

Research Report

Ward Nurses' Practices in Discharge Support and Decision-Making Support for Older Adults with Dementia

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Key words

older adults with dementia, decision-making support, discharge support

Abstract

【Aim】 As the population ages, the prevalence of dementia is increasing, posing significant challenges for healthcare systems in supporting the autonomy and decision-making of older adults with dementia. At the time of discharge from healthcare facilities, patients must make decisions that directly affect their daily lives. However, inadequate interprofessional collaboration and the predominance of family-driven decision-making often hinder appropriate support. This study aimed to clarify the current practices of ward nurses in providing discharge and decision-making support for older adults with dementia.

【Methods】 A self-administered, cross-sectional survey was conducted among ward nurses at two hospitals to assess their practices and perceptions regarding discharge and decision-making support for older adults with dementia.

【Results】 Responses were obtained from 60 ward nurses (valid response rate: 55.5%). The results showed that more than half of the nurses routinely collaborated with other professionals and interpreted non-verbal cues to support discharge. However, 70% reported difficulty respecting the wishes of older adults with dementia, and fewer than 20% routinely provided repeated explanations or reconfirmed patients' intentions.

【Conclusion】 These findings indicate that nurses should go beyond simply eliciting discharge preferences and instead adopt multidimensional approaches to explore and support the values and intentions of older adults with dementia, including interprofessional collaboration, and systematic processes to support ongoing advance care planning.

Introduction

As the population of older adults increases, the prevalence of dementia also rises, intensifying the ethical, legal, and clinical challenges associated with decision-making support¹⁾. Globally, supporting the autonomy of individuals with dementia is a key priority in clinical practice^{2) 3)}.

Evidence shows that individuals with mild to moderate dementia can maintain decision-making capacity when given appropriate support⁴⁾. Many individuals retain the ability to make meaningful decisions when support is tailored to their needs, even as cognitive decline progresses²⁾. Legally and ethically, there is a growing shift toward supported decision-making rather than substitute decision-making models, such as guardianship⁵⁾. Advance care planning (ACP) is also essential in dementia care. ACP is a communication process that adapts to changes in decision-making capacity and should be implemented continuously with family involvement⁶⁾. While these trends are evident internationally, in Japan, there is increased emphasis on respecting the preferences of older adults with dementia and maintaining ongoing dialogue to support their decision-making.

Despite global progress, significant challenges remain in hospital discharge support settings. Discharge support involves critical decision-making about living environments and care-service use, and gaps in information delivery can lead to adverse outcomes⁷⁾. For older adults with dementia, cognitive decline further complicates these decisions, making it difficult to determine patient wishes, often leading to a focus on family decision-making. Effective communication, inter-professional collaboration, and systematic processes are essential to ensure that the values and intentions of older adults with dementia are respected during discharge planning.

A qualitative study conducted in the United Kingdom found that hospital staff, patients, and families identified several barriers to decision-making support, including inadequate communication, rigid institutional policies, and poor coordination⁸⁾. Ward nurses, who know patients' daily functioning and health status, are well-posi-

tioned to provide patient-centered decision-making support based on relational understanding. However, empirical evidence on how ward nurses practice decision-making support and ACP in discharge support contexts remains limited.

This study, therefore, aimed to clarify the current practices of ward nurses in discharge and decision-making support for older adults with dementia from three perspectives: 1) current practices in discharge support, 2) perceived difficulties in providing nursing care to older adults with dementia, and 3) current practices in supporting decision-making regarding discharge destinations among older adults with dementia.

By focusing on ward nurses' perspectives and practices, this study addresses the lack of empirical evidence on how decision-making support and ACP are implemented in discharge settings for older adults with dementia.

Research Method

1. Study Design

The study employed a cross-sectional survey design using a self-reported questionnaire.

