

Study on the Development Approach of Combining Medical Care with Nursing Care in Rural Areas

-- Based on the Case of Warm Apartment for the Elderly in S City, A Province

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Abstract

As one of the most populous provinces in China, the present situation of providing for the aged with the family as the main body in rural areas is facing great pressure. In this study, aiming at the problem of rural Old-age care in A province, under the background of scattered rural Old-age care and backward medical level, through field investigation, comparative analysis and other methods, we explored the way of building a combination of rural medical care and put forward feasible suggestions in combination with the actual situation of rural Old-age care in A province, with a view to solving the problems of rural old people's difficulty in seeing a doctor, nursing care and limited family Old-age care ability, so as to better promote the development of Old-age care services in rural areas of A province and break the single Old-age care model in rural areas.

Keywords

Village; Combination of Medical and Health Care; Provide for the Aged.

1. Foreword

Since the 21st century, the problem of population aging has become a problem faced by countries all over the world, and its degree is constantly increasing. The problems of the elderly mainly focus on medical care and Old-age care, and need to be solved as soon as possible. In order to pay more attention to this problem, the country put forward the strategy of healthy China. According to the statistics of relevant departments, it is estimated that the proportion of the elderly will exceed 25% in the next 15 years and 33% in 30 years. Among them, most of the elderly are concentrated in rural areas, resulting in a relatively large population base, high age and a large number of people suffering from chronic diseases. Due to the restriction of economic level, the function of providing for the aged can not meet the normal standard. Therefore, there is a big gap in medical care and providing for the aged in China, which needs to be met by perfect policies. Thus, the combination of medical care and nursing will be an important development model to solve the problem of providing for the aged in the future.

As a mega province in China, a province has a total population of over 50 million people, and the corresponding elderly population is relatively large. A large number of people have not saved enough money for the elderly, and their physical quality has stepped into the ranks of the elderly [2]. On the whole, in the aspect of combining medical care with nursing care, A province is in the primary stage of development, and the Old-age care and medical care are not effectively combined, so there is a contradiction between the demand and supply of the Old-age care, and there are still some problems in various aspects of construction, which need to be further improved. Secondly, the medical level in rural areas is backward and the Old-age resources are mainly concentrated in hospitals at or above the county level, so the old people cannot get effective treatment and care. How to achieve a better sense of security for the elderly and

provide medical care for the sick, improve the present situation of Old-age care in rural areas of A province, integrate public resources of Old-age care services, and effectively promote the combined development of rural medical resources and Old-age care services in A province is an urgent problem to be solved at present.

2. Literature Combing

In recent years, the academic research on the combination of medical care and nursing mainly focuses on two aspects: development mode and development trend. Tang Feiquan (2018) divided the combination of medical care and nursing into three modes from the perspective of the practice subject: the first mode is the establishment of medical care institutions [3]; The second mode is the combination of family and community pension. Mainly take the family and community where the elderly are located as the unit, and establish a unified pension institution in the community [4]; The third mode is the combination of government and private organizations, which realizes the integration of public and private institutions. Yang Cuiying and Lu Yu (2018) adopted the case analysis method, selected six districts in Shanghai as the research subjects, and studied the mode of combining medical care and nursing from an embedded perspective [5]; Ma Zhengjun (2018) et al. applied the Internet and distance to the combination of medical care from the perspective of smart medical care [6], and conducted remote chronic disease management, personalized health management, home-based care services and remote medical consultation in medical care and pension institutions for the elderly through the Internet tool APP.

To sum up, compared with the traditional pension mode, the combination of medical care and nursing will be the mainstream of future pension services, and intelligence and internet will be the development trend of the combination of medical care and nursing. Establishing a good Old-age care model is helpful to solve a major problem in the social security of "providing a sense of security for the elderly", improve the happiness level of the elderly and maintain social stability and harmony. At present, there are many researches on the model of combining medical care with Old-age care in the community, but few researches on how to promote the combination of medical care and Old-age care in rural areas. Starting from the countryside, this study studies the Old-age care for the rural elderly, and puts forward relevant suggestions on the construction of intelligent Old-age care, which is conducive to further improving the Old-age service system and effectively implementing the organic integration of home, community, institutions and medical care.

3. Case Analysis

3.1. Case Selection

Warm Apartment for the Aged, founded in August 2012, is one of the standardized, networked, and technologically developed pension service institutions in S city. Since its establishment, the apartment has always adhered to the tenet of "people-oriented, filial piety, serving the elderly and repaying the society", taking the rural Old-age service market as its own development space, and through continuous exploration, reform, innovation and practice, it has embarked on an intelligent and scientific Old-age service road integrating science, green, family and culture. Warm Old-age apartments mainly focus on the scientific, standardized and efficient development of Old-age undertakings, and use scientific layout methods to bring all towns into the construction, so as to further expand the depth and breadth of the Old-age apartments. Since 2012, the establishment area of grid-based pension apartments has exceeded half, with a total investment of nearly 60 million yuan; Each apartment has strict requirements, including management, construction and professional level of medical staff, and is committed to

