

**THE SOCIAL CONSTRUCTION OF DEMENTIA IN MAIN  
ONLINE NEWS SOURCES DURING COVID-19**

By

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6.1 Conclusion

**References**

### **Author's Declaration**

I hereby declare that I am the sole author of this master thesis and that I have not used any sources other than those listed in the bibliography and identified as references. I further declare that I have not submitted this thesis at any other institution in order to obtain a degree.

## **Abstract**

### **Objectives:**

The study aimed to explore the ideas and stereotypes that people have about dementia, examine the role of the media in shaping public perceptions and attitudes, and analyze how people living with dementia are portrayed in the media. Additionally, it sought to uncover the presence of the cultural concept of “Hyodo” in news articles within both Canadian and South Korean contexts.

### **Methods:**

To achieve these objectives, relational qualitative content analysis was employed to investigate the portrayal of dementia in news articles. A sensitizing framework and open coding were used to classify words and sentences from articles, focusing on how the media shaped public perceptions during COVID-19 and depicted people living with dementia. The study also extracted opinions from media sources and quotes from family members, people living with dementia, and professionals to analyze the presence of the cultural concept of “hyodo” in news articles from both Canada and South Korea.

### **Findings:**

The findings revealed that nearly one-tenth of the articles used phrases like “dementia patients” and “suffering from dementia,” framing their experiences primarily through a biomedical lens. The pandemic also exposed systemic weaknesses in long-term care facilities, such as staff shortages. The cultural concept of “hyodo” was embedded in family members’ quotes in both South Korean and Canadian articles. These findings highlight the urgent need for

a more nuanced and compassionate approach to dementia care, especially during public health crises.

## **Conclusion**

In conclusion, the media predominantly portrayed people living with dementia through a biomedical construction, emphasizing the challenges they face. Furthermore, the concept of “hyodo” was found to be present not only in Asian cultures but also in Western contexts, demonstrating its broader relevance.

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## Chapter 1: Introduction

### Context

COVID-19 is an infectious disease that has had a significant impact worldwide. It started in December 2019 and still impacts people's daily lives (Hua & Shaw, 2020). The coronavirus has affected men and women of all ages worldwide, but older adults living in long-term care facilities have been particularly affected. Older people are more vulnerable to COVID-19 because they have low immune function (Mueller et al., 2020). People living in long-term care facilities were especially vulnerable due to chronic diseases, dementia, and frailty, but also because of the spread of disease in residential care settings (Evans, 2010). The social and physical distancing made staff who care for older people living in long-term care facilities unable to provide sufficient care to residents. (*Prevention and Management of COVID-19 in Long-Term Care and Retirement Homes*, n.d.) As such, various factors have led to a higher mortality rate for older people living in long-term care facilities.

In this situation, various online media have shaped public perceptions of the problems and situations experienced by older people living in long-term care facilities. These situations affected people's ideas about long-term care facilities, particularly older people living with dementia. During the COVID-19 period, many studies have been conducted on the influence of online media and stereotypes of older people (Bacsu et al., 2022). However, no study has been conducted specific to the COVID-19 period examining and analyzing how the issues and social construction of dementia in long-term care homes were reported in the media.

## **Purpose of the Study**

This study aims to examine the social construction of dementia during COVID-19 in online news sources during the COVID-19 pandemic. Social construction is not a concept that exists in objective reality but a concept that exists as a result of human interaction (Bainbridge, 2023). Mainly, the social construction of dementia can be divided into three sections-the medicalization of dementia, the psychological approach to dementia, and the stigma of dementia (Bosco et al., 2019). Learning about how dementia was talked about and socially constructed in the media during COVID-19 can illuminate the ideas and stereotypes people have about dementia in general.

In this study, I use the cultural conception, “hyodo” from South Korea and apply it to how dementia was discussed in primary online news sources during the COVID-19 pandemic. This analysis will provide insights into perspectives of online news sources regarding older people and the development of policies for people living with dementia in long-term care facilities during pandemic. While people with dementia live in community and long-term care settings, this study will focus specifically on long-term care settings, as most news articles during COVID-19 focused on long-term care settings. Additionally, the study aims to explore the role of the media in shaping public perceptions and attitudes toward dementia particularly during the COVID-19 pandemic.

## **Research Questions**

This study aims to answer the following research questions:

- How was dementia, specifically the portrayal of people living with dementia depicted in the news during COVID-19?
- How did online news sources represent the experiences of people with dementia and families in long-term care facilities during the COVID-19 pandemic?
- How did the portrayal of dementia in the news reflect cultural perceptions and constructions of dementia during COVID-19?
- How did the portrayal of dementia in the news reflect the cultural concept of ‘hyodo’ during COVID-19?

### **Significance of the Study**

The significance of this study lies in its ability to yield valuable insights into the societal attitudes and perceptions of dementia by analyzing how the concept of “hyodo” from South Korea is portrayed in both Korean and Canadian news articles. By examining the cultural intricacies that shape the understanding of dementia, this study highlights the influence of historical contexts and distinct education systems on the treatment of people living with dementia across different societies. This comprehensive understanding of societal attitudes, beliefs, and norms will shed light on how these factors impact the experiences of individuals with dementia and their caregivers. Furthermore, it will reveal how these attitudes, beliefs, and norms are portrayed in the media, potentially contributing to the perpetuation of stigma, myths, and stereotypes about dementia, and whether dementia is viewed merely as a disease rather than recognizing the person behind it.

How people or society think about dementia could impact the people living with dementia.

Researchers have shown that attitudes are based on cognition or effects (Eagly & Chaiken, 2007), and that negative ideas and societal attitudes can contribute to people with dementia being treated unfairly. In this regard, it is believed that better understanding the social context and atmosphere of dementia through news media, where most people access information, will help future dementia research. Also, it will help to understand how negative beliefs and attitudes about dementia, among families and society, are contributing to perpetuating stigma and myths.

The study also examines the impact of the COVID-19 pandemic on long-term care facilities, where older adults and people with dementia are particularly vulnerable and oppressed (Fisman et al., 2020). By analyzing online news sources, the study sheds light on how the pandemic and associated responses to the pandemic have influenced the social construction of dementia within these care settings and uncover the society beliefs and attitudes towards dementia that contributes to escalate and disseminate stigma at the same time. This understanding is essential for informing policy and practice and dementia care, especially in the context of future public health crises.

Additionally, the media's role in shaping, showing, and uncovering public perceptions and attitudes toward dementia cannot be overlooked. The study investigates how online news sources represent the experiences of people living with dementia and their family members during the pandemic and contribute to particular understandings of people with dementia in both Canadian and Korean culture. By examining media narratives, the research aims to uncover potential biases, stereotypes, or stigmatization surrounding dementia and contribute to a more accurate and compassionate portrayal of individuals with dementia.

## Chapter 2: Literature Review

### Introduction

The population of older people is increasing worldwide. The World Health Organization (WHO) predicts that the world's population aged 60 years and older will be 2.1 billion (WHO, 2022). In this situation, we must better understand how culture constructs age and how people view older people. Understanding how culture constructs age and shapes perceptions of older people is pivotal in fostering inclusive societies for the growing older population. Cultural beliefs and norms significantly influence how older individuals are treated, impacting their well-being and integration (Bedi & Case, 2014).

The social construction of older people and how they are described exhibit distinct variations between Asian and Western countries. In Asian countries like South Korea, family plays a pivotal role in caring for aging parents, embodying the concept of 'hyodo', which encapsulates love, obedience, respect, and care for older parents (Kuo, 2020). This "hyodo" has been deeply influenced by Chinese filial piety, which means people display love, obedience, and respect towards their parents and physical care when required for over five thousand years (Kuo, 2020). Contrasting this, Western countries such as Canada lack a uniform Confucian cultural framework that mandates automatic respect for older people. This may be, in part, to the multicultural nature of Canada.

However, while exploring the social construction of relationships is crucial, it is equally imperative to examine how older people are perceived within these cultures. In many Asian societies, older adults are often revered as repositories of wisdom and experience, respected for their roles as cultural custodians and advisers (Fuligni et al., 2003). This perception is rooted in

the veneration of age and its association with insight. Conversely, in Western contexts, perceptions of older people can vary (Richerson & Shelton, 2006.). Some cultures may deeply value the knowledge and experience they bring, while others might inadvertently perpetuate negative stereotypes or marginalization.

For instance, in Canada, about 61 percent of seniors with dementia reside at home (*Dementia in Home and Community Care* | CIHI, n.d.); the approach to care reflects a blend of familial involvement and formal services like home care and long-term care homes. This nuanced perspective showcases the interplay between autonomy and support, where older people's contributions are valued, but societal perceptions may differ across communities.

On 12 March 2020, thousands of deaths caused by coronavirus disease (COVID-19) led to the World Health Organization declaring a pandemic (WHO, *Health Topics - Coronavirus Disease (COVID-19)*, n.d.). The research investigating COVID-19 mortality showed a 10.5 percent fatality ratio for older people compared to 0.43 percent for younger people (Dadras et al., 2022, 4). Specifically, Canada's percentage of COVID-19 deaths in long-term care facilities is estimated at 36 percent which was 85 percent of Canadian COVID-19 deaths (Combden et al., 2021). According to a "two-year report on the outbreak of COVID-19 in South Korea", the cumulative number of confirmed cases was 705,900, and the deaths were 6,480. In particular, the fatality rate was 14.5 percent in those in their 80s and older.

There were numerous media outlets reporting on COVID-19 among older adults, and also those with dementia. News media is a reflection of and also impacts how people think about different cultural ideas, including dementia. The media plays a significant role in shaping public perceptions of dementia. According to Van Gorp (2012), the research demonstrates that the most

dominant media frame portrays a people living with dementia as composed of two distinct parts: a material body and an immaterial mind. It suggests that the person living with dementia ends up with no identity. Because the media often lacks counter-frames about the present alternative perspectives, it perpetuates a negative image of dementia (Gorp & Vercruysse, 2012). The scarcity of these counter-frames reinforces the stigma surrounding dementia.

### **Hyodo and Family Forms in Canada and South Korea**

As the population of older people is increasing, we need to better understand how cultural differences impact attitudes toward aging. By understanding these cultural differences, societies can create more inclusive, respectful, and supportive environments for their aging populations. In particular, there are differences in attitudes toward older people in Asian and Western countries. These differences are influenced by socioeconomic structure, culturally shared values, and national stereotypes (Corinna E. et al., 2009, 948 - 950). In Asia, the idea of supporting parents until their death is prevalent. This culture is influenced by China's filial piety. "Filial piety, which generally means one's love and respect for one's parents, is considered to be family-related and the central Confucian principle." (Nhat Anh & Yoo, 2016, p. 575) Since the word "hyodo" is used in Korea, not the word filial piety, this paper will use the word "hyodo".

Since the original concept of hyodo came from Chinese culture, most of the previous studies on it have been conducted in China. The definition of filial piety in Chinese is "the idea that parents, grandparents, and older people should be treated with honor and respect" (*FILIAL PIETY | English Meaning - Cambridge Dictionary*, n.d.). The previous research studied the meaning of filial piety for people with dementia showed being filial is not only just an idea or a concept but also an indicator to judge a people's character such as describing the person as a "good

person” (Zhang et al., 2019, 2623-2625). In the case of dementia, it means if someone has a person living with dementia in the family, and does not always take care of them, people will think that the person with dementia raised his child wrong. According to Zhang 2019, filial responsibility is forced and regulated by a community, not a personal choice. The idea of unconditional respect for parents and the older people gradually changed over time to the idea of unfairness of individual freedom. These changes in thinking have led to different perspectives on filial piety, which has led to a rethink of the concept of filial piety (Chow, 2006).

In South Korea, we also have a law of expulsion, such as the "Ordinance on Encouragement and Support of Hyodo." This is a law that children should faithfully support their parents and education about hyodo is provided in kindergartens, elementary schools, middle schools, and high schools, social welfare facilities, lifelong education institutions, the military, and prisons (Ministry of Health and Welfare (Aged Support Division), 2017). On the contrary, Canada does not have a concept similar to “hyodo”. But Canada provides a number of services for the older people. According to the services for seniors guide from the Government of Canada services, they provide OAS (Old Age Security) which is Canada's retirement income system, Tax savings for seniors and pensioners, counseling the retirement savings plans, and other related services and benefits. (*A Guide to Government of Canada Services for Seniors and Their Families*, 2008).

However, with the progress of industrialization, the number of traditional extended families where the whole family lives together have decreased, and various types of families, such as ordinary parents, cohabiting families, and single households derived from simple nuclear families centered on married children, have decreased (Park & Cho, 1995, 118-121). According to Park & Cho (1995), the change in the form of the family, the decrease in the fertility rate, and the



increase in the number of older people were other influences. The present proportion of the older people population in South Korea is 18 percent (*Korean Statistical Information Service, n.d.*), and the birth rate is 0.808 children per woman (*Probation/total Fertility Rate, Fertility Rate by Simulated Age, 2023*).

In Canada, the large size of a country causes this difference. Children often move away from their parents, sometimes across the country. Young people may need to move to where there is economic opportunity. Because of the vast distances and poor transportation, families may not be able to spend significant time together. The proportion of the older people population in Canada is 18.8 percent (*Demographic Estimates by Age and Sex, Provinces and Territories: Interactive Dashboard, 2022*), and the birth rate is 1.4 children per Woman in 2020 (*Fewer Babies Born as Canada's Fertility Rate Hits a Record Low in 2020, 2022*).

