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COVID-19 AND THE PERCEIVED STRESSORS OF AUSTRIAN LONG-TERM CARE WORKERS

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Abstract

The working conditions of long-term care workers in Austria are increasingly precarious. The Covid-19 pandemic, while having adverse effects on the whole of society, particularly impacted care workers' occupational environment and their mental and physical health. This study examines the perceived stressors of long-term care workers in Austrian nursing homes through semi-structured interviews during the second Covid-19 wave in autumn 2020. These stressors are classified into macro-, meso-, and micro-levels. The findings reveal that a range of pre-existing stressors, such as poor gratification, lack of personnel, and exhaustion became exacerbated. Other stressors like contradictory information disseminated, the usage of personal protective equipment and the rapidly declining health of clients are identified as newly emergent. The study advocates for an improvement of structural and regulatory issues along with a change in managerial practice to not only overcome the present challenges but also to facilitate a society-wide discourse going forward.

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1. Introduction

The global Covid-19[1] pandemic, ongoing since March 2020, and governmental policies aiming to contain the spread of the virus, present not only a challenge for the economy (Bagchi et al., 2020) but also individuals' lives. Adverse effects on the mental health of the general population (Schnell & Krampe, 2020) and that of health care workers, in particular, have been reported, entailing calls for efforts to mitigate these effects (Fallon et al., 2020; Greenberg et al., 2020; Holmes et al., 2020; Wu et al., 2020).

Most of the related academic articles published thus far deal with health care workers in hospitals and apply quantitative methods only (see for example Almater et al., 2020; Espedido & Searle, 2020; Kramer et al., 2020). Regarding long-term care (LTC), the focus has been on residents of nursing homes rather than care workers (see for example Bethell et al., 2020) and, to the best of our knowledge, there has not yet been a study on the mental well-being of LTC workers[2] during the pandemic, especially not in an Austrian context. Hence, we aim to address this gap in literature by focusing on the mental well-being of LTC workers in Austrian nursing homes[3]. We aim to do so by answering the following research question: *what stressors do long-term care workers in Austrian nursing homes perceive during the Covid-19 pandemic?*

For this purpose, we conducted six qualitative interviews with LTC workers in Austrian nursing homes, during the second lockdown in Austria in November 2020. Our approach does not only address the lack of qualitative research in the field. Applying explorative methods is also relevant and fitting as we find ourselves in an unprecedented situation with issues just emerging (Green & Thorogood, 2004).

The rest of the paper is structured as follows. In the next section, the current state of the literature is examined. Then, the method which was used to arrive at the subsequently presented findings of our research is explained. After discussing these findings, we end the paper with concluding remarks.

2. Current State of Literature

We structure the review along the lines of stressors and stress appraisal models found in the existent body of literature. In particular, we draw on Höhmann et al.'s (2016) division of stressors into macro-, meso-, and micro-levels that help us to systematically understand the different layers at which stressors may be perceived by LTC workers[4]. In this categorization, the micro-level involves interpersonal relations and socio-psychological dimensions. The meso-level applies to organisational and techno-material levels while the macro-level includes socio-political and cultural facets (Höhmann et al., 2016, p. 74). This division into three levels

[1] The coronavirus disease referred to as Covid-19 throughout this article is an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Holmes et al., 2020).
[2] The term "LTC workers" refers to those formally employed in LTC facilities, such as nursing homes, and have undergone vocational training to become nurses, nursing assistants ("Pflegeassistent*in" or "Pflegefachassistent*in").
[3] We define nursing homes as "residential LTC facilities [which] offer 24-hour on-site housing and health care services to the elderly" (Squires et al., 2015, p. 1).
[4] See appendix A.

is, of course, an idealised model of reality as 'unicategorical' stressors which only affect one specific level are rather rare. The stressors are in complex relations, partially influencing one another and can thus oftentimes be considered to impact more than one level.

To understand the existent stressors LTC workers perceive, we first examine the working conditions in this field, as well as the LTC workers' position within society. Secondly, the state of the general population, which the workers are not only part of but also work with, is considered as we examine the impact of Covid-19 on mental health in general populations. Finally, we give an overview of the impact the pandemic had on the health care sector, thus accounting for stressors perceived specifically during the pandemic.

2.1 Working conditions in long term care

This section explicates the predominant stressors that can be found in the LTC sector to better embed the possible implications of Covid-19. In this context, stressors can be understood as "the forces acting on us that constitute either threats to or demands on our current life and that are located in our social environments" (Wheaton & Montazer, 2010, p. 171).

Care workers have to face a multiplicity of micro-, meso-, and macro-stressors: high psychological and physical demands, prevalent emotional strain due to the experience of death and disease or hard-to-handle residents and relatives, increasing administrative burdens, etc. (Zimber, 2011). Based on German health insurance data, it was found that in relation to all other sectors, health care workers on a micro-level are more often on sick leave, show longer recovery periods and are more often plagued by skeletal and muscular as well as psychological diseases. They are also more likely to contract respiratory and pulmonary infections than other occupations. Among all types of health care workers, those who are employed in old age care exhibit the highest rate of sick leave (Drupp & Meyer, 2019). For these and the above reasons, poor employee retention and thus turnover in the care sector is particularly rampant (Christiansen & Meyer, 2019).

It is exactly due to the above-average strain in the care work sector that recruitment and retention rates remain below the necessary threshold to deal with further challenges: recent trends show that the care sector will need to increase its workforce significantly (see for projections in Germany Schwinger et al., 2019). Already today there is a global shortage of professional care workers. This macro-stressor will only be exacerbated through demographic changes (Bonin, 2019; Kirby & Siplon, 2012). These occupational demands and risks do not only emerge statistically but also become apparent in a variety of (mostly quantitative) surveys about the perception of strains in the health and long-term care occupation. Schmucker (2019) identified that among all job sectors, health care workers' assessments of working conditions are consistently more negative than that of the average. Little time for many demanding tasks is a daily constant in the care sector. These conditions lead to reduced time that can be spent with patients and decreases the quality of care (Schmucker, 2019).

In addition to high physical labour demands, 'emotional' work emerges as particularly strenuous in the elderly care sector. This means that workers perceive that they must exert self-control over their emotional responses when interacting with clients. Zimber (2011) notes that "40 per cent of employees in inpatient care for the elderly have critical values for emotional

exhaustion" (p. 307), an important precursor to burnout (Brause et al., 2015; see also below). Coupled with this are generally high levels of job dissatisfaction (Zimber, 2011) and pessimistic outlooks for the future. A survey shows that in 2019, about 70% of workers in elderly care facilities in Germany do not believe that they will be able to execute their jobs until the age of retirement (Schmucker, 2019).

Meso-level stressors such as irregular working hours with day and night shifts are a key characteristic of care work. Besides negative health effects of shift work such as poor sleep quality, anxiety and depression as well as increased risks to develop cardiovascular and gastro-intestinal issues (Harrington, 2001), care work hours tend to collide with social and personal activities.

Moreover, surveys show that workers in the care sector, particularly in elderly care, think that their pay does not correspond fairly to their performed work, which represents a macro-stressor. Furthermore, there is relatively little social prestige associated with care work, which leads Schmucker (2019) to identify a crisis of gratification (see for example Siegrist, 2016).

