

An Exploratory Study of the Spiritual Support Care Model for the Elderly with Dementia under the Perspective of Matching Supply and Demand

Ming Fu[‡], Ziyu Qiu[‡], Shengjun Niu, Yuling Wu, Qi Shao, Yaqing Qian, Shui Yu*

School of Pharmacy, Binzhou Medical University, Yantai 264003, Shandong Province, China

[‡]These authors contributed equally to this work.

*Corresponding author: Shui Yu, yushui_0121@163.com

Copyright: © 2024 Author(s). This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0), permitting distribution and reproduction in any medium, provided the original work is cited.

Abstract: China attaches great importance to the issue of population aging, actively addressing it as one of the country's important measures, with the care model for elderly people with dementia being a focus of society. This study explores the spiritual support care model for elderly people with dementia from the perspective of supply-demand matching, aiming to construct more feasible and economical care models and nursing care plans to improve the quality of nursing services and enhance the quality of life of elderly people. At the same time, it enhances the quality of life for the elderly. This study provides a better understanding of the research progress related to the spiritual support care model for medical staff, offering a rich guiding experience for elderly people with dementia in China. It provides a solid theoretical foundation for the application of spiritual support care. In future development, interdisciplinary research models can be promoted to drive innovative development, combining China's profound traditional cultural heritage and adapting to the diversified demands arising from social development, ensuring that every elderly person has support and care and enhancing the spiritual health level of the elderly.

Keywords: Supply and Demand matching; Elderly people with dementia; Spiritual support care

Online publication: May 13, 2024

1. Theoretical foundation

1.1. Matching supply and demand theory

“Supply” refers to the provision of long-term care services for disabled elderly individuals, while “demand” pertains to the disabled elderly's need for care methods and services. Ensuring the alignment of supply and demand in elderly care services involves maintaining a high level of consistency between the available services and the actual needs of the elderly population. This entails ensuring that the services provided precisely match the demands for care, adequately meeting the diverse needs of the elderly demographic^[1].

The increasing and varied needs of disabled elderly individuals, coupled with issues on the supply side such as quality, structure, and the scope of services, can lead to imbalances between supply and demand. This

imbalance diminishes the quality of life for rural disabled elderly individuals and impedes the development of a comprehensive rural long-term care service system ^[2].

The needs of the elderly are characterized by diversity, complexity, and ongoing change, necessitating concerted efforts from families, society, and the state to promote the physical and psychological well-being of disabled elderly individuals. Addressing the health and care needs of the disabled elderly not only alleviates the burden on families but also reduces the time family members spend on caregiving, thereby increasing productivity that can benefit society and the economy. This, in turn, supports the development of social policies and the national economy, as well as the evolution of care models, leading to better alignment between supply and demand.

In conclusion, applying the theory of matching supply and demand to the exploration of care models for demented elderly individuals enables a thorough analysis of various care approaches, facilitating the selection of culturally appropriate models that best suit their needs. This approach aims to fulfill the long-term care requirements of demented elderly individuals to the fullest extent possible and offers insights for crafting long-term care policies tailored to China's specific circumstances.

1.2. Current situation of demented elderly

China's aging population is experiencing rapid growth due to a decreasing fertility rate, propelling the nation into a stage of moderate aging. Data from the seventh population census reveals that China now boasts 260 million individuals aged 60 and above, comprising 18.70% of the total population. Furthermore, there are 190 million people aged 65 and above, accounting for 13.50% of the total population – a figure that continues to rise compared to the sixth population census ^[3]. Recognizing the significance of population aging, the Party Central Committee and the State Council have emphasized the imperative to proactively address this demographic shift ^[4].

The Action for a Healthy China (2019–2030) advocates for the principle of health for all and aims to improve health literacy across society ^[5]. Research indicates that globally, over 55 million people are currently afflicted with dementia, with projections indicating a rise to 74.7 million by 2030. In China, individuals aged 85 and older constitute 45% of this group, with the country expected to account for 22% of the world's dementia cases by 2030 ^[6,7]. According to the World Health Organization, the prevalence of dementia among those over 65 years old is alarmingly high, reaching 91% in some areas. Within China, approximately 190 million elderly individuals are grappling with chronic diseases, with an estimated 45 million suffering from disabilities and dementia ^[8]. Consequently, dementia has emerged as a significant health threat affecting the elderly, both domestically and globally.

2. Traditional care models

2.1. Home-based care

The home-based care model is a family-centered approach to providing professional health care and nursing services to elderly individuals and their families. In this model, family members take on caregiving responsibilities in the daily lives of the elderly, reflecting the influence of traditional Chinese culture and ethics, and highlighting the affection and care within families. Elderly individuals living under this traditional home care model often experience a warm family atmosphere, which contributes to their sense of well-being and overall health.

