

Resilience-Enhancing Nursing Home Social Work: Psychosocial Care Functions



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Abstract

Purpose: The authors of this editorial review past efforts to reform social work psychosocial nursing home care as well as propose new strategies for doing so. They offer a list of resilience-based social work functions to reduce residents' risks and foster their protective factors. The challenge of reducing the risks of social isolation and role loss among nursing home residents was the focus of the suggested functions. Method: A recently created list of resilience-enhancing functions [1] was sent to a small panel of social workers, who were asked to rank the relative importance of each function to social work practice. Results: Seven panelists ranked all 17 items on the list as important. Discussion and Conclusion: The authors concluded that limited data on the perceived importance of the social work functions in a nursing home setting gave preliminary affirmation that the resilience-enhancing functions were important to enact with nursing home resident.

Keywords: Isolation; Relationships; Resilience; Risk; Protection; Relationships

Resilience-Enhancing Nursing Home Social Work: Psychosocial Care Functions

The authors of this editorial alert readers to the long-standing nursing home crisis. They make suggestions for how social workers in nursing homes may contribute to the improvement of psychosocial care by implementing resilience-enhancing care strategies. The results of a survey of a small panel of expert social workers about their perceptions of a list of resilience-enhancing care functions are presented. For more than four decades there has been an attempt to improve the quality of care for nursing home residents. Early efforts to spearhead this activism were undertaken by a national group of nursing home reformers known as the National Citizens' Coalition for Nursing Reform.

These efforts were underscored by the publication of the 1986 Institute of Medicine report *Improving the Quality of Care in Nursing Homes*, which drew attention to the neglect and abuse of nursing home residents and their poor quality of life. Nursing homes were also criticized for their excessive cost, inconsistent oversight, and lack of high-quality data. The passage of the Omnibus Budget Reconciliation Act of 1987, which encompassed the Nursing Home Reform Act, was spurred on by this critique. The law established new, more stringent resident-focused nursing home standards and laid out several quality-of-life rights. It also

inaugurated an enforcement system for noncompliant nursing homes that incorporated a range of sanctions.

In addition, the law merged Medicare and Medicaid standards, and the survey and certification processes for nursing homes were merged into a single system [2]. Most important, it mandated that nursing homes with 192 beds or more hire social workers to augment the delivery of psychosocial care. According to the Henry J. Kaiser Family Foundation, although progress has been made in providing an improved quality of care to nursing home residents since the enactment of the Omnibus Budget Reconciliation Act of 1987, significant problems remain. As the COVID-19 pandemic grew more intense, these long-standing problems became more apparent and pronounced.

As a result, the National Academies of Sciences, Engineering, and Medicine (which arose from the Institute of Medicine) [3] established a committee to update the 1986 Institute of Medicine study on the status of nursing home care in the United States. The recent National Academies of Sciences, Engineering, and Medicine [4] report called for "each and every resident in every nursing home" to receive "high-quality physical care, behavioral health, safety, and psychological support" (p. xviii) [4]. Furthermore, the report concluded that "the way in which the United States

finances, delivers, and regulates care in nursing home settings is ineffective, inefficient, fragmented, and unsustainable” (p. 495). While acknowledging the difficulties involved in widespread reform, the authors of the report maintained that there is a need for immediate action to initiate fundamental change in nursing homes. The authors of this editorial hope to contribute to this attempt.

Psychosocial Care

A social worker’s main task in a nursing home is to foster residents’ psychosocial care. Providing psychosocial care in nursing homes is a team effort that addresses issues “related to social, psychological, cultural, economic, and political factors associated with health and wellness” [5]. It is concerned with the context of care and residents’ daily living habits, as well as their culture, values, and preferences [6]. Psychosocial care can be contrasted with the biomedical domain of health services that focuses on the physical or biological aspects of care, attending to illness and disease, treatment, and recovery. According to the American Diabetes Association [5], when practitioners combine psychosocial and biomedical strategies, they can offer more holistic care and empower patients’ sense of agency. The remainder of this editorial explores creative ways in which nursing home social workers can contribute to an all-inclusive approach to care.

