

Study on Community Care Needs and Influencing Factors of the Urban Elderly in Shandong Province, China

Yuqing Mi¹, Wei Li^{1*}, Yunfeng Tang^{1*}, Xiang Wang², Sheng Luo³

¹School of Public Health, Weifang Medical University, Weifang, China

²Personnel Department, Weifang Medical University, Weifang, China

³School of Management, Weifang Medical University, Weifang, China

Email: *imliwei@163.com, *18866716751@163.com

How to cite this paper: Mi, Y.Q., Li, W., Tang, Y.F., Wang, X. and Luo, S. (2022) Study on Community Care Needs and Influencing Factors of the Urban Elderly in Shandong Province, China. *Journal of Biosciences and Medicines*, 10, 231-242. <https://doi.org/10.4236/jbm.2022.1010020>

Received: October 11, 2022

Accepted: October 28, 2022

Published: October 31, 2022

Abstract

Objective: To understand community care needs of the urban elderly in Shandong Province. To analysis the influencing factors and community care needs of the urban elderly in Shandong Province. **Methods:** Shandong Province was divided into four levels according to the level of economic development, multi-stage stratified cluster random sampling method was used. Each city collected the old aged 60 years or older served by 5 community health service centers. A total of 3390 questionnaires were distributed, the recovery rate was 100%, it had 3363 effective questionnaires, and an effective rate was 99.20%. SPSS17.0 software was used for univariate and multivariate analysis. **Results:** Analysis results show that, the influencing factors of community care needs of health promotion dimension have medical time ($t = 3.239$, $P = 0.001$) and EQ-5D score ($t = 9.104$, $P < 0.001$). The influencing factors of community care needs of disease prevention dimension have education ($t = 2.406$, $P = 0.016$), EQ-5D score ($t = -2.388$, $P = 0.017$) and ADL score ($t = -6.239$, $P < 0.001$). The influencing factors of disease care dimension have economic income ($t = -2.268$, $P = 0.023$), prevalence of chronic diseases ($t = -17.276$, $P < 0.001$), medical time ($t = 6.266$, $P < 0.001$) and EQ-5D score ($t = -3.762$, $P < 0.001$). The influencing factors of community care needs total Score have prevalence of chronic diseases ($t = -8.341$, $P < 0.001$), medical time ($t = 5.224$, $P < 0.001$) and EQ-5D score ($t = -6.929$, $P < 0.001$). **Conclusions:** Community care needs of the urban elderly in Shandong Province are at a medium level and have many influencing factors, the scores of each dimension from high to low are health promotion, disease care and disease prevention. In community nursing work,

we should meet the care needs of the elderly, we need to enhance elderly self-care and safety awareness and promote the physical and mental health of the elderly.

Keywords

The Elderly, Community Care, Needs, Influencing Factors

1. Introduction

The aging of population is an important problem facing the world in the 21st century [1]. The arrival of aging society will inevitably bring great pressure to society, family and medical care. Similarly, in the 21st century, China's aged care is an era of both opportunities and challenges. Nurses should update their concepts, expand the category of aged care and improve their overall service ability [2]. However, the community care for the elderly in China is still in its infancy, and the traditional community nursing service for the elderly cannot meet the requirements of the overall health management of the elderly, which has become the bottleneck restricting the sustainable development of community nursing for the elderly.

Breaking the traditional concept of "disease care"-centered nursing service, getting rid of the shackles of basic nursing modes such as single implementation of doctor's advice and door-to-door intravenous infusion, and independently providing health promotion and disease prevention services for the elderly will become the development direction of community nursing [3]. Therefore, it is very important to analyze the community care needs and influencing factors of the elderly.

The purpose of this study was to understand the present situation of community care needs of the elderly through on-the-spot investigation, and to analyze the factors that affect the elderly choice of community care needs. It is hoped to provide reference for further effective community nursing for the elderly.

2. Methods

2.1. Study Design and Participants

Data of the current study (N = 3363) were collected from a large cross-sectional study on community care needs in urban areas of Shandong province, China. The random stratified cluster sampling method was applied to select the survey subjects. Four cities of Shandong province and five community health service centers in each city were chosen randomly according to the development of economy and the geographical location. Then, all the aged (≥ 60 years) under the jurisdiction of the twenty community health service centers were chosen as the survey respondents.

