

Review

Job Satisfaction and Well-Being of Care Aides in Long-Term Care During the COVID-19 Pandemic: A Comprehensive Literature Review

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Abstract: The COVID-19 pandemic greatly impacted care aides in long-term care facilities (LTCFs), exacerbating existing challenges and introducing new stressors that profoundly affected their job satisfaction, mental health, and overall well-being. This study investigates these multifaceted effects by conducting a comprehensive literature review of 18 studies from 2020 to 2023 across multiple countries. The findings reveal that care aides, mostly older and female and often immigrants with limited formal education, faced increased workloads, emotional exhaustion, physical fatigue, anxiety, and heightened stress levels during the pandemic. These factors led to decreased job satisfaction, higher burnout rates, and further pressure on LTCFs. The review emphasizes the need for strong support systems and targeted interventions, including mental health resources, counseling, adequate personal protective equipment (PPE), effective workload management, professional development opportunities, fair compensation, and supportive work environments. Addressing these issues is crucial for maintaining a stable and effective LTC workforce, improving care outcomes for residents, and enhancing the healthcare system's resilience against future challenges.

Keywords: job satisfaction; care aides; long-term care; COVID-19 pandemic; burnout; workload; anxiety



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1. Introduction

The emergence of COVID-19, caused by SARS-CoV-2, marked a pivotal moment in global health. It was declared a pandemic by March 2020 due to its severe respiratory effects and widespread impact [1,2]. This crisis disrupted healthcare systems, especially in Canada, where almost 70,000 lives were lost, and LTCFs faced unparalleled challenges in managing care and controlling infections [1,3,4]. LTCFs, vital for supporting aging populations with chronic conditions, saw increased pressures on their multidisciplinary teams, including care aides, who provide critical support despite facing heavy workloads, burnout, and inadequate organizational support [5–7]. In British Columbia, the first recorded COVID-19 death in an LTCF led to stringent containment measures like staff movement restrictions and vaccination mandates [4,8]. The pandemic exacerbated existing challenges for care

aides, highlighting the need for strong support systems to enhance their job satisfaction and well-being, crucial for sustaining the LTC workforce and care quality during crises [9–11].

Care aides play an essential role in providing personal support and assistance to individuals residing in LTCFs. As frontline healthcare workers, care aides are responsible for delivering direct care to residents, spanning a spectrum of activities crucial for their well-being [6]. These activities include but are not limited to assisting with activities of daily living, such as bathing, dressing, and grooming, administering medications as prescribed, and providing emotional support and companionship to residents [6]. The contributions of care aides are integral to maintaining the overall well-being, dignity, and quality of life of residents within LTCFs.

Despite the fundamental importance of their role, care aides often encounter a myriad of challenges within the healthcare landscape that can impact their job satisfaction and overall well-being. Job satisfaction among care aides is influenced by various factors, including organizational support, workload, and the quality of the work environment [7]. Organizational support encompasses aspects such as adequate staffing levels, access to training and resources, and effective communication channels, all of which contribute to the overall satisfaction and engagement of care aides in their roles [7]. Furthermore, the workload experienced by care aides, including the number of residents under their care and the complexity of their needs, considerably influences their job satisfaction and ability to provide quality care [12]. High job satisfaction among care aides is associated with several positive outcomes, including improved morale, higher retention rates, and an enhanced quality of care provided to residents [12]. Care aides who experience job satisfaction are more likely to exhibit greater dedication and commitment to their roles, resulting in increased resident satisfaction and improved overall quality of life within LTCFs [7]. Conversely, low job satisfaction among care aides can lead to decreased motivation, increased turnover rates, and compromised quality of care, ultimately impacting the well-being of residents and the effectiveness of healthcare delivery within LTCFs [12].

The COVID-19 pandemic made care aides' already difficult jobs even more difficult by increasing their workload and raising burnout rates. Care aides faced increasing demands as LTCFs dealt with outbreaks and infection control measures. These pressures included the installation of strict safety regulations, additional administrative duties, and psychological stress related to the COVID-19 pandemic [9]. Care aides' mental health and job satisfaction were at risk due to the raised stress and burnout levels that resulted from these causes [10,11]. Understanding the unique challenges faced by care aides in LTCFs during the COVID-19 pandemic is crucial for implementing targeted interventions and support systems. By addressing factors contributing to workload and burnout, such as staffing levels, access to personal protective equipment (PPE), and psychosocial support, healthcare organizations can lessen the adverse effects of the COVID-19 pandemic on care aides and optimize the quality of care delivered to residents [10].

By consolidating the existing literature, the purpose of this literature review was to establish a foundation for future research and interventions aimed at improving working conditions and outcomes for care aides across various hospital environments. More specifically, the objective of this literature review was to describe the impact of the COVID-19 pandemic on the job satisfaction and burnout of care aides working in LTCFs. Through a comprehensive analysis of the literature, this review contributes to the advancement of knowledge and practice in the field of healthcare assistance.

2. Methodology

2.1. Scoping Review Approach

In this research, the framework proposed by Arksey and O'Malley (2005) [13] was utilized as a guide to facilitate the process of conducting a literature review. This framework is recognized for its systematic approach to exploring and mapping the existing literature, particularly when the research inquiries are multifaceted and complex. The research involved a methodical exploration of four databases—PubMed (MEDLINE), CINAHL, Social Work Abstracts, and PsycINFO—utilizing appropriate keywords related to “Job satisfaction”, “Care aides”, and “Long-Term Care”. Arksey and O'Malley (2005) argue that there are four major justifications for conducting a scoping study: examining the scope, breadth, and characteristics of research activity, determining the feasibility of conducting a comprehensive systematic review, synthesizing and disseminating research findings, and identifying gaps in the existing literature [13]. The Arksey and O'Malley approach was chosen due to its notable efficacy in conducting comprehensive investigations into the complex aspects associated with the research inquiries and goals. This approach was highly suitable for analyzing the multiple dimensions that directly impacted the job satisfaction of care aides amidst the COVID-19 pandemic.

