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Original research

EFFECTIVE SPIRITUAL CARE OF ELDERLY PATIENTS FOLLOWING THE KAIGO METHOD AT HUE CENTRAL HOSPITAL

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ABSTRACT

Background: *Elderly care according to the Kaigo method is a specialized care system developed in Japan. It aims to provide holistic nursing support for the elderly, encompassing physical, psychological, and social needs. This research aimed to evaluate the effectiveness of the Kaigo method in the mental care of elderly patients at the Department of General Internal Medicine and Geriatrics, Hue Central Hospital.*

Methods: *An intervention study without a control group was conducted, involving pre - and post - intervention monitoring of 114 patients over 60 years old receiving inpatient treatment.*

Results: *The average happiness index according to WHO-5 before and after the intervention was 42.26 ± 10.45 and 84.12 ± 12.1, respectively. The average quality of life score according to the EQ 5D5L scale before and after the intervention was 17.54 ± 1.22 and 11.25 ± 3.06, respectively. The inpatient experience score before the intervention was 3.14 ± 0.73 and 3.92 ± 0.91 after the intervention. Factors related to the change in the happiness index in the intervention group included the quality of life and inpatient experience scores.*

Conclusion: *Spiritual care for elderly patients using the Kaigo method significantly improved the happiness index and quality of life and inpatient experience.*

Keywords: *Spiritual care, elderly patient, Kaigo.*

I. INTRODUCTION

In today's contemporary society, caring for the elderly is becoming urgent, especially as the number of elderly people increases. In the period 2019 - 2021, Vietnam's total population increased by 2.07 million people, of which the elderly population aged 60 and over increased by 1.17 million people, about nearly 2 million people aged 80 and over (accounting for 17 million people) % of the total elderly population); there are more than 7 million elderly people living in rural areas (accounting for 41.9%); according to forecasts, by 2036, the population aged 65 and over will account for about 14.17% of the total population, and our country will soon enter the phase of population aging. Although there have been many efforts to improve the healthcare system, mental care for the elderly is still not given enough attention [1]. The Kaigo method, a comprehensive elderly care method from Japan, is a potential solution to solve this problem. The Kaigo method emphasizes the combination of medical care and spiritual care, creating a positive living environment, and helping the elderly maintain psychological health and a sense of happiness. Hue Central Hospital has applied the Kaigo method to its care process and brought benefits not only in terms of health but also in improving the quality of life for the elderly, helping them feel respected and cared for.

Research to evaluate the effectiveness of the Kaigo method in the mental care of the elderly

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at Hue Central Hospital. Through analyzing practical results and feedback from the elderly, the study will clarify the merits and challenges of this method. To provide a comprehensive view of the effectiveness of spiritual care for the elderly according to the Kaigo method. Therefore, the research hopes to contribute to creating a more comprehensive and humane elderly care system suitable to the conditions and needs of current Vietnamese society.

II. MATERIALS AND METHODS

A prospective descriptive study was conducted on patients over 60 years old who are being stayed at the Department of General Internal Medicine and Geriatrics, Hue Central Hospital.

We excluded the patients is not alert, have difficulty communicating, are unable to hear, speak, or understand Vietnamese, the patient does not agree to participate in the study.

Select the sample using the formula n = 50 + 8xm, where m is the number of independent variables. The study has 8 independent variables, so the sample size is 114. This is a convenient sampling method, and the time period is from January 2024 to March 2024.

Survey to evaluate the WHO-5 happiness index of elderly patients staying at the General Internal Medicine and Geriatrics Department. Research subjects with a happiness index <50 were selected for the intervention group.

Organize health education and entertainment activities for patients at the department, such as reading poetry and playing games, according to patients' demands.

Collaborate with patients' families to meet the mental activity requirements of elderly patients staying at the Department of General Internal Medicine and Geriatrics.

Re-evaluate the Who-5 happiness index, EQ 5D-3L quality of life, and patient experience before discharge.

