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A Study on the Long-term Senior Recuperation Insurance System which Recognizes the Elderly.

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Abstract

Purpose. This study was to suggest an appropriate understanding and attitude toward the long-term senior recuperation insurance through examining the perception of the aforementioned system from the viewpoint of the elderly population.
Methods. This study was conducted on 150 participants who were aged 65 years and over in a nursing hospital, a senior citizen center and participating social welfare programs in Gyeong Gi area. Researchers visited a nursing hospital, a senior citizen center, and a senior welfare center to organize times before conducting questionnaires after interviewing individual elderly participants.
Results. The results are as follows: The probability of the long-term senior recuperation insurance implementation is higher amongst the younger participants, those with average health status and where the system is recognized by neighbors, relatives and/or family. The largest group of participants show only a moderate interest in the long-term senior recuperation insurance. The attitude toward using the long-term senior recuperation insurance system in the future is undetermined due to lack of awareness.
Conclusions. Although the long-term senior recuperation insurance system is for all citizens, it is important to provide the correct information to the target audience, the elderly, and raise the awareness of the system so that they have access to the necessary services.

Key Words : Elderly, Long-term senior recuperation insurance system, Senior citizen center.

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1. Introduction

The long-term senior recuperation insurance system is designed to improve the quality of life of the elderly, reduce family burden, increase efficient use of medical funds, stimulate social economic activity in the elderly, and streamline the delivery of health care and elderly care.

With the introduction of the long-term senior recuperation insurance system, the elderly long-term nursing care problem is a common risk to everyone. The elderly and their families incur severe physical, economic and emotional hardship, therefore the whole community needs to come to a consensus on these social dangers and present social solidarity. With the introduction of the long-term senior recuperation insurance system, if support can be ensured for the elderly and their families with institutional and long term care from a social viewpoint, there are a significant benefits with increased financial efficiency and improving the variety of quality-of-care services[1].

According to media they are attributing an increased suicide rate in lower income families to a 'welfare blind spot'. This is a contributing factor to the mismanagement on the long-term senior recuperation insurance system for disabled elderly, along with ever increasing demand. Thus, we have to find an effective and improved long-term senior recuperation insurance system which supports the general well-being for those aged 65 years or older, or total care for those who are unable to live alone for 6 months or more due to age-related illnesses, and from the governments perspective a system is required to support the elderly in an aging society. Moreover, individuals aged65 and over who are unable to live alone for 6 months or more due to age-related medical illness, and who require partial care on a daily basis, want to feel safe and well by receiving total care. Therefore, an effort has to be made in a positive direction to tackle this social problem and develop a more delicate and intimate care service in relations to long-term senior recuperation insurance system. This effort can lead the long-term senior recuperation insurance toward improved care for the elderly who live in difficult circumstances, and for those who are unable to live with their children and want to feel safe, while joining with the private sector to provide dedicated care services to care for the elderly more effectively and safely[2]. Hence, the purpose of this study is provide the correct direction to develop an awareness and attitude for the long-term senior recuperation insurance system which has an individually optimized care system via visiting nurse care service, adjustable time period and service, and systematic and safe care services for customer convenience.

2. Purpose

Firstly, the purpose of the long-term senior recuperation insurance system, and according to the long-term senior recuperation insurance system law, is defined as "a long-term care budget to provide physical and domestic support for the elderly who are unable to work on a daily basis due to old age or age-related

medical illness, and to improve the quality of life for all citizens by easing family burden and promoting a healthy and stable life[2,3]. Therefore, it is expected that all citizens should support the implementation of the long-term senior recuperation insurance system[1].

Secondly, due to a high cost there are a barriers to access nursing homes or private nursing facilities with the exception of the elderly who receive benefits or have a high-income.

Thirdly, the elderly suffering from chronic illnesses such as common rheumatisms, hypertension, diabetes and strokes need long-term senior recuperation insurance. Because these illnesses require hospitalization and have a high medical cost they become a burden on the economy.

