

The Realistic Predicament and Coping Strategies for the Improvement of China's Healthy Old-age Service System

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Abstract: With the acceleration of the aging process, China will continue to increase policy guidance and investment to promote the sustainable and healthy development of the old-age service industry. In recent years, China's health care service industry has achieved rapid development. However, due to various factors and constraints, China's health care service system still has some problems to be solved. In view of this, based on Maslow's theory of hierarchy of needs and welfare pluralism, this paper analyses the realistic dilemma faced by the perfection of China's healthy old-age care service system, including promoting the balanced development of the healthy old-age care service system, strengthening the linkage and coordination between the government and the market, and building a professional team of nursing talents. In this respect, a series of countermeasures are put forward to promote the perfection of China's healthy old-age service system, hoping to provide some reference for the further development of the old-age service industry.

1. Research Background

1.1 Literature review

Cui Shuyi and Yang Suwen pointed out that China's integrated medical and nursing services are facing the constraints of policy concepts, institutional mechanisms and professionals. They also put forward relevant paths to promote the development of integrated medical and nursing services, such as optimizing policy design concepts, innovating the construction of integrated medical and nursing systems and mechanisms, and tapping professional talent resources (Cui and Yang, 2019). Liao Rui and other scholars elaborated the background of the emergence of the concept of medical care and the rise of research. On the basis of introducing the connotation and characteristics of medical care combined with old-age care service model, they enumerated several kinds of ways and practical examples of providing medical care combined with old-age care service, and pointed out a series of difficulties faced by medical care combined with old-age service model (Liao et al, 2017). Fucheng and Han Jiajun analyzed the current situation of the industrialization of China's pension services, pointed out the various reasons for the difficulties faced by the industrialization of China's pension services, and put forward some countermeasures to promote the development of China's pension services industry, such as cooperation between the market and the government, expanding the financing mode, etc (Fu and Han, 2015). On the basis of explaining the connotation and characteristics of healthy endowment industry, Cao Yong pointed out the following problems in the development of healthy endowment industry in Henan Province: unbalanced supply and demand of healthy endowment industry, lack of funds for the development of healthy endowment industry, inadequate integration of resources for the development of healthy endowment industry, and so on. Strategies for the Development of Healthy Old-age Industry in Southern Province (Cao, 2019). Wang Xiaohui and Yunhua pointed out that there are the following problems: the service coverage of small population and low utilization rate, product and service supply and demand structure imbalance, lack of funds and service personnel, etc. , and from the further clarification of government responsibilities, promote the diversification of intelligent products and services and

other aspects of the relevant recommendations to promote the development of smart old-age (Wang and Xiang, 2019). Cheng Jie analyzed the current situation, advantages and problems of Penglai's healthy endowment industry, and put forward that to develop county-level healthy endowment industry, we should focus on the following tasks: increasing investment in medical service construction of professional endowment institutions, introducing talents of healthy endowment industry, etc. (Cheng, 2018). Ma Jianping and Dai Yanping take Guangxi as the research object, emphatically analyze the necessity and feasibility of developing healthy old-age service industry in Guangxi, and put forward some countermeasures and suggestions to promote the development of healthy old-age service in Guangxi (Ma and Dai, 2016). Du Peng and Wang Xuehui comprehensively analyzed the general situation, policy and practice development status of the "combination of medical and nursing" old-age care service, and pointed out that promoting the comprehensive development of the "combination of medical and nursing" health old-age care service needs to start from the following aspects: concept advocacy, integration of resources, reserving talents and so on (Du and Wang, 2016).

1.2 Purpose of research

Under the background of aging population, the state and society pay more and more attention to the health of the elderly. The Nineteenth National Congress of the CPC put forward the strategy of implementing healthy China and accelerating the rapid development of the old-age service industry. However, due to the constraints and constraints of many factors such as region, policy, resources and talents, there are still a series of problems to be solved urgently in the area of regional development, supply capacity, talent team and information network in China's health pension service system. In view of this, this paper attempts to analyze the problems faced by China's health care service system, and then propose targeted countermeasures, in order to provide suggestions and references for meeting the growing health needs of the elderly population and improving the health care service system.