The dependent variable is the happiness index calculated according to the WHO-5 scale with 5 questions about the patient's positive feelings: "I feel happy and in good spirits", "I feel calm and relaxed". ", "I feel active and energized", "I wake up feeling refreshed and rested" and "My daily life is filled with things that interest me" with a scale of 6 levels ranging from "none of the time", "some of the time", "less than half the time", "more than half the time", "most of the time", "all of the time". After converting the scores, the total score ranges from 0 (no happiness) to 100 (maximum happiness). The WHO-5 scale has a sensitivity of 0.93 and a specificity of 0.83 [2].

Independent variables include: Demographic characteristics such as age, gender, educational level, marital status, and household income, which are collected according to a pre-designed form. According to the EQ 5D-5L scale, assessing the quality of life includes 5 questions in 5 areas: mobility, self-care, usual activities, pain/discomfort, anxiety/melancholy. Each field has 5 levels for patients to answer. The patient's health status score synthesizes scores from 5 questions in 5 areas the patient answers. Very high CLCS 5 points; High QoL is 6 -10 points, average QoL is 11 - 15 points; Low CLCS 16 -20 points; CLCS is very low, 21-25 points. The EQ 5D-5L scale has a Cronbach alpha index of 0.77-0.88 [3]. Rate the patient's experience with a 5-point Likert scale from "very negative experience", "negative experience", "unclear or no comment experience", "positive experience", "experience very positive". Scores range from 1 to 5 according to the level of experience. The higher the score, the better the patient's experience.

Data were analyzed using SPSS 24.0 software to enter and analyze data, using frequency and descriptives to describe the general characteristics of the research object in terms of proportion, frequency, average, standard deviation, check the normal distribution with the Kolmogorov-Smirnov test, test the difference between two groups with the Wilconson signed ranked test.

III. RESULT

Table 1: General characteristics of research subjects

Characteristic		n=114	%
Age (X ± SD. Max - Min)		69 ± 7.5 (91 - 60)	
Gender	Male	48	42.1%
	Female	66	57.9%
Place of residence	City	62	54.4%
	Countryside	52	45.6%
Educational level	From university, colleague or higher	32	28%
	High school	87	76%
	Junior high school	19	16%
Living status	Living with family	105	92%
	Living alone	9	8%
Household economy	Poor	8	7.1%
	Near-poor	12	10.5%
	From average to higher	93	82.4%

The average age of the study subjects was 69 ± 7.5, of which the highest age was 91 and the lowest age was 60; high school education level and average household economy account for a high percentage.

Table 2: Characteristics of the WHO-5 happiness index before and after intervention

Characteristic	Pre-Intervention	Post-Intervention	p
Happiness index (X±SD, Max-Min)	42.26 ± 10.45 (66 - 28)	84.12 ± 12.1 (100 - 60)	< 0.01

The happiness index before and after intervention has a statistically significant difference with $p < 0.01$.

Table 3: Comparison with quality of life characteristics and experiences of patients before and after intervention

Characteristic	Pre-Intervention	Post-Intervention	p
Life quality (X±SD, Max-Min)	17.54 ± 1.22 (20 - 16)	11.25 ± 3.06 (17 - 6)	< 0.01
Experience	3.14 ± 0.73 (4 - 2)	3.92 ± 0.91 (5 - 2)	< 0.01

The quality of life score and patient experience before and after intervention statistically differ with $p < 0.01$.

Table 4: Some factors related to the change in happiness index of the intervention group

Factor		OR	95% CI	p
Age		0.037	0.002; 0.073	0.041
Gender	Male	Ref		
	Female	0.478	0.512; 1.462	-0.346
Place of residence	City	Ref		
	Countryside	1.46	0.062; 2.857	0.041
Educational level	From university, colleague or higher	Ref		
	High school	2.147	0.487; 3.808	0.011
Living status	Living with family	Ref		
	Living alone	0.306	-0.496; 1.109	0.455
Household economy	Poor	Ref		
	Near-poor	0.216	-0.955; 1.388	0.718
Life quality	Not good	Ref		
	Good	3.29	1.13; 9.86	0.029
Experience	Not good	Ref		
	Good	2.13	0.21; 8.35	0.034

There is a relationship between the independent variables of quality of life and patient experience with the happiness index of elderly patients with $p < 0.05$ for each variable.

