

Experiences coping of COVID-19 in Long-Term Institutions for the Elderly

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ABSTRACT

Introduction: the Long-Term Care Institutions for the Elderly (LTCIE) suffered with mortality and high infection rates, by SARS-CoV-2. **Objective:** to describe the experiences and strategies adopted by LTCIE professionals in coping with COVID-19 in the first months of the pandemic. **Methods:** this is a qualitative case study, conducted in three LTCIE in Minas Gerais, Brazil. Data collection was performed using the focus group technique, in September 2020, with the participation of fourteen professionals. The results were submitted to Content Analysis. **Results:** experiences are changes in biosafety practices, such as the use of personal protective equipment and testing of professionals and the elderly. A contingency plan with specific protocols was adopted. Changes in the routine of hygiene of the institutions are also highlighted. It also showed loneliness, fear, insecurity, which resulted in the implementation of strategies such as virtual visits, art therapy, music workshops, drawing and games in an attempt to reduce anxiety. **Conclusions:** it is suggested that biosecurity measures and protocols may have contributed to the success in combating COVID-19 in these environments. The improvement in the work process of professionals and reception to the psychosocial needs of the elderly were fundamental.

Keywords: Long-term care for the elderly, COVID-19, Coronavirus, Assistance to the elderly.

INTRODUCTION

COVID-19, Coronavirus Disease, is an infectious disease caused by the coronavirus SARS-CoV-2, and was first identified in a patient with pneumonia in the city of Wuhan, Hubei province, China, in December 2019¹. The infection caused by the coronavirus has evolved and reached several countries and became considered, in January 2020, a pandemic and a public health emergency of international importance. In this context, the elderly and people with chronic comorbidities were classified as risk groups because they presented the greatest complications of the disease and higher mortality².

Preliminary studies showed that in Long-Term Care Institutions for the Elderly (LTCIE) infection by SARS-CoV-2 is high, with a mortality rate, suggested for those over 80 years, higher than 15%³. The LTCIE are long-term geriatric care residences that provide supervision and assistance in daily activities and nursing services, among others. These are collective housing for people over 60 years of age, who

have or do not have a family support⁴ and are in a vulnerable situation.

Thus, residents of LTCIE are considered more susceptible to complications of the disease because they have more than 60 years, often have some morbidity, in addition to being a shared environment, where many depend on help to perform their daily activities². Such risks represent a major challenge for these institutions, because they bring together people who are more exposed to the complications of COVID-19 and who can result in the worst outcomes of SARS-CoV-2 infection⁵. However, the national literature does not have many studies on the experience of coping with the pandemic in this complex scenario.

It is believed that the reality of the COVID-19 pandemic required greater care within LTCIE, greater disease control and prevention strategies capable of reducing the risk of contamination among residents, workers and service providers.

Given the above, and assuming that the health service needed to incorporate rapid changes in the face of uncertainty and the need

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for reorganization in the face of the pandemic, the question is: how did the teams face COVID-19 in the LTCIE? What were the coping experiences adopted by professionals within these institutions?

The study becomes relevant because it addresses a scenario that is often neglected by public policies, which houses a population that grows at an accelerated pace in Brazil, and that needs special attention, experiences during the pandemic. Given the considerations presented, this study aims to describe the experiences and strategies adopted by LTCIE professionals in coping with COVID-19 in the first months of the pandemic.

METHOD

This is a descriptive, qualitative study that was reported according to the recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ)⁶.

The research was conducted in three LTCIE of three neighboring municipalities, belonging to a Health Regional of the Zona da Mata of Minas Gerais, Brazil. In total, the LTCIE involved had about 169 elderly (in total of the three institutions) and an average of 45 employees (in each institution), with nursing staff, medical staff, caregivers, nutritionists, social workers, cleaning staff, pantry and administration. All were public or philanthropic, non-profit institutions.

The survey participants correspond to a simple random sample. The inclusion criterion adopted was to be a professional with work contract in the LTCIE, regardless of the professional category and accept the invitation to participate in the focus group. The exclusion criterion was to be in suspended activities, leave and/or vacation, during the data collection period.

The sample consisted of fourteen professionals: three nurses, two nutritionists, a pharmacist, a quality coordinator, with training in management processes, a psychologist, a marketing coordinator and ombudsman, with training in journalism, a senior management professional, a cleaning service professional and three elderly caregivers.