2. Study Participants

The inclusion criteria comprised ward nurses who are routinely involved in inpatient care and discharge support for older adults with dementia. The exclusion criteria included nurses in managerial positions (e.g., head nurses), those with professional roles that differ from those of ward nurses, and nurses working in outpatient departments. To recruit participants who met these criteria, we requested cooperation from two medical institutions located within the same medical service area. These institutions provide acute and recovery care, have community-based integrated care wards, and conduct discharge support through interprofessional collaboration with home medical and long-term care services. We contacted 108 ward nurses who met the inclusion criteria in Hospitals A and B, and we distributed the questionnaires to all eligible nurses.

Hospital A is the only public hospital in a city with a population of 30,000 and an aging rate of 37%. It has 53 acute-care beds, 53 medical long-term care beds, and 53 community-based inte-

grated care beds.

Hospital B is a public hospital in a city with a population of 30,000 and an aging rate of 25%. It has 60 acute-care beds and 10 community-based integrated care beds. Both hospitals are designated as secondary emergency care facilities and also function as home care support hospitals.

3. Study Period

The study was conducted from September 1, 2024, to October 31, 2024.

4. Study Methods

An anonymous, self-administered questionnaire was distributed to ward nurses responsible for discharge support at both hospitals.

The questionnaire comprised four components: 1) participant characteristics, 2) current practices in discharge support, 3) perceived difficulties in providing nursing care to older adults with dementia, and 4) current practices in supporting decision-making regarding discharge destinations among older adults with dementia.

1) Participant characteristics were assessed to understand respondents' backgrounds and included age group, gender, years of nursing experience, whether respondents had a family member with dementia, and whether they had experience providing home care for a person with dementia.

2) Current practices in discharge support were assessed using three items: (1) nurses' perceptions of the difficulty of respecting patients' wishes in discharge support for older adults, (2) nurses' perceptions of the difficulty of respecting patients' wishes in discharge support for older adults with dementia, and (3) nurses' responses when patients' and families' preferences for discharge destinations differed.

3) Regarding perceived difficulties in providing nursing care to older adults with dementia, two items were examined to identify factors that may complicate the implementation of discharge support that respects the wishes of older adults with dementia. The two items in this study addressed (1) factors that could make it difficult to provide discharge support that respects the wishes of older adults with dementia, and (2) background factors perceived to lead to the pri-

oritization of family decision-making when respondents agreed with the statement, "In the context of dementia care, there is a cultural tendency to give greater weight to the family's decisions." These items were originally developed based on descriptions of the decision-making process outlined in the Ministry of Health, Labour and Welfare's 2018 Guidelines for Decision-Making Support for People with Dementia¹⁰⁾, following discussions among the researchers.

The "Measurement Scale to Assess the Feeling of Difficulty in Nursing Care for Older Patients with Dementia in Acute Care Hospitals," developed by Tabata et al⁹⁾ (hereinafter referred to as the Difficulty Scale), was used to assess the degree of difficulty experienced in nursing practice. This scale consists of 22 items grouped into seven factors, including domains such as "difficulty in responding to core symptoms" and "difficulty in responding to behavioral and psychological symptoms." Each item is rated on a four-point Likert scale (1 = do not agree, 4 = strongly agree), with higher scores indicating greater perceived difficulty.

4) Current practices in supporting decision-making regarding discharge destinations were examined using 13 original items developed to assess practices such as repeatedly confirming patients' wishes and providing support through interprofessional collaboration. These items were developed based on the Ministry of Health, Labour and Welfare's 2018 Guidelines for Decision-Making Support in Daily and Social Life for Persons with Dementia¹⁰⁾, particularly the section on ensuring an appropriate decision-making process. The 13 items measured the extent of decision-making support, such as whether patients' wishes were repeatedly reconfirmed and whether interprofessional collaboration occurred. The 13-item questionnaire was developed through a collaborative process involving multiple researchers. First, draft items representing ward nurses' practices were generated with reference to the guideline content. Next, researchers with expertise in dementia nursing reviewed the items for content relevance and clarity. The

items were then refined and revised to ensure consistency with the study objectives.