The methodology allows for a thorough analysis of several elements, such as satisfaction, exhaustion, fears and pressures, anxiety and stress, quality of work life, and workload changes. These criteria are crucial for comprehending the complex dynamics of job satisfaction in the LTC sector under challenging circumstances. Hence, this methodology aligns with the research objectives of facilitating an investigation into the various factors that contribute to the overall job satisfaction of care aides. The framework developed by Arksey and O'Malley (2005) consists of five distinct stages: identifying the research question; identifying inclusion and exclusion criteria; identifying relevant studies; charting and organizing the acquired data; and compiling, analyzing, and summing up the research results [13].

2.2. Methodological Steps

Step 1: Identification of the Research Question

The first step in the research process involved identifying the research question. A population, intervention, and effect (PIE) table was constructed to facilitate this process. The research question was formulated as follows: how has the COVID-19 pandemic affected care aides' job satisfaction in LTC settings? Table 1 outlines the keywords used for the population, intervention, and effect. Additionally, similar words were determined by conceptualizing the concepts in the PIE table (see Table 2).

Table 1. Population, intervention, and effect keywords.

Population/Problem/Patient	Intervention/Issue	Effect/Evaluation
Care aides	Working in long-term care (during COVID-19)	Job satisfaction

Table 2. Terms for documentation search.

Theme	Care Aides	Long-Term Care	Job Satisfaction	COVID-19 Pandemic
Subsidiary Search Terms	Nursing Assistants Personal Support Workers (PSWs) Health Care Assistant	Nursing Homes Homes for the Aged Residential Home	Burnout Distress Retention Burden Quality of life Fatigue	2019–2023

Step 2: Identifying Inclusive and Exclusive Criteria

The inclusion criteria integrated the fundamental components of the research inquiry, focusing on care aides in LTC settings during the COVID-19 pandemic and their job satisfaction. Non-English publications were excluded. The literature review concentrated on research published in the past five years (2019–2023). Care aides, also referred to as nursing assistants or healthcare assistants, are pivotal in providing direct care to patients in LTCFs, assisting with daily tasks, and maintaining a secure environment [14]. LTC, defined here as the most advanced level of nursing home care, involves continuous supervision, professional health services, assistance with daily activities, and the management of household tasks for individuals with cognitive or physical impairments [15]. Table 3 provides a comprehensive overview of the inclusion and exclusion criteria.

Table 3. Inclusion and exclusion criteria.

Inclusion	Exclusion
Care aides	Non-English
Long-term care	Hospitals or community-based settings
COVID-19 pandemic	Non-care aide healthcare workers
Burnout/retention/distress/burden	Not related to COVID-19 pandemic
Job satisfaction/quality of life	

Step 3: Identification of Relevant Studies

To select relevant articles, the databases PubMed (MEDLINE), CINAHL, Social Work Abstracts, and APA PsycINFO were selected. PubMed (MEDLINE) provides a comprehensive biomedical literature view, essential for understanding the biomedical aspects related to the COVID-19 pandemic [16]. CINAHL was chosen for its extensive nursing and related health literature, directly aligning with the study's focus on LTCF staff [17]. Social Work Abstracts covers social work and human services periodicals from 1965, useful for researching mental health themes such as anxiety, stress, exhaustion, and discomfort [17]. APA PsycINFO, maintained by the American Psychological Association, offers substantial psychological literature crucial for insights into the psychological resilience of LTCF staff [18].

Step 4: Study Selection

Search techniques were customized and applied to specific databases to find most related articles. Keywords and subject headings were adapted to each database's unique characteristics, covering the primary topics listed in Table 1. This targeted approach ensured comprehensive and relevant data collection.

Step 5: Collecting, Summarizing, and Reporting the Results

The evaluation process involved a comprehensive analysis of article titles and abstracts, with irrelevant content excluded based on specific inclusion and exclusion criteria. A full-text screening process eliminated 83 papers that did not meet the inclusion criteria. The methodology's outcomes are visually presented in Figure 1 through a Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) diagram [19], illustrating comprehensive search and exclusion techniques.

PRISMA 2020 flow diagram for new systematic reviews which included searches of databases, registers and other sources

