

Study on the Status of Spiritual Care Needs of the Elderly in the Old-Age Care Institutions in Ningbo

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Abstract. [Objective] To understand the status and influencing factors of spiritual care needs of elderly people in old-age care institutions. [Methods] Using the convenient sampling method, in January to June 2018, the spiritual care needs questionnaire was used to investigate the spiritual care needs of 230 elderly people in the old care institutions. [Results] The total demand for spiritual care of elderly people in old-age care institutions was 31.55 ± 8.03 . Multivariate linear regression analysis showed that the payment method of medical expenses and the number of chronic diseases were the main influencing factors of spiritual care needs of the elderly ($P < 0.01$). [Conclusion] Elderly people in old-age care institutions need spiritual care, and it is recommended to provide personalized spiritual care according to the needs of the elderly.

Keywords: spiritual care; need; elderly.

1. Introduction

Spirituality does not only exist in religion. The word "spirit" comes from the Hebrew word "ruach," meaning wind, breath, or divine power. In the health category, Banks, Poehler, and Russell believe that spirituality is: (1) the innate ability to integrate individuals; and (2) the meaning of life to help individuals achieve success.; (3) the combined strength of people; (4) personal feelings and beliefs, and perceptions and perceptions of supernatural and intangible power. Spirituality is about human perception and meaning of life. It is about the value of life. The love, forgiveness, trust, peace and hope between people are not unique to religious believers, but are needed by everyone. With the aging of the population and the improvement of the quality of life, the elderly not only need physical care, but also need psychological and spiritual care. At present, there are few studies on the spiritual care needs of the elderly in China, and there is no research to investigate the needs of spiritual care for the elderly in the old-age care institutions. Therefore, this study aims to initially explore the current state of demand for spiritual care in elderly care institutions.

2. Research Objects and Methods

2.1 Research Object

From January to June 2018, a convenient sampling method was used to investigate 230 elderly people in old-age care institutions of Ningbo. Inclusion criteria: permanent residents (residence time ≥ 3 months); age ≥ 60 years; clear consciousness, no language communication barriers; agreed to participate in this survey. Exclusion criteria: cognitive dysfunction, unable to communicate properly; refused to participate in the survey.

2.2 Research Methods

(1) Survey Tools

The questionnaire is divided into two parts: 1 Basic Information Questionnaire, including demographic data and other status of the elderly. It mainly covers the age, gender, marriage, education level, medical insurance status, and personal economic status of the elderly. 2 Chinese version of the spiritual care needs scale, which introduced the Nurse Spiritual Therapeutics Scale (NSTS) [1] prepared by Professor Taylor in 2005, after translation and localization, and appropriate deletion of the items. Subtraction and consolidation form a Chinese version of the spiritual care requirement scale with 12 entries. The answer options for each item are counted as 1 point (very disagree), 2 points

(disagree), 3 points (consent), 4 points (very agree), out of 48 points, the higher the score, the higher degree the patient's spiritual care needs. 12~24 is divided into light demand, 24~36 is divided into medium demand, and 36~48 is divided into heavy demand. The Cronbach's α coefficient of Chinese version questionnaire is 0.79, with good internal consistency, and its content validity index is 0.95 [1].

(2) Method of Data Collection

Select the subjects who meet the inclusion criteria, explain the purpose, process, significance and voluntary, confidentiality and harmlessness of the research to the respondents, obtain the consent of the research participants and sign the informed consent form. Explain the method and requirements for completing the questionnaire to the research subjects, and ask them to complete independently according to their actual situation. The elderly who have reduced vision or illiteracy and affect reading will complete the questionnaire under the inquiry of the investigator. The incomprehensible place was explained in detail by the investigator. The data was collected on the spot, the researchers checked them one by one, and those missed items were filled in time to ensure the data was qualified. 230 questionnaires were distributed and 230 valid questionnaires were returned. The recovery rate was 100%.

(3) Statistical methods

SPSS 21.0 statistical software was used for data entry and analysis. The general data of the subjects were statistically described by frequency and percentage. The scores of spiritual care needs of the elderly were described by mean \pm standard deviation; t test and variance analysis were used. And multiple linear regression analysis to explore the influencing factors of spiritual care needs of the elderly in elderly care institutions.

3. Results

3.1 Status of Spiritual Care Needs of Elderly People in Old-age Care Institutions

The results of the study showed that the total score of spiritual care needs of the elderly was (31.55 \pm 8.03) points, and the score of each item was more than 2 points, indicating that the elderly have a strong demand for spiritual care. The scores and rankings of each item are shown in Table 1.

