Research Progress on Management of Chronic Diseases in the Elderly from the Perspective of Humanities and Social Sciences: A Multidimensional Examination and Prospects

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Abstract: Interdisciplinary cooperation and continuous innovation are the key to promote the cultural process of elderly chronic disease managers. This article puts forward some policy suggestions to integrate the concept of humanities and social sciences, so as to promote the cultural process of the elderly chronic disease managers. By reviewing and combing the related theories in the field of humanities and social sciences, this article provides a theoretical framework for understanding the experience, behavior choice and service demand of elderly patients with chronic diseases. This article examines the management practice of chronic diseases in the elderly from the aspects of policy, medical service system, community and family, and social factors. The results show that policy makers, medical service providers, community managers and family caregivers all play an important role in the management of chronic diseases in the elderly. However, there are still some problems in current practice, such as insufficient humanistic care and insufficient interdisciplinary cooperation. Therefore, this article puts forward specific suggestions for all parties, emphasizing that we should pay more attention to the comprehensiveness and humanization of policies, strengthen the integration of humanistic care in medical services, strengthen the care and support of the community for elderly patients with chronic diseases, and give more attention and support to family caregivers.

1. Introduction

In today's world, the problem of chronic diseases in the elderly is becoming more and more serious, and it has become a public health problem of global concern [1]. The aggravation of population aging makes this problem particularly prominent in some countries and regions. The rising prevalence of chronic diseases in the elderly has seriously affected the quality of life of the elderly and brought a heavy burden to the social medical system [2]. These diseases generally need long-term treatment and management, which consumes a lot of medical resources. At the same time, it also has a great impact on the family's economic situation and mental stress [3]. Family members need to invest a lot of time and energy to take care of the sick elderly. This has affected their work and life, and may also lead to a series of social problems, such as family tension and the decline in labor market participation rate.

In this context, the management of chronic diseases in the elderly is particularly important [4]. The traditional medical model generally only pays attention to the physiological treatment of diseases, ignoring the psychological, social and cultural needs of the elderly [5]. In fact, these non-medical factors are equally important for elderly patients with chronic diseases. They need not only medication, but also emotional comfort, social interaction and cultural recognition [6].

In view of this, the position of humanities and social sciences perspective in the management of chronic diseases in the elderly is rising day by day. The purpose of this study is to explore how to better manage chronic diseases in the elderly from the perspective of humanities and social sciences. By revealing the application value of humanities and social science theory in the management of chronic diseases in the elderly, and analyzing the shortcomings in the existing practice, this article hopes to provide a more humanized solution for the management of chronic diseases in the elderly.

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The significance of the research lies in promoting the humanistic care process of chronic disease management in the elderly, improving patients' quality of life and happiness, and reducing the burden on society and families. In the definition of research scope, this article will focus on the psychological, social and cultural needs of elderly patients with chronic diseases, as well as humanistic care in the construction of policies and service systems, and conduct in-depth discussions on the management of chronic diseases in the elderly from multiple dimensions.

2. Theoretical framework for managing chronic diseases in the elderly

In the field of humanities and social sciences, many theories are closely related to the management of chronic diseases in the elderly, which provides a rich perspective for this article to understand this complex issue [7]. The theory of life course in sociology emphasizes the interaction of social structure, historical events and personal experiences in the process of individual life. This has a unique insight to explain how elderly patients with chronic diseases encounter and cope with diseases in their life trajectory.

In the field of psychology, social support theory highlights the role of interpersonal network in relieving individuals from pressure and challenges [8]. For elderly patients with chronic diseases, support from family, friends, community and medical team is the key resource for them to resist diseases and maintain their quality of life. This theory explains the positive effect of social support on the mental health of elderly patients, and provides a theoretical basis for creating a more humane and emotional communication service model. In practice, establishing support groups, conducting family visits and optimizing communication between doctors and patients can enhance patients' sense of social connection to some extent [9]. As a theoretical model to analyze individual healthy behavior choices and their determinants, the theory of healthy behavior points out that individual knowledge, attitudes, beliefs and external environment jointly shape individual healthy behavior patterns. By intervening these factors, elderly patients can be promoted to adopt more healthy behaviors. These theories do not exist alone, but are intertwined, and jointly construct the theoretical system of humanities and social sciences for the management of chronic diseases in the elderly.