IV. DISCUSSION

Aging is an inevitable natural process in human development. Psychological stress is one of the most important factors influencing the development of disease, reactions to threats to psychological, physical, emotional, and mental health cause a variety of physiological responses and adaptations. Besides, stress also greatly affects the physical and mental health of the elderly, because they are the most vulnerable to all types of stress. Physical decline and chronic diseases cause stress in the elderly and reduce life satisfaction. The WHO-5 Happiness Index has many important applications in various fields, especially health and psychological research. WHO-5 is used to assess general psychological well-being in terms of individuals' levels of happiness and general psychological well-being in community studies or clinical settings, screening for psychological disorders, with a low score on the WHO-5 may be an indicator that more in - depth psychological health assessments are needed, and the WHO-5 can also be used to monitor the progress of psychological or medical treatment, the changes in scores may reflect the effectiveness of interventions.

Our research evaluates the impact of health education programs, patient council activities, and entertainment activities according to patient needs at the clinical department using the Kaigo method to improve the mental health of elderly patients. Table 2 results show a statistically significant difference in the happiness index before and after intervention; the average score on happiness index doubled from 42.26 to 84.12. In addition, scores on quality of life and patient experience after intervention changed significantly and this difference was statistically significant with $p < 0.01$.

Semi-experimental research evaluating before and after intervention by Mohammad (2019) on 90 elderly people living in nursing homes

showed that: After implementing spiritual care, the majority of elderly people (62.22%) in the intervention group had low levels of perceived stress and the majority of subjects (64.44%) in the control group had high levels of perceived stress. Besides, the significant difference in the mental health level of both groups is 31.11% and 53.33%, and the negative correlation between perceived stress and mental health (r = -0.241 and P = 0.01) [4].

Milad's study was quasi-experimental in which 71 caregivers of heart failure patients were randomly assigned to an experimental group (n = 34) and a control group (n = 37). The Beck Anxiety Inventory, which consists of 21 items and is scored on a 4-point Likert scale from 0 to 3, was used to collect data. Scores range from 0 to 63, with higher scores indicating higher levels of anxiety. The experimental group received the mental intervention via six 45-minute sessions over a 2-week period (14 days; three times per week; every other day). Data were analyzed using descriptive and inferential statistics in SPSS software version 16. The results showed that there was a difference in anxiety levels between the two groups after intervention (P = 0.001). The level of anxiety in the experimental group three weeks after intervention (27.88 ± 7.10) decreased significantly compared to before intervention (45.06 ± 5.79) (P = 0.001). According to the results, the spiritual intervention reduced anxiety levels in caregivers of heart failure patients. Nurses are recommended to provide such necessary training to caregivers to reduce their anxiety [5].

Table 4 shows the relationship between the happiness index and the independence factor, in which the patient's quality of life and experience during treatment are statistically significantly related with p < 0.05. Multivariate logistic regression analysis results show that elderly patients with good quality of life have a happiness index 3.29 times higher than elderly patients with poor quality of life, and patients with good experiences have a happiness index 2.13 times higher than patients with bad experiences. Our results are similar to a cross-sectional descriptive study by Lee on elderly subjects in Taiwan showing that mental health is positively correlated with self-perceived health, negatively related to depression, and plays an important mediating role in the relationship between depression and self-perceived health. Relaxation and exercise are the spiritual practices most commonly used by Taiwanese seniors. The study also provides recommendations for nursing care and states that health care providers should provide culturally appropriate spiritual care to enhance the mental health of older adults and maintain good health for diverse elderly populations [6].

V. CONCLUSION

Health education programs, patient council activities, and entertainment activities according to patient's needs according to the Kaigo method improve patients' happiness index, enhance the quality of life, and experience patients in the hospital treatment process.

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