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Staff Resiliency in Long-Term Care during the COVID-19 Pandemic: A Qualitative Study

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Abstract: The COVID-19 pandemic has had a major impact on long-term care facilities (LTCFs). While much attention has been paid to the impact of the pandemic on residents, less attention has been given to the experiences of staff and factors impacting their resilience in facing challenges working in LTCF. This research describes the factors contributing to the resiliency of LTCF staff during the COVID-19 pandemic in northern British Columbia (BC). Transcripts from 53 participants who completed one-hour semi-structured interviews were included and thematic analysis was conducted. All participants had experience working in a LTCF facility in northern BC during the pandemic. The LTCF staff described resilience as the ability to adapt to changing circumstances and protocols, while also maintaining a positive attitude and uplifting spirits during times of adversity. The analysis revealed five key themes influencing staff resilience: (1) availability and provision of resources for staff, (2) leadership and management within LTCFs, (3) social support available to staff, (4) impact of residents' morale on staff resilience, and (5) personal attributes and characteristics of the staff. Understanding and addressing the five themes can guide the development of targeted strategies and interventions aimed at enhancing staff resilience and well-being during challenging circumstances. By recognizing and addressing the specific needs of LTCF staff, it is possible to improve the overall quality of care provided in LTCF and promote the well-being of both residents and staff. The findings shed light on the interplay of these themes and their profound influence on LTCF staff. Identifying staff's needs and factors that contribute to their resilience may lower staff turnover, leading to a stronger and more resilient healthcare system, capable of safeguarding vulnerable populations, particularly during times of crisis such as the COVID-19 pandemic.

Keywords: resiliency; healthcare staff resilience; COVID-19 pandemic; long-term care staff retention; northern BC; long-term care facilities (LTCFs)



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1. Introduction

During the COVID-19 pandemic, older adults, and those with medical complexities and multimorbidity were among the most vulnerable. Early reports showed that nearly 80% of COVID-19 deaths in Canada were related to outbreaks in long-term care facilities (LTCFs) [1]. Early in the pandemic, the majority of COVID-19-related deaths in British Columbia (BC) were associated with outbreaks reported in LTCFs [2]. In response, provincial restrictions were implemented LTCFs which included strict visitor restriction measures and lockdown conditions where only essential care workers were permitted to enter. These measures also included declaration of states of emergency, social distancing and mask-wearing mandates, strict restrictions on indoor and outdoor gatherings, and

closures of public amenities [3]. These measures were strictly enforced to reduce the spread of COVID-19 and were rigorously implemented to both reduce the risk of viral transmission while simultaneously safeguarding the individual's health. In 2024, the Public Health Agency of Canada noted that the pandemic claimed over 59,000 individuals, with nearly 5 million confirmed cases reported across the country [4].

The COVID-19 pandemic had a profound and lasting impact on the LTCF community in Northern BC, presenting a myriad of stories and lessons that demand exploration and understanding. Long-term care facilities (LTCFs) have been especially vulnerable during the COVID-19 pandemic, experiencing severe viral outbreaks and high mortality rates [5]. While the focus has been rightly on the impact on LTCF residents, there has been less exploration of how this crisis has affected LTCF staff members. As frontline workers during COVID-19, LTCF staff have faced immense pressure and adversity [6–8].

It is important to describe and enhance understanding of how individuals cope with and adapt to adversity. Our previous research into the conceptualization of resilience notes that resilience can be defined as the ability to bounce back from one or more difficult experiences and to maintain or regain mental health and wellness in the face of stress and challenges [9]. Resilience is a complex and multifaceted construct that encompasses a range of personal, social, and contextual factors. In the context of healthcare and more specifically when examining resilience in the LTCF setting, resilience is recognized as a key attribute of a healthy workforce, enabling staff to provide high-quality care, even in the face of ongoing demands and stressors such as the COVID-19 pandemic.

Identifying key determinants of resilience can inform strategies to support LTCF staff through public health crises and help maintain workforce stability and quality of care for vulnerable residents. This study investigated multi-level influences on resilience, including organizational, team, and individual factors. It encompasses diverse LTCF roles beyond nursing including care aids, occupational therapists, management, recreation staff, care aides, and food service workers. We begin by defining staff resilience and discussing frameworks. Next, we analyze barriers and challenges impacting LTCF staff resilience during COVID-19.

By highlighting and amplifying the experiences of LTCF staff in northern BC, this study seeks to provide valuable insights for healthcare professionals, LTCF management, decision-makers, and policymakers. Through a multidimensional understanding of resilience, this research aims to pave the way for effective strategies and policies that bolster staff well-being and adaptability during extraordinary demands. Therefore, the objective of this study was to address the following research question: "What factors influence the resiliency of staff in LTCFs during the COVID-19 pandemic?"

2. Participants and Methods

2.1. Participant Selection and Recruitment

The data analyzed in this study originated from a larger multi-methods research project conducted to assess the health and human resource impact on those working in LTCF settings in northern BC during the COVID-19 pandemic. The project involved an interdisciplinary team of academics and health system decision-makers. A purposive sampling approach was used to select participants who had experience working in an LTCF during the COVID-19 pandemic. Recruitment was conducted through email invitations sent to LTCF administrators, who then forwarded the study information to their staff. Interested participants contacted the research team directly to express their willingness to participate. Sampling continued until saturation occurred across the diverse participant groups.

LTCF staff ($n = 53$) from 15 different LTCFs participated in this study. They worked at care homes ranging in size from less than 50 beds ($n = 6$ LTCFs), between 50 and 99 beds ($n = 5$ LTCFs), and more than 100 beds ($n = 4$ LTCFs). All participants identified as being cis-gendered—the majority identified as female ($n = 44$), and nine identified as male. Participants ranged in age from 24 to 69 years of age and had worked in the LTCF setting for an average of 10.1 years (range 1 to 40 years). Participants were employed in a wide range

of LTCF work roles. These roles included Leadership/Management ($n = 9$); Nursing Staff (includes registered nurses ($n = 8$); licensed practical nurses ($n = 7$); Registered Health Care Aides: $n = 9$); Recreation Therapists and Assistants ($n = 8$); Other Allied Healthcare Staff (including registered dietitians, social workers: $n = 7$); and Administrative and Support Services Staff (includes individuals providing administrative and other support services roles such as clerks and food service staff: $n = 5$).

2.2. Data Collection

Semi-structured interviews were conducted from 8 November 2021 to 20 January 2022 with 53 participants from each of the 24 LTCFs in the Northern Health Authority region. The interviews were conducted remotely via telephone or video conferencing platform, depending on the participant's preference. Each interview lasted approximately 60 min and was audio-recorded with the participant's consent. The interview guide consisted of open-ended questions designed to explore the participants' experiences, challenges, and coping strategies while working in LTCFs during the COVID-19 pandemic and is available upon reasonable request to the corresponding author.

The interviews captured the experiences of LTCF healthcare providers, managers, and staff during COVID-19, exploring burnout, coping strategies, perceptions of leadership, infectious disease policies, visitor policies, and pandemic preparedness. The interviews were transcribed verbatim and anonymized to protect participant confidentiality.

