

# Spiritual Needs of the Elderly and Social Work Intervention in the Context of Healthcare Integration

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**Abstract:** As a new type of pension service, the combination of medical and nursing services has increasingly become a new trend in the development of China's pension industry with its advantages of combining pension services and medical services. In this paper, we analyse the spiritual needs of the elderly in healthcare-integrated institutions from four levels, namely, emotion, social interaction, culture and entertainment, and respect, and put forward corresponding intervention strategies in combination with the professional concepts of social work, aiming to enhance the spiritual and psychological adaptation of the elderly in healthcare-integrated institutions.

**Keywords:** Health Care Integration; Spiritual Needs; Social Work.

## 1. Research Background

Medical-care integration, which can also be understood as medical-care fusion, is a new type of elderly care service provision that combines traditional elderly care services with medical services, taking into account both the needs of the elderly in their old age and their medical needs. Currently, the medical and nursing integration model mainly includes the establishment of nursing services in medical institutions, the addition of medical services to nursing institutions, and the co-operation between hospitals and nursing institutions. The combination of medical and nursing care can provide the elderly in need with multiple care services, such as daily life care, health management, first aid, rehabilitation and professional nursing care, and has therefore become a new trend in the development of China's elderly care industry. In recent years, the practice of combining medical and nursing care in Beijing, Qingdao, Shanghai and other places has achieved good results. Research shows that the overall satisfaction of the elderly living in the medical and nursing institutions is high, among which the satisfaction with the environment, daily life care, medical care is the highest, and the satisfaction with the spiritual and psychological needs is the lowest; at the same time, affected by the educational level, the medical insurance status, and the ability to take care of their own lives, some of the elderly have an obvious sense of loneliness. The spiritual needs of the elderly are the state of spiritual interaction between the elderly and the system they live in due to their own aging and physical and mental changes. Research shows that the fulfilment of the spiritual needs of the elderly is closely related to their mental health and social adaptation, and the future development of integrated healthcare institutions should pay attention to the fulfilment of the spiritual needs of the elderly.

## 2. An Analysis of the Spiritual Needs of the Elderly in Health Care Institutions

According to Maslow's hierarchy of needs theory, the

needs of the elderly can be divided into physiological needs, safety needs, emotional and belonging needs, respect needs and self-actualisation needs. The physiological and safety needs of the elderly in health care institutions can be better satisfied, while the spiritual needs of emotion and belonging, respect and self-realisation need to be focused on. Specifically, the spiritual needs of the elderly in health-care institutions are mainly expressed as emotional needs, social interaction needs, cultural entertainment needs and respect needs.

### 2.1. Emotional Needs

Emotional needs refer to the needs of people who want to be cared for and taken care of by each other, and they are the basic spiritual needs based on the fulfilment of physiological and safety needs. When the elderly leave their families and come to live in health care institutions due to old age and illness, they not only face the problem of adapting to the living environment and lifestyle, but also face the problems of being far away from friends and relatives, reduced communication and meeting with children, and the lack of intimacy, etc., and their need for emotional comfort becomes even stronger when they suffer from special life events such as loss of a spouse, serious illness, or death of a friend. Compared with the elderly living at home, the elderly in health care institutions need more emotional support, hope to get the care of others, and are afraid of loneliness and isolation. Therefore, it is important to build an emotional support network for the elderly in the institution so that they can have someone to talk to and receive targeted spiritual comfort during special times.

### 2.2. Social Interaction Needs

Social interactions have a direct impact on the mentality and social adjustment of older persons and are important predictors of mental satisfaction and good mood. The state of interpersonal relationships will directly affect the daily life and psychological adaptation of older people in institutions. Due to changes in the living environment, newly admitted older people are faced with the problem of reconstruction of

interpersonal relationships, medical and nursing care institutions are essentially a community of the elderly and have less contact with the outside world, the interaction object of older people in medical and nursing care institutions is limited to older people in the institutions, and the relationship between caregivers and older people in the institutions tends to be more of a working relationship of serving and being served, which does not serve as an interpersonal support. At the same time, apart from visits from friends and relatives or telephone contact, the interaction between the elderly and outsiders is also very limited, and many elderly people show a strong desire to communicate with young people and go out for a walk. The problems of loneliness, boredom and lack of interpersonal interaction caused by the narrowing of the circle of interpersonal interaction after moving into the healthcare integration institution are not conducive to the mental health of the elderly.

### **2.3. Cultural and Recreational Needs**

Cultural recreation is an important part of the daily life of the elderly in medical and nursing institutions, and cultural and recreational activities that suit the interests of the elderly can add to their enjoyment of life, increase their frequency of social participation, and have a certain role in promoting interpersonal communication. Perfect leisure and recreational facilities and a variety of cultural and recreational programmes can improve the cultural and recreational conditions of some older people with strong social abilities and good health, which is conducive to the expansion of their interpersonal interactions. However, the potential cultural and recreational needs of a considerable portion of the elderly cannot be met, mainly due to their own health conditions, interests and specialties, and emotional and psychological factors. Therefore, the targeted design of cultural and recreational programmes adapted to the different health conditions and interests of the elderly, and the increase in the social activities of the elderly in the combined medical and nursing institutions are the fundamental ways to satisfy their cultural and recreational needs. The development of cultural and recreational activities will also be of great help in promoting emotional and social exchanges.

