

Survey on Nursing Care for Elderly Patients and Patients with Cognitive Impairment in Acute Hospitals: Comparison between Japan and Thailand

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Currently, Japan's percentage of elderly people is about 26.7% (Annual Report on the Aging Society, 2016). Even though the population in Japan began to decline in 2015, the percentage of elderly people is expected to continue increasing and reach 40% by 2060 (Annual Report on the Aging Society, 2016). Within the elderly population, the percentage of old-old population will further expand, and therefore establishment of a sustainable medical and welfare system is an urgent issue as Japan's super-aging society advances.

On the other hand, at a current percentage of 10%, it is expected that the aging of the population of Thailand will proceed more rapidly than Japan's experience. Thailand will also have a super-aging society like Japan is experiencing in the near future.

As the percentage of the elderly population increases, the numbers of elderly patients and patients with dementia hospitalized at acute hospitals are also increasing. Elderly patients developing delirium due to degradation of adaptive capacity along with hospitalizations and treatments, and patients with dementia exhibiting the more serious behavioral and psychological symptoms of dementia are also increasing in numbers. In this situation, it is becoming more and more important that nurses be able to manage appropriate prevention care and deal with their symptoms, as well as obtain knowledge and skills for those patients.

The purposes of this survey were to investigate care conditions for elderly patients and patients with dementia by nurses working in acute hospitals in Japan and Thailand, and to obtain suggestions for promoting understanding and education for those patients in order to guarantee their care quality and for improving further the care level in acute hospitals in both countries. In this report, results of this survey in acute hospitals in Japan and Thailand are summarized.

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This research is a cross-sectional exploratory descriptive study using a self-written questionnaire. Participants were nurses working in acute hospitals in Japan and Thailand (362 in Japan and 200 in Thailand), and this survey was conducted in 2015. Ethical approval was obtained from each University Institutional Review Board.

Survey Results

1. Characteristics of participants

The participants were 362 respondents in Japan and 200 in Thailand. Of the Japanese respondents, 344 (95%) were female and 17 (4.7%) were male, while all 200 (100%) Thai respondents were female.

There were no huge differences between the two countries in terms of occupation (99.4% were

nurses in Japan and 99.5% were nurses in Thailand), or sex (most were female in both countries). Thai respondents had a mean age of 40 years, which was about 5 years older than that of Japanese respondents.

Regarding the schools through which nurses obtained their nurse licenses, there were big differences between the two countries: of Japanese participants, 57.5% reported getting their nursing licenses through a three-year training school, whereas 69.0% of Thai participants reported getting their licenses through a university.

Japanese respondents had a mean nursing experience of 11.4 years and for Thai respondents, it was 12.2 years. Looking at the data in terms of frequency, in Japan, the largest group (about 50%) reported less than 10 years of experience, whereas in Thailand, the largest group (about 53%) reported at least 10 years but less than 20 years of experience.

2. Experience, difficulty, and interest regarding dementia (cognitive impairment) patients cared for as a nurse

For the question regarding experience of caring for dementia patients (patients with cognitive impairment), of Japanese respondents, 80% answered “30 people or more”. Further, 61.3% of respondents answered “7 Very much” concerning “experience having difficulty providing nursing care to patients with cognitive impairment” (Fig. 1).

Of Thai respondents, 40% answered “30 people or more” regarding “experience of caring for dementia patients (patients with cognitive impairment)”, and a lower proportion (9%) answered “7 Very much” about “experience having difficulty providing nursing care to patients with cognitive impairment”, indicating a huge difference between the two countries.

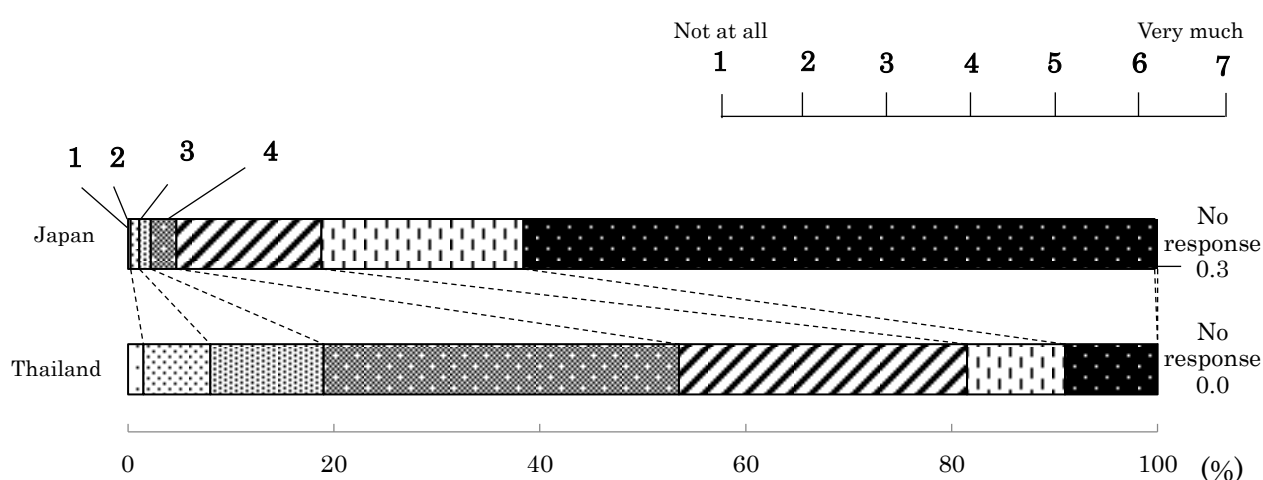


Fig. 1 Experience having difficulty providing nursing care to patients with cognitive impairment

For the question concerning interest in providing nursing care to patients with cognitive impairment, the proportion of respondents who answered “7 Very much” was higher among Japan respondents than among Thai respondents.

For the question about how to respond to having trouble caring for patients with cognitive impairment, of Japanese respondents, the most common answer (about 90%) was “Hold a ward meeting to discuss the issue”, followed by “Consult the primary physician of the ward” (about 70%) (Fig. 2). Of Thai respondents, less than 20% answered “Hold a ward meeting”, whereas a high proportions chose consulting the primary physician and dementia specialists (Fig. 2).