3. Multi-dimensional survey of the management practice of chronic diseases in the elderly

In response to the challenge of chronic diseases in the elderly, the role of policies is crucial [10]. It affects the quality of life of elderly patients and also determines the availability of medical services. From the perspective of humanistic care, the special needs of elderly patients should be fully considered in the formulation of policies, such as providing convenient medical procedures, reasonable burden of medical expenses and adequate allocation of medical resources. The fairness of the policy can not be ignored. It requires that medical services can cover all people in need, regardless of their economic status or social status. The long-term stability of the policy is also the key to measure its success. Only sustained and stable policy support can ensure the consistency and progress of the management of chronic diseases in the elderly. In practice, some policies have effectively improved the medical security level of elderly patients by providing family doctor contract service and chronic disease management subsidies, which reflects the humanistic care and fairness of the policies. The role of policies in the management of chronic diseases in the elderly is shown in Figure 1:

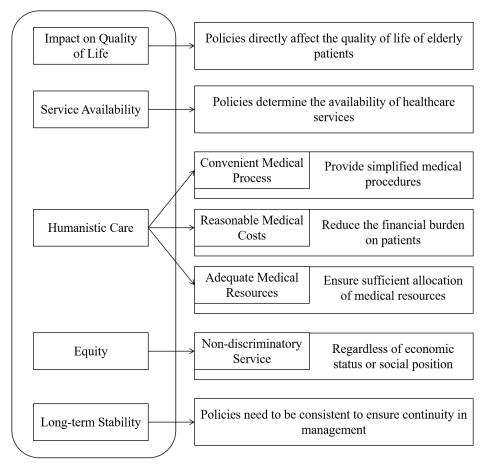


Figure 1 Policy role in the management of chronic diseases in the elderly

In the provision of medical services, medical institutions are the key. As the main body of service provision, medical institutions bear multiple responsibilities such as diagnosis, treatment and rehabilitation. In the process of medical service, the integration of humanistic care is very important. Medical institutions should pay attention to the establishment and maintenance of doctor-patient relationship, and enhance patients' trust and satisfaction with medical services through effective communication, patient explanation and respect for patients' wishes. Interdisciplinary teamwork is also an effective strategy to improve service quality. Doctors, nurses, psychological counselors, social workers and other team members with multi-professional backgrounds can work together to provide more comprehensive and personalized service programs for elderly patients. This model of teamwork can improve the efficiency of medical services, and also embodies the concept of all-round care for elderly patients.

The role of community and family in the management of chronic diseases in the elderly should not be underestimated. Services such as health talks, rehabilitation training and psychological comfort provided by the community have brought convenient and close-to-life help to elderly patients. Family caregivers are the most direct caregivers of elderly patients. Their burden and support are crucial to the rehabilitation of patients. At the same time, encouraging patients to manage themselves is also an important means to improve the management effect of chronic diseases. Improving their health knowledge, self-monitoring skills and emergency handling ability through education can enhance their self-management ability and improve their quality of life.

The management of chronic diseases in the elderly is also influenced by social factors such as culture, belief and economic status. These factors may affect patients' cognition of diseases, their acceptance of medical services and their enthusiasm for self-management. Generally speaking, it is the key to improve the management level of chronic diseases in the elderly by comprehensively examining the management practice of chronic diseases in the elderly, comprehensively considering policies, medical service system, community, family and social factors, and taking humanistic care as the core.

