Empowering Staff in the Midst of a Pandemic

Getting on the Same Page by Paige Hector, LMSW

The coronavirus epidemic in the United States has been declared a national emergency. Amid this unprecedented situation, all post-acute and long-term care professionals are working to take care of residents and patients as well as support each other to the very best of their ability. It is easy to get overwhelmed by staff shortages, visitor restrictions, and often conflicting needs of staff, residents/patients, and family members. We would like to offer some suggestions to help PALTC colleagues find a way through.

Support Your Staff

- Recognize how stressful this situation is for staff. Provide a safe environment for them to talk about their fears and worries. They may be dealing with complicated logistical challenges with their own families, especially in circumstances if a child’s school has shut down or if they are a caregiver for an older adult. Staff may also be struggling with their own family’s fears for their safety at work. Staff may feel fearful to come to work.
- Incorporate daily reminders for staff to remain calm, compassionate, and kind. Ask staff to share moments of kindness and compassion. Keep a log of these and share regularly.
- Recognize how difficult this is on staff, especially when they have to impose restrictions. They’re suffering and grieving too.

Build Partnerships with Families

- Develop and implement a plan to communicate regularly with families. Be proactive to offer information, do not make them seek it out. Sample letters from administrators to families can be found on the AMDA website https://paltc.org/COVID-19
- Providing timely and factual information helps to garner their respect and trust.
- Find ways to get family involved, even at facilities with the visiting restrictions. How can staff use technology creatively to connect families to their loved ones? Is there a tech guru on staff? Is there a family member willing to take the lead on collaborating with the facility to make these connections? Look for untapped resources! Get staff involved and ask them to identify ways to help “normalize” life in the facility under the current circumstances! Consider an improvement project!

Harness the Power of Words

- Even though we do not have all the answers, family members look to us as the healthcare providers and professionals and expect us to lead the way. Coach staff to focus on the facts of the situation. Provide the staff with simple, consistent “talking points” that they can comfortably share. Prepare responses to questions like “How long will the facility restrict visitors?” Discourage speculation and opinions, which includes being selective about what is playing on television in common areas. If staff is asked a question and they are unsure of the answer, they should direct the individual to a member of the leadership team.

- Realize there could be fear or even paranoid reactions from staff, residents, and families when a resident has to go on isolation for any reason (e.g., Clostridium difficile infection). Misinformation and fear spread very quickly, so have a plan in place to handle these situations, without betraying resident confidentiality and while remaining HIPPA compliant.
- Remember that what staff tell family members will likely be repeated to other family members and friends. Our job is to convey accurate information and help them “tell the story.”
- Empower staff with knowledge and the words to say, as well as words to avoid. Consider all developing scripts so all developing the same message. For example, “We understand that families are concerned. Here are the things we are doing to manage the situation...” Emphasize what the facility/staff ARE DOING and avoid statements that cast doubt or insecurity. Be intentional with words choice and recognize the impact words can have.
- Terms like “quarantine’ or “lockdown” have the power to conjure vivid images that may not be correct or applicable to the current situation. At one facility, a patient was very upset and told the medical provider they were being “quarantined.” While there is no one in this facility with the virus, the facility has initiated visiting restrictions. Very quickly this got translated by residents into “quarantined”, which for this resident, struck fear in her and resulted in her feeling abandoned.
- Be cautious about using the term “prevent” as this implies a level of protection that may not be realistic. Instead, consider using the term “minimize” such as, “We are working hard to implement precautions and minimize exposure...”

- Clearly define the situations in which the administrator – or a lead person/team – must be notified, i.e., when a family member or residents is particularly angry or fearful, if staff cannot provide an answer to resident/family question. Make sure staff are aware of these and know how to promptly reach the lead person/team.
- Emphasize to staff that it is okay to respond with, “I don’t know the answer” and then the expectation to refer the individual to someone that does. Staff should help facilitate that connection, whether in person or on the phone.

Anticipate Challenging Conversations

- Find ways to agree with a person who is upset. Rather than automatically saying “No” to a request, find a way to say “Yes” to at least some part of the request. Even if the “yes” is to validate a concern, that is a very powerful word. For example, “Yes, I see how this would concern you.” Or, “Yes, this is really difficult on all of us.” Or, “Yes, we are doing the best we can to...”