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3.2. Development Status of Combination of Medical Care and Nursing in Warm Pension Apartment

The uneven distribution of medical resources in rural areas also restricts the overall development of Old-age care institutions towards the combination of medical care and nursing. Professional doctors, nurses and medical equipment are mostly concentrated in county towns, and the medical conditions in villages and towns are average. Only a small number of Old-age apartments provide the combination of medical care and nursing services, but they simply provide medicines or measure blood pressure for the elderly. The combination of medical care and nursing in warm Old-age apartments has developed well in rural areas, but there are still some problems such as funds, personnel and land. Specific developments are as follows:

There are 13 networked intelligent apartments under the Warm Pension Apartment. The total area is nearly 90 mu, with more than 2,000 beds, and there are more than 750 elderly people, with an average age between 75 and 80 years old. At present, there are two grades of warm Old-age apartments, i.e., high-end apartments and low-end apartments, both of which are a combination of medical care and nursing. The high-end apartments are mainly for the elderly with better economic conditions, while the low-end apartments are mainly for the rural elderly with five-guarantee households and no fixed income, mostly disabled or semi-disabled. The care workers in each Old-age apartment are mainly distributed according to the ratio of 1:4 to 1:6, which means that one care worker takes care of four disabled elderly people or six and a half disabled elderly people. All elderly people who live in nursing homes will be equipped with their own responsible doctors, whose main responsibilities include establishing health records, conducting rounds and consulting for the elderly regularly every day, and other related services. In addition, Warm Pension Apartment also cooperates with Huawei to promote intelligent pension. Specific measures include several aspects: (1) Installation of monitoring probes, mainly for apartments with slightly higher grades, so as to know their physical condition while mastering their actions, and to respond in time in case of emergencies; (2) Installing inductive pads for disabled elderly people is helpful to understand the defecation situation of the elderly and provide corresponding services; (3) Wear GPS locator and electronic fence, which is mainly aimed at the demented elderly, so as to grasp the activity track of the elderly in real time and avoid the occurrence of lost phenomenon. At the same time, it also has monitoring function, so as to know the life characteristics of the elderly such as heart rate and blood pressure in time.

4. Difficulties in the Development of Combining Medical Care and Nursing in Rural Areas

From the above cases, it can be seen that the rural Old-age care institutions are actively combining medical care with nursing care to meet the needs of the old people as much as possible. However, from a macro point of view, the model of combining medical care with Old-age care in rural areas of A province is still in its infancy, and there are still many problems in the development of combining medical care with Old-age care in rural areas.

4.1. The Division of Responsibilities of the Rural Grass-roots Government is not Clear, and the Assistance to the Old-age Care is not in Place

The rural economy is relatively backward, and the government cannot put too much money into the Old-age service. When social forces intervene in providing for the aged, they cannot get financial support from the government. Less government subsidies lead to difficulties in capital turnover and loans to banks in most nursing homes. Although the traditional rural Old-age service model is mature, the construction of the relevant norms and standards of medical care combined with Old-age service lags behind obviously, and it is difficult to approve land. In addition, the division of responsibilities of the Grass-roots government is not clear, and the linkage among various departments is lacking, which makes many policies unable to be implemented, which hinders the extensive promotion of the rural medical care combined with Old-age care model, and makes various policies, management and guidance functions ineffective [8].

4.2. Nursing Workers in Pension Institutions are Difficult to Recruit and Their Professional Level is not High

Nursing workers are called nursing workers for short. They need to take care of the elderly in all directions for 24 hours. The workload is heavy and complicated, especially for the disabled and semi-disabled elderly. They should not only learn basic nursing knowledge, but also master certain common knowledge of medicines and the use of some nursing machinery. Their income and treatment are not high, their social status is low, and there are few social volunteers. At present, most of the nurses in Old-age care institutions in rural areas are housewives in rural families, with higher average age and lower education level, and are seriously lacking in professional nursing knowledge. The mobility of nursing workers is also very high, which makes it difficult for Old-age care institutions to retain and recruit people. The training mechanism of talent resources in rural pension institutions needs to be further improved.

4.3. Rural Medical Care Combined with Old-age Service Mode is Backward

Most of the high-quality medical care and Old-age resources in rural areas are concentrated in counties, and the main mode of combining medical care with nursing care is to use the existing resources of township hospitals to directly provide Old-age medical care in hospitals, or to combine township hospitals with nursing homes to provide Old-age medical care. There are few public and private pension institutions like Warm Pension Apartment, and these institutions can only meet the low-level basic care needs of the elderly. Many places copy the experience of combining medical care in cities, and lack of integrated medical care services, which can not meet the diversified and professional needs of the elderly (especially empty nesters), and the recognition of the elderly is low.

5. Ways and Countermeasures of Combining Medical Care and Nursing in Rural Areas

According to the actual situation and characteristics of warm Old-age apartments, as well as the difficulties existing in the combination of medical care and nursing in rural areas, on the basis of developing the traditional combination of medical care and nursing, A province should actively promote the development of public-run private and intelligent Old-age care models.