5. Methods of Analysis

Descriptive statistics were conducted using IBM SPSS Statistics, Version 29. For the Difficulty Scale, mean scores and standard deviations were calculated for each subscale and for all 22 items.

6. Ethical Considerations

Nursing directors at both hospitals distributed explanatory documents and questionnaires to potential participants.

The study information sheet described the study's purpose, procedures, voluntary participation, data security, information management, and dissemination plans. Consent was implied by the return of completed questionnaires. Ethical approval was granted by the Ethics Committee of Ishikawa Prefectural Nursing University (Kan Dai 2024-68-2).

Results

1. Participant Attributes

Of the 108 questionnaires distributed, 60 were

returned with informed written consent, yielding a valid response rate of 55.5%.

Table 1 presents the participants' attributes. Among the respondents, 53 (88.3%) were women. The largest age group was participants in their 40s (n=24; 40.0%). The most common category for years of nursing experience was 21 years or more (n=27; 45.0%). Thirty-four participants (57.6%) reported having no family members with dementia, and 47 (78.3%) reported no experience providing home care for a person with dementia.

2. Current Practices in Discharge Support

The results for two items related to the difficulty of respecting patients' wishes in discharge support, (1) for older adults and (2) for older adults with dementia, are shown in Figure 1. The results for item (3), which pertains to nurses' responses when patients' and families' preferences differ, are shown in Figure 2. Among the respondents, 40.0% considered supporting patient wishes "difficult" when caring for older adults. This percentage increased to 70.0% when caring for older adults with dementia (Figure 1).

When discrepancies occurred between patients' and families' preferences for discharge destinations, the most common response was selected by 47 respondents (78.3%). This response indicated that although patients' wishes were reconfirmed, the final decision often reflected the family's wishes (Figure 2). The second most common response (10%) indicated that family wishes were followed without confirming the patient's intentions.

3. Perceived Difficulties in Providing Nursing Care to Older Adults with Dementia

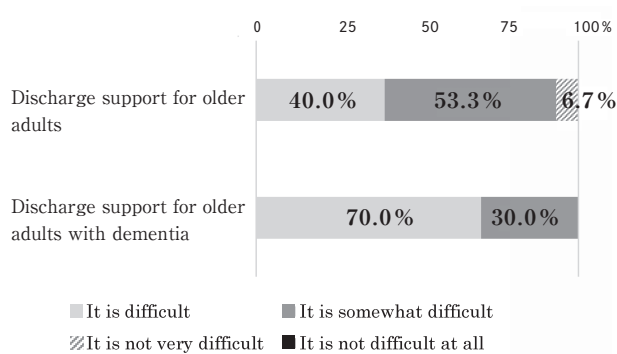


Figure 1 Ward nurses' perceptions of discharge support

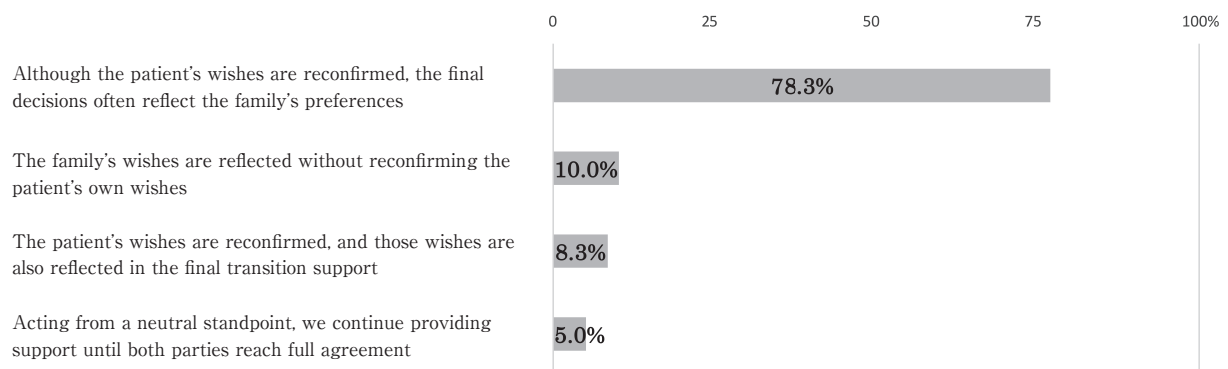


Figure 2 Responses when patients' and families' preferred discharge destinations differ

