

Social interactions between long-term care facilities residents and their relatives during the COVID-19 pandemic

Możliwości komunikacji pensjonariuszy ośrodków opieki długoterminowej z bliskimi osobami w dobie pandemii COVID-19

Helena Lesz-Przybył¹, Katarzyna Marczyk², Krzysztof Wilczyński¹, Jan Szewieczek¹

¹ Department of Geriatrics, Faculty of Health Sciences in Katowice, Medical University of Silesia, Katowice, Poland, Medical University of Silesia, Katowice, Poland

² Student Research Group at the Department of Geriatrics, Faculty of Health Sciences in Katowice, Medical University of Silesia, Katowice, Poland

Abstract

Introduction. The situation of persisting isolation of long-term care centers residents from their relatives, related to the COVID-19 pandemic restrictions, carries a risk of deterioration of their mental state, general health and, consequently, premature death. **Aim.** The presented research examines an impact of the pandemic on the availability and diversity of communication between long-term care centers residents and their relatives. **Material and methods.** An original, online questionnaire survey was conducted among the personnel of 268 long-term care units in Poland in the period from March 2020 to June 2021. **Results.** All studied centers introduced social distancing of various degree, lasting from 1 to over 9 months. The possibility of personal visits or meetings outside the center decreased significantly (to 76% and 81% respectively), compared to the period before the pandemic. However, the applied restrictions did not prevent the residents from SARS-CoV-2 infection in most (77%) of centers. Non-personal forms of contact were available before the pandemic, but the isolation increased their diversity and availability. Most of the respondents indicated that the need to provide residents with non-personal forms of contact is important. Furthermore, during the period of social distancing, many centers used various forms of supporting and activating residents. **Conclusions.** In time of the COVID-19 pandemic, long-term care facilities' residents faced prolonged restrictions on personal communication with relatives. Most centers introduced or expanded alternative contact options, mitigating the negative consequences of social distancing. In view of the subsequent pandemic recurrences, these activities need to be further developed. (*Gerontol Pol* 2022; 30; 3-8) doi: 10.53139/GP.20223007

Keywords: COVID-19, long – term care, non-personal forms of contact, social isolation, loneliness, loved ones

Streszczenie

Wstęp. Sytuacja długotrwałej izolacji podopiecznych ośrodków opieki długoterminowej od osób bliskich, związana z pandemią COVID-19, niesie ryzyko pogorszenia stanu psychicznego, ogólnego stanu zdrowia i w konsekwencji zgonu. **Cel pracy.** Zbadanie wpływu pandemii na możliwości kontaktu z osobami bliskimi podopiecznych ośrodków opieki długoterminowej oraz dostępność alternatywnych form kontaktu w przypadku ograniczenia osobistych odwiedzin, wynikającego z zasad przeciwdziałania epidemii. **Materiał i metody.** Przeprowadzono autorskie badanie ankietowe on-line (z wykorzystaniem domeny ResearchOnline) wśród personelu ośrodków opieki długoterminowej na terenie Polski. Badanie objęło okres od marca 2020 do czerwca 2021. Uzyskano odpowiedź z 268 ośrodków. **Wyniki.** We wszystkich ośrodkach wprowadzono trwające od 1 do ponad 9 miesięcy różnego stopnia dystansowanie społeczne. Możliwość osobistych odwiedzin w badanych ośrodkach zmniejszyła się w porównaniu z okresem przed pandemią o 76 %, a możliwości zabrania pensjonariusza poza ośrodek o 81%. Zastosowane ograniczenia nie uchroniły jednak mieszkańców przed wystąpieniem zakażeń SARS-CoV-2 w większości (77%) ośrodków. Różne formy kontaktu pensjonariuszy z osobami bliskimi były już częściowo dostępne przed pandemią COVID-19, ale sytuacja izolacji wymuszona warunkami epidemiologicznymi spowodowała wzrost ich różnorodności i dostępności. Większość respondentów wskazała, że potrzeba zapewnienia pensjonariuszom alternatywnych form komunikacji z osobami bliskimi w przypadku ograniczenia kontaktów osobistych nabrała dużego znaczenia. W okresie przymusowej izolacji, w wielu ośrodkach stosowano ponadto różnorodne formy wspierania i akty-