2. Overview of related theories

2.1 Maslow's hierarchy of needs

In 1943, Maslow, an American social psychologist, put forward the famous hierarchy of needs theory in his book *The Theory of Human Motivation*. Maslow divides human needs from high to low into five levels, including physiological needs, safety needs, social needs, respect needs and self-realization needs. Since personal needs are the response of a person to lack of something in social life and thus in the brain, they are also the basis and source of a series of individual responses, so when one individual's needs are met, another new demand will be formed quickly. Individual's different needs constitute a system composed of different levels. The emergence of individual's higher level needs is based on the satisfaction of lower level needs. Based on Maslow's hierarchy of needs, it can be seen that in recent years, the economy and society have developed rapidly, and people's living standards have improved remarkably. In the past, material life care was difficult to meet the diversified needs of the elderly. Under this background, the healthy old-age service system emerged as the times require. The concept of health care for the aged emphasizes that it should be based on material life care, constantly satisfy the needs of individuals at a higher level, so as to realize the dual wealth of material and spiritual, and further improve the quality of life of the elderly.

2.2 Welfare pluralism

In the 1980s, the theory of welfare pluralism gradually emerged. Welfare pluralism theory is a reflection on the traditional welfare model in order to solve the crisis of the western welfare state, and a solution to the crisis of the western welfare state. This theory is a new theoretical model based on the criticism of the western welfare state. In the 1980s, serious political and economic crises broke out in western welfare countries. Many scholars criticized Western welfare countries. They

pointed out that the government should limit its political intervention in the field of welfare. The government should mainly formulate rules and supervision, and other aspects should give full play to the role of the market. Welfare pluralism theory emphasizes that by playing the role of non-governmental departments, it can make up for the deficiencies of government departments, give full play to the welfare function of non-governmental departments, weaken the dominant position of the government in the field of welfare, and then form a new mixed and pluralistic welfare system. The theory points out that different welfare subjects have different operating mechanisms and roles due to their different value concepts and service objects. Different welfare subjects cooperate with each other and share social welfare responsibilities. Therefore, in the process of perfecting the health care system for the aged, the government, society and families should make clear their own position and give full play to their advantages to realize the continuous improvement of the health care system for the aged.

3. The Realistic Dilemma Faced by the Improvement of China's Healthy Pension Service System

3.1 Unbalanced development of healthy pension service system

The unbalanced development of China's health pension service system is manifested in the following aspects: Firstly, there are great differences in the supply of health pension service between urban and rural areas. Influenced by the historical problem of urban-rural dual division, China can not achieve the balanced development of urban-rural public services at present. In terms of the distribution and quantity of old-age service institutions, China still has problems in the eastern part of the country with less western areas and fewer cities and more rural areas. Secondly, China has more support policies for large and medium-sized aged care services, and the investment in social pension services is obviously insufficient. The day care centers in some communities face the problem of unreasonable design and imperfect functions. They are in a state of idleness all the year round and do not fully play their due role. Thirdly, the problem of attaching importance to material endowment and despising spiritual endowment is still prominent. Necessary spiritual consolation services are lacking in the old-age care services for the elderly, and the children's spiritual support for their parents and elders lacks specific implementation rules and norms. The recreational facilities for the elderly need to be further improved.

3.2 Contradictions between supply and demand of healthy old-age service system

In recent years, with the rapid development of economy and society, people's quality of life has been greatly improved, people's pension concept has changed, and the elderly gradually began to choose institutions for the elderly. However, the development of institutional pension in China is still relatively slow, and it is difficult to meet the current needs of the elderly. On the one hand, with the increasing aging in China, especially the growing elderly, the demand for institutional pension in China is expanding. However, in the case of insufficient supply capacity of healthy old-age care, due to the influence of traditional family pension concept, there are still many problems in old-age homes that no one cares about. On the other hand, there is a contradiction between the strategic position of the healthy old-age service industry and the development speed of the old-age institutions. As a positive solution to the aging of the population, improving the health old-age service system can effectively alleviate many adverse effects brought about by the aging of the population, which should rise to the level of national strategy. However, the non-profit nature of social security largely limits the development of pension institutions. The main factors that influence the slow development of pension institutions in China are the strength of state support and the economic pressure of the operation of pension institutions.