### **Perceptions of Aging in South Korea and Canada**

Age is one of the first characteristics we see when we interact with other people. Although aging is a universal process, not a specific phenomenon, many people have negative stereotypes about aging and older age groups. In 2021, the World Health Organization expanded the definition of ageism to include not only the prejudice of age groups but also age-based stereotypes, prejudices, and age-based discrimination. Researchers have found that during the past two decades, non-Western societies have become influenced by modernization tendencies, and it has become even more problematic than the ones that exist in Western countries (Bodner, 2009). The previous research compared the perception of aging between Korea and the United States. It shows that overall levels of anxiety about aging are much higher in Koreans than in Americans (Yun & Lachman, 2006). It means the younger adults in Korea have a greater fear of aging and avoid old

people. This resistance to aging led to ageism and increased elder abuse crimes. Statistics from Korea, which surveyed the number of older people victims of abuse from 2007 to 2021, shows a nearly sixfold increase from 1,033 in 2007 to 6,774 in 2021.

The survey by the National Institute on Ageing (NIA) and Environics Institute for Survey Research found that more than half of Canadians over the age of 50 are feeling positive about aging (Iciaszczyk et al., 2022). The policies for older people, such as the Old Age Security Act, long-term care facilities, day programs, provide essential support and services to ensure their well-being and quality of life. While many people may feel like there are policy measures in place to support people as they age, issues also exist for older people in Canada. Violence against seniors in Canada increased by 22 percent between 2010 and 2020 (Conroy & Sutton, 2022). There were 15,157 seniors that were victims of violence reported by Canadian police services in 2020 and 11,812 reported in 2010 (Au, 2022). Care can sometimes be challenging to obtain, and health care services are difficult to access.

### **Social Construction of Dementia**

Social construction theory based on reality and meaning is subjective, created through dynamic interactions with other individuals and groups (Berger & Luckmann, 1967). According to Berger (1967), people can be easily influenced, and experienced through a lot of cultural and social norms (Berger & Luckmann, 1967). In other words, social constructionism is the degree to which individual beliefs and knowledge are constructed by social context and through social interaction (McRoberts et al., 2011). For example, illness is the socially constructed experience of disease (McRoberts et al., 2011).

According to Bosco (2019), social construction of dementia can be mainly affected by

medical construction of dementia. According to the historical context, the concepts of dementia have largely focused on the symptoms and pathology, which seems dementia is time-bound (Bosco, 2019). By solely focusing on symptoms and pathology, the general public began to think that people living with dementia cannot make their own decisions and communicate with others.

As the population of older people is increasing worldwide, the prevalence of dementia is also increasing. According to the Alzheimer Society of Canada, in 2020, 8.4 percent of Canadians over 65 had dementia (Alzheimer Society Canada, 2024). Similarly, prevalence of dementia in South Korea appeared 10.3 percent over 65 (National Institute of Dementia, 2018). As the prevalence of dementia increases, people's view of dementia can negatively increase. The original term dementia came from Latin. Dementia in Latin means madness, insanity, craziness, and folly. Similar to the English term, the term “치매”(the Korean word for dementia) is an expression of Japanese pronunciation through Chinese characters in Korean pronunciation, accepting Western studies during the enlightenment period of Japan in the late 19th century (“치매의 어원과 역사,” 2017). “치매” means a foolish and foolish person in Chinese characters. In this way, it can be seen that the word expressing the disease of dementia worldwide has a negative meaning.

### ***Biomedical construction of dementia***

In the realm of dementia, a spectrum of disorders encompasses Alzheimer’s Disease, multi-infarct dementia, Binswanger’s disease, Huntington’s disease, Neurosyphilis, and Parkinson’s disease (Bond, 1992). Notably, earlier research has shown that early data on dementia mainly focused on descriptions of clinical characteristics such as determination in memory, spatial and temporal organization, and cognitive disabilities (Parker et al., 2021). According to Conrad, this kind of medicalization is a process in which a person’s ‘bad’ condition is interpreted as a ‘sickness’

(Conrad & Bergey, 2015).

Bond's perspective in 1992 described that focusing on the symptoms of dementia leads to minimizing the meaning that people living with dementia and their caregivers attribute to it. Rather than trying to look specifically about the people living with dementia and caregivers, this narrow focus has made people see them as limited to a disease. According to Parker 2021, this kind of biomedical development in the knowledge of dementia has played a role in creating a fear of disease in the general public. When people are diagnosed with dementia, they are afraid of the disease and the future.

The medicalization of dementia underscores the shift from a whole comprehension of the disorder to a more clinical and symptomatic orientation (Bond et al., 2002). This not only minimizes the emotional and personal narratives of individuals touched by dementia but also generates an unintended culture of apprehension in society. In other words, unlike other diseases, if people are diagnosed with dementia, they are often perceived not as people living with a condition, but as embodiments of the disease itself. This means that others tend to merge the person's identity with the disease, rather than recognizing them as separate from their condition.

### ***Psychological construction of dementia***

As the chance to actually meet people with dementia or through the media increases, psychological concerns about dementia have increased (Kessler et al., 2012). This surge in exposure has notably triggered heightened concerns among older generations regarding potential shifts and declines in their own memory capabilities. Upon receiving a dementia diagnosis, these concerns tend to intensify.

According to Kessler (2012), dementia worry is a specific type of health worry. This form of worry mirrors the symptoms exhibited in health anxiety or hypochondria, wherein individuals are inclined to believe that they either currently suffer from or will inevitably encounter a specific physical ailment. This kind of psychological distress becomes particularly pronounced among those who have been diagnosed with dementia. The cause of this phenomenon has long been believed to have focused only on the symptoms of dementia (Bosco et al., 2019). It makes society think people who are diagnosed with dementia have serious cognitive problems such as they cannot feel the same as other people and cannot make any decisions for themselves. These threats make people living with dementia and their families internalize those messages and become pessimistic about their situations or avoid attending social activities.

One of the recent studies focusing on Behavioral and Psychological Symptoms of Dementia (BPSD) investigated the views of professionals working in the field of dementia care in the UK (James et al., 2021). The findings underscore that the symptoms of dementia through media or professionals, as put forth by medical professionals and perpetuated by the media, frequently associate post-diagnosis behaviors and psychological changes solely with the disease. This tendency often overlooks the potential relevance of an individual's personal history or the environmental context. In essence, a narrower focus on the disease itself can overshadow the multifaceted interplay of personal and situational factors in shaping an individual's experience with dementia.

### ***Relational approach of dementia***

The way people treat or view people living with dementia is the key to figuring out the social construction of dementia in society. The media often stands out as the primary conduit for

disseminating publicly accessible information on Alzheimer's disease (Kirkman, 2003). The article which researched the media coverage of Alzheimer's disease categorized how Alzheimer's disease is represented. According to Kirkman, it can be categorized as scientific reports-biomedical discourse, obituaries with "actual deaths" and "social deaths", personal stories, accounts of rest home care, missing people reports, and "Alzheimer's" as a metaphor (Kirkman, 2006). The way people encounter dementia through news and media can lead to negative and unconditional internalization of the disease. It means people could develop a fear or stigma around dementia based on the media rather than understanding individuals.

Not only the media but also the language that we ordinarily use reflects the society views of people living with dementia. According to the "Dementia Friendly Language Guide" from North West Dementia Working Group, people with dementia are often defined by their disease and place the condition before the person, such as describing them as patients, victims, or sufferers (*Dementia Friendly Language Guide*, 2023). The slang "someone who has lost their mind," "old-timer's disease," and "losing his/her marbles" show us how we view people living with dementia. Additionally, it is a stereotype that when we meet the family members of people living with dementia, we think about their role as caregivers before their relationship. These kinds of unconditional constructions of dementia can impact the social relationships of people living with dementia and their family members.

### ***Social Construction of Dementia***

Recent research highlights the powerful role of the media in perpetuating the stigma surrounding dementia and cementing its status as one of the most feared conditions (Gorp & Vercruyse, 2012). In modern times, when the media exerts enormous influence, its description of

dementia often simplifies complexity and highlights negative aspects, encouraging misunderstandings and fears such as describing people living with dementia as suffering from the disease. The consequences of media-driven stigma are extensive. Individuals with dementia and their caregivers internalize these negative descriptions, leading to a sense of isolation and despair (Boylstein & Hayes, 2011). This stigma can interfere with help-seeking behavior, delay diagnosis, and block important discussions about the challenges of dementia.

For example, one of the famous Korean dramas is called “Dear my friends” which the main characters draw about the lives of older people over the age of 60. The character who was diagnosed with dementia appeared to have delusional symptoms, wandering, not able to understand people, and became sensitive (Bae, 2016). A similar movie, from Western country, is “Still Alice” showing a female professor who has been confirmed to have dementia and shows the progress of dementia (Glatzer & Westmoreland, 2014). If people who have never met or learned about the people living with dementia come across such a drama or movie about people living with dementia, the media could shape the prejudice surrounding dementia as it often portrayed people living with dementia in a negative light, reinforcing misconceptions and stereotypes (Kessler et al., 2012). In this way, the description of people with dementia expressed in the mass media shows that the social construction of dementia, which is currently prevalent in society, is closer to the negative rather than the positive factor.

### ***Economic construction of dementia***

In Canada, if one of the family members is diagnosed with dementia, the cost of hospitals and nursing facilities to support them is expensive even if they receive state support. According to Ontario Health, all long-term care home residents are required to contribute toward the cost of

accommodation and meals which is called co-payment fee (*Paying for Long-Term Care | Ontario.ca, 2017*). Table 1 shows the long-term care home maximum co-payment fees in Ontario. In South Korea, people living with dementia who reside in nursing homes incur monthly expenses ranging from 900,000 to 1,300,000 Won (\$800 and 1,100) per month, and the Long Term Care Insurance (LTCI) covers 80-100 percent and 85-100 percent of the cost of home service depending on the beneficiary's economic status (Ga, 2020). Including the co-payment fees of long-term care homes, people living with dementia also have to pay the medicine or hospital services fees. This economic factor imposes financial burdens on both people living with dementia and their caregivers.

Table 1. Long-term care home maximum co-payment fees (effective July 1 2023)

Type of Accommodation	Daily rate	Monthly rate
Long-stay Basic	\$65.32	\$1,986.82
Long-stay Semi-Private	\$78.75	\$2,395.32
Long-stay Private	\$93.32	\$2,838.49
Short-stay	\$42.28	N/A

*Note.* Paying for long-term care from Ontario Health, 2017

According to Korea's statistics which investigated “The reason why people are afraid of dementia”, the burden of support was the highest at 43.3 percent, the fear of cognitive and memory loss at 24.3 percent, the fear of self-loss at 16 percent, and the difficulty of recovery at 14.2 percent. Among them, it can be seen that the burden of support, that is, the economic burden, is viewed with a prejudiced view of dementia (*치매가 두려운 이유, 2023*).

### **Formal care of older adults with dementia in South Korea and Canada**



Most people with dementia in both South Korea and Canada receive medical care at long-term care facilities. Healthcare systems in South Korea and Canada share similarities but also exhibit distinct characteristics. One of the biggest differences is the role of the government. The government of South Korea usually sets overall policies, standardizing fees and providing alternative costs (*Healthcare System in Korea*, n.d.). However, Canada's governments are divided into federal, provincial, and municipal governments. The provincial and territorial governments are in charge of the management, organization, and delivery of healthcare services. The federal government is responsible for supporting the delivery of health care services to specific groups, providing funding support, and setting national standards for the health care system (*Canada's Health Care System*, 2023). Due to these differences, healthcare coverage appears to be significantly different. South Korea's healthcare system doesn't fully cover medical care so citizens need to get private insurance (Son, 1998, 265). It means almost half of the service costs are covered by insurance or government subsidy and the last of the payments need to be paid from the citizens. On the contrary, Canada's healthcare system allows all citizens to access primary care healthcare treatment regardless of their ability to pay (*Health Reports Health Reports*, n.d.).

South Korea's long-term care facilities are also called nursing homes and long-term care hospitals. South Korea's long-term care core principle is "Respect for Seniors" derived from Confucian ideas during the Joseon Dynasty (Ga, 2020, p.182-183). The Long Term Care Inspection System began in 2000 when the Japanese system was adopted. Those who can enter the Long Term Care facility are older adults aged 65 years or older or those who are younger than 65 years but have chronic diseases or disabilities. The services provided by long-term care facilities are day/night care center services, home-visit care services by long-term care assistants, bathing services, provision of welfare devices, and others similar to those of Canada. However, there are

also differences in that the Korean government made efforts to encourage the foundation of more private long-term care facilities than nationally to minimize the regulation (Won, 2013, p.4-5).

Table 2. Long-term care eligibility levels

Level	Mental and physical status	Long-term care approval score
1	Requires help in all aspects of daily life	$\geq 95$
2	Requires help in most parts of daily life	$\geq 75$ and $< 95$
3	Requires help in part of daily life	$\geq 60$ and $< 75$
4	Requires some help for daily living because of functional disability	$\geq 51$ and $< 60$
5(special level of dementia)	Dementia with limited functional decline	$\geq 45$ and $< 51$ , dementia
6(cognition-supporting level)	Dementia with intact physical function	$< 45$ , dementia

*Note.* Adapted from Elderly long-term care in Korea by Won, 2013

In Canada, long-term care facilities are also called nursing homes, continuing care facilities, and residential care homes, providing comprehensive health and personal care services to individuals with medical or physical needs, similar to the approach in South Korea, and are rooted in Canada’s core principles of healthcare systems of “Public Administration, Comprehensiveness, Universality, Accessibility, and Portability” (*Canada's Health Care System*, n.d.).