3. Background

The long-term senior recuperation insurance system is designed to support people who require long-term care for physical and/or mental disability. The dependent is given not only welfare services, they also receives health, medical and social services. The factors behind the introduction of the long-term senior recuperation insurance system are the changing population size and changes to the medical health environment.

Firstly, with an aging population, the system needs to deal with elderly care issue urgently. This has become a social hot-topic because the population is aging progressively faster due to a low birth rate and increased longevity because of the promotion of citizen health, and the development of medical science and technology. This is a significant problem at present because there is a limited time frame to prepare for the rapidly aging population.

Secondly, with changes to the family support environment there has been a decrease in available care resource within the family. Historically family members have taken care of the elderly, though more recently with the advent of the nuclear family this resource has diminished.

Thirdly, the cost of health care has increased dramatically due to unnecessary hospitalization of the elderly. It is impossible to cover the cost when a hospital attempts to treat the elderly and restore them to a healthy state through long-term care. There should be no reason for hospitalization except for those who become seriously unwell and cannot be looked after by a specialized care facility. As a result, elderly medical costs increase.

Lastly, it appears that changes to the welfare environment are universally expanding the service's customers. We have to know the necessity and effectiveness of care, and evaluate the correct direction to take for the long-term senior recuperation insurance system.

In regards to the long-term senior recuperation insurance system, it is a necessity to firstly ensure that the insurance benefit should be for those 65 years and older, because the long-term senior recuperation insurance system is for the elderly. exceptions can be made for individuals under 65 years old to utilize the system due to age-related illnesses diagnosed by the government.

consequently, the cost of elderly care with the long-term senior recuperation insurance system is paid by the active working generation, but the costs must be distributed cross generation.

Secondly, senior subscribers for the long-term senior recuperation insurance must first meet the state long-term care requ irements in order to receive the benefits with health insurance we initially have to visit a doctor in a medical facility and can then undergo a medical procedure or receive treatment, but with the long-term senior recuperation insurance system it is necessary to establish the degree of required care prior to receiving the service.

Thirdly, a supplier which provides long-term senior recuperation insurance can be a non-profit, a profit group, or a private sector. consequently, there are considerably higher proportion of operators pursuing the profit angle.

Fourthly, a supplier which provides long-term senior recuperation insurance receives the insurance money as the majority of their income with the amount defined based on the type of benefit, except for a small premium paid by their users.

Fifthly, a user who belongs to the national health insurance scheme can also belong to a health benefit plan. All users have to pay a premium but those with a health benefit plan have this premium paid by the government or local government.

Lastly, the 65and over population at the close of 2014 was 6.46 million people, but only 4.25million people were approved for recognition (1-5 rating) from 7.37 million applicants, excluding deaths, since the system was implemented in July 2008[4].

However, because of the poor judgement rating system, many beneficiaries do not receive the appropriate service for their physical condition. For instant, a 70 year old who lived alone died recently in a fire, but they may have survived if the health authority provided the appropriate care and monitoring[5].

4. Method

4.1. Hypothesis

Firstly, the elderly will be interested in the long-term senior recuperation insurance system if it is recognized. Secondly, they will not know about the long-term senior recuperation insurance system if it is not recognized. Thirdly, if they are unhealthy they will feel the necessity to join the long-term senior recuperation insurance.

4.2. Object

This study surveys the elderly object via a questionnaire in order to survey recognition of the long-term senior recuperation insurance system at locations where it is in use. This study was conducted on 150 participants who were aged 65 and over in a nursing hospital, a senior citizen center and who were participating in social welfare programs in the Gyeong Gi area. Researchers visited a nursing hospital, a senior citizen center, and a senior welfare center to organize times before conducting an interview followed by a questionnaire with the elderly population.