Finally, the above burdens have led to an increase in burnout diagnoses (Meyer, 2011). Nienhaus et al. (2012) look specifically at the burnout rate in LTC facilities. Besides an increase in sick leave, the prevalence of burnout further promotes intentions to change employment, promoting the shortage of care staff and creates disincentives for prospective care workers (Zimber, 2011). Brause et al. (2015) identify important influencing factors such as occupational stressors, family-work conflicts as well as the quality of leadership capital. This shows that micro-level stressors like burnout interact with meso- and macro-level stressors.

2.2 Impact of Covid-19 on mental health of the general population

Although the scholarship cannot yet understand the impact of Covid-19 on mental health in its full scope, studies focusing on the micro-level stressors and the general population have already shown increased levels of anxiety, depression, stress (Holmes et al., 2020), and insomnia (Lai et al., 2020) associated with social distancing and isolating. Additionally, individuals potentially face "psychosocial risks (such as social disconnection [and] lack of meaning)" (Holmes et al., 2020, p. 548), resulting in the abuse of alcohol, self-harm or suicide. Assessing the crisis of meaning in life, lack of satisfaction, happiness and self-esteem, Schnell and Krampe (2020) establish that "the magnitude of mental health burden caused by the Covid-19 pandemic is comparable to the burden of previous epidemics and of traumatic life events" (p. 3).

Individuals with pre-existing mental health issues are especially vulnerable and will potentially experience a worsening condition, not least due to the increased difficulty to reach mental health support and services (Holmes et al., 2020). LTC workers likely belong to this group due to the nature of their employment (see section 2.1). Moreover, the closure of schools and the resulting lack of childcare are macro-level stressors relevant to our study, as home-office is not an option for LTC workers with children, who could thus be exposed to a higher risk of family-to-work spillover.

Lastly, a study on the socio-economic and psychological impacts of the first lockdown[5] on Austrian citizens was conducted by Pieh at al. (2020), who found that women in particular were burdened. This finding is relevant for our study, as women are overrepresented in the field of long-term care.

2.3 Impact of Covid-19 in the health care sector

Turning to the pandemics' effects on LTC workers on the micro-level, an increase in their overall stress levels has been reported (Kramer et al., 2020). Additionally, stress from non-performance when a patient dies in the emergency/intensive care unit (Thompson, 2020), loss of motivation and depression (Zaki et al., 2020), and burnout (Taylor, 2020) have been identified. These findings point towards an exacerbation of existing stressors.

Positive consequences of the pandemic have been described by Sun et al. (2020), who found nurses reporting positive experiences such as growth under pressure, entailing increased affection and gratefulness, development of professional responsibility, and self-reflection. However, Greenberg et al. (2020) point out that "[w]hether someone develops a psychological injury or experiences psychological growth is likely to be influenced by the way that they are supported before, during, and after a challenging incident" (p. 1). They warn that inadequate protection of health care personnel's mental health may lead to moral injury, a term referring to psychological distress caused by actions (or lack thereof) which violate a person's "assumptions and beliefs about right and wrong and personal goodness" (Litz et al., 2009, p. 698). Here, the interdependence of stressors and their respective management on micro and meso-levels becomes visible quite clearly: Greenberg et al. (2020) demand healthcare managers to proactively protect health care workers' well-being, the outcome of which, in turn, "trickles down" to the micro-level.

Another link between the micro and meso-level reported by primary healthcare nurses is experienced insecurity, partly due to insufficient availability of protective equipment and information (meso-level), setting themselves at risk of infection (risk perceived at micro-level, Bhagavathula et al., 2020; Halcomb et al., 2020). The problem of insufficient information about the virus' transmission is to be located at the meso-level and was reported in an Asian context when the virus first broke out (Bhagavathula et al., 2020). However, a German study concluded that the majority of health care workers felt rather well-informed about the virus by their superiors or employers (Kramer et al., 2020).

Concerning the macro-level, health care personnel perceives the quality of healthcare to have decreased compared to the time before the pandemic (Halcomb et al., 2020) This perception has been corroborated in empirical studies (Coma et al., 2020) and was also addressed by the care workers who participated in the present study. Before turning to this and other results, the next section will explain the methods we applied.

[5] The study assessed the impact of the four weeks of restrictions imposed by the Austrian government on March 16th, 2020.

3. Methods

We studied the perceived stressors of Austrian LTC workers using a qualitative method of inquiry. This approach has been chosen due to its suitability in health care research and for its ability to assess an individual's experiences and thought processes. Pope and Mays (2020) describe qualitative research as "an interpretative approach to data collection and analysis that is concerned with the meanings people attach to their experiences of the social world and how people make sense of that world" (p. 2). With such a method one can gain rich and profound insights into the "life and behaviours inside health care settings" (Pope & Mays, 2020, p. 5), such as on the thought processes and relationships of the practitioners, the organization within the system, as well as its connection to the outside world in terms of regulations, funding and provision of services.

3.1 Data collection

The data was collected through semi-structured interviews with six respondents. The interviews were conducted and analysed in German. Interviewees 2, 5 and 6 identified as male and were 45, 49 and 29 years of age. Interviewees 1, 3, and 4 identified as female, being 44, 34, and 31 years old. They all held a job as a care assistant and worked in retirement homes in Vienna in a non-profit facility (Interviewee 4) and in Carinthia in private facilities (Interviewees 1, 2, 3, 5, 6). All but one of the interviewees had a working experience of over ten years in the same retirement home. Interviewees 3 and 6 experienced a Covid-19 case in their care home.

A saturation of interviews could not be reached due to present time-constraints. Initially, we tried to reach interviewees via contacting both *Vida* (Austrian union of LTC workers) as well as management executives of nursing homes. However, this attempt was unsuccessful due to the facilities' limited capacities. Thus, we decided to approach LTC workers directly via social media groups[6] for care workers in Austria and Europe in November 2020. After conducting the first interviews, snowballing was used to identify further potential interviewees.

The interview guide was inspired by stressors we found in stress-appraisal model literature. The guide was supplemented using concept cards, a method of feminist researchers. A concept card provides visual clues for a "respondent-driven, yet bounded, discussion" (Mirchandani et al., 2016), the interview is thus both guided and open-ended. In our study, we wrote simple sentences on each 'card'[7] and asked the respondents if they identify with the presented statement and/or would like to add anything. This method allowed us to connect the interviewees' individual experiences with our research interests in a natural way.

3.2 Data analysis

The chosen approach to the analysis of the collected data is thematic content analysis (TCA), deemed particularly suitable for health care research (Green & Thorogood, 2004; Pope & Mays, 2020) as well as for exploratory research, which is the case of our study, as the implications and effects of the pandemic are still unfolding. TCA systematically categorizes the accounts of respondents and consists of "a comparative process, by which the various accounts

[6] We reached out in the following Facebook groups: Netzwerk Pflege und Sozialberufe!, Connected nurses - Pflegekräfte Europas vereinigt euch; Pflegefachassistenz Österreich.
[7] As the interviews took place via video conference, the concept cards were a page in a PDF shown to the interviewee via screensharing. See appendix C.

gathered are compared with each other to classify those 'themes' that re-cur or are common in the data set" (Green & Thorogood, 2004, p. 177). The themes can be inferred deductively, i.e. developed from theory, literature and the process of data collection prior to analysis (Mayring, 2014). Additionally, new themes are likely to emerge from the data analysis.

