

VISITOR RESTRICTIONS

Effective immediately,

VISITORS WILL NOT BE PERMITTED

in any Saskatchewan Health Authority operated hospitals, clinics, community and continuing care facilities, except for compassionate reasons.

A Critical Discourse Analysis of Family Presence Restrictions in Long-Term Special Care Homes During the 2020/21 COVID-19 Pandemic

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Introduction

- **Researcher**
 - Shawn Emard, BSc, BSN, RN
- **Supervisory Team**
 - Dr. Roslyn Compton, PhD, RN
 - Dr. Terry Wotherspoon, BA, BEd, MA, PhD
 - Dr. Tracy Risling, PhD, RN
 - Dr. Vera Caine, PhD, RN
 - Dr. Shelly Spurr, Research Chair, BSN, MBA, PhD
- **Patient-Oriented Support**
 - Saskatchewan Long-Term Care Network
- **Analysis Support Committee**
 - One supervisor as available
 - Discourse analysis advisor: Kwame Abukari, BA, M. Phil Indigenous Studies, M. Phil English Linguistics, Teacher's Certificate, PhD Candidate Interdisciplinary Studies
 - Proposed two resident-family partner advisors TBD

Literature Review

What happened:

- COVID 19 has greater health impacts on frail older adults and those with chronic conditions (Tam, 2020; Verbeek et al, 2020).
- COVID 19 disproportionately lead to more deaths in long term care (LTC) populations (Canadian Institute for Health Information [CIHI], 2020a).
- Prior to the pandemic, Saskatchewan enacted 24/7 family presence policies (Saskatchewan Health Quality Council [SHQC], 2016).
- In response to the pandemic, Saskatchewan restricted family presence in health facilities including LTC (Government of Saskatchewan Ministry of Health, 2020).
- These restrictions remained in place for one year and four months (Government of SK, 2021c; Government of SK Ministry of Health, 2020).

The problem:

- The restrictions had negative health impacts within a broader framework of inequities that already existed in LTC and among older adults in Canada (Tam, 2020).
 - Family members reported experiencing decreased access and communication, and increased worry, fear, guilt, complicated grief, loss, sadness, and distrust; residents experienced increased geriatric complications, health and psychosocial declines, abuse, and neglect (Bethell et al., 2020; Clark et al., 2020; Diamantis et al., 2020; Government of Canada, 2021a; Hernandez, 2020; Independent Polling System of Society [IPSOS], 2020; Joint Task Force of the 4th Canadian Division of the Canadian Armed Forces, 2020; Kaasalainen, 2020; Leland, 2020; Organisation for Economic Co-operation and Development [OECD], 2020; Picard, 2020; Pitkala, 2020; SHA, 2020; Trabucchi & De Leo, 2020; Verbeek et al, 2020).
- Older adults in LTC have different values that were not considered when implementing the restrictions (Fleming et al., 2016; Kelly, 2010; United Nations [UN], 2020; Verbeek et al., 2020)
- Restrictions persisted for one year and four months (Government of SK, 2021c; Government of SK Ministry of Health, 2020).
- Restrictions were not implemented uniformly; there was various degrees of interpretation applied to the restrictions, sometimes requiring intervention to correct (Quenneville, 2021; Thompson, 2020)

Research Question

- What are the health order, policy, and policy implementation discourses that shaped the COVID-19 pandemic family presence restrictions in LTC in Saskatchewan?

The Purposes and Aims

- The purpose of this study is to explore the policy context surrounding the pandemic family presence restriction policies in SK and the language in the policies.
- This study has the aim of producing actionable knowledge
 - impetus for consultation,
 - increase evidence-based practice in health policy implementation,
 - improve patient and family-centered care,
 - improve pandemic preparedness and response planning,
 - and ultimately improve LTC access for family caregivers in Saskatchewan through the COVID-19 pandemic and in the event of future pandemics.

Concepts

Key:

- Power
- Ideology
- Critical Social Theory
- Family Presence
- Family
- Health (In)equity
 - Direct and Indirect Consequences of COVID-19 model
 - Adapted from the Social Determinants of Health Framework

Other

- Special Care Homes (SCH)
- Measuring time in a protracted pandemic

Methodology

Fairclough's Three-Dimensional Model of Critical Discourse
Analysis with a patient-oriented lens

- Qualitative
- Social Constructivist

Fairclough focuses (Fairclough, 2003):

- Governance.
- Hybridity.
- Hegemonics.
- Ideologies.
- Legitimizations.
- Modalities/stance and attitude.

- Fairclough's approach uses Systemic Functional Linguistics, focuses on finding evidence of ideology and power relationships, and takes a three-tiered approach (Fairclough, 2003; Strauss and Feiz 2014).
- Analysis of social order and social practices and social events (Fairclough, 2003).
 - Through additional analysis of genres, discourses, and styles (Fairclough, 2003).
 - Interdiscursive practices.
 - Intertextuality.
 - Broader use of linguistic tools to aid contextual analysis.
 - Application of the critical social element through integrating a discipline-specific population-centric approach (Fairclough, 2003).
 - Applying patient-oriented approach.
 - The goal is to make meaning and then make a difference (Fairclough, 2003).

- **Social Structure/Order (Fairclough, 2003).**
 - The “abstract” “big D” Discourse.
 - The network of social practices.
 - An example of a social order is “single payer public health care”.
- **Social Practice (Fairclough, 2003).**
 - Discourses - having different social actors (authors, readers, social positions, social distances), representing different things (ie: the lives of the poor), doing different actions (ie: how to do a job).
 - Social practice is at the “choice” level. What choices are made by the social actors, what choices could have been made
 - Orders of discourse: Discourses are ordered from important to less important in the choices made.
 - Interdiscursivity: Discourses recontextualize other discourses.
 - Intertextuality: What gets borrowed from outside texts for recontextualization.
- **Social Events (Fairclough, 2003).**
 - The choices finally made and how they are then experienced.
 - Texts.

