



Long-Term Care Homes Bravely Respond to COVID

SR. M. PETER LILLIAN DI MARIA, O.CARM, AND SHANE COONEY

“No one has greater love than this, to lay down one’s life for one’s friends.” (John 15:13)

Health care workers around the world are living Jesus’ message. The stories of frontline staff, especially those in long-term care who continued to work during the COVID-19 pandemic, will not be forgotten. They will be honored for the bravery they displayed daily and for the many examples of compassion they demonstrated to all they served. 2020 was an incredibly difficult year for them, their families and the people they cared for. As the deadly COVID-19 virus emerged, it was merciless in the way it attacked the most vulnerable among us, our precious aged and infirm. For a population that is already susceptible to illness, this insidious virus posed an enormous threat and ushered in new and unexpected struggles for caregivers.

LONG-TERM CARE HOMES TAKE ACTION

At the 19 nursing homes, independent living facilities and assisted living facilities that are served, sponsored or cosponsored by the Carmelite Sisters for the Aged and Infirm, sisters and staff worked around the clock to keep their residents safe, despite knowing the risk that they could be exposed to the virus and possibly bring it home to their own families — a fact faced by all those who work in eldercare facilities throughout the country.

Those serving in long-term care understand that part of the reality of their work is to accompany residents through sickness and the dying process, and for many of them, the privilege of walking this journey is one of the reasons they dedicate themselves to this work. However, COVID-19 presented a new obstacle to this relationship, as the virus posed a serious risk to residents and caregivers alike. Prior to the emergence of the virus, caregivers were able to be truly present with people, not only during times of joy, but also during times

of suffering. Staff and sisters have always been at the bedside of the dying, providing comfort to both the residents and their families. When one of our residents dies, caregivers are used to taking the time to process their emotions with each other and with the resident’s family members. They often reflect on the person’s life during meaningful rituals and services held to honor the memory of those who have passed.

When COVID-19 upended everyone’s life and forced long-term care communities to change, this privileged relationship was altered, and the emotional pain and sense of sorrow felt when a resident passed away were only intensified. There was no longer time to process emotions and heal. Instead, the focus had to be turned quickly to the next resident who was critically ill or staff member who became ill. Though our dedicated staff members tried their best to be present to those they serve, it was an incredibly difficult challenge in the midst of an experience that had no precedent.

CAREGIVERS' DEDICATION TO SERVICE AMID THE BURDEN OF GRIEF

The long-term care ministry is a special vocation, one that allows for close relationships between caregivers and the residents they serve. Caregivers learn of residents' stories, their hopes and dreams, and their joys and challenges. They become familiar with the pictures of the people and important moments that fill residents' rooms. They are introduced to spouses, siblings, children and grandchildren. The caregiving staff become an integral part of residents' lives and an extension of their family.

It was inevitable that the mounting losses were going to be a heavy burden on everyone, but especially on those ministering to the many people affected by COVID-19. In addition to the challenges taking place inside the homes each day, there was the additional pressure of news accounts that seemed to focus only on the number of resident deaths or possible failures in infection control protocols. There was little attention given to the pain of the caregiving staff who continued to bravely care for the residents in that frightening time. As the focus in the media remained on the surging death count, those serving in the homes were in the thick of the moment, left to grieve each person who passed without having time to share their feelings. Especially in the early days of the pandemic, they had to continue to serve the remaining residents, not knowing where the hidden enemy would strike next. Despite these trying times, the mission of the Carmelite Sisters was always in focus. Venerable Mary Angeline, Foundress of the Carmelite Sisters, would be heartened by the perseverance of all those who continued to serve the elderly in such a difficult time.

THE CARMELITE SISTERS CONFRONT COVID-19

As the severity of the pandemic increased, the leadership of the Carmelite Sisters for the Aged and Infirm and its education arm, the Avila Institute of Gerontology, recognized that those on the frontlines would need support in many areas as they tried to manage the physical, emotional and spiritual challenges of the pandemic. The stress of the health risks posed by COVID-19, combined with the many demands placed on everyone to implement new policies and procedures aimed at lessening its spread, provided an urgency for the leadership of the Congregation to act quickly.

Mother Mark Louis Randall, O.Carm., who was the Prioress General of the Carmelite Sisters at the time, and the congregational leadership team knew that time was of the essence. They began convening weekly meetings with Carmelite System leadership and administrative leaders from each home. These conference calls provided the opportunity for those closest to the threat to discuss what was happening inside their facilities, express their feelings about what they were experiencing, and provide information and support to their peers. The meetings also provided an opportunity for congregational and system leadership to better understand what administrative leaders needed from them. In addition, Mother Mark sent out a weekly bulletin that provided information on dealing with the pandemic, inspirational quotes, stories for encouragement, and a spattering of COVID-19 memes, so that all would not lose their sense of humor.

Mother Mary Rose Heery, O.Carm., Prioress General of the Carmelite Sisters since September 2020, indicated the importance of being able to both respond in the moment of crisis and look ahead to the months and years to come. "Good leaders always have to have a sentinel view to lead people forward," she said. She championed the initiative to mobilize Carmelite leaders to pull together by developing a committee to both deal

Mother Mark Louis Randall, immediate Past Prioress General of the Carmelite Sisters, prepared a holy card to give to families as they were able to visit their loved ones again. It's a reflection on "The Finding of the Child Jesus in the Temple":

When Jesus was 12 years old, he went with Mary and Joseph to the temple in Jerusalem for the feast of Passover. On the trip home, Mary and Joseph discovered that Jesus was not with them, so they traveled back three days to find him still in the temple. As you reunite with your loved one today, may you know the joy and relief that Mary and Joseph felt when they caught sight of Jesus. May the Holy Family bless and protect you and keep your family safe, now and in the days to come.



with the present and plan for the future.

