

# Study on the Problems in the Medical-Nursing Integration from the Perspective of Policy Tools

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## ABSTRACT

The 21st century is the era of aging population. With the growing number of senior people, the issue of population aging is gradually becoming a major social issue in China. China has a large base of elderly people and a rapid aging rate. The senior care model in China is changing from survival to development, that is, from satisfying the basic needs of the elderly to meeting their spiritual needs and enriching their lives in their old age. However, under the pressure of China moving into a more rapid period of aging, the problems of the country's senior care institutions are becoming more prominent. This paper will first collect and count the basic health needs of the elderly by developing a questionnaire, and then summarize what problems and challenges exist for the effective implementation of medical-nursing integration in elderly institutions through literature research method. Finally, conclusions can be drawn that China should focus on training professional nursing personnel to provide adequate resources to support the implementation of medical and nursing integration. At the same time, the policy environment should be optimized to give each institution a good environment for development.

**Keywords:** *Integrated elderly care and medical services, Aging, Nursing homes, Medical care.*

## 1. INTRODUCTION

According to the data of the National Bureau of Statistics 2021, the seventh national census, the population over 60 years old has increased by 5.44 percentage points compared with 2010, accounting for 18.7% of the total population of the country [1]. The issue of population aging is concerned with the long-term and stable development of China's economy and society, as well as the happiness and satisfaction of the gradually growing elderly population in their later years. Nowadays, the senior care institutions in China are facing problems related to industry standards, medical facilities, and the professional nursing personnel. More importantly, in the 14th Five-Year Plan of the State Council, it is mentioned that the development of Integrated Elderly Care Services with Medical Services should be promoted and the health support system for the elderly should be improved [2]. This shows that the integrated elderly care services with medical services have become a necessary path for the future development of nursing homes.

This paper will collect and count the basic health needs of elderly people from different age groups, family backgrounds and health conditions by means of

questionnaires, and summarize the problems and challenges of effective implementation of health care integration in elderly institutions by means of literature research. The author classifies the problems, identifies the root causes of the problems, and introduces policy tools as a theoretical framework to give certain policy interventions in order to solve the problems in the stage of rapid aging, build a perfect inclusive and diversified health support system for the elderly, and at the same time, to better protect the interests of the elderly groups.

## 2. RESEARCH METHODOLOGY

### 2.1 Research Subject

Haphazard sampling is planned to be applied to this study to investigate the basic personal information of the elderly and the satisfaction of nursing home residences in eligible nursing homes in a specific city, using the contents of the city 2022 Nursing Home Information List and different fee ranges and geographical locations as the selection criteria. Two nursing homes are going to be selected in each administrative region in that city according to different fee levels and different regional distribution of nursing homes.

The inclusion criteria for elderly people in nursing homes will be: ① age  $\geq$  60 years old, ② residence time in nursing homes is more than one month, ③ stable mental state and normal communication ability, ④ voluntary participation in the survey. It should be noted that the purpose of this survey is to cover all the elderly groups, so special attention needs to be paid to the selection of elderly people in nursing homes by choosing different physical conditions (with or without disabilities, with or without chronic geriatric diseases, etc.), different number of children, etc.

**2.2 Research tools**

*2.2.1 Basic information questionnaire*

First of all, a basic information questionnaire will be distributed to the elderly population that meets the above criteria. The main purpose of the questionnaire is to collect basic information about the family background of the elderly living in the nursing home, including age, gender, number of children, pre-retirement occupation, pre-retirement income and other key information. By categorizing and organizing the data, it can be determined that what kind of social, economic and health backgrounds of elderly people choose to live in nursing homes, and by combining the age distribution and the family situation of different age groups, the future trend of nursing home residents can also be predicted.

*2.2.2 Medical health satisfaction questionnaire for the elderly*

In this study, the content of the Chinese version of the Satisfaction Questionnaire for Older Adults Living in Nursing Homes, translated by Cheng [3], will be used as a reference for the design of the questionnaire to investigate the satisfaction of older adults living in nursing homes. The questionnaire was developed by Professor Robinson et al. at the University of Rochester in the United States to survey the satisfaction of the elderly people living in nursing homes. The Chinese version of Cheng’s questionnaire has also been studied for reliability, validity and usefulness, which is also of a reference value. The questionnaire was divided into six dimensions: activity, medical services, staff, environment, food, and well-being, with a total of 34 items, through data analysis and web search [3]. The content of these six dimensions is comprehensive and covers all the needs of living and care in nursing homes for the elderly. Based on the content of this study on the integration of health care, this study refers to the nursing and medical services and staff care to make a questionnaire survey of the target elderly group (Table 1). Through the analysis of the results, this study proposes to systematically analyze the promotion and implementation of health care integration in nursing homes from two perspectives: the medical perspective and the service perspective. The medical

perspective should be obtained from the “medical services” in this questionnaire, and the results of the questionnaire and literature studies should be combined to analyze and summarize the development and implementation of medical and nursing care integration and smart medical care. From this perspective, this paper will focus on the lack of professional staff in the nursing care industry and the impact of unequal benefits and stress on professional medical staff. The findings from the service perspective are based on the dimension of the “staff” section of this questionnaire, from which this paper will focus on the lack of professional staff in the nursing care sector and the impact of the inequality between staff benefits and work stress on professional medical staff. The aim is also to focus on the psychological satisfaction of elderly people living in nursing homes with the care provided by the staff. Through developing the questionnaire, this paper will summarize the possible problems in the integration of health care, so as to more clearly determine the focus of future policy development.