In order to control the information bias and loss to follow-up, the collabora-

tion institutes research meeting had been held several times to discuss the quality control. Representatives of local sanitary bureau, health agency, community health service center and researcher designer were invited to attend the meeting. Pilot investigation was carried out to test the reliability and validity of the questionnaires. The interviewers were trained in order to increase the skill of interviewer. The medical professional experts, university teachers and the postgraduate students majoring in preventive medicine were recruited to carry out the face-to-face questionnaire interview.

2.2. Ethics Approval and Consent for Participate Statement

This study was approved by the Ethics Committee of Weifang Medical University, and written informed consent was obtained from all participants.

2.3. Statistical Analysis

The mean and standard deviation ($\bar{x} \pm SD$) and frequency (%) were used to describe the distribution of quantitative and qualitative data respectively. The T test and ANOVA test were used to compare the difference of community care needs between different groups. The multiple linear regression analysis was used to analyze the influencing factors of elderly community care needs. All analyses were two tailed and statistical significant probability was determined by $P \leq 0.05$. SPSS (Version 19.0) statistical analysis software was used to analyze data.

3. Results

3.1. Demographics Description of the Sample

There were 3390 eligible residents recruited in the current study and 3363 residents actually participated in. The participation rate was 99.20%. Demographic variables such as gender, age, education level, medical insurance, family annual income, chronic diseases, medical treatment time and living were shown in **Table 1**.

3.2. Community Care Needs of the Elderly

3.2.1. Overall Situation

In this study, there were 22 items (22 - 110 points) of community care needs of the elderly in three dimensions. The community care needs of the elderly in urban communities were at a medium level (61.40 ± 15.924). The scores of each dimension from high to low were health promotion (20.69 ± 6.215), disease care (20.40 ± 5.757) and disease prevention (20.29 ± 3.952) The requirements of health promotion, disease prevention and disease care were 33.7%, 33.2% and 33.1% respectively. As shown in **Table 2**.

3.2.2. Distribution of Community Care Needs of the Elderly

According to the proportion of needs, the top six items of community care need are regular health assessment (96.2%), self-health monitoring guidance (75.1%),

Table 1. Distribution of the demographics variables.

Demographic Variables	Frequency	Percent (%)
Gender		
Male (1)	1419	42.2
Female (2)	1944	57.8
Age (year)		
60 - 64 (1)	848	25.2
65 - 69 (2)	918	27.3
70 - 74 (3)	708	21.2
75 - 79 (4)	538	16.0
>80 (5)	351	10.4
Education level		
Primary school (1)	1757	52.2
Middle school (2)	925	27.5
Above middle school (3)	680	20.2
Medical insurance		
Yes (1)	3279	97.5
None (2)	84	2.5
Family Annual Income (RMB/person)		
<10,000 (1)	148	5.1
10,000 - 20,000 (2)	807	27.8
20,000 - 30,000 (3)	879	30.3
30,000 - 40,000 (4)	560	19.3
>40,000 (5)	510	17.6
Chronic diseases		
Yes (1)	2184	64.9
No (2)	1179	35.1
Medical treatment time (min)		
<5 (1)	88	2.6
5 - 10 (2)	2474	73.6
>10 (3)	801	23.8
Living		
Individual (1)	419	12.5
With spouse (2)	2175	64.7
With children (3)	315	9.4
With spouse and children (4)	447	13.3

Table 2. General situation of community care needs.

Dimension	Number of items	Score range	Score
Health promotion	8	8 - 40	20.69 ± 6.215
Disease prevention	7	7 - 35	20.29 ± 3.952
Disease care	7	7 - 35	20.40 ± 5.757
Overall needs	22	22 - 110	61.39 ± 11.676

general disease care (72.8%), nutrition and diet (69.5%), community emergency rescue (68.8%) and dynamic management of filing information (67.4%) as shown in **Table 3**.

3.3. Comparative Analysis of Community Care Needs of the Elderly

Table 4 showed the influence of different factors on the community care needs of the elderly. The factors related to the needs of the elderly for health promotion were age, chronic diseases, medical treatment time, living, EQ-5D, ADL. Some factors related to the needs of the elderly for disease prevention were as follows: age, education level, EQ-5D, ADL. The factors related to the needs of the elderly for disease care were age, family annual income, chronic diseases, medical treatment time, living, EQ-5D, ADL. Some factors related to the needs of the elderly for overall needs were as follows: age, family annual income, chronic diseases, medical treatment time, living, EQ-5D, ADL.