AdCorrespondence address: ✉ Helena Lesz-Przybył; Department of Geriatrics, Faculty of Health Sciences in Katowice, Medical University of Silesia; ul. Ziołowa 45/47, 40-635 Katowice ☎ (+48 32) 359 82 39 📧 hprzybyl@sum.edu.pl

wizacji pensjonariuszy. **Wnioski.** Po wybuchu pandemii COVID-19 pensjonariuszy ośrodków opieki długoterminowej dotknęły długotrwałe ograniczenia osobistych kontaktów z bliskimi osobami. Większość ośrodków wprowadziła lub rozszerzyła alternatywne możliwości kontaktu, łagodząc niekorzystne następstwa obowiązującego dystansu społecznego. Wobec kolejnych nawrotów pandemii, działania te wymagają kontynuacji i dalszego rozwijania. (*Gerontol Pol 2022; 30; 3-8*) doi: 10.53139/GP.20223007

Słowa kluczowe: COVID-19, ośrodki opieki długoterminowej, zdalne formy kontaktu, izolacja społeczna, samotność, osoby bliskie

Introduction

Isolation of older persons living in long-term care facilities from their family and friends puts this vulnerable population at risk of mental and functional deterioration which may lead to general health decline and premature death. This issue is of particular concern in the context of the COVID-19 pandemic. Limitation of the direct contact with loved ones may intensify feelings of social isolation and loneliness. Social isolation is defined as an „objective and quantifiable reflection of reduced social network size and paucity of social contact” [1]. Consequences of social isolation among seniors may be divided into two categories: first, worsening of physical care of a dependent person and second, psychosocial implications for elderly persons. Although the first consequence primarily affects elderly persons living alone, it may also affect residents of long-term care centers. Direct participation of relatives in the care of older persons in long-term care facilities is essential the quality of care. Limitations of the face to face contact between older people with their loved ones impacts negatively on their general well-being and also on the effectiveness of treatment and rehabilitative interventions. Barriers to interpersonal contacts may initiate a vicious circle: feelings of loneliness and depression resulting from limited contact with loved ones may lead to the avoidance of contact and the intensification of social isolation. Feeling in loneliness, is a hallmark of older age. According to Britannica, it is a “distressing experience that occurs when a person’s social relationship is perceived to be less in quantity and especially in quality, than desired.” [2].

Although loneliness can be experienced by people of any life stage, its prevalence becomes higher with advancing age, with the highest frequency among seniors aged over 80 years [3]. According to Gardiner and colleagues, loneliness was a significant problem in the community of long-term care center residents even before the pandemic, as the prevalence of ‘moderate loneliness’ was 61% and the prevalence of ‘severe loneliness’ was 35% [4]. Numerous studies have shown relationships between the psychosocial situation of older persons and their health status. Both loneliness and depression are as-

sociated with an impairment of functional fitness and increased mortality [5,6]. The presence of loneliness is associated with elevated blood pressure [7], higher occurrence of depression [8] and cognitive decline even after controlling the physical impact of social isolation [9]. The negative impact of social exclusion during the pandemic on both the physical, and mental health has been shown [10]. Social isolation is associated with higher frequency of acute and chronic pain [11], higher prevalence of depression [12] and worsening of pre-existing depression [13] as well as an increase in mortality [14] resulting, among others, from an increase in inflammatory status (“inflammaging”) indicated by parameters such as CRP and IL-6 [15] and increased risk of an acute myocardial infarction and death of coronary heart disease [16]. Even though social isolation is not always linked to the subjective feeling of loneliness, the association of lower quality of social interactions, less frequent phone contact and higher levels of social isolation with higher levels of loneliness in geriatric patients was reported. [17] So far, there are few studies of the impact of the COVID-19 pandemic on the social interactions between long-term care centers’ residents and their relatives and preventive measures developed by the centers to mitigate negative effects of the communication restrictions.

Aim

The aim of the study was to examine the impact of COVID-19 pandemic restrictions on face to face meetings between long-term care centers residents and their relatives and to analyze the interventions taken by the centers to mitigate these restrictions.

Material and methods

An on-line survey was conducted (using the ResearchOnline domain) among the staff of long-term care centers in Poland related to residents aged 60 years or more between the period of March 2020 to June 2021. A response was received from 268 centers, including 51% of public independent living facilities, 22% of private in-

dependent living facilities, 16% skilled nursing facilities, 6% of assisted living facilities, 5% others. The survey contained 16 questions, including closed, open – and multiple choice questions, concerning the impact of the COVID-19 pandemic on the functioning of long-term care centers, the duration and scope of social distancing during the pandemic, the availability of various forms of communication between residents and their relatives before and during the pandemic, participation of residents in the offered forms of communication with loved ones. Each center was represented by one staff representative who filled out the survey. Among respondents, 58% were center managers, 15% administration employees, 3% nurses, and 23% others, mainly center owners and social workers. According to the position of the Bioethics Committee of the Medical University of Silesia, this study did not require an assessment by the Bioethics Committee.

