

Media Effects on Individual Worldview and Wellness for Long Term Care Residents Amid The
COVID-19 Virus

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Funding: This article, nor author received any funding.

Conflict of Interest: The author has no known conflict of interest to disclose.

Abstract

The following article serves as a means to highlight the need for increased scrutiny of the value and potentially adverse effect the 24-hour news cycle has on individuals, particularly residents in a long-term care setting amidst the COVID-19 pandemic or other large-scale catastrophic events. The work will emphasize what is currently known regarding the impact media plays on an individual, including mood, opinion, worldview, and overall mental health and wellness. The conclusion will focus on discussing current means of assessment with future recommendations for heightened evaluation in this already vulnerable population.

Accepted Manuscript

It has long been thought and more recently been proven that connection with others influences one's wellness for the better (Malone, Liu, Vaillant, Rentz, & Waldinger, 2016; Werner-Seidler et al., 2017). However, what happens in situations where real-world in-person contact is limited by mandate? This is the situation most of the world's population finds themselves in the first half of 2020.

In an effort to prevent the spread of this disease, skilled nursing homes, long term care, assisted living and other facilities have simultaneously closed off older, at-risk adults to the support systems that sustain them from a psychosocial perspective. Most of these facilities have been forced to limit or altogether suspend visitors, in all but the direst of circumstances, such as hospice patients who are actively dying (U.S. Department of Health & Human Services, 2020). Even previously engaged support staff such as social workers and activity personnel have been prohibited from entering resident rooms or apartments to limit resident exposure and conserve personal protective equipment.

As a result, residents who are confined to their rooms or apartments are limited to the person-to-person interaction of only direct care staff. Residents must even eat meals in isolation, rather than be exposed to peers and kitchen staff in a dining room setting. The luckiest among them (those who are physically and cognitively able) have family and friends that can call via smartphone or other devices and replicate face-to-face interaction through audio/visual applications. For others, this may mean family members camped closely outside the windows of residents, attempting as best they can to see, hear and connect with their loved ones. Others still may lack family or other social support altogether. Regardless, each resident has several hours of downtime, the one constant that most turn to in order to occupy this space is media, predominantly that of television.

Mental Health at the Expense of Staying Informed

When questions concerning screen time arise, the current zeitgeist usually associates them with children and mobile devices or video games. In this vein, while most adults believe children and adolescents need appropriate screen time limits, they do not feel this recommendation applies to them (Schoeppe et al., 2016). Subsequently, little attention has gone towards the adverse effect of television viewing or over-indulgence in the 24-hour news media cycle in individuals over the age of eighteen. Unfortunately, less consideration has been given to studying older adults exclusively in relation to media (television, etc.) viewing habits and potential outcomes related to wellness.

The impact of media on mental health and wellness is further complicated for those afflicted with Alzheimer's and dementia. Unfortunately, overexposure to television is yet another area that has not been explored in a quantitative way among those with dementia. Some more dated qualitative accounts point to television as a means of communal gatherings among peers and routine (Hajjar, 1998). However, the sometimes communal act of viewing in a common area has been eliminated from facilities due to COVID precautions. As television becomes a one-dimensional substitute for human connection, routines that previously marked daily milestones (such as meals) are no longer as discernable because the television rarely rests. There have been some encouraging efforts in the use of modified social media for those with dementia (SINTEF, 2011). It bears stating, that the impact of overexposure has not been fully investigated. Therefore, similar to the lack of viable research regarding televised media and older adults, benefits of social media have not been fully vetted either.

On the other hand, there is a wealth of knowledge from other studies that tell us there is a positive correlation between depressive symptoms and excess screen time across a multitude of sampled populations (Wang, Li, & Fan, 2019). Further, according to Suminski, Patterson, Perrett, Heinrich, & Poston (2019), increased screen time has also been associated with a slight uptick in body fat percentage among adults. These two factors coupled together in older adults (with what are likely to be a long list of other comorbid disorders and medical conditions), increase the likelihood of anxiety and depression symptoms taking a greater toll on this population (Hek et al., 2011).