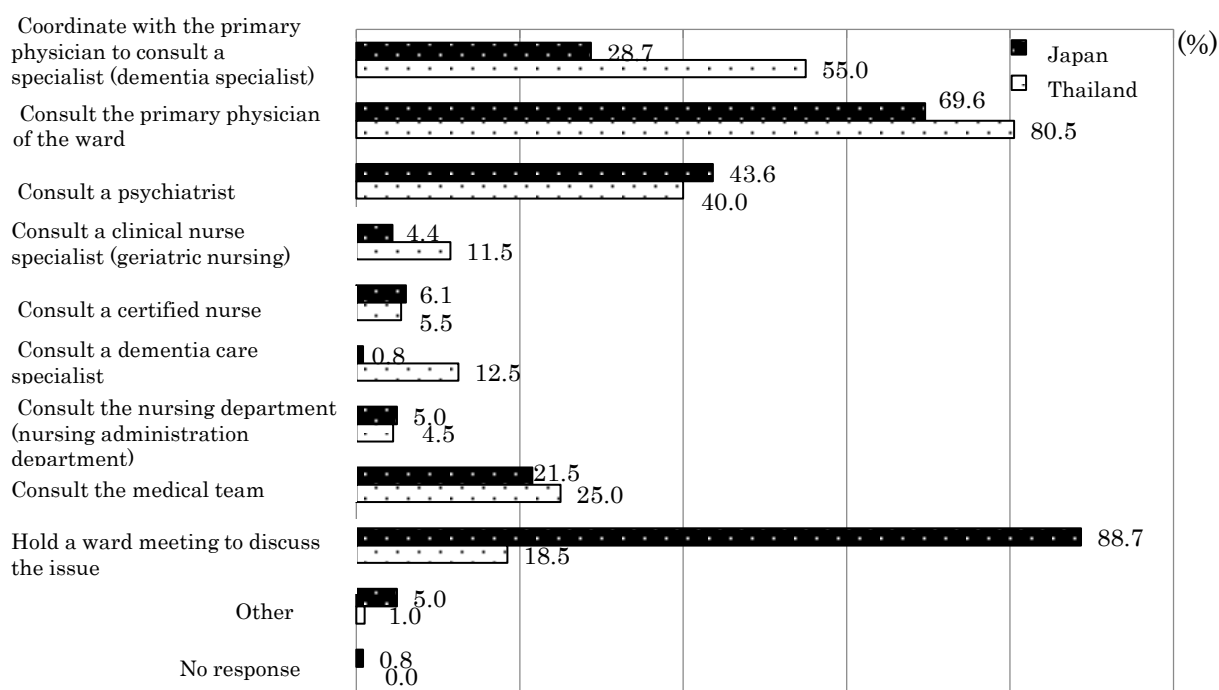


Fig. 2 Responses regarding having trouble caring for patients with cognitive impairment

3. Interest in taking a course on nursing care for patients with cognitive impairment and in obtaining a specialist license

For the question concerning interest in taking a course on nursing care for patients with cognitive impairment, of Japanese respondents, about 70% wanted to take such a course. Regarding interest in obtaining a clinical nurse specialist or certified nurse license to care for elderly people or people with dementia, 20% responded positively (5 or more) (Fig. 3). Thus, Japanese respondents wanted to take a course on nursing care but were not interested in obtaining a license as a specialist nurse for elderly people or people with dementia.

Of Thai respondents, about 50% wanted to take a course on nursing care for patients with cognitive impairment, and about 50% wanted to obtain a clinical nurse specialist or certified nurse license to care for elderly people or people with dementia. Thus, Thai respondents indicated less interest in attending a course on nursing care but more interest in obtaining a specialist license than Japanese respondents.

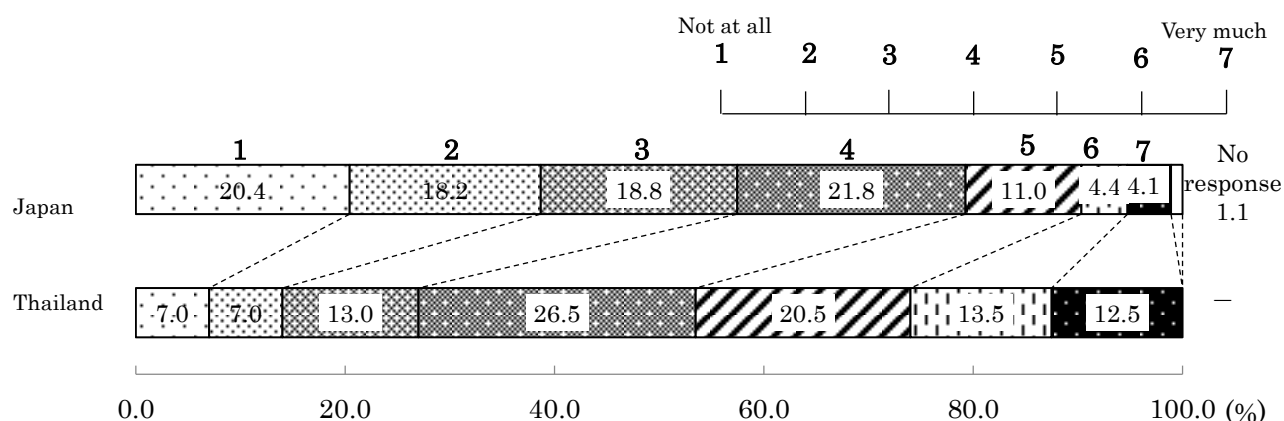


Fig. 3 Interest in obtaining a clinical nurse specialist or certified nurse license to care for elderly people or people with dementia

4. Staff training, issuing a discharge summary or other report, and discharge planning for patients

For the question to a ward manager or assistant ward manager about staff training, issuing a discharge summary or other report, and discharge planning for patients, Japanese respondents more frequently answered “doing this” than Thai respondents. In particular, a huge difference was seen with regard to issuing a discharge summary or other report (Fig. 4), for which 94.7% of Japanese respondents answered “doing this” compared to 25% of Thai respondents.

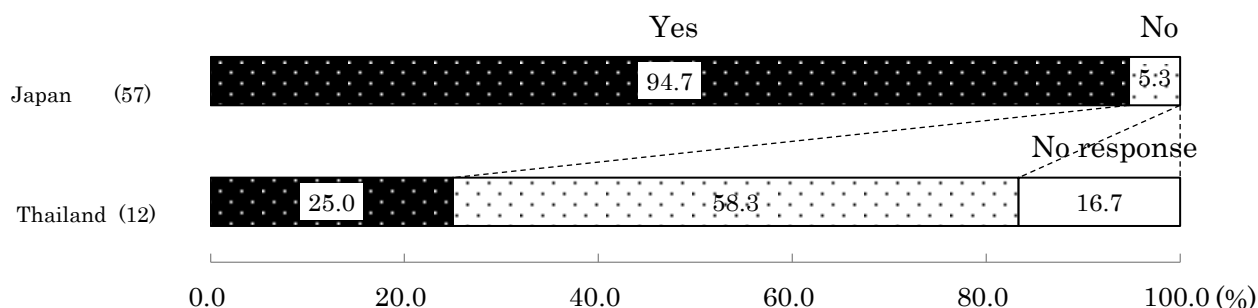


Fig. 4 Give a discharge summary or other report on the patient to the institution and/or doctor that will be providing care following discharge

5. Inpatient attributes

For the question to a ward manager or assistant ward manager about mean age of inpatients in ward and proportion of elderly inpatients, the responses indicated that the proportion of elderly inpatients in Japan is larger than that in Thailand: 15.8% of Japanese ward managers reported that elderly were 90% or more of inpatients compared to 0% of Thai ward managers (Fig. 5). The range of mean age was 30-82 years in Japan and 45-65 years in Thailand.

