

Promoting Healthy and Active Ageing

Lesson 04

Psychological, social, spiritual and environmental changes in ageing

Intended Learning Outcomes

- Describe common psychological, social, spiritual, and environmental changes in older adults.
- Analyze their impact on health and wellbeing from a biopsychosocial perspective.
- Recognize the nurse's role in supporting holistic adaptation.

Challenges of Ageing mind

- Ageing is a natural and progressive journey.
- unique physical, psychological, and social transformations happen.
- The transformation influence an older adult's needs, their coping mechanisms, and ultimately, their quality of life.
- understanding the combined psychological, social, and spiritual needs of older adult individuals is essential for providing truly holistic, person-centred care, whether they are living independently at home or within an institutional setting.

Psychological Needs

- Ageing often brings changes, losses, and health conditions that profoundly impact mental well-being.
- Addressing psychological needs is paramount to promoting emotional stability, preserving dignity, and maintaining cognitive function.

1

Security & Safety

Ensuring physical freedom from harm and fostering emotional trust in caregivers.

2

Identity & Self-Worth

Respecting personal choices, acknowledging past achievements, and using preferred names.

3

Cognitive Stimulation

Activities like reading, puzzles, and reminiscence therapy to maintain mental sharpness.

4

Emotional Support

5

Autonomy & Control

Involving older adults in decisions about their daily lives and healthcare.

Social Needs

- Humans remain inherently social beings throughout life.
- Addressing social needs helps older adults maintain vital connections, a sense of belonging, and their unique social identity.
- Family & Peer Relationships: Encouraging emotional bonds through regular visits and communication.
- Social Participation: Facilitating involvement in community activities, hobbies, and cultural events.
- Role Recognition: Creating opportunities for older people to share their skills, wisdom, and experience, fostering a sense of usefulness.
- Communication Opportunities: Ensuring clear communication, including support for assistive devices like hearing aids or glasses.
- Respect & Social Inclusion: Actively avoiding ageism and social isolation, promoting engagement in group activities.



Pic: Uamedia.eu

Adapting to Environments: Social Needs in Different Settings

Community-Dwelling

For those living at home, maintaining established social circles and attending familiar community events is typically easier.

Nurses can support this by connecting them to local groups and transport services.

Institutionalised

In institutional settings, structured group activities (e.g., games, cultural programmes, communal meals) are crucial to combat isolation. Staff play a pivotal role in initiating and facilitating these vital social interactions.



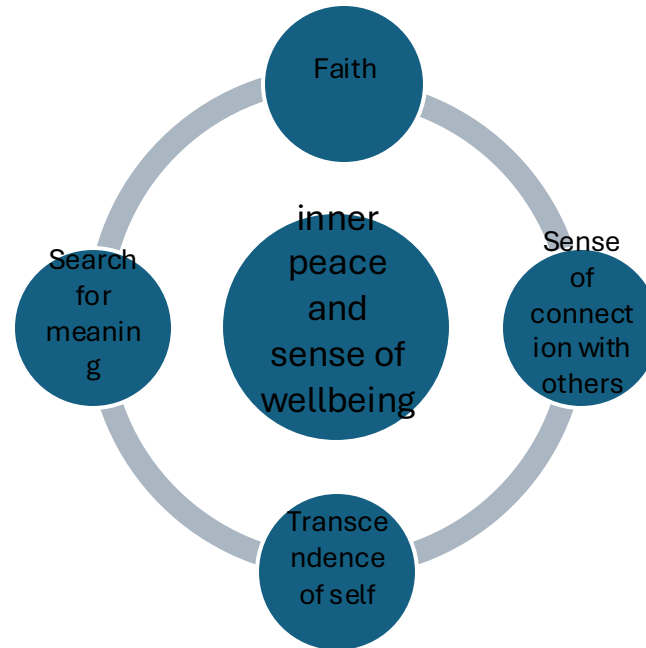
Pic: Uamedia.eu

Spiritual Needs



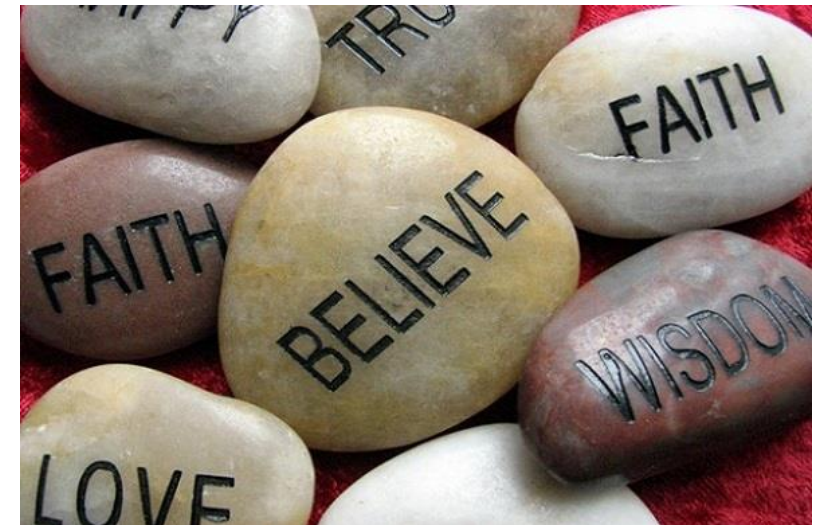
Spirituality

- Spirituality is the Quality of a person derived from the social and cultural environment



Spirituality and Ageing

- Ageing is a biological process
- With ageing people move closer to death, so spirituality become more important
- There is a need to see the ageing as spiritual process