4.3. Tool

The tool in this study used by the researcher is a questionnaire which consists of work experience regarding observing recognition of the long-term senior recuperation insurance of elderly[1)] and literature about recognition of the local elderly for the long-term senior recuperation insurance system. The contents of questionnaire are the elderly participant's personal details (general information), and their recognition of the long-term senior recuperation insurance system to assist in defining the direction of future improvements. More details about the survey for improvement and recognition of the long-term senior recuperation insurance are below (table 1).

Table 1. Construction of research tools

Factor		Information	Question No.
General information		gender, age, marital status, family member, socio-economic status, health status, type of medical illnesses, duration of medical illnesses.	8
Recognition of the long-term senior recuperation insurance	General	enforcement scheme or not, the pathway of recognition, necessity, reason of necessity, interest, satisfy, help of stable retirement life, urgent problem of scheme.	8
	Attitude of using in the future	Inclination of using the service	1

4.4. Analysis method

1) The collected questionnaire's data is analyzed in Excel to display numerical statistics, display the function formula and lastly create a table. General information about an interviewee is analyzed by using frequency analysis.
2) Recognition of the long-term senior recuperation insurance and general characteristics difference are analyzed by cross analysis using the SPSS (IBM SPSS Statistics) program.
3) Attitude toward using the long-term senior recuperation insurance in the future and general characteristics difference are analyzed by cross analysis.

5. Results

5.1. General information of participants

General characteristics of the participants (Table 2). Of the 150 participants, there are more female 53.3% than male 46.7%. For age distribution, 65-69 years old is the highest at 47.3%, followed by 70-74 years old 30.7%, 75-79 years old 16% and 80+ years old 6%. For the marital status of the 150 participants, 60.7% have a spouse and 39.3% do not. Participants with spouses is significantly higher. For the family status of the 150 subjects, the largest percentile 30.7% live with children, followed by two groups at 29.3% including those living alone and those living with

Table 2. General characteristics of the participants

variable	information	number	%
Gender	Male	70	46.9
	Female	80	53.3
Age	65 ~ 69 years old	71	47.3
	70 ~ 74 years old	46	30.9
	75 ~ 79 years old	24	16.0
	80 + years old	9	6.0
Marital status	Yes	91	60.7
	No	59	39.3
Family status	Alone	44	29.3
	Children	46	30.7
	Grandchildren	16	10.7
	Ect (spouses)	44	29.3
Socio-economic status	Lives very well	1	0.7
	Lives well	34	22.7
	Lives moderately	96	64.0
	Lives poorly	18	12.0
	Lives very poorly	1	0.7
Health status	Very good	0	0
	Good	25	16.7
	Average	71	47.3
	Bad	49	32.7
	Very bad	5	3.3
Type of medical illnesses	No medical illnesses	27	18.0
	Hypertension	29	19.3
	Diabetes	34	22.7
	Arthritis	51	34.0
	Stroke	3	2.0
	Etc	6	4.0
Duration of medical illnesses	No medical illnesses	27	18.0
	Under 1 year	10	6.7
	1 ~ 3 years	55	36.7
	3 ~ 5 years	39	26.0
	5 years +	19	12.7

spouses, and 10.7% living with grandchildren. For where the 150 participants believe there health status to be, average is significantly higher at 47.3%. Not good is second at 32.7%, followed by good at 16.7% and very bad at 3.3%. No subjects describe their health as being very good. For illness status, arthritis is a major illness at 34%, Diabetes and hypertension rank second and third with 22.7% and 19.3% respectively. 18% describe no illness or diseases and 4% stated etc…. Stroke is last with 2%. For the duration of medical illnesses, of the 150 participants, only 123 responded. Illnesses lasting for 1-3 years accounts for 36.7% of the

responding participants, 3-5 years for 26%, 5+ years for 12.7% and below 1 year for 6.7%.

5.2. The information for recognition by the participants for the long-term senior recuperation insurance

The information for recognition of the long-term senior recuperation insurance is as follow (Table 3).