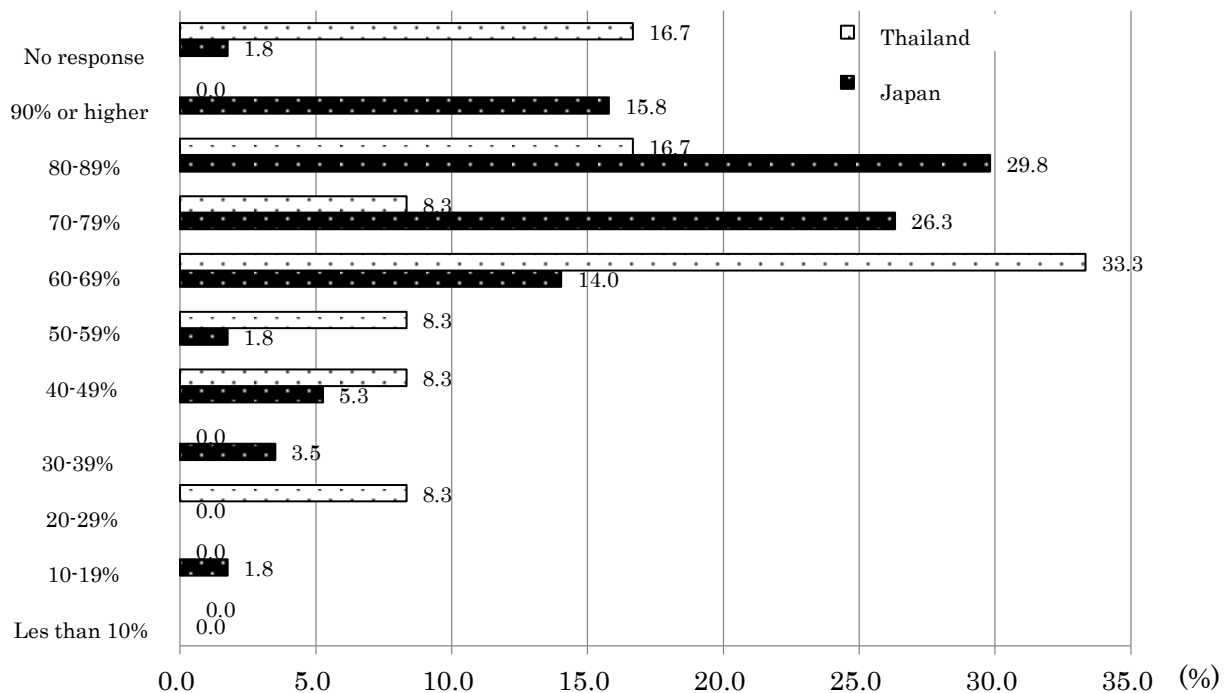


Fig. 5 Proportion of elderly inpatients (65 years or older)

6. Assessment of elderly patients

For the question to participants about performing an assessment of elderly inpatients (patient's cognitive functioning, underlying diseases, and medications that affect the patient's cognitive functioning, patient's communication abilities, and patient's latent faculties), Thai respondents answered "7 Always" more frequently than Japanese respondents. This difference was particularly large regarding patient's latent faculties, for which 54% of Thai respondents answered "7 Always", versus only 12.7% of Japan respondents (Fig.6).

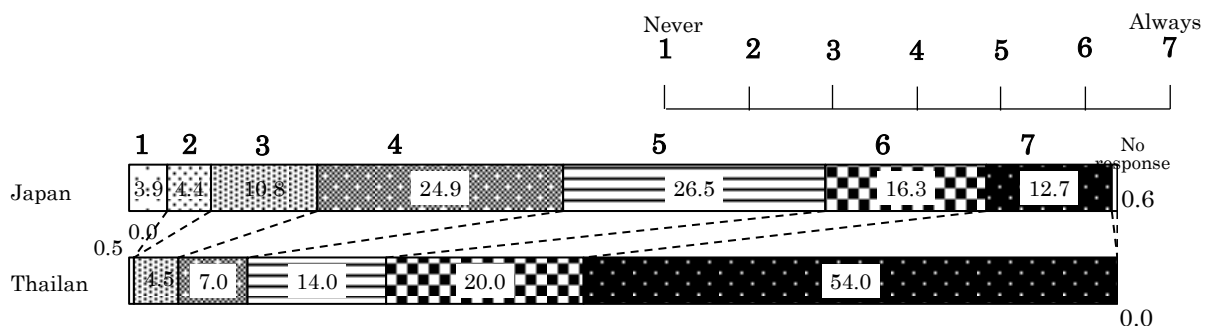


Fig. 6 Performing an assessment of the patient's latent faculties

In contrast, 41.2% of Japanese respondents answered "7 Always" or "6" regarding assessment of the state of public support for the patient, versus only 29.0% of Thai respondents (Fig. 7).

Compared with performing an assessment of the state of public support for patients (Figs. 7 and 8), the proportions performing an assessment for patients with cognitive impairment was slightly higher than that for elderly patients in Japan.

