A story that will not go away: theological thoughts on resilience amid the experience of covid in care homes

We have plenty of things to worry about from war to finance, fuel bills and empty shelves. Covid-19 now seems a long way down the anxiety list. Many people are no longer concerned about catching covid and most do not think that they will become seriously ill from it. Measures to prevent the infection spreading, from mask wearing to social distancing, are becoming memories. The UK Covid-19 Inquiry has begun, but it remains to be seen how many people will have the stomach to revisit what for most people was a traumatic event. While for many the time perhaps is still too raw, for others telling their story helps them to process events. During 2022 we completed a research project into the impact of the covid-19 pandemic on care homes. However, finding a language that can express the profundity of the impact of covid on our survey participants proved difficult. This is why we have turned to theology to go beyond simple observations. Theology has a depth of language that goes beyond the normal and so is truly fitting for an unprecedented event. Although our survey did not ask specifically religious questions, our observations have theological resonances. To frame the experiences we heard about in our survey we talk about responsibility for the other, theological hope, accompaniment, solidarity and *hesed*, steadfast love.

Clearly, for many healthcare professionals on the front line, the impact continues to affect them. We used a survey to hear people's experience of working in care homes through the initial waves of the pandemic, through lockdowns and through managing social distancing measures. The survey asked about the experience of coping and how this might have led to questioning on how people saw things as professionals as well as how a professional might see things as a person. The significance for people of being able to tell their stories, of being heard, was tangible. After all, in telling our stories we discover that we are more than what we thought. Our research says something about coping, resilience, and that there is more goodness in people to celebrate than there is weakness to condemn. Moreover, the fact that participants acted at some personal cost indicates a going beyond the self that chimes very much with theology's sense of transcendence. Medicine has a theological dimension, for, as Pope St Paul VI explained, healthcare professionals, are 'protectors, defenders and friends of humanity.'[1]

A sense of responsibility for humanity, not abstract humanity but actual care home residents, came repeatedly to the fore in our survey, not least through the constant and tedious 'donning' and 'doffing' of often ill-fitting, hot and uncomfortable PPE. Respect for infection control guidelines, protocols and processes was simultaneously an indicator of responsibility and a source of comfort in a time of anxiety. Participants in our survey were all acutely aware of the risk of depersonalizing care as the wearing of PPE brought major challenges to the customary experiences of familiar recognition and communication. Notably, communication and that all important hands-on contact with people living with dementia was compromised. For those hard of hearing, lip reading became nigh on impossible. The need to maintain physical distance between people to prevent the spread of infection and minimise the risk to others precluded social gatherings, group activities and, perhaps most devastatingly, the regular visits of family and friends. Perhaps most significantly from a theological viewpoint, visits by chaplains and issues to do with faith and religious observance were no longer

[1] Pope St Paul VI, *Message for the IIth World Day of Peace* 1 January, 1978.

viewed as priorities. The new norm of interrupted routine, isolation and people being confined to their individual rooms where they received all their care twenty-four hours each and every day was reminiscent of an enforced hermitic existence. This meant that the process of managing events such as mealtimes became more of a logistical challenge, consuming more time and resources. People living with dementia found it difficult to understand this change to their normal routine and often they could not remember its explanation. And so, repeatedly they would venture forth on their familiar journey to the dining room only to be told by 'unfamiliar' people, people wearing masks and speaking incoherently, 'you must go back to your room now.' The distress was inevitable, and loneliness, depression and anxiety increased. A sense of responsibility to alleviate this went beyond simply doing the job.

