CENTRE FOR CRITICAL STUDIES OF
RURAL MENTAL HEALTH

RURAL COMMUNITY MENTAL HEALTH & WELLBEING DURING COVID-19
RESEARCH BULLETIN DECEMBER 2021

In May 2020, researchers at Brandon University conducted an online survey of 137 healthcare workers to explore the early influence of COVID-19 on their mental health. They found that even before the surge of cases later in 2020, the COVID-19 pandemic had a negative impact on rural healthcare workers' mental health (see de Jager et al., 2020). One year after the initial survey, the team of researchers conducted a second survey to understand the ongoing mental health experiences of rural and non-metropolitan healthcare workers during COVID-19. This bulletin summarizes the results of the second survey, which took place over a one-month period from late May through June 2021. Notably, at the time of the survey, Manitoba was emerging from its third lockdown that had occurred in the spring. According to the Province of Manitoba, 771,067 Manitobans had their first dose of a COVID-19 vaccine by June 1, 2021 and later that month vaccination cards were introduced for people with two doses. This bulletin provides a snapshot of rural healthcare workers experiences during that window of time in Manitoba.

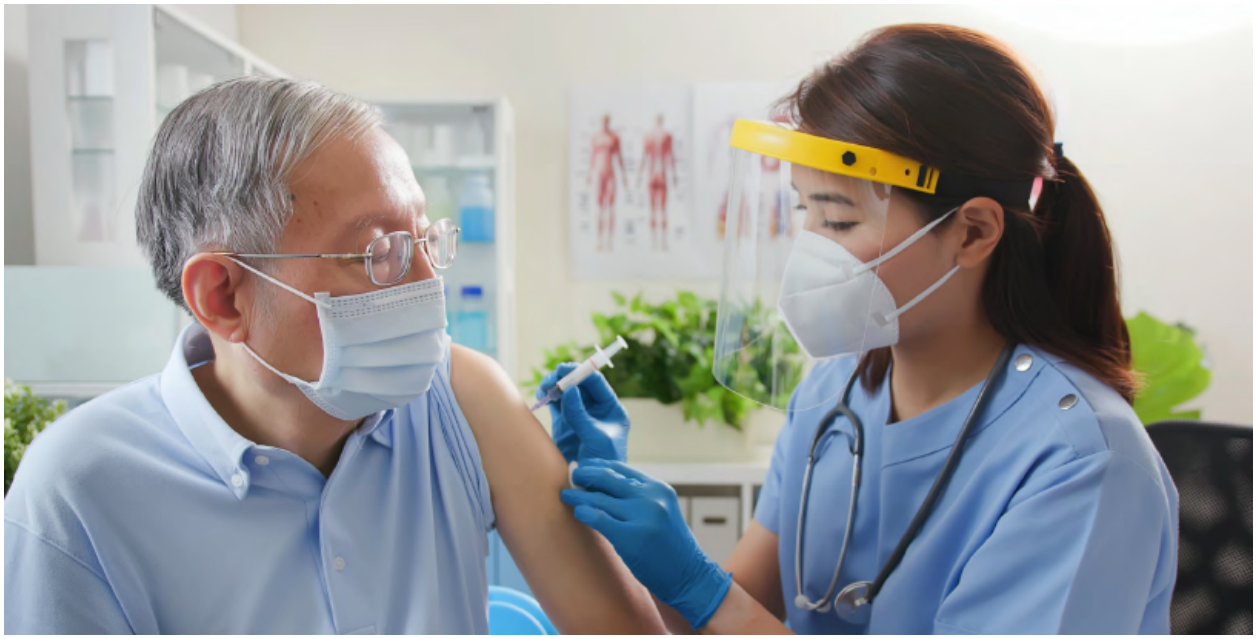
WHO RESPONDED?

A total of 220 people participated in the online survey during summer of 2021. Respondents included nurses (36%), paramedics/Emergency Medical Services (21%), physicians (12%) as well as technologists (11%), allied health (5%), healthcare aides

(4%), support staff (3%), and other healthcare professionals (7%). Most respondents identified as women (84%); 15% identified as a member of a racialized group. Approximately 60% of respondents worked in rural and small-town settings with populations of less than 10,000 people and the remainder of respondents worked in other small cities of 10,000-50,000 people outside of Winnipeg. Respondents worked in different care environments (e.g., 85% outpatient, 29% long-term care, and 25% community health) with multiple populations (e.g., 84% adults and 77% older adults). Fifty-three per cent of respondents had worked between 1-10 years in their healthcare position, and 10% were redeployed due to the COVID-19 pandemic.