Table 2 presents the results outlining why providing discharge support that respects the wishes of patients (older adults with dementia) can be difficult. Table 3 presents the results for factors contributing to prioritizing family preferences in patients with dementia.

Among the factors perceived as barriers to providing discharge support that respects the wishes of older adults with dementia, the most commonly reported factor was that cognitive decline made it difficult to accurately determine patients' wishes, as indicated by 42 respondents (70.0%). The second most common reason, reported by 33 respondents (55.0%), was a prevailing tendency to prioritize family decision-making

in dementia care (Table 2).

Considering the reasons underlying the perception that family decision-making tends to be prioritized for patients with dementia, 75.7% of respondents reported that this was because patients with dementia were perceived as unable to make decisions and, therefore, that decision-making should be entrusted to the family (Table 3).

Table 4 presents the mean values and standard deviations for each of the seven subscales of the Difficulty Scale related to perceived difficulties in caring for older adults with dementia.

Among the seven subscales, [Managing conflicts that arise in the course of providing de-

Table 1 Participant attributes

		n=60	
Item		n	%
Gender	Male	7	11.7
	Female	53	88.3
Age	20s	8	13.3
	30s	11	18.3
	40s	24	40.0
	50s	14	23.4
	60s or older	3	5.0
Years of nursing experience	1-3 years	3	5.0
	4-10 years	15	25.0
	11-20 years	15	25.0
	21 years or more	27	45.0
Presence of family or relatives with dementia	Yes	25	41.7
	No	35	58.3
Presence or absence of caregiving experience for patients with dementia receiving home-based care	Yes	13	21.7
	No	47	78.3

Table 2 Reasons why it is difficult to provide discharge support that respects the wishes of the patient (older adult with dementia) (multiple responses allowed)

Item	n=60	
	n	%
Because of cognitive impairment, it is difficult to accurately ascertain the patient's intentions	42	70.0
Because, in the context of dementia care, there is a cultural tendency to give greater weight to the family's decisions	33	55.0
Because levels of understanding and awareness regarding patients with dementia vary among the healthcare professionals and staff at the facility	20	33.3
Because opportunities for decision-making support are limited	12	20.0
Because time constraints make it difficult to spend sufficient time having in-depth conversations with the patient	1	1.6

Table 3 Factors contributing to prioritizing family preferences in patients with dementia (multiple responses allowed)

n=33		
Item	n	%
Because the patient with dementia is unable to make decisions, the decision must be entrusted to the family	25	75.7
Because family preferences are more readily reflected in real-life situations	12	36.3
Because it is easier to proceed with discussions with family members	7	21.2
Because the family holds the primary decision-making authority within family relationships	4	12.1
Others	3	9.0

Table 4 Scores on the difficulty-of-care scale

n=60		
Factor	Mean	± Standard Deviation
Understanding dementia-specific pathophysiology and responding to its symptoms	3.0	± 0.6
Managing the impact of fluctuating dementia symptoms on those around the patient	3.0	± 0.6
Collaborating with the physicians responsible for the physical care of older adults with dementia	2.8	± 0.7
Providing individualized, person-centered nursing care for older adults with dementia, despite time constraints	2.8	± 0.7
Managing negative emotions that arise from working with older adults with dementia	2.6	± 0.8
Providing comprehensive clinical judgment that includes any acute conditions coexisting in older adults with dementia	2.9	± 0.6
Managing conflicts that arise in the course of providing dementia nursing care	3.2	± 0.6

mentia nursing care] had the highest mean score (3.2 ± 0.6), followed by [Understanding dementia-specific pathophysiology and responding to its symptoms] (3.0 ± 0.6). The lowest mean score was observed for [Managing negative emotions that arise from working with older adults with dementia] (2.6 ± 0.8).