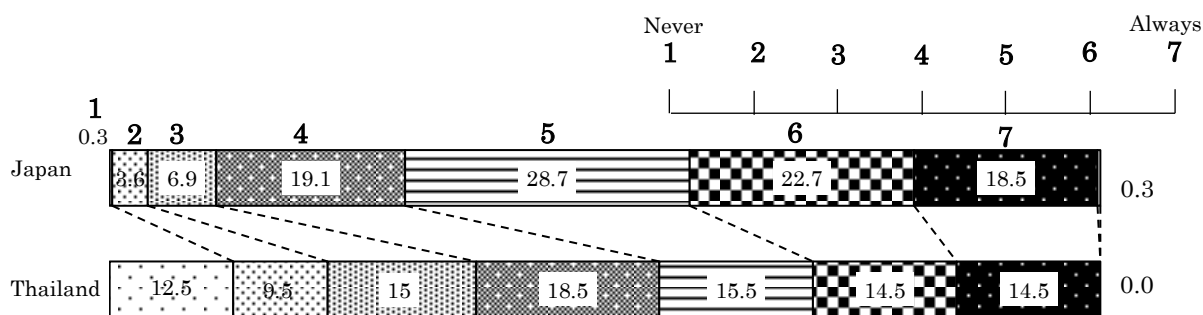


Fig. 7 Performing an assessment of the state of public support for elderly patients

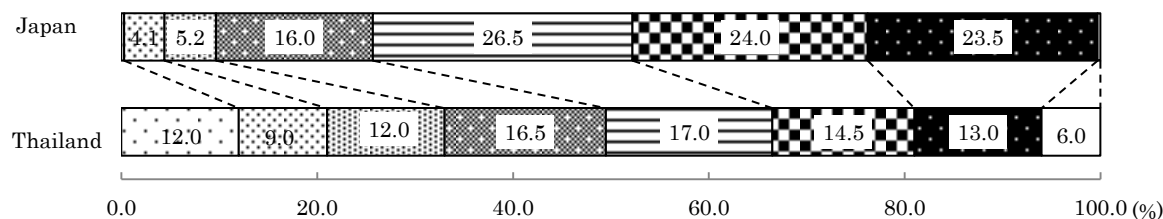


Fig. 8 Performing an assessment of the state of public support for patients with cognitive impairment

7. Nursing practice and attitude toward an elderly patient

For the question concerning nursing practice and attitude toward an elderly patient (support for providing standardized assistance to the patient based on discussions with the other staff members, assisting the patient in utilizing their latent faculties, assisting the patient in expressing their intentions, talking to the patient using words and a speaking speed that are easy to understand, valuing the patient's dignity as a person, and trying to actively communicate with the patient), Thai respondents answered "7 Always" more frequently than Japanese respondents. This difference was particularly large regarding valuing the patient's dignity as a person: 80% of Thai respondents answered "7 Always", about double the proportion of Japanese respondents (Fig. 9).

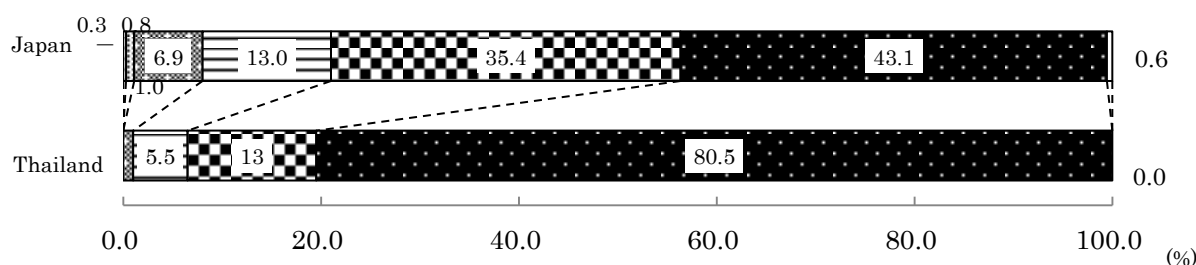


Fig. 9 Valuing a patient's dignity as a person

In addition, only 13.5% of Japanese respondents answered "7 Always" regarding assisting the patient in utilizing their latent faculties (Fig. 10), which was the lowest percentage among all the questions about nursing practice.

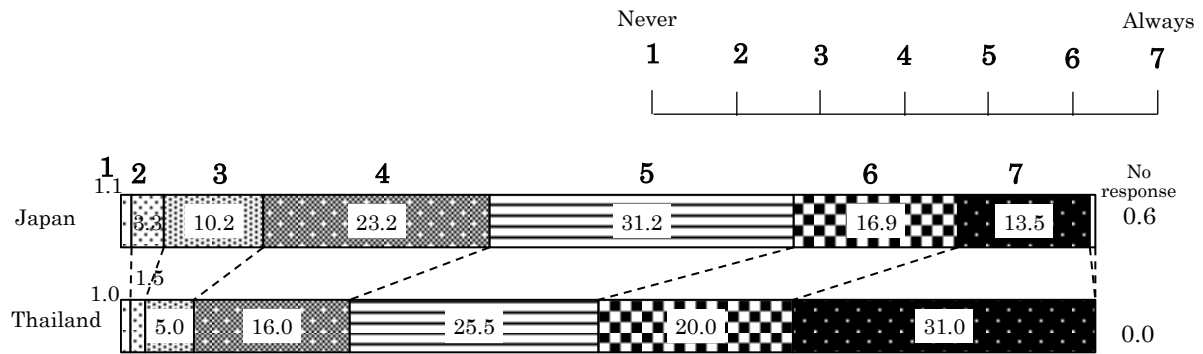


Fig. 10 Support for assisting a patient in utilizing their latent faculties

8. Support for orientation of an elderly patient

For the question regarding support for orientation of an elderly patient (support for making the location easy to understand, helping to adapt the patient's lifestyle in hospital to the patient's lifestyle pattern or rhythm in their home, provision of a safe environment, and helping the patient realize the passage of time), both Japan and Thailand had relatively low averages, although in every question, Thai respondents answered "7 Always" more frequently than Japanese respondents. Also, regarding provision of a safe environment, less than 10% of both Japanese and Thai respondents answered "7 Always", showing that they did not think enough about this issue (Fig. 11).

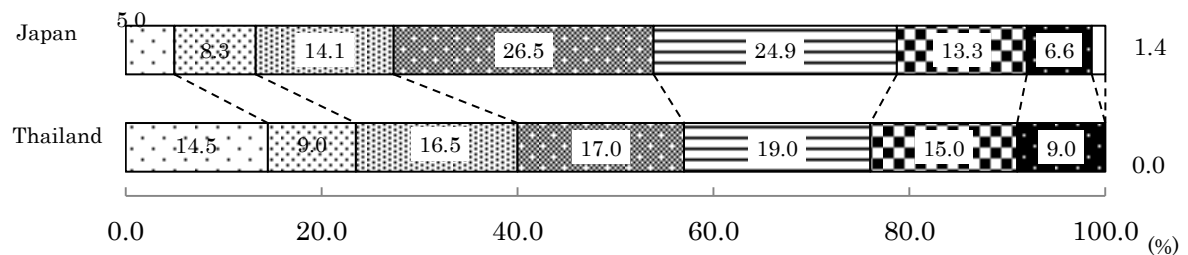


Fig. 11 Provision of a safe environment

9. Making adjustments for sounds, lighting, and unpleasant odors

Regarding adjusting lightning, 40.0% of Japanese respondents answered "7 Always", which was the highest among sounds, lighting, and unpleasant odors. In particular, only 12.2% reported "7 Always" for making adjustments for sounds.