3.3 Shortage of professional nursing talents in healthy pension service system

In the process of perfecting China's healthy aged care service system, there is a widespread shortage of professional nursing talents, low quality of service and difficulty in retaining talents.

Firstly, in terms of the number of nursing personnel, many nursing staff in pension institutions are older middle-aged women, and the number of nursing staff is relatively small. There are currently about 600,000 people in China, while the number of elderly people in need of care has exceeded 40 million. The number of nursing staff is difficult to meet the growing needs of elderly care. Secondly, in terms of the quality of nursing staff, most of the employees in pension institutions lack relevant certificates, mostly without certificates. At the same time, the relevant employees lack the necessary pre-job training, which leads to the low quality of the relevant employees and makes it difficult to guarantee the quality of pension services. Thirdly, from the perspective of human resources management for professional talents in pension institutions, the scarcity of nursing talents has become an obstacle to improving healthy old-age clothing because of the low salary and poor welfare benefits of some private pension institutions, which are difficult to attract and retain high-quality professionals. One of the main factors of business system.

3.4 The information network of the health and old-age service system is not perfect

The elderly belong to the high-risk group of diseases. However, some elderly chronic diseases can be intervened by health management, and early detection, diagnosis and treatment can be achieved through disease screening. In the process of promoting the health care system for the aged, there are some problems, such as focusing on the care for the aged and the treatment of diseases, neglecting the health management. The electronic health records of the elderly are not perfect and updated in time, which makes it difficult for relevant departments to obtain real-time health management information of the elderly, and the health assessment of the elderly lacks continuity and comprehensiveness. In addition, compared with the western developed countries, the development of China's smart old-age care started relatively late, and there are some limitations in the application of information equipment in the field of health care services. There is a lack of intelligent terminal equipment for real-time collection, dynamic monitoring and synchronous storage of health information for the elderly. At present, the level of information exchange between relevant administrative departments in China is relatively lagging. The medical health information and old-age basic information of the elderly are difficult to be effectively connected in the fields of community service, old-age service, public health and health care, and there is no big data sharing platform.

4. Strategies to Improve China's Healthy Pension Service System

4.1 Promoting the balanced development of healthy pension service system

Firstly, considering the differences and limitations of endowment resources among regions, we should tilt policies and funds towards the less developed areas, put more social support forces and funds into the backward areas, drive the West in the east, drive the countryside in the cities, and encourage and mobilize enterprises and social groups to pay more attention to the backward areas. The current situation of healthy old-age service development in the district will further narrow the gap between regions in the development of healthy old-age service, and jointly promote the balanced development of healthy old-age service system, thus enabling the elderly in different regions to enjoy more equitable health old-age service. Secondly, families, communities, institutions and governments should provide high-quality and all-round spiritual pension services for the elderly. Children should accompany the elderly more often. They can communicate with their parents through telephone, internet and other channels. They can also meet the deeper spiritual needs of parents by subscribing newspapers and magazines for parents, sign up to participate in elderly tourism and other ways. Old-age institutions and communities should organize some recreational activities beneficial to the physical and mental health of the elderly, hold various lectures on the knowledge of old-age health care, enrich the cultural life of the elderly and meet their spiritual needs. Build a high-quality social workforce to provide all-round health care for the elderly. The social workforce can also absorb some elderly people and make them feel valuable. The relevant government departments should incorporate the pension funds for the elderly groups

into the government budget, and should not be limited to meeting the basic needs of the elderly. The relevant government departments should continuously improve the old-age facilities such as the elderly service institutions and the elderly service centers, and expand the service function of the “cultural pension” of the old-age care institutions.