However, with the current decline in China's youth population and the aging of society, coupled with changes in fertility policies altering the demographic structure, pressures on family members – both in terms of work and psychologically – are on the rise. Consequently, the effectiveness of home care for the elderly may

diminish, leading to a decline in the happiness and health of the elderly ^[9].

Building upon the strengths of the traditional home care model, society should strive to modernize and enhance it, offering more comprehensive and high-quality care services for the elderly. Through active participation from communities and individuals, a robust home care model can be developed, fostering closer relationships between the elderly and their families. This closeness can contribute to increased familial happiness, mitigation of family conflicts, and promotion of social harmony.

Moreover, aligning with the traditional values held by most elderly individuals, residing in a familiar “home” environment enables them to enjoy the warmth of family and spiritual fulfillment, thereby benefiting their physical and mental well-being. This also fosters the development of harmonious communities, cultivates a culture of respect and assistance for the elderly, and enhances social values and ethics.

2.2. Institutional care

Institutional care refers to the provision of professional facilities equipped with specialized resources to deliver long-term nursing and care services to disabled elderly individuals. These facilities encompass medical units at various levels, as well as elderly care institutions such as nursing homes and rehabilitation centers ^[10]. Additionally, institutional care emphasizes facilitating the integration of disabled elderly individuals into society. Through organizing recreational activities and promoting social interaction, it aims to strengthen their connection with society, alleviate feelings of loneliness, and enhance overall well-being.

Countries like the United States, Japan, and Germany have a longer history of developing institutional care for disabled elderly individuals. The United States initiated aging population programs in 1940, offering long-term care services through community organizations, senior service centers, and other institutions catering to disabled and dementia-affected groups. Japan tailors institutional care to the specific needs of its insured population, focusing on personalized service provision. In Germany, institutional care is categorized into partial and full care, with comprehensive care institutions available when home or partial care cannot meet the insured person’s needs ^[11].

Currently, the adoption of institutional care by disabled and dementia-affected elderly individuals in China remains relatively low. Economic constraints lead some elderly individuals to opt for home care over institutional care ^[12]. In remote regions, institutional care resources are unevenly distributed, with institutions often lacking professional medical personnel and necessary facilities for specialized elderly care. Ding ^[13] highlighted the scarcity of elderly care institutions in China, with bed capacities significantly lower than those in developed and some developing countries. Furthermore, due to entrenched traditional beliefs, some elderly individuals perceive home care as more aligned with concepts of “raising children to prevent old age” and “filial piety,” thus preferring it over institutional care ^[14].

Moreover, the higher cost of institutional care compared to home care presents a barrier, with 69.2% of disabled elderly individuals unable to afford long-term care ^[15]. This financial constraint contributes to the low adoption rate of institutional care in China.

2.3. Community care

The community, alongside the family, bears the primary responsibility for caring for disabled elderly individuals and serves as a hub for integrating, coordinating, and planning societal resources to maximize their benefits ^[16]. Community care encompasses a range of support services provided to the elderly within their communities; it is not intended to replace home care but to complement it ^[17]. Through offering daycare services, medical assistance, rehabilitation care, and psychological support, community care aims to enhance the quality of life

and overall well-being of capable elderly individuals.

In some developed nations, governments provide financial assistance to communities for acquiring medical equipment and hiring professional medical staff, thus bolstering the formation of comprehensive service systems^[18]. For instance, in Japan, community care takes the form of “blossoming,” which not only offers daycare to disabled elderly individuals but also provides 24-hour home visitation services and other forms of home care, thereby addressing some of the limitations of home-based care^[19].

Community care should not only address the daily needs of the elderly but also strengthen familial support networks, facilitate communication between medical institutions and the elderly, and promote the elderly’s ability to engage in long-term self-care^[20]. With the backing of national policies, community care has emerged as a prominent trend, necessitating the development of robust community care services and the provision of professional medical assistance.

3. Exploration of spiritual supportive care for dementia elderly under the perspective of matching supply and demand

3.1. Feasibility analysis of spiritual supportive care from the perspective of matching supply and demand

China has transitioned into an aging society, and against the backdrop of increasing life expectancy and declining birth rates, the issue of aging is becoming increasingly prominent. It presents challenges on a large scale and is experiencing rapid growth, with concerns related to elderly care and lifestyle emerging as some of the most pressing and realistic issues for the populace. These concerns have garnered extensive attention from the academic community.