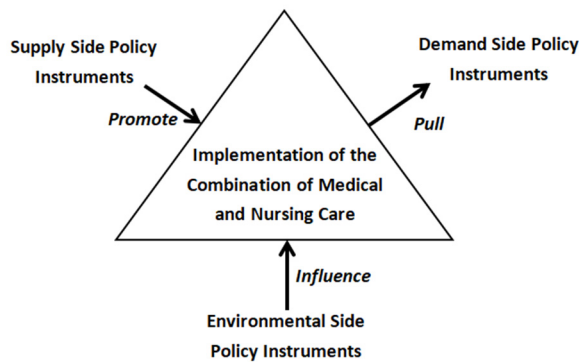
**Table 1.** Questionnaire on the Satisfaction of Medical Needs of the Elderly [3].

Medical Care	Enough Staff
	You can get the medicine you need
	Your physical problems can be solved in time
	There is a professional medical team here
	Professional medical equipment
	There are online medical platforms to serve your daily health (referring to smart medical care, Internet +)
	Pay attention to your health condition
Staff	The staff here are friendly and give you respect
	The staff here are well trained
	I can trust their abilities when it comes to health
	Meet your individual needs
	Treat you like an adult and respect your opinions
	Provide intimate care

### 2.2.3 Introduction of Policy Instrument Model

Policy instruments are tools of governance [4]. Policy instruments are the means and ways to achieve policy goals. Different scholars have classified policy instruments into different categories to facilitate the study and analysis of public policy. The research method introduced in this study is Rothwell and Zegveld's classification. They classify policy instruments into three aspects: supply perspective, demand perspective, and environmental perspective [5].

The introduction of policy tools is essential in the research on how to effectively implement health care integration in nursing homes. Based on these classifications, a model can be developed to clearly identify how these three levels influence the implementation of health care integration (Figure 1).



**Figure 1** The Impact of Three Policy Instruments on the Implementation of the Medical-nursing Integration.

### 3. THE EXISTING PROBLEMS OF INTEGRATED ELDERLY CARE SERVICES WITH MEDICAL SERVICES

Based on the literature and the questions in the questionnaire, this paper will analyze the application of health care integration in Chinese nursing homes from the supply side, demand side, and environmental side.

In the 14th Five-Year Plan of the State Council of China, it is mentioned that the development of medical and nursing care integration should be promoted, not only to increase the supply of medical and nursing care integration services, but also to improve the quality of medical and nursing care integration services. Meanwhile, from the perspective of intelligent elderly care, it is mentioned in the plan to promote Internet+ medicine and Internet+ rehabilitation into nursing homes. Under the guidance of the national macro strategy, the implementation of medical and nursing integration and smart medical care has many problems and opportunities in terms of the system guarantee, resource support and market demand [2]. Therefore, it is an inevitable choice to realize healthy aging to further improve the medical and health care integration system.

### 3.1 Supply-side perspective

Supply-side policy tools refer to the resources provided by the government as a way to promote the implementation of medical-nursing integration in nursing homes, which is the government's resources that support to the medical sector and nursing homes by establishing information platforms, training professionals, and optimizing fund allocation. Problems still exist in the practice of medical-nursing integration in nursing care services.

Wang argues that, in essence, medical and nursing care integration is not an independent model of elderly care, but a comprehensive service model that combines medical services and elderly care services to provide both medical and elderly care for the elderly [6]. This can also reflect the problems of the traditional Chinese nursing home model: nursing institutions and medical institutions operate separately and are difficult to be closely integrated. The nursing home and the medical institution are under different management, with the nursing home side taking care of the daily living of the elderly and the medical side providing medical help for chronic diseases or unexpected medical situations, etc. that exist in the elderly. Hospitals are managed by the health department, while pensions are mainly managed by the civil affairs department. There are barriers between these departments, and in the concrete implementation of the integration of medical care, government departments are cross-managed, resulting in many policy barriers for hospitals to participate in the integration of medical care, such as whether medical insurance can be used in nursing homes and what levels of pensions are included. At the same time, the government does not have incentives for medical institutions and nursing homes to actively contract for the implementation of the integration of medical care and nursing care, and the source of funding needs to be broadened. In contrast to this situation, the standard and cost of setting up medical institutions in nursing homes are relatively high. Some community and small elderly institutions mainly cooperate with community clinics, but the medical facilities of the partners are so poor that it is difficult to meet the demand for high-quality medical services in the community and elderly institutions. Even though larger senior care facilities have signed cooperation agreements with large nearby hospitals, the service content, service standards and requirements in the cooperation agreements are not detailed and clear enough, and there is a lack of effective supervision and accountability, making it difficult to ensure that the elderly can receive timely treatment in case of sudden illness. These problems and the unregulated system may lead to the inaccessibility of regulation and accountability.

