

Reflection on the publications in the Journal of Korean Gerontological Nursing (2014~2023)

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The Journal of Korean Gerontological Nursing (JKGN) is the only journal dedicated to gerontological nursing in South Korea. The journal aims to exchange information related to the current practice of gerontological nursing and strategies to improve the quality of care for the goal of older adults' wellness [1]. For the past 5 years, the journal has had two important achievements: an increase in the number of issues from three to four (approximately 10 publications per issue) yearly and being indexed in Scopus. The Korean Gerontological Nursing Society and its journal editorial team seek to promote international communication of the journal publications by publishing outstanding articles and expanding the exposure of its publications to a global audience. To discuss the journal's future directions, we reviewed the articles published in this journal from 2014 to 2023, focusing on study designs, data collection methods, participants, and topics.

The JKGN has published a total of 283 articles for the past 10 years, with 277 articles from regular issues and six articles from a special issue (mainly opinion papers regarding the integration of artificial intelligence in nursing). Over 60% of the articles were published over the past 5 years. Two articles originated from Indonesia and Japan, and four articles were written based on international collaborations. Of 277 articles published in regular issues, 180 are observational studies, 23 interventional studies, 29 qualitative studies, 22 literature reviews, 19 methodological studies, and four others (Q methodology and mixed-methods).

Approximately 77% of the observational studies employed a cross-sectional design, whereas the rest are secondary analyses of existing data. Self-reported survey was the most frequently reported data collection method in cross-sectional studies. For secondary data analysis, authors often used the data from the Korean National Survey on the Elderly (n = 8), the Korea National Health and Nutrition Examination Survey (n = 4), the Long-Term Care Insurance database and surveys (n = 4), and the Korean Longitudinal Study of Aging (n = 3). Of 23 interventional studies, 18 employed a non-equivalent control group pretest-posttest design, three with a randomized-controlled trial design, and two with a one-group pretest-posttest design; most of these studies collected data via self-reported survey (n = 17).

Of 29 qualitative studies, phenomenological approaches account for 41.4%, qualitative description for 20.7%, and photovoice or text analysis of written responses to open-ended questions in the survey for 6.9%. Nine articles do not state specific qualitative methodologies. The predominant method to collect data for qualitative studies was interviews (n = 28). Twenty-two articles written

based on a review of the literature consist of the following: concept analysis (n=9), narrative reviews (n=4), systematic reviews with or without meta-analysis (n=3), meta-analysis (n=1), integrative review (n=1), qualitative meta-synthesis (n=2), and text network analysis (n=2). Methodological articles reported instrument/scale development and/or validation (n=14), intervention development and/or validation (n=2), and competency or guideline development (n=3). In methodological studies, data were collected through one or more of the following methods: self-reported survey, observation, literature, and expert reviews.

Regarding study settings, 122 studies were conducted in community settings, 46 in long-term care hospitals, 38 in nursing homes, 34 in secondary and tertiary hospitals, 13 in two or more types of care settings, and five in schools. The remaining 19 articles do not state study settings. The most common types of study participants were patients (n=145), family caregivers (n=25), and nurses (n=52). The majority (n=108) of patients were older adults aged 65 or older. Some studies included both adults and older adults. The most common conditions or diseases that studies specified as inclusion criteria for patients or family caregivers were dementia (n=34), cognitive impairment (n=8), musculoskeletal disorders (n=8), surgeries (n=7), and cancer (n=6). Moreover, seven studies focused on the sex of participants (male or female).

By reviewing the titles of 277 articles to identify topics, we categorized key concepts by the type of study participants. In studies with patients as participants, most topics were related to patient health. Specifically, behavioral health-related topics included general health behaviors (n=10), self-care (n=5), specific health behaviors (e.g., hand washing, vaccination, medication management; n=5), and the completion of advance directives (n=4). Cognitive health-related topics embraced patients' cognitive function (n=11), attitudes toward certain diseases or phenomena (n=5), self-efficacy (n=4), ego-integrity (n=4), disease-specific knowledge (n=2), and health literacy (n=2). Physical health-related topics comprised various physical conditions, such as gastrointestinal conditions (e.g., dysphagia, constipation, nutritional status; n=9), falls (n=8), pain (n=7), sleep (n=6), physical function (n=6), activities of daily living and/or instrumental activities of daily living (n=5), frailty-related conditions (e.g., sarcopenia, muscle strength; n=6), and behavioral problems (n=3). Psychosocial health-related topics included health-related quality of life (n=15) and its related concept (e.g., life satisfaction, subjective

happiness; n=4), depression (n=12) and its related concept (hopelessness, suicidal ideation; n=2), anger/anxiety (n=3), social and family support (n=11), and living alone (n=7). Spiritual health-related topics consisted of acceptance of or readiness for death (n=2), death anxiety (n=2), and spiritual well-being (n=1).

