



The Impact of COVID-19 on Social Connection and Social Support among Residents in Long-Term Care Facilities: A Case Study

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Abstract

Social connection and social support are an integral component of an individual's physical and mental health as well as their quality of life. Before COVID-19 a high prevalence of loneliness and social isolation had been reported in long-term care facilities. COVID-19 exacerbated them among LTC residents due to the visitation restrictions from limited visitation to no visitation. This case study provides an example of the challenges encountered by a resident in a long-term care facility during the COVID-19 pandemic and how the visitation restrictions impacted his wellbeing. Technology as a method for connecting with family through video conferencing has been increasingly utilized to bridge the physical distance, and residents can benefit greatly from using the technology to keep connected with family and friends, ultimately enhancing their overall wellbeing.

Keywords: social connection, social support, COVID-19, long-term care facility, technology

Background

When the World Health Organization (WHO) declared COVID-19 a global pandemic in March of 2020, many countries adopted different methods to control the spread of the virus, including social distancing and stay-at-home orders, both of which were attempts to decrease contact between individuals (Nande et al., 2021). Older adults (over 60-65 years) are among the populations that have been identified as a vulnerable population at a higher risk for developing “a more severe form of the disease, which could lead to increased mortality,” particularly during COVID-19 (Thompson et al., 2020, p.2). Canada had a large number of deaths from COVID-19 in long-term care (LTC) facilities, especially before vaccines were made available. As of August 11, 2020, there were 8,991 deaths from COVID-19 in Canada, and 7,028 (78.2%) were in LTC facilities (Thompson et al., 2020). Therefore, more strict measures were put in place in LTC to protect this vulnerable population. Although these measures have been effective in reducing the transmission of COVID-19, they have created new challenges including increased social isolation and feelings of loneliness among residents in LTC facilities.

Older adults are at an increased risk of experiencing social isolation and having a decreased amount of social support, which can worsen by moving into a LTC facility. In moving into a LTC facility many residents find this transition difficult as they are re-locating away from their friends, families, communities, and past way of life, which often gives rise to feelings of loneliness, loss of social connection, and social support. Prior to the COVID-19 pandemic, social isolation and loneliness had been prevalent in LTC facilities (Jansson et al., 2020). Ample studies have documented a significant association between social isolation and poor mental health and psychological wellbeing among LTC residents as social isolation has been shown to exacerbate mental health symptoms. Social isolation and loneliness have been linked to many negative mental health outcomes such as depression, anxiety, poorer cognitive functioning and an increased risk of developing dementia (Wu, 2020). Along with the many negative effects on residents’ mental health, LTC residents who are socially isolated have been found to be more susceptible to health stresses and have higher hospitalization and mortality rates (Banbury et al., 2017). Unfortunately, COVID-19 associated restrictions (e.g., social distancing) were found to exacerbate the feeling of loneliness and social isolation before residents received a COVID-19 vaccine. A study by Simard and Volicer (2020) indicated that residents living in LTC facilities are at least two times more likely to experience loneliness in comparison with older adults living in the community during the COVID-19 pandemic.

Social connection and social support have been recognized to have a positive impact on LTC residents’ quality of life and mental health (Li et al., 2021). With the proven health benefits that social connection and social support provide, and the negative impact of visitation restrictions due to the COVID-19 pandemic, it is important to find ways to maintain social support and connection for residents living in LTC.

Using technology to communicate with others has become a very popular and convenient way for people to connect with each other. Research on using technology in LTC facilities has

focused on increasing connection with family members and friends through two-way video conferencing (Tak et al., 2010). Some of the advantages to video conferencing include the ability for residents and family members to see each other, the ability to have multiple people connecting at once, and the ability for family members to engage in activities with the residents or show them pictures and other meaningful objects (Ickert et al., 2020). Banbury et al. (2017) found that utilizing video conferencing in LTC facilities increased social networks and emotional and social support.

In this paper, we present a case study based on clinical experience in a LTC facility to elucidate the impact of the COVID-19 pandemic on a resident's life, particularly on his social connection and social support. We also discuss the implementation of technology, and specifically video conferencing as a method to improve social support among residents of LTC facilities.

Case Study

Eileen and Jack have been married for over thirty years and have known each other for forty years. They do not have any children but very much enjoy each other's company and spending time together. Jack is a retired social worker and has enjoyed tap dancing from a very young age and taught many groups throughout the years. Ten years ago, Jack started to experience a hand tremor and was subsequently diagnosed with Parkinson's Disease. The symptoms have progressed into a more severe arm tremor, rigidity, especially in his lower limbs, bradykinesia, and some dysphagia when in "frozen states". The progression of his Parkinson's Disease has had an impact on his mobility, and resulted in him having many falls, and increased needs with activities of daily life (ADL's) during his "frozen states", which are the reasons for his transition into a long-term care facility.

One of the challenges from moving into a long-term care facility that has affected Jack and his relationship with Eileen is his loss of independence and not being able to live together with Eileen, which has been hard for both of them. Jack has coped with not being able to live with his wife by talking on the phone with her everyday. Although Jack and Eileen were able to communicate with each other every day, Jack still felt disconnected from his wife as he was unable to see her.

Jack moved into a long-term care facility in February of 2020, which was one month before the WHO declared COVID-19 a global pandemic (Cucinotta & Vanelli, 2020). Once the WHO declared COVID-19 a global pandemic, visitors were not allowed in the long-term care facility, which meant that Eileen was unable to come and visit Jack for over 13 months. Jack has stated that the biggest challenge during the pandemic and living in a long-term care facility was being separated from his wife. He stated that he often felt less alert, numb, and tired, all of which were related to not being able to see his wife which he described as giving rise to an "emptiness" and "aching" feeling due to the separation from his wife. Jack coped by reading and by talking to the staff at the facility and other residents if he was allowed out of his room. When asked what he would do differently if a situation like COVID-19 were to happen again, he stated that he would have liked a computer so that he could have looked things up and written short stories.