Among the key groups requiring care, the elderly with dementia are seeing a rise in demand for assistance. With the emergence of the holistic care concept encompassing “mind, body, society, and spirit,” spiritual support has become a focal point in nursing research. Spiritual supportive care entails nursing activities or approaches aimed at helping elderly individuals discover the meaning of life, self-worth, and faith support through attentive companionship, active listening, and respectful engagement tailored to their individual characteristics. This approach, when applied during the nursing process after identifying and evaluating the spiritual disturbances and needs of patients, aims to ensure the physical, psychological, and spiritual comfort of dementia-afflicted elderly individuals.

As the public’s nursing needs continue to diversify and demand high-quality care, spiritual supportive care has emerged as a significant avenue to meet these needs^[21]. Research indicates that such care can contribute to fostering a positive outlook on life and values, and can help alleviate anxiety and fear in terminally ill patients. Given the unique needs of the dementia-afflicted elderly, there is a growing recognition of the importance of personalized and tailored spiritual support care, emphasizing the significance of aligning “supply and demand” and achieving effective “matching.”

An essential prerequisite for the implementation of spiritual supportive care is a thorough understanding of the needs of dementia-afflicted elderly individuals. Additionally, a comprehensive evaluation of this demographic group is necessary to ensure holistic care.

3.2. Construction of a spiritual supportive care model under the perspective of matching supply and demand

Drawing upon the theory of matching supply and demand in spiritual support care for dementia-afflicted elderly individuals is crucial to enhancing the quality of care for this special group. Dementia elderly individuals,

characterized by significant impairments in cognition and memory, require comprehensive spiritual support care that addresses various aspects of their well-being.

The findings of this study highlight several components of spiritual support care for demented older adults, encompassing environmental, self, care of others, and societal aspects. Establishing a conducive living environment for elderly individuals with dementia entails creating spaces that are welcoming, safe, and easily accessible. This includes providing clear signage and navigation aids, minimizing noise and disturbances, and furnishing the environment with comfortable furniture and equipment. Attention to infrastructure elements such as lighting and ventilation is also vital to ensuring the comfort and safety of dementia-afflicted elderly individuals.

Elderly individuals with dementia may encounter challenges in managing their personal hygiene and eating habits. Thus, it is imperative to assist them in establishing stable personal routines, devising daily and long-term plans, and utilizing home facilities conveniently. Additionally, providing necessary aids enables them to maintain autonomy in self-care.

Given that dementia-afflicted elderly individuals often rely on the care and assistance of others, the role of family members, caregivers, and volunteers is paramount. Assisting with daily activities and offering continuous emotional support and companionship are integral to fostering a sense of warmth and security among dementia-afflicted individuals.

Support at the societal and national levels is equally essential for the spiritual care of dementia-afflicted elderly individuals. Society should offer professional training and support to caregivers to help them effectively address the needs of dementia-afflicted individuals. Government departments can establish comprehensive welfare systems to provide financial assistance and medical care, thereby alleviating the burden on caregivers.

3.3. Implementation of spiritual support care model under the view of matching supply and demand

As a special group, the elderly affected by dementia experience cognitive impairment and communication challenges, often facing difficulties such as diminished memory, reduced language abilities, and emotional fluctuations. From a supply-demand matching perspective, it is essential to employ specialized communication techniques when providing care for these individuals. This involves using activities and topics familiar to or loved by the elderly to guide conversations, enhancing interaction and emotional resonance, and facilitating the identification of their specific needs in old age.

Simultaneously, personalized spiritual support care programs should be developed. Through interdisciplinary collaboration and the utilization of modern information network technology and intelligent services, medical, psychological, and social resources can be integrated to create tailored care programs for each elderly person.

Furthermore, there is a need to align service needs with service provisions. Addressing the significant challenge of professional care requires the recruitment and training of skilled caregivers. Forming professional spiritual support care teams is essential to providing specialized medical care, offering health education to the elderly and their families, and conducting regular holistic assessments encompassing the physical, psychological, and spiritual aspects of elderly individuals.

Spiritual supportive care for dementia-afflicted elderly individuals entails holistic care that meets their physical, psychological, emotional, social, and spiritual needs through various means. It involves applying an approach that integrates medical and elderly care to cater to the specific requirements of dementia patients. Collaboration with local social organizations is actively pursued to enhance the skills of healthcare workers, gradually easing the pressure associated with providing comprehensive medical and lifestyle care for

cognitively impaired older individuals. The key to successful implementation lies in collaborative efforts toward “medical integration.