3.4. Influencing Factors of Community Care Needs of the Elderly

As shown in **Table 5**, we used multiple stepwise linear regression models to test the factors that affect the community care needs of the elderly. The collinearity diagnosis results showed that the model was not collinear (Tolerance, TOL > 0.9; Variance Inflation Factor, VIF < 1.2). The linear trend test of scatter plot of continuous variables shows that the linear relationship is good, which can be directly introduced into the equation. The test level α of the regression equation was 0.05, and the α of the elimination equation was 0.10.

The results showed that as follows: Community care needs of the elderly in health promotion dimension = $23.079 + 2.019 \times \text{EQ-5D} + 0.479 \times \text{medical treatment time}$; Community care needs of the elderly in disease prevention dimension = $22.006 + 0.836 \times \text{ADL} + 0.208 \times \text{education level} + 0.342 \times \text{EQ-5D}$; Community care needs of the elderly in disease care dimension = $25.12 - 3.452 \times \text{chronic} + 0.825 \times \text{medical treatment time} + 0.757 \times \text{EQ-5D} + 0.159 \text{ Income}$; Community care needs of the elderly in overall needs = $68.029 - 3.482 \times \text{chronic} + 2.909 \times \text{EQ-5D} + 1.436 \times \text{medical treatment time}$.

4. Discussion

As the elderly grow older, their physical functions decline, and the probability of

Table 3. Distribution of community care needs of the elderly.

Dimension/Items	No		Neutral		Yes	
	Frequency	(%)	Frequency	(%)	Frequency	(%)
Health promotion						
Nutrition and diet	713	21.2	315	9.4	2335	69.5
Exercise	1055	31.4	458	13.6	1850	55.0
Sleep	1504	44.7	561	16.7	1398	38.6
Health education	2526	75.1	440	13.1	397	11.8
Family and personal hygiene						
Sanitation	2056	61.1	444	13.2	863	25.6
Behavior and safety	1484	44.1	377	11.2	1502	44.6
Psychological counseling	2168	64.5	560	16.7	635	18.9
Disease prevention						
Regular health assessment	88	2.6	38	1.1	3237	96.2
Community health diagnosis (assistance)	1488	44.2	680	20.2	1195	35.6
Chronic disease prevention propaganda	1749	52.0	1296	38.5	318	9.5
Infectious disease prevention education	2181	64.9	486	14.5	695	20.7
Self-monitoring guidance	589	17.5	250	7.4	2524	75.1
vaccinate	2045	60.8	488	14.5	829	24.6
Dynamic management of filing information	690	20.5	406	12.1	2267	67.4
Disease care						
General disease care	619	18.4	295	8.8	2449	72.8
Care of senile syndrome	1569	46.7	651	19.4	1143	34.0
Care of chronic diseases	1183	35.2	486	14.5	1694	50.4
Community emergency rescue	760	22.6	289	8.6	2314	68.8
Rehabilitation care for the disabled elderly	1748	52.0	359	10.7	1265	37.3
Long-term care for disabled elderly	1330	39.5	288	8.6	1745	51.9
Traditional Chinese medicine care	1900	56.5	440	13.1	1023	30.4

Table 4. Comparative analysis of community care needs of the elderly ($\bar{x} \pm SD$).