5.1. Clarify the Division of Responsibilities Within the Government and Encourage Social Forces to Join the Aged Care Service

First of all, the rural Grass-roots government should straighten out the relationship among various departments, and the civil affairs departments, tax departments and health departments should actively cooperate with the work of Old-age care institutions to avoid the phenomenon of prevarication and wrangling when problems arise, and at the same time strengthen the supervision of Old-age care institutions. Secondly, the problem of providing for the aged is a social problem, so the government should formulate some preferential policies, such as tax incentives, approval incentives, special financial assistance, etc., to encourage social capital to invest in providing for the aged, so that all organizations and institutions can fully participate. At the same time, giving full play to the advantages of the government and various organizations, and then forming an organic whole, can not only reduce the financial burden of the government, but also meet the diversified pension needs of the old people in rural areas. Finally, the institution combining medical care and nursing can make full use of the idle Old-age resources in rural areas, for example, Warm Old-age Apartment leases the idle factories and schools in the town, which are carefully transformed to provide Old-age services. It not only saves the construction cost of nursing homes, but also brings convenience to the old people and provides convenience for the rural elderly.

5.2. Accelerate the Construction of Rural Medical and Nursing Talents

In view of the lack of medical and nursing talents and the difficulty in recruiting nursing workers in rural areas of A province, it should be solved from various aspects such as government, pension institutions and society. From the government's point of view, the economy in rural areas is relatively backward, the conditions are poor, and many talents cannot stay. The government should take the lead in subsidizing medical and nursing care workers working at the Grass-roots level, improve the welfare level of nursing workers, and help them solve housing problems, children's schooling problems, spouse's work problems, etc., so that nursing workers can serve the elderly with peace of mind and concentrate on learning nursing techniques. From the perspective of Old-age care institutions, we should not only rely on the government's welfare for medical staff, but also provide perfect occupational protection measures to meet the medical staff's due treatment, especially in terms of salary, professional title and occupational risks. Special policies should be formulated for these medical staff to meet their basic needs fundamentally. At the same time, pension institutions can integrate retired, laid-off or migrant workers to actively participate in the pension service industry, and expand the construction of pension team. And regular training for medical staff, can also organize medical staff to go out to study, enrich medical staff's nursing knowledge and improve nursing skills. From a social point of view, medical colleges and vocational schools should be encouraged to set up more geriatric nursing and health majors, increase enrollment efforts and cultivate professional talents combining medical care and nursing. The society should also increase the professional recognition and respect for the grassroots medical staff, commend the excellent nursing staff, stimulate the care workers' love and sense of responsibility, and make them better put into the aged care service.

5.3. Broaden the Development Path of Combining Medical Care with Old-age Care in Rural Areas

At present, rural Old-age care institutions can only meet the basic living needs of the elderly, and there are few personalized services, especially for empty nesters, which lack spiritual comfort. First of all, realize the intelligence of rural Old-age service. Take the warm Old-age apartment as an example, we can cooperate with the Science and Technology Intelligent Company to set up high-end Old-age beds in the Old-age apartment, and install high-tech intelligent equipment such as automatic turnover, intelligent mattress, urine sensing, voice-activated curtains, and remote door locks, so as to provide convenient services for the elderly with better economic conditions. In the process of building the rural Old-age service platform, give full play to the advantages of big data. Establish a good communication channel between the provider and the demander of Old-age care, and ensure the effective communication between them, so as to provide a guarantee for the scientific and reasonable reference of resources. At the same time, it can timely understand the needs of the elderly, thoroughly solve the deficiencies and defects in the current Old-age care institutions, and then change the status quo. The Old-age service platform is established by county hospitals, which closely links Old-age institutions with rural families, and realizes rural grassroots Old-age care in the county. The platform mainly has the functions of information communication, resource integration, service support, market transaction, etc., which can not only help to solve problems such as recruitment and training of nursing workers, but also evaluate the physical and psychological conditions of the elderly, and implement archives management for the elderly, thus creating personalized service plans for the elderly. The elderly can enjoy services such as home care, inspection, meal delivery and laundry without leaving home. Finally, the rural elderly activity base can be built in the institution of combining medical care with Old-age care. Organize the elderly to participate in activities such as painting and calligraphy, playing chess and dancing, and enrich the spiritual life of the elderly. It can also build green Old-age care according to local characteristics, and establish ecological planting and breeding bases in Old-age apartments, so that the elderly can experience hands-on fun and live a happy, happy and beautiful old age.

The growing demand for medical care combined with Old-age care and the improvement of supply capacity have stimulated the development of rural Old-age care institutions, but the existing development conditions are still insufficient, which is constrained by the government, the Old-age care institutions themselves and the lack of professionals. In order to truly meet the actual needs of the rural elderly and develop healthily, the future development of the model of combining medical care with Old-age care in rural areas needs the strong support of the whole society and the government. In addition, the most important thing is that the Old-age apartments should be changed in time, and the service quality and level should be continuously improved, so as to win the broad market of rural Old-age care and "glow and heat" in the Old-age care industry.

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