

# The Development of Community-Based Convergent Services for Senior Citizen

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## 지역사회기반 재가노인 융합서비스시스템 개발

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**Abstract** Korea faces new social needs of community-based service for senior citizen as aging is getting faster. Targeting elderly people who are beneficiaries of long-term care insurance and caring service, this paper aims to explore decent and proper services for senior citizens in terms of rehabilitation, health improvement and quality of life. Especially this research approaches from the perspective of service providers, including service facilities and care-service givers. Using FGI methods with care-providers and in-depth interviews with community social workers as well as nurses, convergence approaches are explored. As a result, welfare field and nursing practices are clearly divided in the community, so that the convergence education and team work tool would be developed in the near future.

• **Key Words** : Convergence Service, Community Service, Long-term Care, Care Service, Service Quality Management

**요약** 최근 한국에서는 고령화가 본격적으로 진행되어 가족이나 개인중심의 노인돌봄시스템이 한계에 도달하였다. 본 연구는 장기요양등급자로 재가서비스를 받고 있거나 등급외자로 돌봄서비스를 받고 있는 노인을 대상으로 하는 재활 및 건강증진, 삶의 질 향상을 위한 적절한 서비스를 개발하는 목적을 갖는다. 특히 공급자입장의 품질관리 측면에서 접근하였으며 서비스관리공급자인 기관 및 서비스제공자인 요양보호사를 대상으로 FGI 조사를 실시하고, 지역사회복지사와 방문간호사 대상 심층면접을 실시하였다. 연구결과에서는 서비스 공급자 및 제공자 간 서비스 내용에 대한 인식차이가 나타났고 또한 적절한 서비스를 제공하기 위해서는 지역사회에서 영역별로 분리되어 있는 케어서비스를 융합하기 위한 통합 교육 및 팀워크 훈련 등이 필요한 것으로 나타났다.

• **주제어** : 융합서비스, 지역사회기반 서비스, 장기요양, 케어서비스, 서비스품질관리

## 1. Introduction

In terms of community service for elderly people, convergence approaches are needed to enhance the quality of services. In 2008, long-term care insurance is

introduced in Korea, and care burden of family has been shifted from the domestic section to society. With the framework of social insurance, long-term care shows new concept of filial piety which all the

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community can share elderly care burden. However, in spite of the increasing elderly population and expanding service areas, care services, relatively, move slowly to its original goals.

According to the recent statistics, Korea already became aged society in 2013 [1], which means elderly population aged over 65 is 14.3%. In 2022, the rate would be 20.6% and 49.4% in 2060 [2]. The rate has the strong influence towards the society transition, and more specifically towards the citizens' quality of life [3]. Accumulating the group of healthy elderly population is the task of time, and therefore, proper social services should be prepared.

Building up the practical convergent service are needed in the field of elderly care. Also, to maintain the quality of care service is emerged as an important factor [4]. Therefore, this paper explores service development in the community, targeting elderly people who are beneficiaries of long-term care insurance and care services. Approaches are carried out from the perspectives of care providers who are facilities and actual care service-givers.

Research methodology includes FGI and in-depth interviews; FGI is carried out two times in May and September 2014, and 10 in-depth interviews with community nurses and social workers are carried out from March 2014 to October 2014. FGI participants are 17 care-service givers and 4 managers in total. 10 Social workers and 10 community nurses are interviewed to find out the convergent service for elderly people.

## 2. Convergence Approaches

Convergence approaches in elderly care services are crucial with the following reasons. First, with the increasing aged population, social cost towards elderly care is sharply expanded. To cut down the social cost of elderly care, the proper mixed method of health and welfare should be settled down in the community [5]. Second, health and welfare industries are getting more

important in aged society, however, each field has clear boundaries of academic areas. Even industry clarification does not figure out practical knowledges and technologies in elderly care service. Therefore, Services towards elderly citizens should be approached from the different way of other disciplines.

### 2.1 nursing approaches

In the field of nursing, evaluation system have been developed since the introduction of long-term insurance. Out-patient evaluation system has focused on health condition, pain, physical function, daily life practices, social function(cognition, depression, isolation etc), while in-patient evaluation system deals with medical services. In addition, in the community, visiting service evaluation system are applied to elderly patients with chronic diseases. Currently RAI-FC(Resident Assessment Instrument Facility Care) and RAI-HC(Resident Assessment Instrument-Home Care) are commonly used. These systems are composed of evaluation tool, evaluation manual, problem list, and evaluation guidelines [6]. Several evaluation system are developed, however, for out-patient in the community still need multi-disciplinary services [7]. Furthermore, commonly used evaluation tool are written in difficult terminology, so it will be necessary to revise in more accessible words.

