

Creating Joy and Resilience in Times of Uncertainty

- Carol O. Long, PhD, RN, FPCN, FAAN

With constant reminders from public health and government authorities regarding mitigation and self-protection strategies during the coronavirus or COVID-19 pandemic, the need to think about approaches to create joy and lesson sorrow are equally important. The forced detachment from loved ones, changes in routines, and the social isolation that accompanies this pandemic takes its toll on the human spirit when building resiliency during times of uncertainty is most critical. For older adults, this may be particularly challenging when fears override facts and facts themselves are daunting.

For individuals living in long-term care settings (often called residents), such as nursing facilities (or nursing homes) and non-nursing homes (e.g., assisted living, continuing care retirement communities, or residential care homes), the communal setting alone challenges management to assure that safety needs are met relative to current infection control standards. In reality, safety from harm is the primary goal. Residents who used to congregate in activity rooms and dine with favorite friends during their evening meal are now forced to self-isolate in their rooms with doors closed. This may prompt confusion; a disconnect to time, place and person; and put the resident at risk for loneliness and sadness. Residents may find out that a friend has been transported to the hospital for care or they themselves may become ill. Without routine hugs from facility staff and regular visits from family members, forced distancing may lead to diminished self-integrity, profound grief and suffering.

To that end, it is essential that an individualized approach to caregiving is accentuated and approaches to buoy happiness and joy are paramount. But how do long-term care facilities balance safety while meeting individual and social needs during a pandemic? There are three approaches to augment effective management and create pleasure during uncertain times: bolster leadership, activate resident engagement, and foster community connections. The three interventions foster collaboration, resiliency and even joy during uncertain and troubling times. The list below features interdisciplinary practice and care that is family and person-centered with implications and adaptations for all older adults who live in long-term care settings.

Bolster Leadership

Staff in long-term care facilities provide 24/7 care for vulnerable adults. Many residents have physical or cognitive challenges. Residents depend on staff for meeting basic needs and require even more when a disaster or pandemic occurs. Management will need to ‘step up’ to meet and exceed safety requirements for both residents and staff and become both inventive and flexible under the direst of circumstances. Various management techniques are helpful to improve communication and garner teamwork during uncertain times. Measures to diminishing stress can create resiliency and elevate the human spirit in times of crisis.

- Daily standup meetings between management and the interdisciplinary team and nursing care staff creates the means to reduce false information, solidify important factual information, communicate openness to remediate facility problems, and spark energy for ideas. “Standup” refers to actually standing while the short meeting is conducted and thus promotes physical distancing while meeting important communication needs. Management can offer gratitude and support during these meetings.
- Briefs or huddles are “on the spot” quick staff meetings. While physical distancing needs to occur, these short meetings can be used for management to communicate important resident or updated information while conveying support and guidance to address false information or rumors. Debriefs are held at the end of the shift or after an adverse event. Proactive communication is necessary for staff to gain control over uncertain and evolving situations. Sometimes staff communication books can relay important information in writing.
- To minimize disease transmission while enhancing personal connections with residents, consider primary care staffing. Primary care staffing assures that nursing staff members most familiar with the resident care for that person on a regular basis. The principle of “knowing the person” is foremost to ensure quality care during times of uncertainty, anxiety and stress and create opportunities for additional bonding and support. This method also allows care staff to closely observe changing physical or emotional health to report to nursing staff.
- Regular resident rounds are necessary but even more so for older adults most at-risk: people who are likely to fall, those with chronic pain, people unable to verbalize their needs, hospice or palliative care patients, and more. Tagging the door or creating a chart with the date and time a resident was observed and communicated with is necessary. Always offer food and fluid or a trip to the bathroom.
- Communication with family members is extremely important to mitigate fear and to promote trust. One facility person, and a back-up (or more dependent upon the size of the facility or census), should be designated to speak to a predetermined family member for frequent updates on their person. Families need to be kept abreast of facility developments daily (if COVID-19 testing has revealed that the facility is at-risk) and become informed if their loved one has been affected by the coronavirus (e.g., tests positive and/or becomes ill). Families want to know if staff are using mandated protocols and personal protective equipment (PPE) and if the facility is adequately staffed to meet resident needs. Daily updates should be considered. While this can be a challenge, given the busyness during the pandemic, family members need to know and understand that the facility is looking out for their family member’s best interest – their health and well-being. HIPAA-compliant video communication or telehealth products should be investigated and utilized during this time for conversations with family members, the medical team, or agencies that are providing care to people within the facility.
- The most uncertain times are when facility staff or residents become ill with the virus. Being proactive reduces uncertainty and worry. Prevention of unforeseen illness is expected.

Facility staff who become ill need to be cared for under current federal, state and local guidelines for testing and treatment. There are measures that can be instituted to safeguard a resident’s health status or intervene if a downhill trajectory is imminent. Proactive approaches are best to solidify a team effort to protect the safety of residents and staff.