Data collection took place in September 2020, through the focus group. The focus group enables interaction between participants, allowing the issuance and formation of opinions, discussions and attitudes. This technique aims to stimulate one

member of the group to respond to another, expressing agreement or disagreement, by questioning and by receiving or providing responsibility⁷. The focus group promoted a multiplicity of ideas and experiences to the researcher and facilitated the understanding of the actions performed by the participants.

For data collection there was a moderator and an observer. Both met to discuss impressions at the end of the focus group, which had an average duration of 60 minutes, using a video call platform, addressing the following guiding questions: What are the biggest challenges faced in the institution and what are the actions or strategies to face these challenges? What were the experiences during this pandemic period?

The testimonies were recorded and transcribed in full for further analysis. Each participant was identified with the letter P followed by a sequential number, according to the focus group participant.

The data were analyzed using the technique of Content Analysis following the steps: pre-analysis, exploration of the material and treatment of the results, inference and interpretation⁸. Initially, a fluctuating and exhaustive reading of the interviews was performed in order to familiarize with the text and obtain full understanding of what the participant sought to convey. Then, thematic selection was made, which consisted in identifying the nuclei of meaning, or semantically similar elements, for further categorization and interpretation in the light of the literature⁸. With the analysis, two categories were elaborated: Organization of the service as coping strategies and Experiences within the LTCIE during the COVID-19 pandemic: feelings and challenges.

All ethical principles were respected. The participants received and signed the informed consent form. The research was approved by the ethics committee of the Federal University of Viçosa with opinion number 4,054,987.

RESULTS

Fourteen professionals participated in this study; of these, eleven were female and three were male. They were professionals in the area of nursing, nutrition, pharmaceutical, social service, high administration and cleaning service of the institutions, with experience of 5 to 10 years in the service (80%) and 11 to 20 years (20%).

Organization of LTCIE as a strategy to face COVID-19

This category discusses how institutions faced the pandemic, the ways of controlling the circulation of the virus, practices adopted, how they dealt with the positive cases and the behaviors adopted.

The statements addressed prevention, disease control, biosecurity practices, such as periodic testing of the elderly and the team, the adoption of Personal Protective Equipment (EPIs), according to the statements:

[...] "We are being tested weekly, it's a strategy. Everything that's missing, I communicate to the secretary of health, I communicate to the prosecutor's office, and I say we need this. People are in need of testing. So, we pass what you need. If I ask today, what I need is today, it cannot be for a month from now, and we have to insist with the public authorities". (P1)

"It's not that we're being tested that's going to protect us, it's not that. It's just a matter of tracking." (P12)

[...] "we started preventively using the mask for ourselves and for the elderly" [...]. (P2)

[...] "we are taking all the measures, we use the mask, we are using the PFF2/ N95, in the beginning we even used the fabric mask, but now we only use this mask." (P5)

For the elderly, testing was performed 15 to 20 days apart, and for professionals, weekly, using the RT-PCR test. Periodic action has become an important strategy, testimonials exemplify:

[...] we agreed with the Secretariat and with the support of some university professors, that every ten days, all professionals are tested [...] this test they take, is the RT-PCR. (P3)

[...] so there is already a testing flow today [...], that every 20 days, approximately, from 15 to 20 days, all seniors and all professionals are tested, to carry out this blockade already if case someone come out positive. (P4)

A contingency plan has been drawn up, defined a protocol to be followed, as reported:

[...] We've already taken all the norms from the Ministry of Health [...] we've already put together our action plan and then we've managed, until today, both the employee and the elderly themselves [...], The contingency plan involves everything from the commitments of the institution, even the authorities who also have to assume responsibility along with us. (P2)

Changes in the institution's hygiene routine, such as constant cleaning of common spaces and precaution, screening for daily signs and symptoms, between residents and professionals, emerged in the statements:

[...] there I look at the saturation every day... I do the screening, which is the temperature, I see the saturation and I do the tracking of signs and symptoms. If he really has a mild condition or not, if he has the flu or not, how is he? So I already do this daily assessment. (P2)

[...] the body temperature of all seniors, all employees, is being tested, looked at, checked, every day, twice a day. There is also a professional at the Institution who sprays sodium hypochlorite every day in all areas of the home. (P5)

