


Aging Services Workers in the Pandemic: Voiced Experience of Senior Center Staff and Case Workers

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Abstract

We conducted a qualitative descriptive study, using focus groups to understand the experience and perspective of the older adult service staff during both the first and second wave of the COVID-19 pandemic. Participants expressed the need for more education and training and ongoing psychosocial support, yet demonstrated sustained resiliency coping, work self-efficacy, and a deepened dedication to community residing older adult clients.

Keywords

aging services staff, resilience, focus groups, pandemic response

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Background

The pandemic necessitated the immediate shutdown of senior centers and Aging and Adult service offices and programs, requiring a rapid pivot in the delivery of services to older adults by direct care staff. Staff roles transitioned rapidly, as, to cite one example, home-delivered meals that older adult volunteers had delivered now required staff support to complete meal preparation and arrange meal pick-up procedures. Staff previously used to direct and often daily contact with older adults now worked remotely or in “no-direct contact” ways. Staff were acutely aware that they were serving vulnerable older persons in the immediate early months of the pandemic. Older adult services staff members have little to no medical training and receive little formal training in managing professional/personal boundaries. Since they are deeply integrated into the localities they serve, staff members were at risk for vicarious trauma as they address life-threatening disease and loss on an unprecedented scale.

As the pandemic progressed, gerontology researchers investigated the impact of the pandemic on older adults, citing loneliness, isolation, and lack of services as grave concerns (Giebel et al., 2021; Lebrasseur et al., 2021; Sayin Kasar & Karaman, 2021), yet little attention was paid to those working on “the front lines” to keep

services to older adults intact. In May of 2020, the National Council on Aging conducted a conference offering guidance for Senior Center Programs across the US on parameters of providing services to older adults (O’Leary & Liperini, 2020). While recommendations for staff training on hygiene, PPE use, and communicating protocols with older adults were included, no formal guidance for attending to the workforce itself was addressed in this content.

As part of a CARES Act grant, we provided information and psychosocial support to older adult service personnel, including Aging and Adult Services case managers and senior center staff within the 12 State Area Agencies on Aging, directed by the Department of Human Services-Division of Aging and Adult Services. We provided a full-day, virtual Statewide training session “Coping with Stress in the Pandemic” for all direct care staff, attended by 98 people. Our program content included compassion fatigue and self-care, team communication strategies, work-life balance, and an open-dialog on problem solving strategies

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Table 1. Focus Group Questions.

Round 1

1. Tell me why you become an Aging and Adult Services staff member?
2. What is your current motivation as an Aging and Adult Services staff member?
3. Did you have any formal training for your job?
4. What are your perceptions of the community that you work in?
5. Describe the community that you serve, what are some things about your community that you would like us to know?

Round 2

1. Does the State support you in your efforts, and if so in what ways do they support you?
2. Are there are skills that you wish you have to help you serve your community better and if so, what are some of these skills?
3. How many hours a day, week, or month do you put into your work as an Aging and Adult Services staff member?
4. Do you have enough support from the communities which you serve, if so, what are some of the supports that are provided to you?
5. What are some of the challenges you face as an Aging & Adult Services staff member?

Round 3

1. What impact has the Pandemic (COVID-19) had on your community?
2. What impact has it had on you as an Aging and Adult Services staff member?
3. Do you feel you have enough resources at your disposal to do you work? If so, what resources do have and how are they replenished?
4. What other supports are needed that is not currently available to you?

In each session

1. What is your support system outside of work?
2. How are you dealing with your stress?
3. Is there anything that you wish we have asked that we have not?
4. Is there anything you would like me to know or share with everyone here today?

for service delivery across the State services. In addition, we engaged with Aging and Adult Services leadership to design additional support in the form of curated resources that staff members could access on their own schedule, at their request, due to multiple competing demands on their time (Supplemental Appendix). Given the magnitude of the challenges facing Aging and Adult Services case managers and senior center staff, we sought to remain engaged with them to understand their professional and personal responses to the pandemic.

Methods

After offering these services and resources, we conducted focus groups with Aging and Adult Services case managers and senior center staff to assess, interpret, and evaluate the experience of staff at key inflection points during the pandemic: time interval 1; January 2021—characterized by the mounting death toll of older adults and vaccine roll out in nursing homes; time Interval 2; February 2021—characterized by vaccines becoming available for community-residing older adults; and Time interval 3; May 2021—characterized by high vaccine uptake in older adults, and a partial resumption of community services. This study was approved by the University of Utah IRB_00135870.