4. Current Practices in Supporting Decision-Making Regarding Discharge Destinations Among Older Adults With Dementia

The results pertaining to current practices in supporting decision-making regarding discharge destinations among older adults with dementia are presented in Figure 3 and Table 5.

Figure 3 presents survey results on decision-making support for housing selection among older adults with dementia. For the items “The overall situation can be understood through coordinated interprofessional teamwork” and “The

patient’s intentions are also interpreted through non-verbal communication,” more than half of the respondents reported that they were “almost always practicing these behaviors, either consciously or unconsciously.”

Fewer than 10% of respondents reported engaging in ACP before symptom progression. Twenty-two respondents (37.3%) indicated they were “aware of the need but unable to implement it,” while 18 respondents (30.5%) stated that they had “never been aware of it and had not implemented it.” Fewer than 20% reported implementing practices such as repeatedly providing explanations or reconfirming perceived intentions either “routinely without particular awareness” or “almost consistently with conscious awareness.”

Regarding interprofessional collaboration in discharge support, ward nurses most frequently

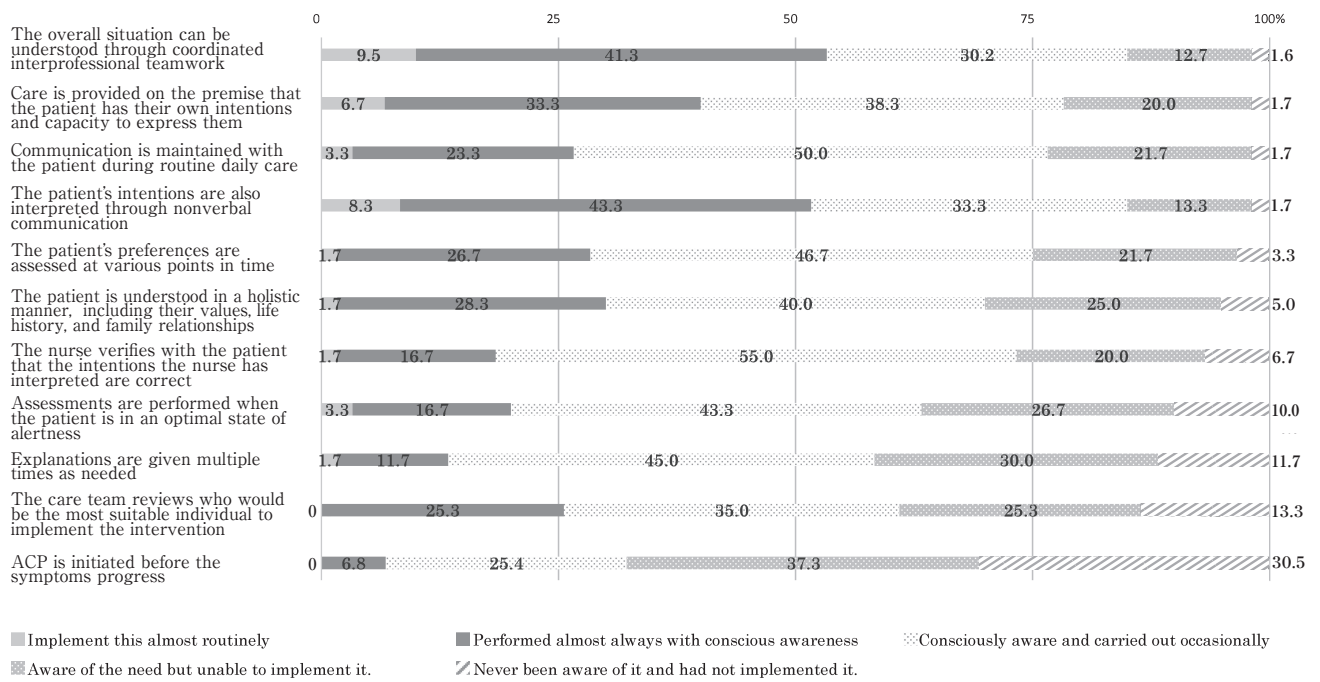


Figure 3 Current practices in supporting decision-making regarding discharge destinations among older adults with dementia