2.3. Data Analysis

Thematic analysis guided by Braun and Clarke (2006) [10] employed thematic analysis, alongside the identification of latent themes to describe the factors contributing to staff resiliency in LTCF settings during the COVID-19 pandemic. The process began by thoroughly reading and re-reading the collected interview transcripts to familiarize myself with the data and gain a deep understanding of the participants' experiences and perspectives. Analysis was facilitated by NVIVO [11], allowing for systematic tracking and organization of data. An ongoing process of reviewing and refining themes ensured accuracy and coherence. Direct quotes from the data were integrated to enhance credibility.

2.4. Rigor

An ongoing process of reviewing and refining themes ensured accuracy and coherence. Direct quotes from the data were integrated, enhancing the credibility, transparency, and trustworthiness of the findings.

2.5. Ethical Considerations

Ethical approval was obtained jointly from the Research Ethics Board at the University of Northern British Columbia and the Ethics Board of the Northern Health Authority (Ethics Approval Number H21-01883). All participants received a comprehensive information sheet and provided informed consent prior to any data collection. To ensure participant confidentiality, all identifying information was removed from the interview transcripts and replaced with pseudonyms. The audio recordings and transcripts were stored on a secure, password-protected server accessible only to the research team. Participants were informed of their right to withdraw from the study at any time without consequence.

3. Results

The challenging environment of LTCFs for staff was a recurring theme in the data and was seen as a critical issue even before the onset of the COVID-19 pandemic. Experiencing physical burdens, overwhelming workloads, and juggling multiple tasks or responsibilities simultaneously was reported by numerous participants. As Participant 01 noted, "*long-term care is shift work, lots of juggling, not the best pay, physically it's very, it's hard on the body. Ya, emotionally it can be hard*". Further, participant 11 extended this describing how "*It is very hard*".

on the body, you've got to be pretty careful what you're doing. You're moving people around quite a lot, physically". The demands associated with LTCFs intensified during the COVID-19 pandemic,

I've put limits on the number of clients that I will help in the morning because we're limited to an hour and fifteen minutes to do care on 20 residents and we usually do this with one to two people and these are complex people with ceiling lifts and wheelchairs and, you know, not a lot of them are ambulatory and so there's a lot of physical moving, dressing people and such so it's time consuming to be able to do the necessary care and they deserve the necessary care. (Participant 11)

The participants described the unpredictability of LTCF work during the COVID-19 pandemic, noting the constantly changing environment, policies, and regulations. Participants overwhelmingly expressed frustration due to these rapid changes, noting:

"Everything changes from week to week, sometimes day to day. The rules, regulations, visiting, no visiting, it's been just confusing". Another participant mentioned, "... I guess the biggest thing is just constant change which I think is common in healthcare but maybe not at the same rate and just the toll that it takes on family, residents, and staff. We all have a smaller window of tolerance I think". (Participant 10)

Visitation challenges had a notable impact on the resilience of staff working in LTCFs during the COVID-19 pandemic. The struggles faced by staff in enforcing visitation restrictions, dealing with non-compliant visitors, and managing conflicts with colleagues created immense pressure and emotional strain. Staff members often found themselves caught between the need to maintain safety protocols and the resistance they encountered. This constant battle affected their professionalism and ability to cope, highlighting the importance of addressing these challenges to support staff resilience in LTCFs.

Tired of being a doormat. Tired of being bitched at. My staff is tired. My staff is burnt out. We're fighting with visitors who are sneaking in or visitors who are getting let in by their family members because the family works in the hospital so they're bringing them in. So, the nurses are trying to enforce what I'm telling [them] they need to enforce, and it blows back on them as well. So, their only option is to let it blow back on me and for the most part I can take that, and I can talk most people down. We can come up with solutions, but they lost track of their professionalism sometimes when they've come to me and telling me something because they just can't get it out any other way anymore and it's really hard not to take it personally and I'm starting to and I don't want to be that person ... It makes me think that I need to step back and take some time for myself. (Participant 23)

We were just all so uncertain. There was so much un-certainty and of course I was just uncertain about everything cause it was all so new but that was something I noticed a lot, like kind of looking back there was so much unknown and so much waiting for policy guidance around like so many things that had been routine. And a feeling that I think it really took a toll on how we all felt we knew our jobs because everything changed so quickly, and I don't want to say eroded trust. It was hard to know how to do your job when the guidelines weren't clear, and it was hard to know what other people were doing for their jobs anymore. (Participant 10)

Uncertainty resulting from rapidly changing guidelines and restrictions was further amplified in the presence of surging media and news reports. Many participants explained how reports of the continuous mutations and variants of the virus contributed to increased anxiety, uncertainty, and potential negative impacts on staff resiliency.

With the COVID, you know, I mean my knowledge is limited, medically and stuff but viruses mutate, right, everybody said that. All the experts say the viruses mutate so if this virus keeps mutating, then it will be living among us, right. So that's of what's keeping me from being positive, right. I mean I'm positive, I believe it's going to end, and I believe, you know, it's not going to always be like this but definitely when you hear stuff like this on the news that it's going to keep mutating, there will be variants, then you know, one kind of wonders, right. (Participant 28)

The challenging reality of working in LTCFs made many participants consider leaving their occupations in LTCF and seeking alternative career opportunities. Participants expressed dissatisfaction with low support levels, chronic short-staffing, and the toll LTCF work took on their physical and family life. Lack of work–life balance and job security were also identified as contributing factors to their desire for change.

I know a couple have taken different positions in healthcare because they were just so done with being here in long-term care and day in and day out and having to deal with all of that uncertainty because I mean to be perfectly frank, not everybody has the same affinity to deal with that stress so some people, their capacity to deal with that stress was a lot higher and the resiliency of those people, however that looks for them is more evident and then people with less resilience or they just didn't feel supported, whether it be here or outside of here, they're the ones that have more or less taken other positions and different roles in healthcare. (Participant 19)

The difficulty of recruitment and the necessity to lower their professional standards due to extreme staffing shortages was highlighted by one participant.

We are extremely short staffed, and I think that probably has something to do with COVID, but I just think people are just getting either I don't know if they're not coming into healthcare professions now or they're just holding back, but recruitment has never been as difficult as it is right now. Everybody is super, super, super tired. Ya, and yet we're still trying to deliver a program but personally I feel that we've had no choice but to lower our bar way lower than I ever thought my bar would ever go in my profession . . . And this is not how I like to operate as a supervisor, as a therapist, as a caring professional I just feel right now to be honest with you, if I could win the lottery or retire it would be wonderful and but on the flipside of that if everybody did that and we abandoned these people now, you know, that would even be more dire. (Participant 30)

3.1. Factors Impacting Staff Resilience

3.1.1. The Availability and Provision of Resources for LTCF Staff

The availability and provision of resources for staff in LTCF settings were essential considerations that impacted job satisfaction, well-being, and overall resilience. These resources were discussed at various levels, including the health system, organizational, and individual levels, and each played a crucial role in supporting LTCF staff, according to the participants.

Health System Level

Inconsistent rapid policy changes impacted the resiliency of staff in LTCFs during the COVID-19 pandemic. Constant policy changes initially exacerbated the situation, causing challenges in keeping the team cohesive. The rapid changes made it difficult for staff to keep up and adapt, potentially leading to increased stress and decreased resiliency.

