

A Study on the Combination of Medical and Nursing Care Models in Hangzhou and Ningbo

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Abstract: With the increasingly prominent aging problem in our country, the combination of medical care and old-age care model has become an important way to solve the empty nest problem of the elderly and promote the healthy development of the elderly. However, due to insufficient investment in old-age security resources in China, the elderly's needs for old-age care and other services cannot be effectively met. Strengthening the construction of the elderly care service system is a basic project to guarantee and improve people's livelihood in the development, and how to truly realize the "elderly have access to care and medical care" has become a crucial issue in the current society. From the perspective of realizing a better life for the elderly, this paper takes permanent residents over 60 years old in Hangyong and Ningbo as the research object, and investigates the basic situation of the elderly in the sample cities, their awareness and satisfaction of the mode of combining medical care with old-age care, etc. By means of multi-stage sampling, descriptive statistical analysis, cross analysis and other methods, the present situation of the combination of medical care and old-age care in Hangzhou and Ningbo of Zhejiang Province was investigated in an all-round, deep and multi-angle.

1. Survey Items

1.1 Background of the Study

According to the seventh census, there are now 264 million people aged 60 and over, accounting for 18.70% of the total population, and 191 million people aged 65 and over, accounting for 13.50% of the total population [1]. The number of people aged 60 and over is currently around 264 million, accounting for 18.70% of the population, and 191 million aged 65 and over, accounting for 13.50%. It is expected that by 2050, China's population will be ageing at a rapid pace, so how to take effective measures to respond scientifically to the challenges posed by the ageing population to social development has become an urgent issue to be considered. Due to the shrinking size of families in China, the proportion of disabled and semi-disabled elderly people is increasing. As a result, there has been a significant increase in the demand for daily care, medical care, and physical rehabilitation. Additionally, the separation of medical and health care in China has further exacerbated this issue. Consequently, the traditional model of elderly care is no longer able to meet these needs.[2].

According to the data, the proportion of the elderly population in Zhejiang Province has increased by 4.81% compared to ten years ago. The elderly population is increasing and there is a serious imbalance between supply and demand for elderly care services [3].

1.2 Subjects and Methods of Survey

This topic uses Hangzhou and Ningbo as the survey sites, and uses PPS sampling and random sampling methods to determine the scope of the specific sample, and the elderly group aged 60 years and above within that scope as the survey target. Survey requirements: age \geq 60; have a certain level of cognitive ability; informed and voluntary participation in the study. This paper adopts the literature review method to understand the living condition and medical level of the elderly in Zhejiang Province by reading the information related to the elderly, so as to prepare for the investigation and analysis; it adopts questionnaires, interviews and other methods to conduct research, and conducts in-depth investigation on the basic situation of the elderly, the characteristics of the needs of the elderly and the mode of integration of medical care; it uses the statistical method to make tables of the survey data with Excel software, and then uses SPSS22.0 statistical analysis tool for analysis and processing.

1.3 Questionnaire Design

The questionnaire was initially designed based on the selection of the topic itself based on extensive literature and information review; the questionnaire was revised based on the results of the pre-survey and after consultation with experts and instructors. The overall reliability coefficient of the questionnaire was 0.858 and the KMO value was 0.762. The results of the above-mentioned tests showed that the questionnaire used in the pre-survey met the objectives of the survey. The questionnaire was divided into two parts: the basic information of the respondents and the survey on the perception and willingness of the combined medical and nursing care services. The first part deals with the general demographic characteristics and the respondents' physical condition, the way they age and their needs for elderly care services; the second part deals with the awareness of the combined medical and nursing care model, the channels of understanding, satisfaction with the combined medical and nursing care service project and the demand for the service. Through the surveys in these two areas, we can understand and grasp the current situation of basic elderly care as well as their awareness of and needs for the combined medical and nursing care model, thus providing a basis for improving the combined medical and nursing care model.

2. Statistical Analysis of Survey Respondents' Results

2.1 Basic Sample Distribution

A total of 480 questionnaires were distributed in this survey and 384 valid questionnaires were returned, with a return rate of 80%. The article is based on this data for analysis. According to the survey data: the proportion of women was 52.24% and the proportion of men was 47.76%, basically following the principle of 1:1 male to female ratio for selection. In terms of economic sources, the elderly have a variety of income channels. As Figure 1 shows, about half of the elderly people's economic source is pension (old-age pension); the source of income is children's alimony accounting for 45.45%, the economic source is the elderly people's labour income accounting for 37.88%, government subsidies accounting for 37.88%, pension insurance accounting for 26.52% and others accounting for 3.03%.