Table 1. The score of spiritual care needs of the elderly in the old-age care institutions (n = 230)

project	Score($\bar{x}\pm S$)	Sort
Listen to me about my spiritual strength	2.45 \pm 0.93	11
Listen to me about my spiritual concerns	2.48 \pm 1.00	10
Help me think about my dreams	2.49 \pm 0.95	9
Teach me how to draw or write my spiritual world	2.40 \pm 1.01	12
Listen to my life story	2.76 \pm 1.02	3
Ask about my religious customs	2.66 \pm 1.03	5
Provide a conversation about meditation or help me meditate	2.50 \pm 0.97	8
Ask what makes meaning to my life	2.52 \pm 1.00	6
Bring me some humor, for example: share a joke	2.99 \pm 1.02	2
Provide me with a quiet and solitude environment	3.08 \pm 0.92	1
Ask me about my spiritual beliefs	2.73 \pm 0.98	4
Help me with religious practice if needed	2.51 \pm 1.02	7

3.2 Analysis of Factors Influencing the Spiritual Care Needs of the Elderly in the Old-age Care Institutions

The t-test or analysis of variance was performed on the total scores of the spiritual care ability of patients with different age, gender, number of children, educational level, medical insurance status, economic status, number of chronic diseases, and religious beliefs. The results showed that there was a statistically significant difference in the total score of spiritual care needs among the elderly with different medical payment methods and number of chronic diseases ($P < 0.01$). The results are shown in Table 2.

Table 2. General conditions and spiritual care needs of elderly people in pension institutions (n = 270)

Item	Classification	Number of people	Needs score $\bar{x} \pm S$	F value	P value
age	55-69	6	29.66±7.17	1.01	0.39
	70-79	19	31.89±9.25		
	80-89	126	30.86±7.76		
	90-99	79	32.76±8.21		
Gender	male	83	31.04±7.476	-0.71(t value)	0.48
	female	147	31.83±8.337		
Number of children	0	12	31.33±8.90	0.95	0.41
	1	27	29.37±9.34		
	2	45	31.09±7.33		
	≧3	146	32.10±7.91		
marital status	single	13	29.54±9.91	1.66	0.18
	Widowed	170	32.09±7.75		
	Married spouse does not live together	17	32.41±8.54		
Educational level	Married spouse living together	30	28.93±8.23	0.11	0.98
	Elementary school and below	143	31.55±0.71		
	Junior high school	38	31.10±1.05		
	High school or secondary school	32	31.81±1.53		
	College	13	32.61±1.75		
	Bachelor degree or above	4	30.25±1.93		
	No medical insurance	9	36.23±7.59	1.21	0.03

Medical insurance	Medical insurance and other insurance	8	33.37±8.79	-0.53(t value)	0.59
	Public medical care	259	30.14±7.20		
Faith	no	122	31.28±8.41	0.80	0.50
	yes	108	31.85±7.60		
economic status	0	20	30.25±8.71	4.80	0.009
	1-2000	74	32.50±8.02		
	2000-3000	55	30.56±7.52		
Chronic diseases	> 3000	81	31.66±8.22	32.90±8.89	
	0	23	26.91±4.15		
	1-3	154	31.77±7.95		
	>3	53	32.90±8.89		

3.3 Multiple Regression Analysis of Factors Influencing the Spiritual Care Needs of the Elderly in the Old-age Care Institutions

Taking the total score of spiritual care needs of the elderly as the dependent variable, the factors that may affect the spiritual care needs of the elderly were used as independent variables to perform multiple linear regression analysis. The results show that the payment method of medical expenses and the number of chronic diseases is the main factors affecting the spiritual care needs of the elderly in the old-age care institutions. The higher the self-pay rate for medical expenses, the higher the score for spiritual care needs; the larger the number of chronic diseases, the higher the score for spiritual care needs. See Table 3:

Table 3. Multi-factor analysis of the spiritual care needs of the elderly in the old-age care institutions (n = 230)

Independent variable	Partial regression coefficient	Standard error	Standardized partial regression coefficient	t value	P value
Intercept	20.055	4.715	-	4.254	0.000
Medical expenses	1.047	.502	0.165	2.489	0.014
Number of chronic diseases	2.361	0.403	0.141	2.086	0.038

Note: R²=0.360, adjusted R²=0.385.

4. Discussion

4.1 Older People Need Spiritual Care

In this study, the elderly in the old-age care institutions had a moderate level of spiritual care, indicating that most elderly people have a need for spiritual care, which is consistent with the results of Li Mengqi et al [1] on the spiritual care needs of cancer patients.