4. Results

The identified themes were sorted into two broad categories: "exacerbated stressors" and "newly emergent stressors". These categories were then split up according to the three-level scheme by Höhmann et al. (2016). Table 1 provides an overview of how the recurring sub-themes in the interview have been categorized.

Table 1

Overview of themes assigned to two broad categories, divided into micro-, meso-, and macro-level (source: own data; following scheme by Höhmann et al., 2016)

	Stressors	
Levels	**Exacerbated**	**Newly Emergent**
Macro	○ Gratification	○ Public attention ○ Public information dissemination ○ Government measures
Meso	○ Lack of personnel ○ Time constraints ○ Professional contact to external institutions ○ Management style and quality ○ Counselling	○ Usage of personal protective equipment ○ Additional work tasks ○ Mitigation and avoidance strategies: ○ Operational information dissemination ○ Change of working time ○ Fewer workers per shift
Micro	○ Conflicts with personal life ○ Exhaustion ○ Interpersonal relations	○ Perception/Health of clients ○ Perception of co-workers ○ Perceived risks

4.1 Stressors perceived on a macro-level

When analysing the macro-level stressors, such as economic aspects, social recognition and governmental interventions, the interviewees spoke in detail about the theme of (non)monetary gratification from the side of the government and the company management, which has been exacerbated by the ongoing pandemic ("One would expect that during Corona it would be better, but it is not" – Interview 1)[8]. The interviewees spoke about the lack of sufficient financial compensation for the physically strenuous labour which has been even more difficult under the

[8] All quotes are the authors' own translations.

special circumstances of the pandemic. Interviewee 6 suggested a risk bonus which would reflect the current work conditions and the possible long-term effects of the prolonged mask-wearing. Notably, the interviewees received the government-issued Corona bonus of 500 euros, though it was deemed as insufficient due to its one-off quality. While verbal recognition of their work and value makes their jobs easier in general, the interviewees noted that the enhanced expression of gratitude in the form of thankful emails from the management was inconsequential ("Such praise has no value to me" – Interview 3). The company-funded meals some interviewees received during night shifts in the second wave were soon stopped, further enhancing the need for financial support directly for the workers.

Closely tied to this stressor is public attention, a stressor which emerged during the pandemic. The heightened appreciation of the public for care workers (e.g., clapping every evening) was not received well by the interviewees. For some, it was a welcomed change during the first wave, which however soured as it faded away and the workers felt they were again perceived as 'uneducated arse-wipers' (Interview 4). For others, the act felt like an inconsequential annoying placation, as there was no actual change implemented. Interviewee 2 remarked that such public support would be needed more during the collective agreement negotiations.

The handling of the pandemic by the government was perceived as another newly emergent stressor. Besides the aforementioned Corona bonus, the interviewees evaluated the government measures as chaotic and constantly changing. While interviewee 4 deemed the governmental action as satisfactory, she also recognized her view would likely be different had she not retained her job. Two measures in particular generated stress, namely the extended shifts and the measure to continue to work if one has tested positive. The pandemic has allowed the government to temporarily override work-time regulations, resulting in the implementation of the 12-hour-long shifts. Additionally, those workers that tested Covid-positive were asked to still come to work, which was perceived as unwise and unsafe for all in the nursing homes, as well as the families of the workers. Interviewee 2 described a feeling of being left alone and unsupported by the government.

The last theme that emerged on the macro-level during the pandemic was the information dissemination from the government through the management to the workers. As indicated above, the communication from the government's side was evaluated as generally poor, sometimes contradictory, and overwhelming. This led to a feeling of uncertainty due to the ambiguity of the communicated information. While this has improved over the course of the pandemic when new restrictions were communicated daily, interviewee 2 and 3 both expressed that the sometimes-contradictory information led them to question how much the government knows about the virus.

Overall, the exacerbated and newly emergent stressors mentioned explicate the intricate interwovenness of the stressors. The confusing governmental communication during the pandemic reinforced the feeling of being left to one's own devices rather than receiving help from the government. This also led to an exasperation with the public's well-intended show of affection as brought up by Interviewee 2 – the public should have supported the sector during their negotiations with the government, now it was of little consequence.

4.2 Stressors perceived on a meso-level

The interviewees reported that already before the pandemic, an excessive number of tasks left little time to perform them well, which worsened during the pandemic. The staff shortage both in care and administration is especially striking in moments of client emergencies. This frequently leads to the stagnation of work processes with workers having to perform tasks that are not part of their responsibility.

The interviewees disclosed that there is a general lack of psychological counselling in their facilities. The little psycho-social support available before was cancelled indefinitely during the pandemic. This is perceived as harmful by interviewees 1 and 2. Furthermore, interviewees 3 and 6 stated that not they themselves but their colleagues had benefitted from counselling. The cancellation thus adds to a prevalent worker-management resentment. The interviewees reported that board decisions are often incomprehensible and untransparent. The strained relation to executive staff is apparent in the perceived lack of recognition of work efforts and results, the valuation of financial assets over workers' needs as well as the perceived impossibility of influencing personnel and work process decisions. Interviewee 2 stated that "there are no more regulations regarding the number of workers per shift, that is all lifted [because of Covid-19]. Management can do what they want with us".

Finally, the communication with external actors such as hospitals is generally poor, with care workers having little or no knowledge about a newly released client's health. Most facilities do not have in-house medical personnel but rather receive visits from general practitioners. These visits became increasingly sporadic and superficial during the pandemic, adversely affecting clients' wellbeing: "now some doctors don't even come into the home anymore. They only call on the phone" (Interview 5). This also eroded workers' trust in medical professionals to take their clients' health seriously.

Covid-19 mitigation and avoidance strategies are considered as newly emergent stressors. These measures include the deliberate reduction of workers per shift to have a 'back-up plan' in case the workers contract the virus. Additionally, the shift duration has been increased to 12 hours. The entangled nature of these newly emergent and the exacerbated stressor "time constraint" is important to emphasize: with an actively reduced workforce, workers are under pressure to care for more clients in the same limited timeframe, as longer shifts do not entail more time per task.

Further avoidance strategies included an enhanced flow of information pertaining to the virus and hygiene procedures. This information dissemination strategy creates additional tasks in the form of filing complementary non-client related paperwork and leaves workers confused when contradictory regulations are in effect ("It is sometimes very contradictory, sometimes I really wonder what is definitely necessary" – Interview 3). Other mitigation strategies include weekly antigen testing, the closure of common rooms and separation of house tracts, and the isolation of clients. As families of clients are not allowed to enter the facilities during a lockdown, connecting clients with their families online and acting as the only live conversationist emerged as additional tasks.

Having to wear personal protective equipment (PPE) was reported to be greatly aggravating. At the beginning of the crisis, PPE was scarce and less protective. At first, surgical masks were used, by October 2020 FFP2 masks were mandatory. The masks must be worn throughout the 12-hour shift, excluding short breaks. The interviewees reported sore spots behind the ears and on the nose due to the long exposure to the mask. Further, depending on the infection status in the home, single-use gloves, aprons, as well as protective goggles, caps and coats, must be worn. Problems with breathing, excessive sweating and overall discomfort are the consequences. The additional time that is needed to don PPE also takes away from the time that is spent taking care of the client, further aggravating time constraint stressors.