4. Discussion

In the context of profound population aging nationwide, the spiritual support care model is built upon the theory of matching supply and demand. It prioritizes addressing the spiritual distress and individual needs of the elderly, effectively mitigating the increasingly prevalent lack of family social support networks and addressing issues concerning the spiritual health of the elderly. By offering personalized care programs and spiritual services, this model aims to promote the spiritual well-being of the elderly, assist them in rediscovering the meaning of life, confront aging, and bolster the interconnected care provided by families, communities, medical institutions, and governmental bodies. This holistic approach not only aids in rebuilding lives and fostering acceptance of aging but also drives the development of nursing technology and humanistic care, thus alleviating the challenges posed by the nation’s deep aging.

The spiritual supportive care model, as studied here, encompasses four key aspects: environmental care, self-care, care for others, and social support. It revolves around creating a tranquil and comfortable environment, empowering the elderly to establish a stable lifestyle with the support of professional caregivers and continuous emotional assistance from external sources, underpinned by relevant state welfare systems. This fosters a cohesive network of care spanning families, communities, healthcare institutions, and government entities. Before constructing this model, researchers conducted a comprehensive review of literature and field studies to understand the daily lifestyles of the elderly and the necessary care encompassing psychological, physiological, spiritual, and familial aspects. They found that collaborative efforts between families, communities, medical institutions, and government entities can effectively fulfill the diverse needs of the elderly. Notably, prioritizing family communication throughout the care process, harnessing the power of family support, and supplementing the professional expertise of social institutions (such as professional spiritual support caregivers, and volunteers) are vital components of this model’s construction ^[22].

Addressing the unique characteristics of the elderly involves emphasizing communication throughout the caregiving process. Effective communication channels between the elderly and staff are established by identifying topics of interest to them. This approach aims to build trust in staff, foster emotional connections, and better understand the spiritual needs of the elderly. It facilitates the collection of information on their spiritual needs and aids in later analysis, summarization, and evaluation of individualized needs. This model is implemented through interdisciplinary cooperation, leveraging the Internet, integrating medical care, social resources, government support, and other resources. It involves organizing training for professional caregivers, recruiting relevant volunteers in the community, establishing professional teams, and enhancing the relevant medical support system. With widespread attention and strong support from national policies and economic assistance, this model ensures a match between supply and demand. By applying theories into practice, it addresses the contradiction between supply and demand faced by the elderly, shifting the concept of family care to one that considers spiritual needs. This ensures that the needs of the elderly are met and helps alleviate multifaceted needs while building their self-confidence, relieving anxiety, and improving their quality of life. Moreover, this model also fosters self-confidence, alleviates anxiety, and enhances the quality of life for the demented elderly, resulting in a win-win situation for families, society, medical institutions, and government. It contributes to the sustainable development of active aging and healthcare.

To address population aging, the government is actively developing the healthcare industry for the elderly

and striving to promote the strategy of successful aging. As the concept of whole-person care gains momentum and the understanding of health deepens, spirituality, often overlooked in successful aging, is receiving increasing attention ^[23]. This model aims to revolutionize the traditional aging-at-home paradigm by applying holistic care principles to address aging-related challenges. It seeks to alleviate the economic strain of aging investments, establish a comprehensive care system encompassing family, society, and the state, and foster the development of a national service infrastructure. Furthermore, this model will be continually refined based on existing international research and infused with China's rich traditional cultural heritage to meet the evolving needs of society. Its ultimate goal is to provide every elderly person with a sense of security and support, enhance their spiritual well-being, and contribute to the country's aging development.

5. Conclusion

Spiritual support care for the elderly with dementia goes beyond their physical health; it encompasses their mental and spiritual well-being as well. The spiritual support care model, rooted in the concept of matching supply and demand, is tailored to China's national circumstances. It integrates holistic care principles and considers the physiological characteristics of the elderly to address their spiritual needs. However, due to the relatively recent introduction of spiritual supportive care in China and our deep cultural heritage, the care model established in this study still faces certain challenges and requires ongoing refinement in practice and development. In the future, there will be continued exploration and adaptation of the model to align with societal developments. This will involve leveraging emerging technologies from both domestic and international sources. Additionally, efforts will be made to cultivate nursing professionals who can deliver comprehensive care for both physical and mental well-being, integrate humanistic values into the nursing profession, advocate for a transformation in medical service paradigms, and tackle the growing challenge of elderly care in China.

Funding

The 2023 Shandong Province College Students' Innovation and Entrepreneurship Training Program (Project No. S202310440136); Binzhou Medical College Research Initiation Fund (Grant No. 50012304601)

Disclosure statement

The authors declare no conflict of interest.