As a result, two committees were formed, the Recovery Committee and the Shepherding Committee. These committees were intended to address the complexity of issues surrounding the pandemic. The Recovery Committee focused on assisting the homes to cope with the current realities and consequences of the pandemic. This included the constantly changing infection control protocols, ethical issues, policy development, staff recruitment and reassurance to the public that Carmelite nursing homes would be safe places for the elderly going forward.

The Shepherding Committee focused on anticipating emotional difficulties that would arise from the many losses associated with COVID-19. Those losses were not confined to the loss of life; they also included loss of routine, loss of connection with others, and loss of opportunities, among others. One need became immediately evident: caregivers would need help to process their emotions that they had not had an opportunity to reflect upon in the early days. Joan Murphy, a social worker at St. Patrick's Manor in Framingham, Massachusetts, gave a sense of just how drastically the atmosphere changed: "In the facility, it was quiet — deafening quiet ... there was no talk, no chit-chat, nothing. There was a deafening silence that came over everybody." Reflecting on why she and so many of her colleagues continued to show up to the home to serve residents, she noted simply, "They needed us."

THE SHEPHERDING COMMITTEE REACHES OUT

In May 2020, the Shepherding Committee began its work. Its name reflects the image of Jesus as the Good Shepherd protecting and guiding his flock. The Shepherding Committee consists of various experts in the fields of social work, psychotherapy, education and public health. The Committee's mission is simple: be available to listen to and validate the emotions that the people on our staff are feeling and guide them on a path of healing and hope. As the committee met to discuss ideas, it became clear that workshops on grief, self-understanding, team building, resilience and accessing mental health services were

needed. The workshops provided the social workers, pastoral care and recreation staff with tools that could help guide their colleagues. The Avila Institute of Gerontology wanted to ensure that everyone serving in Carmelite homes recognized that they were not alone in their struggles and that asking for help was something to be encouraged.

The Shepherding Committee started by reaching out to the Carmelite homes located in the East, since those were suffering the greatest number of

The stress of the health risks posed by COVID-19, combined with the many demands placed on everyone to implement new policies and procedures aimed at lessening its spread, provided an urgency for the leadership of the Congregation to act quickly.

cases and deaths in the country at the time. Since it was impossible to visit the homes, virtual meetings were coordinated using Microsoft Teams. The stories shared during these meetings were tragic, touching and inspiring, and many within the community were helped by the opportunity to meet with the committee.

COMMUNICATING IN CRISIS WITH "CARE"

As some nursing homes began to gain stability during the summer months, families were eventually allowed to visit, albeit with strict protocols. The visits were held outdoors with time limitations, social distancing and masking. To help homes prepare for what would be emotional reunions, a 25-minute in-service was developed to address sensitive communication with family members feeling the emotional strain of isolation and the anxiety of not being able to visit their loved ones over a long period of time. Staff were asked to recall what it was like for the family the first day they brought their loved one to the home, recapping common emotions felt by families during what was always a difficult transition. Each person experienced his or her own set of emotions at the time of admission. The predominant

Staff were told that all the emotions that families had dealt with during admission might surface again because they were visiting their loved ones for the first time after a prolonged period of separation.

emotions tended to be fear of having their loved one feel abandoned or concern of not being present when their loved one needed them most.

Staff were told that all the emotions that families had dealt with during admission might surface again because they were visiting their loved ones for the first time after a prolonged period of separation. The acronym “CARE” (Compassion, Affirmation, Recognition of the Relationship, Empathy) was used to assist with communication techniques.

In the CARE model, staff members are first asked to remember to listen compassionately to what a resident’s family was feeling during their visit. They should then affirm family emotions by acknowledging them and being careful not to judge why the person felt that way. Next, staff would recognize the relationship between the family member and the resident, noting how devastating the loss of physical presence was. Lastly, caregivers could communicate empathy with the family by realizing that COVID-19 frustrated and angered them too. The in-service also prepared our staff members for possible statements that the

family might make. Staff were asked to role-play some dialogue with one another to prepare and formulate messages of support for the family and assure them that the staff remained faithful to caring for each resident during very uncertain and trying days.

MOVING FORWARD WITH FAITH, HEALING AND HOPE

There is much to be done, and each of us has had time to reflect on how the pandemic challenged us in our daily lives. As new therapies and vaccines begin to improve our outlook, the Shepherding Committee is planning for when it can visit the homes again. When that time comes, we hope to provide a day of ritual and healing that will help residents, families, sisters and staff to start to move past the grief of the moment and look toward hope for the future. That is a process that will take time. Mother Mary Rose said of this moment, “The sprint is over, and now we have to be in the distance run to recover.”

We have seen the importance of faith, which feeds our spiritual side and helps us understand the purpose of our lives and brings meaning to why we do what we do. It affirms the importance of family and friends, whose relationships nurture our very being, and brings hope when we feel hopeless. Most importantly, it brings us to the love that was given to so many by long-term caregivers living the Gospel to show no greater love for one another.

SR. M. PETER LILLIAN DI MARIA, O.Carm, serves as a member of the congregational leadership team of the Carmelite Sisters for the Aged and Infirm. **SHANE COONEY** is head of education, the Avila Institute of Gerontology.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, Spring 2021, Vol. 102, No. 2
Copyright © 2021 by The Catholic Health Association of the United States