Variables	Health promotion	Disease prevention	Disease care	Overall needs
Gender				
Male (1)	20.56 ± 6.224	20.28 ± 3.887	20.58 ± 5.644	61.63 ± 11.426
Female (2)	20.79 ± 6.208	20.31 ± 3.973	20.26 ± 5.836	61.36 ± 11.859
<i>t</i>	1.103	0.215	1.590	0.463
Age (year)				
60 - 64 (1)	20.77 ± 6.284	20.56 ± 3.896	20.35 ± 5.643	61.68 ± 11.512
65 - 69 (2)	20.25 ± 6.013	20.08 ± 3.930	19.88 ± 5.823	60.21 ± 11.513
70 - 74 (3)	20.59 ± 6.123	20.10 ± 3.893	20.61 ± 5.728	61.30 ± 11.497
75 - 79 (4)	21.18 ± 6.353	20.35 ± 4.086	20.97 ± 5.875	62.49 ± 12.521
>80 (5)	21.23 ± 6.214	20.40 ± 3.889	20.84 ± 5.690	62.47 ± 11.363
<i>F</i>	2.528*	2.309*	3.721**	4.230**
Education level				
Primary school (1)	20.73 ± 6.277	20.14 ± 3.864	20.30 ± 5.786	61.18 ± 11.836
Middle school (2)	20.52 ± 6.154	20.32 ± 4.050	20.40 ± 5.744	61.25 ± 11.685
Above middle school (3)	20.79 ± 6.141	20.66 ± 3.947	20.62 ± 5.703	62.09 ± 11.236
<i>F</i>	0.476	4.397*	0.766	1.564
Medical insurance				
Yes (1)	20.67 ± 6.233	20.29 ± 3.927	20.38 ± 5.766	61.35 ± 11.698
No (2)	21.39 ± 5.414	20.46 ± 4.317	20.82 ± 5.393	62.65 ± 10.776
<i>t</i>	1.011	0.391	0.685	1.008
Family Annual Income (RMB/ person)				
<10,000 (1)	20.87 ± 6.368	20.54 ± 3.865	21.32 ± 5.396	62.75 ± 11.738
10000 - 20000 (2)	20.46 ± 5.990	20.16 ± 3.917	19.76 ± 5.947	60.39 ± 11.948
20,000 - 30,000 (3)	20.72 ± 6.204	20.07 ± 4.080	20.30 ± 5.880	61.10 ± 11.774
30,000 - 40,000 (4)	20.84 ± 6.144	20.46 ± 3.839	20.60 ± 5.593	61.91 ± 10.920
>40,000 (5)	20.51 ± 6.403	20.33 ± 3.900	19.91 ± 5.785	60.76 ± 11.684
<i>F</i>	0.591	1.921	7.938***	4.494**
Chronic diseases				
Yes (1)	20.89 ± 6.153	20.23 ± 3.874	21.63 ± 5.338	62.76 ± 11.342
No (2)	20.31 ± 6.316	20.42 ± 4.053	18.04 ± 5.794	58.78 ± 11.869
<i>t</i>	2.588**	1.387	17.534***	9.506***

Continued

Medical treatment time (min)				
<5 (1)	19.88 ± 6.085	20.11 ± 4.155	19.02 ± 5.871	59.02 ± 12.284
5 - 10 (2)	20.89 ± 6.251	20.36 ± 3.831	21.07 ± 5.515	62.33 ± 11.208
>10 (3)	21.28 ± 6.206	20.38 ± 3.864	20.73 ± 5.800	62.40 ± 11.418
<i>F</i>	12.924***	1.428	41.209***	28.775***
Living				
Individual (1)	21.68 ± 6.168	11.96 ± 4.025	20.85 ± 5.609	62.51 ± 11.557
With spouse (2)	20.51 ± 6.141	20.31 ± 3.947	20.14 ± 5.776	60.97 ± 11.546
With children (3)	20.11 ± 6.386	20.13 ± 3.727	20.24 ± 5.756	60.49 ± 12.060
With spouse and children (4)	20.98 ± 6.408	20.65 ± 3.933	21.29 ± 5.710	62.93 ± 12.011
<i>F</i>	4.305***	1.795	4.508***	4.095**
EQ-5D				
No problem (1)	19.90 ± 6.125	20.24 ± 3.831	19.83 ± 5.817	59.98 ± 11.463
Have a problem (2)	22.06 ± 6.155	20.38 ± 4.113	21.38 ± 5.515	63.82 ± 11.647
<i>t</i>	9.823***	5.934*	7.686***	9.297***
ADL				
Complete self-care (1)	20.32 ± 6.382	21.05 ± 4.422	19.91 ± 6.010	61.35 ± 12.719
A little self-care (2)	20.72 ± 6.142	20.05 ± 3.715	20.47 ± 5.658	61.25 ± 12.279
Great dependence (3)	22.29 ± 5.952	19.91 ± 3.895	21.26 ± 5.478	63.47 ± 11.450
Complete dependence (4)	24.06 ± 6.394	19.33 ± 4.253	23.80 ± 5.523	67.20 ± 11.597
<i>F</i>	5.683***	14.265***	5.768***	3.416*

* $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$. EQ-5D, EuroQol Five Dimensions Questionnaire; ADL, Activity of Daily Living.

Table 5. Multiple stepwise linear regression analysis.

