

Practice Brief—Family Visitation in Long-Term Care During COVID-19

Impact on Residents, Family, and Staff



Early Lockdowns Negatively Impacted Residents Mental Health and Well-Being

- Family and staff said residents seemed depressed, stopped communicating as much, noticed cognitive decline, and stopped eating as much.
- Visits improved resident’s mood, alertness, and communication.

“His eyes light up, he has a twinkle... it was like he was a ghost, his personality has returned and his mood is much better”

Mutual Benefit for Residents and Family

- Positive outcomes for the resident were also positive for the family.
- Family were relieved they could see, hear, and touch the resident and have a sense of what was going on in the long-term care (LTC) home.
- Family were happy to resume a sense of routine, normalcy, or family roles as a result of the program.

“I would have done anything they said or asked just so I could get in there and be with him”

Additional Workload but Positive for Staff

- Families provide instrumental and emotional support, which eased the burden of staff filling in family roles during the lockdown and allowed staff to spend more time with residents who did not have visitors.
- Implementing and managing the program expanded the scope of work to include scheduling visits, screening visitors, contacting and training family, monitoring visits, and managing expectations.

“Work goes a lot smoother when no one is in, but it is better for the residents to have family”

Practice Considerations

Recognize family play a vital role providing care and emotional support.

Ensure proper infection prevention and control allowing families/friends to visit safely.

Use the program as a “blue print” for future outbreaks.

Consider how blanket approaches are not best practice and how the program might impact different groups.

Review protocols with a person-centered lens.

What We Did

After months of LTC homes being locked down, family visitation programs were introduced to reconnect residents with their family and friends.

We spoke with LTC staff and family/friends in Spring & Summer of 2021 to understand their experiences with the family visitation program in Nova Scotia and Prince Edward Island.

Who We Talked To

- 38 designated caregivers
- 15 non-designated caregivers
- 32 implementation staff
- 22 direct care staff
- From: 6 publicly funded LTC homes (2 in PEI; 4 in NS)



The Impact Varied on Different Groups

Health Status:

Program implementation affected residents with dementia differently. Restrictions added difficulties to visits (e.g. wandering and communicating through physical touch).

Family Dynamics:

Difficult for large families to decide who the 1-3 designated caregivers would be and adjust to visiting one-on-one rather than large groups.

Gender:

Designation was often gendered—more likely to be a female caregiver because of family expectations.

Family-Staff Relationships:

Pre-existing relationships between families and the long-term care (LTC) home sometimes led to uneven implementation and impacts. Some families perceived others knew certain “work arounds” because they knew who to talk to.

“You’re only allowed twice per week but if you ask the right person you can go more”

Access Factors:

Some family members’ work schedules or their proximity to the facility meant they struggled with limited visiting hours and restrictive scheduling processes in some long-term care (LTC) homes.

Technology:

Some families struggled with technology and access to Wi-Fi, which sometimes limited their ability to visit or receive timely communication.

To Learn More About This Research

Email: NSCA@msvu.ca | Call: 902-457-6546

This project is part of the [Implementation Science Teams: Strengthening Pandemic Preparedness in Long-Term Care](#) initiative led by Healthcare Excellence Canada .

Suggested Citation:

Keefe, J., Andrew, M., Chamberlain, S., Hande, MJ., Krawchenko, T., Warner, G., Weeks, L. (2022, March). Impacts on residents, family, and staff. *Practice Brief: Family Visitation in Long-Term Care During COVID-19*. Nova Scotia Centre on Aging, Mount Saint Vincent University.