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Spiritual well-being promotion for older adults: Implication for healthcare policy makers' decision making on cost savings

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Abstract:

A spiritual well-being-based nursing intervention may boost older adults' resilience-based recovery. Its potential contribution may have positive knock-on effects: controlling skyrocketing healthcare costs; reducing the productive population's social burden of supporting the older adults; and alleviating a generational conflict. However, healthcare policy-makers are still skeptical about investing in those healthcare resources which would develop and implement a spiritual well-being-based nursing intervention for older adults. It is time for nurse scientists, as front-line gatekeepers for patients' omnidirectional well-being, to escape from thinking within the box by actively addressing first the feasibility, then the direct and indirect effectiveness on actual patient outcomes, and finally the cost efficiency of a spiritual well-being-based nursing intervention for the added benefit of easing the decision-making of healthcare policy-makers.

Keywords:

Aged, crisis intervention, decision-making, healthcare costs, spirituality

Introduction

ging, characterized by progressive Adegeneration of body systems, is a multifactorial process which is influenced by the amount of daily physical activity,^[1] defense power against microorganisms, and environmental factors such as quality and quantity of food, air, and water pollution. Along with this physical degeneration, older adults often experience individual psychosocial suffering - the depth and intensity of which are indeterminate by others - such as death of loved ones, loneliness and social isolation caused by retirement, or depression and anxiety. Individual factors such as behavioral patterns, personality developed in childhood, and level of education can also make an impact upon older adults' longevity and physical/mental well-being. [2] Aging is

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various, dynamic, and not generalizable for these reasons.

Today, many older adults are more likely to suffer from economic privation-driven low quality of life and limited financial health literacy,^[3] caused by worsening social/health inequity and cognitive decline in old age,^[4] which is an additional threat factor to their holistic well-being. Global demographic change such as the low birthrate in combination with a rapidly aging population is triggering this social affliction.^[5]

Particularly, the accelerated aging phenomenon brings about a tremendous explosion of healthcare costs, mostly caused by mounting healthcare needs for multiple chronic diseases. [6,7] This has imposed a substantial burden on the healthcare system and the wider economy because older adults

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are also more likely to have no additional financial resources. [5] Such a social phenomenon even stirs up a generational hatred directed at older adults, which can devalue their worth and merit accordingly. Older adults' well-being is being significantly threatened by omnidirectional aspects. It is urgent to establish and implement anticipatory strategies and action plans on aging and health. [5]

Mental Health and Well-being

Mental health and well-being for older adults are mostly threatened by depression and anxiety, which are also the most prevalent mental disorders among older adults. [8] The harmful consequences of depression and anxiety on older adults' health and well-being are unequivocally serious, including a heavy financial burden for healthcare costs, an increased risk for physical and psychological disability, and a higher mortality rate. [9] This strongly suggests that the underlying dimensions of gerontological mental health care should be scrutinized to effectively mitigate the level of depression and anxiety in a patient-centered value-based (better quality at lower cost) way. [7,9] It goes without saying that such data should accordingly be incorporated for viable and sustainable policy-making.

Spiritual Well-being

Spiritual well-being, as one dimension of quality of life, includes existential and religious well-being. Existential well-being creates a sense of a purposeful life, while religious well-being results in satisfaction as a form of belief to a supreme concept.[10] Existential spirituality, defined as the desire for reaching satisfying answers to the questions about life and death, may have a noticeable positive effect on older adults' mental health status by (1) providing them a deeper meaning of life, a sense of hope, and emotional comfort even in times of extreme suffering and illness and (2) helping patients maintain self-esteem and value their lives despite such difficulty.[11-13] This is also called "sublimation" in art and literature. Particularly, since the lived experiences of meaningfulness of life in older adults leads to a higher level of resilience-driven well-being even when confronted with medical problems, [14] healthcare providers and policy-makers need to pay special attention to their perceived meaning of life.

Despite it being obvious that older adults with a higher level of spiritual well-being are better able to overcome mental health problems, such as depression, anxiety, phobia, and somatization, and more likely to achieve positive mental health outcomes,^[15] healthcare policy-makers are still skeptical about investing in those healthcare resources which would develop

and implement a spiritual well-being-based nursing intervention for older adults. Since (1) a spiritual well-being-based nursing intervention would consist of personal, social, and transcendental dimensions beyond the traditional nursing intervention – such human resources are however limited – and furthermore, an exact measurement of the effectiveness of the intervention remains in question – e.g. how could we determine whether or not the participants have a meaningful life?,^[13] cost efficiency (i.e., return of investment) of the intervention under a potential risk of failure and loss is indefinable, making the healthcare policy-makers' decision-making even more difficult.