Results

All of the centers studied had persons aged 60 or over under their care. 176 (65.7%; 95% confidence interval (CI) = 60.0 – 71.4) of the surveyed centers were able to determine the percentage of residents aged 60+ who stayed in touch with their relatives before the pandemic, an average of 73% of residents ranging from 10% to 100%. All the centers introduced restrictions on personal contacts between residents and their relatives during the pandemic for 1 to over 9 months (figure 1).

Personal contact options, like personal visits of relatives or meetings outside the center, decreased significantly (by 71% (statistical significance (p) < 0.001) and 86% (p < 0.001) respectively) compared to the pre-pandemic period (figure 2).

Despite observance of all the rules for the prevention of infection, SARS-CoV-2 cases among staff were reported in 83% of the centers (95% CI = 78.3-87.4%) and among residents in 77% of the centers (95% CI = 71.8-81.9%). To mitigate pandemic-related restrictions, the centers organized alternative forms of communication between care center residents and their loved ones. These included, inter alia, physical meetings behind vapor barriers consisting of glass or foil barriers in predesignated visiting rooms, outdoor meetings with appropriate social distancing (e.g. from a balcony or window), video calls, mobile phone calls, traditional letter writing. In 143 (53.4%; 95% CI = 47.4-59.7) of surveyed centers, personnel were able to confirm the use of these alternative forms of communication from 0 to 100% of residents, on average 50%. In 9 (3.36%, 95% CI = 1.2-5.52) of centers, none of the residents used alternative communication mediums. Among care center staff, 66% of respondents, who answered the question reported that the number of care center employees was sufficient to ensure proper care of residents and contacts with relatives during the pandemic, 23% assessed that there was a slight shortage of staff, 7% – that the shortage was moderate and 1% – that the shortage was severe; 3% of respondents were unsure). At the same time, 28% of care center respondents reported that there exists a need to

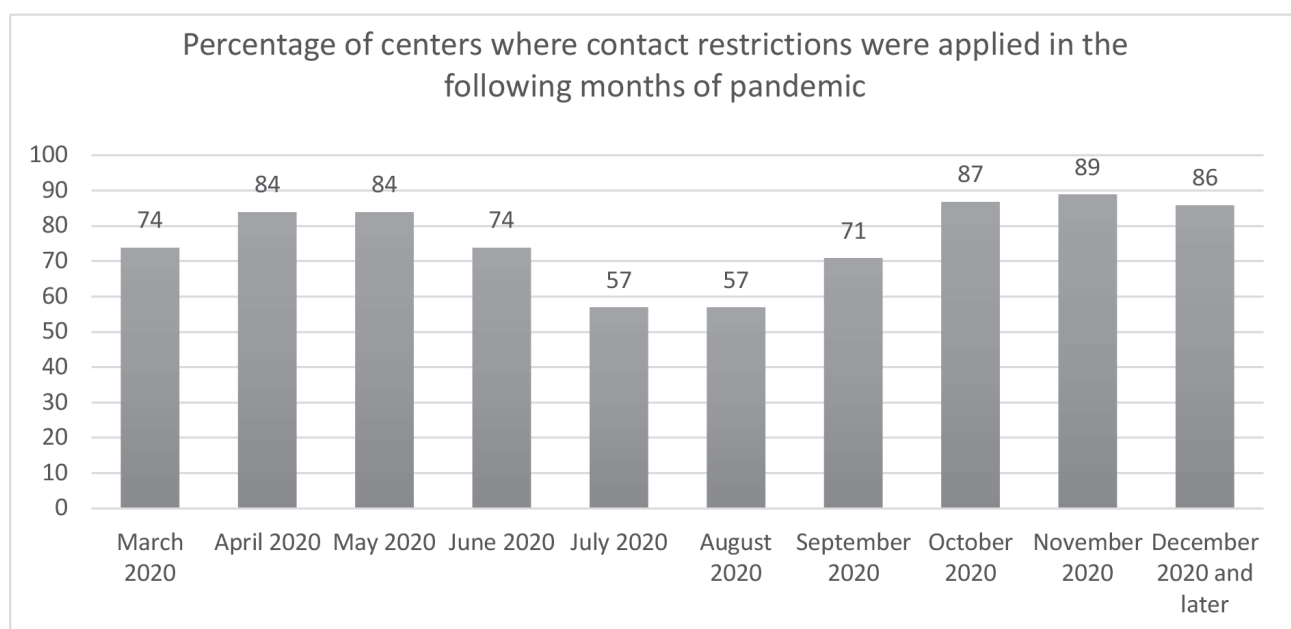


Figure 1. Percentage of centers where contact restrictions were applied in the following months of pandemic

