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A Narrative of a Certified Nurse in Dementia Care in Japan How to Compensate the Gap Caused by Visitation Restrictions Due to Coronavirus Disease

Yuki Ohashi, Yumiko Furukubo, Diane Bunn

Author Note

Correspondence concerning this article should be addressed to Yuki Ohashi, Nurse, Ph.D. (Nursing), R.N., P.H.N., Rakuwakai Otowa Rehabilitation Hospital, 32-1, Koyamakitamizo-cho, Yamashina-ku, Kyoto 607-8113, Japan. E-mail: yohashi-tky@umin.ac.jp. Phone: +81755816221

Yumiko Furukubo, Nurse, R.N., Rakuwakai Otowa Rehabilitation Hospital. E-mail: furukubo-yumiko@rakuwa.or.jp

Diane Bunn, Ph.D., RGN, Lecturer in Health Sciences, School of Health Sciences, University of East Anglia. Norfolk, UK. NR4 7TJ. E-mail: D.Bunn@uea.ac.uk

Disclosure Statement

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Abstract

This report is a narrative of a certified nurse working on a long-term rehabilitation ward for patients with dementia in Japan during the early phase of the COVID-19 pandemic. During this time visitation restrictions had been implemented to prevent the spread of COVID-19 causing psychological distress for patients and their families which nurses had to cope with . The nurse was interviewed twice September–October 2020. The recordings were transcribed verbatim and analysed thematically. Three themes were identified relating to changes in care in response to the pandemic which nurses had to adapt to: the risk of collapse of family members' roles, anxiety caused by patients forgetting family members and family memories and increased disorientation. During the pandemic, nursing care needs to adapt, ensuring that family attachments and ties continue and minimizing the disruption caused by the pandemic, while ensuring that everyone remains Covid-safe.

Article type: Brief report

Keywords: COVID-19; visitation restrictions; psychological distress; cognitive disfunction; long-term care; rehabilitation ward

Introduction

Due to the preventive infection control measures implemented during the COVID-19 pandemic, family visits are often prohibited or limited in hospitals, care homes, and other long-term care facilities. This has threatened traditional family–patient and family–nurse ties and relationships. In particular, people with cognitive dysfunction and dementia may forget their families due to access restrictions, while families are also worried that they will be forgotten (Asahi Shimbun, 2020a; Asahi Shimbun, 2020b). Visiting families provide psychological and physical support for patients, reduce family anxiety, and help build trust with healthcare workers (Willemse et al., 2015). However, it is still unclear what happens to patients and families when visits are prohibited or limited to prevent COVID-19 infections. Nurses have to consider how to mitigate the effects of restricting family visits on social isolation for patients and maintain the well-being of patients and their families. Therefore, this paper reports a narrative of a single certified nurse in dementia care in Japan during the COVID-19 pandemic.

Method

This report employed a qualitative descriptive approach: a case report that includes the narrative of a single certified nurse in dementia care, employed on a long-term rehabilitation ward in an urban hospital in Japan. The hospital has 186 beds and provides rehabilitation nursing and long-term care. The patients are admitted due to stroke, cardiovascular disease, compressed fracture, femoral neck fracture, or terminal care. The average age of patients is 70 years, with an average length of hospital stay of 50 days. There were no patients with COVID-19 in the hospital at the time of the study. However, visiting restrictions, a preventative easures to limit spread of infection, were imposed because the adjacent acute care hospital was treating patients with COVID-19.

Two one-hour interviews were conducted with the same nurse, recorded in a private area on the ward, in September and October 2020. An unstructured approach was used to explore how the nurse observed and experienced the psychological distress experienced by long-term rehabilitation ward patients and their families because of the visitation restrictions implemented to prevent the spread of COVID-19. The transcripts were carefully and repeatedly read, coded, and categorized, and two themes were identified by the author. This report was approved by the Ethics Committee of Rakuwakai Otowa Rehabilitation Hospital (No.20-003).