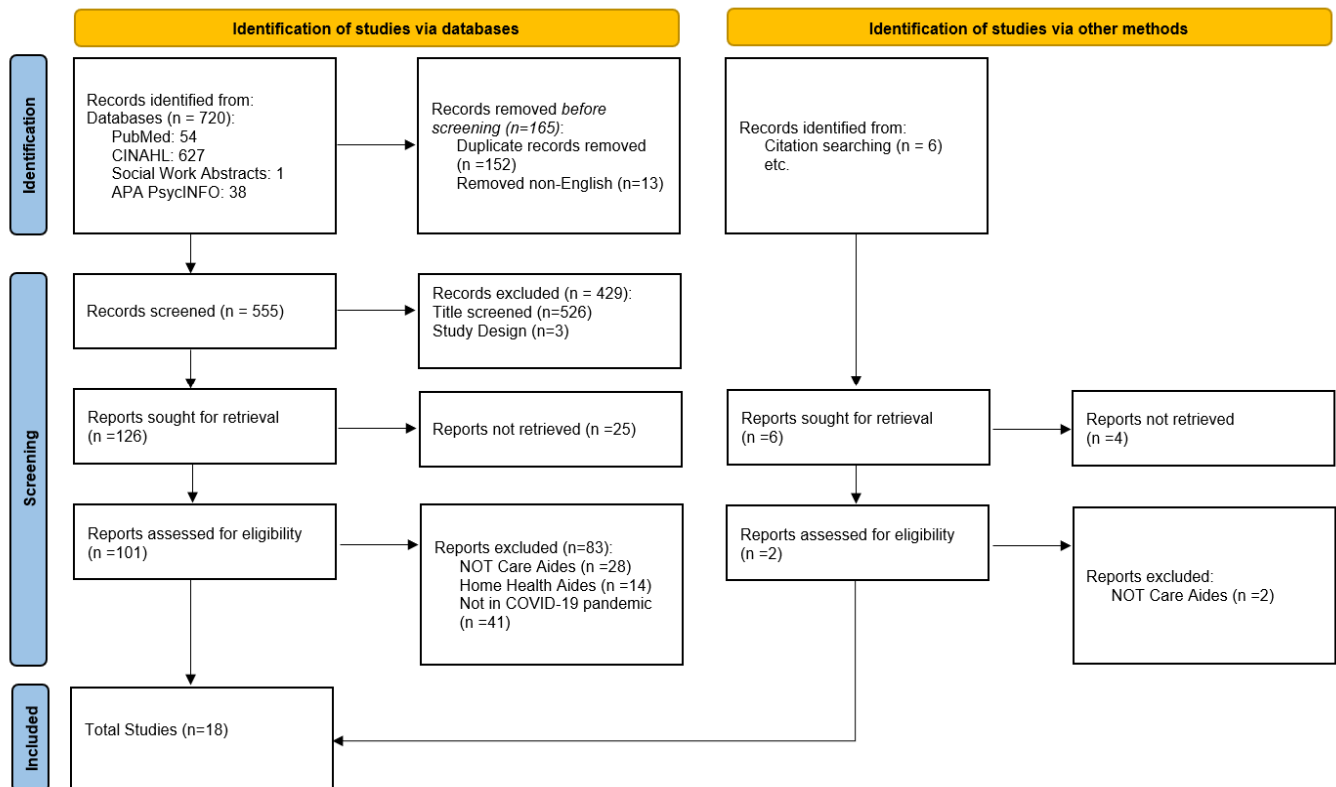


Figure 1. PRISMA Flowchart.

3. Findings

After conducting the final literature search, a total of 18 publications met the criteria for inclusion, as depicted in Figure 1. The publications were published from 2020 to 2023. Three studies were conducted in Canada [20–22], the United States [7,9,23], and Spain [12,24,25], while two studies were conducted in Ireland [26,27]. Additionally, one study was undertaken per country in Austria [28], Australia [29], Italy [30], France [31], Georgia [10], China [11], and South Korea [32]. One article employed a mixed-methods design, integrating qualitative and quantitative methodologies. Quantitative approaches were dominant, with 11 papers applying a quantitative framework. Specifically, they utilized a cross-sectional design or survey methodology. The variety of research methods enhances the breadth and depth of viewpoints in the literature.

3.1. Job Satisfaction

Care aides' job satisfaction is a complicated concept that extends beyond simple emotional well-being to include positive attitudes, feelings, and perspectives on their job responsibilities and workplace [7,21]. Organizational support and staffing levels play an important role in assessing job satisfaction due to their ability to deliver PCC, which provides insightful information for solutions focused on improving the well-being of care aides [7,10,25]. The relationship between job satisfaction and overall well-being is important, as it has a substantial impact on the motivation, dedication, and standard of care delivered by care aides [12]. It is crucial to prioritize the elements that contribute to job satisfaction in order to provide a supportive work environment and eventually improve patient care in the healthcare sector [9,32]. A sense of coherence (SOC) can be protective, mitigating burnout among care aides. A positive evaluation of life experiences, which is illustrative of subjective well-being, lowers emotional exhaustion and detachment, and encourages a sense of personal fulfillment. Additionally, one study underscored the

direct correlation between SOC and perceived social support, the availability of resources, and well-defined professional responsibilities, highlighting their significance in enhancing job satisfaction [12,31]. Emphasizing the impact of work life quality on turnover rates, stress levels, organizational cohesion, and overall care quality, researchers highlight the challenges faced by care aides in LTC institutions. These challenges may include high patient-to-staff ratios, complex care needs requiring extensive time and attention, limited resources for training and development, and emotional demands associated with providing end-of-life care [32]. Research on the increased workload caused by staff shortages, higher patient acuity levels, stricter infection control protocols, and increased stress and anxiety among care aides is noteworthy as it advances our understanding of workload issues, especially in light of the COVID-19 pandemic [9,11,21,27]. Furthermore, the positive effects of PCC on various aspects, including job satisfaction, self-esteem, satisfaction related to care, professionalism, and stress reduction among care aides, are emphasized [32].

3.2. Exhaustion

The emotional stress of witnessing the suffering and loss experienced by patients and their families, along with the continuous fear of contracting and spreading the virus at work, added to the care aides' already heavy daily workload. An analysis of caregivers' fatigue, particularly in the context of the COVID-19 epidemic, revealed the existence of multifaceted interactions between physical, psychological, and emotional exhaustion [9,11,27]. The heightened caregiving demands, intensified by the pandemic, contributed to mental fatigue, as care aides managed a variety of tasks and encountered cognitive strain [31]. The burden on care aides was exacerbated by organizational deficiencies, including insufficient personnel and support, resulting in psychosocial and cognitive exhaustion due to increased caregiving requirements [7,10]. The lack of a supportive work environment and necessary resources posed an additional risk to the mental well-being of care professionals amidst the uncertainties of the global health crisis [22,24]. The long-term health effects of COVID-19, such as chronic fatigue and respiratory problems in those who recover, are quite concerning, especially when considering the extended COVID-19 pandemic. The impact of the COVID-19 virus, distinguished by extended symptoms following the initial phase of the virus, was exacerbated by the emotional strain and heightened job obligations throughout the pandemic, resulting in physical and mental fatigue [26]. Care aides working in LTCFs encountered numerous difficulties, including increased work requirements, a lack of staff, and financial struggles, which worsened their susceptibility to the lasting consequences of the COVID-19 pandemic [7,21,23]. It is essential to acknowledge and address these difficulties to uphold the well-being of care aides and minimize the effects of the extended COVID-19 pandemic on healthcare professionals and the healthcare system in its entirety. Amidst heightened psychological distress due to the pandemic, personnel employed in LTCFs exhibited similar levels of discomfort, regardless of their roles [33]. As a key factor in reducing distress, resilience was found to be essential. This suggests that interventions aimed at improving resilience could effectively improve negative mental health results [30]. The combination of increasing workloads, inadequate staffing levels, and the emotional stress of tending to worried residents during the pandemic substantially contributed to burnout among nursing care providers [9]. The long-lasting health disaster made things harder for healthcare workers, which shows how important it is to keep an eye on both distress and resilience over time [27]. Creating a conducive work environment in LTCFs, with an emphasis on achieving work life balance through activities such as physical exercise, is essential for reducing physical fatigue and job-related stress among healthcare workers [32]. To effectively address the distinct stressors encountered by care

aides, it is necessary to have a detailed awareness of the multifaceted issues they face. This understanding should inform tailored interventions [21,31].