4.3 Stressors perceived on a micro-level

The category of interpersonal relationships was one of the main themes on the micro-level. Here, the co-operation with the superiors was characterized by a feeling that the workers' well-being did not matter to the executive staff already before the pandemic.

Conversely, the interaction of workers and residents has become more of a challenge during the pandemic. Especially in case of residents with dementia, aggressive behaviour, including physical violence (e.g., hitting and spitting) against workers has increased because of their not understanding the situation (e.g., why families were not allowed to visit). Yet, the lockdown seems to have had a twofold effect regarding the relation to the residents' families. On the one hand, the workers did not have to tend to the families' questions anymore, freeing up time in their absence. On the other hand, in cases where family members helped taking care of residents, time was deducted. Regarding the relationships and co-operation among the workers, the interviewees reported that the separation into teams (e.g., per floor) led to tensions between these teams before the pandemic already. The segregation of house tracts further exacerbated these tensions during the pandemic. However, the intra-team co-operation was reported to be good to very good.

Related to this is the theme 'exhaustion', which had been of substantial importance before the pandemic already. Here, the introduction of the 12-hour shifts seems to have exacerbated the situation, both physically and mentally ("I almost only work 12-hour shifts or late shifts until 9 pm. So, when I go home, I'm dead" – Interview 5). The need to wear an FFP2 mask added to this. However, this fatigue was sometimes also perceived as a feature the workers shared and thus bonded over, resulting in colleagues "pushing each other" (Interview 1) to keep going despite the adverse working environment.

Conflicts with personal life have been of relevance both before and during the pandemic. Given the increased fatigue after a 12-hour shift, interviewee 1 stated to not have had the time to maintain relationships outside of work, partially stating that one "loses one's circle of friends" or does not see their children very often.

Regarding stressors that are strictly related to Covid-19, the perception and health of their clients was a recurring theme for all the interviewees. It depicts, on the one hand, the circumstance of residents' mental health suffering from not seeing their families, entailing further difficulties and emotional burden for the caregivers. On the other hand, due to exacerbated time constraints, the care workers must decide between e.g., washing the residents or mobilising

them, often leading to a lower prioritisation of mobilisation, which is assumed to cause problems in the long run ("[…] the general condition has deteriorated, but now, the recovery, building them up again, that is now the be-all and end-all. That's even more difficult" – Interview 3).

The interviewees differed in their answers regarding their perception of risk. Some mentioned that due to the need to wear PPE at work, they feel more at risk of infection outside of work. Others felt to be more at risk at work, resulting from a lack of energy to engage in any leisure activities after a shift. Furthermore, some of the interviewees stated fear of infecting residents, having to 'deal with this for [their] entire life' (Interview 1) on their own in case of a lethal course of the disease.

5. Discussion & Conclusion

> "You can no longer provide care the way you want to, there's a point where you say your own psyche suffers because I'm no longer satisfied with the way I do my job."
>
> – Interviewee 6

We were able to identify a majority of the stressors outlined by Höhmann et al. (2016). It is important to reiterate that the division of stressors into macro, meso, and micro tiers is an artificially imposed framework which does not depict reality. One of the main, overarching findings is the interwoven quality of the stressors, the impact of which trickles up and down the levels. However, the framework proved useful as a guiding tool which helped us disentangle the convoluted stressors and their consequences.

Regarding the stressors on the micro-level, we were able to identify all stressors apart from psychosomatic complaints and burnout which were not brought up explicitly during the interviews. However, the findings sorted into the category 'exhaustion' point in this direction and are a cause for concern. The other micro-level stressors Höhmann et al. (2016) state were exacerbated by Covid-19. Furthermore, we were able to confirm the exacerbation of overall stress levels reported by Kramer et al. (2020) as well as a loss of motivation (Zaki et al., 2020). Loss of motivation is an example of the interwovenness of stressors, for which poor facility management is among the main causes. The workers feel left alone by their executives (as well as by the government) – a circumstance that needs to be changed if the mental health of workers is to be protected. Our findings show that LTC workers are not at all content with the way the current system forces them to do their jobs providing evidence for a possible or existing moral injury (see quote above and Greenberg et al., 2020). Thus, we reiterate the authors' call for management to acknowledge their responsibility when it comes to protecting their workforce.

Unsurprisingly, the staff shortage as described in Bonin (2019) was found as a pre-existing meso-stressor. The pandemic and subsequent government and management decisions further exacerbated this dynamic, which in turn feeds into the increase of other stressors like time constraints, exhaustion, and quality of care. The dominance of 'unsocial hours' (Schmucker, 2019) in care has also been aggravated.

Furthermore, we identified stressors that are of specific relevance in the context of the pandemic. A new stressor is an increased feeling of insecurity (see Bhagavathula et al., 2020; Halcomb et al., 2020), stemming partly from insufficient availability of protective equipment (at the beginning of the pandemic) and enough, but often overwhelming and contradictory information (Kramer et al., 2020). Information management is important in relation to risk perception by care personnel. This depicts the link between all three stressor levels, exemplifying the complexity of the topic.

On the macro level, our findings of often insufficient gratification were corroborated by Schmucker (2019) and Siegrist (2016), who identified a poor social image associated with care work and a crisis of monetary and social gratification perceived by the workers, respectively. These findings provided further explanations to Zimber's (2011) assessment about high levels of job dissatisfaction in this field.

However, since the situation is still evolving and new findings are published daily, a lot of the research conducted so far is to be treated with caution. This applies to our study as well as to studies that we drew on in the literature review. Our examination, both limited by time and in space, is a valuable exploration of the pandemic's disastrous impacts on care personnel. Nevertheless, we are aware of the self-selection bias present in our study, coupled with the relatively small sample overall. Future research thus ought to expand the focus to all employees in a larger variety of care institutions to better grasp the extent and depth of this crisis.

Contrary to Sun et al. (2020), we did not find any evidence of positive effects of the pandemic, such as personal growth under pressure. Solely the strengthening of the personal relations among co-workers was mentioned by the interviewees to have partially improved by the pandemic. However, due to the exclusive nature of this improvement (only among workers on the same team), its positive impact is rather limited.

The literature and our results show that care workers are confronted with a highly demanding work environment full of diverse pressures, demands and challenges. Greenberg et al. (2020) demand the proactive protection of health care workers by managers who have decision-making power over stressors on the meso-level. For example, participatory and integrative occupational health management can address issues on such an organisational level. Nonetheless, the myriad of stressors cannot be easily addressed with any single measure. The systemic and structural problems in the care sector must be met with the political determination to regulate and the public willingness to open a dialogue to improve care workers' social standing and importance.