For adults with dementia, these long-term care facilities serve as essential hubs for specialized care and support. Recognizing the unique needs of individuals living with dementia, these facilities offer tailored services to ensure their well-being and quality of life. The process of

accessing long-term care typically begins with a comprehensive assessment conducted by a care coordinator. This assessment evaluates various dimensions, including capacity, functional abilities, and behavioral aspects, to determine the level of care required (*Apply for Long-Term Care | Ontario.ca*, 2021). The basic eligibility criteria for long-term care facilities are the person who is 18 years of age or older, has a valid Health Card of province or territory which they live, and has health care needs that cannot be met with any combination of caregiving in the home or community (*Eligibility and Admission*, n.d.).

Long-term care facilities in Canada may be publicly or privately owned. Private-owned long-term care homes can be subdivided into for-profit and nonprofit organizations (*Long-Term Care Homes in Canada: How Many and Who Owns Them? | CIHI*, 2021) This diversity in ownership aligns with the aim of providing a range of options to cater to the varied needs and preferences of individuals seeking care, including people with dementia. Within these facilities services for people with dementia encompass a specialized approach that acknowledges the cognitive and emotional challenges they face (*A Dementia Strategy for Canada: Together We Aspire*, 2019). These services often include memory care programs, cognitive stimulation activities, and skilled nursing support tailored to managing the unique symptoms and needs associated with dementia (*A Dementia Strategy for Canada: Together We Achieve - 2020 Annual Report*, 2020). Staff members undergo specialized training to offer compassionate and effective care, promoting a supportive and enriching environment for residents with dementia.

### **Covid-19 policies for long-term care facilities in South Korea and Canada**

The “coronavirus (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. (*Health Topics - Coronavirus Disease (COVID-19)*, n.d.)” The disease caused thousands of deaths

worldwide. According to a “two-year report on the outbreak of COVID-19 in South Korea”, the cumulative number of confirmed cases was 705,900, and the deaths were 6,480. In particular, the fatality rate was 14.5 percent in those in their 80s and older. To curb the spread of COVID-19, the government has implemented several COVID-19 control policies, such as social distancing.

In this section, I focused on the policies used to decrease the spread of COVID-19 to long-term care facilities in both countries. With the spread of COVID-19, South Korea implemented policies such as free PCR (Polymerase Chain Reaction) tests, wearing KF (Korean Filter) 94 and 80 masks, and keeping a distance from others to prevent the spread of COVID-19 in nursing facilities (Song & Choi, 2022). In particular, an "infectious disease control manager" was designated to control outsiders' access, manage visitors, and conduct mealtimes at intersections to minimize contact. If COVID-19 spread severely in nursing facilities, an "emergency care service" was provided to provide greeting calls or lunch boxes, and programs that prevent infection of COVID-19 as much as possible have been steadily conducted only for those who have completed vaccination (The Ministry of Health and Welfare, 2021).

The first Coronavirus disease (COVID-19) case in Canada was reported on January 25, 2020 (*Canadian COVID-19 Intervention Timeline | CIHI, 2022*). According to Infection prevention and control for COVID-19 for long-term care homes, most of the restrictions and policies are organized in table 3. As a different measure from Korea, an alternative for support was conducted to prevent the emotional impact of isolation in people with dementia, such as exercise programs, one-on-one programs, and the use of technology to allow visual and auditory contact with family and friends (*COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units, n.d.*).

Table 3. Interim guidance for long-term care homes

<p>Infection prevention and control preparedness</p>	<ul style="list-style-type: none"> <li>● Maintain ongoing awareness of the local and regional spread of COVID-19</li> <li>● Organizational risk assessments are completed to determine potential risks of COVID-19 contamination</li> <li>● Routine Practices, including hand hygiene, are in place for the care of all residents</li> <li>● Adjustments to the physical layout are made to facilitate IPC measures that prevent transmission of COVID-19 (e.g., single rooms are optimal, spacing chairs and beds a minimum of 2 meters apart in rooms or common areas and staff or break rooms, placing highly visible and accessible spacing indicators on the floors as reminders to maintain physical distancing)</li> <li>● Residents, staff and visitors are provided with printed, posted, or other forms of accessible information in multiple languages as required about COVID-19</li> <li>● PPE, surface cleaners and disinfectants are available and accessible at all points of care</li> <li>● All staff who enter the room, or come within 2 meters, of a resident confirmed to have COVID-19 wear gloves, a gown, a medical mask or N95 or equivalent respirator, and eye protection.</li> </ul>
<p>Visitor management</p>	<ul style="list-style-type: none"> <li>● Be screened for exposure to or signs and symptoms of COVID-19 at every visit</li> <li>● Limit their movement within the facility to directly visiting the resident and exiting the LTCH after their visit</li> <li>● Be instructed to wear a medical mask while on the facility and on how and when to perform hand hygiene</li> <li>● Be excluded from visiting if they are unable to adhere to the required IPC practices</li> </ul>
<p>Resident care and infection prevention and control measures</p>	<ul style="list-style-type: none"> <li>● Routine practices</li> <li>● Point-of-care risk assessment</li> <li>● Hand hygiene</li> <li>● Personal protective equipment</li> <li>● Making and eye protection for the full duration of shifts or visits</li> <li>● Aerosol-generating medical procedures</li> </ul>
<p>Resident placement and accommodation</p>	<ul style="list-style-type: none"> <li>● A resident who is suspected or confirmed to have COVID-19, or who is a high-risk contact of a person confirmed to have COVID-19, should be cared for in a single room with a toilet and sink designated for their use</li> <li>● Cohorting residents <b>confirmed</b> to have COVID-19 in the same room should only be considered when other options are not</li> </ul>

	<p>available, and in consultation with IPC experts.</p> <ul style="list-style-type: none"> <li>● Roommates of symptomatic residents should not be moved to new shared rooms, but be placed in a single room for isolation and sign and symptom monitoring</li> </ul>
Resident activity	<ul style="list-style-type: none"> <li>● Limiting non-essential resident outings to public spaces</li> <li>● Movement or transfer within and between facilities of residents who are suspected to be infectious should be avoided unless medically necessary.</li> </ul>
Outbreak management	<ul style="list-style-type: none"> <li>● Contacts (defined according to facility, local and jurisdictional public health and IPC guidance) of any individual(s) with confirmed COVID-19 should be isolated and tested</li> <li>● A line listing of cases and contacts should be started and updated as needed</li> <li>● Hospital and/or other healthcare facility and local public health authorities should be notified if a resident is diagnosed with COVID-19 within 14 days of transfer from another facility</li> <li>● Testing should be performed on all residents and staff on recognition of an outbreak and serially, in accordance with local public health and IPC guidance</li> </ul>

*Note.* Infection prevention and control for COVID-19: Interim guidance for long-term care homes from , (Government of Canada, 2021)

**Dementia in the Media**

Modern society is an era in which people can easily spread information with the development of science and technology. People use smartphones, which are portable computers, to exchange information in real time, unlike in the past. However, if the mass media like online news sources and newspapers spread the wrong information or focus on unnecessary information, the public could be confused about which information is essential or accurate. It means the media is seen to be objective but in reality, it is subjective (Owen et al., 2019). According to Owen 2019, journalists and authors do appear to have become more subjective because of increasing exposure to show their opinion and covering emotion, personal experiences, and argument. However, people

who are exposed to news media believe that the media are the tools to show what is happening in the world. These attitudes influence people to think of it as objective information without any doubt (McLeod, 2017). For example, since the pandemic began, 90 percent of Canadians used online sources to find information about COVID-19 (Garneau & Zossou, 2021). Nearly two in five Canadians believed the information they saw related to the disease was true, then later realized that it was not. Just as 90 percent of people trusted information from news media during the pandemic, people tend to trust more, especially information related to disease (Chou et al., 2018).

Failure to maintain media neutrality and one-sided provision of information affects not only people with dementia to make self-stigmatization of themselves but also people in caregivers, and people engaged in fields related to dementia. In particular, when self-stigma is produced, people diagnosed with dementia are reluctant to get help from those around them and go to long-term care late without believing the doctor's diagnosis (Alzheimer's Disease International, 2019). It could lead to people living with dementia being isolated from society or exclusion of family members or friends of people living with dementia (Fletcher, 2021).

The media covers “dementia” and the personal experiences of people living with dementia a lot. Previous research which aimed to investigate how the media covered Alzheimer’s disease showed dementia referred to in many ways as the “disease of the century”, “mind robber”, and “never-ending funeral” (Kirkman, 2006). Also, Sm-Rahman argued that evidence showed that the media portrays the people living with dementia as “socially death” which generates fear and social anxieties (Sm-Rahman et al., 2021). These kinds of negative descriptions could make the perception of dementia the most fearful disease. A similar is nursing homes (long-term care facilities) where most people with dementia go.

A study examining Quebec's media portrayal of older adults in residences and long-term care homes before and during the COVID-19 pandemic found that both before and during the pandemic, major online news sources covered issues such as the lack of resources and poor health outcomes in these facilities (Archambault et al., 2022). But pre-COVID-19 discourse, the media played the neutral side by focusing on increased social isolation and government action and advocacy for the LTC(Long-Term Care facilities). The information of the LTC serves to inform the present situations and problems but also makes them reluctant to go to the LTC.

## **Summary**

As the number of older people increased worldwide, the number of people living with dementia also increased. Society can get information about dementia through personal interaction with a person with dementia or through the media sources. However, during the COVID-19 pandemic, the social interactions were limited and there are just a few ways to access the information of dementia which are online news articles, and other media sources. The media plays a significant role in shaping public perceptions and constructing understanding of dementia. The research shows that the media perpetuates the stigma surrounding dementia, making it one of the most feared conditions (Gorp & Vercruysse, 2012).

This paper aims to show the social construction of dementia in main online news sources during the COVID-19 from South Korea and Canada. In particular, as Korea and Canada are geographically opposite, there must be some similarities, but there are several cultural differences. The severe impact of COVID-19 on long-term care homes where the most people living with dementia lived has exacerbated the stigma associated with the condition.



By examining how the media portrayed people with dementia and their families during the COVID-19, we can gain insights into coping strategies for future infectious disease outbreaks. Especially, adjusting the cultural concept of “Hyodo” in both Korean and Canadian articles, can give us an insight that enhances the family dynamics, community systems, and better quality of life for older adults. The study underscores the need for media to adopt more balanced and compassionate narratives to reduce the stigma surrounding dementia and promote a more positive social construction.

This study aims to answer the following research questions:

- How was dementia, specifically the portrayal of people living with dementia depicted in the news during COVID-19?
- How did online news sources represent the experiences of people with dementia and families in long-term care facilities during the COVID-19 pandemic?
- How did the portrayal of dementia in the news reflect cultural perceptions and constructions of dementia during COVID-19?
- How did the portrayal of dementia in the news reflect the cultural concept of ‘hyodo’ during COVID-19?

## **Chapter 3: Methodology**

### **Research Design**

This research project is a qualitative study using relational content analysis to explore how dementia is portrayed in main online news sources during the COVID-19 pandemic.

Qualitative content analysis can be divided into conceptual qualitative content analysis and relational qualitative content analysis (Crosley & Rautenbach, 2021). The conceptual qualitative content analysis focuses on the explicit data and appearance of words. In contrast, the relational qualitative analysis examines the data in terms of context, and explores the relationships between different concepts. This approach focuses on how concepts are connected and considers the context in which they appear. This method is proper when researching non-interpretational and surface-level focus (Crosley & Rautenbach, 2021).

As the objective of my research is on how dementia was portrayed in the online news sources, the following concepts were used: “Dementia”, “long-term care”, and “Covid-19”. However, counting the frequency of these concepts in the articles does not reveal the deeper meaning and relationships. So I employed relational qualitative content analysis in this research to point out how the social construction of dementia is portrayed in the media and to examine the cultural concept of “Hyodo”. This approach enables understanding of the connections and contextual factors shaping the construction of dementia in the media.

### **Data Sources**

The research focused on the two primary online news sources in South Korea and Canada: Hankyoreh and Canadian Broadcasting Corporation (CBC), respectively. Hankyoreh is the most

trusted newspaper in Korea, according to a published survey. It showed that 14.2 percent of people surveyed identified the Hankyoreh as the Korean newspaper they trust the most followed by Chosun Ilbo(13.3%), the Joonganag Ilbo(4.8%) (*Hankyoreh Voted Most Trusted Newspaper in Korea : National : News*, 2022). The percentage of respondents who were unsure, did not answer, or said they do not have a most-trusted newspaper was 50.9%. CBC is also the most well-known news source in Canada. According to the statistics of weekly reach people use CBC News online weekly 23% followed by Connected Television(CTV) News online(22%), Global News online(17%), and Canadian News Network(CNN)(14%) (*Canada | Reuters Institute for the Study of Journalism*, 2022).

