
Abstract

Telenursing and Telemonitoring During and Beyond the COVID-19 Pandemic

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Abstract

Background: The presenter will be discussing home monitoring-based telenursing for people with chronic conditions. This technology has been implemented in home-care individuals with chronic obstructive pulmonary disease, type 2 diabetes, congestive heart failure, lung cancer, and amyotrophic lateral sclerosis, who are treated at home, including during the COVID-19 pandemic. The pandemic, which began in late 2019, has limited our everyday activities and opportunities to connect with people. Older adults with chronic conditions are most especially affected. While telenursing practice is not so familiar in the Japanese context, the Japan Academy of Home Care (2021) first defined telenursing as “information and communication technologies involving telecommunication provided by nurses.” Furthermore, we are providing seminars for the nurses and expanding their capacity on how to provide efficient telenursing support for people receiving home care.

Objective: This study aims to present effective telenursing practice examples, as well as the challenges surrounding the use of technology in care for older adults with chronic conditions during and beyond the COVID-19 pandemic.

Methods: A fully longitudinal mixed methods design was used to evaluate the physical and emotional fluctuations of people from qualitative and quantitative strands, and we integrated the results and meta-inferences.

Results: The patients showed a continuous change over time in terms of their physical and psychological status. Living with symptoms, the patients were constantly reminded of the reality of their disease and the activity limitations the pandemic brought. At times, they were able to find hope for the future by actively controlling and managing their disease, maintaining their health and physical function, and realizing that they could live a normal life. On the other hand, they experienced a loss of activity, a decline in physical function, and anxiety about the future, brought about by the pandemic. Thus, people who receive telenursing are on a dynamic disease trajectory that vacillates between hope and despair, and telenursing can help them.

Conclusions: Performing telemonitoring and telerehabilitation of older adults throughout the pandemic, as well as adapting to their physical and emotional fluctuations, will improve their quality of life.

Conflicts of Interest: None declared.

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KEYWORDS

telenursing; telemonitoring; COVID-19

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