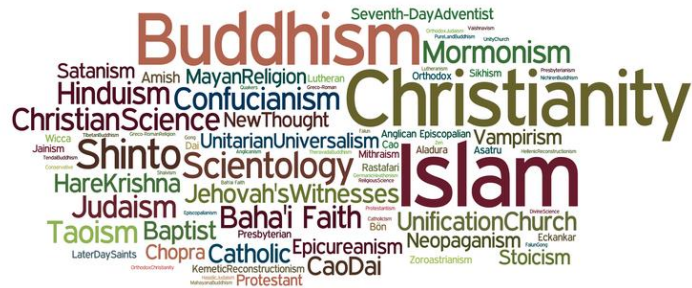
Spirituality and ageing



Pic: 123rf.com

- Spirituality help cope with the challenges of
 - Declining physical health
 - Loss of loved ones
 - Realization that death is near
- Spirituality is a source of strength in the life of older adults

Spirituality and Religion



- Religion is a social institution that unite peoples in a faith of god.
- Spirituality is broader concept than religion. Its persons value, believes, search for the meaning of life and the relationship with the higher power , with nature and with other people.
- Religion and spirituality helps the older person feel fulfilled

BODHIDAISM

Spirituality and healthy ageing



- Healthy ageing includes
 - Active engagement in life
 - Minimal risk and disability
 - Higher cognitive and physical function
- Ultimate goal of Spirituality is to support and enhance the quality of life.
- Spirituality interrelated with all the aspects of healthy ageing

Spiritual health

- Older adults poses higher risk for spiritual distress
- An individual's perception of hurt or suffering associated with their spirituality leads spiritual distress
- Spiritual distress manifested by anger, guilt, blame, hatred, expression of alienation, inability to derive pleasure, inability to participate in religious activities.



Pic: www.cancer.gov

Identifying older adults at risk of spiritual distress



- Individuals experiencing conditions that affect the ability to participate in spiritual rituals
- Diagnosis and treatment of a life-threatening, chronic or terminal illness
- Expression of interpersonal or emotional suffering, loss of hope, lack of meaning
- Evidence of depression
- Cognitive impairment
- Verbalized questioning or loss of faith
- Loss of interpersonal support

Assessment of spiritual concern



- Does the spirituality / Religion provide comfort or serve as cause of stress
- Is there any religious or spiritual believe conflict with health care
- belongs to any religious community
- practices or rituals that help you express your spiritual or religious belief
- Is there any spiritual needs patient would like someone to address
- How can we help with the spiritual needs or concern.



Nursing interventions

- Relieving physical discomfort
- Create peaceful environment



Pic: Content.tfl.gov.uk

Nursing interventions

- Using comfort touch to enhance rapport
- Provide a trustworthy company



Pic: Channeleye.media

Nursing interventions

- Listen attentive
- Know patient as person



Pics: [Thepreachersworld.com](https://www.thepreachersworld.com)

Nursing interventions

- Listening to life stories
- Sharing fears and listening to self doubts or guilt



Nursing interventions

- Providing forgiveness and reconciliation
- Validating the persons life and assuring that he/she will be remembered



Nursing interventions

- Sharing caring word and love
- Encouraging family support and presence



Pic: Greatergood.berkeley.edu



Pic: Isra.org.au

Nursing interventions

- Fostering connection to that which is held sacred by the person
- Praying with and for the patient

Nursing interventions

- Respecting religious traditions and providing access to religious objects and rituals
- Referring the person to a spiritual counselor



Pics: Lorichaplin.wordpress.com

A Holistic Approach to Care

- Holistic Assessment**
Regularly evaluate psychological, social, and spiritual needs.
- Individualised Care Plans**
Respect cultural backgrounds, personal preferences, and abilities.
- Promote Autonomy**
Actively involve older adults in care decisions.
- Provide Resources**
Enable consistent contact with family and friends.
- Facilitate Communication**
Arrange access to religious leaders, counselling, and support groups.
- Prevent Isolation**
Organise engaging activities and encourage participation.

Key Differences: Needs Across Settings

Need	Community-Dwelling	Institutionalised
Psychological	Familiar environment, family support, greater autonomy.	Structured activities, emotional reassurance, preservation of dignity.
Social	Easier neighbourhood/community involvement, existing social circles.	Organised group activities, increased reliance on staff interaction.
Spiritual	Freedom to attend places of worship, maintain personal traditions.	Need for on-site religious/spiritual support, provision of quiet reflection spaces.



Case Discussion:

Mrs. Sheela is a 74-year-old widow who lives alone in her family home in a semi-urban area. Since her husband's death three years ago, she has become increasingly isolated.

Her two adult children live abroad and call occasionally, but visits are rare.

Nurse observes the following:

- She reports frequent sadness, poor sleep, and low motivation to cook or engage in hobbies she once enjoyed. She worries about being a burden.
- Limited contact with neighbors, no active participation in community or religious groups. Most days she spends alone watching TV.
- She expresses feelings of emptiness and questions about the meaning of her life. She stopped attending temple, which used to give her comfort.
- Her home has poor lighting, cluttered pathways, and no bathroom grab bars. She has already had one minor fall last month.
- Mrs. Sheela has uncontrolled hypertension and weight loss due to irregular meals. She appears frail and anxious during her clinic visit.

1. Identify the changes in each domain (psychological, social, spiritual, environmental) evident in this case.
2. Which of these are expected changes of ageing and which indicate potential risk factors for poor health?
3. Discuss how each of these changes influences Mrs. Sheela's physical health, mental wellbeing, and quality of life.
4. Map the findings into a biopsychosocial model



Thank
you