For Thai respondents, the most commonly reported adjustment was for odors (42.0% answered "7 Always") (Fig. 12). For the other two kinds of stimuli, 21.5% reported "7 Always" for sound, a higher proportion than among Japanese respondents, whereas about 30% reported "7 Always" for lighting, which is a lower proportion than among Japanese respondents.

However, for these same questions concerning making adjustments for sounds, lighting, and unpleasant odors for patients with cognitive impairment, the distributions of answers were similar to those for elderly patients for both countries.

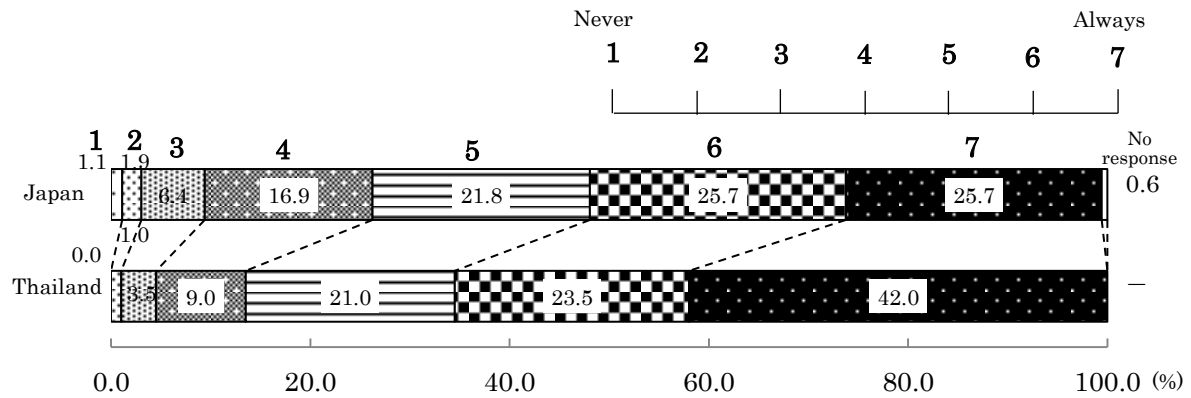


Fig. 12 Try to keep unpleasant odors away from elderly patients

10. Practice of care that matches an elderly patient's risk of falling

Regarding practice of care that matches an elderly patient's risk of falling, 49.2% of Japanese respondents answered “7 Always”, versus 82.5% of Thai respondents (Fig. 13). For the same question for a patient with cognitive impairment, the proportion of “7 Always” and “6” was slightly higher than that for elderly patients (Fig. 14).

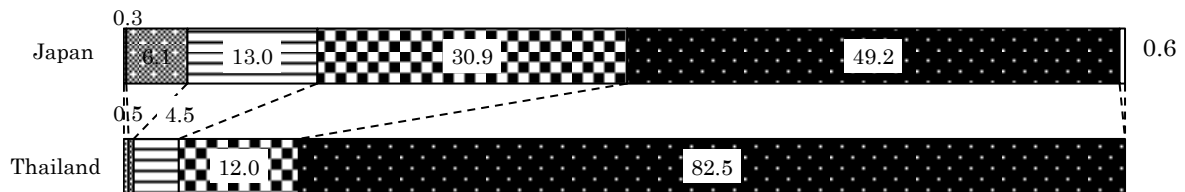


Fig. 13 Practice of care that matches an elderly patient's risk of falling

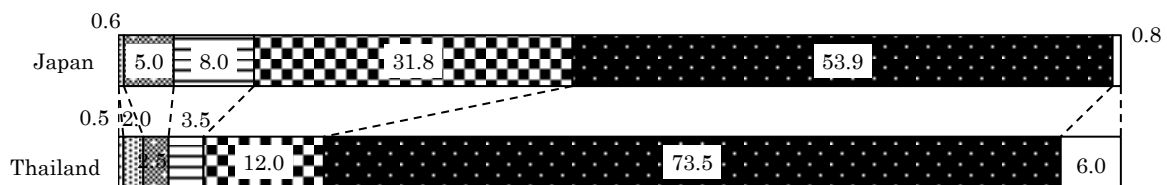


Fig. 14 Practice of care that matches the risk of falling of a patient with cognitive impairment

11. Support for ease of viewing and consideration of dignity for elderly patients

For the question about support for ease of viewing and consideration of dignity (adjusting the size and color of text, minimizing the restraint of patients, considering patient’s feelings of embarrassment when providing care, and knocking or calling out before entering a patient’s room or opening their curtain), regarding minimizing the restraint of patients and considering patient’s feelings of embarrassment when providing care (Fig. 15), both Thai and Japanese

respondents gave high scores on average, but Thai respondents answered “7 Always” more frequently than Japanese respondents.

Regarding knocking or calling out before entering a patient’s room or opening their curtain, the average scores were very high, above 6.0, and higher among Japanese respondents than among Thai respondents.

However, regarding adjusting the size and color of text (Fig. 16), the averages were low compared to the other three related questions, which showed that this was not given sufficient consideration.

For the question about support for ease of viewing and consideration of dignity to patients with cognitive impairment, distributions were similar to those for elderly patients.