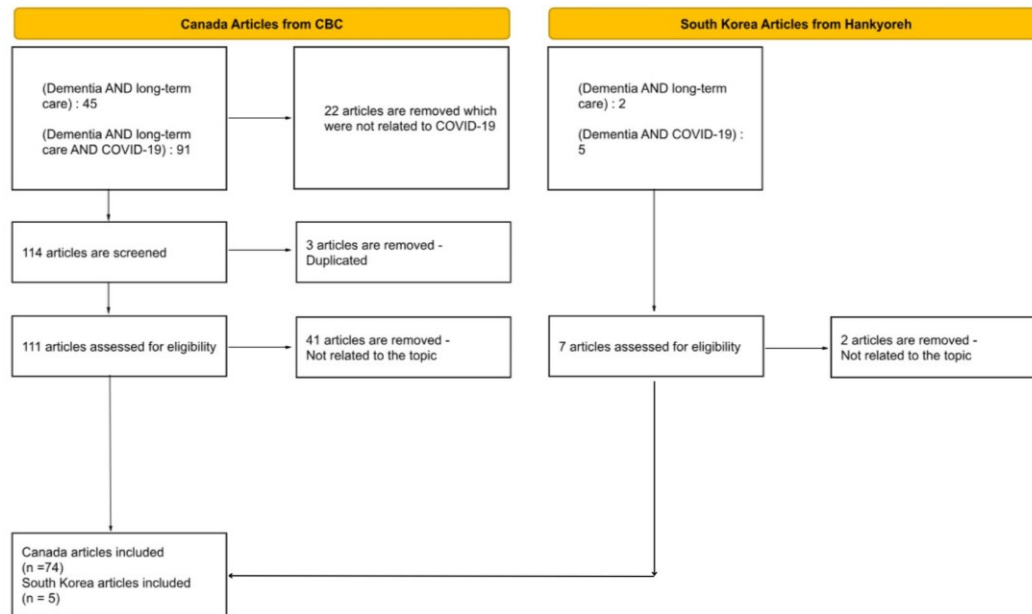
## **Procedure**

For collecting the Canadian news articles, I used the search engine from CBC containing the keywords (Dementia AND Long-term care) and (Dementia AND long-term care AND COVID-19) to retrieve articles published between January 2020 and December 2022. The search strategy generated a total of 45 articles using the keywords “Dementia AND long-term care” and 91 articles with “Dementia AND long-term care AND COVID-19”. Among the findings, 3 articles were removed which were duplicated, and 63 articles were removed which were not related to COVID-19 and some of them were just focused on dementia, long-term care or private stories. Therefore, a total 74 news articles met the inclusion criteria.

As I collected the data from South Korea, I used the same keywords (Dementia AND long-term care) and (Dementia AND COVID-19) to retrieve articles published between January 2020 and December 2022 at the search engine from Hankyoreh. However, different from what I planned, I only found 2 articles from (Dementia AND long-term care) and 5 articles from (Dementia AND

COVID-19). Among these articles, 2 articles were removed which were not related to the topic.

Figure 1. PRISMA Chart for extracting articles



Following the search strategy, I retrieved 79 news articles from CBC and Hankyoreh that met the inclusion criteria. Then I organized them into excel spreadsheets based on how the issues were presented, and types of articles. To manage the data I imported all the articles into NVIVO and open coded them. When I organized the articles into open codes, 43 articles were excluded from Canadian articles and 1 article excluded from Korean. The reason for the exclusion was that these articles were only focused on the COVID-19 in long-term care and not covered people living with dementia. I used open-code for each sentence, which contained situations involving people living with dementia in long-term care during COVID-19. These included quotes from the professionals, family members, and other people and some sentences with negative or positive statements about dementia.

And then used open coding to classify the sentences, words, and phrases related to dementia and Hyodo. Identifying the two concepts, which are Hyodo and the social construction of dementia. After classifying and analyzing largely open coding data, I consulted with supervisors Elaine Wiersma and committee members and received feedback on the overall analysis process for trustworthiness.

## **Data Collection**

The data collection process encompassed a systematic approach to source from both Hankyoreh and CBC, centering on the keywords. These selected articles cover the period from January 2020 to December 2022, effectively encapsulating the significant developments and nuances of the COVID-19 pandemic.

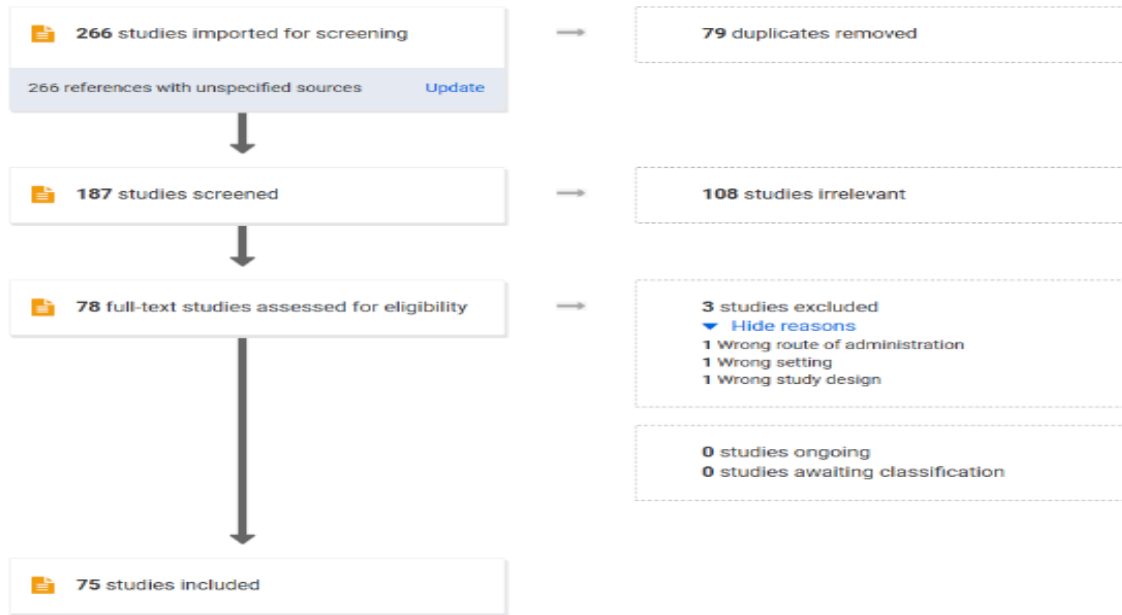
Its enduring public ownership structure distinguishes Hankyoreh based on individual shareholders, which is a valuable source of news and insights (Choi, 2022). On the other hand, CBC derives its funding through parliamentary appropriation, subject to approval by all members of parliament (“CBC Pauses Twitter Activity After Being Labelled 'Government-Funded Media,’” 2023).

For the extraction of data from South Korean news sources, the English editions was employed, a strategic choice stemming from the awareness that language disparities in qualitative research can potentially lead to mistranslations and misinterpretations of nuanced meanings (Nes et al., 2010). For example, the word “너무” is often translated as “too,” but it does not have a negative connotation as “too much”. This language-conscious approach ensures the accurate representation of sentiments and viewpoints.

To execute the data collection, a thorough search methodology involving the application of key terms such as “dementia”, “long-term care facilities”, and “COVID-19” implemented across the chosen news sources. The focused on extracting news articles while intentionally excluding visual formats like radio or TV broadcasts and editorials.

In addition to news articles, I searched the literature through Pubmed, PsycINFO, Sagejournals, CINAHL, and KCI-Korean Journal Databases. I categorized the topics I wanted to find compiled search strings to search for data, and extracted 266 references. I found 76 papers by removing duplicate data and finally extracting papers whose research content is related to the subject of my paper and whose setting of the study is set to be eligible. After reviewing the literature which focused on the social construction of dementia during COVID-19, I figured out there is not much literature that exists. Even though there were a lot of research journals researching the social construction of dementia and used content analysis, few of the research were conducted during the COVID-19 with the similar topic. There have been many previous studies on how the media affected social construction by describing people with dementia, but very few papers have studied how media draw the people living with dementia affected after COVID-19.

Figure 2. PRISMA chart for literature review



## Ethics

Ethics needs to be considered if the works involve human participants and the rights of humans, and enhance research validity (Bhandari, 2021). However, there are some exemptions from the requirement for Research Ethics Board review. According to the TCPS2 article 2.2, “REB review is not required where the research uses exclusively information in the public domain that may contain identifiable information, and for which there is no reasonable expectation of privacy” (*Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 (2018) – Chapter 2: Scope and Approach*, 2019). Also, the Tripathy states that a full review by the ethics committee is not required if the data has no identification information (TRIPATHY, 2013, 1478). I used the identifiable information in the public domain through electronic publications. An ethics waiver was requested and granted prior to data collection.

## Data analysis and Management

After collecting articles from online sources, I uploaded all of them into the NVIVO, which was used to manage the data. Before conducting a proper analysis, I coded the relevant sentences or statements that contained negative or positive opinions about dementia or biomedical disease. I coded 459 items from the Canadian and South Korean news articles. All these codes are grouped into 4 themes (Table 5). One of the sensitizing frameworks planned in the proposal, the “Economic”, was removed as it yielded only one quote. This may demonstrate that economic issues were not well discussed in the news during COVID-19 pandemic. To structure the analysis, I classified the sensitizing framework of the social construction of dementia and hyodo in (Table 6) A sensitizing framework, also known as a sensitizing concept of sensitizing theory, is a theoretical framework or concept that researchers use to guide their exploration of a specific topic during qualitative research (Bowen, 2006). According to Bowen, instead of imposing preconceived notions of hypotheses onto the data, a sensitizing framework helps researchers to open their minds to new perspectives and patterns that might emerge during the analysis. Also, the sensitizing framework is useful when the components and sources are too broad to focus on (Bishop, 1979).

Table 5. Themes from the articles

<b>Biomedical</b>	<b>Psychological</b>	<b>Relational</b>	<b>Social</b>
COVID-19 situations	Consequences of COVID to emotional well-being	Limitation of physical touch in long-term care home	Lack of physical care in long-term care homes for residents
Dementia as a cognitive illness	Cognitive difficulties impacting relationships for residents	People living with dementia need to be cared by physical care	Blaming the government and staff
The pandemic has been especially deadly for the residents		Use of negative language to describe dementia	



		Strict policies for visitors (Breaking up families)	
		A new way to contact visitors	

Table 6. The sensitizing framework of the social construction of dementia and hyodo.

<b>Hyodo</b>	<b>The social construction of dementia</b>
<ul style="list-style-type: none"> <li>● Family Caring</li> <li>● Family not being able to visit</li> <li>● Burden on family</li> <li>● Difficulties for family</li> <li>● Respect one’s family</li> <li>● Obligation to aging parents</li> <li>● Honoring the family name</li> <li>● Emphasis on group harmony rather than individual identity</li> <li>● Supporting and caring for parents</li> <li>● Achieving parents’ wishes</li> <li>● Devotion</li> </ul>	<ul style="list-style-type: none"> <li>● <b>Biomedical</b> <ul style="list-style-type: none"> <li>○ Dementia as a disease</li> <li>○ Addressed through medical and health care interventions</li> <li>○ Sensory and organizational challenges</li> </ul> </li> <li>● <b>Psychological</b> <ul style="list-style-type: none"> <li>○ People with dementia cannot live themselves and make their own decisions</li> <li>○ Are people with dementia talked about as people with feelings and emotions?</li> <li>○ Cognitive capacity and psychological capacity of people with dementia</li> </ul> </li> <li>● <b>Relational</b> <ul style="list-style-type: none"> <li>○ Dementia is difficult for caregivers</li> <li>○ People with dementia need to be cared for and can’t contribute</li> </ul> </li> <li>● <b>Social</b> <ul style="list-style-type: none"> <li>○ Rights of people with dementia</li> <li>○ People with dementia as non-persons</li> <li>○ The use of negative language to describe dementia</li> </ul> </li> </ul>

After this clarification, I did open coding work. Open coding means reading through the data and labeling the section of data that identifies significance to the contents that data represent (Khandkar, 2009, 1-3). I added the “memo,” which represents the keywords of the paragraph next to the paragraph I highlighted, to focus on the data and compare the codes for any differences. And then identified the sentences, words, and phrases related to “hyodo” and “social construction of dementia”. Identified these two central concepts is to compare the social construction of dementia and how the portrayal of dementia in the news reflects the cultural concept of “hyodo”

Then, I reviewed the data analyzed through open coding. Gathering the data from the articles through CBC and Hankyoreh into the excel organized with code (C1 for Canada & K1 for Korea). After organizing, I categorized them by using a sensitizing framework (Table 5). By using a sensitizing framework, I could figure out how different aspects of dementia are discussed in the media. For example, biomedical and psychological aspects. According to Bowen 2016, sensitizing framework is useful to organize the data in specific topics during qualitative research. I shared open coding data analyzed from online sources with supervisor Elaine Wiersma and committee members to improve what needs to be added and what needs to be edited.

Originally, I grouped the subthemes using my sensitizing framework into the following categories: biomedical construction of dementia, psychological construction of dementia, relational construction of dementia, and social construction of dementia. These grouping work helped me to shape how society views the people living with dementia and their family members. However, the grouped work did not adequately convey the story of my findings.

After discussing with my supervisor, we decided to present the information in a way that would help readers understand the connection between COVID-19 policies, long-term care

situations, and how the media portrayed the people living with dementia and their family members. I realized that providing the context for existing construction of dementia, and issues arising during the COVID-19 would make the findings more comprehensive. Specifically, I focused on the impacts of three representative COVID-19 policies to long-term care facilities; strict visitor policies, PPE requirements, and social distancing and examined the responses of family members, long-term care facilities, and governments to these policies.