WORK CONTEXT

At the time of the survey, 70% of respondents identified as working full-time. As well, 61% had been mandated to stay after hours for patient care. Seventy-five per cent worked in the Prairie Mountain Health and Southern Health-Santé Sud health regions. Although 24% reported having no patients with COVID-19, 44% of respondents had encountered 10 or more patients with an active case. Despite potential exposure in the workplace, 96% of the respondents had not tested positive for COVID-19 and 91% of respondents' immediate family had not tested positive. Ninety- one percent of respondents had received a COVID-19 vaccine at the time of the survey.



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HEALTHCARE WORKERS MENTAL HEALTH EXPERIENCES

In total, 64% of respondents indicated that they did not have mental health concerns prior to the COVID-19 pandemic. Thirty-six per cent of respondents reported talking with someone about their mental health prior to COVID-19. At the time of the second survey, 51% of respondents talked with someone about their mental health concerns. During the COVID-19 pandemic, most respondents spoke with friends (90%), family members (84%), family doctors (55%), and counsellors/therapists (51%) about mental health during COVID-19. Other respondents spoke with nurses/nurse practitioners (15%), psychiatrists (12%), and psychologists (11%). These findings illustrate that informal supports such as friends and family members appear to be providing the bulk of the mental health support, which raises questions about barriers to accessing formal supports from mental health professionals during COVID.

Respondents identified a range of barriers to accessing mental health resources including no available time (48%), exhaustion (40%), inconvenience (23%), online services insufficient (18%), expenses (16%), fear of judgment (16%), being waitlisted (13%), and lack of confidentiality (12%).

At the time of the survey, 70% of respondents reported moderate or severe levels of anxiety, based on the GAD-7 anxiety scale. Using a 10-Item Depression Scale, 70% of the respondents also presented significant depressive symptoms. In combination with the initial findings and descriptive comments, our survey indicates that the impact of COVID-19 on rural healthcare workers' mental health appears to have worsened since 2020.

As an indicator of coping and well-being, we also assessed how hopeful people felt in May and June 2021. Using the Trait Hope Scale, which assesses motivation toward planning and following through with goals, 38% of respondents reported being moderately hopeful and 18% reported having high hope. Using a Flourishing Scale, which measures respondents' perceptions of their own success and well-being, 80% of respondents indicated that they have a strong perception of achievement and personal functioning. The findings from our survey indicate that healthcare workers were cultivating some well-being and hope despite significant adversity and escalating mental health symptoms.

Given the centrality of work, particularly in healthcare workers' lives during COVID-19, we also measured decent work. Blustein and colleagues (2020) define decent work as "(a)

working in safe conditions, (b) having time for leisure activities and rest, (c) having consistency in values between the employer, worker, and society, (d) earning fair compensation, and (e) receiving access to health care" (p. 173). Using Duffy and colleagues 15-item Decent Work Scale (2017), approximately 66% of respondents demonstrated a *moderate* decent work. Notably, 72% of respondents were not adequately compensated for their work. Further, 59% of respondents did not have sufficient time for rest and personal interests and 56% found the values of the organization they worked for did not align with family and social values. Findings for the subscales are important to consider because such scores indicate that respondents do not feel they have been properly rewarded for their work and they lack the time to recover. Furthermore, the culture of healthcare in rural Manitoba seems to be unacceptable or inconsistent with many workers' social values, which may contribute to mental and emotional distress.

IDENTIFIED STRATEGIES

Participants used individual coping strategies such as exercise (60%), a nutritious diet (50%), good sleep hygiene (48%), time for self-care (48%), and engagement with positive self-talk (44%), but they identified a need to feel stronger support, to feel valued, and to have increased attention to the complexities of their work by their workplaces, communities, and at a provincial level.

WHAT SUPPORT DO RURAL HEALTHCARE WORKERS SAY IS NEEDED?

Rural healthcare workers emphasized the need for:

- Safe working conditions and constructive work culture, including understanding management, cohesive staff, and opportunity to debrief
- Accessible mental health resources including counselling services, PTSD resources, and wellness seminars
- More staff
- Hours that allow for free time and adequate rest
- Reasonable and consistent policies including an improved Government Crisis Management response, staying in designated roles, and having adequate time with patients
- Paid mental health days
- Support offered within hospital / work environment

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In addition to the survey data reported in this bulletin, the research team also conducted 32 in-depth interviews with healthcare workers to hear the stories behind these numbers and understand their experiences during the pandemic. The findings of these interviews will be reported in a future bulletin.

ACKNOWLEDGEMENTS

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