The participants reported what actions were taken when they had their first positive cases within the institutions and how the management and forms of protection of the other elderly and employees were carried out, according to the statements:

[...] the infected elderly were taken to a space made available by the

Secretary of Health, who, in addition to the space, provided the technical team. The operation of the space was the responsibility of the ILPI itself, considering that we could not break this bond with them. (P4)

[...] in this isolation, the elderly had access to individualized rooms, with individualized bathrooms, the municipality provided four nursing technicians who were taking turns 12/36h and the institution provided two professionals: a caregiver and one from the kitchen, to maintain the same level of food, who already knew their whole process, and the caregiver to be able to accompany them there, that it was their intimacy. (P4)

Finally, the difficulty of carrying out the isolation of the other elderly, who for some other reason were hospitalized, and when returning to the routine of the institution, had to undergo a preventive isolation protocol, can be highlighted in the following:

[...] every elderly person who is hospitalized [...] doing this isolation is being a challenge, why? This demands a workforce structure, the physical space there. He is favorable, but if there are more people, we are not able to attend. (P2)

Experiences within LTCIE during the COVID-19 pandemic: feelings and challenges

This category addresses the feelings experienced during the pandemic and issues related to the sensitivity of participants, as well as the main challenges faced during the COVID-19 pandemic. With the arrival of a new virus, about which there was not much information on how to deal with the situation, the fear of contamination among the elderly, how to deal with social isolation, the absence of the family and the uncertainties of the future.

Some participants reported fear, anguish, worry, loneliness and sadness. These feelings influenced the adjustments in the routine and behavior of the elderly, as exemplified below:

[...] so I saw the need for a caregiver to continue this work of doing the nails and fixing the hair. In order not to let their psychological downfall. Don't let sadness come. (P1)

[...] change in behavior too, due to the routine that changed a lot and lack of recreational activities that many attended CAPES, CRAS. And with the pandemic it stopped. (P6)

[...] as they were having a lot of idle time, they had access to some emotions that were harming their behavior, they became more aggressive. (P7)

[...] these first days were anguish, not only for the management team of our home, but also for all professionals [...], we were very anxious, very worried, very afraid, we were all afraid as much as them, our seniors tested positive and our employees. (P8)

[...] at the same time, I believe that such great faith and work have made us go forward, that everyone, in the whole world, has also lived these moments so strongly. (P14)

Some institutional strategies were adopted so that this period was overcome as: implementation of virtual visits, with the use of donated tablet and smartphones or employees themselves; expansion of art therapy activities, music workshop, drawing, recreational activities to reduce anxiety, according to testimonies:

[...] recreational activities, art therapy workshops, she even used her own telephone to make calls to some who were more anxious. She changed her behavior a lot to have contact with her family. (P6)

[...] they were also encouraged to create bonds with other family members who did not come to visit before the pandemic. Because we also had a very

large distance from family members here. And with this issue of the video call, it's easier. (P7)

[...] We ask what they want and they bring their will. So it's usually a drawing that they ask for, [...] then there are the drawings, we have the music workshop, which we leave there for a period of one hour, every day, and they choose the songs, dance, sing, [...] we have every fortnight, the bingo we do with them here too, we receive some donations and we do this bingo. (P13)

In addition, the challenge of making the team aware of keeping care and precautions in and out of institutions was mentioned in the following speech:

[...] because many are still not aware that being at home I cannot receive visitors, I also have to isolate myself, I have to do my quarantine. Because if everyone is aware of being careful, we know that the virus would not enter an institution [...]. (P11).

[...] the biggest challenge was to make the whole team aware of the real situation. What the coronavirus brings to all of us and especially to the target audience there, which is at high risk. Making the team aware of this was a very big challenge. (P2)

Finally, the fragility in public policies was highlighted, with lack of resources and attendance to the needs of the institutionalized elderly population. The need to donate resources to these institutions was evidenced, according to testimony:

[...] this pandemic exposed all possible fragilities of philanthropy, as a response to the public policy of care for the elderly(...). And I believe that the LTCIE biggest challenge comes up first, public policy cannot be made without financial resources. With the right financial resources, you adjust HR, you adjust inputs, everything you need[...]. (P4).