For knowledge of the implementation of the long-term senior recuperation insurance, of the 150 participants, 26% know it while the majority do not at 74%. As a result, there is generally low recognition of the systems implementation. For pathway toward recognition, of the 150 participants, only 39 responded. The largest percentile 38.5% of the responding participants stated neighbors, relatives and family. Welfare facility and media ranked second and third with 30.8% and 23.1 respectively. General promotion and etc… account for 5.1% and 2.6% of the responding participants. For necessity of the long-term senior recuperation insurance system, of the 150 participants, the majority feels average at 45.3%, followed by demand and high demand with 36% and 14%, and no necessity at 4.7%. No participants describe insurance as not at all. For reason of necessity, of the 150 participants, stable retirement life is the highest at 43.3%, followed by effectiveness of using medical fee at 22% and reduced family burden at 19.3% respectively. A variety of need and etc accounts for 14% and 1.3%. They feel the need for the system due to having a stable retirement life. For interest, average is the highest percentage at 54% while very low is the lowest at 0.7%. Average is followed by high at 32%, low at 10% and very high at 3.3%. For satisfaction, average is the highest at 44%, followed by good at 27.3%, bad at 24.7%, very good at 2.7% and very bad at 1.3%. For helpful or not, of the 150 participants, the highest percentage is moderate at 35.3%, next is helpful at 32%, not helpful at 22%, very helpful at 9.3% and not at all is the lowest with 1.3%. For urgent problems, of the 150 participants, lack of recognition is significantly high with 48.7%, followed by shortage of facilities and resources at 20.7%, government budget deficit at 16%, lack of various services at 12% and etc at 2.7%. There is a lack of recognition for the long-term senior recuperation insurance system. For inclination of using the service, of the 150 participants, do not know is the highest percentage at 48% due to lack of recognition of system, followed by willing to use at 42% and not use at 10%.

5.3. Recognition of the long-term senior recuperation insurance system

These are the results for knowledge of implementation for the system and recognition of the long-term senior recuperation insurance. At present, the data is analyzed by cross analysis in order to study the relevance of the implementation of the long-term senior recuperation insurance system. For gender and knowledge about the long-term senior recuperation insurance system, male response rate is 14% while female is 12%. Male response

Table 3. General recognition

Variable	Information	No	%
Recognition	Knows	39	26.0
	Does not know	111	74.0
The pathway of recognition	Media	9	23.1
	Welfare facility	12	30.7
	General promotion	2	5.1
	Neighbours, relatives and family	15	38.5
	Etc	1	2.6
Necessity	High demand	21	14.0
	Demand	54	36.0
	Average	68	45.3
	No necessity	7	4.7
	Not at all	0	0
Reason of necessity	Stable retirement life	65	43.3
	Reduced family burden	29	19.3
	Effectiveness of using medical fee	33	22.0
	Variety of need	21	14.0
	Etc	2	1.3
Interest	Very high	5	3.3
	High	48	32.0
	Average	81	54.0
	Low	15	10.0
	Very low	1	0.7
Satisfaction	Very good	4	2.7
	Good	41	27.3
	Average	66	44.0
	Bad	37	24.7
	Not at all	2	1.3
Whether helpful or not	Very helpful	14	9.3
	Helpful	48	32.0
	Moderate	53	35.3
	Not helpful	33	22.0
	Not at all	2	1.3
Urgent problem	Lack of various services	18	12.0
	Lack of recognition	73	48.7
	Shortage of facilities and resources	31	20.7
	Government budget deficit	24	16.0
	Ect	4	2.7
Inclination of using the service	Must use	63	42.0
	Not use	15	10.0
	Do not know	72	48.0

rate for ignorance is 32.7% and female is 41.3% which is a significantly high percentage. For age, 65-69 years old has the highest rate for both knowledge and ignorance. Consequently, younger ages show more knowledge of implementation. For knowledge of the implementation based on socio-economic status, lives very well and very poorly are both at 0%, lives well is at 9.3%, lives moderately is at 12.7% and lives poorly is at 4%. For ignorance, lives very well and very poorly are both at 0.7%, lives well is at 13.3%, lives moderately is at 13.3% and lives poorly is at 8%. As a result, lives moderately show significantly higher knowledge of implementation.

