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BACKGROUND

- Relational caring promotes social connectedness, reciprocity, and dialogue between older persons, family care partners, and professional carers in long-term care homes (LTCHs).
- Restrictive COVID-19 pandemic policies have negatively affected the ability of people living, visiting, and working in LTCHs to sustain relational care connections.

STUDY PURPOSE

Our study aims to explore the relational caring experiences of family care partners and professional caregivers of older people living in LTCHs during the pandemic.



METHODS

- **Study design:** This ongoing qualitative study employs a critical incident technique method (CIT). The CIT approach allows researchers to explore significant incidents associated with a social phenomenon, including respondents' experience of an incident, why it is deemed significant, and its management and perceived consequences.
- **Study sample:** 5 family care partners and 4 health professional caregivers in LTCHs during the 1st, 2nd and 3rd waves of the pandemic
- **Data collection:** Participants completed an online questionnaire that captured critical incidents that focused on relational care interactions.
- **Data analysis:** Descriptive statistics for socio-demographics information; thematic analysis for qualitative responses

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RESULTS

Socio-demographics Profile

Gender	7 women, 2 men
Education	Secondary school diploma: 2 College diploma: 2 University degree: 5
Family care partner role(s) for persons in LTCHs	Husband: 1 Daughter: 4
Professional caregiver role(s) for persons in LTCHs	Administrator/Manager: 1 Nurse: 1 Personal support worker: 2

Challenges to providing relational care

“Pre-COVID I brought her out every weekend to have her hair done and we spent quality time together. With COVID this was no longer possible and she started to decline. She refused a bath or shower and couldn't get her hair done. She became dehydrated many times.” [FCP]; My facial emotions are covered by masks and it is difficult for residents and their families to hear. I've learned to use gestures and iPads but ongoing need for PPE results in visiting disappointment and frustration.” [PC] - **Disrupted care, visiting patterns and relationships**

“It is the utmost importance for people in LTC to have connections and interactions with family. Separated because of health should not equal isolation. Taking away this essential determinant of health has a negative impact so great, it will take years to reverse.” [FCP]; “I'm watching the residents die slowly because of isolation from family.” [PC] – **Slow death from absence of relationships**

“There was an incident where she was diagnosed with pneumonia and had difficulty breathing. The staff could not check on her as often as needed. I felt helpless because I could not visit to provide additional support.” [FCP]; “There was a lot of hard work and increased efforts, but family and residents were often frustrated with the ‘new normal’. I hoped families would understand and be empathetic to us due to guidelines and staffing constraints. We're doing the best we can!” [PC] – **Struggling with staff shortages**

Strategies to sustain relational caring

“I found one health team person who put things in place to encourage her to eat and drink, but these did not get followed through by other staff. It made me very angry, but I kept advocating. Advocate for your loved one and stand up for your rights to be allowed to be with them. They need their families.” [FCP] – **Engaging in persistent advocacy**

“I built relationships through emails, telephone calls and face time meetings with the care manager and staff. I could ask a PSW to go into her closet and identify the clothes she needed. This built trust.” [FCP]; The resident's children and I put our heads together and agreed a magnifying glass would help her see the Bingo cards. This idea was effective and she engaged in the game, making us all very happy.” [PC] – **Building intentional connections and open communication to improve care**

“I had to seek out support from my friends, and did yoga online daily.” [FCP]; “I've experienced a shift in how I see older people and their families; COVID-19 has impacted our mental health in the same ways.” [PC] – **Experiencing the need for self-care and mental health strategies**

“Training for staff and family alike should include Caregiver Tips. Staff need education on how to communicate with family and LTCH residents. Support groups need to be immediately available.” [FCP] – **Educating to support collaboration during pandemic conditions**

“I am an essential caregiver and I am made to feel welcome everyday. All the staff have dementia management training and choose to work in the unit. I witness the compassionate, fun environment they provide, which gives me comfort. They treat me and my loved one like family.” [FCP] – **Supporting inclusion and belongingness, sustaining the power of relational caring**

DISCUSSION

- Participants identified that challenges to providing relational caring come from disruption of care and family care partner visiting, as well as lost opportunity for family care partners to contribute in significant ways to bolster weak infrastructures secondary to staff shortages.
- Participants, both family care partners and professional carers, reported that restrictive policies implemented to prevent transmission of infection, led to impacts that led to negative long-term health outcomes residents.
- Participants indicated the importance of collaborative decision-making and communication, using various means including technology, to sustain relational care or relational trust.
- Family care partners were the only participants, to date, that have expressed need for additional education for themselves and professional carers. Additionally, advocacy rights were emphasized by family care partners.

CONCLUSIONS & IMPLICATIONS

- Preliminary findings suggest that considerable effort and emotional work on the part of both family care partners and professional carers were required to sustain relational caring during the COVID-19 pandemic.
- Furthermore, family care partners and professional carers shared similar observations and perspectives about the impact of pandemic restrictions on the health and wellbeing of residents living in long-term care homes.
- Future research exploring collaborative support interventions would be beneficial to strengthen the role of family care partners who are designated ‘essential’ during pandemic contexts.

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