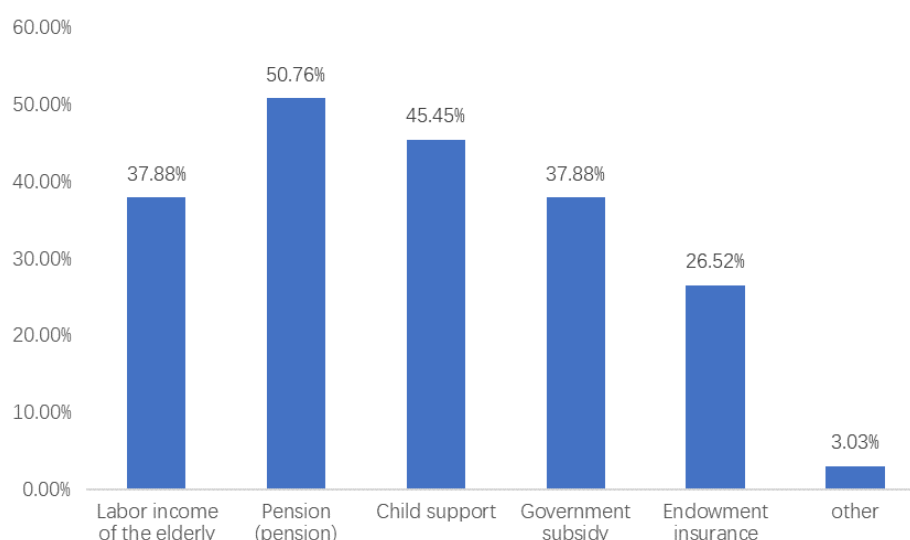


Figure 1: Financial resources for the elderly

In addition, the monthly income, education level, place of residence, number of elderly dependents, physical condition and the proportion of respondents are as follows Table 1 shows:

Table 1: Table of analysis of demographic variables for permanent residents

Variables	Properties	Percentage (%)	Cumulative percentage (%)
Monthly income	Under 3000	9.30	9.3
	3001-5000	18.61	27.91
	5001-8000	46.51	74.42
	8000 and above	25.58	100
Literacy level	Bachelor's degree and above	51.16	51.16
	High school or secondary school	41.86	93.02
	Lower secondary and below	6.98	100
Place of residence	City	58.14	58.14
	Rural	41.86	100
Number of elderly people supported	0	2.33	2.33
	1	16.28	18.61
	2	51.16	69.77
	3	11.63	81.4
	4	11.63	93.03
	Greater than 4	6.98	100
Physical condition of the elderly	General	34.88	34.88
	Health	30.23	65.12
	Poor but self-care	20.93	86.05
	Partially unable to care for themselves	11.63	97.68
	Completely unable to care for themselves	2.33	100
Total		100.00	100

2.2 Exploration and Analysis of the Factors Influencing the Combined Medical and Nursing Care Model

According to the survey (see Figure 2) shows that 88.64% of the respondents mainly used the traditional elderly care model, and only 18% of them knew a lot about this model, while 52% of them did not know anything about the combined medical and nursing care model. This indicates that their knowledge of the combined medical and nursing care model is insufficient, and may also reflect the publicity effect of the combined medical and nursing care model.

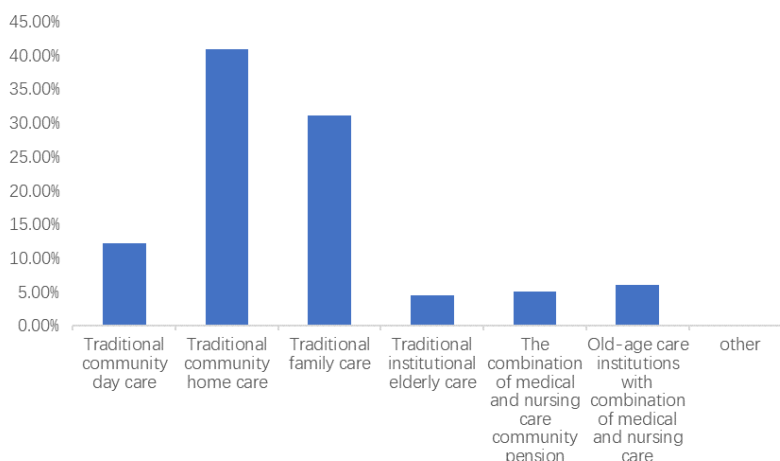
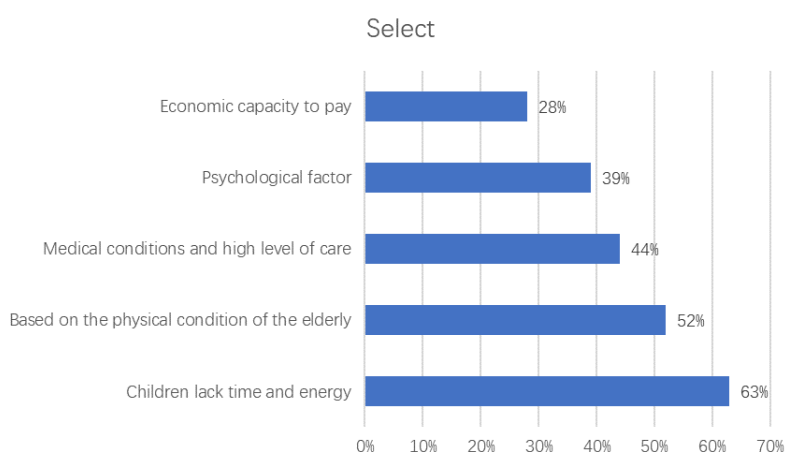