On the other side, there is an insufficient supply of medical professionals and a growing demand for professionals to implement medical support embedded in

the elderly care system, and there is an oversupply of professionals for this model of elderly care. The limited medical conditions and backward medical facilities in medical and nursing care institutions prevent them from absorbing technical talents in medical, nursing and rehabilitation, and the space for development and promotion is narrow, which easily causes a loss of talent. The lack of professional training due to staff changes leads to the deteriorating level of medical care, and the low salary and treatment are not equal to the high intensity of working in nursing homes, which causes the brain drain. At the same time, the findings of this study on the predicted number of elderly people living in nursing homes should be mostly disabled and demented elderly. Professional medical care is the most urgent service for the disabled and demented elderly. From the perspective of the talent cultivation cycle, "the cultivation cycle of medical and nursing talents is long and the investment is large, so it is recommended to plan as early as possible." Li Lu, a representative of the National People's Congress, proposed at the meeting that "cultivating and building a professional talent team for medical care integration is the key to promoting the high-quality development of the elderly care business" [7].

### ***3.2 Demand perspective***

Demand perspective policy tools can pull the demand side of medical and nursing care integration to accept the organic combination of medical institutions and nursing care institutions, thus promoting the implementation of medical and nursing care integration. The government mainly realized the pulling of medical services in nursing homes from the demand-based policy tools perspective through the participation of social forces, the establishment of demonstration projects and government purchase [8].

First, in the demand perspective of nursing home residents, their acceptance and adaptability to intelligent systems are low. In the aforementioned research questionnaire, there are questions related to the practical application of smart healthcare and Internet+. The aim is to study the acceptance of the widely promoted smart health care by the elderly population, who are the most important demand side. In terms of the acceptance of the elderly, the adaptation of smart medicine in most nursing homes is not very high. Due to the high cost required to establish a complete smart medical system and the fact that most of the demand groups prefer to accept the traditional elderly care model, they are not familiar with the use of smart systems. Even if the smart medical system is embedded inside the nursing home, the elderly cannot maximize its effect and the output does not match the input. But smart medical and Internet+ is the trend of medical care integration development, which makes it difficult to promote the implementation of medical care integration at some levels.

At the same time, encouraging the participation of social forces or product outsourcing can also pull the demand side of medical and nursing care integration to accept the organic combination of medical institutions and elderly institutions, thus promoting the implementation of medical and nursing care integration. In this regard, the government should give some guidance to social institutions in the integration of social resources, encourage innovation of both senior care institutions and medical institutions, and expand the forms of medical and health care integration. Elderly institutions can explore the cooperation with medical institutions to form complementary advantages through entrusted management and service outsourcing [9]. So the relevant system related to what type of medical institutions should be outsourced and how to divide the authority and responsibility should be established early to fill the gap of policy tools from the demand perspective.

### ***3.3 Environmental perspective***

The environmental perspective policy tool refers to the impact of the entire industry policy and regulatory system on this social issue. The government can influence the promotion of health care integration by enacting policies, setting target plans, and financial instruments. The financial instruments include tax breaks, setting standards for rewards and penalties, and providing financing opportunities.

Hou and Liang mentioned that the problems from the environmental perspective mainly focus on the fact that the relevant policies are mostly binding and regulatory, and there is no detailed planning on how to promote it, how to adapt it to local conditions, and the specific operational specifications [10]. At the same time, there is less financial support, the industry lacks a good financing environment, and the system built up by the combination of health care needs to spend a lot of money for operation and maintenance. This lack of policy may lead to the lack of financial support for some social forces to enter the industry, and it is difficult to control how to operate.

At the same time, the medical insurance coverage rate of medical care combination is low. According to the data of China Pension Network, there are 27,995 registered nursing institutions in China, and only 3059 of them are designated by medical insurance, which only accounts for 10.92% of the coverage rate of medical insurance [11]. Thus, it is clear that the government still needs to refine and adjust the content for the use of medical insurance in elderly institutions from the environmental perspective.

## **4. CONCLUSION**

In recent years, the trend of population aging in China has gradually deepened, and the situation of elderly care has become increasingly serious. With the increase of the average life expectancy of the world population, the

organic integration of medical institutions and elderly care institutions has become an inevitable path to achieve healthy aging. Through the prediction of the research results and literature study, the problems are classified from three perspectives: supply, demand and environment. The obstacles to the implementation of medical and nursing care integration in the future are explored. The institutions corresponding to each of these three perspectives should properly understand the problem, correctly analyze and control the current situation, and jointly integrate governmental and social resources and maximize their utilization, so that the combined medical and health care industry can be full of vitality for expansion and forward momentum to promote the effective implementation of combined medical and health care, thus further building a healthy aging care system.

However, this study is not clear about the possible problems and obstacles in the process of implementing the survey, and it is necessary to continuously summarize the experience in the practical operation of further investigation. At the same time, the partial coverage of the policy implementation subjects corresponding to the three categories, which refers to the demand, supply and environment of policy instruments is not comprehensive, and more detailed analysis should be done in future research in conjunction with specific policies.

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