It was definitely exacerbating at the beginning and then as like the policies kind of slowed down on the changes and we kind of stabilized and this was our new operating normal, everyone kind of got used to moving within it, it was a little better and then say the new waves would come up or the restrictions would ease off, you would have some of that kind of uncertainty in those, that anxiety floating around again. And then now I actually noticed with a few co-workers with Omicron, now we're starting to go back into more restrictions and the visiting re-strictions are changing, you're starting to see that fear coming up again in some people and that anxiety . . . I noticed like cause in the beginning like the policies were changing so fast, it was hard to keep up and keep the team cohesive with all the changes. And also, our co-workers mental health depending on where their mental health was at and like how they were coping with the pandemic also really affected kind of the work environment. (Participant 36)

Safety was another prominent theme impacting staff resilience that emerged from participants' comments. The implementation of comprehensive infection prevention measures

played a crucial role in addressing staff members' fears and concerns regarding the transmission of COVID-19. Participant 24 echoed this concern saying, "No, I did not feel safe. I felt very exposed . . . I have no idea if I had it". The fear of spreading the virus impacted the daily lives of LTCF staff. Many expressed concerns about potential transmission to their families, leading to strict precautions such as showering and changing clothes before interacting with their loved ones. "I stopped exercising cause I was scared to go outside". (Participant 21)

Sometimes I cry until I get home and then I stop. Sometimes I roll my eyes at myself, or I get those emotions out when I've driving home before I get home to be with my family. But I mean I was dead terrified as well because I'm the only one leaving the house so in a way I did bring it home because every day when I came home, I was so scared, I didn't want my kids to touch me, I needed to get in the shower, I needed to get my clothes off, you know, downstairs in the basement. (Participant 29)

Participant 12 mentioned, "What made me feel safe was that I was aware of the risk, I was aware of protocol. I was masking and using PPE to appropriate levels". Multiple participants similarly said that adherence to guidelines and protocols, such as proper utilization of PPE and social distancing, played an important role in preventing outbreaks within the facility and helped maintain a sense of safety and resilience among the staff. Staying educated and informed about COVID-19, and related issues was seen as a coping mechanism. Participant 03 noted that "Staying educated and up on things seemed to be a coping mechanism for me". Further, access to resources, such as clinical practice standards, apps, wound care websites, and educational sessions, provided valuable support. The availability of COVID-19 information and ongoing education positively influenced staff resilience. Guiding supplemental resources helped staff with limited experience handle additional responsibilities. For some, holding casual appointments in larger facilities provided wider access to resources and guidelines. One participant reported:

I think one of the things that I personally happen to have, that maybe other nursing, not maybe, but other nursing staff don't have, is because they still are currently casual at the hospital I've been able to get information in regards to having all of the COVID acute care information sent to me on how to treat patients and all of that stuff is also coming my way which I do usually share to ones interested. But that has helped me because then I kind of can see what they're doing at the hospital and be a little bit more at ease being able to also participate and keep my education and stuff up because that's kind of difficult in long-term care. They don't have the resources like the hospital there's not really the same ability to cover people for shifts to do education. So, I've been able to remain active in doing all of my yearly certifications and that kind of thing at the hospital. (Participant 49)

Additional compensation, such as extra COVID-19 pay, incentives, and healthcare benefits such as unlimited massages, played a positive role in supporting staff well-being and resilience. For example, the pay raise provided to nurses during periods of understaffing was mentioned by Participant 01 who expressed initial excitement about the extra hourly wages, as it recognized the challenging work conditions. However, the participant also expressed disappointment when the additional pay was abruptly cut short. This experience underscored the significance of fair and consistent compensation to maintain staff morale and resiliency.

A big thing for us is finally we got that pay raise, so the nurses get extra money when they're short-staffed. Health care workers do not get any extra money when we're short-staffed and so we were pretty thrilled when we got that couple extra dollars an hour in COVID but then it was like cut short. . . A woman that I know that was off the whole time because she ya, she goes off a lot, she got the COVID pay the whole time even though she wasn't working. Like there's so many things that it was just really honestly the word for me is soul-sucking. (Participant 01)

There was widespread disappointment and frustration due to the lack of support from the provincial government and health officers. One participant holding a man-

ager/leadership role highlighted the challenges faced in obtaining adequate personal protective equipment (PPE) and observed discrepancies between their resources and those available in larger centers, leading to feelings of anger and a sense of being unsupported. As Participant 23 expressed, *“I’m tired and frustrated that the provincial government and health officers didn’t work better with health authorities. Trying to get enough PPE was challenging, and seeing what my co-workers in larger centers have access to makes me angry for my nurses”*.

Organizational Level

At the organizational level, several factors contributed to the availability and provision of resources for LTCF staff. The most prominent factor was the low staffing levels. Maintaining an appropriate staffing level was crucial to ensure adequate coverage and support for residents’ needs were met. According to the LTCF staff, inadequate staffing levels resulted in increased workloads, decreased capacity to provide optimal care, and heightened stress and fatigue among the staff. These conditions undermined the staff’s ability to cope effectively and maintain their resilience in the face of challenging circumstances.

“There’s bells going off, there’s people sitting there, someone threw up one day and I was like I can’t actually get to you, there’s somebody on the floor but I’m the only one in this hall. . . . So, there’s been times when I’ve been on by myself”. (Participant 01)

Two staff members expressed concern about how lack of staff, questioned the safety of care for LTCF residents, and was a stress factor for staff. In one example, during the night shift only two Licensed Practical Nurses (LPNs) were available while the required baseline is at least five nurses, including a Registered Nurse (RN). They described this situation as unsafe.

In terms of other resilience, I mean we’ve, I hate to say this, but we’ve actually done a nightshift, so the baseline would have five nurses which would include an RN and I’m very, very saddened to say this cause it happened multiple times, sometimes on nightshift we only have two LPN’s. That’s it. And it’s so unsafe. Very, very unsafe. (Participant 42)

Other staff shared their positive perspectives on how sufficient staffing impacted the staff’s resiliency in a positive way. Participant 29 noted that *“every once in a while, you would get a day where it was a five, everybody was good, there was no issues, and you could kind of sit and visit in the nurses’ station when nobody was ringing”*.

The lack of direct communication between LTCF staff and doctors, and the limited background information provided to LTCF staff, hindered their ability to fully understand residents’ medical conditions and provide appropriate care. As one participant expressed:

Having the opportunity to sit down with her doctor and talk through her diagnosis and her history with her doctor would’ve been so much easier outside of COVID. Cause we have a lot of times, not that the doctors are not doing their jobs, but they’re reluctant to come in if they’ve pulled the COVID on-call, they’re not going to come in and see their patients when they’re doing that COVID rotation. If there, you know, if there’s a concern there might be some, you know, exposure in a different facility where they have residents, they’re not going to come in. There’s a whole bunch of things that affect that. So, you have some, not resistance from negligence but resistance out of an abundance of caution that comes from the doctors wanting to come in. So, you don’t really get a full picture of the resident. . . . I think also we don’t get super full histories because sometimes the hospital is so over capacity that they find out we have an empty bed, and they’ll send somebody like literally the instant they have approval to send them, so they arrive without meds, and you don’t get much of a history there. I mean we never get much of a history anyways in long-term care but it’s even worse in COVID times. (Participant 44)

A factor that tested the resiliency of LTCF staff was the unexpected burden of managing additional responsibilities that were not clearly defined in their official job descriptions. Participant 3 noted that *“I’m doing things that I don’t normally do, like discharge planning. I’m not in discharge planning, but I end up doing three or four different jobs”*. (Participant 03). This aspect proved to be a considerable source of frustration among the staff members who

expressed a desire for stability and familiarity in their tasks, yearning for a work experience that aligns with their expectations and roles. The staff members emphasized the importance of having clear boundaries and well-defined responsibilities within their job descriptions. The lack of clarity and the introduction of additional tasks created a sense of uncertainty and disrupted their workflow. Such deviations from their expected roles added to their frustration and further strained their resilience.