3.3. Fears

In the midst of the COVID-19 pandemic, care aides experienced a multitude of challenges and external pressures, extending beyond typical healthcare concerns [22]. Understanding the complex nature of these issues is crucial for obtaining a comprehensive grasp of care aides' experiences [31]. Regarding the inherent risks of providing direct care in the presence of a highly contagious virus, one major worry is personal safety [7,11]. Heightened anxiety not only impacted on the psychological well-being of care aides but also influenced the quality of care they were capable of providing, requiring a delicate balance between work commitment and self-care [29]. The ongoing global health crisis, exacerbated by the COVID-19 pandemic, intensified these challenges, underscoring the need for tailored interventions that address specific concerns related to personal safety, the fear of infection, and heightened stress amid the global health emergency [22,29]. During the COVID-19 pandemic, care aides who experienced severe emotional exhaustion (EE) showed increased levels of anxiety [24,34]. This became evident through the use of the fear of COVID-19 scale [31]. This study showed the notable influence of anxiety on the psychological welfare and occupational performance of care aides, specifically in healthcare environments [31]. It also highlighted how important it is for care workers to receive personalized therapy right away to deal with stress and emotional exhaustion, which would improve their overall mental health and job satisfaction [25]. The findings showed that these problems are complicated and varied. In order to provide assistance, we need to develop interventions that are appropriate to the different worries and stresses that care aides experience in their daily duties [25]. Healthcare professionals, particularly care aides, experienced a great deal of anxiety and stress during the pandemic; thus, specific treatments are needed to enhance their overall welfare [22]. Moreover, the differences in concerns across various healthcare settings highlight the distinct issues encountered by professionals in LTCs [22].

3.4. Anxiety

The multifaceted and demanding nature of care aide responsibilities within LTCFs made anxiety highly prevalent. This showed how important it is to have a complete plan to deal with all the problems that care aides face in their job [9]. Care aides have many duties, such as assisting residents with the activities of daily living (ADLs), including bathing, dressing, and grooming, providing medications, monitoring vital signs, and providing emotional support [6]. These duties require a high level of attention to detail, compassion, and patience, as care aides must navigate complex care plans tailored to each resident's unique needs and preferences. Furthermore, care aides are responsible for mobility assistance, fall prevention strategies, and ensuring a safe environment for residents. They also play a crucial role in communicating residents' needs and concerns to the interdisciplinary care team, participating in care planning meetings, and providing input on resident care plans. Additionally, care aides may assist with therapeutic activities, recreational programs, and social engagement initiatives aimed at enhancing residents' quality of life [14,35]. Providing care to individuals increases the mental stress on care aides, as they often develop close relationships with residents and witness their mental and physical disabilities over time. This emotional burden can lead to feelings of helplessness, depression, and compassion fatigue, which increase anxiety and stress levels among care aides [27]. Moreover, the COVID-19 pandemic has introduced additional challenges, including fears of contracting the virus, implementing infection control measures, and managing increased workloads due to staff shortages [11].

The uncertainties related to the health crisis during the COVID-19 pandemic, including great amounts of hospitalized people, and the lack of healthcare personnel led to increased challenges for care aides, further emphasizing the need for tailored support [9]. It is critical to address anxiety and stress for care aides because of the emotional stress that comes with facing uncertainties [11]. Understanding the challenging landscape of anxiety and stress is essential for enhancing the emotional well-being and adaptability of care aides [27]. Healthcare organizations can enhance care aide resilience by implementing focused interventions to address stressors during a pandemic. This will ultimately create a supportive environment that allows care aides to manage their responsibilities with emotional resilience and adaptability [24].

3.5. *Quality of Work Life*

A supportive work environment greatly affects the quality of work life for care aides, emphasizing the vital need for a friendly and supportive atmosphere [20]. Positive social contact among coworkers in the caregiving environment is essential for maintaining a high quality of work life, impacting job satisfaction and performance considerably [30,31]. In order to create a positive work environment and ensure a balance between the job and personal life, organizational rules and procedures are crucial [21,26]. Prioritizing the improvement of the quality of work life is essential for enhancing the work environment for care aides, as it is not only a goal but also an essential requirement for developing a sustainable and supportive workplace [26]. Although the presence of teamwork and commitment positively influences collaboration, the caregiving experience is also characterized by challenges such as extended working hours and the absence of breaks [26].

The care aides' quality of work life is dependent on their interaction with supervisors, which includes aspects such as the frequency of feedback, the amount of guidance provided, the availability of supervisors, and the success of resolving complaints [7]. The previously mentioned issue has a noteworthy influence on the quality of care provided to individuals residing in LTCFs, highlighting the importance of creating supportive work cultures [21]. Inadequate compensation and assistance for frontline personnel presented risks to the welfare of susceptible individuals, hence requiring the establishment of strong support structures [21]. The high rates of employee absenteeism among care aides in LTCFs can be explained by the demanding nature of the profession and the unfavorable working conditions [23]. Participating in quality improvement projects can improve job satisfaction and retention among care aides [23]. The researchers examined the influence of the care quality experience on the well-being of workers, especially during the pandemic, using the Care Quality Perception Scale [31]. Care aides faced substantial job insecurity as a result of decreased working hours and heightened unemployment rates [20]. The reduction in working hours for home care aides was a consequence of both the client's illness and their refusal to accept assistance. On the other hand, LTC care aides experienced job layoffs and financial insecurity [20]. The mentioned problems highlight the need for comprehensive support measures to reduce job instability and protect the well-being of frontline healthcare professionals in evolving situations [20].