References

Almater, A., Tobaigy, M., Younis, A., Alaqeel, M., & Abouammoh, M. (2020). Effect of 2019 coronavirus pandemic on ophthalmologists practicing in Saudi Arabia: A psychological health assessment. *Middle East African Journal of Ophthalmology*, *27*(2), 79–85. https://doi.org/10.4103/meajo.MEAJO_220_20

Bagchi, B., Chatterjee, S., Ghosh, R., & Dandapat, D. (2020). Pandemics and Economic Crisis. In *Coronavirus Outbreak and the Great Lockdown: Impact on Oil Prices and Major Stock Markets Across the Globe* (pp. 5–14). Springer Singapore. https://doi.org/10.1007/978-981-15-7782-6_2

Bethell, J., Aelick, K., Babineau, J., Bretzlaff, M., Edwards, C., Gibson, J.-L., Colborne, D. H., Iaboni, A., Lender, D., Schon, D., & McGilton, K. (2020). Social connection in long-term care homes: A scoping review of published research on the mental health impacts and potential strategies during COVID-19. *Journal of the American Medical Directors Association*, 1–10. https://doi.org/10.1016/j.jamda.2020.11.025

Bhagavathula, A. S., Aldhaleei, W. A., Rahmani, J., Mahabadi, M. A., & Bandari, D. K. (2020). Knowledge and Perceptions of COVID-19 Among Health Care Workers: Cross-Sectional Study. *JMIR Public Health and Surveillance*, *6*(2). https://doi.org/10.2196/19160

Bonin, H. (2019). Fachkräftemangel in der Gesamtperspektive. In K. Jacobs, A. Kuhlmey, S. Greß, J. Klauber, & A. Schwinger (Eds.), *Pflege-Report 2019: Mehr Personal in der Langzeitpflege—Aber woher?* (pp. 61–69). Springer Berlin Heidelberg. https://doi.org/10.1007/978-3-662-58935-9

Brause, M., Kleina, T., Horn, A., & Schaeffer, D. (2015). Burnout-Risiko in der stationären Langzeitversorgung: Ressourcen und Belastungen von Pflege- und Betreuungskräften. *Prävention und Gesundheitsförderung*, *10*(1), 41–48. https://doi.org/10.1007/s11553-014-0469-7

Christiansen, M., & Meyer, M. (2019). Arbeitsorganisation und Führungskultur. In K. Jacobs, A. Kuhlmey, S. Greß, J. Klauber, & A. Schwinger (Eds.), *Pflege-Report 2019: Mehr Personal in der Langzeitpflege—Aber woher?* (pp. 123–133). Springer Berlin Heidelberg. https://doi.org/10.1007/978-3-662-58935-9

Coma, E., Mora, N., Méndez, L., Benítez, M., Hermosilla, E., Fàbregas, M., Fina, F., Mercadé, A., Flayeh, S., Guiriguet, C., Balló, E., Martinez Leon, N., Mas, A., Sílvia, C., Lejardi, Y., & Medina, M. (2020). Primary care in the time of COVID-19: Monitoring the effect of the pandemic and the lockdown measures on 34 quality of care indicators calculated for 288 primary care practices covering about 6 million people in Catalonia. *BMC Family Practice*, *21*(208).

Drupp, M., & Meyer, M. (2019). Belastungen und Arbeitsbedingungen bei Pflegeberufen – Arbeitsunfähigkeitsdaten und ihre Nutzung im Rahmen eines Betrieblichen Gesundheitsmanagements. In K. Jacobs, A. Kuhlmey, S. Greß, J. Klauber, & A. Schwinger (Eds.), *Pflege-Report 2019: Mehr Personal in der Langzeitpflege—Aber woher?* (pp. 23–45). Springer Berlin Heidelberg. https://doi.org/10.1007/978-3-662-58935-9

Espedido, A., & Searle, B. J. (2020). Proactivity, stress appraisals, and problem-solving: A cross-level moderated mediation model. *Work & Stress*, 1–21. https://doi.org/10.1080/02678373.2020.1767723

Fallon, A., Dukelow, T., Kennelly, S. P., & O'Neill, D. (2020). COVID-19 in nursing homes. *QJM: An International Journal of Medicine*, *113*(6), 391–392. https://doi.org/10.1093/qjmed/hcaa136

Green, J., & Thorogood, N. (2004). *Qualitative methods for health research*. SAGE Publications.

Greenberg, N., Docherty, M., Gnanapragasam, S., & Wessely, S. (2020). Managing mental health challenges faced by healthcare workers during covid-19 pandemic. *BMJ*. https://doi.org/10.1136/bmj.m1211

Halcomb, E., McInnes, S., Williams, A., Ashley, C., James, S., Fernandez, R., Stephen, C., & Calma, K. (2020). The Experiences of Primary Healthcare Nurses During the COVID-19 Pandemic in Australia. *Journal of Nursing Scholarship; Indianapolis*, *52*(5), 553–563. http://dx.doi.org/10.1111/jnu.12589

Harrington, J. M. (2001). Health effects of shift work and extended hours of work. *Occupational and Environmental Medicine*, *58*(1), 68–72. https://doi.org/10.1136/oem.58.1.68

Höhmann, U., Lautenschläger, M., & Schwarz, L. (2016). Belastungen im Pflegeberuf: Bedingungsfaktoren, Folgen und Desiderate. In K. Jacobs, A. Kuhlmey, S. Greß, J. Klauber, & A. Schwinger (Eds.), *Pflege-Report 2016: Schwerpunkt: Die Pflegenden im Fokus* (pp. 73–82). Schattauer.

Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., Ballard, C., Christensen, H., Cohen Silver, R., Everall, I., Ford, T., John, A., Kabir, T., King, K., Madan, I., Michie, S., Przybylski, A. K., Shafran, R., Sweeney, A., … Bullmore, E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: A call for action for mental health science. *The Lancet Psychiatry*, *7*(6), 547–560. https://doi.org/10.1016/S2215-0366(20)30168-1

Kirby, K. E., & Siplon, P. (2012). Push, Pull, and Reverse: Self-Interest, Responsibility, and the Global Health Care Worker Shortage. *Health Care Analysis*, *20*(2), 152–176. https://doi.org/10.1007/s10728-011-0178-8

Kramer, V., Papazova, I., Thoma, A., Kunz, M., Falkai, P., Schneider-Axmann, T., Hierundar, A., Wagner, E., & Hasan, A. (2020). Subjective burden and perspectives of German

healthcare workers during the COVID-19 pandemic. *European Archives of Psychiatry and Clinical Neuroscience*. https://doi.org/10.1007/s00406-020-01183-2

Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., Wu, J., Du, H., Chen, T., Li, R., Tan, H., Kang, L., Yao, L., Huang, M., Wang, H., Wang, G., Liu, Z., & Hu, S. (2020). Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019. *JAMA Network Open*, *3*(3). https://doi.org/10.1001/jamanetworkopen.2020.3976

Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review*, *29*(8), 695–706. https://doi.org/10.1016/j.cpr.2009.07.003

Mayring, P. (2014). *Qualitative Content Analysis. Theoretical Foundation, Basic Procedures and Software Solution*.

Meyer, M. (2011). Burn-out trifft vor allem Menschen in helfenden Berufen. *Wissenschaftlichen Instituts der AOK*, *11*(2), 5–6.

Mirchandani, K., Vosko, L. F., Soni-Sinha, U., Perry, J. A., Noack, A. M., Hall, R. J., & Gellatly, M. (2016). Methodological K/nots: Designing Research on the Enforcement of Labor Standards. *Journal of Mixed Methods Research*, *12*(2), 133–147. https://doi.org/10.1177/1558689816651793

Nienhaus, A., Westermann, C., & Kuhnert, S. (2012). Burn-out bei Beschäftigten in der stationären Altenpflege und in der Geriatrie: Ein Review zur Prävalenz. *Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz*, *55*(2), 211–222. https://doi.org/10.1007/s00103-011-1407-x

Pieh, C., Budimir, S., & Probst, T. (2020). The effect of age, gender, income, work, and physical activity on mental health during coronavirus disease (COVID-19) lockdown in Austria.