Table 5 Interprofessional collaboration in discharge support (multiple responses allowed)

Item	n=60	
	n	%
Professions that nurses find easy to collaborate with		
Physicians	14	23.3
Pharmacists	19	26.6
Dietitians	20	66.6
Social workers	49	81.6
Care managers	7	11.6
Physical therapists and occupational therapists	39	65.0
Others	3	5.0
Professions that nurses find difficult to collaborate with		
Physicians	29	48.3
Pharmacists	16	26.6
Dietitians	4	6.6
Social workers	0	0
Care managers	7	11.6
Physical therapists and occupational therapists	2	3.3
Others	2	3.3

identified social workers as the profession with whom collaboration was easiest (81.6%). In contrast, physicians were identified as the profession with whom collaboration was most difficult by 48.3% of respondents (Table 5).

Discussion

This study clarified ward nurses' practices in providing discharge and decision-making support for older adults with dementia.

The findings indicated that nurses collaborated with multiple professions to understand pa-

tients' overall conditions and to interpret patients' intentions through non-verbal cues. However, nurses reported difficulties in repeatedly providing explanations or confirming whether inferred intentions accurately reflected patients' own decisions. The study's novelty lies in its quantitative visualization of these practices from the perspective of ward nurses.

1. Ward nurses' practices in discharge support and decision-making support for older adults with dementia.

Nurses reported difficulty identifying the true intentions of older adults with dementia because of cognitive decline. This finding aligns with previous reports that dementia limits individuals' ability to express preferences and values¹¹⁾ and is consistent with international recognition of the complexity involved in providing decision-making support in dementia care.

Regarding the actual practices of ward nurses in discharge support, 70% of nurses reported difficulty respecting the wishes of older adults with dementia, providing quantitative support for previous findings. In Japan, cultural norms often result in family preferences taking precedence over patients' wishes, leading to family-driven decision-making. Prior research has shown that families do not always accurately represent patients' values¹²⁾, and similar patterns were observed in this study.

Regarding current practices in supporting decision-making pertaining to discharge destinations for the target population, the results indicated that fewer than 10% of respondents initiated ACP before symptom progression. Despite international emphasis on early and ongoing ACP^{13) 14)}, these practices were not adequately implemented in clinical settings.

Nurses paid attention to non-verbal expressions of intent and collaborated with other professionals to understand patients holistically. However, the processes for confirming whether decisions accurately reflected patients' intentions were inadequate. As assessing non-verbal cues is crucial¹⁵⁾, interventions are needed to strengthen nurses' ability to evaluate patients' expressive capacities and support their decision-

making.

Regarding perceived difficulties in nursing care for older adults with dementia, the factor with the highest mean score among the seven factors was "Managing conflicts that arise in the course of providing dementia nursing care," with a mean score of 3.2 ± 0.6 , indicating that nurses are facing ethical dilemmas. Prior research also reported that decision-making support involves ethical burden¹⁶⁾, and this study specifically demonstrated this challenge.

Overall, these findings indicate that nurses' roles should go beyond collecting information on preferred discharge destinations. Nurses should consider values from multiple perspectives and establish processes that support intention formation. Support systems should help nurses interpret values from various sources, such as non-verbal responses, daily behaviors, life history, and past preferences. Although expressing preferences becomes more challenging in dementia, previous research has shown that assessing non-verbal signals is essential for understanding individuals' intentions¹⁵⁾. To help nurses systematically capture these cues, education and training should be improved, including standardized approaches to observation and documentation.