An important resource at the organizational level was the presence of expertise and experienced individuals who had prior experience with outbreaks. Bringing in these individuals from outside the facility provided valuable guidance and support for the staff. In addition, staff role modeling had a positive influence on other staff members. Older and senior staff members with more experience served as role models, sharing their expertise and knowledge with their junior colleagues. Their influence helped foster a positive work culture and encouraged professional growth among the staff.

The involvement of volunteers positively contributed to the LTCF facility and the staff's resiliency. Volunteers contributed to various aspects of resident care, including companionship, support during recreational activities, and assistance with administrative tasks. Their contributions helped alleviate the workload on staff and created a more enriching and engaging environment for residents and staff alike according to a participant.

We have the ability to start bringing volunteers back, but I don't have the human resources to be able to do that and it's six of one and half a dozen of the other I know volunteers can help us if we can get them in here, but I've never been so short staffed in long-term care. I just do not have the capacity to even entertain bringing volunteers back at this point. And that's sad, that is really sad because volunteers is a huge component of our program. But it comes at a cost from the workload and how much you can do. And we need to preserve the folks that we have, I can't afford to burn out the people that we have knowing that there's nobody knocking on our doors to come in. (Participant 30)

The responsibility of reintegrating volunteers falls on the management and higher-level decision-makers. However, the staff member lamented the lack of higher management initiative in this regard. The absence of proactive efforts from management to facilitate the return of volunteers implied that the burden of managing the volunteer component and ensuring their successful integration falls solely on the already strained staff.

Clear clinical instructions and guidance played a crucial role in ensuring that LTCF staff, especially among those with less experience, could effectively fulfill their responsibilities, according to participants' feedback. For staff members with limited experience, providing supplemental resources and additional guidance materials proved immensely helpful. These resources acted as valuable support systems, offering the necessary information and assistance when supervisors were overwhelmed with heavy workloads. Not only did they empower staff to provide quality care, but they also enabled them to confidently handle additional responsibilities that arose due to short staffing. Even in unfamiliar roles, these resources served as reliable compasses, guiding staff through challenging times with greater ease and competence.

One prominent theme was the significance of organizations offering positive benefits and support resources to enhance staff well-being. Participants mentioned various benefits and resources that positively influenced their experiences, such as unlimited massages, wellness initiatives including counseling services, and opportunities for professional growth. These offers created a positive work environment, contributing to staff satisfaction and retention.

Recreational events, organized by dedicated recreational staff, promoted a positive work culture. Creativity in planning and implementation of these events, especially during the pandemic, helped foster a sense of community and camaraderie among staff and residents, leading to increased job satisfaction and overall well-being. One participant highlighted their efforts:

“Our recreation, they were kind of challenged there at first cause we had to kind of keep things in smaller groups and what not so like ya, they were quite challenged at the beginning there, but they pulled through, and they still managed to keep things upbeat”. (Participant 22)

The necessity and the positive impact of the recreation staff’s role in LTCFs during the COVID-19 pandemic were brought up by several staff members. The recreation staff were viewed as the *“stars of the show”* and played a crucial role in providing entertainment for residents when visitors were restricted. Their efforts to come up with activities within the imposed restrictions showcased their dedication and creativity.

The recreation staff were probably in my eyes and as it relates to my job were kind of the stars of the show because they were the only entertainment for residents for other entire time that there were restrictions on visitors. I mean they were ya, they were the ones coming up with activities to do and trying to figure out what they can work with within the restrictions. (Participant 31)

The COVID-19 restrictions affected the ability of recreation staff to provide some services. Live entertainment by external performers, which used to be a regular activity, was stopped. Additionally, visits from family members were restricted, which limited social interactions and opportunities for residents. Recreational staff had to adapt and find alternative ways to provide entertainment and maintain the residents’ quality of life within the constraints.

Individual Level

At the individual level, providing staff with autonomy in their work was found beneficial for their job satisfaction and overall well-being. Several participants expressed feeling excluded and unheard when it came to implementing changes within the facility that directly impacted their level of care and residents’ satisfaction. The lack of inclusion in these decision-making processes had a negative effect on their morale.

“We didn’t have any say in that, there was no discussions, it wasn’t something that we were kind of told in a meeting and so a lot of us weren’t sure how we felt about that. But I’m a team player, so I put a smile on my face and do my best”. (Participant 6)

3.1.2. Leadership and Management within LTCF

The LTCF management team and their leadership decisions and actions impacted the LTCF team and their resiliency. The leadership theme included two subthemes. The first subtheme was communication, which included regular team meetings as a resilience-building strategy, and the availability of clear and timely policy guidance. The second subtheme focused on management actions toward job satisfaction, which included the level and quality of management support and responsiveness to staff needs and concerns. These subthemes played a crucial role in the leadership and management of the LTCF facility, impacting the resilience and well-being of the LTCF team.

Communication influenced staff resilience and underscored the importance of maintaining consistent team or peer support meetings. Structured interactions served as vital platforms for information exchange, mutual support, and cohesive bonding, thereby supporting staff resilience. Further, there was a necessity to provide clear and timely policy guidance for staff. By ensuring that policies are readily understood and promptly distributed, the management can cultivate a more informed and confident workforce, further enhancing resilience in the face of adversity.

Regular team meetings emerged as a vital resilience-building strategy for staff in the LTCFs during the COVID-19 pandemic. The implementation of these meetings fostered effective communication and information sharing among team members. By providing a platform for expressing frustrations, seeking clarifications, and discussing critical topics such as visitor restrictions and outbreak protocols, the meetings ensured that staff remained informed and aligned with the ever-evolving guidelines. Moreover, the team

meetings created a strong sense of unity and collaboration, as diverse stakeholders, including management, care coordinators, allied health professionals, nurses, and social workers, came together to exchange ideas and experiences. This team atmosphere and cohesion contributed notably to a positive work environment, boosting staff morale, and fostering a collective effort towards providing high-quality care. Furthermore, the manager's utilization of these meetings to recognize and appreciate the staff's efforts, while also providing constructive feedback, further enhanced their resilience by reinforcing a sense of accomplishment and motivating them to continuously improve. In summary, regular team meetings played a multifaceted role in supporting the resilience of LTCF staff, serving as a communication platform, fostering teamwork, and providing recognition and feedback.

We would meet every two weeks. I think that just started with COVID and that was really good because it was all the long-term care facilities and you didn't feel like oh my God, I'm the only one going through this because everyone still had, everyone had all the same questions so it kind of like, okay I can feel alone out in the rural northern BC, right. So ya, like I said if you had those questions, someone else also did have those questions, right, so I think it was really good that way connecting with all the different sites as best as we could. (Participant 43)

Clear communication and particularly the enforcement of rules were found to be positive factors for staff resiliency. Management and coordinators were mentioned as effectively communicating and enforcing rules and regulations, ensuring that protocols were followed. Consistent and transparent enforcement and interpretation of rules minimized confusion and created a sense of support for the staff.