Journal of Psychosomatic Research, *136*, 1–9. https://doi.org/10.1016/j.jpsychores.2020.110186

Pope, C., & Mays, N. (Eds.). (2020). *Qualitative research in health care* (Fourth edition). Wiley-Blackwell.

Schmucker, R. (2019). Arbeitsbedingungen in Pflegeberufen: Ergebnisse einer Sonderauswertung der Beschäftigtenbefragung zum DGB-Index Gute Arbeit. In K. Jacobs, A. Kuhlmey, S. Greß, J. Klauber, & A. Schwinger (Eds.), *Pflege-Report 2019: Mehr Personal in der Langzeitpflege—Aber woher?* (pp. 49–60). Springer Berlin Heidelberg. https://doi.org/10.1007/978-3-662-58935-9

Schnell, T., & Krampe, H. (2020). Meaning in Life and Self-Control Buffer Stress in Times of COVID-19: Moderating and Mediating Effects With Regard to Mental Distress. *Frontiers in Psychiatry*, *11*, 1–16. https://doi.org/10.3389/fpsyt.2020.582352

Schwinger, A., Klauber, J., & Tsiasioti, C. (2019). Pflegepersonal heute und morgen. In K. Jacobs, A. Kuhlmey, S. Greß, J. Klauber, & A. Schwinger (Eds.), *Pflege-Report 2019: Mehr Personal in der Langzeitpflege—Aber woher?* (pp. 3–22). Springer Berlin Heidelberg. https://doi.org/10.1007/978-3-662-58935-9

Siegrist, J. (2016). Soziale Stressoren und stressbedingte Erkrankungen. In R. Fuchs & M. Gerber (Eds.), *Handbuch Stressregulation und Sport* (pp. 1–17). Springer Berlin Heidelberg. https://doi.org/10.1007/978-3-662-49411-0_4-1

Squires, J. E., Hoben, M., Linklater, S., Carleton, H. L., Graham, N., & Estabrooks, C. A. (2015). Job Satisfaction among Care Aides in Residential Long-Term Care: A Systematic Review of Contributing Factors, Both Individual and Organizational. *Nursing Research and Practice*, *2015*, 1–24. https://doi.org/10.1155/2015/157924

Sun, N., Wei, L., Shi, S., Jiao, D., Song, R., Ma, L., Wang, H., Wang, C., Wang, Z., You, Y., Liu, S., & Wang, H. (2020). A qualitative study on the psychological experience of

caregivers of COVID-19 patients. *American Journal of Infection Control*, *48*(6), 592–598. https://doi.org/10.1016/j.ajic.2020.03.018

Taylor, L. (2020). Psychological Stress of COVID-19 Frontline Healthcare Workers: Rational Safety Behaviors, Evidence-based Self-Help Interventions, and Remote Mental Health Support. *Psychosociological Issues in Human Resource Management; Woodside*, *8*(1), 61–66. http://dx.doi.org/10.22381/PIHRM81202010

Thompson, D. (2020). Psychological Trauma Symptoms and Mental Conditions of Medical Staff during the COVID-19 Pandemic: Severe Stress, Elevated Anxiety, and Clinically Significant Depression. *Psychosociological Issues in Human Resource Management; Woodside*, *8*(1), 25–30. http://dx.doi.org/10.22381/PIHRM8120204

Wheaton, B., & Montazer, S. (2010). Stressors, Stress, and Distress. In T. L. Scheid & T. N. Brown (Eds.), *A handbook for the study of mental health social contexts, theories, and systems*. Cambridge University Press.

Wu, P. E., Styra, R., & Gold, W. L. (2020). Mitigating the psychological effects of COVID-19 on health care workers. *Canadian Medical Association Journal*, *192*(17), E459–E460. https://doi.org/10.1503/cmaj.200519

Zaki, N. F. W., Sidiq, M., Qasim, M., Aranas, B., Hakamy, A., Ruwais, N. A., Alanezi, H., & Pandi-Perumal, S. R. (2020). *Stress and Psychological Consequences of COVID-19 on Health-Care Workers*. *3*(4), 299–307.

Zimber, A. (2011). Belastungen, Ressourcen und Beanspruchung in der Altenpflege. In J. Haberstroh & J. Pantel (Eds.), *Demenz psychosozial behandeln: Psychosoziale Interventionen bei Demenz in Praxis und Forschung* (pp. 305–317). AKA Verlag.

Appendix A: Three Level Scheme of Stressors

Table 2

Three Level Scheme of Stressors (Source: adapted from Höhmann et al., 2016, p. 74f.)

Stressors in the care sector

Macro level	**Socio-cultural, political and social level**	- Lack of social recognition/crisis of ratification - Bureaucratization - Dealing with aspects of economic efficiency - Dissatisfaction with monetary compensation
Meso level	**Organizational level**	- Management style/quality - Development and training opportunities - Little influence at work - Basic work (time) organization - Quantitative work requirements
	Material technical level	- Working environment (noise, unpleasant temperatures) - Physical demands (especially lifting and carrying). - Risk of infection
Micro level	**Interpersonal level**	- Interdisciplinary communication and cooperation. - Interprofessional tensions and hostilities - Lack of social support from colleagues and superiors
	Personal socio-psychological level	- Confrontation with death, illness and suffering. - Interaction with clients - Psychosomatic complaints - Burnout - Emotional and psychological strain and stress - Individual personality traits and affectivity - Conflict between work and family - Role conflict and moral stress

Appendix B: Interview Guideline

Final Questionnaire:

Questions in brackets are follow-up questions we deem possibly slightly suggestive and would therefore only ask them in case the interviewee does not know how to answer and we want to trigger a response.

***CC**: means a concept card will be presented to the interviewee and we will ask if and how much do they identify with the presented statement*

Einleitung

Vielen Dank, dass Sie sich in der momentanen Situation die Zeit für ein Interview mit uns nehmen. Bevor wir beginnen, ein bisschen Hintergrundwissen zu unserem Forschungsprojekt: Wir möchten die Auswirkungen von COVID19 auf das Wohlbefinden von Pflegekräften erforschen. Wir möchten untersuchen, wie Pflegekräfte ihre Arbeitssituation während der COVI19 Pandemie bisher erlebt haben. Zu diesem Zweck haben wir uns ein paar Fragen an Sie überlegt, um zu sehen, wie es Ihnen damit ergangen ist, und wie es Ihnen zurzeit geht. Das heißt, es gibt keine falschen oder richtigen Antworten, es geht wirklich darum, Ihre ganz persönlichen Eindrücke festzuhalten.

Ich werde das Gespräch zur weiteren Auswertung aufzeichnen, ist das in Ordnung? Natürlich behandeln wir die Aufnahme vertraulich und geben sie nicht weiter, sie dient ausschließlich uns und unserem Forschungsprojekt. Ihr Name und andere personenbezogene Informationen werden pseudonymisiert. Haben Sie noch Fragen? Wenn nicht, starten wir!

