

## Foreseeing the unforeseen: Towards mental health and gerontic nursing perspectives

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**Abstract:** With the theme of "Foreseeing the Unforeseen: Towards a New Era of Nursing", this special issue on nursing includes a variety of articles from different countries and institutions. Several key features of this issue include: *i*) the impact and responses/countermeasures to the coronavirus disease (COVID-19) pandemic; *ii*) innovative nursing practice, management, education, research, and policy in response to the issues raised; *iii*) nursing toward a low fertility and a super-aged society, internationalization, or cultural diversity; and *iv*) human resource development, systems development, and policy recommendations for health, medical care, and welfare in the next era. In this Editorial article, we summarize the issues during the COVID-19 pandemic and the implications for the next era, particularly in the fields of mental health and gerontic nursing. We also provide several perspectives on mental health issues in the general population and for nurses, as well as gerontic nursing issues related to older adults.

**Keywords:** COVID-19, mental health, psychiatric nursing, gerontic nursing

The theme of this special issue on nursing is "Foreseeing the Unforeseen: Towards a New Era of Nursing". Articles of this issue are from different countries and institutions, including the up-to-date practice reports and research reports during and after the coronavirus disease (COVID-19) pandemic era.

The COVID-19 pandemic has changed various aspects from day-to-day living to human healthcare policy and society. Considering the possibility of unforeseen pandemic or health crisis may reoccur in the future, we should "foresee the unforeseen" and be better prepared for the next critical situations. Even in the midst of change or uncertainty, we should keep in mind that we have "things that won't change", including the foundations of nursing and the spirit of caring. Every day, as health professionals, we will keep asking ourselves what is more important and what is a higher priority.

In order for us to better reflect on the past and prepared for the future, the authors summarize the issues during the COVID-19 pandemic and the implications for the next era through narrative literature review. We particularly focused on the fields of psychiatric and gerontological nursing that are our areas of expertise. We also provide several perspectives on mental health issues in the general population and for nurses, as well as gerontic nursing issues related to older adults.

*Mental health issues and implications during and after COVID-19 era*

The COVID-19 pandemic had diverse effects on mental health. There were the effects of the COVID-19 itself on the brain and the effects of social isolation and segregation. Both effects were problematic in different populations, even for those who were not directly affected by COVID-19.

In a paper on the mental health, the impact of COVID-19 on the general population published by October 2020, cohort data from the United States (U.S.) database, as compared to pre-pandemic data, showed an increase in the number of people diagnosed with mental illness within 90 days of a COVID-19 diagnosis. Additionally, mental health risks were reported to be greater for women, those living with children, or those aged 18–34 in the United Kingdom (UK). Digital and non-digital services were developed and used in many hospitals to provide psychological support to nursing staff. These interventions are being evaluated and are reported in several case reports and descriptive studies. Reporting and sharing of the effectiveness of these initiatives and how they can support vulnerable populations is further desired (1).

An umbrella review of papers published through August 2022 found a slight increase in depression and anxiety (and some post-traumatic stress disorders) symptoms compared to pre-pandemic levels, with depressive symptoms having a longer-lasting impact than anxiety. Women and younger generations, children aged 5 to 13 were noted that they were more affected

by limited social functioning. There were regional differences in these effects, with stronger effects reported in areas where social restrictions were greater (2).

A review of the mental health of nursing staff working on the front lines of caring for patients affected by COVID-19 reported a diverse range of uncertainties as a burden, such as feeling neglecting non-infectious patients with other diseases; long hours and physical exhaustion due to understaffing; a sense of unfairness caused by differences in conditions in different departments; caring for critically ill patients without established procedures; anxiety due to a sense of unpreparedness; inability to participate proactively in changing procedures; and a sense of guilt. Patients themselves are not able to participate in the process of disease management. On the other hand, when nurses take pride in their own contribution to disease management, they feel the great value of working on the front lines, the professional dedication to be on the front lines without hesitation in the face of danger, maximum effort to maintain quality of care, and maintaining the element of human caring in a unique environment, while also keeping in mind the care for family members. Positive feelings of increased professional accomplishment and other positive emotions are also reported when nurses are able to maintain the essence of human caring in their unique environment, while keeping in mind the care for family members (3).

Among healthcare professionals, higher mental health risks have been noted among those with fewer years of education, younger age, and female (4). Nurses on the front lines have many of these characteristics as risk factors, and they are required to maintain their own mental health as professional caregivers. Further research is needed to understand the details accurately and to develop effective strategies to address these issues.

#### *Gerontic nursing issues including frailty of older adults*

COVID-19 pandemic and subsequent social isolation affected many vulnerable older adults, especially in terms of physical, mental, and social isolation and function decline. One of the most common complications in elderly COVID-19 survivors was malnutrition, due to loss of appetite, altered taste and smell, respiratory failure, or pre-existing geriatric syndromes such as delirium or dementia. Sarcopenia is also highly prevalent in this population due to inflammatory processes, immobilization, and malnutrition, therefore, there is a need for geriatric rehabilitation programmes specifically adapted to the needs of older COVID-19 survivors (5).