4. Policy advice

On the road of promoting the management of chronic diseases in the elderly, it is of great significance to integrate the concept of humanities and social sciences to improve service quality and patient satisfaction. For policy makers, it is suggested that they pay more attention to the comprehensiveness and humanistic care of policies. In policy design, we should pay attention to the rational allocation of medical resources and the convenience of service, and should also consider the psychological, social and cultural needs of elderly patients. For example, policies are introduced to encourage medical institutions to provide special services for mental health of the elderly, or to provide necessary training and support for family caregivers to reduce their pressure. Policymakers should also pay attention to the long-term effectiveness of policies to ensure the sustainability and stability of policies for the management of chronic diseases in the elderly.

For medical service providers, this article suggests further strengthening the integration of humanistic care in medical services. Medical institutions should optimize the medical treatment process to reduce the waiting time and inconvenience of elderly patients. Medical staff need to improve their communication skills, treat each elderly patient with more patience and meticulous attitude, and respect their wishes and choices. Medical institutions should actively promote interdisciplinary cooperation and integrate medical, psychological and social resources to provide comprehensive and personalized services for elderly patients. This multi-disciplinary cooperation model can improve the efficiency and quality of medical services and enhance patients' satisfaction with medical services.

Community managers also play an important role in the management of chronic diseases in the elderly. This article suggests that the community should strengthen care and support for elderly patients with chronic diseases and provide diversified community services. Community care and support services for the elderly with chronic diseases are shown in Figure 2:

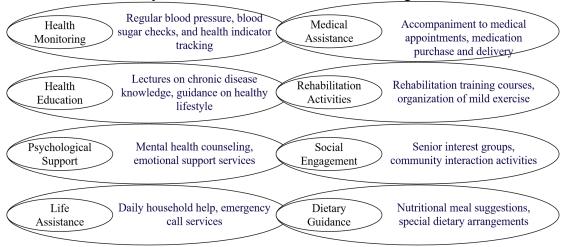


Figure 2 Community care and support services for the elderly with chronic diseases

For family caregivers, this article thinks that more attention and support should be given to them. Family caregivers are the most direct caregivers of elderly patients, and their burdens and pressures are often ignored. Therefore, we should provide necessary training and guidance for family caregivers to help them improve their care ability and psychological resilience. At the same time, through economic assistance and social support, the burden of family caregivers can be reduced, so that they can better take care of elderly patients. Finally, it emphasizes the key role of interdisciplinary cooperation and continuous innovation in promoting the humanistic care process of chronic disease management in the elderly. Only when experts and workers from different disciplines and fields work closely together to explore a more humane and efficient management model of chronic diseases in the elderly can we continuously meet the needs of elderly patients and improve their quality of life.

5. Conclusions

The perspective of humanities and social sciences has played an irreplaceable role in the management of chronic diseases in the elderly. The perspective of humanities and social sciences provides a rich theoretical framework for understanding the experiences, behavior choices and service needs of elderly patients with chronic diseases. It emphasizes the importance of humanistic care, social support, individual behavior and social and cultural factors in the management of chronic diseases in the elderly. This provides a theoretical basis for formulating a more humane and comprehensive management strategy. Through the integration of humanities and social sciences, medical services have become closer to patients, the relationship between doctors and patients has been improved, and patients' satisfaction and participation have also been improved. At the same time, the perspective of humanities and social sciences has also promoted interdisciplinary cooperation and promoted the innovation of the management model of chronic diseases in the elderly.

There are also some limitations in the management of chronic diseases in the elderly from the perspective of humanities and social sciences. On the one hand, human factors are difficult to quantify. On the other hand, the application of humanities and social sciences theory needs to take into account the differences of different cultures, regions and social backgrounds. This increases the complexity and challenge in practice. In view of these limitations, future research should focus on exploring the quantitative relationship between humanistic factors and the effect of chronic disease management, and find more scientific and effective methods to evaluate the role of humanistic care in chronic disease management. At the same time, it is necessary to further develop a more humanistic service model and integrate the concepts of humanities and social sciences into all aspects of the management of chronic diseases in the elderly.

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