- Yes does not mean the request will be honored. Yes means you find a way to build a partnership with the family”. writes Carol Marshall, MA, in Satisfied Customers Seldom Sue: A Guide to Exceptional Customer Service in Long-Term Care (Marblehead, MA: HCPro, Inc; 2009.)
- Talk with staff about the perfectly normal, human reaction of anger. Anticipate that some family members (and other visitors) may be angry with visiting restrictions or other measures. In the presence of an angry person, it can help if we understand this emotion a little better. Anger is typically the visible emotion,
as depicted in this image of an iceberg. Beneath the anger are any number of other hidden emotions including fear, grief, frustration, trauma, insecurity and regret. Use this image in staff training and coaching to help them garner deeper empathy for what an angry person might be experiencing “beneath the surface”. This is not to say that staff should dismiss anger that is abusive.

- Talk with staff about action to take if a family becomes irate or increasingly argumentative. Provide an “out” for staff if they find themselves in an uncomfortable or frustrating situation. How should they get the attention of the administrator or other senior leaders whether in person or on the phone?

- Under no circumstances should staff become defensive with a family member. Coach staff to “listen to the problem, not the delivery” (Tra Beicher). Coach staff to not get caught up in the emotion of the situation but, instead, remain calm, well-grounded, and kind.

- Avoid statements like, “It’s against our policy”, which may alienate a person and exacerbate their feeling out-of-control of the situation. If a person becomes argumentative, staff can say, “We recognize how difficult this is and how worried you must be...we have implemented these measures to minimize exposure to all residents.”

- Avoid telling an angry person to “calm down” as this may only succeed in elevating their agitation.

- Do not say, “I understand” or, “I know how you feel.” Instead, say, “I can see how this would concern you.”

- Fear of the unknown ramps up emotions and emotional responses. Any of us may exhibit maladaptive behavior under these types circumstances, but for someone whose coping abilities are already compromised, stressful situations can elicit significant maladaptive behaviors. For example, in one facility that had just instigated visiting restrictions, a mother demanded that staff send her son to the Emergency Department so she could see him.

- Be prepared to answer questions from residents like, “If I get it, am I going to die?” The medical director should be taking a lead role in helping address issues like these. Consider issuing a statement that helps address common questions and concerns, and most importantly what actions the facility is taking to care for people. Staff and medical providers will likely need to repeat this information frequently. When people are scared, their ability to remember and retain information is limited. Or, they might misconstrue information, which lends to more fear and conjecture.

Meeting Mental Health Needs

- For residents with cognitive impairment who may have difficulty processing verbal communication, we need to consider what our tone of voice, behavior, and body language is communicating to these residents. If we are consistently fearful or upset, these emotions will be communicated non-verbally to residents. It is not uncommon for residents with cognitive impairment to reflect the emotions of staff back to them with behavioral symptoms. A calm approach, caregiver consistency when possible, and trying to keep up with usual routines can go a long way when caring for residents with cognitive impairment.

- From an infection control perspective, staff are accustomed to employing universal precautions. This exact concept also applies to mental health. A trauma-informed facility has trained staff to use universal precautions to help protect trauma survivors from re-traumatization. Being isolated from the community, from family members, feeling out of control, changes to schedules and routines, and fear for their health and maybe even life may trigger previous traumas.

- Even for people that are not currently experiencing triggers related to the COVID-19 situation, we all need to be prepared for the post-traumatic stress reactions in residents and staff that may surface in the future. If you have not already implemented a trauma screening tool, please consider doing so now using the PC-PTSD-3 screening tool. Even if residents and patients are not currently exhibiting signs of trauma, we must be prepared for those symptoms to present at any time during and after the isolation. Routine, regular screening is imperative.

- With constant media coverage, it may be beneficial to limit TV viewing whenever possible.

- All community life/activities staff should look for new, creative ways to engage residents, especially those isolated in their rooms. Other staff should get involved as well, whenever possible. To succeed, we must join forces. This extraordinary circumstance requires that.

Thank you, everyone, for taking wonderful care of the residents and patients at your facilities. And, please, show the same compassion and care to yourselves and fellow co-workers. We will get through this.

The official version of this article will publish in the May 2020 issue of Caring for the Ages.

Contact Paige at 520-955-3387 or at paige@paigeahead.com
Discover more about her at www.paigeahead.com