"Our manager, [Name] has been really good at leading us and making everything clear. Nursing unit clerks have been great at putting out the posters for staff. I feel like we've been really good at like notifying our, like everything's been really clear". (Participant 41)

The efficacy of management's responsiveness and support towards staff needs had a profound impact on staff resilience in the LTCFs. When staff did not feel heard or supported, as Participant 01 shared— "A lot of us weren't feeling supported and heard", it often led to a decline in resilience. The lack of support was further amplified when management failed to respond to staff's needs adequately, leaving them feeling dismissed. As Participant 11 further noted "We were struggling again, but then during this wing meeting, we had discussed what we wanted this person to do, and what he had decided was not working. We had no workload at all, and he said, manage it yourself, figure it out. Do whatever you need to do to make it work".

These sentiments exemplified the adverse impact of unresponsive leadership, which ultimately undermined staff resilience. Ignoring the staff's needs and concerns led to feelings of being unsupported and unheard, compromising resilience levels. Conversely, management actions that promoted job satisfaction notably boosted staff resilience in LTCFs, especially during unprecedented crises such as the COVID-19 pandemic. These actions included prioritizing work-life balance, fostering growth opportunities, and involving employees in decision-making processes. "Work-life balance emerged as a critical factor for enhancing staff resilience". Participant 45 further highlighted how the absence of work-life balance added to their challenges— "I didn't know, it was tough because it was always hard to put the job away. I felt all my years actually working at [site location], the work/life balance, it wasn't there".

Job satisfaction also stemmed from opportunities for professional growth and advancement. The sense of potential progression within their roles, including promotions and raises, was important for boosting staff resilience. As Participant 01 shared— "I went back to school to do something that I could get a job at that point at 25, is a reasonable paying job, right". Yet, not all staff described career growth as a priority. The meaning of job satisfaction was different for each individual, and for some, it was just job stability and not having to do things that were not defined in their role descriptions, and they didn't care about growth. Participant 06 stated the following: "Well, I need to have job satisfaction. I'm too old, I don't want to learn anything completely brand-new in healthcare. So, if I can go back to my old job that

I'm good at, then I'll be happy". The process of including staff in decision-making notably affected job satisfaction. When staff felt involved in changes that directly impacted their level of care and resident satisfaction, morale was boosted. Participant 06 expressed their disappointment when they were not included in decision-making: *"We didn't have any say in that, there were no discussions, it wasn't something that we were kind of told in a meeting"*. Such experiences underscored the importance of transparency and involvement in decisions affecting staff and residents alike.

3.1.3. Social Support and Camaraderie

Social support and camaraderie had a crucial role in fostering staff resilience. One key aspect of this theme was the presence of a supportive and cohesive work environment. In some LTCFs, the implementation of team meetings was found to enhance staff resiliency. Regular team meetings provided a structured platform for staff to discuss concerns, share updates, and collaborate on problem-solving. These meetings played a crucial role in ensuring that everyone felt supported, aligned, and on the same page.

"Team meetings where we all come or we'll go for lunch once in a while or we'll just stop in when the other one is working, just to kind of vent and make sure we're all feeling supported and that we're all on the same page if there's an issue and we want to solve it".
(Participant 06)

Participants expressed the positive experience of forming close relationships with their colleagues from different teams within the facility and called it their *"work family"*. These interdisciplinary friendships provided a platform for regular communication, checking in on each other's well-being, and offering support during challenging times, especially in LTCFs that lacked a supportive working environment for their staff. Participant 45 noted that *"It has created a group of work friends for myself, and like, inter-disciplinary so like I have there's about 8 of us from some of the teams that we always talk to each other and get together kind of and see how everybody is doing so that has been a positive"*. Furthermore, the support extended beyond the workplace to include their personal lives, involving their families and friends. As participant 07 noted, *"So for me, like I have a good family life, like my husband we're pretty, we do things together and try to work, don't bring homework or whatever, he supports me in working and whatnot . . ."*. Further, participant 10 noted *"I'm just a little bit less at risk and most of my family and friends respect that which is kind of nice actually. I don't have to argue"*.

This support network further extended to the wider community, highlighting how staff members were embraced and valued in their community. The presence of community support and recognition played an important role in boosting staff morale and resilience, as they felt acknowledged and appreciated for their dedication and sacrifices during the pandemic.

. . . and then just driving around town and seeing people put up their words of support, like in their windows and on their front lawn and stuff, I think that that is well like, cause a few times that that came up that people said it made them feel quite good from the staff side. So, ya, little things like that. When I think of resiliency, those are the first things that come to my mind. Like the community showing support. (Participant 18)

However, the negative influence of the media and news put pressure on both staff and facilities. The feeling of being underappreciated due to negative public perception and accusations from family members impacted staff morale and resilience. Participant 1 noted that they *"felt underappreciated. There was family members accusing us of stuff because they were probably feeding off the news of people dying. I'd be leaving on a break outside and, you know, a family member would accost me and be like, you know, why is this happening? Why can't I come in?"*

3.1.4. Perspectives on How Residents' Morale Impacted Staff Residency

The level of comfort and happiness that staff perceived residents experienced during the COVID-19 pandemic and the impact this moral had on residents living conditions and the care they received directly impacted the staff workload and their ability to provide effective care. Visitation appointments were crucial to residents' mental health and life

satisfaction, consequently influencing staff resilience. Observing the effects on residents due to the absence of visitations due to COVID-19 restrictions profoundly impacted staff. As one participant stated:

It broke my heart a little bit because I know that although not a lot of people in our long-term care had a lot of visitors, they did have that one or two people that would come in and show that they still realized that they were there and that they were loved, and they were cared for. (Participant 23)

However, when visits resumed, the staff described how the residents' happiness and excitement upon reuniting with their families positively affected their work environment and their own resilience. As Participant 19 stated, "When we first started letting them back in, of course we were very excited because we want the families to be here to help support the residents and the residents were excited because now, they get to see their loved ones again and that was just amazing and it's such a joy to see them reunited". From a broader perspective, when residents' morale was uplifted and they experienced happiness, staff members found their work easier and more fulfilling. One participant member shared an example:

I remember bringing a bag to one resident in particular who's now, he didn't survive, and I remember that little note that was in there from the person who had adopted him at [drugstore], if you will, with a note saying that her Grandpa lived in [city] somewhere like that and it was really important for her to be able to make a difference in his Christmas, that kind of thing and he passed away shortly after Christmas but I know how that brightened his Christmas day, right. So, like I say it was just a real privilege to be able to be there and help whether they survived or didn't survive COVID. (Participant 30)

Providing extra support for staff managing visitation appointments was found to be helpful. For example, arranging visitor facilitator shifts to match staff schedules played a crucial role in supporting staff members, providing reassurance, and ensuring a sense of safety.

Our desk had already had like a very good COVID protection glass panel so generally like I feel very safe at work and supported, and our social workers are very accessible. So, any time that we've had a situation that we feel like needs some intervention I think every single time some-one's been there right away that I can think of. Yes, very supported when it comes to conflict regarding screening. (Participant 41)

The presence of visitor clerks and appointment-based visitation systems helped LTCF staff manage and facilitate family visits while adhering to safety protocols.

Utilizing virtual platforms such as Zoom or offering teleconference options allowed for communication and connection with residents and their families. These platforms facilitated essential meetings and doctor's appointments remotely, supporting staff resilience during the pandemic.

