



Research on the Problems and Countermeasures of the Development of Medical Care Combined Service in S District

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Abstract. The study investigates the development of integrated medical and nursing services in District S, aiming to improve elderly quality of life, reduce burdens on families and society, and promote the advancement of elderly services. The research examines the current state of service institutions, contents, and prices through field research and questionnaires. Identified challenges include a limited range of services, low public awareness, and affordability issues. These challenges stem from economic constraints, inadequate publicity and education, and imperfect standards and norms. The study suggests three countermeasures: diversify services with differentiated pricing and strategies, enhance publicity and education, and improve standards and norms for services.

Keywords: Medical Care Combined service; Development Issues; Countermeasure research.

1 Introduction

1.1 Research Background and Literature Review

China's aging population is driving the urgent need for elderly care services. Traditional medical and elderly care services are inadequate, highlighting the importance of integrating these services. District S, with its severe aging population and economic challenges, faces an urgent need for integrated medical and elderly care services.

Liman Ding points out that when integrating elderly care services, considerations must include the source of services, social system embedding, and adjustments among service entities. The key lies in optimizing the incentive mechanism, institutional environment, and enhancing endogenous dynamics to ensure the effective operation of integrated medical-elderly care [1]. Yongqiang Shi's research emphasizes the crucial impact of policy support, service quality, and resource integration on the performance of integrated medical-elderly care institutions, particularly highlighting the significance of policy support [2]. According to the research by Kathrin Steinbeisser, elderly women

with multiple health conditions or disabilities are more inclined to choose long-term care services [3]. May Helen Midtbust's study indicates that a dedicated medical team can ensure that elderly individuals in nursing homes receive prompt and specialized healthcare. This approach minimizes the necessity for external medical visits, thereby substantially easing the burden on healthcare resources [4]. Xiaojie Zhang points out that China's integrated medical-elderly care faces multiple challenges, including the lack of a unified assessment system for elderly care needs, inter-departmental barriers hindering resource integration, incomplete payment security system, and shortage of professional personnel [5]. Over the years, China's elderly care service system construction has been biased to-wards urban areas, neglecting rural areas, which contradicts China's urban-rural re-versed aging phenomenon [6]. These challenges pose obstacles to the development of integrated medical-elderly care, requiring proactive solutions. Zhiqiang Feng et al. investigated the characteristics of China's elderly care system amid the integration of healthcare and long-term care services, revealing rapid expansion of institutional care facilities alongside sluggish progress in home and community services. This underscores the imperative need for policy adjustments to address workforce shortages and ensure service quality [7]. Recent research by Jiang, Mao-min, et al. examined the preferences of middle-aged and elderly individuals in China for integrated medical and elderly care services. They found that participants prioritize moderate service quality and advanced medical technology, indicating a willingness to pay extra for these features. [8].

Despite extensive research on integrated medical-elderly care services, most studies focus on urban areas, leaving rural regions understudied. S District, with its low urbanization rate, lacks attention in this regard. This study aims to address this gap by examining the development challenges of integrated medical-elderly care services in S District and proposing strategies for their sustainable advancement.

1.2 Research Methods

Field research and surveys are essential for studying integrated medical-elderly care services in S District. They offer insights into current services, models, and issues, aiding in identifying improvements. Surveys target elderly individuals aged 60 and above across various settings. Out of 253 distributed questionnaires, 200 were returned, yielding a 79% response rate. Data analysis assesses the elderly's demand for and satisfaction with integrated care, supporting relevant viewpoints.

2 Development and Demand Analysis of Integrated Medical-Elderly Care Services in S District

2.1 Analysis of the Current Development Status of Integrated Medical-Elderly Care Services

This study examines the development of integrated medical-elderly care services in S District across three dimensions: institutions, service content, and pricing. Six

institutions were identified, categorized into medical-focused, elderly care-focused, and collaborative types. These institutions combine medical and elderly care services to offer comprehensive healthcare for seniors. Medical-focused institutions prioritize elderly care, elderly care-focused institutions emphasize medical services integration, and collaborative institutions provide a green channel for medical treatment and bidirectional care.

Integrated medical-elderly care services significantly impact elderly satisfaction and well-being. Improving service quality is crucial for optimizing elderly health and care. Comparative analysis in S District highlights common service forms, including medical healthcare, care planning for disabled seniors, psychological counseling, and health consultation. Pricing directly affects demand, with disparities in fees across institutions. The survey targeted predominantly female elderly individuals, with 55.5% of respondents. Majority had incomes below 4000 RMB, with 84% indicating self-sufficiency or mild disability in health status. 80% required medical and nursing services, 85% daily care, 70% social activities, and 45% psychological support. Satisfaction levels varied, with common issues including inadequate service standards (61.5%), insufficient professionalism (70%), poor environmental conditions (77%), and inadequate staffing (68%). (Source: Field research and survey questionnaires conducted by the author)