For knowledge based on health status, good health is at 8.7%, average is at 10%, bad at is 6.7% and very bad is at 0.7% while for ignorance, good health is at 8.7%, average is at 37.3%, bad is at 26% and very bad is at 2.7%. Thus, the rate of knowledge for implementation is considerably higher with average health status. For knowledge based on duration of medical illnesses, no medical illnesses is at 10%, under 1 year and 3-5 years are both at 4%, 1-3 years is at 8% and 5 years + is at 0%. For ignorance, no medical illnesses is at 7.3%, under 1 year is at 3.3%, 1-3 years is at 28.7% and 3-5 years is at 22%. Hence, the rate of knowledge of implementation is highest for no medical illnesses.

Table 4. Recognition of the long-term senior recuperation insurance system

			Whether implement of system		overall
			knowledge (%)	Ignorance (%)	
Gender	Male	Rate	21	49	70
		Among the gender	30.0	70.0	100
		Implement of system	53.8	44.1	46.7
		Overall	14.0	32.7	46.7
	Female	Rate	18	62	80
		Among the gender	22.5	77.5	100
		Implement of system	46.2	55.9	53.3
		Overall	12.0	41.3	53.3
Overall		Rate	39	111	150
		Among gender	26.0	74.0	100
		Implement of system	100	100	100
		Overall	26.0	74.0	100
Age	65~69	Rate	24	46	70
		Among age	34.3	65.7	100
		Implement of system	63.2	42.2	47.6
		Overall	16.3	31.3	47.6
	70~74	Rate	9	36	45
		Among age	20.0	80.0	100
		Implement of system	23.7	33.0	30.6
		Overall	6.1	24.5	30.6
	75~79	Rate	4	19	23
		Among age	17.4	82.6	100
		Implement of system	10.5	17.4	15.6
		Overall	2.7	12.9	15.6
	80 years old +	Rate	1	8	9
		Among age	11.1	88.9	100
		Implement of system	2.6	7.3	6.1
		Overall	0.7	5.4	6.1
Overall		Rate	38	109	147
		Among age	25.9	74.1	100

		Implement of system	100	100	100
		Overall	25.9	74.1	100
Socio-economic status	Very wealth	Rate	0	1	1
		Among socio-economic status	0	100	100
		Implement of system	0	0.9	0.7
		Overall	0	0.7	0.7
	wealth	Rate	14	20	34
		Among socio-economic status	41.2	58.8	100
		Implement of system	35.9	18.0	22.7
		Overall	9.3	13.3	22.7
	Moderate	Rate	19	77	96
		Among socio-economic status	19.8	80.2	100
		Implement of system	48.7	69.4	64.0
		Overall	12.7	51.3	64.0
	Poor	Rate	6	12	18
		Among socio-economic status	33.3	66.7	100
		Implement of system	15.4	10.8	12.0
		Overall	4.0	8.0	12.0
	Very poor	Rate	0	1	1
		Among socio-economic status	0	100	100
		Implement of system	0	0.9	0.7
		Overall	0	0.7	0.7
Overall		Rate	39	111	150
		Among socio-economic status	26.0	74.0	100
		Implementation of scheme	100	100	100
		Overall	26.0	74.0	100
Health status	good	Rate	13	12	25
		Among health status	52.0	48.0	100
		Implement of system	33.3	10.8	16.7
		Overall	8.7	8.0	16.7
	average	Rate	15	56	71
		Among health status	21.1	78.9	100
		Implement of system	38.5	50.5	47.3
		Overall	10.0	37.3	47.3
	bad	Rate	10	39	49
		Among health status	20.4	79.6	100
		Implement of system	25.6	35.1	32.7
		Overall	6.7	26.0	32.7
	Very bad	Rate	1	4	5
		Among health status	20.0	80.0	100
		Implement of system	2.6	3.6	3.3
		Overall	0.7	2.7	3.3
Overall		Rate	39	111	150
		Among health status	26.0	74.0	100
		Implement of system	100	100	100
		Overall	26.0	74.0	100
Duration of medical illness	No history	Rate	15	11	26
		Among duration of medical illness	57.7	42.3	100
		Implement of system	38.5	9.9	17.3
		Overall	10.0	7.3	17.3
	Under 1 year	Rate	6	5	11
		Among duration of medical illness	54.5	45.5	100
		Implement of system	15.4	4.5	7.3
		Overall	4.0	3.3	7.3
	1~3 years	Rate	12	43	55
		Among duration of medical illness	21.8	78.2	100
		Implement of	30.8	38.7	36.7