Situation in Pflegeheim

- **Ice breakers:**
  - Möchten Sie uns vorab kurz sagen, warum Sie sich für einen Pflegeberuf entschieden haben und wie lange Sie ihn bereits ausüben? Was ist das besondere an ihrer Aufgabe?
- **Information:**
  - Erhalten Sie alle Informationen zum Thema COVID19, die Sie brauchen, um Ihre Arbeit gut zu erledigen? (Es gibt ja Empfehlungen des BMs) Fühlen Sie sich gut informiert über das Virus und spezielle Anforderungen, die sich daraus ergeben? Ministry vs. Supervisor.
  - Sind Sie mit den vom Sozialministerium empfohlenen Schutzmaßnahmen für Altenheime (herausgegeben am 1. April 2020, siehe Hawlik, 2020) vertraut? (Falls ja) Was denken Sie darüber? Waren/sind die Empfehlungen umsetzbar?
- **Zusammenarbeit:**
  - Hat sich die Zusammenarbeit mit Ihren Kolleginnen und Kollegen bzw. Ihren Vorgesetzten im Pflegeheim seit dem Ausbruch der Pandemie verändert? Wenn ja, wie?
    - (Ist die Zusammenarbeit zwischen den Arbeitskollegen/innen und den Vorgesetzten gut? Erhalten Sie bei Bedarf Hilfe und Unterstützung von Ihren KollegInnen?

        - Haben Sie Veränderungen an Ihren KollegInnen bemerkt wie etwa mehr Ausfälle und Rückwirkungen davon auf die persönliche Arbeitssituation?)
    - Wie gestaltet sich die Zusammenarbeit mit Krankenhäusern/Ärzten/anderen wichtigen externen Personen während der Pandemie?
    - Wie gestaltet sich die Zusammenarbeit mit den Angehörigen der Gepflegten während der Pandemie?
    - Erhalten Sie zusätzliche Unterstützung von Ihren Vorgesetzten?
- **Arbeitsprozesse und -umgebung:**
    - Haben Sie in Ihrer Arbeit (evtl. Auch zuhause) Kontakt zu Coronainfizierten?
        - (Wenn ja, wie gehen Sie damit um/sind sie damit umgegangen?)
    - Wie ergeht es Ihnen mit dem Tragen der Schutzkleidung?
    - (Inwiefern) Hat sich die Arbeit mit den Gepflegten/KlientInnen verändert? Wenn ja, in welcher Art? Können Sie das illustrieren? Wie geht es Ihnen damit?
        - (Probleme der KlientInnen, Pflegerin zu erkennen, evtl. aggressives Verhalten durch eingesperrt sein, Sterbebegleitung, etc.)
    - Wird von Ihnen unter Coronabedingungen verlangt, vermehrte Dokumentation Ihrer Arbeit durchzuführen?
    - Haben Sie genug Zeit, um sich grundsätzlich ausreichend um Ihre KlientInnen zu kümmern? Wie sieht es jetzt mit Corona aus?
- **Soziales Bewusstsein:**
    - Erfährt Ihre Arbeit normalerweise Anerkennung und Wertschätzung durch das Management / die Führung / die Gepflegten und deren Familien? Hat sich das durch Corona geändert?
        - (Sind Sie zufrieden mit Lohn, Berufsperspektiven, Führung, Kollegen etc.?)
- **Arbeitszufriedenheit:**
    - Kommt es durch Corona vor, dass Sie nicht genügend Zeit haben, alle Ihre Aufgaben gut zu erledigen?
        - CC: Manchmal sind so viele Aufgaben gleichzeitig zu erledigen, dass die Zeit fehlt, um die Arbeit gewissenhaft und gut zu machen.
    - Haben sich Ihre Arbeitszeiten seit dem Ausbruch der Pandemie verändert? Müssen Sie etwa mehr Überstunden leisten oder wurden die Dienstpläne umgestaltet?
        - CC: Seit Ausbruch der Pandemie haben sich die Arbeitszeiten im Pflegeheim verändert, es wird jetzt länger und mehr gearbeitet.
    - Machen Sie sich Sorgen, dass Ihre Arbeitszeiten gegen Ihren Willen verändert werden (z.B. Arbeitstage, Schichtpläne, Arbeitsbeginn und -ende)?
    - Können Sie Ihre Zeit im Dienst halbwegs frei gestalten? Können Sie zB selbst bestimmen, wann Sie eine Pause machen, welche Aufgabe Sie wann erledigen usw.?
    - Sind Sie mit Ihrem Gehalt zufrieden? Erhalten Sie einen „Corona-Bonus“?
        - (Würden Sie sich einen wünschen?)

Persönliche Sicherheit/ Mentales Wohlbefinden (vgl. Balicer et al. 2006; Halcomb et al. 2020)

- Für wie hoch halten Sie das Risiko, selbst an COVID19 zu erkranken? Wenn ja/: Warum/ nicht? (Dionne et al., 2018)
    - Haben Sie darüber nachgedacht, Ihren Job deswegen zu kündigen?
    - Haben Sie Sorge, das Virus ins Pflegeheim zu bringen?
    - Haben Sie Angst, das Virus von der Arbeit mit nach Hause zu bringen?
- Haben Sie Zugang zu psychologischer Betreuung/Supervison oder Coaching. Würden Sie sich diese wünschen? (Halcomb et al., 2020)
    - CC: Mit psychologischer Betreuung wären die Ereignisse aus dem Pflegeheim leichter zu verarbeiten.
- Fällt es Ihnen in Ihrer Freizeit leicht, abzuschalten und nicht an die Arbeit zu denken? Unterschied zu vor Corona?
    - (Stören die Anforderungen Ihrer Arbeit Ihr Privat- und Familienleben oder umgekehrt?
    - Nimmt Ihre Arbeit so viel Zeit und/oder Energie in Anspruch, dass sich dies negativ auf Ihr Privatleben auswirkt?)
- Ist Ihre Arbeit emotional fordernd? Fühlen Sie sich manchmal emotional erschöpft oder ausgelaugt? Unterschied vor Corona und jetzt?
    - CC: Die Arbeit ist emotional erschöpfend und auslaugend.

Vertrauen in Regierung (vgl. z.B. Halcomb et al., 2020)

- Wie bewerten Sie das Vorgehen der Regierung bisher? (Unterschiede erster Lockdown, Sommer, jetzt?) Haben Sie sich von der Regierung allgemein gut unterstützt gefühlt, bzw. Fühlen Sie sich gut unterstützt (Unterschied 1. und 2. Lockdown)?

Sonstiges

- Hat Corona positive Auswirkungen auf Ihren Berufsalltag gehabt?
    - (Wie war die öffentliche Aufmerksamkeit? Wie haben Sie beispielsweise das Klatschen um 6 Uhr empfunden? Wie hat sich das nach dem ersten Lockdown geändert?
    - Wie haben Sie die Medienberichterstattung über COVID wahrgenommen?)
- Haben Solidarität und Zusammenhalt innerhalb des Pflegeheims zugenommen oder eher abgenommen? Und außerhalb?
- Fühlen Sie sich für die Herausforderungen der kommenden Wintermonate gut gewappnet?

