



The Experience of COVID-19 in Rural and Northern Saskatchewan Long-term Care Homes

When asked how not having access to therapies impacted them, Resident 8 said, "Negatively. Feeling like, I guess they don't give a damn (about residents)."

Background

- During the COVID-19 pandemic, several infection control measures were implemented in long-term care (LTC) homes.
- The impact these had on the quality of life (QOL) for people living in LTC is not well understood.
- The restriction of family contact has been identified as a concern in media, and the impact on residents is still being documented in research.
- Virtual visiting was recommended as an alternative for family contact. The impact of this measure on QOL also needs to be explored.

Study Purpose

- To understand how the COVID-19 pandemic impacted the quality of life of rural and northern LTC residents

Methods

- An interviewer with lived experience of rural communities and LTC settings conducted interviews by telephone or videoconference in summer, 2021, with residents of 3 rural LTC settings in Saskatchewan.
- Of the 9 participants (5 men and 4 women), the average age was 81 and the average duration of stay was 2 years.
- Interviews were guided by the Schenk, Meyer, and Behr (2013) QOL model, designed specifically for LTC.
- To facilitate rapid analysis and dissemination, we analyzed fieldnotes using a qualitative descriptive approach.

Results

COVID-19 had a significant impact on the QOL for people living in LTC. 3 factors that significantly affected LTC residents' quality of life during the COVID-19 pandemic were:

- Low access to **social contacts**, especially in person contact with loved ones
- Variable quality of **social contact** provided by staff (a positive communication style enhanced QOL)
- Low access to **health-promoting and/or meaningful activity** (e.g., occupational, recreational, physical therapies, face-to-face physician visits)

Residents' reflections on technology and QOL:

- Technology was viewed as essential to **self-determination** and **access to a variety of stimuli and activities**.
- Technology helped people maintain social and **community connections, relieve boredom, and improve mental health**.
- A few residents had their own Internet connection, but most relied on the facility's. *Freely available, reliable access from any area of the home was an issue.*

Residents' perspectives on pandemic policy and QOL

- Keen attention to LTC infection control policy increased feelings of **security** and were perceived as positive for **health**.
- Residents did not feel they were **in dialogue and being kept informed**. They wanted more information about the purpose and necessity of the policies, particularly for visitors.

Discussion & Recommendations

- Explain COVID-19 policy changes in open conversations with residents
- Increase dialogue with residents and families about family caregiver involvement during outbreaks and epidemics
- Ensure suitable access to technology to maintain community relationships as standard practice
- Ensure adequate availability of therapy services, and enhance these services when recreation and physical activity are limited
- Prioritize access to outdoor spaces for residents, especially when access to other outings is limited
- When providing recreation as a quality of life enhancing measure, consider residents' preferences and abilities
- Ensure staff provide empathic, equitable, supportive, person-centered care while still being cognizant of resident privacy

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