisdom and a sense of responsibility.

Notably, COVID-19 has become a source of stress for social workers working under extreme psychological pressure. This can lead to experiencing vicarious trauma, such as physical, mental and emotional exhaustion. Addressing the mental health needs of social workers, health care providers, and first responders is essential during and after the COVID-19 pandemic. Alharbi & Usher (2020) rightfully pointed out that social workers find themselves overwhelmed with fear and anxiety when providing complex care to older adults during the pandemic.

Concluding Thoughts and Recommendations

The COVID-19 pandemic has underscored the need to address crisis-care responses for the treatment of older adults in Long-Term Care (LTC) facilities. In recent months, Canadians have witnessed the deplorable living conditions of older adults in LTC. Notwithstanding, COVID-19 has highlighted the need to systemically coordinate strategies in addressing the living conditions of older adults during their end-of-life phases. Older adults deserve optimal standards of care and support to alleviate their sufferings. It is only recently that the Ontario government has taken steps to improve the provision of care; allocating improved budgets, as well as increasing from an hour of direct care for each LTC resident to four hours daily. The Ontario Government, 2020).

On November 3, 2020 the Ontario Government took additional initiatives to build three new LTC homes to further accommodate 900 beds for Ontario's ever-growing aging population. That being said, I present the following three recommendations in order to improve LTC for older adults:

Learning from COVID-19 Crisis

COVID-19 has posed unknown challenges for the global community, touching all aspects of human life. As such, collaboration with global communities is pivotal in order to learn and implement best practices moving forward. Many countries have long been dealing with the impact of Ebola alongside other health crises. Relying on their expertise can help Canadians to adopt effective strategies in flattening the curve, while preventing increased vulnerability of at-risk populations. Developing global strategies of sharing and mobilizing clinical knowledge and research can improve both local and global health.

Comprehensive Emergency Preparedness Plans in LTC Facilities

What we have witnessed in recent months in LTC facilities was its own national disaster within the pandemic. A comprehensive Emergency Preparedness Plan supporting infrastructure should be in place in the event of future pandemic outbreaks or other disasters. It is pivotal for each LTC facility to assign qualified staff to implement, train and manage infection control programs. Lessons learned during the COVID-19 outbreak in LTC facilities include dedicating floors as isolation areas to mitigate risk while addressing the complex needs of older adults. In addition, regular inventory of medical supplies should be assessed periodically to avoid unforeseen shortages.

For-Profit vs Non-Profit

For-profit LTC facilities in Ontario have higher morbidity rates during the COVID-19 pandemic in comparison to nonprofit LTC facilities. Moving forward, under the Long-Term Care Homes Act, it should be the responsibility of the Minister of Long-Term Care to ensure there are effective mechanisms in place for accountability for the CEOs, transparency between the

stakeholders, inspection of both for profit and non-profit facilities. This includes financial audits, ongoing performance evaluations and power to terminate positions of management in instances of misconduct.

The COVID-19 pandemic has provided an opportunity to reflect upon the implications surrounding defunding for-profit LTC. Allocating more funding to non-profit LTC, including hiring full-time caregivers, is a right that older adults deserve.

References

Alharbi, J., Jackson, D., & Usher, K. (2020). Personal characteristics, coping strategies and resilience impact on compassion fatigue in critical care nurses: A cross-sectional study. Nursing and Health Sciences, 22(1), 20–27. https://doi.org/10.1111/nhs.12650

Armitage, R., & Nellums, L. B. (2020). COVID-19 and the consequences of isolating the elderly. The Lancet Public Health, 5(5), e256.

Bell. S. & Russell, A. (2020). Coronavirus: Ontario's worst hit nursing homes and who owns them. Global News. https://globalnews.ca/news/7-59683/coronavirus-ontarios-worst-hit-nursing-homes/

Bowden, O. (2020). Long term care homes with most coronavirus deaths in Canada. Global News. www.globalnews.ca/new/6828045/long-term-care-homes-most-coronavirus-deaths-canada/

Brewster, M., & Kapelos, V. (2020). Military alleges horrific conditions, abuse in pandemic-hit Ontario nursing homes. CBC News [online]: Available from CBC. ca/news/politics/long-term-care-pandemic-covid-coronavirus-trudeau-1.5584960.

Brooke, J., & Jackson, D. (2020). Older people and COVID-19: Isolation, risk and ageism. Journal of clinical nursing.

Canada Institute for Health Information CIHI (2010A). How Much Does Canada Spend on Health Care? www.phppica/healthcare-funding-policy-in-canadahttps://www.cbc.ca/news/canada/toronto/ontario-military=ltc-report-1,5585131

Canadian Institute for Health Information (June 2020). Pandemic Experience in the Long-Term Care Sector: How Does Canada Compare With Other Countries? https://www.cihi.ca/sites/default/files/document/covid-19-rapid-response-long-term-care-snapshot-en.pdf

Carr, D., Boerner, K., & Moorman, S. (2020). Bereavement in the Time of Coronavirus: Unprecedented Challenges Demand Novel Interventions. Journal of Aging & Social Policy, 32 (12), 1-7.