In this study, there were three spiritual care needs that scored higher. “Providing me with a quiet and solitude environment” is at the top of the spiritual care needs of the elderly. A qualitative study of patients with neuro-oncology by Nixon et al [2] showed that patients have a need for solitude, patients want nurses to provide them with a unique environment in order to experience the peace of mind, consistent with the results of this study. Morrison [3] believes that being alone can enable individuals to treat the frustrated mind by observing the environment, seeing the problem, and recognizing themselves, so that the individual can face and overcome fear. In this study, subjects are elderly. Their sleep quality is poor, and the noisy environment is not conducive to their psychological calm and their sleep. Therefore, caregivers should try to provide a quiet environment without disturbing their sleep and keeping them emotionally stable. The second one is to hope that the nurse will bring them humor. The reason for the analysis may be that the elderly is relatively lonely, the elderly group is not energetic, and the atmosphere is very dull. Therefore, they need nursing staff to bring humor and joy to them. The third one is to listen to their life stories. Older people have more experiences, and it is easier for them to talk about their personal experiences, which can increase their chance of communication with others and reduce loneliness. In addition, telling stories of life, especially their achievements when they were young, can also give them a sense of accomplishment again. This is consistent with many other studies [1,4-5].

The last item of spiritual care needs is “Teach me how to draw or write my spiritual world.” The reason may be that the majority of the elderly are less educated. Among them, the proportion of research object with primary school education and below is 62.17%. Writing and drawing are very difficult for them. In addition, they are not strong in the concept of “live to be old, learn to be old”, and they are not willing to learn this method. Therefore, this entry got the lowest score. Two of the last three are related to listening to the spiritual world. This is inconsistent with the findings of patients with gastric cancer [6]. The reason for the analysis may be that the survey found that most elderly people do not understand mental strength and mental concerns. Therefore, it is difficult for them to describe their own spiritual strengths and concerns, so the demand for these two items is in the last three places.

4.2 Analysis of Factors Influencing the Spiritual Care Needs of the Elderly

The results of the study show that the payment method of medical expenses affects the spiritual care needs of the elderly. The higher the self-pay rate of medical expenses, the higher the score of spiritual care needs. The reason for the analysis is that the higher the self-paying rate of medical expenses, the heavier the economic burden of the elderly, so the psychological pressure will be relatively heavy. Therefore, they need more psychological counseling and spiritual care. Nursing staff should communicate them and their families so that the elderly can get more social and family support. In addition, the number of chronic diseases affects the spiritual care needs of the elderly. The results of the study show that the more chronic diseases the elderly suffer, the higher their spiritual care needs score. The reason for the analysis may be that the more kinds of diseases, the more physical pain they have, and the more seriously the psychological discomfort and the fear of the disease, and the more spiritual care is needed. Healthy spirituality means that people have a purpose and meaning for their current and future life. It is an important manifestation of mental health and an important guarantee for human survival [7]. As early as 1998, WHO regarded spiritual health as an important part of the overall health of patients, emphasizing the need to pay attention to spiritual health and giving patients physical, psychological, spiritual, cultural and social care [8]. Holloway [9] pointed out that spiritual care belonged to a new field of nursing profession, and spiritual development and concern are the progress of humanistic spirit. Spiritual care can alleviate or eliminate people's sense of worthlessness, meaninglessness, fascination and mental harassment of death and future life [10]. Therefore, caregivers should develop appropriate spiritual care plans for different types of chronic diseases, give missions and positive guidance to elderly different disease knowledge, and eliminate the fear and worry of the elderly about chronic diseases.

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References

- [1]. Xie Haiyan, Li Mengqi, Wang Ying, et al. Preliminary test on the reliability and validity of the Chinese version of demand of patient for spiritual care from nurses [J]. *Chinese Nursing Management*,2017,17(5):610-614.
- [2]. Nixon A V, Nara yanasamy A, Penny V. An investigation into the spiritual needs of neuro-oncology patients from a nurse perspective[J]. *BMC Nurs*,2013,12:2.
- [3]. Morrison J. *The wilderness solo: solitude and recreation*[D]. Canada: University of Alberta,1986.
- [4]. Höcker A, Krüll A, Koch U, et al. Exploring spiritual needs and their associated factors in an urban sample of early and advanced cancer patients[J]. *European Journal of Cancer Care*, 2014, 23(6):786-94.
- [5]. Deng Di, Wu Xin, Xie Conghua. The desire of life review is a kind of expression of spiritual needs that is easily understood by Chinese patients [C].2014 Proceedings of the 10th National Conference on Cancer Rehabilitation and Palliative Medicine. 2014:337-345.
- [6]. Cai Lili, Wang Huiying. Current status and influencing factors of spiritual care needs of patients with gastric cancer[J]. *Nursing Research*, 2018, 32(21): 3463-3466.
- [7]. Chi Lian, Jin Lifan, Fang Xuewen. Research progress on spiritual care of cancer patients [J]. *General nursing*,2019,17(01):18-20.
- [8]. VelascoL, RiouxL. The sipiretual well-being of elderly people: a study of a French sample[J]. *J Relig Health*,2014,53:1123-1137.
- [9]. Holloway M. Spirituality[S]. *International Encyclopedia of the social& Behavioral Scoemces*, 2015:285-290.
- [10]. Zheng Xiaojiang. Religion and spiritual care [J]. *Chinese National News*, 2012 (6): 1-2.