Demographische Angaben

- Alter
- Geschlecht
- Nationalität
- Jahre Berufserfahrung
- Ausbildung → Stelle/Berufsbezeichnung?

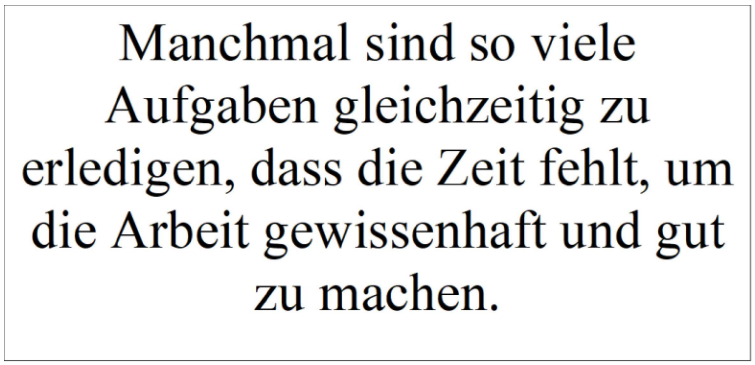
Ende

Wollen Sie sonst noch etwas hinzufügen?

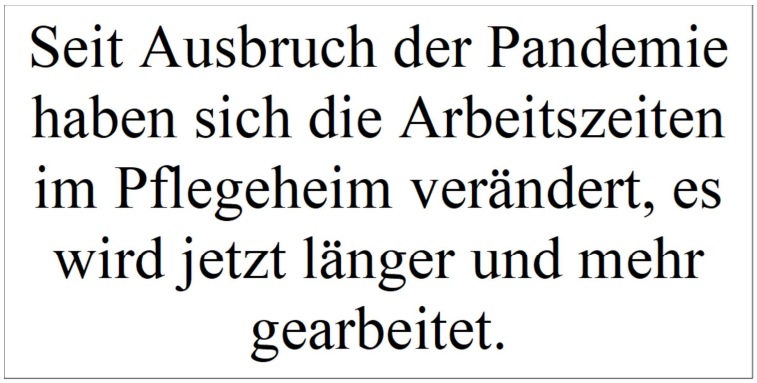
Ansonsten nochmals vielen Dank für Ihre Zeit, Sie haben einen wertvollen Beitrag zu unserem Forschungsprojekt geleistet! Eine Frage habe ich dann doch noch, kennen Sie eventuell noch jemanden, der ebenfalls in einem Pflegeheim tätig ist, der daran interessiert sein könnte, ein Interview mit uns zu führen? …

Appendix C: Concept cards

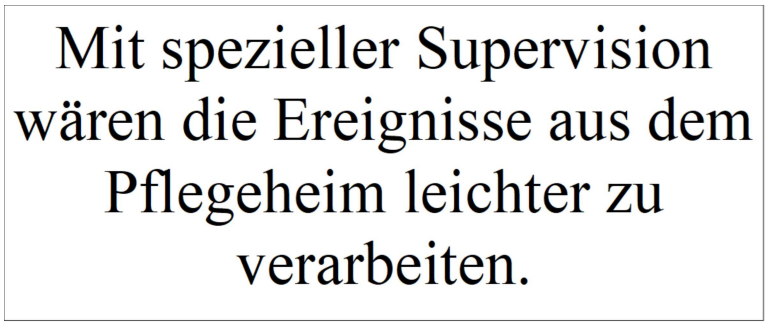
Concept card I:



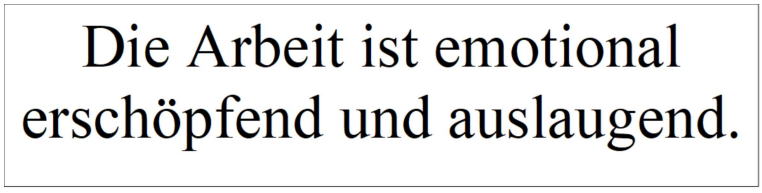
Concept card II:



Concept card III:



Concept card IV:



Appendix D: Coding Scheme

Codes	Explanation of code	Times allocated	Level
Stressors in Work in General	**Regardless of Covid-19**		
Government	Regulations of the care sector, government's approach to existing problems in the sector	14	Macro
Opinions about policies	Policies to get more people into the field, about retirement, higher pay, etc.	13	Macro
Gratification	Both in monetary and non-monetary terms	16	Macro
Professional Contact to External Institutions/Actors	Contact to non-governmental actors, e.g., hospitals, doctors, restaurants	7	Meso
Perceived Risks	Risk of being hit by client, etc.	4	Meso
Management Style	E.g. transparency and communication of decisions	22	Meso
Autonomy during shift	Freedom of workers to decide what task to do when	3	Meso
Increasing workload	E.g. increasing demands by clients	3	Meso
Time constraint	Many tasks to do in little time	7	Meso
Solidarity among colleagues beyond workplace	E.g. efforts to unionize	6	Meso
Counselling ("Supervision") and possible lack thereof		19	Meso
Lack of Personnel		9	Meso
Interpersonal Relations	Relationships of workers in their work environment		Micro
Colleagues		11	Micro
Executive personnel		6	Micro
Family of client		7	Micro
Clients		5	Micro
Conflict with personal life	E.g. being too tired to enjoy leisure time, hobbies, little time for friends and family, etc.	9	Micro
Exhaustion	Emotional and physical	24	Micro
Codes – Exacerbated Stressors	**These stressors existed before and were made worse by the health crisis**		
Gratification	Both in monetary and non-monetary terms	16	Macro
Professional contact to external institutions/actors	E.g. hospitals and doctors	5	Meso
Management style	E.g. transparency and communication of decisions	27	Meso
Lack of personnel	Fewer workers per shift, etc.	7	Meso

Counselling	Was cancelled due to the pandemic	7	Meso
Time constraint	Many tasks to do in little time	12	Meso
Interpersonal relations	Relationships of workers in their work environment		Micro
Clients		8	Micro
Family of clients		9	Micro
Executive personnel		3	Micro
Colleagues		16	Micro
Conflict with personal life	Sometimes overlaps with exhaustion, intertwined effects	8	Micro
Exhaustion	Mental and physical	16	Micro
Newly emergent stressors	**Only arose due to Covid-19**		
Government measures	Government's handling of the pandemic, also specific measures such as corona bonus	27	Macro
Public information dissemination	From government to management	10	Macro/ Meso
Public attention	E.g. clapping from balconies	10	Macro
Influence of Covid-19 on work processes			
Additional tasks	Tasks of any kind mentioned too seldomly to form categories for themselves.	18	Meso
Non-client bureaucracy	Paperwork, need for documentation, administrative tasks etc. in daily tasks	10	Macro
Personal protective equipment	Masks, goggles, etc.	24	Meso
Mitigation/avoidance strategy for corona cases in homes	Either actual handling of corona cases or precautionary	36	Meso
Information dissemination	From management to workers	17	Meso
Fewer workers per shift	Deliberate retention of workers	12	Meso
Change of working time	E.g. 12h shifts	19	Meso
Perception/Health of clients	Impact of Covid-19 specifically on clients, both mental and physical, seeing clients suffer in turn affecting workers. However, exhausted workers affect the client, too.	38	Micro
Perception of co-workers	How colleagues are reported to perceive the situation	11	Micro