### 2.2 welfare approaches

From the perspective of welfare, most of all, close link with long-term care service and community welfare service is essential. The aim of quality control is that beneficiaries can get the proper services ensured by public sector, so that the service should be inspected and monitored [8]. Welfare services as well as disease prevention and health maintenance can delay the path to vulnerable condition of elderly people. For the effective long-term care services, keeping the healthy condition is necessary [9], and therefore, the proper service should cover from the entrance of

elderly age. In 2010, community welfare service did show the low number of linkage with each services, and also elderly people who are not beneficiaries of long-term care are left behind the boundary of services.

Welfare providers consider that institutional factors such as facility, human faculties, relevant law and insurance system [10], while exploring the inner factors like working condition, operation system, special care and tailored program [11]. These specific factors hardly concerned with beneficiaries' health condition which is intervened by nursing factors.

**2.3 new social-impact assessment**

To solve the social issues, conflict of interest is to be closely analyzed and user experience is importantly concerned in the process of performing services in the practical field. Also, new evaluation system is to be applied to unloose the tangled small issues. Namely, both users' and suppliers' perspectives are equally important to explore the social issues [12] and elderly service which has its original fused character needs new convergent system to explore process-focused evaluation system.

In order to develop nice and decent service, service quality control is a prerequisite factor. Furthermore, apart from inspection and punishment from authorities, user-experiences and care-service provider's participation is a critical concern [13]. Development of service is, therefore, seen as a co-product of inter-communicating subjects [14].

**3. Research Result**

**3.1 FGI results**

FGI with semi-structured guideline are composed with four sections: carers' perceived responsibility, self-evaluation of service, a way of service quality control and more convergent part of other fields. Firstly, care-providers answers of responsibilities are

divided into 16 performances shown in <Table 1>. Most carer service givers and service managers notice that care service includes 'prepare meal and feed the care-receiver' (15times), 'talk and chat' (14times), 'carry out health care' (14times) and some of care-givers provide services of 'protect the dementia patient'(9times), even 'finding out wandering dementia patient'(5times) and push a wheelchair(3times).

<Table 1> Care-service givers' Responsibility

No	Contents	Commented Frequency
1	Prepare meal and help to eat	15
2	Talk and chat about daily life	14
3	Carry out health care service	14
4	Provide bath service	13
5	Accompany to hospital and help to take a prescription	13
6	Help outgoing for shopping and family affairs	13
7	Clean and laundry	12
8	Help the housework	12
9	Help the exercise and take a walk	12
10	Give and enema	10
11	Protect the dementia patient	9
12	Walk by side holding arms	9
13	shopping food	8
14	Help cooking	7
15	Finding out dementia patient	5
16	Push a wheelchair	3

On the contrary, care service givers think some of services are not their responsibility such as 'making kimchi', 'take care of patient's family' and 'cook for patient's family', even though they are performing these services for patient. To provide nice services, care givers discuss that categories of service are specified and patient's family should know about details of service contents. When families ask to take care of young children and even want care givers to work longer than contracted time, they are frustrated to answer positively.

To improve service quality, a care-service givers discuss that regular work training program and case management are needed. Formal survey for service satisfaction is also a way of quality control. Counselling with service-providers, and prevent program for

emotional exhaust or burn-out would be suggested.

For the convergent service management, care service givers would like to suggest that improvement of working condition, income supplement, work training and secure work opportunity. Dealing with out-work condition, users' and users' families' consciousness of service care should be changed; some of families concern that service is equal to housework; some of users need pay-back rewards such as buying food and driving for family.

Differences of service-providers and service-givers are shown in the field of care-giver's services and working condition. Service managers show relatively satisfactory arguments about facilities and working condition; especially, making an opportunity for female job as care-givers gets a good points. Towards the same service contents, two different group shows different way of evaluation, and this part would be further explored.

About convergent work of elderly service, the necessity agreed in both parts; division of nursing is also positively concerned. However, care-givers clearly think nursing part is another section of their work due to their qualification, knowledge and techniques. In the education system for service-givers, nursing part is added in very limited way, and if it is educated further, qualification system of care-giver suggested to be differently operated.

### 3.2 in-depth interview results

With the aim of developing more specific convergent way of maintaining service quality, district nurse and social workers are interviewed. Interview categories are divided into 10 sections: service contents, delivery system, expertise networking, teamwork structure, service satisfaction, supervision system, feedback and improvement, social impact, difficulties and vision. Summarized suggestions are shown in <Table 2>.