Sample

Case managers and senior center staff study participants who received the training and wished to join the focus

groups were consented and completed a demographic questionnaire, the Brief Resilient Coping Scale (Sinclair & Wallston, 2004), a 4-item measure designed to capture personal capacity to cope with stress, and a 16-item Self-efficacy instrument (Bandura, 1997, 2006) to assess perceived confidence with work tasks prior to each focus group. Focus groups represented different individuals in different sessions, and, for that reason, the results do not capture the changing experience of individual participants but the collective trend in changing experience across the course of the pandemic.

Design

Using feedback from our training session, we generated focus group sessions to frame our sessions (Table 1). Focus groups using semi-structured questions were conducted by the first and second author, were 60 minutes in duration, and held over HIPAA-encrypted Zoom platform. Sessions were recorded and transcribed using the Zoom enabled transcription feature. We analyzed focus group content using Descriptive Qualitative Analysis (Sandelowski, 2000, 2010). Descriptive Qualitative Analysis relies on a “data-near approach” (Sandelowski, 2010) which permitted us to accept participant accounts as given and fostered respect for the experience of staff members as narrated. Transcribed data were entered into NVivo 10 (QSR International, 2012). The first author (EO), then cross referenced the transcribed script with the audio recording. Next, EO independently evaluated the transcripts, bracketing

data based on preconceived notions. The first two authors (EO and SA) coded phrases to generate categories, these categories were then agreed upon by all the authors. Next, EO and DZ created a codebook containing the code list, usage definition, and supporting examples. After the codebook was created, EO, DZ, and KS adjudicated definitions. Statements were next scored as positively and negatively valenced representatives of the categories. In addition, EO and KS reviewed all the negative and positive valences to further explore the relationship among and between the categories. Relationships between categories were explored and yielded four themes. The authors, EO and SA cross-checked themes and related quotations reaching 95% concordance.

Results

Fifteen staff members participated in the three focus groups. Participants were predominately female, white, and ranged from 33 to 70 years of age. The convenience sample included participants representing all Utah agencies and included both rural and urban service areas. Both Resiliency Coping and Self-Efficacy in job performance, notably strong at the first assessment interval, improved across assessment intervals. Resiliency coping (range of possible scores, 4–16) Time 1: $M=15.00$ ($SD=1.00$) resilient, Time 2: $M=15.86$ ($SD=2.56$) resilient, Time 3: $M=17.86$ ($SD=3.53$) very resilient. Self-efficacy (range of possible scores 16–80) Time 1: $M=71.67$ ($SD=7.93$) high self-efficacy, Time 2: $M=70.51$ ($SD=10.61$), high self-efficacy, Time 3: $M=77.50$ ($SD=3.54$) very high self-efficacy.

The following themes were discerned which illuminated the experiences of older adult service staff during the pandemic; personal and professional resilience, passion for serving older adults, stress of not having face-to-face contact with their clients and colleagues, and work-life balance.

Personal and Professional Resilience

Some of the older adult service staff indicated that the pandemic had taught them to be resilient both personally and professionally in managing the facilities they serve. They needed to learn new ways to reliably provide needed resources creatively and often remotely to their older adult clients. In an iterative process they were able to accomplish this. One participant stated,

“Being able to find creative ways to serve the older adults during COVID has been good [for example], watching them create their own walking group in the midst of all this is great.”

One example of creative service deployment was that rapid transition from home meal delivery to a curb-side pick-up process adopted across the State and implemented by staff instead of older volunteers, while effective, this further strained staff time and resources.

Passion for Serving Older Adults

For most staff, their professional experiences, and their responsibilities taking care of their own family members appeared to be in alignment with desire to serve older clients. Several participants expressed that the pandemic re-energized their passion for working with older adults, assuming considerable responsibility this vulnerable populations. Several noted this challenge was rewarding and uplifting. As one participant voiced,

“I just feel like it’s just a gift to get to be able to help people, and I really enjoy it the connections that I’ve made; even though it’s different during COVID it’s still wonderful that you can pick up the phone or you can do a virtual call.”

Stress of Not Having Face-to-Face Contact With Their Clients and Colleagues

Understandably, staff were dealing with stress from different sources. The stress of operating programs virtually and making sure that the clients they served were getting the support they needed from the staff in the presence of rapidly changing guidance from authorities was demanding. Several participants reported high levels of stress during the peaks of COVID-19 and were worried they might see higher frequency of depression, due to social isolation in the older adults they serve.