- Assure that advance directives for all residents have been completed and are readily available should a decision need to be made about medical interventions or transport to another facility or hospital. If advance directives or a POLST (Provider Orders for Life-Sustaining Treatment) have not been completed, connect with the resident and family member(s) to assure completion in a timely manner.
- Assure that stock medications and supplies are available to meet the medical needs of people most at risk and those on palliative care and hospice. Management can access current disaster and emergency preparedness guidelines.
- Connect with state, local or regional disaster authorities and other healthcare entities to solicit assistance. The Long-Term Care Ombudsman can help remediate if resident issues occur and be open to solving problems. Proactive assistance to garner help and protect residents is critical during stressful events.
- Utilize the assistance of the Medical Director to shore up possible medical, nursing or other types of ancillary help. Network with palliative care and hospice networks to advise and care for residents whose health becomes further compromised or terminal and maintain current arrangements for those receiving end of life care services already.

Activate Engagement: It takes a Team

Engagement, or individual or group activities within a nursing home, are often left for the Activity Department team. While many activities are delegated to this specialized team, other staff can share in executing integrative multisensory approaches for residents who are isolated during a pandemic. Generally, keeping to established routines for residents are suggested to anchor stability, familiarity, and awareness to time and space. These suggestions are only limited by one’s imagination to bring comfort and connections during difficult and uncertain times and many more ideas are possible. Team members from the Activity Department, Dietary, Nursing, Therapy, Chaplaincy and Social Work can join together to brainstorm ideas or use the recommendations as suggested below to create meaningful connects with older adults.

- Infection control adherence in long-term care facilities can be challenging when many individuals have cognitive impairment or significant disability. Good handwashing is the standard and older adults may be able to learn how to handwash using what the general public has learned: 20 seconds of Happy Birthday. For others, hand sanitizers may be necessary and used liberally and a fun activity can accompany this task. For staff wearing

masks, conveying genuine interest in the person is essential and communication needs to be positive and engaging.

- Refer to the resident’s biosketch or Life Story that is in the medical record. Nursing staff or the Social Work and Activity Department team can recheck for accuracy with the person and family member(s) to determine which activities and memories bring joy that can be used in the individual room setting. Post an updated copy of the Life Story at the bedside. This allows nursing care staff to refer to and talk about favorite things, fond memories or special people and events that bring joy to the person.
- When certified nursing or personal care assistants help or complete activities of daily living for older adults, encourage them to refer to the Life Story to engage the person in meaningful connections and memories. Confer with the older adult about what activities bring special pleasure during the bathing and personal care experience. For example, personal care can become spa-time. Special attention to nails and hair while talking about past hobbies is a wonderful mix of special conversation while completing a daily routine. Maybe a foot soak is possible. Consider one or two personal care activities that can be ‘special’ for the person during isolation. This individuated approach gives the resident something to look forward to and is intimately personal and special.
- Limit the use of television as a form of entertainment, and particularly during threatening or unstable times or tragic events. Regular broadcasts and commercials that focus on the pandemic may cause unexpected worry and stress for residents without the opportunity to discuss these concerns with staff or family members. It is best to maximize positive visual and auditory sensory input and decrease distress from television, radio or other sources. If the television is used, consider public television channels or ones that broadcast music, if this is available. There are numerous offerings on the television or electronic devices that provide live feeds of famous zoos from around the world, virtual tours of museums, exercise programs, musicals and more. The Activity Department can assist in organizing these and other in-room engagement televised or electronic media events. Be vigilant in communicating these opportunities with care staff, the resident and family members.
- Encourage family members to drop off letters, cards, or other easy-to-clean or disposable items that the person can enjoy. Abbreviated family albums, even if quickly assembled, can provide a chance to reconnect with fond memories. Simple puzzles, sudoku or other games, and magazines may fill in idle time. If the resident is able, fill-in-the blank family stories/quizzes could be developed, with answers provided. This allows family members to contribute to engagement activities and stimulates positive interaction, even though they are unable to be with their loved one.
- The dietary department can review foods, snacks and liquids that bring comfort and joy. Offer these food items frequently. Monitor dietary and fluid intake as weight loss or dehydration may occur. Stimulate new ideas to create special dining events. Orchestrate and plan for a ‘tea time’ when all residents can have special snacks or treats in their rooms. If

possible, the facility may be able to pipe in special music to signify the event while keeping residents in touch with time and a schedule while integrating the senses of taste, smell and hearing.