The COVID-19 pandemic affected the level of physical activity and the incidence of frailty among older adults in the community. For example, a follow-up survey in Japan (6) was conducted to investigate the initially non-frail older adults. They compared the physical activity time before and during the surge of COVID-19 pandemic. The total physical activity

time during the pandemic decreased from the pre-pandemic by approximately 30–40%. In particular, for those older adults who were living alone and socially inactive showed a significant decrease compared to the pre-pandemic period. Those older adults were at a significantly higher risk of incident frailty than those who were not living alone or were socially active (6).

As a countermeasure to address these issues, many intervention studies have been conducted. An umbrella review (7) of effective interventions for community-dwelling older adults suggested to be an exercise combined with nutritional intervention (protein supplementation) that had the highest odds of decreasing frailty, as compared to nutritional intervention of proteins alone at 3–4 months of follow-up survey. Likewise, hand grip strength significantly improved when study subjects participated in exercise programs and took protein supplements. Physical activity interventions also improved social functioning and reduced social isolation and loneliness. However, conflicting evidence and inadequate reporting of results, and limited findings related to minority groups were identified as issues to determine the intervention effectiveness (7).

Community-based intervention programs may have the potential for effective dissemination and future sustainable implementation of novel programs. A feasibility study (8) was conducted with a single-arm intervention for 69 community-dwelling older women. The study participants were recruited from community salons for frailty prevention and were followed up for a three-month home-based exercise program to prevent the progression of older adults' frailty during COVID-19. The intervention program included components of strengthening, balance improvement, and inactivity prevention, which were adapted from a pre-existing 10-minute daily home-based exercise program for older adults. Approximately 90% of the participants completed the intervention program, with 87% of the participants performed the exercise during the intervention period. For health-related outcomes, the five times sit-to-stand test, an indicator of functional lower extremity strength, transitional movements, balance and fall risk prevention, exhibited significant improvement after the intervention among other indicators (8). The results indicated the program's feasibility. Further studies are needed for confirming the intervention effectiveness.

Even after the COVID-19 pandemic, difficulties in health care remain, due to its unforeseen long-term physical and mental effects as well as any risks of recurrent of pandemic or new unforeseen new issues in a super-aged society. We will continue to discuss what we can do to address these critical situations based on our practice experiences as well as research findings. As health professionals, we are called upon to generate more necessary evidence from practice-based research in this rapidly changing society. We are called upon to

reflect on the current nursing practices and systems and to improve them in order to provide improved and more effective support to patients, their family, and nurses and healthcare professionals. There is no end to our journey to pursue a better and sustainable quality of nursing for the future.

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## References

1. The Lancet Psychiatry. COVID-19 and mental health. *Lancet Psychiatry*. 2021; 8:87.
2. Witteveen AB, Young SY, Cuijpers P, *et al.* COVID-19 and common mental health symptoms in the early phase of the pandemic: An umbrella review of the evidence. *PLoS Med*. 2023; 20:e1004206.
3. Xu H, Stjernswärd S, Glasdam S. Psychosocial experiences of frontline nurses working in hospital-based settings during the COVID-19 pandemic - A qualitative systematic review. *Int J Nurs Stud Adv*. 2021; 3:100037.
4. Chutiyami M, Cheong AMY, Salihu D, Bello UM, Ndwiga D, Maharaj R, Naidoo K, Kolo MA, Jacob P, Chhina N, Ku TK, Devar L, Pratitha P, Kannan P. COVID-19 pandemic and overall mental health of healthcare professionals globally: A meta-review of systematic reviews. *Front Psychiatry*. 2022; 12:804525.
5. Grund S, Bauer JM. Malnutrition and sarcopenia in COVID-19 survivors. *Clin Geriatr Med*. 2022; 38:559-564.
6. Yamada M, Kimura Y, Ishiyama D, Otobe Y, Suzuki M, Koyama S, Kikuchi T, Kusumi H, Arai H. The influence of the COVID-19 pandemic on physical activity and new incidence of frailty among initially non-frail older adults in Japan: A follow-up online survey. *J Nutr Health Aging*. 2021; 25:751-756.
7. Adekpedjou R, Léon P, Dewidar O, Al-Zubaidi A, Jbilou J, Kaczorowski J, Muscedere J, Hirdes J, Heckman G, Girard M, Hébert PC. Effectiveness of interventions to address different types of vulnerabilities in community-dwelling older adults: An umbrella review. *Campbell Syst Rev*. 2023; 19:e1323.
8. Watanabe R, Kojima M, Yasuoka M, Kimura C, Kamiji K, Otani T, Tsujimura S, Fujita H, Nogimura A, Ozeki S, Osawa A, Arai H. Home-based frailty prevention program for older women participants of Kayoi-No-Ba during the COVID-19 pandemic: A feasibility study. *Int J Environ Res Public Health*. 2022; 19:6609.

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