DISCUSSION

The COVID-19 pandemic has caused changes and impacts not yet fully calculated and scaled in health services and in all sectors of society⁹. In general, prevention, control and management in crisis situations were challenges for any health institution. Thus, according to the results presented, changes in biosecurity measures are among the most cited challenges among participants, reinforcing the importance of implementing a contingency plan, use of PPE, periodic testing of professionals and residents^{10,11}. In this sense, the results showed that the managers and the LTCIE teams worked in a similar way.

The use of PPE as masks (tissue, surgical or N95), face shields, cloak or apron appear in documents of recommendations for prevention and control of the new coronavirus of the National Health Surveillance Agency (ANVISA)¹⁰ and the Brazilian Society of Geriatrics and Gerontology¹² as a form of individual and collective protection, which was addressed in this study, as a control strategy used by institutions.

The testing of professionals and residents was an important tool for disease control within the LTCIE. A study conducted in Paraná showed that testing is an efficient way to reduce injuries, and can thus have a greater control of the spread of the disease, which dialogues with the results obtained, where several institutions adhered to periodic testing for virus control within institutions¹³.

Another study highlighted that the RT-PCR test for all who have flu-like symptoms with COVID-19, even if mild, should be performed, and if positive, the guidance is to perform isolation. The RT-PCT test is an examination performed with samples taken from the upper respiratory tract (swab of nasopharynx or oropharynx) and lower (sputum, bronchoalveolar lavage or tracheal aspirate) that detects viral RNA particles in order to confirm the presence of the virus in the patient¹¹.

Therefore, performing the test in elderly residents of ILPIs, health professionals and caregivers who have flu symptoms should be priority strategies for coping with the pandemic in these locations¹⁴.

Regarding the implementation of the contingency plan, it is a document of commitment of the institution in an action plan, so that safe and recommended actions can be performed¹³. It should be noted that the

contingency plan is important to carry out conventional, well-designed, rapid interventions in order to prevent and reduce the spread of the virus, through guidelines, guidelines and normas¹³. The construction of a contingency plan proved to be necessary so that the demands of each institution could be met and that allowed the implementation of the recommended measures for the entire population, specifying the procedures and responsibilities of the different levels of attention for the prevention, detection and confirmation of suspected cases of COVID-19¹⁴.

The daily screening of respiratory signs and symptoms such as fever, cough, dyspnea, chills, muscle pain, headache, sore throat, loss of taste or smell, performed by the institutions of this study, has become a fundamental tool for early identification of elderly people with possible diagnosis of COVID-19. ANVISA also recommends this boarding¹⁰ and reinforces the importance of periodic evaluation and monitoring of LTCIE residents, as well as the evaluation of respiratory symptoms in the admission of new residents.

The adoption of a new hygiene and cleaning routine, as mentioned by the participants, as well as the use of 70% alcohol gel, hand washing with soap and water, surface hygiene with sodium hypochlorite, are recommended practices by the Ministry of Health². The use of sodium hypochlorite, as pointed out in the results, is justified by being a very effective disinfectant against several types of microorganisms, including coronavirus.

It is noteworthy that the supply of equipment and the necessary inputs for hand hygiene correctly are actions of the administration of the institution, as well as the provision of cleaning materials, bins with pedals, with correct identification for disposal of materials, with and without human secretions. It also emphasizes the importance of a permanent education program for all professionals and employees that includes: identification of COVID-19 and its main symptoms, personal hygiene care, removal of the professional who has respiratory symptoms and fever for 14 days and guidance on home isolation; suspension of visits; reduction of collective activities; reinforcement of routine cleaning of spaces and surfaces; maintenance of ventilated environments whenever possible and observation of management protocols and identification of people with respiratory symptoms compatible with flu syndromes, performing referrals, if necessary².

A study conducted in Taiwan, China, summarized that the "gold standards" of infection control measures

that should be employed in the care of the elderly are: the use of PPE and the sufficient availability of such equipment and the correct cleaning of the institution's environment¹⁵.

With the confirmation of positive cases within the institutions, the need for isolation of these elderly people arises, which can be a difficult factor, since not all institutions have an adequate physical structure to separate the positive elderly from the others, as recommended by the Ministry of Health. The importance of isolation is addressed by the ANVISA¹⁰ guidance document, which highlights the importance of isolating positive or suspected cases of COVID-19, as well as elderly people who have been hospitalized for other reasons. Such actions were carried out in the institutions surveyed.