Dimension/Variables	β	Standardization Coefficients	<i>t</i>	Collinearity Diagnosis	
				<i>TOL</i>	<i>VIF</i>
Health promotion					
Constant	23.079		44.907***		
EQ-5D	2.029	0.157	9.104***	0.968	1.033
Medical treatment time	0.479	0.056	3.239***	0.968	1.033
Disease prevention					
Constant	22.006		54.765***		

Continued

ADL	0.836	0.110	-6.239***	0.952	1.051
Education level	0.208	0.042	2.406*	0.982	1.018
EQ-5D	0.342	0.042	-2.388*	0.957	1.045
Disease care					
Constant	25.12		46.958***		
Chronic	-3.452	-0.286	-17.276***	0.974	1.027
Medical treatment time	0.825	0.104	6.266***	0.940	1.034
EQ-5D	0.757	0.063	-3.762***	0.940	1.064
Income	0.159	0.037	-2.268*	0.995	1.005
Overall needs					
Constant	68.029		64.894***		
Chronic	-3.482	-0.142	-8.341***	0.974	1.027
EQ-5D	2.909	0.120	-6.929***	0.943	1.061
Medical treatment time	1.436	0.089	5.224***	0.967	1.034

*P < 0.05, **P < 0.01, ***P < 0.001.

some basic chronic diseases of the elderly also increases significantly. Therefore, the elderly have a high demand for community care [4]. Community care is an important part of community health service. As a set of multi-level and comprehensive service system, its influencing factors are also very complicated [5]. In the actual statistical analysis process, due to the complex relationship among various factors, there might be interaction, which would affect the judgment of the overall result. In order to control the interaction among various factors of community care needs and find out the main influencing factors of community care needs of the elderly in urban communities, multiple linear regression analysis was carried out. Specifically, this study has the following valuable findings.

The scores of nursing needs in each dimension from high to low were health promotion, disease care and disease prevention. It might be that the elderly are too negligent about healthy lifestyle and preventive measures in their daily life. They rush to see a doctor only when the symptoms of discomfort are obvious, and they expect to get more knowledge about disease prevention in the process of receiving disease care. According to the proportion of needs, the top six items of community nursing needs were regular health assessment, self-health monitoring guidance, general disease care, nutrition and diet, community emergency rescue, and dynamic management of filing information, which was similar to the research results of Jin L [6] and others. The nursing needs in the top six places were all more than 60%, which showed that people's health awareness is enhanced and more and more people pay attention to their own health problems [7]. Therefore, community health service centers should focus on health promo-

tion projects, enhance the self-care and safety awareness of the elderly, and promote their physical and mental health; At the same time, institutions should carry out project services according to the needs of the elderly, especially health assessment, self-health monitoring guidance and general disease care, are carried out, so that every elderly person in the jurisdiction can truly feel the community health service.

The influencing factors of community care needs in health promotion dimension were medical treatment time and EQ-5D. The longer the medical treatment time, the worse the Activity of Daily Living of the elderly, and the higher the care needs for health promotion. The influencing factors of community care needs in disease prevention dimension were education level, ADL and EQ-5D. The worse the self-care ability and Activity of Daily Living, and the higher the education level of the elderly, the higher the care needs for disease prevention. The influencing factors of community care needs in disease care dimension were income, chronic, medical treatment time, ADL and EQ-5D. The worse the Activity of Daily Living, the longer the medical treatment time, the higher the income of the elderly and the elderly suffering from chronic, the higher the needs for disease care. It was basically consistent with the research results of Wang H [8], Zhang Z [9] and Wu Y [10]. Therefore, community health service centers could provide community care for different dimensions according to different influencing factors, e.g. it provides all-round care for the elderly with worse quality of life; provides care for the elderly with poor self-care ability and higher education level in disease prevention; and provides disease care needs for the elderly with higher income and chronic diseases.

The influencing factors of community care needs in overall needs were chronic, medical treatment time and EQ-5D. The worse the Activity of Daily Living, the longer the medical treatment time of the elderly and the elderly suffering from chronic, the higher the overall needs for community care. Therefore, community health service centers could carry out overall community service projects for the elderly with chronic diseases, long medical treatment time and poor quality of life. At the same time, it should provide first-class community medical care and community nursing services for the elderly, and improve the quality of life of the elderly [11].

To sum up, the urban elderly have diverse and deep-seated community nursing needs, and we need to gradually improve the community nursing service system to meet the actual needs of the elderly. This study has important theoretical and practical significance for promoting the continuous, personalized and comprehensive community nursing service based on the health management of the elderly, promoting the sustainable development of community nursing service for the elderly and promoting the health of the elderly.