### **Overall study limitations**

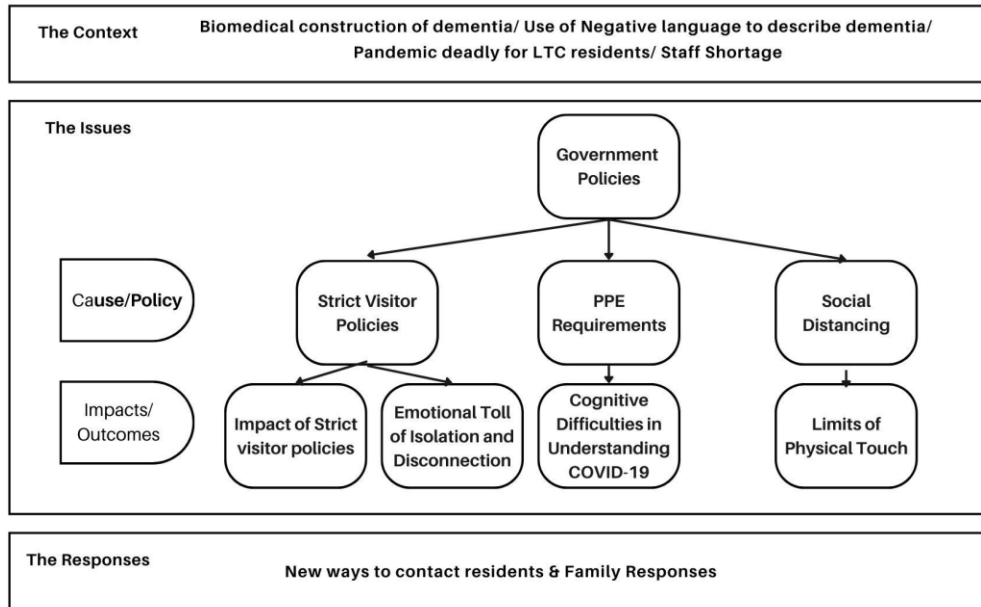
Some limitations should be considered in this study. I employed cross-culture and relational content analysis methods in this study. The cross-cultural study has some limitations for the study. It is hard to generalize universally. Canada is not a small country like South Korea; however, several states have their respective policies, so it is challenging to say that the data that I collected shows the entire situation of Canada, even when using a national newspaper from the primary online news sources.

## Chapter 4: Findings

### Introduction

The four research questions of this thesis were 1) How was dementia, specifically people living with dementia, portrayed in the news during COVID-19?, 2) How did online news sources represent the experiences of people with dementia and families in long-term care facilities during the COVID-19 pandemic?, 3) How did the portrayal of dementia in the news reflect cultural constructions of dementia during COVID-19?, and 4) How did the portrayal of dementia in the news reflect the cultural idea of ‘hyodo’ and family caregiving during COVID-19? The findings are organized to first highlight the pre-existing issues in long-term care institutions and the biological construction of dementia in order to accomplish these goals. The government policies that were put into place during COVID-19 are then examined, along with their impacts, using quotes from family members and professionals.

Figure 3. Overview of Findings



Only five articles could be located due to the lack of Korean articles on the topic. These few Korean articles could not show the variety of experiences and the policies in long-term care homes during COVID-19. As a result, these Korean resources were combined with Canadian articles to ensure an exhaustive review. In comparison to other conditions, long-term care facilities reported noticeably higher infection and death rates during the COVID-19 pandemic. An understanding of the various elements influencing these outcomes can be gained from prior studies. Most significantly, because they share the same sources of infection, inhabitants of these facilities are generally quite fragile and have several chronic illnesses. Furthermore, previous to the pandemic, these facilities' visiting policies had a role in the introduction and transmission of diseases (Lai et al., 2020).

Governments imposed a number of measures in reaction to the pandemic to stop the disease's spread. These programs, however, were largely centered on illness prevention and did not sufficiently take into account the effects on the social rights, relationships, and general well-

being of individuals with dementia and their families.

The findings highlight the fact that during the pandemic, the government's main priorities were to keep people alive by stopping the spread of COVID-19. Nonetheless, these regulations frequently disregarded the wellbeing and quality of life of people living with dementia creating serious emotional and interpersonal difficulties. The information gleaned from the statements of experts and family members offers a thorough grasp of the human cost of these regulations and highlights the need for a more all-encompassing approach to treatment that strikes a balance between physical and mental health.

## **The Context**

This section discusses the context in which the construction of dementia policies were implemented in long-term care homes in Canada. An overview of the findings highlights how the pandemic impacted these environments, shaped by biomedical perspectives on dementia, the vulnerability of older populations to COVID-19, and pre-existing issues in long-term care facilities.

First, dementia was viewed through a biomedical lens and as a disease. This biomedical view necessitated a biomedical response to COVID-19. As has been previously discussed, COVID-19 impacted older people significantly more than younger people, and older people had higher rates of death (Combden et al., 2021). Communal residential environments such as long-term care homes were hit particularly hard by COVID-19. In addition, long-term care homes were already understaffed, and this was exacerbated by the pandemic and the pandemic response.

This section discusses the context in which the policies were implemented in long-term care homes in Canada. First, dementia was viewed through a biomedical lens and as a disease. This biomedical view necessitated a biomedical response to COVID. As has been previously discussed, COVID impacted older people significantly more than younger people, and older people had higher rates of death (Combden et al., 2021). Communal residential environments such as long-term care homes were hit particularly hard by COVID. In addition, long-term care homes were already understaffed, and this was exacerbated by the pandemic and the pandemic response.

### ***Dementia as a cognitive disease***

The theme “Dementia as a cognitive disease” focused on how people living with dementia were treated primarily in terms of their disease during the COVID-19 pandemic. Overall, such quotes were twice as prevalent among professionals compared to family members. Both professionals and family members quotes’ predominantly focus on the symptoms of dementia such as wandering, memory loss, and impaired judgment. One article explores the challenges of treating COVID-19 in dementia units, suggesting the difficulties of preventing the virus’s spread among people living with dementia. For example, a family member expressed their concern about the increased isolation during the pandemic, stating: *“I feel like they're already isolated in the fog of dementia or Alzheimer's disease and that fog is only going to thicken,”* (La Grassa, 2020) A professional specializing in geriatric care emphasized the unique challenges posed by dementia, stating, *“They will do what they do. Even if they agree for a second or a minute with what you're saying, they'll forget it within minutes,”* (CBC News, 2020) She explained that because the people living with dementia are in their 90’s, it is hard to prevent them from getting COVID.

Additionally, researchers reported that some facilities resorted to using antipsychotics without prescriptions to prevent wandering during the pandemic (Pierce, 2022). Further, according

to the Canadian Institute for Health Information (2022), there was an increase in the prescription rate of antipsychotics for people living with dementia since the onset of the pandemic. However, a medical professor cautioned against this practice, “*The symptoms may appear to respond if the [antipsychotic] sedates the patient, but will return when tolerance to the sedation is reached*” (Pierce, 2022). These accounts underscore a perception of dementia centered around the disease rather than the individuals, highlighting the complex challenges faced in managing dementia within the context of COVID-19. The increased isolation and use of antipsychotics illustrate how the pandemic has intensified the difficulties in caring for people living with dementia. It revealed that healthcare professionals were not prepared to adopt a more person-centred and effective approach to care; instead, the focus remained on a biomedical approach that seeks a “quick fix” for the problem.

### ***Use of negative language to describe dementia: “Zombie”***

The subtheme “Use of negative language to describe dementia” stands out as pivotal in answering objective 1, How was dementia, specifically the portrayal of people living with dementia depicted in the news during COVID-19. Kirkman (2003) emphasized the media’s role as a primary conduit for disseminating publicly accessible information on Alzheimer’s disease. This subtheme encompasses quotes not only from family members and professionals but also from the media view, providing insights into how both the media and people perceive people living with dementia through their choice of words and language.

Interestingly, among the articles collected, approximately one-tenth of the media utilized phrases such as “suffers from dementia” and “dementia patients” when describing people living with dementia. For instance, one article mentioned, “*Bergmann's husband, Rudy Pankratz, suffers*



*from Alzheimer's disease and lives in the Bethania Mennonite Personal Care Home in Winnipeg.*” (Petz, 2020), while another stated, *“But Vary and Landrigan said the work is well worth it for the impact the concerts have on the residents, in particular those suffering from dementia”* (Yarr, 2021). Similarly, South Korean articles described, *“The nurses were tasked with everything from changing diapers to wiping feces from patients suffering from dementia and tending to bedsores.”* (Kwon, 2020) The most interesting part is that all 5 articles from Korean online news sources described people living with dementia as “patients”. This might be because people living with dementia usually lived in nursing hospitals rather than long-term care facilities. According to the long-term care survey, the rate of people living with dementia lives in nursing hospitals is 35.3 percent higher than long-term care facilities. (보건복지부, 2022)

Not only from the media reporters but also professionals not in a medical field use the negative words when they describe the people living with dementia. For example, Liberal Member of the Legislative Assembly expressed that *“I'm worried about them. You can't move dementia patients without a plan; you have to know what's happening because it takes years off their lives,”* (Yarr, 2021) and P.E.I Health Minister said *“seven of the unit's 20 beds remain occupied by dementia patients”* (Campbell, 2021) While the term “patients” may be appropriate within a medical context, its use outside of this field suggests that the view of dementia remains negative. Likewise, family members also used negative words when they describe their loved ones. The family members stated, *“He's a dementia patient, so I'm worried he would lose some of his faculties of remembering his past life”* (Lamberink, 2020) and *“zombie.”* (Pierce, 2022)

The use of the terms “suffering” and “patients” to describe people living with dementia can be traced back to prior research, as per findings from Bodner (2009). The terminology partly stems from the nature of the illness itself, wherein instances of recognition or understanding can evoke

sensations of hopelessness or anxiety. (Bartlett et al., 2017). Using these words when describing people living with dementia affect not only people with dementia but also their caregivers and friends. It may perpetuate negative stereotypes and stigmatization surrounding dementia. By framing the experience of dementia solely in terms of suffering, it overlooks the individuality and complexity of the condition. This can contribute to feelings of isolation and marginalization among individuals with dementia.

### ***The pandemic has been especially deadly for the residents***

Nearly 80 percent of the articles I extracted focused on the situations in long-term care facilities during COVID-19 and the methods to prevent the disease, such as using PPE, visitor limitation policies, and social distancing. In particular, the articles emphasized the severity of the pandemic's impact on residents of long-term care facilities. This theme, "The pandemic has been especially deadly for the residents," predominantly featured quotes from professionals such as epidemiologists, medical experts, and politicians (Patil, 2020; Pierce, 2022; Peterson, 2020). These professionals provided an objective analysis of the situation, presenting statistical data on infection rates and offering insights into the disproportionate toll of COVID-19 on people living in long-term care with dementia. For example, Patil (2020) described the devastating situation in long-term care facilities, showing the detailed statistical rates of use of antipsychotic medications in long-term care homes spiked during COVID-19 lockdowns from Canadian Institute for Health Information.

In contrast, family members' quotes related to death predominantly centered on specific situations at long-term care homes during pandemic. They expressed concerns about how these facilities would manage such challenges and reflected on the pandemic's impact on daily life and

familial dynamics. For example, the wife of the person living with dementia described the devastating scenes during the pandemic, stating:

*“Every time somebody died, they put a piece of paper on the door with an angel on it. And walking down the hall and seeing all those doors with angels. It really shows you how empty it was and how many people had passed away.”*(Lee, 2021)

In contrast, quotes from professionals focused on expert analysis, clinical observations, and support for preventive measures to combat the pandemic. For instance, one of the long-term care staff members interviewed remarked,

*“Honestly, we probably should have left everybody where they were and dealt with the isolation as it went. It probably wouldn’t have spread as fast. I guess it is a guessing game. The entire care home was infected and it was because they were moving people,”* (Quenneville, 2020).

Additionally, an epidemiologist acknowledged the complexity of COVID-19 outbreaks in long-term care homes and recommended a proactive approach, suggesting *“a lockdown of two to four weeks to go ahead of the virus and regain control”* (Sciarpelletti, 2020).

These quotes primarily highlight preventive restrictions to reduce COVID-19 outbreaks and do not address their potential impact on the progression of dementia or the mental well-being of residents. As seen in these quotes, because of the special situation of the narrow space of a nursing home, most professionals place priority on preventing the spread of the disease rather than the importance of relationships with family members. Moreover, they offer an objective assessment of the current state of COVID-19 within long-term care facilities, including statistical trends in infection and death rate, as well as the challenges posed by the pandemic.

Articles and quotes underscored the significant challenges faced by long-term care residents during the pandemic. An illustrative example of this impact is found in a report indicating around 85 percent of the people living in Canadian care homes have some form of cognitive impairment and 70 percent have dementia (Banerjee & Estabrooks, 2021). While this situation reflects the advanced ages and vulnerability of these residents, this situation is exacerbated by critical issues. Residents were not adequately cared for (Pedersen & Mancini, 2020), facilities were short staffed (Pitt, 2020), policies implemented during the pandemic were detrimental to residents' well-being (Murphy, 2022), and the separation of families was inhumane (Forestell, 2021). These factors highlight the systematic shortcomings emphasizing the heightened vulnerability of long-term care residents to the virus.

***Staff Shortage: “They were so short staffed”***

Even before the outbreak of COVID-19, staff shortages were persistent, and compromised the quality of care provided to residents (Gordon, 2020). However, the pandemic has magnified this issue, revealing the severe limitations of an already strained system. Professionals frequently pointed out that the lack of adequate staffing led to insufficient care, neglect, and an inability to effectively manage emergency situations (Tou et al., 2019). They emphasized that the pandemic exposed just how unprepared facilities were to handle crises without enough personnel. Family members echoed these concerns, often highlighting the emotional and physical toll on residents due to understaffing (Elsiufi, 2022).

Professionals who commented on this subtheme objectively examined the lack of staff and the devastating situations in long-term care facilities. A nurse from South Korea highlighted the overwhelming workload faced by staff, noting that despite performing tasks equivalent to a four-

person job with minimal recognition, they faced blame from residents. She emphasized, *“Rather than having ‘thank you challenges’ to support medical staff, they needed to be providing more nursing staff with additional pay to prepare for a second outbreak”* (Kwon, 2020) Similarly, professionals in Canada echoed these sentiments. An Extendicare professional described the situation in long-term care facilities as a *“war zone”* and stated *“We were losing people every day, It was unimaginable, the conditions inside. They were so short staffed.”* (Quenneville, 2020) This vivid depiction underscores the dire consequences of understaffing, particularly during a crisis like the COVID-19 pandemic.