A connection between the existence of self-efficacy and reduced screen time has been established (Van Dyck et al., 2011). When considering this in the face of older adults, one must recognize the ability to self-sustain may be somewhat diminished from previous functional levels as a result of cognitive or physical limitations (recent injury/surgery or medical condition, preexisting or otherwise). In terms of current limitations on residents within nursing homes, television, along with media in general, quite literally has a captive audience. In particular, those who were already socially limited or isolated may cosset themselves with television if only to attempt to replace interacting with others. Alternatively stated, during bouts of isolation, residents are prone to using television as a means to simulate socialization.

While the COVID-19 pandemic remains a somewhat unique threat, some comparisons can be drawn to major scale natural disasters such as Hurricane Katrina. McLeish & Del Ben (2008) were able to identify particular residents who had utilized television viewing as a way to stay up-to-date on their communities. This method, thought by many to be a way to cope with the unknown, served the opposite purpose (McLeish et al., 2008). McLeish et al. (2008) go on to state that television viewers who consumed broadcasts that focused on heightened violence, primarily captured in acts of looting or property destruction, showed significant upticks in depressive symptoms. While COVID-19 does not carry a violent connotation the images in the media often center around death, dying, seclusion and shortages of supplies. A correlation can be made between the consumption of watching violent acts on television and those that are hyperfocus on the dire possibilities of such a contagion. Although these potential outcomes amid COVID-19 are extremely real, the media walks a fine line between informing the public and inciting panic (Bauder, 2020).

Accuracy in the Face of Emergent Situations

When the COVID-19 outbreak first came into mainstream awareness, it was referred to as "novel," as it was never before seen. While the existence of coronavirus itself is not a new phenomenon, COVID-19 presented with varying characteristics that set it apart from previous incarnations (U.S. Department of Health & Human Services, 2020). By its nature, this means that research will remain in an evolving state and thus information will continue to be updated and change rapidly. The misconception lies in the notion that information availability equates to validity. This fallacy becomes apparent, particularly when viewed in the context of the 24-hour news cycle, as this system of information deployment promotes a "quantity over quality" model.

This notion is echoed by research that highlights the disparity between public health representatives and journalists. Lowrey et al., (2007) advanced the idea that a portion of public health officials lack the ability to adequately review data for proper dissemination during a developing crisis. Also, noteworthy is the idea that some journalists are absent the medical acumen necessary to convey this same information to the public appropriately (Lowrey et al., 2007).

Information Fatigue

Exposure to inaccurate information, particularly saturation in outdated or outmoded information (even if accurate at the time of press or broadcast), is difficult to avoid. Hence, as a rule, consumers of information should be hesitant to rely on social media and limit referring to these outlets as a reliable news source. There are methods to avoid increased stressors from a self-care perspective as general recommendations are available, even though they are not precise directives. For instance, the American Red Cross (2020) states that while staying up to date is important, utilizing a reputable news outlet and checking in at only regular durations lowers potential stress.

Lockdown and Continued Isolation, Other Considerations

While an aversion or burnout related to information sources may be expected in most individuals under normal circumstances, residents confined to long term care facilities may not necessarily have the option of turning off the television (or tablet, etc.) and walking away. At the very least, they may not feel they have the choice to disengage from media based on their need for human connection. This perceived need for connection persists, even if contrived or diluted by technology. Beyond the detrimental effects of anxiety/depression and information fatigue, there are real possibilities of other indirect adverse effects on residents amidst the COVID-19 pandemic.

Even as this article is being written, states have begun reopening businesses in an attempt to return life and the economy to normal. Regardless of your opinion on the suitability of these actions, it is likely that our long-term care facilities will still maintain "lockdown" procedures for a yet undetermined length of time. Meaning, residents will continue to be secluded from visitors and only interact with essential staff. Keep in mind that these practices are not reserved solely for COVID positive residents and apply to all long-term care residents to reduce resident exposure and shore up safety. These safety measures, while practical, also lead to a pattern of loneliness. This in turn reinforces the need for both stimulation and connectivity to the outside world. While the consumption of television and other media may not fully satisfy connectivity or informational requirements, it is still pursued by residents because few alternatives are present.