- Music can be particularly comforting to people. The entire range of music genre is possible (e.g., classical, soul/R&B, country, Latin, etc.). If the facility already has a dementia Music and Memory[®] program, additional iPods can be purchased or donated and individualized music that the person enjoys helps to pass time. Lyric sheets can be added. CD players, DVDs are also possible; focusing in on music that the resident enjoys only. Staff can certainly try their singing skills and since the doors are closed when providing resident care, better yet! Thus, sight and sound become central to this activity.
- Other activities can be integrated into the daily routine without a lot of effort. Since baseball season is upon us, local TV channels are featuring old yet memorable games from the past. The Activity Department can feature a baseball song for the day and a quiz for participants to remember current or past baseball greats. Hot dogs and root beer may be offered. Family members can drop off washed baseball caps to distribute. The list goes on. Auditory, visual, olfactory, tactile and taste stimulation combine to provide an enjoyable event for participants.
- Create a buddy system where residents pair off into dyads, or other small groups, to share notes and letters or other crafts without co-mingling. Provide stationary and other supplies for creative purposes such as glue, magazines, construction paper, ribbon, etc. Care staff can share specially handcrafted items between “buddies” as special gifts.
- For residents with smartphones and/or tablets, Apple FaceTime, Skype, Facebook Live or Messenger or What’s App, Google Hangouts, and Zoom are possible for real-time communication with family members or friends. Free conferencing calls, for large groups but without in-person visualization, are all options that can be used to help both residents and families cope with visitor restrictions. Activity Department staff and others can help make these arrangements and provide instruction for family and residents to use this technology.
- Connect with the physical and occupational therapy team to devise ways to integrate chair mobility and upper extremity exercises for residents able to do so. Screen for enhanced fall risk during this time. Many movement activities can be performed during personal care time and exercises can be played over the closed television system, if available. The nursing assistant team can facilitate enhanced mobility to reduce risk from an increased sedentary status.
- Depending upon the resident’s religious preferences, prayer books that are used during the facility church services could be parceled out to each individual for their own personal use. In fact, many local and nationally televised churches are using or have converted to online live streaming of their religious services that could be used for residents in their room. If live streaming is not possible, archived church services may be available. Religious hymns could be piped in or sung by staff. Keeping to a set weekly schedule (Saturday or Sunday) can help

residents stay grounded to the day of the week and specific time. The opportunities are limitless.

Foster Community Connections

Reaching out to local community resources or groups to assist in the enhanced facility engagement plans is also possible. Some activities may require approval due to local ordinances and property management rules.

- Contact the newspapers or local neighborhood associations to donate craft supplies that residents can use for individual activities. Rock-painting, color-by-number books, simple to-do craft kits are ideas for individual in-room projects. Paint, yarn, fabric, scissors, colored pencils, coloring books are all possible for original or new creative activities that can spark joy.
- Resident rooms with outdoor windows can be decorated with durable decorations and even easy-to-remove paint. Family members or community groups can create murals or fun scenes as the resident watches the creation and enjoys the end-result. The window dressings can be updated, as desired.
- Construct simple bird feeders and place them outside the resident's window. Community groups, such as the Audubon society or garden clubs and family members can regularly attend to the bird feeder to assure ample food and water, if necessary. "Birders" can create description cards to have residents read about the species of bird and other facts. This can be an ongoing activity.
- Contact local community groups or churches to provide other resources and labor: prayers typed on cards or paper, instructions on how to use social media applications, craft projects and more. Once the ideas start, the projects and activities will follow and great enthusiasm can be generated for all.

Key Concepts

Older adults who live in long-term care facilities require much more than physical care during a pandemic. While safety is primary, there are other skills necessary to embrace and execute to meet the needs of these individuals and those who provide care for them.

- Proactive leadership is essential during times of uncertainty. Creative strategies are necessary to protect older adults and staff and elevate levels of joy even during the most adverse circumstances.
- Excellent communication skills are critical in creating calm, alleviating anxiety, and meeting *all* people where they are at. Self-care strategies for care staff are necessary during stressful and uncertain times. Interdisciplinary approaches that target care needs of older adults are necessary. While safety concerns are primary, elevating nursing staff, residents and family is critical in beating ambiguity during a pandemic.

- Be cognizant of grief, anxiety, fear, and situational distress. Excellent communication requires insight and understanding about the lived experience of the older adult. Person-centered care is maximized when attention to joy and creative ways to address uncertainty is a team effort.
- Compassion is the ability to be with someone who is suffering. Compassion begins with understanding suffering. The suffering of residents who are ill or traumatized during the pandemic is palpable even if they are silent. Express empathy and be present in all resident interactions. Listen more and speak less. Recognize when suffering is evident and process further with the person to relieve it.
- Supporting the family unit in long-term care settings is imperative when a pandemic and social isolation can drive a physical and psychological wedge between the resident on the inside and family on the outside. This separation can spawn distrust and worry. Regular communication with family is essential during pandemics that segregate family members from their loved ones.

In summary, the COVID-19 pandemic is like none other in the 21st century. Even during difficult times, calculated interventions to bring joy, build resiliency, and reduce uncertainty are possible for all involved in the care of older adults, their families and care staff.

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