Not only the Extendicare professionals but also the president of Ontario Personal Support Workers Association described *“You can't lock somebody in their rooms, especially when they have dementia, They need more staff on those wards in order to quarantine them properly.”* (Pedersen & Mancini, 2020) This statement reflects the unique difficulties of caring for people living with dementia under strict quarantine measures and emphasizes the critical need for adequate staffing to manage such care effectively. While quarantine measures aimed to prevent the spread of COVID-19, it is important to question their appropriateness and effectiveness for people living with dementia, considering the severe impact on their mental and emotional well-being.

Professionals pointed out that the devastating situation in long-term care facilities is largely due to the staff shortage problem. They emphasized that this issue is rooted in a lack of human resources. For example, the vice-president and director-general of the CISSS Gaspésie stated, *“The challenge is human resources ... but we had a challenge before COVID”* (Gordon, 2020) Similarly, CUPE (Canadian Union of Public Employees)'s national health-care coordinator remarked, *“This is because of the lack of full-time jobs throughout the system. There is a staffing crisis in health*

*care that predates the COVID-19 pandemic,”* (Klowak, 2020) These insights reveal that the staffing issues are long-standing and systematic, requiring comprehensive solutions to ensure that long-term care facilities can provide the necessary care and support for residents, both during and beyond the pandemic.

Family members’ quotes focus on pointing out lack of management in long-term care facilities and the devastating situations due to staff shortages. Most of the family members’ quotes expressed frustration and concern about the management system in long-term care. For example, the daughter of a person living with dementia expressed her worry, saying, *“I’m very worried, I don’t know how the staff is going to cope with all of this.”* (Pedersen & Mancini, 2020) Another family member stated, *“I was just appalled at the lack of care and the lack of staffing, There isn’t enough staff and it’s our residents that are at risk”* (Elsiufi, 2022) These quotes highlight the anxiety and disappointment family members feel regarding the care their loved ones receive.

Family members acknowledged that staff were doing their best in their positions, but the staff shortage exacerbated the problems within the system. One family member remarked,

*“I was very clear and I have been very clear with the staff [that] they are doing a great job, the PSWs and the [nurses] have been doing a wonderful job, my issues were with management in that there were staff shortages, there wasn’t any information for me”*  
(Grassa, 2020)

This sentiment reflected a widespread belief that while frontline workers were commendable, systemic issues and poor management were to blame for the inadequate care. Moreover, family members have called for better communication and transparency from long-term care facilities. They wanted to be informed about the measures being taken to address staff shortages and ensure

the safety and well-being of their loved ones. This desire for improved management and communication underscores the need for systemic changes to address these persistent issues in long-term care.

## **The Issues**

The policies implemented during the COVID-19 pandemic brought unprecedented challenges to long-term care facilities. This section focused on the multifaceted issues faced by people living with dementia, professionals, and their families during this time. Specifically, it examines the impacts of government policies on various aspects of long-term care facilities, including strict visitor policies, PPE requirements, and social distancing policies. Through this section, we could understand how these policies affected the well-being of people living with dementia and family members including professionals.

### ***Government Policies***

Numerous difficulties were brought about by the COVID-19 pandemic, which led governments all over the world to implement stringent measures designed to stop the virus from spreading. Policies that expressly targeted disadvantaged populations, such as residents of long-term care homes, were among these measures. Governments implemented several initiatives to safeguard populations that were more vulnerable to severe sickness from COVID-19, including the elderly and those with underlying health issues like dementia. Three main policies were implemented: 1) implementing strict visitor limitations; 2) the use of PPE; and 3) social distancing (Detsky & Bogoch, 2020). Each of these policies had a significant negative impact on the wellbeing and standard of people living with dementia.

Governments continually revised and modified their policies in response to the developing outbreaks, frequently in accordance with recently released scientific data and public health suggestions. These policy adjustments were often prompted by pressure from families advocating for their loved ones' well-being rather than a proactive effort by governments to preserve important relationships. It was only when families pushed back that they were allowed back into homes. All things considered, COVID-19 government policies significantly influenced the lives of people living in long-term care institutions negatively, including those who had dementia. This emphasizes the significance of person-centered and adaptable methods to pandemic response and caregiving.

***Strict Policies for Visitors (Breaking up families): “I didn’t even get to be with my mother on her deathbed”***

The subtheme “Strict Policies for Visitors(Breaking up Families)” underscores the profound impact of strict visitor policies in long-term care facilities during the pandemic. This theme resonates with the concept of “hyodo” emphasizing the deep reverence towards family members, prevalent in various cultures. While this concept may be more explicitly recognized in Asian countries, its principles of familial duty and respect are universal. The strict visitor policies enacted during the pandemic have challenged these values, compelling families worldwide to endure separation from loved ones in long-term care facilities. The emotional anguish experienced by families underscores the significance of familial bonds and the strain imposed by pandemic measures on caregiving responsibilities. Through family members’ experiences, we can understand the human cost of these policies and the need for compassionate approaches to long-term care. Under this subtheme, almost 90 percent of the quotes are from family members.



These poignant accounts illustrate how strict visitor policies not only affect physical and emotional well-being but also strain family relationships, depriving them of invaluable moments together, even in their loved-ones' final moments. For example, the daughter of a person living with dementia who could not spend a last moment with her mother stated, *"Our last words together, all of this time, was robbed from me, from both of my parents,"* (Murphy, 2022). She described how they were not able to have indoor, non-distanced time with her while she moved to a shared room.

Similarly, the South Korean articles revealed parallel challenges with strict policies. One daughter of a person living with dementia shared her shock and sorrow at being unable to be with her mother stating, *"I didn't even get to be with my mother on her deathbed, and I was shocked to see her body lying there behind a screen in the first-floor lobby of the nursing home."* (Jung, 2020) These narratives highlight the universal toll of visitor restrictions on families, denying them the opportunity for meaningful connections and farewells with their loved ones.

Professionals' quotes are divided into two ways: those supporting strict policies to prevent the disease and those advocating for relaxed policies to support family members and residents. One professional who agreed with lockdown policies stated,

*"I think we shouldn't wait until things get any worse before we really consider a lockdown to bring down the hammer again. It would remind people that this is really serious. Those few people who are not adhering to the guidelines and the measures ... we need to get everyone into the mindset that we had back in March and April."* (Sciarpelletti, 2020)

This quote showed that some professionals were focused on preventing disease rather than the effects from the strict policies. However, other professionals disagreed with the strict visitor policies in long-term care facilities. The infectious disease specialist stated this policy as a prison.

*"I think we need, over the next couple of weeks, to talk about, you know, how we do this gradually. Let's not throw ourselves into it, but you know, we just need to stop keeping people imprisoned in their rooms."* (Ireland, 2021)

According to the professionals' quotes, there was a divergence of opinions regarding the strict visitor policies in long-term care facilities. While some advocated for strong measures to prevent disease spread, others expressed concern about the adverse effects of prolonged isolation on residents' well-being. This stark contrast highlights the nuanced nature of the issue, emphasizing that there is no clear-cut right or wrong approach.

***Impact of strict visitor policies: "I am afraid she will lose her will to live"***

Within the subtheme "Impact of strict visitor policies", insights from articles highlight the neglect in providing adequate physical care during the pandemic within long-term care facilities. These articles illuminate the unpreparedness of care facilities to address the needs of people living with dementia, leading to heightened anxiety among their caregivers. The insufficient attention to physical care jeopardizes the well-being of those with dementia. Under this subtheme, approximately more than 90 percent of the quotes were from family members.

Family members repeatedly expressed concern and frustration over the lack of attention and neglect their loved ones with dementia lived in the facilities. For instance, one family member stated, *"Obviously, mom is not being checked for many, many hours based on the dried faces. I*

said this is unacceptable, absolutely unacceptable.” (Elsiufi, 2022). Another voiced their worries stating,

*“I’m worried there are patients there who will not receive the proper care that they deserve. That they will lie in their filth, that they will lie in beds and get bedsores, that they will lie in bed immobile and have pneumonia. Especially those who are sick.”* (Johnston, 2020)

These accounts underscore the distress and anguish experienced by family members witnessing the neglect of their loved ones in long-term care facilities during the pandemic.

Furthermore, the neglect of physical care in long-term care facilities has not only affected people living with dementia but also placed significant mental strain on their caregivers. Family members have expressed feelings of helplessness and frustration as they witness their loved ones suffer due to inadequate care. *“I am afraid she will lose her will to live,”* (Pasioka, 2022) and *“Because she’s not able to leave her room, she’s not able to get the basic care that you’d expect from a reputable seniors care facility,”* (CBC News, 2020) lamented one caregiver, highlighting the distressing impact of neglect on residents' quality of life. These experiences underscore the urgent need for improvements in the provision of physical care within long-term care facilities, particularly for individuals living with dementia.

### ***“This is not living”: Emotional Toll of Isolation and Disconnection***

Within the subtheme “Emotional Toll of Isolation and Disconnection”, articles highlighted the emotional impact of isolation and disconnection experienced by people living with dementia. Unlike the biomedical theme, where professionals’ voices dominate, in this subtheme, quotes from family members resonate powerfully, outnumbering those from professionals by threefold. Family

members vividly express their anguish, stating, *“This is not living. And I don't want to do it anymore,”* (Ireland, 2021) and *“She's very unhappy, and I'm certain that that's largely because she desperately misses her family and the people she loves* (Smith, 2020).”.

Their descriptions evoke a sense of empathy and urgency, capturing the human side of the government policy impact on people living with dementia.

Professionals recognized the pervasive stress and fear experienced by individuals with dementia and their caregivers. They stated,

*“Everyone's feeling a lot of stress ... There's a lot of fear,”*(Kyle, 2020),

*“We're seeing increasing rates of depression, loneliness, social isolation, and that actually can be even more dangerous than never having gotten the virus in the first place,”* (Fieber, 2020)

However, their perspectives differed in their approach, as they offered a lens of analysis and practical solutions. While family members provided first-hand narratives of emotional distress, professionals augmented these accounts with statistical analysis and proposed potential pathways forward through guidelines and interventions. For instance, a professional from Jarlette Health Services in the province of Ontario emphasized the harmful effects of maintaining distance between family members and people with dementia citing risks to both mental and physical health, including the potential advancement of dementia (CBC News, 2021). This insight highlights the multifaceted challenges faced by people living with dementia and underscores the need for holistic approaches that prioritize emotional well-being alongside physical health.

In many articles within this theme, there was a resounding call for a nuanced understanding of the psychological needs of people living with dementia (Grant, 2020). While restrictive measures aimed at curbing the spread of the virus are essential, they must be balanced with sensitivity to the emotional and relational dimensions of care. The inadequacy of blanket restrictions in addressing the complex realities of dementia care is underscored, emphasizing the importance of tailored approaches that honor the humanity and dignity of each individual. As we faced the challenges of the pandemic, it became increasingly clear that effective responses must encompass not only medical interventions but also compassionate and holistic support systems that prioritize emotional well-being and relational connectedness.

***“When I'm in my PPE, she doesn't recognize me”: PPE Requirements***

Expanding on the importance of PPE (Personal Protective Equipment) requirements in long-term care facilities during the COVID-19 pandemic, it is crucial to recognize that these measures were essential for safeguarding both residents and staff. The use of PPE, including masks, gloves, gowns, and face shields, was perceived as a critical barrier against the transmission of the virus within these congregate settings. By requiring visitors to wear PPE, facilities aimed to minimize the risk of introducing the virus from external sources into these vulnerable environments.

Moreover, the enforcement of strict PPE protocols underscores the commitment to infection control and prevention within long-term care settings. Staff members are trained to properly don and doff PPE, adhere to hand hygiene practices, and follow stringent cleaning and disinfection protocols. These measures not only protect residents but also contribute to maintaining

a safe working environment for healthcare workers who are at the forefront of providing care (Beam et al., 2011).

On the other hand, the implementation of PPE requirements also presents challenges, particularly concerning communication and social interaction. The use of masks and other protective gear can hinder non-verbal cues and make it difficult for residents to understand and engage with visitors and staff. For individuals with dementia or sensory impairments, the inability to see facial expressions or read lips may exacerbate feelings of confusion and isolation.

Interviews with family members of people living with dementia described the difficulties in maintaining connections while adhering to safety protocols. Visitors are required to wear Personal Protective Equipment and maintain proper distance from residents, leading to instances where people with dementia may not recognize their family members, causing feelings of isolation and fear.

For example, family members shared their heart-wrenching experiences, such as one caregiver expressing,

*“When I’m in my [personal protective equipment], she doesn’t recognize me. It usually takes until almost the end of my visit, you know if I’m there for two hours or six hours, she’ll start to know who I am. But it’s sad, she is afraid of me and she’s never been afraid of me.”*(Grassa, 2020)

These accounts underscore the emotional toll of PPE requirements on both residents and their loved ones, highlighting the need for compassionate approaches that balance infection control with maintaining meaningful social connections. As long-term care facilities navigate the ongoing challenges of the pandemic, it becomes increasingly vital to address these complexities and prioritize the well-being of those in their care.