Our findings show that fewer than 10% of nurses engaged in ACP before symptom progression, highlighting the need for structured ACP processes and regular training in communication and decision-support tools. To ensure families can effectively serve as surrogate decision-makers, opportunities should be provided for them to share the values of older adults with dementia, which helps minimize decisions based on family assumptions or concerns. Nurses should consider family burden and conflict and collaborate with other professionals to provide psychological support. These interventions are expected to improve the quality of value-based decision-making and to reduce nurses' practice-related challenges and ethical conflicts.

A key strength of this study is its quantitative approach to visualizing ward nurses' practices in discharge and decision-making support, which provides empirical data previously lacking in the

literature. While these findings offer valuable insights into current nursing practices, the limitations of this study should also be carefully considered.

2. Study Limitations and Future Directions

As this study included only two facilities, the findings may reflect biases related to differences in organizational culture or interprofessional collaboration structures. Additionally, participants may have comprised those who were more willing to participate, which could have led to underestimation or overestimation of the actual situation.

Future research should develop and assess educational programs to improve nurses' competencies in decision-making support. Interventions that promote ACP, including interview guides, decision-support tools, and communication training, may be valuable¹³⁾.

Given the cultural tendency toward family-driven decision-making, frameworks that support collaborative decision-making between older adults with dementia and their families are important. In addition, organizational structures that strengthen interprofessional collaboration, along with electronic systems that facilitate ACP documentation and ongoing review, may help improve practice quality.

Conclusion

This study examined how ward nurses provide discharge and decision-making support for older adults with dementia. Although nurses collaborated with multiple professions to understand patients holistically and to interpret intentions through non-verbal information, the processes for consistently confirming patients' intentions and establishing systems that support ongoing ACP were insufficient.

Among the participants, 70% reported difficulty respecting the wishes of older adults with dementia, while fewer than 20% routinely provided repeated explanations or reconfirmed patients' intentions. The most common barriers were cognitive decline, which made it difficult to determine patients' wishes (70%), and a tendency to prioritize family decision-making (55%).

These findings indicate that nurses should go beyond collecting information on discharge preferences and instead examine patients' values from multiple perspectives while developing processes that support patients in forming their intentions. To address these challenges, enhanced education and training for nurses in interpreting non-verbal cues and implementing ACP, together with the development of systematic processes for ongoing ACP, are needed. Strengthening interprofessional collaboration and providing structured opportunities for families to share and understand the values of older adults with dementia are recommended. This study was limited to two facilities, which may affect the generalizability of the findings. Future research should focus on developing and evaluating educational programs and interventions that promote ACP and collaborative decision-making across diverse clinical settings.

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Conflict of Interest

The authors declare that they have no known competing financial interests or personal relationships that could have influenced the work reported in this paper.

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病棟看護師による認知症高齢者の退院支援と意思決定支援の実践状況

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要 旨

- 【目的】 高齢化の進行により認知症高齢者が増加する中、退院時の意思決定支援は重要な課題となっている。退院時には意思決定が求められるが、家族主導の意思決定が適切な支援の妨げとなっている。本研究は、認知症高齢者に対する退院・意思決定支援において、病棟看護師が行っている実践の現状を明らかにすることを目的とした。
- 【方法】 2病院に勤務する病棟看護師を対象に、認知症高齢者への退院・意思決定支援に関する実践状況および認識について、自己記入式質問紙による横断調査を実施した。
- 【結果】 60名から有効回答を得た（55.5%）。半数以上の者が多職種と協働し、非言語的サインを手がかりに支援していると回答した。一方、約70%の者が本人の意思尊重に困難を感じており、説明の反復や意向の再確認を行っている者は20%未満であった。
- 【結論】 病棟看護師は単に退院先の希望を聞き取るだけでなく、認知症高齢者の価値観や意向を多角的に探索し支援する必要があることが示唆された。そのためには、専門職間連携の促進、そして継続的なアドバンス・ケア・プランニング（ACP）を可能とする体制づくりが求められる。