References

- [1] Guo L, Wu R, 2020, Matching Supply and Demand of Home Care Services: A Theoretical Analysis Framework. *Journal of Hebei University (Philosophy and Social Science Edition)*, 45(5): 136–145.
- [2] Zhang N, 2021, Research on Long-Term Care Problems of Rural Disabled Elderly Under the Perspective of Supply and Demand, thesis, Zhengzhou University.
- [3] Wang B, 2022, Health Status, Trends and Socio-Economic Impacts of China's Elderly Population: An Analysis Based on Data from the "Seven Surveys". *Journal of Yunnan University for Nationalities (Philosophy and Social Science Edition)*, 39(5): 68–75.
- [4] National Health and Wellness Commission of the People's Republic of China, 2019, Healthy China Action (2019–

2030), viewed January 2, 2023, <http://www.nhc.gov.cn/guihuaxxs/s3585u/201907/e9275fb95d5b4295be8308415d4cd1b2.shtml>

- [5] Li Z, Jin N, 2022, Implementing the National Strategy of Actively Coping with Population Aging: Path Choice and Cognitive Shift in China. *Journal of Nankai University (Philosophy and Social Science Edition)*, 2022(6): 11–18.
- [6] Li X, 2016, Practice Exploration of Social Work Intervention on Spiritual Needs of Dementia Elderly, thesis, Zhengzhou University.
- [7] Li A, Yin S, Xu Y, et al., 2015, Prediction of Dementia in Old Age in China from 2010–2030. *Chinese Journal of Gerontology*. 35(13): 3708–3711.
- [8] Liu HY, 2013, Study Says Global Dementia Patients Will Reach 1.35 Billion in 2050, viewed January 2, 2023, <http://www.chinadaily.com.cn/hqgj/jryw>
- [9] Ding Y, 2014, Research on the Construction of Long-Term Care Model for the Disabled Elderly in China, thesis, Capital University of Economics and Business.
- [10] Li L, Xu WB, Xiang YH, et al., 2023, Research and Exploration of Long-Term Care Model for the Disabled Elderly in China. *Health Career Education*. 41(9): 147–151.
- [11] Li G, 2018, Implications and Countermeasures of the U.S., Japanese, and German Long-Term Care Service Systems for China, thesis, Northeast University of Finance and Economics.
- [12] Ma S, Xu J, Du F, 2018, Analysis of Long-Term Care Model and Influencing Factors of the Disabled Elderly in Urban China. *Journal of Jiamusi Vocational College*, 2018(11): 436 - 438.
- [13] Ding J, 2014, Research on Long-Term Care Model of the Disabled Elderly in China, thesis, Chongqing University.
- [14] Ju R, Dai Y, Xiao S, et al., 2019, Analysis of the Current Situation of Long-Term Care Services for the Disabled Elderly. *Cooperative Economy and Technology*. 2019(11): 160–162.
- [15] Shi X, Zhang H, Sui J, et al., 2016, Analysis of Willingness to Choose Long-Term Care Model and Its Influencing Factors Among Rural Disabled Elderly Living Alone in Liaoning Province. *Modern Preventive Medicine*. 43(24): 4467-4470.
- [16] The Research Group of China Research Center on Aging, 2011, Research on Situation of Urban and Rural Disabled Elderly. *Disability Research*. 2011(2): 11–16.
- [17] Li Lin, Xu W, Xiang Y, et al., 2023, Research and Exploration of Long-Term Care Model for the Disabled Elderly in China. *Health Career Education*. 41(9): 147–151.
- [18] Ren J, Liu Y, Zhang R, 2024, Experience and Inspiration of Singapore’s Long-Term Care Insurance System. *China Medical Insurance*. 2024(3): 122–128.
- [19] Zhou J, 2017, Long-Term Care Insurance System: Japan’s Experience and Inspiration for China. *Social Construction*. 4(5): 23–36.
- [20] Chen M, Wu F, Liu H, 2023, Meta-Analysis of Long-Term Care Needs of the Elderly in Community Home Care and Institutional Care. *China Primary Health Care*. 37(9): 4–7.
- [21] Wang S, Jia Y, Li S, et al., 2023, SWOT Analysis of the Clinical Application of Spiritual Care in China. *Journal of Chengde Medical College*. 40(6): 533–536.
- [22] Yu H, Cao M, 2012, Current Status and Research Progress of Spiritual Care for Empty-Nested Elderly. *Journal of Nursing*. 19(15): 1–3.
- [23] Men H, Li P, Guo X, et al. 2019, Research Progress in Spiritual Care for the Elderly. *Journal of Nurse Advancement*. 34(23): 2151–2154.

Publisher’s note

Bio-Byword Scientific Publishing remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.