Oh, it's huge, so any meeting that used to be face to face we can now do on Zoom, that's awesome. Why wouldn't we? It's kind of weird with doctor's appointments that you're doing them on Zoom or the telephone, it's a little hard to assess people that way but I'm glad we have the option. If we didn't, I don't know how we would function for this last bit. I think it would be a big disaster. (Participant 06)

The impact of recreation, inclusiveness, and meaningful engagement of residents on staff resilience was brought up by many staff. They highlighted how these factors contribute to staff resilience by providing a sense of purpose, fulfillment, and pride in their work, especially when they witness the progress and positive outcomes experienced by the residents they care for.

The pressure from families judging LTCF workers' work was a burden on staff resiliency. According to some participants, families of LTCF residents didn't fully understand the challenges of LTCF work and staff felt pressure from families because they felt judgment from families that staff was not doing their jobs.

We have to escort families down to their room. You have to let them out. There's all these extra tasks that are on these health workers, nurses and health care workers and it's these extra things that we actually have to do now. I'm like because family members do come in because of certain exceptions, you know, and they actually don't always fully understand, which I get. There should be a documentary on it. (Participant 01)

3.1.5. Staff Attitudes, Beliefs, and Perspectives

The individual characteristics and personal attitudes, beliefs, and perspectives of LTCF staff shaped their resilience. Participants stressed the importance of self-care and doing activities they enjoyed to maintain their resilience. The definition of self-care and the type of activity they participated in differed and included: Going for massages, outdoor activities such as walking, having pets such as dogs, travel, exercise, hydration, gardening, yoga, doing side hustles not related to healthcare, virtual activities such as joining online virtual groups of yoga or running online groups, or other things such as paying attention to their nutrition. As Participant 17 shared, *"Doing stuff that doesn't have to do with making money or accomplishing anything per se. It's doing something for the sake of doing something, you know"*. Another participant mentioned, *"Realizing how much of an impact exercise, just walking, can change your brain space and you really need that, otherwise you just get so wound up, right"*. (Participant 43). However, due to COVID-19 restrictions, some social hobbies were no longer available, which negatively affected the staff's resiliency. As Participant 44 stated, *"The hobbies that we did have were very social hobbies, none of that has been happening. So, all of those areas where you do these things to relax and blow off some steam and get out of your head, it's all been canceled because of COVID"*.

Spirituality played a role in enhancing staff resilience. Seeking support from religious or spiritual communities, provided staff with positive vibes and comfort during challenging times. As Participant 27 noted, *"I went to the Sikh temple to get some positive vibes, and when I went there, it was like may that person rest in peace, you know, that thing. So, after I went to the Sikh temple, then I felt like good vibes after that"*.

Humor and laughter contributed to staff resilience. Shared experiences and inside jokes created a sense of belonging and provided relief from stress.

And it be really funny, like if you've got the right co-workers, you can have beautiful shifts. It's like laughing, like nobody else would get the jokes cause you're like oh man that was, did you hear what she called me, you know. Like there's a lot of very good humoured people that do this job. So, it can be a good job. I don't enjoy it at all right now. (Participant 01)

Empathy played a crucial role in staff resilience, both among team members and in their interactions with residents. Staff members showed empathy towards their colleagues by picking up shifts and supporting each other in challenging situations. Participant 04 mentioned, *"I don't want someone else to feel the way I'm feeling, so I'm trying to help them. So, I will often pick those shifts up and then end up regretting it because then I don't have days off"*. When the empathy between staff was missed, staff felt overwhelmed.

So, in the beginning I was angry and upset if my co-workers didn't feel the same way cause I took it very, very seriously. I would be upset if my co-workers didn't take it as seriously as myself but then I had to just let it go, because I was only making myself crazy and anxious and angry. (Participant 6)

Empathy towards residents was also evident, with Participant 30 explaining, *"I didn't hesitate, I looked at it that, you know, what if it was my mom or dad there? Like, they need help, they absolutely needed help"*. A strong sense of duty, passion, and loyalty towards the residents emerged as another important aspect of staff resilience. Many staff members expressed their commitment to providing care and support, even in challenging circumstances. They mentioned that their motivation stemmed from a deep connection and responsibility toward the residents they served. As Participant 46 noted, *"There's many days when I don't want to go . . . The only reason I keep going is for the residents. That is why I go"*.

My loyalty is ultimately what kept me in my profession. To walk away in the middle of a pandemic, ya, that's really easy to do but when people need you and I'm not just there for the benefit of my residents, I'm also there for my staff too. I needed to be their cheering squad to keep them going, to really them back every time. (Participant 26)

One participant mentioned that because they live in a small town, there is a stronger sense of connection to the individuals they care for. As Participant 53 noted, “. . . I guess that's the value of a small town that you also perhaps have a connection in some way to the person you're working with or caring for. So, there's the duty to show up . . .”. In this example the connection created a sense of duty and responsibility, contributing to their resilience in providing care during the COVID-19 pandemic.

4. Discussion

The COVID-19 pandemic has left a lasting mark on the LTCF community, providing numerous stories to hear and lessons to understand. Through a comprehensive analysis, five key themes emerged as influential factors on staff resilience in LTCFs. Evidence of resilience was threaded across the data analysis and explored the ways in which LTCF staff sought to overcome barriers and provide high-quality care. Resilience, as highlighted in previous studies [12,13] is an interpersonal characteristic with adaptive and dynamic qualities. It can be shaped by both structural and interpersonal support [7,12,14–16]. In this study, LTCF staff described resilience as the ability to adapt to changing circumstances and protocols, while maintaining a positive attitude and uplifting spirits during challenging times. This definition is congruent with the comprehensive definition of resilience proposed by Connelly et al. [16], emphasizing the process of bouncing back from adversity and utilizing psychological and bio-logical strengths to cope with challenges across personal, professional, and organizational contexts. The identified influence of structural and interpersonal support reiterates the importance of holistic measures to enhance resilience—from the health system level to the individual.

The availability and provision of resources for staff in LTCFs were found to impact job satisfaction, well-being, and overall resilience. A key area of concern in this study was the difficulties in recruiting and retaining LTCF staff, with many participants reporting significant and sustained staffing shortages. The scarcity of staffing levels is another concern that has been emphasized by previous studies [5,7,8,17]. A shortage of personnel not only increases the workload for existing staff but also strains their capacity to deliver optimal care. This strain may diminish job satisfaction, affect the staff's well-being, and ultimately impact their resilience, causing a long-term negative effect on the LTCF setting's overall performance and quality of care. Furthermore, Bryant et al. note that the limited availability of hospital beds and ventilators notably influenced decisions related to patient care and resource allocation [18]. The need to make these difficult decisions can exert considerable emotional stress on LTCF staff, potentially undermining their resiliency over time.

The availability and allocation of resources in LTCFs, supported by adequate funding and robust government intervention, was seen as a vital aspect necessary for high quality of care. For the participants in this study, the significance of resources exceeds their immediate functional use; they were seen to directly influence job satisfaction, well-being, and resilience, and ultimately shaped the quality of care delivered. Therefore, increased funding and committed government support were not mere options but a necessary mandate to address resource shortages and reinforce the resilience and efficacy of LTCF settings. Interestingly, an alarming observation in the study is the widespread disappointment and frustration related to the perceived lack of support from the provincial government and health officers. The challenges faced in obtaining adequate personal protective equipment (PPE) and the disparities between resources in rural LTCFs and larger centers have led to feelings of anger and a sense of being unsupported. This emphasizes the urgent need for policymakers to address these disparities and provide enhanced support to rural LTCFs. Additional research should be directed toward exploring the disparities in resource allocation between rural and urban LTCFs, especially during crises such as pandemics.