4.2 Strengthen the linkage and coordination between government and market

The government and the market should coordinate and perform their respective duties to promote the continuous improvement of the health pension service system. Under the joint action of government and market, the goal of diversification of service subjects, publicity of service objects, diversification of service contents and continuous improvement of supply capacity should be achieved. The health care service industry is a meager profit or even an unprofitable industry. The government is crucial to guiding the development of the health care service industry. In the initial stage of the development of the health care service industry, the relevant government management departments should take the guiding role, use sound policies to eliminate investors' concerns, simplify the procedures related to business licenses and enjoy the conditions of subsidies, and ensure the implementation of preferential policies. In the mid-stage of the development of the health care service industry, the government still needs to guide social capital into the health care service industry, thus reducing the pressure of capital flow caused by the previous investment. At the end of the development of the healthy old-age service industry, market mechanism should be introduced to promote the reform and innovation of the old-age institutions. The government departments should gradually withdraw from the operation of the old-age institutions, realize the marketization of the operation mechanism of the healthy old-age service industry, and standardize the operation of the old-age institutions in the form of marketization.

4.3 Construction of professional nursing personnel

On the one hand, the state, industry and universities should strengthen the training of professional nursing talents. The state should vigorously promote geriatric care education, set up geriatric care specialty in relevant medical schools, nursing schools and various traditional Chinese medicine colleges, encourage relevant nursing colleges to strengthen teacher training, further enhance professional teachers, and constantly strengthen students' professional theoretical knowledge, so as to improve and sustain the healthy old-age care service system. Delivery of professional nursing personnel. Relevant departments should further improve the supervision system of relevant qualification certification in the health care industry, ensure the quality of medical care and health care service practitioners' qualification certificates, set up competent departments to examine and manage the issuance of practitioners' qualification certificates, and effectively evaluate the comprehensive quality of relevant practitioners. Nursing colleges and universities should set up the life care of the elderly, prevention and treatment of common diseases, and rehabilitation of diseases as compulsory courses for nursing students, and continuously strengthen the professional theoretical foundation for future work related to nursing. Major medical colleges and universities can also establish cooperative mechanisms with health care services to provide internships for nursing students.

On the other hand, health care services should strengthen the management of human resources for professional talents. The old-age care institutions should gradually establish and improve the performance appraisal system and the qualification certification system, assess the workload and quality of the employees, and establish a scientific and rationalized reward and punishment mechanism. At the same time, relevant pre-employment training and assessment will be carried out for relevant employees, and qualification certificates will be issued for practitioners who improve their professional quality. In addition, pension institutions should reduce the turnover rate of professional nursing personnel, not only to improve the salary level and welfare benefits of professional nursing personnel, but also to enable nursing personnel to have a sense of identity with the health pension service industry and establish service awareness. The old-age care institutions can also retain talents through the establishment of mutual-supporting pension mechanisms. Those who work in the old-age care institutions for a certain number of years and whose business

capabilities are recognized can stay in the old-age care institutions and enjoy relevant preferential policies when they are old.

4.4 Strengthening the construction of a healthy pension information platform

Under the background of “Internet +”, through the informationization means such as cloud computing and big data, the elderly health management information database and the health pension information sharing platform can be established, which can effectively integrate the aged care service and medical health information resources for healthy retirement. The improvement of the system provides information and technical support. Firstly, we should strengthen the digital health management of the elderly and establish dynamic and updated electronic health records for the elderly, which mainly include the health status, family situation, medical records and medication records of the elderly, so as to realize the sharing of health care information among pension institutions, communities and government management departments. According to the changes of the physical condition of the elderly, the dynamic monitoring of data resources is carried out. Digital health management is not only conducive to intervention, treatment and tracking of common and chronic diseases of the elderly, comprehensive assessment of the health status of the elderly, but also can alleviate the imbalance of endowment resources and the shortage of human resources in endowment service centers through telemedicine services. Secondly, we should build a platform for sharing health care information, integrate decentralized resources for the elderly, integrate family, community, market and government service subjects, and promote the deep integration of health care services and care resources.

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