Hope for the future, the corner stone of resilience, was in short supply given fears for vulnerable residents or patients who appeared to be in relatively good health, until they tested positive, and then took the path of unfamiliar, unexpected, and rapid deterioration, and fears for the unprecedented rising mortality rate. Additionally, there was the fear for their own families, knowing that they might bring covid-19 back into their own homes. This was especially problematic for participants whose family members were deemed vulnerable or needing to shield. Some took the decision not to visit vulnerable family members in case they were put at risk. However, in times of crisis, hope simply as optimism that things will improve is inadequate. Instead, the hope of many of the participants is perhaps best described as theological hope, a hope that does the best it can leaving the rest to a higher power. This hope can be creative and it allowed for new ways of accompanying people at difficult moments. Mobile phones and tablets enabled a 'virtually' real experience, allowing for regular on-going clinical assessments and diagnosis, and significantly, interaction between families and loved ones. The use of 'lateral flow testing', the development of tents and 'pods' in gardens, and the innovative use of entrances and corridors to ensure a flow of visitors limited congestion and aided social distancing. Even the challenge of PPE brought with it a greater opportunity for enhancing communication and relating more deeply with residents. Staff accompanied as best as they could residents and patients who were without the comforting and real presence of family and familiar loved ones at this significant time of their dying, often resorting to technology to allow the 'virtual' presence of family. Although this became the best compromise that could be achieved, it also gave family the gift of knowing that their loved ones were not alone. Creative hope recognised the need for truly personal care.

Carers also need care and our survey demonstrated that this can be best expressed by solidarity. Pope St John Paul II describes the virtue of solidarity as 'not a feeling of vague compassion or shallow distress' but rather 'a firm and persevering determination to commit oneself to the common good.' We are, after all, 'really responsible for all.'[2] The need for comprehensive briefings, allowing for communication, explanation and updates among staff built up a stronger team. Participants felt that as a team they worked together, in solidarity, providing for the common goal of both giving care, and providing the chance to receive care from each other. Significantly, this 'team-talking' became an outlet for individuals to share the challenges and 'tell their story', thus establishing resilience. Indeed, the very process of reflection, and the recounting of events as part of the research project has been as much therapy as research. While some participants now questioned how they saw things as

[2] Pope St John Paul II, *Sollicitudo rei Socialis* 1987, 38.

professionals, some found that they were ‘just able to cope’, and many described the need for greater ‘self-care’, and for being more vigilant and supportive as a team. Simultaneously, some felt that they would never have thought that they could cope with what was an unimagined challenge, observing that the experience had made them feel ‘stronger than before.’ Significantly, most acknowledged a difference in how they saw things as a person, reflecting on ‘re-evaluated priorities’ and the fragility and uncertainty of life. As one participant observed, ‘don’t take anything for granted…. Value those around you.’ Even if there had been neglect of care homes, failures to protect the vulnerable, different rules for different people, lack of leadership, participants found strength in solidarity and the belief that they were all in this together as a team.

Alongside this deeper sense of creative hope and solidarity we found what perhaps can best be expressed as *hesed*, a steadfast loving kindness and faithfulness that goes beyond duty. *Hesed* is not self-seeking. It is action that is always turned towards others. Theologically speaking, *hesed* does not avoid or replace the experience of suffering. After all, Christ still bears the wounds of his crucifixion. An attitude that encompasses *hesed* reframes responsibility into personal care and concern for this person before you; *hesed* reframes hope to include trust in something beyond ourselves; *hesed* transforms solidarity into working together for the good of each one.

This research project, a time capsule of comments at an unprecedented moment, has raised important questions about our healthcare professionals: why do they care? Why do they persist in caring in spite of obstacles, challenges, frustrations and in some instances at personal risk to themselves and their families? Some of these questions can be answered by the way in which Pope Francis talks about accompaniment during times of illness and struggle: ‘it is precisely in such moments that we see *how* we are walking together: whether we are truly companions on the journey or merely individuals on the same path, looking after our own interests and leaving others to “make do”.’[3] The government inquiry will undoubtedly turn up serious questions on the way in which some people, notably people in care homes, were left behind. Our research demonstrates the way in which responsibility, hope, solidarity, accompaniment and *hesed* can be expanded into organized care.

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[3] Pope Francis, *XXXI World Day of the Sick*, 11 February 2023.