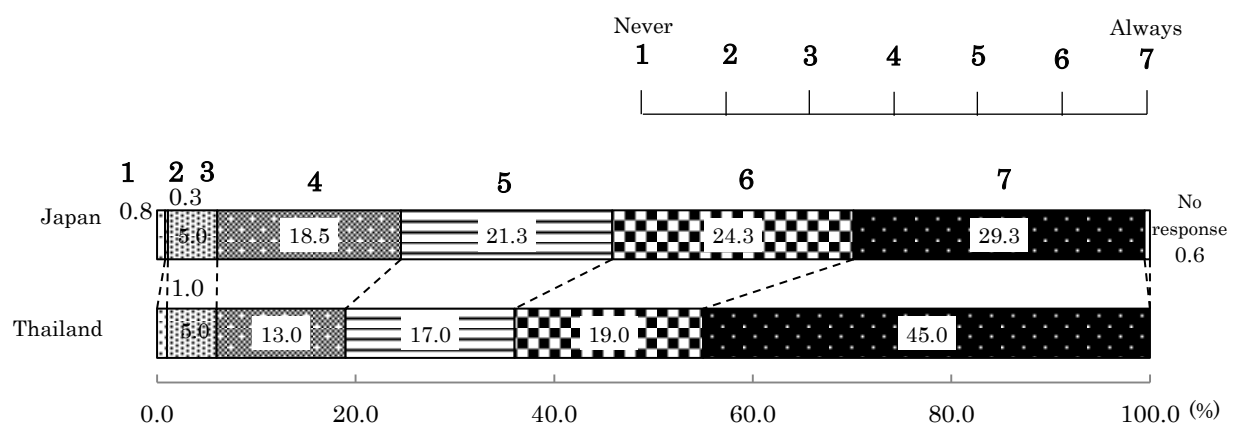


Fig. 15 Try to minimize restraining an elderly patient as much as possible

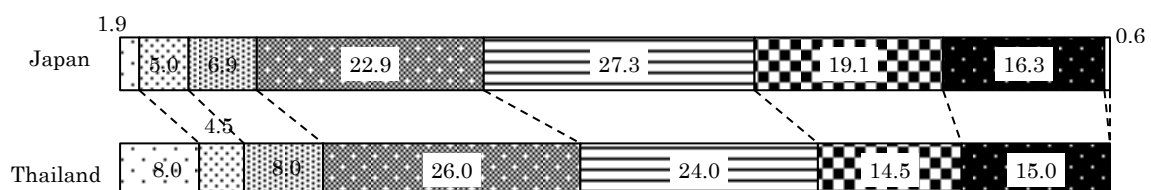


Fig. 16 Adjusting text size and color for an elderly patient

12. Attitude toward and care for the family of an elderly patient

For the question about attitude toward and care for the family of an elderly patient (responding to the uncertainties and requests of the patient’s family members (Fig.17), and informing family members about the patient’s status and treatment progress), the proportion of “7 Always” or “6” was large in both countries. For both questions, Thai respondents answered “7 Always” more frequently than Japanese respondents. For the question about attitude toward and care for the family of a patient with cognitive impairment, distributions were similar to those for elderly patients.

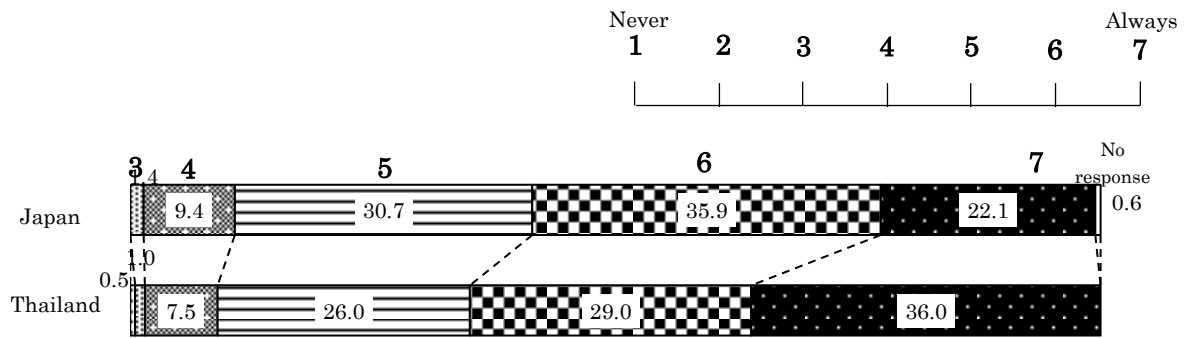


Fig. 17 Responding to the uncertainties and requests of a patient's family members

13. Necessary care and high-quality care for an elderly patient

Regarding providing a patient with the care they need, respondents answered “7 Always” at 25.7% among the Japanese and 55.5% among Thai.

Regarding providing a patient with high-quality care, a huge difference by country was observed in the proportion answering “7 Always”: less than 10% among Japanese respondents and 60% among Thai respondents (Fig.18). For the question about necessary care and high-quality care for patients with cognitive impairment, distributions were similar to those for elderly patients.

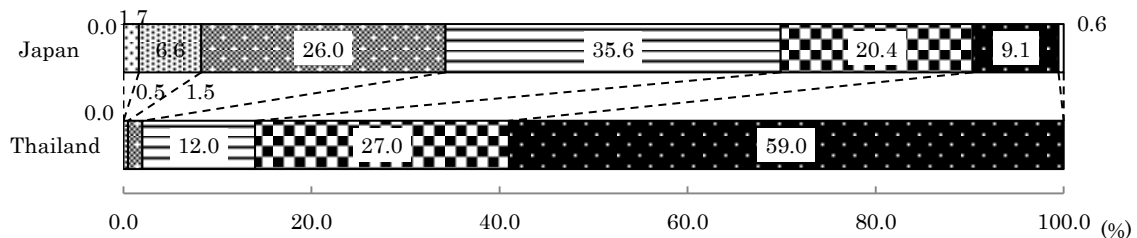


Fig. 18 Providing a patient with high-quality care

14. Support for orientation of a patient with cognitive impairment

Regarding support for orientation of a patient with cognitive impairment, the same questions were asked as regarding support for orientation of an elderly patient. The response scores were low overall, suggesting that respondents did not think enough about support for orientation, with similar score distributions to those for elderly patients.

For the question for support for a patient with cognitive impairment to realize the passage of time, the proportion of “doing this” (scores 5-7) was slightly larger than for support for an elderly patient (Figs. 19 and 20).

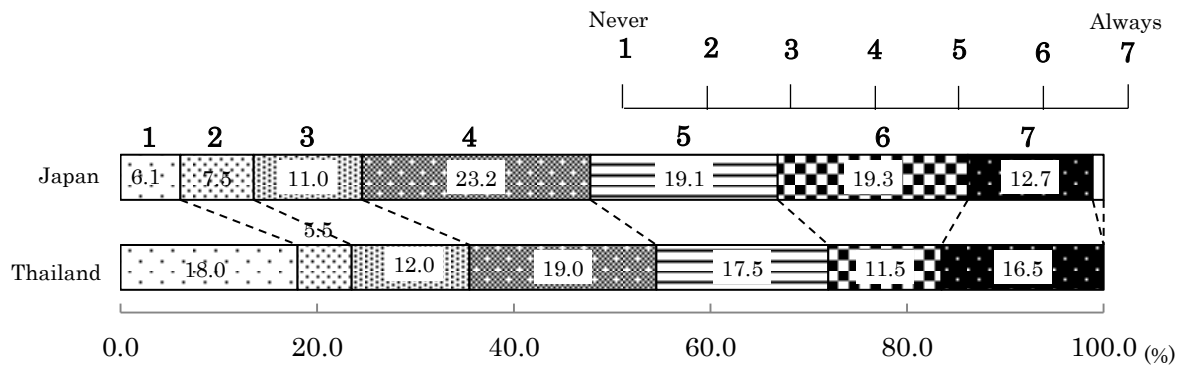


Fig. 19 Support for an elderly patient to realize the passage of time

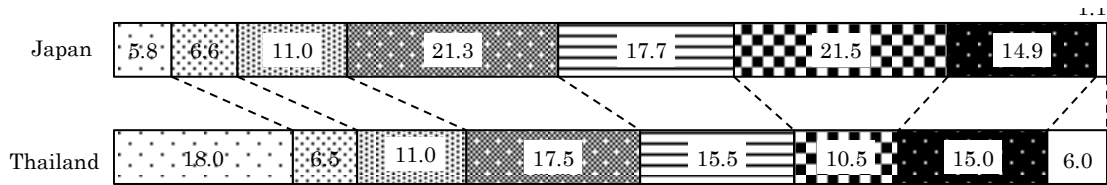


Fig. 20 Support for a patient with cognitive impairment to realize the passage of time