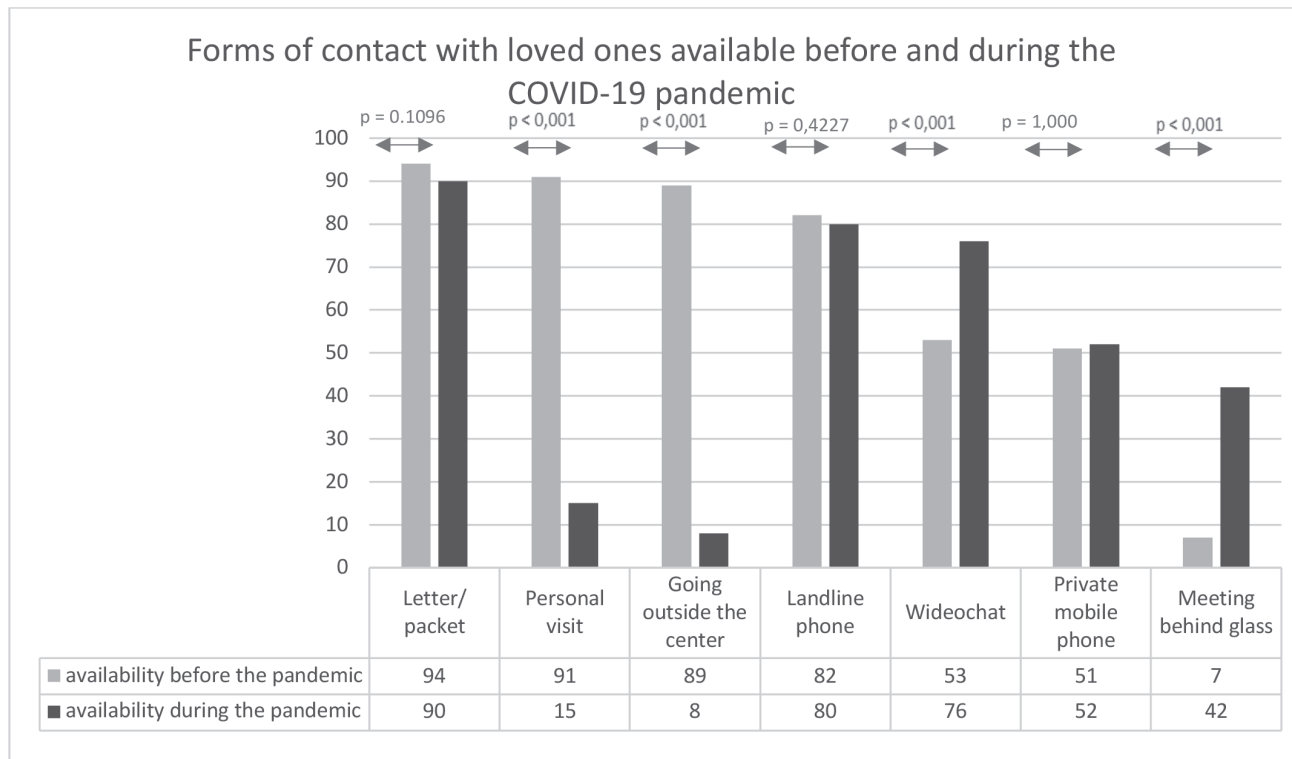


Figure 2. Forms of contact with loved ones available before and during the COVID-19 pandemic

hire additional employees. In 11% of the centers, it was necessary to enlist volunteers or hire additional staff to deal with the increased demands in the field of remote social interactions caused by the COVID-19 pandemic. Moreover, among measures to improve the ability of residents to communicate with their relatives, 53% of respondents indicated the need for co-financing for the purchase of telecommunications equipment, 29% – the need for the development of guidelines on the organization of different forms of contact, and 20% – the need for staff training. The vast majority of respondents believed that providing residents with non-personal forms of contact with relatives was important – in the opinion of 39% this need is a fundamental need, and according to 42%, a moderate need. 4% of respondents reported that there is no need to use additional forms of contact, 15% that the need for alternative forms of contact are insignificant. In all surveyed centers, various additional methods of supporting and activating residents were used during the pandemic. Occupational therapy was available in 89% of the care centers, physical activity – in 82%, fresh air walks in 75%, and psychotherapy – in 51% of the centers. Among other activities, music therapy, art therapy, access to religious service, gardening and many others were mentioned by the respondents.