As a result, some residents could be at risk to lean into deeply held opinions and refuse assistance such as counseling that may fall outside their cultural belief system. Juhl & Routledge (2010) note that residents with a high need for structure in their worldview can become more rigid with the thought of pending death or possibility of death. It is worth noting that to older adults, a diagnosis of COVID-19 may seem like a declaration of death

itself. In turn, this can lead to a greater reliance on internalized beliefs, further galvanizing ideals that make alternative interventions out of scope for residents to consent to treatment. In the early eighties, researchers used data borne out of an Ad Hoc Committee on Religious Television Research to determine habits related to religious television viewers. Their findings revealed that dedicated viewers were more apt to have personal beliefs reinforced by their viewing habits, and these media consumers saw viewership itself as an act of protest against more "mainstream" media (Fore, 1984). This creates a cycle of clinging firmly to beliefs that may make residents more resistant to exploring opportunities that may mitigate symptoms of depression. Note that this form of confirmation bias is not limited to only personal beliefs of the religious variety. Meppelink, Smit, Fransen and Diviani (2019) report that even those searching for health information are more apt to select sources that are in line with, (rather than those that challenge or broaden), their own beliefs. Likewise, Zhang, Zhang, & Zhu (2013) have noted that collecting information from a single source (specifically the internet) skews an individual's worldview, leaving them with a diminished sense of hope for what is to come.

Future Consideration

While the information laid out above is somewhat disheartening, it is also compelling. Clinicians, professionals and caregivers should keep a watchful eye on those at-risk residents who are under lockdown and are socially isolated and intervene as necessary to preserve wellness.

At present, staff should monitor for anxiety and or depressive symptoms via the typical screening tools already in regular use within long term care and similar facilities. Instruments such as the Brief Interview for Mental Status, Patient Health Questionnaire-9, or Primary Care PTSD Screen serve a valuable purpose and act as a reliable means to gauge the patient mood and mental stability. Moreover, less formal interaction such as connecting 1:1

through a genuine conversation can often complement these assessments and give residents some level of human interaction to break up reliance on the substitute of technological "connectivity". Providers may also wish to offer alternatives to broadcast or online media such as printed material. Efforts to engage with residents through activities (even if limited to 1:1 or virtual participation) may help alleviate the over-dependence on television.

For further examination, targeted research is warranted. This writer offers a questionnaire that gauges the degree to which a resident might be affected by media consumption. A sample of appropriate questions may be viewed in the provided table. The questionnaire may serve as a means to promote resident-staff dialogue regarding media consumption and the effect it plays on wellness against the backdrop of the COVID-19 pandemic. It is important to note that this questionnaire is provided as a sample form to be used to establish a more robust dialogue between patient and provider. This author has used it not as a checklist for intervention, but as a method to foster authentic conversation and human connectivity. Further, it has been created as a basis for future researchers to follow-up this qualitative study with a complex quantitative review.

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Table 1. *Media Consumption Questionnaire*

Prospective Question	Resident Choices
A. How do you typically receive the news?	<ol style="list-style-type: none">1. Television2. Radio / Podcast3. Print4. Internet5. Social Media6. Other
B. How many hours a day do you spend reviewing the news?	<ol style="list-style-type: none">1. 0-1 Hour / day2. 2-4 Hours / day3. 5 + Hours / day
C. Are you able to change the channel or turn off the television when you like (with or without staff assistance)?	<ol style="list-style-type: none">1. Yes (without staff assistance)2. No (without staff assistance)3. Yes (with staff assistance)4. No (have not asked/staff refusal)
Prospective Question	Resident Choices
D. How would you rate your mood after taking in news coverage regarding the COVID-19 pandemic?	<ol style="list-style-type: none">1. Improved2. Worsened3. No change
E. How would you categorize your anxiety level after taking in news coverage regarding the COVID-19 pandemic?	<ol style="list-style-type: none">1. Improved2. Worsened3. No change
F. Do you feel more educated, informed, or have learned something new or valuable after taking in news coverage regarding the pandemic?	<ol style="list-style-type: none">1. Yes2. No
G. How would you categorize news coverage regarding the COVID-19 pandemic?	<ol style="list-style-type: none">1. Thorough2. Lacking3. Neither