This study has several limitations that should be mentioned. First of all, this study obtained the information of the study subject through a questionnaire, and information bias might be introduced during the respondent's self-report. For example, the ADL and EQ-5D scales are self-report-based screening tools rather

than clinical diagnostic measures, which may deviate from the actual situation. Besides, this study is a cross-sectional design, caution should be taken when interpreting the findings, and it may be difficult to confirm the causal relationships of depressive symptoms and their determinants.

5. Conclusion

Community care needs of the urban elderly in Shandong Province are at a medium level and have many influencing factors. The scores of each dimension from high to low are health promotion, disease care and disease prevention. In community nursing work, we should meet the care needs of the elderly, we need to enhance elderly self-care and safety awareness and promote the physical and mental health of the elderly.

Acknowledgements

We thank all collaborators for their contribution in collecting data for current study.

Funded

This study has been funded by National Nature Science Foundation of China (grant 71373181, 71774119).

Conflicts of Interest

All authors declare that they do not have any conflict of interest on this research.

References

- [1] Jensen, L., Monnat, S.M., Green, J.J., Hunter, L.M. and Sliwinski, M.J. (2020) Rural Population Health and Aging: Toward a Multilevel and Multidimensional Research Agenda for the 2020s. *American Journal of Public Health*, **110**, 1328-1331. <https://doi.org/10.2105/AJPH.2020.305782>
- [2] Cardona, B. (2018) Measuring Outcomes of Community Aged Care Programs: Challenges, Opportunities and the Australian Community Outcomes Measurement ACCOM Tool. *Health and Quality of Life Outcomes*, **16**, 104. <https://doi.org/10.1186/s12955-018-0918-7>
- [3] Odukoya, O.O., Jeet, G., Adebuseye, B., Idowu, O., Ogunisola, F.T. and Okuyemi, K.S. (2022) Targeted Faith-Based and Faith-Placed Interventions for Noncommunicable Disease Prevention and Control in Low- and Middle-Income Countries: A Systematic Review Protocol. *Systematic Reviews*, **11**, 119. <https://doi.org/10.1186/s13643-022-01981-w>
- [4] Hsu, H.F., Chen, K.M., Chen, Y.M., Chang, C.C., Chen, M.C. and Kuo, C.F. (2019) Development of a Care Delivery Model for High-Need Older Adults in the Community. *Nursing Research*, **68**, 390-397. <https://doi.org/10.1097/NNR.0000000000000374>
- [5] Chambers, E.C., McAuliff, K.E., Heller, C.G., Fiori, K. and Hollingsworth, N. (2021) Toward Understanding Social Needs among Primary Care Patients with Uncontrolled Diabetes. *Journal of Primary Care & Community Health*, **12**.

<https://doi.org/10.1177/2150132720985044>

- [6] Jin, L., Fu, J., Li, H., Li, P. and Li, W. (2017) Study on Community Nursing Needs and Countermeasures of Common Chronic Diseases of the Elderly in Bayannaer City. *Forum of Hetao University*, **14**, 95-98.
<https://d.wanfangdata.com.cn/periodica>
- [7] Zhang, M., Chen, C., Du, Y., Wang, S. and Rask, M. (2021) Multidimensional Factors Affecting Care Needs in Daily Living among Community-Dwelling Older Adults: A Structural Equation Modelling Approach. *Journal of Nursing Management*, **29**, 1207-1219. <https://doi.org/10.1111/jonm.13259>
- [8] Wang, H., Tao, H., Li, Y., Jin, J. and Han, G. (2014) Community Nursing Demand and Its Influencing Factors among Elderly People in Kunming City. *Chin J Public Health*, No. 11, 1447-1450.
- [9] Zhang, Z., Luo, J., Wang, J., Ye, Y. and Kong, L. (2016) The Community Health Care Demands Status and Its Influencing Factors of Elderly in Xianning City. *Chinese Journal of Social Medicine*, **33**, 174-177.
- [10] Wu, Y., Li, Y., Luo, M. and Zhong, Y. (2015) The Community Nursing Needs of the Elderly in Chaoyang District, Changchun. *Journal for Gerontology of China*, **35**, 785-786.
- [11] McGilton, K.S., Vellani, S., Yeung, L., Chishtie, J., Commisso, E., Ploeg, J., *et al.* (2018) Identifying and Understanding the Health and Social Care Needs of Older Adults with Multiple Chronic Conditions and Their Caregivers: A Scoping Review. *BMC Geriatrics*, **18**, 231. <https://doi.org/10.1186/s12877-018-0925-x>