Leadership and management emerged as a central theme in the data and were a key factor influencing resilience, with participants recognizing the need and value for regular communication and development of staff. These findings echo numerous previous studies, also noting the need for effective communication and responsiveness to staff needs [6–8,16,19]. Addressing communication, the establishment of regular team meetings fosters an environment of collaboration and idea sharing, thereby strengthening resilience [7,14,19,20]. The second subtheme, job satisfaction, also influences staff resilience. Work–life balance, expressed through balanced workloads and flexible schedules, is crucial for staff well-being and resilience [6].

Considering the broader issue of leadership in LTCF, clear policy guidance and the application of modernized health policies emerge as vital components of effective communication. With unambiguous and timely policy guidance, staff can confidently perform their roles, enhancing resilience [8]. The role of social support and team camaraderie in resilience has been reflected in various studies [5–7,17,18]. Team bonding during team meetings [5,7,14] or in-formal interactions, such as socializing during lunches or casual conversations during shifts, acted as emotional support, contributing to a work culture of camaraderie and resilience confirming the importance of what is known for most staff as “work family” [16].

Within the context of the work community, a key and unique finding of the study is the recognition of the critical role played by experienced and older staff members. They serve as invaluable role models, sharing their expertise and knowledge with colleagues. Therefore, special attention should be given to these individuals as they greatly influence the resiliency of their colleagues. External to the workplace, the support received from social networks, including friends and family [6,12] and the wider community [20] can play a critical role in boosting staff morale and resilience. The esteem and recognition obtained from these networks can foster a sense of value and motivation, thereby fortifying staff resilience further [6–8,16,19,20]. Moreover, the adverse impact of negative media and news on staff resilience raises a crucial area for healthcare leaders’ intervention [18]. By facilitating positive news coverage and adopting empathetic communication, a more supportive environment can be created.

A unique finding highlighted in this study was the impact of residents’ morale on staff. The direct impact of residents’ morale on staff resilience introduces an additional area for attention to implement innovative strategies and practical solutions that can enhance not just the quality of care for residents but also the working conditions for staff. Central to these strategies is the concept of prioritizing residents’ mental health and satisfaction. This can be managed by ensuring a structured, safe, and controlled resumption of visitations, which plays a vital role in enhancing residents’ life satisfaction. Another example is investing in activities that promote inclusiveness and meaningful engagement for residents. Such engagement could be facilitated by investing in recreational activities and programs that promote inclusiveness and personal growth among the residents. These initiatives if performed with adequate resources and safety precautions, not only uplift residents’ morale but, in turn, create a positive working environment, boosting staff resilience.

The personal attributes and characteristics of LTCF staff members shaped their resilience. Individualized self-care practices emerged as important factors in promoting resilience, as supported by studies conducted by [5,6]. Moreover, the sense of identity, purpose, and responsibility among LTCF staff was found to be vital in their ability to cope with the challenges of the pandemic, as highlighted in studies by [6,7,16]. While work–life balance has been mentioned in several studies [5,6,12,17] the research reveals the importance of helping staff separate work-related concerns from their personal lives. Disturbing them during their time off and reminding them to leave work-related issues at work proved to be key. Furthermore, the staff’s key values and characteristics, such as creativity, adaptability, and a strong sense of duty, loyalty, and empathy towards residents, need to be nurtured and supported by the team. The findings indicate that many participants expressed a loss of these positive attributes when they felt unsupported or uncared

for. Healthcare leaders can have a profound impact by assisting staff in maintaining a clear separation between their personal and work lives. Providing necessary support, actively listening to staff concerns, and fostering their unique positive characteristics are key actions leaders can take. Moreover, fostering a supportive environment where humor and laughter are embraced, as highlighted by [5], can foster a sense of belonging and provide relief from stress for staff as well.

Strengths and Limitations

While this study provides valuable insights into the factors influencing the resilience of LTCF staff during the COVID-19 pandemic, it is important to acknowledge its limitations. First, the study was conducted in a specific geographical context (northern British Columbia, Canada), which may limit the generalizability of the findings to other settings. Future research could explore the experiences of LTCF staff in different regions and countries to identify potential variations and commonalities. Second, the study relied on self-reported data gathered through interviews, which may be subject to recall bias. Participants' recollections of their experiences during the pandemic may have been influenced by the passage of time. To mitigate this, the researchers used open-ended questions, probed for specific examples to encourage honest and detailed responses, and allowed participants to go back to previous responses to add further information or details if they desired.

Finally, the study employed a qualitative design, which allowed for an in-depth exploration of participants' experiences but may not capture the full breadth of perspectives among LTCF staff. Future research could employ mixed methods designs that incorporate quantitative measures to screen for resilience and its predictors to provide a more comprehensive understanding of the phenomenon.

5. Implications

5.1. Implications for Healthcare Professionals Working in LTCFs

It is important for staff working in LTCFs to embrace self-care practices. This includes developing individualized practices such as mindfulness, regular exercise, and adequate sleep to enhance personal resilience. Further, it is beneficial to prioritize work-life separation. This includes purposefully maintaining a clear boundary between work-related stressors and personal life to enhance staff's well-being and resilience. Staff need to stay connected with colleagues as peer support can be a powerful tool in managing work-related stress and maintaining resilience.

5.2. Implications for Management of LTCFs

To foster effective leadership, LTCF management should foster open communication among their staff. This can be done through regular team meetings, open-door policies, and timely responsiveness to staff needs. Management should prioritize the availability and provision of essential resources such as PPE, adequate staffing, and other medical equipment, for staff satisfaction and resilience. Furthermore, it is important to pay attention to job satisfaction among the staff and ensure awareness of challenges affecting staff work-life balance, workloads, and schedules. It is useful to assist staff in maintaining a clear separation between personal and work lives, while also nurturing their unique positive characteristics. Management should consider offering a variety of staff appreciation initiatives as they have been shown to enhance resilience by recognizing and valuing the staff's vital role in the facility's success.

5.3. Implications for Health Systems Leaders and Policymakers

Health systems leaders and policymakers should acknowledge the necessity for the financial role of government support and to ensure adequate resource allocation in LTCFs. This should include the provision of adequate funding and that the LTCFs allocate sufficient funds for staff support and essential resources, such as PPE, and ensure that it reaches LTCFs promptly and equitably. Policies prioritizing mental health support, workload management,

and resilience training for LTCF staff are important as is encouraging collaboration. By promoting a collaborative partnership-focused team, health and social care organizations can share and maximize the use of resources and best practices. It is necessary to recognize that in order to foster a supportive healthcare environment, leaders must acknowledge the role of positive media coverage and public recognition in boosting staff morale.

5.4. Future Research Directions

Future research may explore the disparities in resource allocation between rural and urban LTCFs, especially during crises such as COVID-19. More in-depth studies are needed to describe the role of leadership and organizational culture in promoting staff resilience. Detailed investigation into the impact of residents' morale on staff resilience could also be beneficial.

Building and maintaining resilience in LTCFs is a multifaceted task that requires commitment and collaboration from all stakeholders, ranging from the staff and management within the LTCFs to decision-makers, academics, and researchers at broader levels. Collective efforts across these dimensions are paramount to fostering a resilient and responsive healthcare sector, ready to face the challenges of tomorrow.