### **2.4. Respect for Needs**

The need for respect refers to a person's desire to have a stable social status and to have his or her personal abilities and achievements recognised by society, including self-respect, respect for others, and respect by others. Older people's sense of dignity is related to their adaptation to role change, family members' caring, current employment status, social members' respect, social participation status, and economic status [5]. The elderly in healthcare integration institutions come from familiar families to unfamiliar healthcare integration service environments, the original status in the family and society changes, and both the internal and external self-esteem of the elderly are more challenged. The deterioration of physical functions, cognitive decline, deterioration of daily living ability, and even the continuous loss of self-care ability will easily reduce the personal value and sense of dignity of the elderly, and even lead to low self-esteem, depression, irritability and other emotional problems. Therefore, how to help the elderly living in integrated healthcare institutions to rebuild their self-esteem and meet their psychological needs has become an issue of concern.

## **3. Social Work Interventions on the Spiritual Needs of the Elderly in Health Care Institutions**

According to the viewpoint of positive aging, medical and nursing institutions should ensure to the maximum extent possible that the elderly can participate in social activities in accordance with their rights, needs, hobbies, and abilities, and give full play to their physical, social, and spiritual potentials, so as to improve the quality of life of the elderly [6]. Gerontological social work focuses on improving the social adaptation of the elderly from the spiritual level, and for the elderly in health care institutions, it can be done by adapting the daily life environment of the elderly, planning and encouraging the participation of the elderly of different ages, health conditions and literacy levels in cultural and recreational activities within their capabilities, promoting the reconstruction of the elderly's interpersonal support network, and increasing the sense of intrinsic empowerment, etc., so as to improve the institutional adaptability and improve their spiritual-psychological potential. institutional adaptability and improve their mental and psychological conditions. Specifically, social work can intervene in the spiritual needs of the elderly in health care institutions from the following aspects

### **3.1. Promoting Participation: Enriching the Daily Lives of Older Persons in Health-Care Institutions**

Elderly people in medical and nursing institutions are mainly elderly, sick and disabled, and compared with those living in the community, they have less communication with the outside world and live a relatively closed life, so they need to achieve good social adaptation through a comfortable living environment and a fulfilling daily life. Therefore, social workers should make full use of the cultural and recreational venues and facilities of the combined medical and nursing care institutions, formulate activity plans and organise activities according to the actual needs and physical conditions of the elderly, especially taking into account the characteristics and needs of the elderly of different genders, cultural levels and health conditions, and designing diversified activities in combination with their interests and specialties, so as to satisfy the diversified needs of the elderly at different levels. In the course of implementation, it is also necessary to pay constant attention to the physical and emotional changes of the elderly and help them integrate into the programme. At the same time, scientific guidance is given to the existing daily leisure activities of the elderly, so that they can learn to arrange their daily activities in a scientific and moderate manner. For example, they can watch television and surf the Internet in a scientific and rational manner, engage in chess and card activities in moderation, and participate in sports and exercise in a scientific manner, so as to help them enrich their daily lives, establish an effective interpersonal support network, provide effective support for the fulfilment of their emotional, cultural and recreational needs and their need for respect, and form a scientific and healthy way of life.

### **3.2. Empowerment: Promoting the Social Integration of Older Persons in Health-Care Institutions**

Empowerment theory focuses on the possibility of tapping into the self-potential of the caseworker, emphasising the full mobilisation of the caseworker's own empowerment in social work, and helping the caseworker to correctly understand their sense of powerlessness and detach themselves from this state. For the elderly in health care institutions, it is about making them fully aware of their own needs and limitations. Social workers can learn about the experience and understanding of medically-integrated senior living through in-depth interviews with older people, paying special attention to the life experience of older people whose interpersonal and respect needs are challenged, and helping them to identify the main causes of interpersonal problems and a reduced sense of dignity as well as different possibilities for changing the situation, while acting as a facilitator to empower older people, helping them to build a sense of self-worth and enhance their access to resources. Specific intervention methods, such as internal psychological empowerment of the elderly in healthcare institutions, helping them to participate in appropriate cultural and recreational activities in accordance with their physical and mental characteristics and needs; at the same time, helping them to understand the importance of building interpersonal relationships and learning the skills of expanding interpersonal relationships, improving their ability to obtain resources from the surrounding environment to solve their difficulties or meet their needs, and reducing their sense of powerlessness and helplessness; carrying out group activities for empowerment purposes; and providing them with the opportunity to learn the skills to develop interpersonal relationships. group activities for the purpose of empowerment, through which elderly people in healthcare institutions can participate and integrate into the group, making the group a supportive force for them to get help, reducing their sense of loneliness, and enabling them to have greater control over their daily lives.

### **3.3. Integration of Resources: Building a Social Support Network for the Elderly in Health-Care Institutions**

Social support is a general or specific supportive resource that an individual receives from others or social networks in order to cope with problems and crises in work and life. Social support is usually provided by significant others such as family members, friends, co-workers, relatives and neighbours, and can meet a person's needs for emotion, self-esteem, belonging and security. Research has shown that

social support has a significant impact on the mental health and longevity of older adults. The social support available to the elderly in health care institutions mainly comes from family, friends, institutional caregivers, volunteers, elderly care institutions, social organisations and other subjects. Social workers, as intermediaries, should contact and integrate various resources to help the elderly in healthcare institutions, especially the newly admitted elderly, to build a social support network, to ensure that they can obtain the necessary emotional support and instrumental help when they face special events such as bereavement, illness, or dying, or when they need psychosocial support. For example: integrating the existing interpersonal relationships of the elderly in medical and nursing institutions and the objects with development potential in the institutions, social workers assist the elderly in constructing a personal network consisting of family members, neighbours, other elderly people with more contacts in the institutions, and caregivers; integrating the resources of social organisations and volunteers, and contacting the resources of volunteers and social organisations for the elderly with less support from their personal networks, so that they can form one-on-one help; At the same time, resources for older people in institutions can be fully integrated, bringing together older people with the same or similar problems, and organising various kinds of activities in the form of small groups to help them establish connections and promote mutual support among them.

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