### ***“He doesn’t know what is happening”*: Cognitive Difficulties in Understanding COVID-19**

Within the subtheme “Cognitive difficulties in understanding COVID-19”, the articles focused on the challenges faced by residents with dementia in understanding COVID-19 pandemic. Most of the family members described that their family members who have dementia could not understand what COVID-19 situation was even though they tried to explain about it several times. For example, the husband of a person living with dementia interviewed stated, *“She doesn't understand what the meaning of all this COVID-19 means,”* (CBC News, 2020), while another expresses frustration, stating, *“It's extremely hard to get them to stay in their room and not mingle because they don't understand,”* (Atter, 2020). The heartbreaking reality of cognitive decline is further illustrated by a daughter who shares, *“He doesn't know what is happening. It's just the most heartbreaking situation I have ever experienced,”* (Chisholm, 2021).

These narratives underscore the critical need to address not only the physical health but also the emotional and cognitive well-being of individuals living with dementia during the pandemic. As communities grapple with the challenges posed by COVID-19, it became increasingly evident that effective responses must encompass compassionate and holistic support systems that prioritize emotional well-being and relational connectedness, while also addressing the unique cognitive needs of this vulnerable population.

### ***Social Distancing***

COVID-19 spreads when an infected person exhales droplets and very small particles that contain the virus (Centers for Disease Control and Prevention, 2024). To prevent its spread, restrictions were implemented globally, including in countries like Canada and Korea, urging people to maintain distance and avoid physical contact. However, the limitation on physical touch

has resulted in numerous psychological and societal challenges, particularly for people living with dementia, especially in long-term care facilities.

For people living with dementia, who may already experience feelings of confusion and disorientation, the absence of physical contact with loved ones and caregivers can exacerbate feelings of loneliness and isolation. One of the professionals who stated about this policy interviewed, *“The human condition is one where we're not an island, we need human contact,”* (CBC News, 2021)

The importance of touch in dementia care cannot be overstated. Studies have shown that physical contact, such as hand-holding, hugs, and gentle massages, can have profound effects on the emotional and psychological health of individuals with dementia (Kim & Buschmann, 1999). Touch communicates love, support, and security, providing a sense of connection and belonging that is essential for maintaining a positive quality of life.

The enforced social distancing measures in long-term care facilities have also disrupted the usual routines and activities that provide stimulation and engagement for residents (Tuijt et al., 2021). Group gatherings, communal meals, and recreational activities were limited or suspended altogether, depriving residents of valuable opportunities for social interaction and meaningful engagement. As a result, residents may experience increased feelings of boredom, depression, and apathy, further contributing to the decline in their cognitive and emotional well-being (Aho, 2023).

Furthermore, the absence of in-person visits from family members and friends had been profoundly distressing for both residents and their loved ones. Many family members have expressed feelings of guilt and helplessness as they are unable to provide the physical comfort and



support that their loved ones need (Petz, 2020). The inability to visit and spend time with their family members has also taken a toll on their own mental health, exacerbating feelings of anxiety, loneliness, and grief.

***“We can’t touch her, nothing...”: Limiting physical touch in long-term care home***

Within this subtheme, quotes illustrate the impact of restricted physical touch during COVID-19 and the consequences of relational connections. The quotes from family members are three times more than professionals’. Interestingly, family members and professionals highlighted that human contact is the most important thing even during the pandemic.

Family members who have a person living with dementia as one of their family members described that physical touch is the most important thing for them. For example, A daughter of person with dementia interviewed, *“When people have end-stage dementia, they really don't know you're there unless you're touching them and looking into their face,”* (Murphy, 2022) Additionally, they depicted poignant situations where their loved ones experienced profound distress due to the inability to physically connect, especially in the advanced stages of dementia. For instance, a daughter-in-law shared her heart-wrenching experience, stating:

*"My mother-in-law was an avid reader and then when she had dementia, and lost her sight, basically she didn't have anything left other than touch,"And there we are sitting outside ... six feet apart, and she can't even tell who it is over there. We can't touch her, nothing. And ultimately, I think she just basically gave up and died."* (Fieber, 2020)

Such accounts highlight that physical touch is not merely tactile but holds profound emotional significance for people living with dementia.

Professionals also emphasized the importance of human connection, beyond its role in preventing infection. During COVID-19 pandemic, the Health Minister recognized the efficacy of protocols in protecting against the virus while acknowledging the adverse implications of loneliness and the absence of physical attention:

*"Those protocols have worked in terms of protecting people from the virus. But of course, there are these other implications that happen as a result of loneliness and not being able to hug and be with your loved ones,"* (Chisholm, 2021).

Similarly, an epidemiologist stressed the value of mutual support in navigating the challenges posed by the pandemic. *"In my mind, the way we get through this disease is together ... so mutual support augmenting our need for mental health support. All these things are important."* (Page, 2020) These perspectives underscore the multifaceted impact of restricted physical touch on individuals' well-being and the importance of fostering human connection amidst adversity.

## **The Responses**

This section discusses the responses from family members and long-term care facilities under the strict policies implemented during COVID-19 pandemic. Under this section, there were significant two subthemes emerged: "A new way to contact visitors" and "family responses". These subthemes explored the various ways people were trying to keep residents and families safe and connected despite the strict policies during the pandemic, as well as the response from family members to the policies and actions of governments, long-term care facilities, and staff in dealing with COVID-19.

### *“I’m glad that we can finally see our loved ones”: A New Way to Contact Visitors*

The subtheme “A new way to contrast visitors" highlighted the innovative approaches adopted to facilitate visits to long-term care facilities for people living with dementia and their families. These initiatives reflected a concerted effort to address the challenges posed by COVID-19 and maintain vital connections despite physical restrictions. Notably, this subtheme featured quotes from both family members and professionals, offering insights into their experiences and perspectives on these new approaches. Additionally, the inclusion of quotes from people living with dementia provided valuable firsthand accounts of the positive impact these initiatives have had on their well-being. Overall, this subtheme underscored the importance of creative solutions in fostering meaningful connections and enhancing the quality of life for those affected by dementia during challenging times.

Professionals made significant efforts to establish new ways of connecting people living with dementia in long-term care facilities with their families. For instance, Ontario’s chief medical officer of health remarked, *“We will re-evaluate this measure in the coming weeks and ensure consistency with my recent guidance on enhanced public health measures,”* (Tunney, 2020). Similarly, a psychology professor emphasized the importance of government-relaxed visitation policies, stating, *“It really is pivotal to their psychological well-being and their emotional support to have that regular connection”* (Grant, 2020) Beyond government policies, long-term care facilities implemented practices such as window visits and video chats to facilitate family interactions.

Following government allowances for outdoor visits, a person living with dementia expressed gratitude for the opportunity to reunite with loved ones, stating,

*“I'm glad that we can finally see our loved ones, Three months is a long time to go without seeing somebody, especially a familiar face, especially I think if you have Alzheimer's or dementia.”* (Aziz, 2020)

In addition to the eased visitor policies, various alternative methods such as window visits, video chats, and even shipping container visits emerged to facilitate connections between family members and people living with dementia. For instance, a son of a person with dementia shared his experience with a shipping container visit, expressing, *“It's like exponentially improved the impact of the visit as a kind of therapeutic moment for her,”* he said of the shipping container visit.” (CBC News, 2021)

Despite these efforts, challenges persisted, particularly for older adults in long-term care facilities who struggled with unfamiliarity with electronic devices and the inability to meet in person. For example, a husband of a person with dementia expressed his longing for in-person visits, stating, *“Hopefully, I can bring the flowers to her in-person instead of leaving them at the front door,”* (Grant, 2020). Similarly, a daughter conveyed her eagerness to reunite face-to-face, remarking, *“We just couldn't stop looking at each other ... I was ready to just jump through that door and share space with them”* (Kyle, 2020)

Despite these challenges, the collective efforts to foster meaningful connections reflected a commitment to addressing maintaining the relationship of people in long-term care settings. The resilience and adaptability demonstrated by families, professionals, and individuals living with dementia in navigating these unprecedented circumstances illustrated the importance of human connection and compassion in times of crisis. As we navigated the complexities of the pandemic,

it is imperative that we draw upon these lessons to cultivate innovative solutions that prioritize the well-being and dignity of all individuals, particularly those most vulnerable.

### ***Family Responses***

Under the subtheme, “family responses”, recurrent patterns emerged wherein family members’ quotes were notably more frequent than those of professionals. These family members often expressed feelings of abandonment by the government, particularly in cases where facilities attempted to discharge residents due to bed shortages or implemented overly strict policies. Also, family members reported that some staff did not follow policies. Both professionals and family members voiced criticism towards government officials and staff for their perceived inadequate and unjust responses to the pandemic’s challenges showed a lot of cases such as facilities trying to discharge the residents because of the lack of beds and too strict policies from the government for the residents.

### ***Responses to Government .***

The voices of family members of people living with dementia expressed frustration with government policies, particularly in regard to denied access despite being fully vaccinated. These family members strongly advocated for policy changes to ensure continuous access to their loved ones. They emphasized the profound impact on family relationships, as highlighted by statements such as, “*I think the government needs to enact legislation so that fully vaccinated, designated family members can never, ever, ever be denied access to their loved ones again,*” (Murphy, 2022)

Another family member emphasized the need for government guidelines to be reasonable and practical stating,

*"I'd like government to set guidelines that are reasonable, not ridiculous, and open up the homes so that we can see our loved ones on a regular basis, and for more than one hour or two hours a week"* (Hillier, 2020)

Despite efforts to overcome the challenges from the policies, family members still encountered barriers at the facility's doorstep, exacerbating the emotional toll on both residents and families. These policies such as denying access despite full vaccination left many feeling frustrated and unheard. This highlighted the urgent need for more compassionate and flexible approaches to visiting regulations in long-term care settings, ensuring that families can maintain essential connections with their loved ones while prioritizing their safety.

### ***Responses to long-term care facilities and staff***

Professionals expressed concerns over bed shortages in facilities for people living with dementia and the practice of discharging residents. One such professional, the executive director of Ontario Health Coalition, emphasized,

*"There is responsibility to be taken at the individual facility level, no question. But there's also a systemic ageism in our healthcare system that treats the elderly as though their lives are not meaningful or not as meaningful, and as though their right to care is lesser than other people. And it must be challenged, particularly in the face of the horrors that we've seen in the last year,"* (CBC News, 2021)

These quotes demonstrated the presence of ageism within society, encompassing not only prejudice against certain age groups but also age-based stereotypes, prejudices, and discrimination. Echoing this sentiment, a local NDP MPP characterized the ageism and inadequate system as a "disaster", stating, *"COVID-19 revealed a disaster behind the walls of long-term care homes,"*

(Ghonaim, 2020) These remarks shed light on the urgent need to address systemic flaws and age-based biases within the healthcare system to ensure equitable and dignified care for people.

Moving residents out of long-term care homes or moving rooms was also problematic. Many provinces had a policy that if for any reason, an operator intends to discharge a resident, they need to give at least 15 days notice to the residents. However, in pandemic situations, many facilities ignored these policies and kicked out the residents. One of the daughters stated as this as,

*"We were told, go find a bed, but we don't know how to navigate that. So we did just start cold-calling and trying to figure out what we were going to do with Mom because she was being evicted,"* (Forestell, 2021)

Other quotes from the similar situation stated, *"We feel that ever since my dad moved to another room, he was so abandoned and everything just went downhill from there,"* (Glover, 2020) and *"I think, unfortunately, that [the ministry] thinks that elderly people are dispensable — and they're not. They're human beings,"* (Tunney, 2020). These quotes demonstrated that during the pandemic, preventing disease was the priority, rather than caring about the older people and their family members.

Family members also voiced concerns about staff members failing to adhere to protocols, particularly regarding the care of people living with dementia. Despite personal beliefs, family members emphasized the importance of staff members being fully vaccinated or following established policies to ensure the safety of vulnerable residents. Instances where families perceived that staff negligence led to COVID-19 transmission further underscored the urgency for compliance and accountability. For instance, a news article highlighted a case where a family member thought that parents contracted COVID-19 from an in-home personal support worker who

failed to wear proper personal protective equipment. In response, the family member emphasized the responsibility of staff to prioritize the well-being of vulnerable individuals, stating, *"If they really ... want to be caring for the elderly and disabled people or persons who are vulnerable, then they would do the right thing and get vaccinated."* (Cox, 2021). These incidents underscore that families perceived vaccination and PPE to be proactive measures, and wanted alternative strategies to address staff non-compliance to safeguard the health and safety of residents in long-term care facilities.



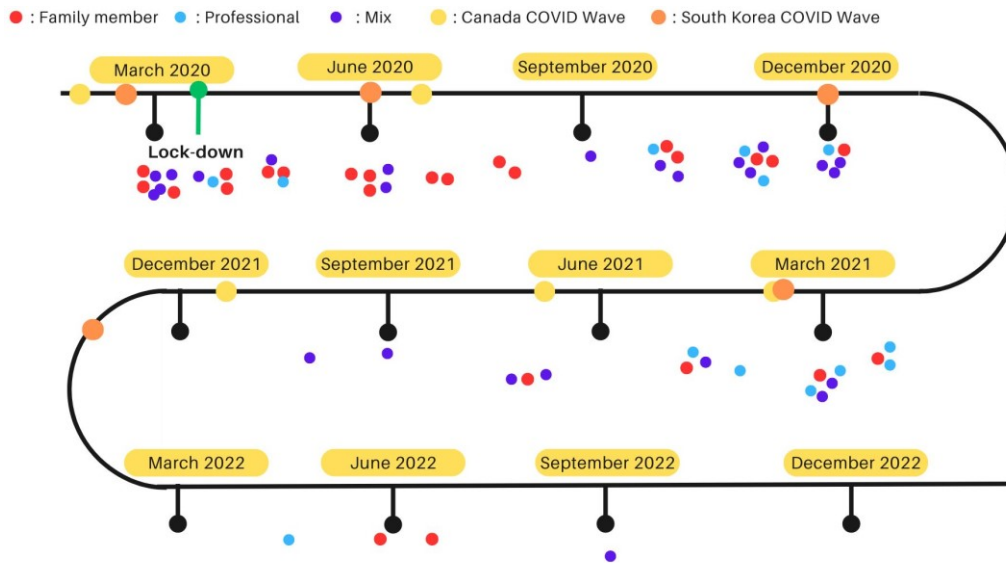
## Chapter 5: Discussion

The findings show that the majority of the people view people living with dementia as patients, focusing only on the disease rather than the person. It was possible to find this viewpoint in media stories as well as in HCPSs and family members' quotes. Even before the pandemic, significant issues such as staff shortages and ageism were prevalent in long-term care facilities. These problems were magnified during the pandemic, revealing systemic weakness. Government policies such as social distancing, limits of physical touch and PPE requirements isolated and depressed people living with dementia, who could not understand the implications of COVID-19.