Figure 2: Ageing in place

From the survey data (see Figure 3), it can be seen that 63% of the respondents preferred the combined medical and nursing care model because of the lack of time and energy of their children and 52% based on their own physical condition; those who did not choose this model mainly considered that their children were too far away (64%) and that it was difficult to guarantee the effectiveness and quality of services (57%). The results of this survey reflect that the elderly present certain doubts about the current medical service facilities and the degree of specialisation in Zhejiang Province, and that traditional ideas are deeply rooted.



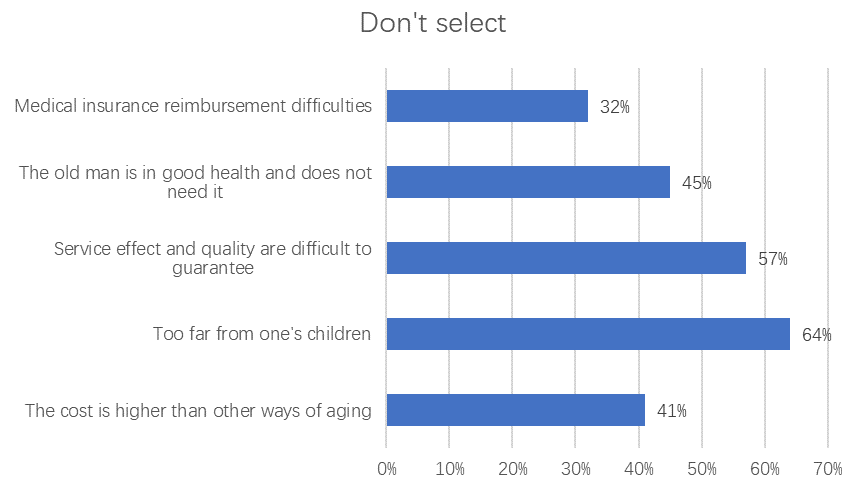


Figure 3: Factors influencing the choice of model

3. Realistic Problems Faced by the Current Model of Combined Medical and Nursing Care

3.1 Outstanding Conflict between Supply and Demand of Medical Resources

Due to the serious ageing phenomenon in China, there is an outstanding conflict between the supply and demand of medical resources for the elderly. The current shortage of beds for the elderly and the difficulty for the elderly and low-income earners to afford a bed in a health centre are highlighted by the high incidence of chronic diseases on the one hand and the "information asymmetry" caused by the lack of cooperation between medical institutions and hospitals on the other. Older patients have a strong need for communication and a strong demand for quality medical and nursing staff to participate in their treatment, but this is difficult to meet due to the lack of available equipment and expertise. Most elderly people who are disabled or semi-disabled choose to hire carers from home care companies to take care of them, but these carers lack professional skills and can only provide simple living services such as cooking, cleaning and bathing, but cannot provide professional medical services such as medical care, rehabilitation training and psychological counselling [4]. They cannot provide professional medical services such as medical care, rehabilitation training and psychological guidance.

3.2 Lack of Professional Nursing Personnel in Medical and Nursing Cooperative Institutions

The quality of the care staff is low and most of the health workers are not trained in this field. In China, most of them are converted from hospitals, health clinics, community medical service centres and other grassroots units, and these services and facilities are concentrated in a few or a few social organisations, either public or private, and there is currently no specialised medical and nursing team with strong operational capacity and influence in this field. Secondly, the training of professionals cannot meet the market demand. As China's combined medical and nursing industry is in its infancy, the industry management and construction standards are lagging behind, and there are few universities and colleges offering medical and nursing care for the elderly, resulting in a relatively small number of trained personnel [5]. This has led to a relatively small number of talents being trained.

3.3 Inadequate Health Insurance System

Although there are national policies in place, there are many problems in practice. However, the linkages between the various departments are not yet close, and there are no clear regulations on the threshold criteria for opening a medical and nursing institution, the fees to be charged, and the boundaries for inclusion in medical insurance [6]. There are no clear regulations on the threshold for opening a medical and nursing facility, the fees charged, or the boundaries for inclusion in health insurance. The lack of government investment in medicine and education has led to high drug prices, high medical consumption and waste, and overburdened hospitals.