Results

Collapse of the Family Member's Role During the Long-Term Care Period

Family members' caring role changed during the pandemic due to visiting restrictions, illustrated by the following case. The patient was a woman with Parkinson's disease (Yahr 4) with dementia and Lewy bodies, admitted to the hospital as she was disorientated, although she was able to communicate verbally. The husband had been caring for the patient for nearly 15 years and had repeatedly used respite hospitalisation at our hospital

usually visiting daily from 11:00 to 19:00 until the COVID-19 visiting restrictions were implemented. The nurse in charge had been involved with the patient and her husband as a ward nurse for nearly 9 years. Therefore, the nurse was convinced that she was able to build a trusting relationship with them. In this scenario, the patient's husband entered the hospital room saying, "I came to pick up the laundry", but was informed by the nurse, who followed him in, that visiting was not allowed; she also lightly touched his shoulder. He shook off the hand, saying: "*Don't follow me. What are you doing? Can't you understand my feelings? Have you ever thought about my feelings?"* He frowned and started yelling. The nurse could not say anything but stood still. She found it difficult to deal with the husband's anxiety and emotional response, or to provide the support needed because of the restrictions imposed due to the COVID-19 pandemic.

Anxiety Caused by Forgetting the Face and Voice of Patients and Family

The nurse described how patients and their families became more anxious and stressed after the visitation restrictions began, with families especially worried about whether their relative with dementia would remember them. In one example, the nurse recalled how a family member who frequently visited her 80-year old relative living with dementia telephoned to ask whether the hospital was continuing to restrict visits and expressed concern about whether her relative would even remember her face.. The nurse described how she spent time explaining the situation to the family member and how she arranged for the patient and her relative to talk over the phone, reporting that the family members said they were relieved to hear their voice". In the final care scene, the nurses sometimes provided a good time for the family even during the COVID-19 pandemic. There was regret also, where the nurse described how a family member was only allowed to visit after their relative had died, and she she overheard them saying: *"I wanted to see you a little earlier".*

Patient's disorientation

Family contact is an essential source of support for patients, particularly for those living with chronic pain. The nurse illustrated this by describing how an 80-year old woman, living with dementia was hospitalized for a compression fracture in the lumbar spine, and because she had been in close contact with COVID-19 positive patients, she required 14 days of isolation in a quarantine room. For many years, she worked nights, such as cleaning hotels, and so she was used to sleeping during the day and being active in the evening, Consequently, she found it difficult to adjust to the hospital routine and the expectation to sleep at night, and the nursing staff also found this challenging. The nurse described how the staff tried to discourage her day-time sleeping, so that she would sleep at night. The patient was further disorientated because she could not understand why she was in hospital or why her family were not visiting.

The nurse described how she often encountered her muttering *"Why am I here?" "Why should I be here?" "It's hard, sad ... I was abandoned by my family".* Sometimes, when the patient was overwhelmed, she asked, "*Do you understand my feelings? Isn't it your job to take care of my feelings?" and on occasion, the nurse found her patient out of her room and by the front door and when asked to return to her room, the patient told her "Please leave me alone. It's my right to leave".* . The nurse described how she felt conflicted, unsure about how best to keep her patient and her other patients on the ward, safe. Also wondering whether the hospital was the best place in this case: "*I wonder if I could have done something. I know that it is better to stay at home".*

Discussion

This report is a narrative about one nurse's difficulties in compensating for the gap between patients and their families caused by visiting restrictions due to COVID-19. There is concern that the emphasis on maintaining social distance by imposing visiting restrictions may accelerate and exacerbate cognitive decline (Pitas and Ehmer, 2020). However, nurses often find themselves having to balance individual needs with those of all their patients, particularly regarding safety, which can result in stress and anxiety for themselves, and this was particularly the case during the pandemic (Bozorgzad, 2016). Nurses had to adapt their caring practices and approaches to help support both their patients and their families, learning new ways to bridge the gap created by visiting restrictions. Recent studies have highlighted the importance of synchronous, familiar methods of communication such as the phone and email messages between families and residents to maintain their emotional well-being when in-person visits are restricted (Monin et al., 2020). Nurses are instrumental in providing an environment to facilitate ongoing attachments between patients and their families, so that infection risks are minimized and everyone remains safe, but in doing so, there can be a conflict of interests (Iaboni et al., 2020). Providing safe care is an essential component of nursing, but new ways of facilitating this are required for the pandemic.

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