The price of medical care services directly affects the effective demand of the elderly, and reasonable pricing can increase residents' effective demand. In S District, there are differences in the fee structures among three integrated medical and elderly care institutions. For bed fees, Institution A charges 1000 yuan/month for a single room, 700 yuan/month for a double room, and 400 yuan/month for a multi-person room. Institution B charges 1500 yuan, 1000 yuan, and 600 yuan respectively, while Institution C charges 1800 yuan, 1200 yuan, and 800 yuan respectively. Nursing fees vary based on the elderly's ability level, ranging from 300 to 1500 yuan at Institution A, 400 to 1800 yuan at Institution B, and 500 to 2000 yuan at Institution C. Food fees are 500 yuan/month at Institution A, 600 yuan/month at Institution B, and 800 yuan/month at Institution C. Additionally, medical service fees are determined based on actual needs, with specific information on other service charges being unavailable. It is evident that there are price differences among Institutions A, B, and C. (Source: Field research and survey questionnaires conducted by the author).

3 Analysis of Development Issues in Integrated Medical-Elderly Care Services in S District

3.1 Limited Variety in Service Supply

According to survey data, only 12.5% of elderly individuals indicated that integrated medical-elderly care institutions could provide highly customized services to meet individual needs, while 37.5% considered the services average, and 50% found them insufficient. Currently, the supply of integrated medical-elderly care services in S District is relatively limited, primarily focusing on basic medical care and caregiving, failing to

address the diverse health, lifestyle, and psychological needs of the elderly population. (Source: Author's questionnaire data)

3.2 Low Awareness of Integrated Medical-Elderly Care Services

Field surveys revealed a general lack of awareness among elderly individuals in the district regarding integrated medical-elderly care institutions. This suggests that they may be unaware of the services and facilities offered by such institutions or how to find and select the most suitable one for themselves. Integrated medical-elderly care institutions require a certain number of residents to maintain normal operations. However, inadequate awareness among the elderly population may reduce their willingness to choose these institutions, leading to low occupancy rates and affecting their operational viability.

3.3 Affordability Issues

According to local government statistics, the average disposable income per capita in the district was 19,778 RMB in 2021, with urban residents averaging 26,031 RMB and rural residents averaging 16,865 RMB. Service costs vary significantly, with the lowest-priced services at Institution A representing a considerable portion of income for both urban and rural residents, and the highest-priced services at Institution C posing financial challenges, particularly for urban residents. The high proportion of elderly individuals with low income levels in the district limits their ability to access and afford integrated medical-elderly care services, highlighting affordability issues. Strategies for the Development of Integrated Medical-Elderly Care Services in S District

4 Strategies for the Development of Integrated Medical-Elderly Care Services in S District

4.1 Diversified Service Provision and Implementation of Differential Pricing and Service Strategies

Addressing economic pressures among low-income elderly individuals through policy support and social assistance is crucial. By offering customized service plans based on individual needs and economic capacities, we ensure equitable access to integrated medical-elderly care services. Providing services at different levels and prices ensures inclusivity, allowing elderly individuals from diverse backgrounds to access care according to their financial capabilities. Encouraging institutions to introduce diversified medical equipment and skilled professionals ensures comprehensive care tailored to diverse needs. These measures promote accessibility and quality in integrated medical-elderly care, benefiting elderly individuals across socioeconomic backgrounds.

4.2 Strengthening Promotion and Education on Integrated Medical-Elderly Care Services

Enhancing understanding and acceptance of integrated medical-elderly care services among elderly individuals and their families through media advertisements, community outreach, lectures, and training. These initiatives educate both the elderly and their families about the benefits and availability of these services. By boosting awareness and providing clear information, they increase confidence and involvement, promoting the widespread adoption and development of integrated medical-elderly care services.

4.3 Improving Service Standards and Regulations

Developing applicable standards for integrated medical-elderly care services in S District involves outlining comprehensive requirements for service content, quality, facilities, and equipment. This ensures that all aspects of care meet high standards and cater to the needs of the elderly. Establishing robust regulatory bodies and effective supervision systems is crucial for overseeing the operation and ensuring the quality of these service institutions. These bodies would be responsible for regular inspections, monitoring compliance with established standards, and addressing any issues that arise.

Enhancing transparency and information disclosure is also vital. This includes making detailed information about the services, pricing, and quality metrics of care institutions readily available to the public. Providing accessible and responsive channels for complaints from elderly individuals and their families is essential for maintaining accountability and trust. Such measures would significantly improve the transparency and credibility of service institutions, ensuring that they operate with integrity and are held accountable for the care they provide.

5 Conclusion

This study investigated integrated medical-elderly care services in S District, focusing on institutions, services, and pricing. It identified issues like limited service supply, low awareness, and affordability challenges. Economic constraints, lack of promotion, and inadequate regulations were cited as contributing factors. Proposed strategies include diversified services, better promotion, and enhanced regulations to improve service quality and meet elderly needs for sustainable development.

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