Comas-Herrera, A., Zalakaín, J., Litwin, C., Hsu, A. T., Lane, N., & Fernández, J. L. (2020). Mortality associated with COVID-19 outbreaks in care homes: early international evidence. LTCcovid. org, International Long-Term Care Policy Network.

de Bellefonds, C. 2020). How Do We Even Grieve Right Now? SELF, https://www.self.com/story/coronavirus-grief

Denton, M., Zeytinoglu, I. U., Brookman, C., Davies, S., & Boucher, P. (2018). Personal support workers' perception of safety in a changing world of work. Safety in Health, 4(1), 2.

Dorritie, R., Quigley, D. D., Agarwal, M., Tark, A., Dick, A., & Stone, P. W. (2020). Support of nursing homes in infection management varies by US State Departments of Health. Journal of Hospital Infection. 105 (2), 258-264.

Flanagan, R. (2020). Where the tragedy really lies': The crisis in Canada's long-term care homes, CTV News, https://www.ctvnews.ca/health/coronavirus/where-the-tragedy-really-lies-the-crisis-in-canada-s-long-term-care-homes-1.4927328

Gray, LA (2020) 'Smell flowed from him': Why bodies are being left for days on the streets of coronavirus-hit Guayaquil. The Independent, 9 April. https://www.independent.co.uk/news/world/americas/guayaquil-ecuador-coronavirus-death-toll-bodies-latin-america-a9456596.html

Harris, K. (2020). Demands grow for national, universal long-term care in response to pandemic, CBC, https://www.cbc.ca/news/politics/long-term-care-homes-covid19-1.5556041

Herhalt, C. (2020). Army deployed to five GTA long-term care homes ravaged by COVID-19, CP24, https://www.cp24.com/news/army-deployed-to-five-gta-long-term-care-homes-ravaged-by-covid-19-1.4910100

Herod, J., & Lymbery, M. (2002). The social work role in multi-disciplinary teams. Practice, 14(4), 17-27.

Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., ... & Ford, T. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. The Lancet Psychiatry. https://doi.org/10.1016/ S2215-0366(20)30168-1

Hurley, M., & Brophy, J. (2019). Is violence against long-term care staff becoming more normalized'? Canadian Nursing Home, 30(2). 1-26.

Huxley, P., Evans, S., Gately, C., Webber, M., Mears, A., Pajak, S., ... & Katona, C. (2005). Stress and pressures in mental health social work: The worker speaks. British Journal of Social Work, 35(7), 1063-1079.

Hsu, A., Lane, N., Sinha, S., Dunning, J., Dhuper, M., Kahiel, Z., & Sveistrup, H. (2020). Understanding the impact of COVID-19 on residents of Canada's Long-Term Care homes–ongoing challenges and policy responses. International Long-Term Care Policy Network.

Lao, D.; & Jackson, H. (October 27, 2020). Over 10, 000 people in Canada have died from coronavirus. Global News. https://globalnews.ca/news/7421380/canada-coronavirus-10k-death-toll/

Laxer, K., Jacobsen, F. F., Lloyd, L., Goldmann, M., Day, S., Choiniere, J. A., & Rosenau, P. V. (2016). Comparing nursing home assistive personnel in five countries. Ageing International, 41(1), 62-78.

Li, H. O. Y., & Huynh, D. (2020). Long-term social distancing during COVID-19: A social isolation crisis among seniors? Canadian Medical Association Journal, 192(21), E588-E588

Lobb, E. A., Kristjanson, L. J., Aoun, S. M., Monterosso, L., Halkett, G. K., & Davies, A. (2010). Predictors of complicated grief: A systematic review of empirical studies. Death studies, 34(8), 673-698.

MacCharles, T. (2020). 82% of Canada's COVID-19 deaths have been in long-term care, new data reveals. The Star. https://www.thestar.com/politics/federal/2020/05/07/82-of-canadas-covid-19-deaths-have-been-in-long-term-care.html

McKenna, V. (2020). Military report reveals what sector has long known: Ontario's nursing homes are in trouble. CBC News. www.cbc.ca/news/canada/toronto/military-long-term-care.

Maddrell, A. (2020). Bereavement, grief, and consolation: Emotional-affective geographies of loss during COVID-19. Dialogues in Human Geography, 10(2), 107-111.

Mellor, M. J., & Lindeman, D. (1999). The role of the social worker in interdisciplinary geriatric teams. Journal of Gerontological Social Work, 30(3-4), 3-7.