The second category, which presented the feelings experienced during the pandemic within the institution, whether by professionals or institutionalized, pointed out that fear, anguish, sadness and anxiety were feelings highlighted by the interviewees. One study showed that one third of the elderly interviewed presented the feeling of anxiety during the pandemic, and that 27.5% of the elderly evaluated reported the feeling of sadness/depression¹⁶. This research showed that such feelings were very common during a pandemic period, even in the elderly who are not residents of LTCIE.

Unfortunately, social distancing provided a more lonely and isolated routine, resulting in feelings of fear, anxiety and behavioral changes. In addition, there was a fear of loss of family members or life itself due to the risk of infection, which made the suffering of the elderly greater, in addition to the uncertainties about the future¹⁶.

There was a gap in the literature regarding studies that addressed the feelings experienced by residents and professionals of LTCIE during the COVID-19 pandemic. After analyzing the results of this study it was possible to observe the importance of welcoming the feelings of residents and professionals of LTCIE and the need to seek different forms of coping, in addition to offering alternatives for communication and leisure for the elderly.

Spirituality/religiosity was exposed as a characteristic that was related to hope, the feeling of gratitude and faith, and were factors that facilitated the way to face stressful situations¹⁷. A study conducted with 75 elderly residents in Brazil showed that 62.3% of participants said that religiosity/spirituality helped them cope with the pandemic during social isolation;

the same research reported that feelings of faith (78.7%) and hope (76%) were more noticed during this period¹⁸.

Given the above, the importance of faith and spirituality in the lives of these people is highlighted, which were factors that strengthened positive feelings of hope and the expectation of better days, helping to cope with the pandemic.

According to the reports of the interviewees of this research, the distancing and social isolation had an impact on the forms of communication and interaction with the relatives, being able to intensify negative feelings in the elderly. Hard technologies such as mobile phones, computers and tablets were inserted as strategies capable of reducing such sentiments^{19,20}. In this sense, maintaining the bond with family members through letters, video or telephone calls, social networks, were extremely important during this period¹⁴. In addition, other forms of distraction, workshops and moments of music were solutions found by the LTCIE in an attempt to distract the elderly and provide moments of leisure. Music therapy was used as a way to restore the self-esteem of the elderly and can contribute to the elderly to believe in themselves, valuing their social aspect, improving the concept of themselves^{20,21}. The promotion of a pleasant environment, motivating residents to perform readings, listen to music, and perform activities they liked, were also pointed out as relevant strategies for maintaining mental health²¹.

Finally, regarding the main challenges experienced during the pandemic, it was observed that the change in routine within the LTCIE, the understanding of the Coronavirus contamination process and the forms of prevention were difficult for professionals to understand. The understanding of personal and environmental protection, since the movement of workers within institutions favored the circulation of pathogens taken from the community into the LTCIE²², was also a difficulty addressed.

The pandemic has exposed a great fragility of the LTCIE, which are often philanthropic in nature and require donations to keep up. This portrays the reality of underdeveloped countries, which invest little in policies aimed at LTCIE, assuming that philanthropy can meet the needs of this vulnerable population²².

Currently, in the literature, little is discussed about the reality of LTCIE, their difficulties and challenges, the weaknesses of the institutionalization of the elderly and how existing public health policies for

the elderly are insufficient for the protection and dignity of this population. Through this study, some important aspects were elucidated. It is evident that other studies need to be conducted on the effects and consequences of the pandemic within these institutions.

Given the results analyzed, it was possible to see that the period of adaptation reported, constituted a period permeated by stressors, negative feelings and hope, as well as the search for new coping strategies.

Regarding the limitations, it is noteworthy that these results cannot be generalized because there was no participation of all professionals in the focus group, which makes it impossible to express the reality of another institution.

CONCLUSIONS

The COVID-19 pandemic has generated unmeasured consequences in various sectors of society and especially in the area of health. Given this scenario, it was possible to identify some important experiences and strategies for coping with the pandemic, focusing on LTCIE.

Biosafety actions stand out in the issue of disease prevention. Several strategies were implemented within the institution such as the use of EPIs, social distancing and isolation of positive cases.

The results showed feelings of loneliness, fear and insecurity, which led to the adoption of strategies such as virtual visits, art therapy, music workshops, drawing and games in an attempt to reduce anxiety. The lack of resources was reported as a major challenge, which signals the importance of public policies and actions aimed at the health of the elderly living in the LTCIE.

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