Identifying Key Factors that Influence Resident Resilience

Invariably, when people transition to nursing home life, they encounter stressors or risks. This understanding is congruent with evidence-based consensus definitions that explain resilience as people’s varied responses to stress following a critical event [7]. From this perspective, it may be said that the role of the nursing home social worker in psychosocial care is to seek ways to ameliorate residents’ risks and enhance their resiliency. Research findings indicate that maintaining resilience involves balancing an avoidance of risk, or the probability of negative outcomes, and the strength or saliency of one’s protective factors, or the life context that bolsters resilience [5].

Although many person-environmental factors influence the resilient balance of social functioning, the major factors considered here are associated with residents’ opportunities to maintain social relationships and viable role performance. In short, the two major contributors to nursing home stress highlighted here that need to be addressed and ameliorated are social isolation and role loss [8,9]. Social isolation and role loss are intertwined, and the phenomena are not new. Role loss was originally referred to by Parsons [10] as the sick role, or a way of placing a patient in a one-down position. Role loss refers to changes in later life in one’s social and personal social positions that limit social participation. In their seminal research on role loss, Elwell and Maltbie-Crannell [11] were among the first to point out that a decline in role performance as people age is a stressor that has a great negative impact on both the coping resources and life satisfaction of older

adults.

Findings from a cumulative data set constructed from National Opinion Research Center surveys (General Surveys, 1974, 1975, 1977) pointed to the need to mediate people’s role loss and their associated sense of isolation. More recently, studies from the World Health Organization [12] have reiterated the fact that high-quality social connections are essential to people’s mental and physical health and well-being and are important social determinants of the health of older people [12]. Similarly, the connection between social isolation and people’s well-being was underscored by the American Academy of Social Work and Social Welfare [13], which placed social isolation on its list of 12 Grand Challenges for Social Work.

Research On Social Workers and Psychosocial Care

Past research on the role of nursing home social workers in long-term care contributed to the list of resilience-based social work functions delineated here [14,15]. For example, a 1992 National Association of Social Workers survey found that practitioners thought that the most important functions of nursing home social workers were to support residents during the transition to the nursing home, help them deal with grief and loss, and assist them with relatedness and intimacy issues [14].

Another study that was added to the suggested list of social work functions was a survey of activities most often performed by departments of social work [16].

Findings indicated that the most common functions included talking with staff about families’ emotional needs, training staff on how to identify abuse, arranging transportation for residents to receive health care, recruiting, and coordinating volunteers, and helping feed residents at mealtime. Still another study that contributed to enumerating which social work functions might improve psychosocial care and lead to resilient social functioning among nursing home residents was conducted by Greene et al. [17]. Later delivered to the Centers for Medicare & Medicaid Services, the results showed that nursing home directors, residents, and families agreed that the best nursing homes had continuity of staff and good relationships with families and the community [18].

Method

The authors went through several steps to collect preliminary data on which functions social workers can carry out to promote resilience-enhancing psychosocial care in nursing homes. They included the following:

- Developing a list of resilience-enhancing nursing home social work functions.
- Surveying expert social workers to obtain preliminary data.
- Analyzing the data to ascertain the relative importance

of functions.

- Disseminating the list and data for further feedback.

Developing the List of Resilience-Enhancing Nursing Home Social Work Functions

The development of the list of resilience-enhancing nursing home social work functions suggested here began with the incorporation of content from the three major studies described previously. At the core of a resilience-enhancing approach to psychosocial care is assessing the resident and intervening from These functions appear in (Table 1).

a perspective of risk and protection, hopefully adding a protective element to their nursing home life. This allows the social worker to better understand the resident’s resilient social functioning as an essential and central part of enacting resilience-enhancing care. Other important functions on the list included engaging the resident at the time of the care transition and helping the resident maintain or establish relationships with others (e.g., staff, family, and friends). The remainder of the functions stemmed from a review of person-environment dimensions that research suggests may influence residents’ social functioning and resilience [1].