Conclusion

However, we nurses, as front-line gatekeepers for patients' omnidirectional well-being, should not overlook the potential value of such a spiritual well-being-based nursing intervention while still "think (ing) within the box."[16,17] The possibility that a spiritual well-being-based nursing intervention may boost older adults' resilience-based recovery^[13,14] suggests its potential contribution to controlling skyrocketing healthcare costs, which also may create ripple effects that could reduce the productive population's social burden of supporting the older adults and could alleviate a generational conflict. It is time for nurse scientists to escape from the "old fellows' continuous marching in their former direction and get into a new field to get new viewpoints,"[17,18] namely by actively addressing first the feasibility, then the direct and indirect effects on actual patient outcomes, and finally the cost efficiency of a spiritual well-being-based nursing intervention for the added benefit of easing the decision-making of healthcare policy-makers.

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Conflicts of interest

There are no conflicts of interest.

References

- Milanović Z, Pantelić S, Trajković N, Sporiš G, Kostić R, James N. Age-related decrease in physical activity and functional fitness among elderly men and women. Clin Interv Aging 2013;8:549-56.
- Knight J, Nigam Y. Exploring the anatomy and physiology of ageing. Part 1 – The cardiovascular system. Nurs Times 2008;104:26-7.
- MacLeod S, Musich S, Hawkins K, Armstrong DG. The growing need for resources to help older adults manage their financial and healthcare choices. BMC Geriatr 2017;17:84.
- Daly S, Allen J. Inequalities in Mental Health, Cognitive Impairment and Dementia among Older People. University College London, London, U.K.: The UCL Institute of Health Equity; 2016. Available from: http://www.instituteofhealthequity.

- org/resources-reports/inequalities-in-mental-health-cog nitive-impairment-and-dementia-among-older-people/ inequalities-in-mental-health-cognitive-impairementand-dementia-among-older-people.pdf. [Last accessed on 2018 Dec 31].
- World Health Organization. Global Strategy and Action Plan on Ageing and Health. Geneva, Switzerland: World Health Organization; 2017. Available from: https://www.who.int/ ageing/WHO-GSAP-2017.pdf?ua=1. [Last accessed on 2018 Dec 31].
- Park CS. Optimizing staffing, quality, and cost in home healthcare nursing: Theory synthesis. J Adv Nurs 2017;73:1838-47.
- Park CS. Challenging rules, creating values: Park's sweet spot theory-driven central-'optimum nurse staffing zone'. J Adv Nurs 2018;74:1231-2.
- 8. Ní Mhaoláin AM, Fan CW, Romero-Ortuno R, Cogan L, Cunningham C, Kenny RA, *et al.* Frailty, depression, and anxiety in later life. Int Psychogeriatr 2012;24:1265-74.
- Aghakhani N, Vahabzadeh D, Niroomand S, Asgarlou Z, Zaravar F. The relationship between spiritual wellbeing, anxiety and depression in old adults: A cross sectional study of Shiraz Clinics, Iran. World Fam Med Middle East J Fam Med 2018:16:69-72.
- 10. Elham H, Hazrati M, Momennasab M, Sareh K. The effect of need-based spiritual/religious intervention on spiritual well-being and anxiety of elderly people. Holist Nurs Pract 2015;29:136-43.

- 11. Breitbart W. Spirituality and meaning in supportive care: Spirituality- and meaning-centered group psychotherapy interventions in advanced cancer. Support Care Cancer 2002;10:272-80.
- 12. Levin JS. How religion influences morbidity and health: Reflections on natural history, salutogenesis and host resistance. Soc Sci Med 1996;43:849-64.
- 13. Thuné-Boyle IC, Stygall JA, Keshtgar MR, Newman SP. Do religious/spiritual coping strategies affect illness adjustment in patients with cancer? A systematic review of the literature. Soc Sci Med 2006;63:151-64.
- 14. Dezutter J, Casalin S, Wachholtz A, Luyckx K, Hekking J, Vandewiele W, *et al.* Meaning in life: An important factor for the psychological well-being of chronically ill patients? Rehabil Psychol 2013;58:334-41.
- 15. Ellison CG, Fang Q, Flannelly KJ, Steckler RA. Spiritual struggles and mental health, exploring the moderating effects of religious identity. Int J Psychol Religion 2013;23:214-29.
- Evenblij K, Widdershoven GA, Onwuteaka-Philipsen BD, de Kam H, Pasman HR. Palliative care in mental health facilities from the perspective of nurses: A mixed-methods study. J Psychiatr Ment Health Nurs 2016;23:409-18.
- 17. Park CS. Thinking outside the box. J Adv Nurs 2018;74:237-8.
- Kaiser JF. Richard Hamming's 'You and Your Research.' Transcription
 of the Bell Communications Research Colloquium Seminar;
 1986. Available from: http://www.cs.virginia.edu/~robins/
 YouAndYourResearch.pdf. [Last accessed on 2018 Dec 31].