Discussion

Aging leads to increased dependence on assisted living services. When adequate care in the home environ-

ment is not possible, care center must meet not only the basic needs of life, but also psychological, social needs and access to medical care and rehabilitation. Enabling contact with relatives and acquaintances is a basic necessity of elderly care service providers. This care requirement is not without risk. As the COVID-19 pandemic has shown, disease spread with uncontrolled social gatherings is possible. In Italy, there is evidence that social gatherings among elderly persons in care centers greatly facilitated the spread of COVID-19 and put the residents on significant risk due to the high mortality rate from COVID-19 among these population [18,19]. Further dramatic information indicated that the risk of infection also applies to the staff of care centers. When care staff fall ill, resident care employee shortages may result [20]. Our analysis showed that the vast majority of long-term care centers in Poland were also affected by SARS-CoV-2 infections among both residents and staff. Further consequences of the epidemic resulted from the need to apply procedures to reduce the risk of infection spread, especially social distancing. This meant that residents were sometimes cut off from the possibility of direct meetings with relatives for many months. It could be assumed that this form of social isolation would have a very adverse effect on the mental state of older people and therefore alternate forms of communication between residents and relatives should be intensified. The subject of the presented publication is an analysis of the scale of restrictions applied in time of the pandemic in long-term care centers in Poland

and the forms of compensating for the negative effects of these restrictions, developed in various centers.

Our analysis suggests that most long-term care facilities enacted restrictions on direct person to person contact due to the pandemic, which increased the risk of loneliness and social isolation among residents. Care centers developed alternate forms of communication between relatives and residents and intensified psychological and social support for seniors. Financial constraints, staff shortages and a lack of guidelines were the drivers of these efforts.

Current object of interests of gerontechnology is assistive technology, which includes monitoring tools such as arm bands that assess vital signs and are meant to compensate for physical disability and insufficient physical care. Social media, applications for video – calls were designed originally mainly with a view to younger people and require computer skills or personnel assistance. However, it may be useful medium for non-direct social contact among elderly residents of care centers and their loved ones in the context of the COVID-19 pandemic. Challenges for the remain: in our study, it turned out that the difficulties were also on the side of the residents – in some centers none of the seniors took advantage of the offered, alternative forms of communication with relatives. Our analysis does not allow us to determine the nature of these difficulties. However, it can be assumed that the causes may have included advanced cognitive impairment, depressive syndromes, visual or hearing impairment, as well as the ‘not-for-me’ attitude of older persons. However, the restrictions related to the COVID-19 pandemic have given a new impetus to overcome these difficulties and use new communication technologies in the care of seniors.

There are limited reports concerning the impact of use of remote forms of contact on the prevalence of social isolation and loneliness. Yu et al. reported positive impact of using the social network sites on social well-being outcomes the population of Americans older than 50 years of age: higher perception of support from friends and children and feelings of connectedness [21]. According to Leist, participation in social media can help in reducing stress, loneliness and increase feelings of control by receiving social support in times of difficult

life situations [22]. Another study, based on Germans older than 40 years of age, showed that daily internet users (using social network sites e.g. Facebook and using internet in different ways for contact with loved ones) were less vulnerable to social isolation compared with those with rare or no social media use [23]. Nevertheless, according to Noone and colleagues, the impact of video calls on loneliness and social isolation in seniors is uncertain and there was reported a need for further investigation [24]. On the other side, none of the studies analyzed in this research [24] was conducted during the COVID-19 pandemic.

Whether the impact of remote forms of contact with loved ones on seniors is well proven or not, we believe that it is positive development, that difficult situation of pandemic encouraged the long-term care centers personnel to organize different forms of social activity for their residents. The importance of that activity is highlighted by the reports that seniors who are engaged in interactions with loved ones across generations are less lonely [25]. Lessons learned during the COVID-19 pandemic in the context of remote social contact may be applied more widely among elderly long-term care residents, e.g. with family living abroad. However, further study is necessary to compare direct and remote social contact and its impact on the emotional well-being of seniors living in long-term care centers.

Conclusions

Restrictions related to the COVID-19 pandemic, including social distancing, were common in long-term care centers in Poland. All centers sought to develop alternate methods of communication between residents and relatives and various forms of psychological and social interventions were enacted to prevent feelings of loneliness and social isolation of the wards. Obstacles to the implementation of these measures were financial constraints, staff shortages and a lack of guidance. These issues require further research.

Conflict of interest
None

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