3.6. *Workload*

The workload in the care aides profession includes a number of different elements [22]. The study examined the complex nature of the workload increase in care aides' daily work life, highlighting its substantial influence on care professionals and the level of burnout and job satisfaction they experienced [22]. The COVID-19 pandemic worsened the level of job satisfaction in care aides and the rate of healthcare workers' burnout, highlighting the importance of workload in the caregiving field [21]. An in-depth examination of the

challenging nature of caring duties, especially in the midst of the COVID-19 pandemic, revealed the complex connection between workload, burnout, and job satisfaction [32] and emphasized the need for a sophisticated comprehension of these variables [24]. Effectively managing the workload is crucial for enhancing the overall well-being and effectiveness of care aides working in LTCFs. The delicate balance between the variety and complexity of assigned tasks greatly influences the general experiences of care aides [30]. By utilizing the knowledge obtained from these research endeavors, organizations and policymakers may strategically design interventions to enhance performance. This allows care professionals to effectively carry out their duties while also protecting their personal well-being [25].

Recognizing and addressing difficulties linked to workload is not only a practical necessity but also a crucial step in creating a supportive and sustainable environment for care aides. By placing priority on the complexity of workload management, stakeholders can develop a resilient and skilled care workforce that is well-prepared to handle the dynamic challenges of caregiving [12]. The increasing infection rates, the use of PPE, and strict isolation procedures during the COVID-19 pandemic amplified the workload, stress, and fatigue of healthcare personnel [26]. Care aides highlighted the increased workload they faced due to the increased number of meal deliveries and time limitations [26]. The study conducted by Bryant et al. (2023) revealed a strong correlation between pandemic-induced stresses, such as insufficient protocols, excessive workload, heightened transmission risks, and understaffing, and decreased job satisfaction among care aides [7]. Care staff concerns about time limitations and understaffing related to COVID-19 safety procedures were recorded in a study [10]. The study highlighted the substantial influence of isolation measures on the workload of care aides, which is exacerbated by staffing shortages [21]. A further study revealed that resident behavior had changed during the isolation, requiring greater effort from care aides, particularly in regard to managing difficult behaviors [29]. The implementation of collaborating procedures and open-door policies was stressed as a means of efficiently addressing heavy workloads, and this resulted in increased appreciation and recognition of care aides [23].

The COVID-19 pandemic resulted in healthcare personnel experiencing a heavy workload and great psychological distress, which led to a notable rise in physical and mental strain, as well as staff turnover [30]. Ultimately, it is crucial to understand and address the various dimensions of workload to establish a resilient and well-supported staff team, even when issues persist. According to one study, during the COVID-19 pandemic, care aides experienced increased duty pressure, dealing with illnesses, fatalities, and a shortage of resources [25]. The study emphasized the unequal influence on women in comparison to men, stressing the gender-specific consequences of the heightened workload [25]. Long work hours have been shown to have a negative effect on care aides, making it more difficult for them to handle stressful situations. Specific challenges were identified through using the workload component of the Secondary Traumatic Stress Questionnaire. The challenges included having to make decisions based on unclear criteria, working under tension, and suffering from the physical and psychological effects of working long shifts in emergency situations [12]. The COVID-19 pandemic led to a notable rise in the workload in LTCFs. This revealed various issues such as increased workload, social expectations, exposure to mortality and distress, a shortage of staff and PPE, and a high rate of secondary traumatic stress in care aides [24]. Furthermore, diverse evaluations and perspectives of qualitative workloads were noted among nursing home employees; the majority of care aides described interventions as physically and psychologically burdening [28].

Further details on the definitions, implications, and organizational responses related to the identified themes are provided in Appendix A.

4. Discussion

The COVID-19 pandemic had a profound impact on care aides' job satisfaction in LTC settings, exacerbating existing challenges and introducing new stressors. The literature review revealed that care aides experienced heightened levels of anxiety, stress, and burnout during the pandemic, resulting from increased workload, fears of infection, and uncertainty about the future. These factors affected care aides' job satisfaction and overall well-being, raising concerns about the sustainability of the LTC workforce in the face of long-lasting crisis.

4.1. Impact on Care Aides

The challenges faced by care aides in LTC settings, particularly worsened by the COVID-19 pandemic, emphasize how important it is for organizational support in order to reduce the pressure on their mental health and overall well-being [20]. Staffing shortages, a longstanding issue in LTCFs, were further intensified during the pandemic, leading to increased workload pressures and heightened levels of stress and anxiety among care aides [7]. Care aides were required to rapidly adapt to new infection control protocols, manage expanded responsibilities, and cope with the emotional toll of caring for vulnerable populations during a global health crisis, all of which contributed to great psychological strain [31].

Recent research has identified several key advancements in addressing these challenges. For instance, mental health support programs, such as counseling services, peer support groups, and stress management workshops, have been shown to improve care aides' resilience and well-being [12,22]. Programs offering regular check-ins with mental health professionals, for example, have been effective in reducing anxiety and burnout among care aides in high-stress environments [30]. Additionally, innovative approaches to workload management, such as task redistribution, flexible scheduling, and the use of technology to streamline care processes, have helped alleviate some of the pressures on care aides [7,23]. The implementation of team-based care models in some LTCFs, for instance, has not only reduced individual workloads but also improved job satisfaction [21].

Policy reforms have also played a key role in addressing systemic issues contributing to burnout and turnover. Initiatives such as increased wages, better benefits, and enhanced access to PPE have improved working conditions for care aides [10,20]. Furthermore, organizations that prioritized open communication, provided regular training on new protocols, and fostered a culture of appreciation reported higher levels of job satisfaction among care aides [26]. These advancements demonstrate the importance of a multifaceted approach to supporting care aides' well-being.

The psychological strain experienced by care aides during the pandemic underscores the need for evidence-based strategies to support their resilience and well-being. Prioritizing mental health resources, workload management, and policy reforms not only improves care aides' job satisfaction and retention rates but also enhances the quality of care provided to residents in LTCFs [24,32]. Moving forward, it is essential for organizations to adopt a holistic approach that addresses both the immediate and long-term needs of care aides, ensuring that they have a sustainable and resilient workforce capable of navigating future crises.