<Table 2> Interview Results

Categories	Answers
Service Contents	<ul style="list-style-type: none"> <li>·Guidelines are provided</li> <li>·Difficult to accept the individual demand</li> <li>·Health condition management and Family services</li> <li>·To enlarge service sections, community networking is essential</li> </ul>
Delivery System	<ul style="list-style-type: none"> <li>·Mixed delivery system is preferred</li> <li>·Private sector(voluntary workers are essential)</li> <li>·Diverse participant group are needed</li> <li>·User-group(or family) participation is needed</li> </ul>
Expertise Networking	<ul style="list-style-type: none"> <li>·Hard to link with expertise group</li> <li>·In-community network is relatively possible, but between-community network is rare</li> <li>·Networking is to be done through local community</li> </ul>
Teamwork Structure	<ul style="list-style-type: none"> <li>·Actual care service is a usually sole-work, but feedback and case management is run through teamwork</li> <li>·Due to tight schedule and busy working condition, teamwork training is extra-work for faculties</li> </ul>
Service Satisfaction	<ul style="list-style-type: none"> <li>·From the supplier's perspective, service is always insufficient</li> <li>·Suggestions are often made, but the reflection depends on the working condition</li> <li>·Service from demander is relatively satisfactory</li> </ul>
Supervision	<ul style="list-style-type: none"> <li>·Supervision is normally done through peer group</li> <li>·Case management is a way of supervision</li> <li>·Supervision to trainees are regularly performed</li> </ul>
Feedback and Improvement	<ul style="list-style-type: none"> <li>·Feedback is essential process of case management</li> <li>·More specific feedback is needed for the service improvement</li> <li>·Staff education system is one of the important feedback process</li> </ul>
Social Impact	<ul style="list-style-type: none"> <li>·Elderly care in the community is getting important, but hardly measured by quality system</li> <li>·Social Assessment system should be applied</li> </ul>
Difficulties	<ul style="list-style-type: none"> <li>·Convergent method of health and welfare is personally explored</li> <li>·By district, convergent system should be established</li> <li>·Workers, Team and Policy-decision group should agree the importance of convergent approaches</li> <li>·Poor income and working condition</li> <li>·Increase of care service-giver's task quality should be ensured</li> </ul>
Vision	<ul style="list-style-type: none"> <li>·More and more work and new program is needed in service management</li> <li>·Well-trained manager can play a expertise role in the community</li> </ul>

Interviewees answered that service delivery system would be mixed, being worked together with public and private sectors, while service contents are performed with guidelines. Personal demands and service needs

are not fully accepted due to the lack of human and financial resources. Expertise networking is needed and suggested to be provided by public subjects. District social workers and nurses get used to work in team, and they need more time and co-work tasks to work with or work between. Importantly, elderly care service has a powerful social impact from their perspectives and will get more important role in the near future society. Difficulties are relatively low-income and work condition. Particularly, social workers than nurses have more suggestions of improving their working condition. Case management will have a key role in service quality control and well-trained manager can support this expanding work.

#### 4. Conclusion

In terms of community service for elderly people, convergence approaches for quality maintenance is significantly concerned. According to the user-supplier balance argument, user-friendly and supplier-affordable system should be prepared in a rapidly ageing society. Community-based convergence approach of health and welfare can be made in two ways; first, links with other services to ensure efficiency and continuity; second, links with service contents and suppliers through reasonable composition and control. As an effective way, long-term care insurance and community welfare service can be connected to supply tailored service delivery system [15]

As a subject of quality maintenance, this paper focuses on care-service provider and care-service givers in the field of community. Some of researches considers central government, local authority and national health insurance service as the main subject who can control quality system. For the proper service development, practical guidelines and delivery system are pre-constructed. However, focusing only on these main head quarters as service control subjects, in the practical field, regulation and inspections are the main way of service management [16].

To make more user-friendly or supplier-affordable system, regular monitoring of service-providers are needed. This monitoring is to be differently considered from inspection and surveillance. Also, relative inspection is to be deferred, ensuring the approbation.

Teamwork and efficient networking between different division are also suggested. In the in-depth interviews and FGI results, different subjects of service-care givers such as nurse, social worker, care manger and care-service givers all agree that there should be a point of co-working in the area of elderly care service. Even though health and welfare services are emerged as two significant sections of elderly care, due to the clear division of practical field, co-work experiences are hardly performed. Concerning the service-provider's needs, practical experiences of teamwork and training program is needed in the community. This efficient co-work would delay elderly population to enter into the social exclusion system. Using the facilities in the community, provided by proper services, social coast of elderly care should be down, while having a good mechanism of increasing quality of personal life.

Lastly, to build up a proper service and quality control system, beside of making co-work system up, diverse approaches and experimental system should be launched in the practical field. Keeping the guidelines and supplying the regulated services have a good side of management, however, at the same time, providing the tailored services, respecting personal desire, and fusing with micro-level and macro-level needs have the supposed limitation.

This paper has focused service providers' standing point to develop the service quality control system. To concern community-based, user-friendly, and tailored services, researches considering service users' needs and perspective are also necessary.

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