Jack was able to use FaceTime via video conferencing, a few times with the help of staff at the long-term care facility in order to connect with his wife during the period of COVID-19 in which visitors were not allowed and stated that it helped as he could “see that she was doing okay”. Video conferencing helped Jack stay more connected to his wife because he was able to not only hear her voice but see her face and facial expressions. The video conferencing provided a more engaging interaction and something that is closer to an in-person conversation. Jack stated he would be interested in using video conferencing more as it would allow him to visually see his family members and would be interested in using it to communicate with other members of his family including his siblings.

Discussion

This case study shows that social connection and support are an integral part of LTC residents’ life, particularly during COVID-19. Social support has been identified as a key determinant of active and healthy aging by the WHO as it has become apparent that having strong social ties and consistent social interactions in meaningful relationships contribute to all aspects of health and wellbeing (Smith et al., 2017). Technology can play an important role in improving social connection and support among LTC residents.

In the LTC facility that this case study is based on, the residents were not allowed to have visitors from March 2020 until April 2021. Due to multiple COVID-19 positive cases and outbreaks in the facility, there was a period of time when the residents were unable to leave their room for up to two months. As described in this case study, Jack reported feelings of isolation and loneliness and their impact on his overall wellbeing during COVID-19.

As stated earlier, isolation and loneliness are common among LTC residents, particularly during COVID-19. To combat social isolation in LTC facilities, research that focused on interventions has been conducted. For example, Van Orden et al. (2020) created a “Connections Plan” that utilizes cognitive-behavioural therapy to increase social connectedness by changing one’s perspective on the situation in order to change how they connect with people during the social isolation period. Interventions include teaching older adults techniques such as stress management through relaxation and deep-breathing, and finding ways to maintain social connections through writing letters or using technology to connect with family and friends. Other suggestions for older adults in LTC facilities include engaging in meaningful conversations with staff of LTC facilities during the isolation period.

Williams et al. (2021) conducted a systematic review of interventions to reduce social isolation and loneliness among LTC residents during the social isolation period of COVID-19 and concluded that mindfulness-based therapies such as meditation and laughter therapy were effective in reducing loneliness and increasing social support. Interventions such as video conferencing, gardening, and online gaming were seen to be effective, especially for residents in LTC facilities. Social facilitation was stated to be more beneficial for residents as opposed to befriending interventions. Social facilitation involves providing ways for residents to remain

connecting to their existing social support networks, mainly friends and family, as opposed to trying to make new friends (Williams et al., 2021).

Use of Technology to Increase Social Connection and Social Support

Due to the visitation restrictions during COVID-19, using video conferencing has been adopted as a way for LTC residents to communicate with their families. Introducing video conferencing into the lives of residents in LTC facilities has shown advantages including facilitating social connection by providing strength and mental support (Pandey et al., 2021; Shah et al., 2021). Face-to-face video conferencing can be more effective than talking on the telephone or other forms of communication that do not allow face-to-face contact and can help to reduce feelings of loneliness (Zamir et al., 2018). It has been shown that face-to-face video conferencing once a week increases social and emotional support and decreases both loneliness and depression of residents in LTC facilities (Tsai et al., 2010). McArthur et al. (2020) collected data from seven LTC facilities in New Brunswick, Canada, and found that using video conferencing helped families stay connected, which decreased the negative mental health effects of the lockdown period.

Jack used video conferencing via FaceTime around five times during the period when no visitors were allowed into the LTC facility. The staff at the LTC facility would bring a tablet device into his room and set it up so that he could talk to his wife. The LTC facility would schedule times for residents to use the tablets and coordinate the schedule with the availability of the residents' families. However, Jack expressed wanting to have more frequent FaceTime calls with his wife and family, but opportunities to do so were limited by the availability of devices and staff who facilitate the video conferencing calls.

Barriers in Implementing Video Conferencing

There are many barriers that could impede the use of face-to-face video conferencing in LTC facilities. Technological barriers to implementing video conferencing in LTC facilities include not having a device or the software to video conference, not knowing how to use a technological device or not having internet connection. Other barriers cited include having a high staff turnover rate, getting family members to commit to video conferencing, and ageist ideas that older adults are unable to use technology and would not want to communicate that way even if it was an option (Zamir et al., 2018).

Ickert et al. (2020) gathered data from ten LTC facilities in Alberta, Canada, and stated that some of the challenges in implementing video conferencing with LTC residents during COVID-19 were the lack of availability of devices, varying knowledge of staff and residents to operate technology and a lack of strong enough Wi-Fi signal. Recommendations made for facilitating social connection virtually in the future include acquiring more tablets and adequate staffing to make the meaningful and frequent social connection possible.

Conclusion

This case study presented a resident in an LTC facility during COVID-19, and the negative impact of COVID-19 had on his overall emotional well-being due to a lack of social connection and social support. It also highlighted how technology use can improve social connection and social support among LTC residents, even in a post-pandemic world. However, many barriers to implementing technologies for the purpose of social connection and social support have been identified. Breaking these barriers is an important task that requires teamwork from many parties including residents, families, LTC staff, communities, and governments in order to find solutions that will ultimately enhance the mental health and wellbeing of LTC residents.

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