3.4 Low Awareness of the Combined Medical and Nursing Care Model among the Elderly

There is a large elderly population in China, but most of them do not know what the "three preventions" are, i.e. prevention, treatment and health care; in practice, they only see one side of the problem but neglect the other side: it is difficult to see a doctor, the problem of minor diseases is not solved and medical resources in hospitals and society are not used effectively. This not only affects the health of the elderly but also seriously jeopardises the economic development of the country as a whole.

4. Suggestions for Improving the Combined Medical and Nursing Care Model

4.1 Increase Publicity and Raise Health Awareness

The hospital should actively carry out the "integration of medical care" and increase publicity through various channels, such as television, the Internet and other media coverage and attention; at the same time, it can also set up some activity centres for the elderly in the community. In this way, patients can better accept the hospital's arrangements and participate in their care. This will not only provide more convenience for the health care staff, but will also make the elderly more aware of their health conditions and treatment needs.

4.2 Strengthening the Professional Workforce

At present, the market for combined medical and nursing care in China is in a state of oversupply, and a large number of medical staff are needed in medical and nursing institutions. However, the current situation in China is characterised by a shortage of medical professionals and a low level of professionalism, which prevents them from providing higher quality medical services. With an increasingly ageing population, there is an urgent need to train staff for integrated healthcare. Firstly, the comprehensive quality, service capacity and management level of medical and nursing staff should be constantly improved, and the scope of training in the skills of integrated medical and nursing care services should be expanded to include relevant skills training in the scope of urban and rural employment training [7]. Secondly, we should increase financial investment to establish and improve relevant policies and regulations to promote the healthy development of medical and nursing care; and finally, we should vigorously introduce high-level medical schools and research institutes to train nursing staff and support them to provide a better quality medical protection system for the elderly.

4.3 Government-led Efforts to Strengthen Support and Security

The government should play its own leading role and co-ordinate planning and management. The

government strengthens supervision and management, and clarifies the relationship between authority and responsibility. It should promote close cooperation between the institutions involved in the integration of health and health care, oversee the implementation and management of relevant policies, incorporate the construction of the integrated health and health care service model into the planning of ageing development, health planning and the setting up of medical institutions in the jurisdiction, and optimise the soft environment for the development of the integrated health and health care service model [8]. For the elderly, a corresponding access mechanism should also be introduced, so that the combination of medical and health care services can serve the elderly who really need it, while allowing the elderly with different needs to choose the right combination of medical and health care. This will avoid the waste of health care resources.

4.4 Increase Funding and Bring in Social Forces

In order to promote the sustainable development of the integrated care model and to provide long-term and stable funding, a "special fund for integrated care" can be established [9]. The government should strengthen the supervision of elderly institutions and encourage the participation of social capital. The government should strengthen the supervision of elderly institutions and encourage the participation of social capital for their healthy development. It is also necessary to increase financial investment. The government should also increase its financial investment, and give some financial support and preferential policies to attract more professionals to join the medical and nursing team; in addition, it can introduce some advanced equipment and technology from abroad, so as to improve the level of medical care and service quality in China.

5. Conclusion

At present, the problem of elderly care is relatively serious, and along with the transformation of the main social contradictions, efforts need to be made to improve the quality and efficiency of development, so as to better meet the growing needs of the people in terms of medical and health care and elderly care services. This paper is based on a study of the combined medical and nursing care model in Hangzhou and Ningbo, and proposes corresponding countermeasures based on this, which not only enriches the theoretical ideas, but also helps to break the bottleneck of the combined medical and nursing care problem in reality [10]. The study not only enriches the theoretical thinking, but also helps to break the bottleneck of the problem of combined medical and nursing care. The study finds that the demand for combined medical and nursing care services is clearly outstripping supply, and demand will grow rapidly in the future, and this new model of nursing care services is gradually highlighting its advantages. At present, the construction of China's integrated healthcare service system is still facing many challenges. With the increasing contradiction between supply and demand, there is an insufficient degree of development, an uneven level of development, weak factor support capacity and unclear ecological order. Market regulation alone cannot solve the problem, and government policy support is needed to break through the dilemma of the development of the combined medical and nursing institutional care model. The stable and healthy development of the combined medical and nursing care service industry cannot be achieved without the coordination and arrangement of internal and external order. In a practical manner, we should continue to improve the model and service system of combined medical and nursing care by actively responding to the needs of the elderly, expanding the boundaries of the industry, strengthening the training of relevant talents, promoting the matching of supply and demand, improving the performance of governance and promoting new digital ageing, so as to achieve integration and synergy and gradually form an institutionalised and standardised industrial system of combined medical and nursing care, which will jointly serve the healthy ageing initiative.

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