Table 1: Envisioning Functions for Resilience-Enhancing Nursing Home Social Work Practice.

| Nursing Home Social Workers |
|--|
| <ul style="list-style-type: none"> Acknowledge residents’ and families’ feelings during their care transition. |
| <ul style="list-style-type: none"> Get to know residents as whole people. |
| <ul style="list-style-type: none"> Become aware of residents’ past role performance. |
| <ul style="list-style-type: none"> Enable residents to continue performing preferred activities and behaviors. |
| <ul style="list-style-type: none"> Facilitate residents’ expression of and continuity of self. |
| <ul style="list-style-type: none"> Encourage resident opportunities and choice. |
| <ul style="list-style-type: none"> Ameliorate risk and strengthen the saliency of multilevel protective factors. |
| <ul style="list-style-type: none"> Learn about the significant people in residents’ lives and work to maintain those relationships. |
| <ul style="list-style-type: none"> Seek innovative means of linking residents with others. |
| <ul style="list-style-type: none"> Mutually reflect on residents’ narratives. |
| <ul style="list-style-type: none"> Support and promote residents’ environmental competence within their cultural context. |
| <ul style="list-style-type: none"> Collaborate with residents to create new meanings of life events. |
| <ul style="list-style-type: none"> Mutually deconstruct and reconstruct resident narratives. |
| <ul style="list-style-type: none"> Support the highest level of residents’ social functioning. |
| <ul style="list-style-type: none"> Act as part of a team with nursing home staff. |
| <ul style="list-style-type: none"> Strive to affect a home-like, person-centered nursing home environment. |
| <ul style="list-style-type: none"> Participate in state oversight and accreditation processes for the nursing home. |

- Monitor, report, and try to ameliorate abuses of nursing home practices, regulations, and rules.

Surveying Expert Social Workers

Ten social workers known for their expertise in nursing home practice were asked to participate in the survey, which reviewed the importance of the proposed nursing home social work functions. Seven social workers signed institutional review board forms and agreed to participate.

Findings

In Round 1, participants used a Likert-style form to rank the importance of the nursing home social work functions on a scale from 1 (strongly disagree) to 5 (strongly disagree). Round 1 data suggested that participants perceived all resilience-enhancing functions as essential to psychosocial social work practice in a

nursing home, with no items receiving below a 3 on the 1-to-5 Likert scale. The most essential functions were acknowledging residents’ and families’ feelings during their care transition, supporting the highest level of a resident’s social functioning, and acting as a member of a team of nursing home staff.

In Round 2, participants were asked to identify the five most important and five least important functions. In Round 2 as in Round 1, the same 3 functions were ranked highly important in this order:

- acknowledging residents’ and families’ feelings during their care transition.
- supporting the highest level of a resident’s social functioning
- acting as a team with nursing home staff. Using a

different strategy in the second round affirmed the results from the first round.

In Rounds 1 and 2, participants held similar perceptions of those functions that might be perceived as more clinical in nature, holding them as generally less important. Those functions included mutually reflecting on the resident narrative, supporting, and promoting residents' environmental competence within their cultural context, collaborating with residents to create new meanings of life events, and mutually deconstructing and reconstructing resident narratives.

Discussion:

Implications for Practice

As stated already, getting to know the whole person is the essence of psychosocial care. Social workers are among the nursing home staff who are most likely to understand a resident's life story. Client stories or narratives are a common source of helpful and possibly curative information [19-21]. Life stories or narratives contain information about a resident's past activities and behaviors that can give clues to how to get to know the resident better as a whole person. What are the residents' preferences and choices, possible social connections, and cultural values? This knowledge can "provide the basis for the development of medical goals for the patient" [22] as well as an avenue for promoting resident resilience on a daily basis. That is, a social worker's daily interactions can be a form of social interaction.

Daily interventions

The authors of this editorial suggest that resilience may be bolstered among nursing home residents by using data from their life narratives, some of which may be obtained upon residents' admission to the nursing home. Using resilience-enhancing opportunities to elicit residents' thoughts about their past and present activities and relationships is an avenue for supporting their optimal social functioning in the nursing home. For example, social workers can inquire and reflect on food preferences, residents' past hobbies, books they like to read, resident and family occasions (such as birthdays or anniversaries), residents' work history, and what holidays or cultural traditions they like to observe. Families and friends may be called on (with permission) to participate in gathering such pertinent biographical information.

Summary and Conclusions

The authors recognize that it is imperative to advocate for fundamental changes in nursing home psychosocial care. They suggest that wherever possible, changes to nursing home social work functions be based on evidence-based principles and strategies. In addition, they argue that infusing risk and resilience principles into the daily routine of nursing home social workers may improve residents' quality of life. The dissemination and

feedback stage will require providing continuing education on risk and resilience theory and conducting further research with a larger sample.

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