- Genres – texts as actions (Fairclough, 2003).
 - Structural framework, exchanges, semantics, grammatics, mood/attitude of stance (imperative, declarative, interrogative).
 - le: governance policy, and more specifically governance policy specific to a health region.
- Discourses – texts as representations (Fairclough, 2003).
 - Abstract and concrete, relations, social actors, time, and place.
- Styles (Fairclough, 2003).
 - Modality and stance.

- “Textual description and analysis should not be seen as prior to and independent of social analysis and critique – it should be seen as an open process which can be enhanced through dialogue across disciplines and theories, rather than a coding in the terms of an autonomous analytical framework or grammar.” (Fairclough, 2003, p. 16)

A Patient-Oriented Lens:

- Patient-oriented research is not representative of one methodological approach (Strategy for Patient-Oriented Research [SPOR], 2014).
- There is a gap in literature of patient-oriented approaches to critical discourse analysis.
- Critical discourse analysis is often done in concert with other methods to gain the social/lived perspective (Fairclough, 2003).
- Co-building opportunities for empowerment in the domains of research governing, priority setting, research activities, and knowledge translation (SPOR, 2014).
- Resident family partners select the topic of the research and will be invited to participate in analysis as members of an analysis committee, and in contributing to recommendations and the creation of knowledge translation projects.

Experimental Design

The background features a smooth color gradient transitioning from light blue on the left to pale yellow on the right. Several large, thin, overlapping circles are scattered across the frame, creating a layered, geometric effect.

Setting, Population, and Sample

Setting

- No physical study setting.
- The topic of interest is policy documents enacting family presence restrictions in SCH in SK during the 2020/21 COVID-19 pandemic.
- The study period is between March 17, 2020 and July 11, 2021.

Population

- There is no physical study population.
- The topic of interest is policy documents enacting family presence restrictions in SCH in SK during the 2020/21 COVID-19 pandemic. There are three levels of documents: Public health order, SHA policy, and individual SCH communications about policy to the community.
- The population of interest is SCH in SK.

Sampling Strategy:

- All public health order and Saskatchewan Health Authority [SHA] policy documents about family presence restrictions will be included.
 - Two public health orders.
 - Six SHA policy documents, one work standard, one other (Level 90 document).
- 159 SCH will be vetted for inclusion and exclusion criteria.
 - Simple random sampling of the eligible homes for a $n = 30$ sample.
 - Data collection will continue until data saturation.

- **Inclusion criteria:**
 - LTC homes designated as SCH.
 - Located in the Province of Saskatchewan in Canada.
 - Communicate with the community via web site or social media in English.
- **Exclusion criteria:**
 - No data: SCH that did not periodically communicate via web site or social media about pandemic family presence restrictions.
 - Feasibility: SCH that have high (weekly or more frequently) numbers of communications.

Data Collection and Analysis Procedures

- Policy documents and online communications entered into and organized and analyzed with NVivo 12 software.
 - Aided with EdwardIO (n.d.) online English Syntax Highlighter software tool.
- After sampling, deidentifying the homes.
- Analysis according to Fairclough's Three-Dimensional Model of Critical Discourse Analysis.
- Analysis committee/response community consisting of discourse analysis experts, supervisors, and resident-family partners to meet (proposed) semi-monthly for 1-1.5 hours to discuss interpretation of data.
- Data will be password-protected and stored in an external hard drive in locked locations for 5 years as per university policy.

Knowledge Translation

- Done with a patient-oriented team to determine the conclusions, recommendations, and most appropriate KT products to present to the chosen communities.
- Integrated approach: KT products as analysis is presented.
- Thesis paper, academic journal articles, journal articles about patient-oriented approaches in critical discourse analysis, conference presentation materials and abstracts are aims of this project.
- Optional KT products: short films, art films, handout educational material, other products to be determined.

Validity, Rigour, and Quality

- Systemic approach.
- Explicit statement of and adherence to assumptions made.
- Reflective process including utilizing an analysis committee.
- Transparent journaling of process and critical thinking.

Ethics

- This research does not involve human or animal subjects.
- The research subjects are publicly available documents directed to the public with no reasonable expectation of privacy.
- No consent will be required or sought.
- No physical locations will be entered.
- Transcultural nursing theory (Forunda et al. (2016) will be applied as necessary.
- Internal processes will be used in the patient-oriented community supporting the research. Resident-family partners will be invited to participate in deciding the appropriate recommendations from the study and knowledge translation plan.
- Upon approval of the research proposal, a research ethics exemption will be sought.

Funding

- This research study has been supported through:
 - **The University of Saskatchewan College of Nursing Research Fellowship.**
 - **The Saskatchewan Center for Patient-Oriented Research Masters Funding Award.**
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Proposed Timeline of Study

- October 15, 2021: Proposal defense.
- October 15-18, 2021: Completion and submission of ethics exemption application.
- October – December, 2021: Data sampling process, followed by data collection period. A COVID-19 family presence policy timeline will be constructed at this time to facilitate data discussion.
- January – March, 2022: Data analysis period. Integrated Knowledge Translation Period.
- March – April 2022: Patient-Oriented development of recommendations and conclusions from the study. Development of a final manuscript product(s).
- End of April, 2022: Thesis defense.
- May, 2022: Patient-Oriented preparation of supplemental research on patient-oriented discourse analysis and preparation of subsequent KT materials.

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