		system			
		Overall	8.0	28.7	36.7
	3~5 years	Rate	6	33	39
		Among duration of medical illness	15.4	84.6	100
		Implement of system	15.4	29.7	26.0
		Overall	4.0	22.0	26.0
	5 years +	Rate	0	19	19
		Among duration of medical illness	0	100	100
		Implement of system	0	17.1	12.7
		Overall	0	12.7	12.7
Overall		Rate	39	111	150
		Among duration of medical illness	26.0	74.0	100
		Implement of system	100	100	100
		Overall	26.0	74.0	100

6. Conclusion

The purpose of this study provides the understanding and attitudes of the long-term senior recuperation insurance system through researching on recognition of the long-term senior recuperation insurance system based on the elderly. The results for the 150 participants is as follows. Firstly, recognition of the implementation is significantly higher for participants with a younger age, average health status and via neighbors, relatives and family. Pathway of recognition is considerably higher through neighbors, relatives and family. Average necessity is reasonably high and stable retirement life is the greatest reason for the necessity of the long-term senior recuperation insurance system. Average is significantly the highest interest and satisfaction level for the long-term senior recuperation insurance system, and is considered most helpful for a stable retirement life. Consequently, the long-term senior recuperation insurance system faces an urgent problem in the lack of recognition. Secondly, the attitude towards inclination for using the long-term senior recuperation insurance system, ignorance due to lack of recognition is the greatest factor against using the system in the future[6,7,8,9]. As a result, without recognition there is no inclination for using the long-term senior recuperation insurance system in the future. If there is more recognition of the system by the elderly, they will be interested and they will be more inclined to use it.

Although the long-term senior recuperation insurance system is for all citizens, it is most suitable for the elderly who need to recognize it, and it is important to raise the awareness of the system so that the elderly have access of the necessary services. Based on the analysis data of recognition there are a few recommen dations for improving the success of the system via appropriate recognition and attitude. Firstly, as indicated in this study, more people like neighbors, relatives and family will need better recognition of the long-term senior recuperation insurance system in order to raise awareness and promote better stability of the retirement life and improved effectiveness of the use of medical fees. General promotion shows low results, so it should continue to promote the campaign by general promotion and placards. Secondly, the elderly will need to have an appropriate attitude and recognition for the system through education of the contents and the methods of use of the services.

Thirdly, the elderly will need to have appropriate recognition, attitude and knowledge through education and a campaign performed by selected staff visiting senior citizen centers, nursing hospitals and welfare facilities and by sending promotional material which is easy to understand[10-12].

In a nutshell, the long-term senior recuperation insurance system should be supported by the government in order to provide total care for the elderly who are 65 years and older or who are unable to live by themselves for 6 months or more due to age-related medical illnesses.

It will require more detail research and a nationwide qualitative study for necessity and status of the long-term senior recuperation insurance system rather than a single location.

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