Moore, R. C., & Hancock, J. T. (2020). Older Adults, Social Technologies, and the Coronavirus Pandemic: Challenges, Strengths, and Strategies for Support. Social Media+ Society, 6(3), 2056305120948162.

Mulligan, C. (, 2020). Ontario to stop caregivers from working at multiple long-term care homes, CBC News https://www.cbc.ca/news/canada/toronto/ontario-to-stop-caregivers-from-working-at-multiple-long-term-care-homes-as-covid-19-spreads-like-wildfire-1.5531920

Nasser, S., Powers, L. (2020). Ford faces blowback after military report reveals "horrific conditions at Ontario long-term-care homes. CBC News.

National Academies of Sciences, Engineering, and Medicine. (2020). Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System.

Neustaeter, B. (September 21, 2020). Doctor warns some Canadian long-term care homes not ready for second wave. CTVNews.ca: https://www.ctvnews.ca/health/coronavirus/doctor-warns-some-canadian-long-term-care-homes-not-ready-for-second-wave-1.5113152

Ontario Long-Term Care Association Shaping the Future of Long-Term Care (n.d): About the long-term care in Ontario: Facts and Figures: https://www.oltca.com/oltca/OLTCA/Public/LongTermCare/FactsFigures.aspx

Ontario Long term care that works, For seniors. For Ontario. 2019 Budget Submission Ontario Long Term Care Association https://www.oltca.com/OLTCA/Documents/Reports/2019OLTCABudgetSubmission-LTCthatWorks.pdf

Parton, N., & O'Byrne, P. (2000). Constructive social work. Towards a new practice.

Petch, J. & Laupacis, A. (2012). Supporting

Ontario's unpaid caregivers https://healthydebate.ca/2012/10/topic/community-long-term-care/supporting-ontarios-unpaid-caregivers

Rosa, W. E., Ferrell, B. R., & Applebaum, A. J. (2020). The alleviation of suffering during the COVID-19 pandemic. Palliative & supportive care, 1-3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7322158/

Sathiyamoorthy, T. (2020). Supporting support workers: PSWs need increased protections during COVID-19. Wellesley Institute advancing urban health. https://www.wellesleyinstitute.com/healthy-communities/supporting-support-workers-psws-need-increased-protections-during-covid-19/

Schachter, R. (2020). RELEASE & ANALYSIS: COVID-19 Death Rates in Ontario Long-Term Care Homes Significantly Higher and Increasing in For-Profit Homes vs. Non-Profit and Publicly-Owned Homes: New Data Analysis. Ontario Health Coalition Protecting Public Health Care for All

Simon, N. M., Saxe, G. N., & Marmar, C. R. (2020). Mental health disorders related to COVID-19–related deaths. Journal of American Medical Association. 324 (15), 1493-1494.

Sinha S, Dunning J, Wong I, Nicia M, Nauth S, Persaud A, McKee A (2019). Enabling the Future Provision of Long-Term Care om Canada. National Institute on Ageing. cnpea.ca/images/futureoflong-termcare_v7_final-09-09-2019.pdf

Sladek J., Ying A. (2010). "Ontario Personal Support Workers in Home and Community Care: CRNCC/PSNO Survey Results." www.crncc.ca/knowledge/factsheets/pdf/InFocus-Ontario%20PSWs%20in%20Home%20and%20Community%20Care.pdf

The Ontario Government (November 2020). Province Increasing Direct Care for Long-Term Care Residents to Four Hours per Day: New Commitment Will Make Ontario the Canadian Leader in Quality of Care for Seniors. Office of the Premier. https://news.ontario.ca/en/release/59030/province-increasing-direct-care-for-long-term-care-residents-to-four-hours-per-day

The Ontario Government (November 3, 2020). Ontario Selling Surplus Properties to Build Three New Long-Term Care Homes: Initiative will add nearly 900 additional spaces for seniors. Office of the Premier. https://news.ontario.ca/en/release/59047/ontario-selling-surplus-properties-to-build-three-new-long-term-care-homes

von Humboldt, S., Mendoza-Ruvalcaba, N. M., Arias-Merino, E. D., Costa, A., Cabras, E., Low, G., & Leal, I. (2020). Smart technology and the meaning in life of older adults during the Covid-19 public health emergency period: a cross-cultural qualitative study. International Review of Psychiatry, 1-10. DOI: 10.1080/09540261.2020.1810643

Wenger, G. C. (1991). A network typology: From theory to practice. Journal of Aging Studies, 5(2), 147-162.
Yuko, E. (2020). Processing Grief During a Pandemic, When Nothing Is Normal. Rolling Stone. https://www.rollingstone.com/culture/culture-features/coronavirus-grief-pandemic-emotional-fatigue-981847/

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