An analysis of the COVID-19 timeline in South Korea and Canada (Figure 4) revealed a shift in the prominence of quotes from family members over time. While such quotes were more prevalent at the beginning of the pandemic in 2020, there was a gradual increase in the inclusion of perspectives from both professionals and family members from 2021 to 2022. This shift underscores the importance of incorporating diverse perspectives in discussions surrounding dementia care and policy development.

Overall, the findings emphasized the urgent need for a more nuanced and compassionate approach to dementia care, particularly during public health crises. Policymakers must balance disease prevention with the holistic well-being of vulnerable populations, ensuring the rights and dignity of individuals living with dementia are upheld. Addressing systemic issues, such as staff shortages and inadequate support structures, is critical for improving care quality and fostering a more inclusive and empathetic societal response to dementia.

Figure 4. COVID- 19 Timeline in South Korea and Canada and articles distribution



## Sensitizing framework

Table 7. Sensitizing framework

Biomedical	Psychological	Relational	Social
COVID-19 situations	Impact of COVID-19 policies	Limits of Physical Touch	Family Responses
The pandemic has been especially deadly for the residents	Cognitive difficulties in understanding COVID-19	Social distancing	Staff Shortage problem
Dementia as a cognitive illness		Use of negative language to describe dementia	

PPE Requirement		Strict Visitor Policies (Breaking up families)	
		New ways to contact residents	

The sensitizing framework is an efficient method when the data are too broad to focus on (Bishop, 1979). It helps to open the mind to new perspectives and patterns during the analysis. In this study, the four main research questions focus on the social construction of dementia, the concept of hyodo, and the portrayal of people living with dementia in the media. To extract relevant data from the online news sources, it needed key frames that can represent these data significantly. According to Bosco 2019, he pointed out that the social construction of dementia can be divided into three sections which are medicalization of dementia, the psychological approach to dementia, and the stigma of dementia.

However, I determined that these three categories did not fully address the research questions in my thesis. Consequently, I expanded the framework to include four sections which are biomedical, psychological, relational, and social perspectives. The subthemes under these sections showed the themes that emerged in the main online news sources fitting under each of the four key sections. The sensitizing framework that I analyzed in this process can be found in Table 7.

***Biomedical Perspective***

The majority of people quoted in the articles, in addition to how the articles were written, viewed people living with dementia as patients, focusing on the disease rather than the person’s

personality. Bond (1992) described that focusing on the symptoms of dementia can lead to minimize the efforts of family members and the meaning of people living with dementia. This viewpoint was prevalent in media stories as well as in quotes from family members.

Most of the quotes from articles were by epidemiologists, geriatricians, and other medical professionals. These sources primarily focused on the impact of COVID-19 and strategies for disease prevention. The main themes that emerged were about biomedical approaches to containing COVID at the expense of residents' and families' well being. Discussions about quantity and quality of life were not frequently evident in the perspectives from professionals. Mainly, the quotes were about restrictions of COVID-19 such as social distancing, policies that limit visitors in long-term care facilities, and PPE (Personal Protective Equipment) for COVID-19 prevention. These policies and practices were the cause of significant distress for residents and families.

### ***Psychological Perspective***

In examining the psychological construction of dementia, particular attention is dedicated to understanding the emotional impacts of the COVID-19 pandemic on individuals with dementia residing in long-term care facilities. Within this theme, the voices of family members and professionals in the seniors and health fields were prominently featured. This investigation encompassed two distinct subthemes: "Impact of COVID-19 policies" and "Cognitive difficulties in understanding COVID-19" These subthemes offer insight into the psychological repercussions of the pandemic on people living with dementia, illuminating the heightened emotional distress and relational challenges exacerbated by the unprecedented circumstances of COVID-19.

### ***Relational Perspective***

The relational approach of dementia was characterized by a richer array of subthemes compared to other themes. While the biomedical theme generated the most open codes from articles, it was the relational perspective that encompassed a diverse range of voices. These voices included not only those of family members and professionals but also perspectives from the media and people living with dementia themselves. This holistic perspective vividly portrayed the challenges encountered by people living with dementia in long-term care facilities during the COVID-19 pandemic. This theme provided a unique lens through which to examine the notion of “Hyodo”, encapsulating one’s love and respect for family members (Nhat Anh & Yoo, 2016, 575). Under this theme, I categorized five distinct subthemes, (i) Limits of physical touch in long-term care home (ii) Social distancing (iii) Use of negative language to describe dementia (iv) Strict policies for visitors (Breaking up families) (v) New ways to contact residents. These subthemes collectively illuminate the multifaceted challenges and societal perceptions surrounding dementia during the pandemic.

### ***Social Perspective***

Exploring the social construction of dementia, this study shed light on the rights of people living with dementia, particularly amidst the challenges posed by the COVID-19 pandemic. This theme reveals a lack of preparedness within the system to address the needs of people living with dementia, exacerbated by staff shortages. Two prominent subthemes emerged: (i) Family Responses which included blaming the government and staff, reflection concerns over inadequate governmental response and staff capacity, and (ii) Staff shortage problems, highlighting the impact of understaffing on the quality of care provided to individuals with dementia. These issues underscored the need for systemic reforms to ensure that the rights and dignity of people living with dementia are upheld, particularly during public crises.

The news articles published during COVID-19 predominantly portrayed people living with dementia focused on biomedical construction of dementia, focusing on cognitive impairment and health issues. This social construction of dementia led people to focus on disease, not the people living with dementia's personality. These perspectives can be found from media and government policies. The government policies focused on disease prevention overshadowed considerations of the long-term side effects of isolation and inadequate physical care, highlighting how societal attitudes were shaped by cultural constructions of dementia that prioritize medicalization over holistic care.

These portrayals highlighted the significant impact of government policies, such as PPE requirements, visitor limitation, limits of physical touch, and staff shortages. These reports underscored the neglect and emotional distress faced by residents, exacerbated by strict isolation policies and inadequate support systems. These insights revealed systemic issues within care facilities and emphasized the need for policies that balance disease prevention with the overall well-being of residents.

### ***Hyodo in media during COVID-19***

The concept of 'hyodo' during COVID-19 was reflected in the news articles through many quotes from the family members. The definition of "hyodo" is a way of caring and serving their parents well (National Institute of the Korean Language, 1999). Even though there are no specific words for "hyodo" in English, the idea of caring and serving their parents is already prevalent in both Asian and Western countries. When I grouped the codes under the sensitizing framework, I realized that "hyodo" could not be separated from social construction of dementia. When the family members described their devastating situations in long-term care facilities, I found that the

concept of “hyodo” was embedded in their interviews in both South Korean and Canadian articles (Murphy, 2022; Hillier 2020; Forestell 2021).

The cultural concept of “hyodo” was reflected across all perspectives within the sensitizing framework, including biomedical, psychological, relational, and social dimensions. This analysis suggested that even though there was no special word for the word “hyodo”, it was a pervasive concept around the world to take care of their parents. However, the strict policies prevented the spread of COVID-19 as a priority and created significant barriers to fulfill “hyodo” to their parents. Consequently, it implied this concept should be prioritized when enacting laws relating to families, especially people living with dementia and long-term care facilities.

### **Insights on Dementia Care during COVID-19**

The multifaceted challenges faced by people living with dementia in long-term care facilities during the COVID-19 pandemic have highlighted the critical need for compassionate and adaptive approaches to care provision. Government policies aimed at curbing the spread of the virus, such as strict visitor limitations and PPE requirements, have had profound implications for the well-being and quality of life of residents with dementia, exacerbating feelings of isolation and loneliness. While some professionals advocated for strong measures to prevent disease spread, others emphasized the adverse effects of prolonged isolation on residents' emotional well-being, highlighting the nuanced nature of the issue.

Family members, who often outnumbered professionals in expressing their concerns, highlighted the emotional toll of separation from loved ones and the distress caused by inadequate physical care and neglect within facilities. They also voiced frustrations with government policies

and systemic ageism within the healthcare system, calling for changes to ensure equitable and dignified care for vulnerable populations.

Amidst these challenges, innovative approaches emerged to facilitate meaningful connections between residents and their families, such as outdoor visits, window visits, and video chats. These initiatives underscored the resilience and adaptability of families, professionals, and individuals living with dementia in navigating unprecedented circumstances.

In conclusion, the voices of family members and professionals provided valuable insights into the complexities of dementia care during the pandemic and highlight the urgent need for holistic and person-centered approaches that prioritize emotional well-being, meaningful connections, and safety. As we recover from the challenges of the pandemic and the pandemic response, it is essential to draw upon these lessons to cultivate innovative solutions and address systemic issues within the healthcare system, ensuring dignified and compassionate care for all individuals, particularly those most vulnerable.

## **Implications**

The data contribute a clearer understanding of social construction of dementia in main online news sources and how the media portrayed the people living with dementia. The results show that negative language, such as “suffering” and “patients”, for describing people living with dementia in media and even from family members quotes. This terminology reflects the biomedical construction of dementia, suggesting that family members are also influenced by this perspective. According to Bond, this construction leads to minimizing the meaning that people living with dementia and their caregivers attribute to it (Bond, 1992). It is important to consider



the impact of language when representing their experiences to the public.

Additionally, the government policies aimed at disease prevention reflect social views of dementia as symptoms and health illness. The policies need to be different in different situations especially for long-term care facilities where the majority people are older people with chronic disease. The residents in long-term care facilities desire meaningful interactions with their family members and adequate care, but government policies during the pandemic neglecting the quality of life. This approach contrasts sharply with the goals of long-term care facilities which can have adequate care and the time with their family members (Kane, 2001). These results indicate policies should be made in consideration of the specificity of long-term care facilities, and make them live quality of life.

### **Limitations & Recommendations**

This study provides valuable information into the portrayal of dementia during the COVID-19 pandemic, however some limitations could be considered. The analysis focused on news articles from CBC and Hankyoreh, representing only a small portion of media ranging in Canada and South Korea. I found 114 articles from CBC and 7 articles from Hankyoreh by using the keywords “long-term care”, “COVID-19” and “dementia”. This limited scope of media may not capture the full diversity of media portrayals and public perceptions. Future research should include a broader range of media coverage and countries to gain a more comprehensive understanding globally.

Additionally, the main reason for this significant difference is that the Hankyoreh’s English edition website is not primarily maintained. When I searched the same keywords in Korean “코로나”, “치매”, and “요양원”, 47 articles appeared within the same period. This differences highlights the language barrier and potential gaps in media representation. Future research could

investigate the reasons behind these significant differences. It could help to understand the cultural differences and variations in media portrayals effectively.

The sensitizing framework for coding and categorizing quotes in qualitative research is inherently subjective. While its flexibility and adaptability are strengths of this research, this approach is influenced by the researcher's experiences and assumptions (Flemmen, 2017) . This means that despite efforts to ensure consistency and reliability in the coding process, the interpretation of quotes and the themes could be influenced by the researcher's perspectives. Future research could incorporate the direct interviews with people living with dementia and family members will provide a more comprehensive understanding of their experiences and constructions.

Also, this study relied on quotes from family members, professionals and media representations, rather than interviewing with them in person. Future research could include direct interviews with people living with dementia and family members will provide firsthand perspective on experiences and perceptions of them.

Lastly, the thesis is only focusing on the early to middle stages of COVID-19 (2020-2022), which means that media portrayals and government policies could have changed beyond this timeframe. Future research could extend the study period to better understand how portrayal and policies have evolved over time.

## Chapter 6: Conclusion

This research aimed to identify social construction of dementia in main online news sources during the COVID-19. Based on the articles published during the COVID-19 pandemic, it can be concluded that the media predominantly portrayed people living with dementia through a biomedical construction of dementia. Not only the language used in describing their experiences but also the government policies are focused on preventing disease rather than quality of life and the goals for long-term care homes. This approach neglects the holistic well-being of residents, and can lead to significant emotional distress and isolation for people living with dementia.

The findings indicate that biomedical construction of dementia remains dominant, influencing public perception, caregiver attitudes, and public policy. The pandemic has exacerbated systemic issues in long-term care facilities such as staff shortages and inadequate support structures. The concept of “Hyodo”, which emphasizes family caregiving, was impacted by the government policies. Restrictions on visitation and physical contact made it hard for families to meet each other and care for their parents.

While the data were collected from only two major online news sources, it could potentially limit the transferability of the results. This approach provides new insights into the social construction of dementia portrayed in the media and the adjustments of “Hyodo” in dementia research. To better understand these implications, future studies should gather more data from various articles in Canada and South Korea and extend the study periods.



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