6. Conclusions

The COVID-19 pandemic impacted LTCFs across Canada. LTCF staff faced burnout and encountered numerous obstacles in carrying out their responsibilities. However, their resilience and commitment to serving vulnerable patients have drawn attention to the underlying factors that motivated them to continue despite the adversities. The resilience of LTCF staff during the COVID-19 pandemic was influenced by five key themes: the availability and provision of resources, effective leadership and management, social support networks, the impact of residents' morale, and the individual characteristics and attributes of the staff. Addressing these themes is crucial for developing targeted strategies and interventions that enhance staff resilience and well-being in LTCFs during challenging circumstances. By recognizing and supporting staff needs, LTCFs can improve overall care outcomes, promoting the well-being of both residents and staff members.

The findings from this study have practical applications for LTCF management and policymakers in northern BC. Recognizing and understanding the interplay of these themes can contribute to lower staff turnover, culminating in a stronger and more resilient healthcare system.

In conclusion, this study serves as a foundation for future research and policy development to ensure the resilience of LTCF staff and improve the overall care provided in LTCFs. It advocates for a compassionate approach to healthcare, recognizing the tireless efforts of LTCF staff in facing challenges during unprecedented times. Through fostering staff resilience, we can fortify our healthcare system and better serve our vulnerable populations, ensuring a brighter and more resilient future for LTCFs and their dedicated staff.

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References

- Walsh, M.; Semeniuk, I. Long-Term Care Connected to 79 Per Cent of COVID-19 Deaths in Canada. *The Globe and Mail*. 2020. Available online: <https://www.theglobeandmail.com/politics/article-long-term-care-connected-to-79-per-cent-of-covid-19-deaths-in-canada/> (accessed on 1 May 2024).
- Hayward, J. Outbreaks at Seniors' Homes Linked to Almost Half of COVID-19 Deaths in Canada. *The Globe and Mail*. 2020. Available online: <https://www.theglobeandmail.com/canada/article-outbreaks-at-seniors-homes-linked-to-almost-half-of-covid-19-deaths/> (accessed on 1 May 2024).
- Public Health Agency of Canada [PHAC]. Public Health Agency of Canada 2021-22 Departmental Results Report. 2021. Available online: <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/departmental-performance-reports/2021-2022.html> (accessed on 1 May 2024).
- Public Health Agency of Canada [PHAC]. Coronavirus Disease 2019 (COVID-19): Epidemiology Update. 2024. Available online: https://health-infobase.canada.ca/covid-19/current-situation.html?stat=num&measure=deaths_total&map=pt#a2 (accessed on 1 May 2024).
- Titley, H.K.; Young, S.; Savage, A.; Thorne, T.; Spiers, J.; Estabrooks, C.A. Cracks in the foundation: The experience of care aides in long-term care homes during the COVID-19 pandemic. *J. Am. Geriatr. Soc.* **2022**, *71*, 198–205. [[CrossRef](#)] [[PubMed](#)]
- Hapsari, A.P.; Ho, J.W.; Meaney, C.; Avery, L.; Hassen, N.; Jetha, A.; Lay, A.M.; Rotondi, M.; Zuberi, D.; Pinto, A. The working conditions for personal support workers in the Greater Toronto Area during the COVID-19 pandemic: A mixed-methods study. *Can. J. Public Health* **2022**, *113*, 817–833. [[CrossRef](#)] [[PubMed](#)]
- Hung, L.; Yang, S.C.; Guo, E.; Sakamoto, M.; Mann, J.; Dunn, S.; Horne, N. Staff experience of a Canadian long-term care home during a COVID-19 out-break: A qualitative study. *BMC Nurs.* **2022**, *21*, 45. [[CrossRef](#)] [[PubMed](#)]
- Watts, T.; Tucker, M.; Gray, C.; Lee, K.; Modina, K.; Gray, Z. Lessons learned in preventing COVID-19 within a skilled nursing facility during the early pandemic. *Geriatr. Nurs.* **2021**, *42*, 1388–1396. [[CrossRef](#)] [[PubMed](#)]
- Freeman, S.; Banner, D.; Chew, H.J.; Klassen-Ross, T.; Jackson, P. Assessing the impact of Covid-19 on the health and wellness of the long-term care workforce in rural and northern areas. *Innov. Aging* **2022**, *6* (Suppl. S1), 94. [[CrossRef](#)]
- Braun, V.; Clarke, V. Using thematic analysis in psychology. *Qual. Res. Psychol.* **2006**, *3*, 77–101. [[CrossRef](#)]
- Lumivero. NVivo (Version 13, 2020). 2020. Available online: www.lumivero.com (accessed on 1 May 2024).
- DePierro, J.; Katz, C.L.; Marin, D.; Feder, A.; Bevilacqua, L.; Sharma, V.; Hurtado, A.; Ripp, J.; Lim, S.; Charney, D. Mount Sinai's Center for Stress, Resilience and Personal Growth as a model for responding to the impact of COVID-19 on health care workers. *Psychiatry Res.* **2020**, *293*, 113426. [[CrossRef](#)] [[PubMed](#)]
- Anderson, J.; Ross, A.; Macrae, C.; Wiig, S. Defining adaptive capacity in healthcare: A new framework for researching resilient performance. *Appl. Ergon.* **2020**, *87*, 103111. [[CrossRef](#)] [[PubMed](#)]
- Unger, C. Introducing a Resiliency Bundle for Home Care Nurses. *Home Healthc. Now* **2022**, *40*, 202–208. [[CrossRef](#)] [[PubMed](#)]
- Lyng, H.B.; Ree, E.; Wibe, T.; Wiig, S. Healthcare leaders' use of innovative solutions to ensure resilience in healthcare during the Covid-19 pandemic: A qualitative study in Norwegian nursing homes and home care services. *BMC Health Serv. Res.* **2021**, *21*, 878. [[CrossRef](#)] [[PubMed](#)]
- Connelly, D.M.; Garnett, A.; Snobelen, N.; Guitar, N.; Flores-Sandoval, C.; Sinha, S.; Calver, J.; Pearson, D.; Smith-Carrier, T. Resilience amongst Ontario registered practical nurses in long-term care homes during COVID-19: A grounded theory study. *J. Adv. Nurs.* **2022**, *78*, 4221–4235. [[CrossRef](#)] [[PubMed](#)]
- Reinhardt, J.P.; Franzosa, E.; Mak, W.; Burack, O. In Their Own Words: The Challenges Experienced by Certified Nursing Assistants and Administrators During the COVID-19 Pandemic. *J. Appl. Gerontol.* **2022**, *41*, 1539–1546. [[CrossRef](#)] [[PubMed](#)]
- Bryant, R.A. The Relevance of the Five Elements of Resilience during the COVID-19 Pandemic. *Psychiatry* **2021**, *84*, 351–357. [[CrossRef](#)] [[PubMed](#)]
- Zadeh, M.M.; Haggerty, N. Improving long-term care services: Insights from high-reliability organizations. *Leadersh. Health Serv.* **2021**, *35*, 174–189. [[CrossRef](#)] [[PubMed](#)]
- Baughman, A.W.; Renton, M.; Wehbi, N.K.; Sheehan, E.J.; Gregorio, T.M.; Yurkofsky, M.; Levine, S.; Jackson, V.; Pu, C.T.; Lipsitz, L.A. Building community and resilience in Massachusetts nursing homes during the COVID-19 pandemic. *J. Am. Geriatr. Soc.* **2021**, *69*, 2716–2721. [[CrossRef](#)] [[PubMed](#)]

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