4.2. Gendered Impacts

The impact of workload on care aides during the COVID-19 pandemic has been shown to vary based on gender, with women often bearing a disproportionate burden due to societal expectations and care aide roles [7,21]. This gendered disparity highlights the need for tailored workforce management approaches that address the specific needs and

challenges faced by women in care aide roles. However, the literature reveals areas of disagreement regarding the effectiveness of interventions aimed at mitigating these disparities and promoting gender equity in LTC settings. One area of debate centers on the effectiveness of workload management strategies in addressing gendered disparities. While some studies suggest that flexible scheduling and task redistribution can reduce workload pressures for women in caregiving roles [23,26], others argue that these measures alone are insufficient without broader systemic changes, such as increased staffing levels and fair compensation [10,20]. For example, flexible scheduling improved job satisfaction among female care aides [23], but without adequate staffing, such measures merely shifted the burden rather than alleviating it [20]. These conflicting findings underscore the need for more comprehensive approaches to workload management that address both immediate and systemic issues. Another area of disagreement in the literature relates to the extent to which gender influences care aides' experiences during the pandemic. Some studies emphasize that women, who comprise the majority of care aides, faced unique challenges such as balancing caregiving responsibilities at work and home, which exacerbated stress and burnout [7,21]. In contrast, other studies suggest that while gender plays a role, factors such as organizational culture and support systems may have a greater impact on care aides' well-being [12,30]. For instance, a supportive work environment mitigated the negative effects of high workloads, regardless of gender [12], while women were more likely to experience emotional exhaustion due to societal expectations of caregiving [7]. These areas of disagreement highlight the complexity of addressing gendered impacts in LTC settings. While tailored workload management strategies, such as flexible scheduling and task redistribution, are essential, they must be complemented by broader systemic changes, including increased staffing, fair compensation, and supportive organizational cultures [10,20]. Additionally, future research should explore the interplay between gender, organizational support, and workload management to develop more effective interventions. By addressing these conflicting findings, policymakers and organizations can develop approaches that promote gender equity and support the well-being of all care aides, ensuring that the workforce is more resilient and sustainable.

4.3. Intersectionality: Gender, Age, Education, and Migrant Status

The vulnerability and lack of power experienced by care aides are shaped by gender and by intersecting social determinants such as age, education, and migrant status. Care aides are predominantly older women, often with limited formal education and immigrant backgrounds, which exacerbates their vulnerability in the workforce [7,21]. These intersecting factors create unique challenges, such as limited access to career advancement opportunities, language barriers, and cultural isolation, further impacting their job satisfaction and well-being [12,30].

However, intersectionality remains an under-researched area in the literature on care aides. Of the 18 reviewed papers, only a few explicitly address the interplay of gender, age, education, and migrant status [7,20]. For example, one study found that immigrant care aides faced additional stressors, such as discrimination and a lack of social support, which compounded the challenges of their work environment [7]. Similarly, another study highlighted that older care aides with limited education were more likely to experience burnout due to a lack of access to training and professional development opportunities [20].

The lack of research on intersectionality in this field may be attributed to limited data collection on these social determinants or a lack of focus on their interplay in existing studies. Future research should prioritize intersectional analyses to better understand how these factors interact to shape care aides' experiences and inform targeted interventions. For instance, policies that address language barriers, provide culturally sensitive mental

health support, and offer accessible training programs could help mitigate the unique challenges faced by this vulnerable population [12,33].

4.4. Material Conditions: Low Income and Job Insecurity

Care aides often face precarious working conditions, including low salaries, a lack of job security, and limited access to continuing job training, which significantly impact their well-being and job satisfaction [10,20]. Of the 18 reviewed papers, several highlight the material conditions of care aides, particularly the challenges of low income and job insecurity. For instance, one study found that many care aides struggle to make ends meet due to low wages, which exacerbates stress and contributes to high turnover rates [20]. Similarly, another study reported that job insecurity, coupled with the lack of social prestige and professional development opportunities, further undermines care aides' morale and commitment to their roles [10].

The impact of these material conditions on care aides' well-being cannot be overstated. Low income and job insecurity not only affect their financial stability but also contribute to chronic stress, anxiety, and burnout [7,21]. For example, one study found that care aides who reported financial strain were more likely to experience emotional exhaustion and lower job satisfaction [7]. These findings underscore the need for policy reforms that address the economic challenges faced by care aides, such as increasing wages, providing benefits, and ensuring job security [10,20].

4.5. Patient Care Implications

The results also shed light on the gradual effect of workload difficulties on patient care. The relationship between increased burnout and decreased job satisfaction among care aides is associated with compromised patient safety, lower service quality, and weakened safety policies within healthcare settings [7,21]. The unbreakable correlation between the general well-being of care aides and the quality of care demonstrates the need for a multifaceted strategy that considers both aspects of the caring equation.

Organizational support is crucial for implementing effective measures to manage the workload. Open-door policies, collaborative methods, and PCC are essential factors in reducing the negative impact of workload [12,23]. Establishing cultures that value and support care aides should be a top priority for organizations. This means offering helpful assistance and creating a working atmosphere that recognizes and appreciates their contributions [25,26].

4.6. Limitations

Despite the valuable insights provided by the literature review, several limitations should be noted. Firstly, the studies that were investigated had different methods, sample sizes, and locations, which could make it harder to generalize the results to other contexts [23,24]. Additionally, the majority of studies focused on the experiences of care aides in specific healthcare settings, such as nursing homes or LTCFs, limiting the applicability of the findings to other care settings [28,29]. Moreover, the dynamic nature of the healthcare industry, particularly in the context of the COVID-19 pandemic, may result in changes to workload management strategies and their impact over time, highlighting the need for ongoing research and evaluation [12,26]. Furthermore, none of the articles examined addressed issues specific to rural areas, such as those found in Northern BC, indicating a gap in the literature regarding the experiences of care aides in these settings. Finally, although an attempt was made to incorporate a wide variety of studies, it is possible that relevant research was accidentally excluded from the analysis, which could have impacted the accuracy of the findings [10,32].