15. Care for patients with dementia and BPSD and assessment of their families

Regarding “providing a patient with care that considers BPSD and the dangers arising from BPSD”, about 20% of Japanese respondents and 28% of Thai respondents answered “7 Always”, which were the highest proportions among the four questions (“providing a patient with care that matches their cognitive impairment”, “providing a patient with care to prevent or reduce BPSD”, “providing a patient with care that considers BPSD and the dangers arising from BPSD”, and “assessing the level of knowledge and acceptance of dementia among family members and offering them advice”)(Fig.21).

Regarding “providing a patient with care that matches their cognitive impairment”, “providing a patient with care to prevent or reduce BPSD”, and “assessing the level of knowledge and acceptance of dementia among family members and offering them advice”, less than 10% of Japanese respondents answered “7 Always”. Also, the average scores were low. Thai respondents answered “7 always” more frequently than Japanese respondents, but still only 15%, showing there is insufficient support for patients and their families in both countries.

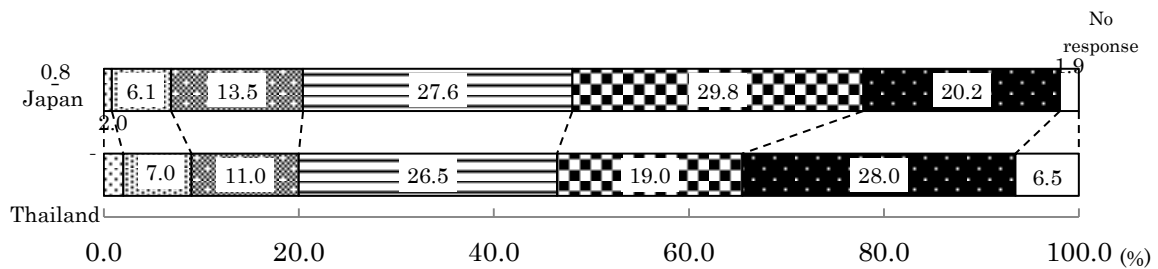


Fig. 21 Providing a patient with care that considers BPSD and the dangers arising from BPSD

16. Knowledge about dementia

Average scores for “knowledge about dementia” was low, especially regarding the differences between the different types of dementia, such as Alzheimer’s, Lewy body, and frontotemporal dementia, which were 3.1 for Japanese respondents and 3.2 for Thai respondents. Of Japanese respondents, a high 23.8% answered “1 Strongly disagree”, indicating that they did not have enough knowledge (Fig. 22).

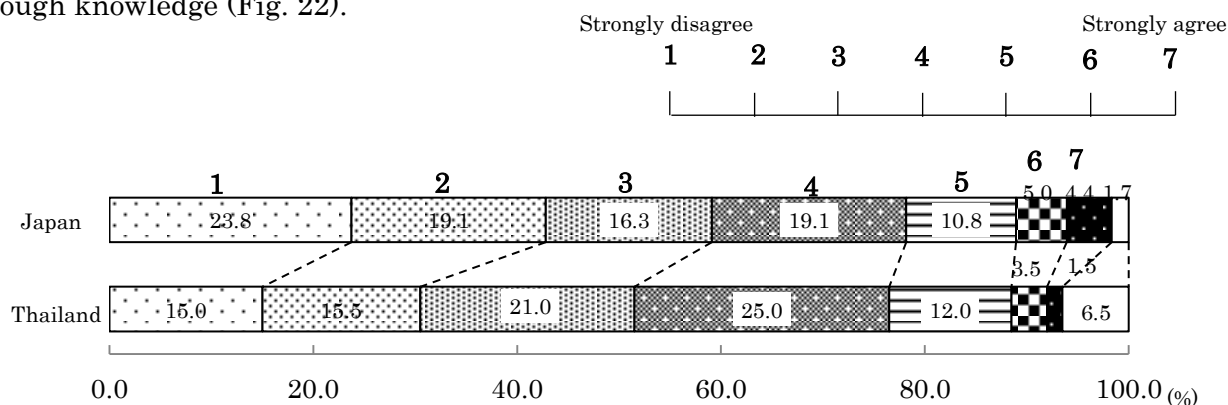


Fig. 22 Explain the differences between the different types of dementia, such as Alzheimer’s, Lewy body, and frontotemporal dementia.

17. Feeling for patients with cognitive impairment and dementia

For the question on “I cannot finish all my work within my work hours when caring for patients with cognitive impairment”, the proportion who answered “7 Always” was low among both Japanese and Thai respondents.

For the question on “I frequently get irritated when caring for patients with cognitive impairment”, 3% of Japanese respondents answered “7 Always”, but no Thai respondents gave this answer.

A higher proportion of Thai respondents answered that they feel a sense of satisfaction from caring for patients with cognitive impairment than Japanese respondents (Fig.23). However, the average scores were low in both countries.

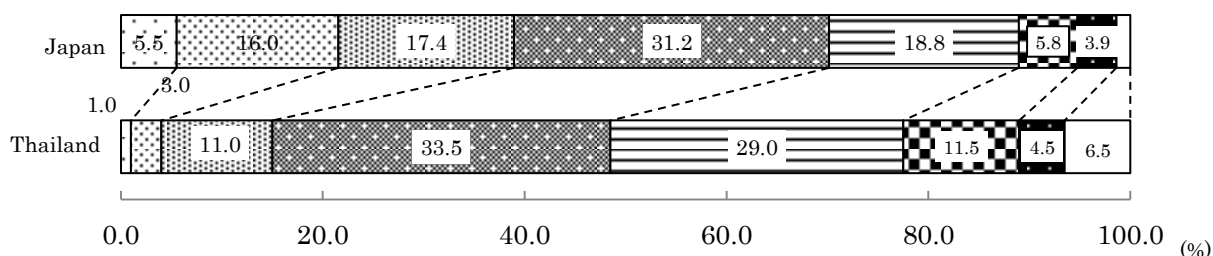


Fig. 23 Feeling a sense of satisfaction from caring for patients with cognitive impairment.