“I recall that at the beginning of the pandemic, scientists and researchers told us that it was not an airborne disease. Now they are saying it is airborne. The inconsistency of the pandemic is stressing me.”

Participants also endorsed high levels of personal and professional stress with the ongoing changes wrought by the pandemic, and the challenge of coping with the uncertainties of daily life. This stress appeared to be episodic, and reflected changes in national, regional, and local policies.

“My biggest stress is all the mis-information we are getting both from the state and the federal government” Another participant stated, *“I know people who have lost their jobs during COVID-19, and I was afraid that was going to happen to me because we not meeting in person (at the Senior Center).”*

Work-Life Balance

Prior to the pandemic, participants had a clear delineation of responsibilities. Most participants had a typical 9 to 5 workday. Older adults’ needs were met during normal business hours and staff had the opportunity maintain boundaries between their jobs and home life. With services provided with new, often less efficient staffing patterns or virtually, the time frame for when work started and ended was frequently extended and often unpredictable for the clients as well as for older adult service staff. Many now worked 60-or more hours weekly to see that client needs were met. Often, this

eroded work-life balance, even as their challenges at home increased. Yet, over time, most found continued work satisfaction and recalibrated personal balance.

“My job changes have had an impact, so I think, for me, I do go through periods, where I am more burnt out. I don't know, I go through periods, where I'm just tired and I don't want to deal with it in the community or think about it when I get home. And then I go through other periods, where I'm very energized and I am happy to refer everyone to resources and in being a cheerleader. You know it comes and goes.”

An additional finding, noted by several participants, suggested that staff at many senior centers maintained relations with local faith-based communities and could rely on these faith-based services to check in with clients in face-to-face encounters, when aging services staff were not allowed to do so. Particularly when the agency staff were initially ramping up services and administering their programs virtually, this collaborative approach facilitated more reliable service delivery.

Discussion

The pandemic required senior centers and other aging services agencies to rapidly adjust services provided to older adults. We conducted a qualitative descriptive study to understand the experience and perspective of the older adult service staff during both the first and second wave of the COVID-19 pandemic. Overall, the study participants evidenced robust coping and work-related self-efficacy. The pandemic had both positive and negative impacts on service staff, and these experiences were similar across agency settings. Aging services staff quickly developed and utilized both personal and professional resilience to continue service delivery. They maintained a commitment to their service population despite the pandemic's toll on them personally, and the considerable loss of life among older adults. Participants reported higher levels of stress for having to navigate older adults through virtual programming, but with stated determination, made this transition creatively.

To respond effectively to those many challenges, many participants reported a need to intentionally reconnect with their original occupational passion, the reason they wanted to work with older adults in the first place. For most, this experience deepened their commitment to working with older adults.

An additional concern expressed by participants was the urban/rural divide and the frustrating perceived disparity of available resources across different communities. Notably, we found that staff training was not consistent across the state, and rural areas had limited training offerings compared to better resourced urban areas. All participants expressed the need for more education and training, psychosocial support, and a greater community awareness of their services. Overall, older adult service staff initially struggled to maintain a sustainable work-life balance, but regained composure and

confidence in successful service delivery over the pandemic trajectory, particularly as vaccine uptake increased hope of a return to normalcy.

Study Limitations and Conclusion

In this study, we have documented the experiences of older adult aging service staff during the COVID-19 pandemic, how it has disrupted their resource availability and service delivery, and their creative responses to these challenges over the course of the first two waves of the pandemic.

Limitations associated with the study merit noting. First, although zoom was chosen as the platform for the focus groups, our focus group timing made it difficult for some participants to be fully engaged, as some were attending to children and home responsibilities. We encouraged participants to eat their lunches or turn off their cameras to avoid any distractions to mitigate this, yet there were some concerns about technology access in rural locations in the early part of the study. Our second limitation is associated with the sampling of our participants from among those who attended the earlier support and education session which may have yielded a more engaged sample. Finally, our small sample size suggests that study findings cannot be generalized to a nationwide older adult service worker population.

This study has revealed a pressing need to affirm the vital role of Aging and Adult Services personnel and how essential their work is in supporting community residing older adults. Participants demonstrated effective coping and job-related self-efficacy over the course of the pandemic, affirmed their commitment to their service population and accomplished reliable service delivery. Participants expressed the need for more education and training and ongoing psychosocial support. At a broader community level, greater awareness of their service merits recognition and support.

Author Note

Findings from this project were presented at The Gerontological Society of America's 2021 Annual Scientific Meeting (Okang).

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Supplemental Material

Supplemental material for this article is available online.

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