The articles focused on family caregivers addressed family caregivers' cognitive, physical, and psychosocial health as the main topics. Cognitive health-related topics embraced family caregivers' knowledge and attitudes related to certain diseases (n=1), health literacy (n=1), empathy (n=1), resilience (n=1), self-efficacy (n=1), and appraisal of caregiving (n=2). Physical health-related topics included sleep quality (n=1) and somatization (n=1) affected by caregiving. Psychosocial health-related topics were caregiving burden (n=5), depression (n=4), guilt (n=1), and caregiving satisfaction (n=1) that family caregivers experienced or felt when caring for older adults. Support for family caregivers (e.g., social support, management support; n=4) also belongs to the psychosocial health of family caregivers. Besides health-related topics, others included technology-based interventions useful for family caregiving (n=4), such as non-face-to-face services, social robots, and virtual reality devices.

In studies with nurses or other care staff as participants, the main topics were staff's clinical practices, interventions to help the practice, practice environment, and staff's health. In terms of clinical practices, studies addressed geriatric/gerontological nursing performance or activities (n=10), person-centered care (n=8), dementia/elder/emergency/end-of-life/nursing-home care (n=9), advance care planning (n=2), shared decision-making (n=1), elder abuse (n=2), and restraint use (n=2). Interventions to help staff's practices included education for staff (n=4), technology-based interventions (e.g., care robots; n=3), assessment tools (n=2), and a handoff protocol (n=1). Practice environment-related topics comprised nursing practice environment (n=7), nursing organizational culture (n=1), work intensity (n=1), and nurse staffing (n=1). Among health-related topics, most were related to cognitive and psychosocial health affecting patient care. Cognitive health-related topics included staffs' professional competencies (n=6), health empowerment (n=2), knowledge (n=2), attitudes toward aging/dementia/elder care (n=5), empathy (n=5), and self-leadership (n=2). Psychosocial health-related topics are mainly nurse outcomes, such as care-related stress (n=9), moral distress (n=2), emotional labor (n=2), burnout

(n = 5), job satisfaction (n = 2), and turnover intention (n = 1).

The findings of this brief review are similar to the results from a trend analysis of publications in this journal from 2010 to 2015: predominance of survey-based observational study designs, data collection using self-report questionnaires, and older adults in the community as study participants, and health-related topics [2]. Based on these two works, we suggest (a) promoting diversity in study designs, (b) recruiting dyads of older adults and family caregivers, (c) delineating the current gerontological nursing practices, and (d) publishing more international studies. First, more systematic reviews with or without meta-analysis are necessary to enhance evidence-based, gerontological nursing practice. In addition, there is an urgent need for interventional studies that develop and evaluate innovative programs (e.g., internet-of-things-based interventions) for older adults, family caregivers, and care staff. Second, as little is known about dynamics in home care and treatment decision-making between older adults and family caregivers in the Korean culture, we hope to read more articles on dyads of older adults and family caregivers in this Journal. Third, the current status of gerontological nursing practices should be delineated, focusing on structures, processes, and outcomes, to enhance the quality of care in any care setting. For example, by describing structures, processes, and outcomes of end-of-life care for older adults in community settings, deficiencies in community end-of-life care may be identified, and practical strategies to address the deficiencies may be discussed. For this assessment, it is necessary to develop indicators of quality gerontological nursing practice. Last, as the JKGN is an international journal, we hope this journal to become an active platform for international communication regarding gerontological nursing; for this, this journal needs more international studies.

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Authors' contribution

All work was done by HK, LY, DJ.

Conflict of interest

Dukyoo Jung and Hyejin Kim have been editorial board members of the Journal of Korean Gerontological Nursing (JKGN) since January 2021. They were not involved in the review process of this editorial. Otherwise, there was no conflict of interest.

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Data availability

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