Challenge in Old People Care in Nursing Homes during COVID-19 Pandemia: Role of Nurses

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Abstract

In this article, the changes caused by COVID-19 are analyzed, especially in the aging population, and how both during the confinement and subsequently there has been an increase in health care by old adults, who because they are a vulnerable group, did not have the opportunity to go to hospitals to be treated. This is where nurses have played a leading role in maintaining the care of patients who had already been presenting health problems, and also of those who due to COVID-19 have been affected to a greater or lesser degree. This article highlights the importance of the role played by professionals in the care of the elderly focused on avoiding more serious consequences, either due to previous pathologies or COVID-19, highlighting the role in residences, and paying special attention to patients with dementia.

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Bullets

1. A particularly vulnerable group in COVID-19 are older, multimorbid people in old people's and nursing homes.
2. It is important to minimize the risk of infection while at the same time keeping the life of the residents as normal as possible

Introduction

The outbreak of the COVID-19 pandemic has hit healthcare facilities with great force. A particularly vulnerable group are older, multimorbid people in old people's and nursing homes.

Residents of old people's and care facilities have a high risk of showing severe courses o of Covid-19. They have the highest mortality rate [1]. Nursing facilities are facing new and major challenges, not only because the facilities are not adequately prepared for the recommended pandemic-specific measures [2], but also because they are dealing with the consequences of isolation, contact restrictions, physical distance and partial isolation have to deal with. Dealing with infectious diseases is not a focus of care in the elderly care facilities. In the current situation, the facilities, which are geared towards everyday normality for their residents with the greatest possible autonomy and social participation, have to establish procedures and hygiene guidelines that require a high degree of special competence.

Implementation of hygiene measures - the protective equipment

In addition to the provision of protective equipment, the necessary activities in the care facilities include training all employees in how to use the protective equipment and compliance with basic hygiene measures. [3].

The social distancing required in all recommendations poses enormous difficulties for caregivers on site. Care is based on direct physical contact and interpersonal interaction. In the training courses, care situations must be discussed as examples and recommendations for care measures must be specifically formulated so that the employees in the different areas and with different qualifications gain the confidence to act.

Dealing with quarantine, isolation rules and ban on visits

Irrespective of the fact that such a procedure can hardly be implemented organizationally in old people's care facilities, the basic understanding of care facilities as places to live plays a special role. The implementation of these regulations violates the basic rights of the weakest in society and is a very deep encroachment on people's autonomy and self-determination. Even if the strict separation of the residents is intended to prevent mutual infection, it has no influence on the risk of infection posed by the nursing staff themselves. As a converter between the inner and outer world, this represents the greatest virus transmission risk.

Social distancing is particularly stressful for people with dementia

The isolation from the outside and the separation from the inside will not go unnoticed by the residents. Social isolation, social distancing, boredom and loneliness can have negative consequences for well-being and are themselves considered risk factors for increased mortality [4]. People with dementia, who make up around 50% of the residents in inpatient facilities, are particularly vulnerable [5]. Often they are no longer able to understand the situation. A social and

thus also an emotional approach is usually the only available resource for communication and is of enormous importance for the quality of life [6][7].

The ban on visits and restrictions on contacts within the facilities lead to a change in customary rituals. Mention should be made e.g. B. eating together, group activities or everyday rounds of talks. The lack of family visits can create feelings of loneliness and being left alone. Face masks, protective gowns and gloves create strangeness, distance and threats.

The lack of a view of the caregiver's facial expressions makes it difficult to understand speech and recognize emotions, which is particularly important when interacting with people with cognitive impairments or hearing impairments. Withdrawal and deprivation can affect people, especially those with dementia.

The complexity of the situation is great: on the one hand, the safest possible

e Protection against infections and thus also the protection of life, on the other hand the guarantee of a self-determined life and a good quality of life. With an average length of stay of between 9.6 and 27 months [8], the residents lack the time to sit out the situation and hope for better times.

What can those responsible for the institutions do?

It is important to minimize the risk of infection while at the same time keeping the life of the residents as normal as possible. Even in times of crisis, the self-determination and co-determination of nursing home residents must not be allowed to get under the wheels.

1. Early contact with health authorities, municipalities and treating physicians is important. Individual solutions must be sought in accordance with the respective regulations, because there cannot be one solution for everyone. The furnishings have an influence on the implementation of the pandemic concepts.
2. It is essential to talk to the relatives, carers and home advisors. They need precise information on how things will continue with their relatives. The different interests must be addressed if solutions are to be accepted by all. This also means that employees must be informed at an early stage.
3. A reduction in organizational units makes sense. Employees should not be assigned to different living areas. The transmission of infection cannot be prevented in this way, but it can certainly be limited. Symptom control in all is essential for early identification of suspected cases. A check of the immunity of the employees would facilitate the target group-specific use.
4. The situation for protected areas (accommodation decision) remains unclear. The teams have to develop individual solutions. It is important to consider how great the risk is of leaving the facility unattended and thereby exposing yourself to potential dangers – including the risk of infection. Similar considerations and special regulations should apply to dementia areas.
5. The facilities, in cooperation with the responsible authorities, must think about opening the facilities to families and develop concepts. It must be checked whether relatives with protective equipment can protect their loved ones, e.g. B.

allowed to accompany you outside. The consistent isolation of the inpatient facilities may have been the right first reaction to the acute phase, but for psychosocial and ethical reasons it cannot be sustained for a longer period of time.

6. Residents at risk of social deprivation need to be identified and individual action taken. Creative thinking outside the box is necessary, and individual solutions are required:. daily video conferences or streaming church services. The caregivers have to rearrange their activities.

Caring for residents showing symptoms of COVID-19

Currently, decisions about the whereabouts of residents are mainly made against the background of the infection risk assessment by health authorities. In perspective, the well-being of the individual must be treated equally.

In order to be able to care for sick residents well, certain requirements must be met in addition to the possibility of isolation, e.g.

- interdisciplinary teams that plan the medical and nursing measures together,
- the use of specialized nursing staff (Advanced Nursing Practitioner [ANP]),
- the reliable contact of family doctors,
- the provision of necessary aids (oxygen) and
- working closely with palliative care professionals or teams.

For difficult, existential decisions, advance directives and ethical case reviews should be taken into account. In the dying phase, people should never be alone. Saying goodbye is very important for the dying person and the family. If it is not possible, this can have traumatic consequences. The facility must provide an opportunity for a dignified farewell by providing a death room with safe, protected access for relatives.

The challenges of the corona pandemic are intensifying the discussions about imperative changes in health policy in the area of elderly care. The supply gaps or weaknesses that result from the strong segmentation and economization of the system are becoming more obvious. Both the quantity and the quality of nursing staff are key elements in dealing with the pandemic. The individual, creative and considered implementation of the various relevant recommendations for action also requires the use of academically trained nursing experts who can sustainably manage complex nursing processes.

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