5. Conclusions

The COVID-19 pandemic profoundly impacted care aides in LTCFs, exacerbating existing challenges and introducing new stressors that affected their job satisfaction, mental health, and overall well-being. Care aides, who provide up to 90% of direct care in these settings, faced increased workloads, emotional exhaustion, physical fatigue, anxiety, and heightened stress levels due to the pandemic [7,21]. These factors have not only diminished their job satisfaction but have also led to higher turnover rates, further straining LTCFs [7,27].

The studies reviewed in this research highlight the critical need for robust support systems and targeted interventions to address these challenges. It is essential to provide mental health resources, counseling, and support groups and ensure safe working conditions with adequate PPE [31,33]. Additionally, managing workloads through sufficient staffing levels and fostering positive workplace interactions can enhance job satisfaction and performance [23,26]. Improving the quality of work life for care aides requires a comprehensive approach that includes professional development opportunities, fair compensation, and supportive work environments [10,20]. Recognizing the unique demographic and socio-cultural characteristics of care aides allows for more effective, tailored interventions [12,24]. Promoting a culture of wellness, self-care, and open communication is crucial to supporting care aides in managing their responsibilities and maintaining their mental and physical health [22,32].

To address the gaps and unresolved issues identified in this study, several forward-looking strategies are proposed. First, there is a need for longitudinal studies to track the long-term well-being of care aides and evaluate the effectiveness of interventions over time. Such research can provide insights into the sustained impact of mental health support programs, workload management strategies, and policy reforms [7,33]. Second, gender-specific interventions are essential to address the unique challenges faced by women, who comprise the majority of care aides. Tailored strategies, such as flexible scheduling and targeted mental health resources, can help to mitigate the disproportionate burden experienced by female care aides [21,23,33]. Third, policy reforms are needed to address systemic issues such as inadequate staffing, low wages, and limited access to professional development opportunities. Policies that prioritize fair compensation, improved working conditions, and career advancement can enhance job satisfaction and retention among care aides [10,20].

In conclusion, the resilience and dedication of care aides are vital to the sustainability of LTCFs, particularly during crises such as the COVID-19 pandemic. By addressing the factors that impact their job satisfaction and well-being, healthcare organizations can ensure a more stable and effective workforce [7,27]. This will lead to improved care outcomes for residents and a stronger healthcare system capable of withstanding future challenges [24]. It is imperative to prioritize the support and well-being of care aides through comprehensive strategies that address their unique needs and challenges, ensuring their crucial role in the healthcare system is supported and valued [12,22].

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Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The data presented in this study are available on request from the corresponding author. The data are not publicly available due to privacy restrictions.

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Appendix A

Summary of themes and organizational responses during the COVID-19 pandemic.

Theme (Publication References)	Definition	Implication (During COVID-19 Pandemic)	
		Detrimental Effects on Care Aides	Organizational Response
Burnout [7,9,10,20,22,27–30]	Burnout includes bodily responses to ongoing work-related stress, such as emotional and mental tiredness, a strong sense of detachment from their duties, and a reduction in self-confidence in their accomplishments or professional skills.	Personal: • High stress, anxiety, and emotional exhaustion. • Fear of COVID-19 exposure and emotional strain from patient care. • Severe burnout from workload and emotional distress. • High stress from lack of training and PPE shortages. • Detachment from duties due to overwhelming stress. • Decreased self-confidence in professional abilities. • Physical discomfort from prolonged PPE use. • Increased mental health issues, such as depression and anxiety. • Burnout from heavy workloads and emotional toll. • Poor support from management exacerbated feelings of burnout. Facility: • Staff shortages and high turnover exacerbated burnout. • Constant adaptation to new protocols. • Challenges in ensuring PPE and infection control. • Poor communication added stress.	• Provided PPE and new protocols. • Limited mental health support. • Improved communication, but challenges persisted. • Limited mental health support and resilience programs. • Encouragement of peer support among care aides. • Efforts to improve teamwork.

Theme (Publication References)	Definition	Implication (During COVID-19 Pandemic)	
		Detrimental Effects on Care Aides	Organizational Response
Job satisfaction [7,10,12,21,31]	Extends beyond simple emotional well-being to include positive attitudes, feelings, and perspectives on their job responsibilities and workplace.	Personal: - Decreased job satisfaction due to overwhelming workload and emotional burden. - Stress from constantly adapting to new and evolving roles. - Negative impact of emotional burden on job satisfaction. - Positive relationships with supervisors improved job satisfaction Facility: - Poor communication and inconsistent protocols decreased morale. - Increased workload led to job dissatisfaction.	- Efforts to improve communication and involve staff in decision-making. - Introduction of support initiatives aimed at improving job satisfaction. - Supportive leadership practices implemented to improve morale.
Exhaustion [7,10,21,26,27,31,32]	Caregivers' fatigue revealed a multifaceted interaction between physical, psychological, and emotional exhaustion, often leading to long term health effects such as chronic fatigue and respiratory problems.	Personal: - Physical and emotional exhaustion from prolonged work hours and intense workload. - Increased fatigue due to fear and stress. - Emotional exhaustion from dealing with patient suffering and loss. - Mental fatigue from constant stress and anxiety. - Sleep disturbances and poor physical health due to exhaustion. - Increased susceptibility to chronic health conditions, such as hypertension and fatigue. Facility: - Inadequate staffing intensified workload and exhaustion. - Inadequate support from management and lack of resources worsened exhaustion. - Emotional overload from managing patient care under pandemic conditions. - Prolonged PPE use led to physical discomfort.	- Resilience programs introduced to help manage exhaustion. - Provided limited mental health support and attempted task redistribution. - Implementation of peer support networks to reduce feelings of isolation. - Limited mental health support offered to address exhaustion. - Encouragement of regular breaks and self-care practices. - Organizational attempts to provide additional staffing and resources.