18. Discussing problems related to care generally, and assessment and care of pain in particular for a patient with cognitive impairment

Regarding “discussing problems related to care for a patient with cognitive impairment” and

“assessment and care of pain for a patient with cognitive impairment”, Thai respondents answered “7 Always” more frequently and had higher average scores than Japanese respondents, particularly with regard to the second question, for which “7 always” was three-fold larger among Thai respondents than Japanese respondents (Fig. 24).

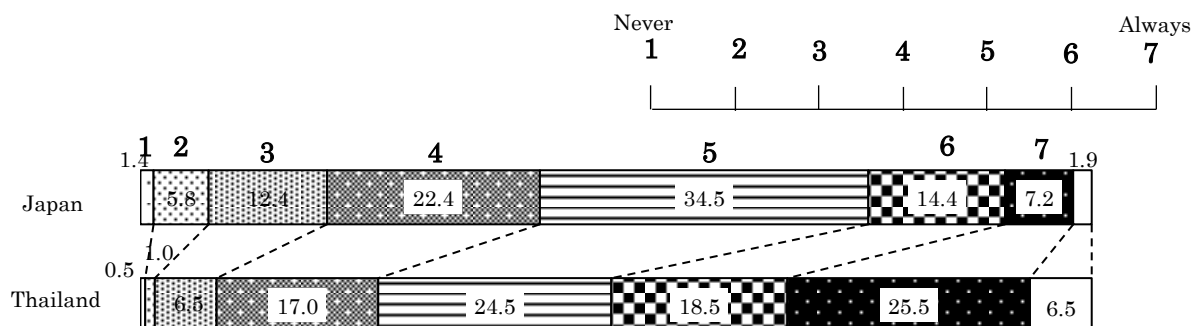


Fig. 24 Assessing and providing care for pain felt by patients with cognitive impairment

19. Feelings toward work

We asked questions regarding the following four statements: “I am satisfied with the work I do”, “I do not have enough time to provide patients with the care I want to give them”, “There is not enough time to finish all my work within my work hours”, and “I frequently feel irritated while working”.

Thai respondents reported higher scores for agreement with “I am satisfied with the work I do” than Japan respondents. Among Japanese respondents, “7 Always” was considerably low (1.4%), compared to among Thai respondents (15%) (Fig.25).

Of Japanese respondents, few thought “I do not have enough time to provide patients with the care I want to give them”, whereas 50% of Thai respondents thought this.

A larger proportion of Thai respondents answered “There is not enough time to finish all my work within my work hours” than that of Japanese respondents.

Very few respondents reported “I frequently feel irritated while working” among either group, although the average score for this question was lower among Thai respondents than among Japanese respondents, and Thai respondents answered “I do not become irritated” more frequently than Japan respondents.

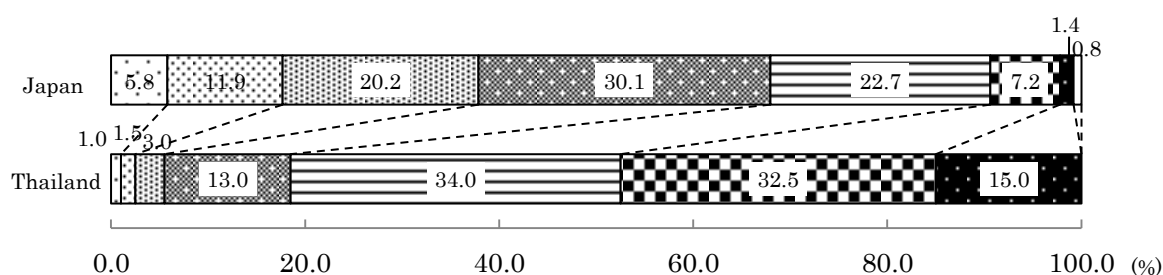


Fig. 25 I am satisfied with the work I do

Summary

We surveyed nurses working in acute hospitals in Japan and Thailand using questionnaires about nursing care for elderly patients and patients with cognitive impairment. Comparing the two countries, nurses who have nursed more than 30 patients with cognitive impairment were approximately 80% in Japan, twice that in Thailand, 40%. On the other hand, concerning the question on difficulty in nursing care with respect to patients with cognitive impairment, 60% of the Japanese respondents answered “Always”, whereas Thai respondents giving this answer were less than 10%. There may be differences in how the difficulty is felt between the two countries.

For the question about responses regarding having trouble caring for patients with cognitive impairment, of Japanese respondents, the most common answer was “Hold a ward meeting to discuss the issue”, whereas high proportions of Thai respondents chose consulting the primary physician and dementia specialists. On the other hand, regarding issuing a discharge summary or other report, and assessment of the state of public support for the patient, Japanese respondents more frequently answered “doing this” than Thai respondents. From these results, it was suggested that there were differences between Japan and Thailand in the current status of information transmission for medical settings and residential areas surrounding elderly patients and patients with cognitive impairment.

Also, Thai respondents more frequently answered “Always” than Japanese respondents for the question about assessment of and nursing practice for elderly people and patients with cognitive impairment.

In an assessment of underlying disease and medications that affect the patient’s cognitive functioning, and the patient’s latent faculties, “Always” was answered by less than 20% of Japanese, whereas in Thailand, the proportion was more than double. Thai respondents’ recognition of performing assessment for cognitive function and communication abilities, and utilizing patients’ latent faculties was higher than that of Japanese respondents.

In nursing practice for elderly patients and patients with cognitive impairment, in the question on assisting the patients in utilizing their latent faculties and valuing the patient’s dignity, the proportion of Thai respondents who answered “Always” was more than double that of Japanese respondents.

Particularly dramatic, in the question on valuing the patient’s dignity, more than 80% of Thai respondents selected “Always”, making it clear that they are highly conscious of valuing the dignity of patients. In the question on support for orientation of a patient, the averages were low generally, showing that respondents did not think enough about this issue.

Regarding providing a patient with care that matches their cognitive impairment, providing a patient with care to prevent BPSD, and assessing the level of knowledge and acceptance of dementia among family members and offering them advice, less than 10% of Japanese

respondents answered “Always”. Thai respondents also answered “Always” at a low frequency, 15%, showing there is insufficient support for patients and their families in both countries.

Average scores for “knowledge about dementia” were low in both countries, especially those about the differences between the different types of dementia.

Thai respondents reported higher scores for agreement with “I am satisfied with the work I do” than those of Japan respondents. Among Japanese respondents, “Always” was considerably low (1.4%), compared to among Thai respondents (15%). Thus, it was shown that Japanese respondents were not satisfied with their work.

In future work, we would like to deepen our analysis on the relationships between each topic and the influencing factors for nursing practice.