Theme (Publication References)	Definition	Implication (During COVID-19 Pandemic)	
		Detrimental Effects on Care Aides	Organizational Response
Fear [7,10,11,22,27,29,31]	Fear in the context of healthcare work, particularly during the COVID-19 pandemic, refers to the emotional response to perceived threats, such as the risk of contracting and spreading the virus. This fear can be compounded by the uncertainty of the situation, the high mortality rate associated with the virus, and the potential consequences for both personal and family health. Fear can be heightened by inadequate protective measures, unclear communication, and the visible suffering or death of patients under a caregiver's care.	Personal: • High levels of fear related to contracting and spreading COVID-19. • Fear of the unknown and constantly changing pandemic conditions. • Fear of inadequate protection and lack of PPE. • Increased fear due to witnessing severe cases and patient deaths. • Anxiety about the health and safety of themselves and their families. Facility: • Fear was exacerbated by inconsistent access to PPE and testing. • High infection rates within facilities heightened fear among staff. • Fear of being blamed for spreading the virus within the facility. • Fear due to lack of clear communication from management. • The high-risk environment added to the stress.	• Increased use of PPE and enhanced infection control measures. • Efforts to address fear through better communication. • Support provided to staff dealing with fear and anxiety. • Training on infection control to reduce fear of spreading the virus. • Introduction of mental health resources to help manage fear. • Encouragement of staff to voice concerns and seek support.
Anxiety [7,9–11,22,27,31]	Anxiety is a pervasive feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome. In healthcare settings, particularly during the COVID-19 pandemic, anxiety among care aides can arise from multiple factors, including fear of infection, the pressure of increased responsibilities, unclear or constantly changing protocols, and concerns about the safety and well-being of their patients and themselves. Anxiety is more chronic and persistent than fear and can impact mental health and job performance.	Personal: • High anxiety due to increased workload and safety concerns. • Stress from inadequate support and communication. • Anxiety from fear of infection and impact on family health. • Increased anxiety due to the emotional burden of caring for isolated patients. • Stress from constant changes in protocols and unclear guidance. • Anxiety exacerbated by lack of mental health support.	• Limited mental health support and efforts to reduce anxiety. • Improved communication from leadership to address anxiety. • Training and support programs introduced to manage anxiety. • Encouragement of self-care practices and peer support. • Efforts to provide clear and consistent guidelines to reduce anxiety. • Supportive leadership practices aimed at reducing anxiety through regular check-ins and emotional support.

Theme (Publication References)	Definition	Implication (During COVID-19 Pandemic)	
		Detrimental Effects on Care Aides	Organizational Response
Anxiety [7,9–11,22,27,31]	Anxiety is a pervasive feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome. In healthcare settings, particularly during the COVID-19 pandemic, anxiety among care aides can arise from multiple factors, including fear of infection, the pressure of increased responsibilities, unclear or constantly changing protocols, and concerns about the safety and well-being of their patients and themselves. Anxiety is more chronic and persistent than fear and can impact mental health and job performance.	Facility: • Anxiety fueled by the lack of clear guidance and fear of virus transmission. • Anxiety heightened by inadequate staffing and resources. • Fear of making mistakes due to constantly changing protocols. • Stress from working in a high-risk environment with limited protection	• Efforts to stabilize work environments by reducing the frequency of protocol changes. • Introduction of stress management programs tailored to the unique needs of care aides. • Use of technology to enhance communication and reduce misunderstandings that contribute to anxiety.
Quality of work life [7,10,12,20–23,26]	Quality of work life refers to the overall well-being and job satisfaction of employees in relation to their work environment and job demands. It encompasses various aspects, including the balance between work and personal life, the level of stress and burnout experienced, the adequacy of resources and support, and the overall work environment. For care aides, a high quality of work life means having a supportive workplace, manageable workloads, opportunities for professional growth, and the ability to maintain a healthy balance between their job and personal life.	Personal: • Decline in work life quality due to increased stress, anxiety, and workload. • Emotional toll from patient care, particularly in managing end-of-life care during the pandemic. • Reduced job satisfaction linked to poor work life balance. • Increased risk of burnout due to inability to balance work demands with personal life. • Chronic fatigue and physical health issues related to the inability to take adequate breaks. Facility: • Work life balance strained by staff shortages and increased patient acuity levels. • High levels of absenteeism among care aides due to work-related stress. • Emotional burden from witnessing patient suffering and death. • Lack of supportive policies to maintain a healthy work life balance. • Poor supervisory support contributed to diminished quality of work life.	• Introduction of flexible scheduling and additional time-off policies to improve work life balance. • Implementation of wellness programs aimed at promoting physical and mental health. • Efforts to enhance supervisory support and feedback mechanisms to improve work life quality. • Adoption of policies aimed at reducing workload and preventing burnout. • Supportive work cultures fostered through team-building activities and peer support networks. • Focus on improving communication to align work expectations with personal needs.

Theme (Publication References)	Definition	Implication (During COVID-19 Pandemic)	
		Detrimental Effects on Care Aides	Organizational Response
Workload [7,10–12,21–23,27,29,32]	Workload refers to the amount of work assigned to or expected from an employee within a certain period. In the context of healthcare, workload for care aides includes not only the number of patients they care for but also the complexity of the tasks they must perform, such as managing patient needs, administering care, and adhering to infection control protocols. During the COVID-19 pandemic, workloads often increased due to staffing shortages, higher patient acuity, and the need for additional safety measures, leading to increased physical and emotional strain.	Personal: - Increased workload due to understaffing and expanded duties during the pandemic. - Physical and emotional strain from handling a higher number of patients with complex needs. - Increased fatigue and reduced ability to cope with stress due to excessive workload. - Emotional burden from managing difficult behaviors and increased patient acuity. - Strain from additional responsibilities such as increased infection control measures. Facility: - Staffing shortages and high turnover rates led to an unsustainable workload for remaining staff. - Increased workload pressures due to the need for more frequent patient monitoring and care adjustments. - Time constraints and insufficient staff to meet the increased demands of care. - Negative impact on job satisfaction and burnout due to unmanageable workload.	- Attempts to redistribute tasks and allocate additional resources to manage workload. - Implementation of policies to address understaffing and support care aides. - Efforts to manage workload through collaborative procedures and open-door policies. - Introduction of training programs to help care aides cope with increased workload. - Supportive leadership aimed at recognizing and alleviating workload pressures. - Adjustment of staffing models to better match patient needs and care demands.

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