

KEY POINTS

- The People's Republic of China (PRC) has one of the fastest-growing elderly populations in the world. The rapid rise in the aging population and decline in family-based care will require a well-functioning elderly care system with qualified geriatric care personnel at its core, to ensure that the elderly population has access to the care they require to age with dignity.
- There is a need to shift the paradigm of geriatric care from simply “curing” the elderly to “caring” for the elderly. In addition to addressing the shortage in elderly care workers, the PRC needs to create an effective long-term care education and training system that would ensure a sustainable pool of highly qualified and motivated elderly care professionals.
- Key areas for policy action include establishing linkages with general tertiary hospitals as potential training bases for elderly care workers and incorporating a sound evaluation system for elderly care services into the PRC's three-tiered elderly care system.

Caring for Carers in Liaoning Province: Strengthening Elderly Workforce in the People's Republic of China

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INTRODUCTION

The People's Republic of China (PRC) finds itself in the middle of a multifaceted challenge: a looming demographic decline brought on by the precipitous rise of its aging population.

The PRC has one of the world's largest elderly populations—and among the fastest rising. It was deemed an aging society in 2000, when people aged over 65 exceeded 7% of its population.¹ Official 2018 data revealed that figure has since climbed to 17.9%, with 249 million people in the PRC now aged over 60 years.²

Research by the Chinese Academy of Social Sciences estimates the PRC population will peak at 1.44 billion people in 2029, and from there contract, entering an extended period of “unstoppable” decline.³ By 2050, the proportion of the PRC's elderly population above 60 is projected to surge to 34% (480 million),⁴ with elderly people in rural areas estimated to comprise around 60% by 2050, while those in urban areas will account for 30%.⁵ The proportion of elderly aged over 80 years (numbering 26 million in 2017) is projected to increase from 1.8% in 2017 to 8% in 2050.⁶

¹ China Global Television Network. 2019. *Challenges and Opportunities of China's Aging Population*. Beijing.

² *China Daily*. 2019. China's Senior Population May Surge from 2025. Beijing.

³ Chinese Academy of Social Sciences. 2019. *Green Book of Population and Labor*. Beijing.

⁴ Z. Zhenwu. 2015. *Ageing in China: Trend, Process, and Character*. Beijing: School of Sociology and Population Studies, Renmin University of China.

⁵ R. Herd, Y. Hu, and V. Koen. 2010. Providing Greater Old-Age Security in China. *OECD Economics Department Working Papers*. No. 750. Paris: Organisation for Economic Co-operation and Development. https://www.oecd-ilibrary.org/economics/providing-greater-old-age-security-in-china_5kmlh4x7pc7k-en.

⁶ United Nations. 2017. *World Population Prospects: The 2017 Revision*. New York.

The rapid rise in the aging population and decline in family-based care will require a well-functioning elderly care system with qualified geriatric care personnel at its core, to ensure that the elderly population has access to the care they require to age with dignity.

New patterns of growing morbidity among the elderly have been emerging. Around 81.7% of elderly people are at high risk of chronic diseases such as Alzheimer's, arterial hypertension, cardiovascular disease, diabetes, and osteoporosis. An estimated 20.9% are burdened with four or more of these diseases at the same time, often requiring complex treatments and multiple consultations with different medical experts. In 2013, an estimated 5 million elderly suffered from dementia, with a projected increase of 300,000 annually.⁷ These illnesses are especially amplified for the economically deprived, those living in rural areas, and elderly women, who tend to be in poorer physical health condition than men.

At the same time, the Confucian norm of filial piety is deeply rooted in the national psyche of the PRC. Adult children are called on to support their elderly parents to share the financial burden of eldercare through the family system.⁸ However, modernization, demographic shifts, and the steady exodus of younger Chinese from rural areas to urbanized cities for work are eroding the system of family care. In 2010, there were 62 million “empty-nest” elderly (those without children or whose children have already left home), accounting for one-third of the total elderly population. This proportion rose to 50% of the total elderly population in 2015, as revealed by a 2016 National Health and Family Planning Commission report. By 2030, this proportion is projected to represent 90% of the total aged population.⁹

All these trends have led to rising demand for formal long-term care (LTC) in the PRC. With elderly care provided solely by family becoming less feasible, a sunrise industry has emerged in nursing homes and elderly care institutions.¹⁰ In 2012, the National Committee on Aging reported that nursing homes in the PRC had a total of 3.19 million beds by the end of 2010. However, the number of elderly who are keen on staying in nursing homes—nearly 12 million in the same year—far outnumbered supply.¹¹

The gap between market demand and elderly care supply is more pronounced in rural areas of the PRC, particularly in northeastern industrial areas like Liaoning Province, one of the first to become an aging society.¹² Senior citizens comprised 17.3% of the population in the PRC in 2018.¹³ According to the Liaoning Provincial Aging Office, the province's total population comprised 22.65% senior citizens in 2018, exceeding the national average by 5.35%. About 56.9% of the elderly suffer from chronic diseases, and about 13.4% of them are disabled.

Against the backdrop of the situation in Liaoning Province, this brief aims to provide a systematic understanding of the current landscape of elderly care in the PRC, deriving from the technical assistance (TA) conducted in Liaoning Province by the Asian Development Bank (ADB) with the Liaoning Provincial Government and the First Affiliated Hospital of China Medical University (FAH-CMU).¹⁴ Knowledge obtained in this policy brief aims to guide future research on human resource development for elderly care, as well as the creation of workforce education and training programs that will ensure that safe and high-quality care is provided by Chinese LTC institutions.

POLICIES IN ELDERLY CARE

With the accelerated growth of the PRC's elderly population leading to mounting socioeconomic pressures, the government recognizes the need for an efficient and sustainable geriatric care system to address the growing LTC requirements of its senior citizens.

National policy initiatives include the development of the Twelfth Five-Year Plan for the Development of Aged Care Services in China, 2011–2015, which outlines the creation of a three-tiered old age care system (home-based, community-based, and institutional-based care) designed to support “aging in place”, de-institutionalization, and active aging (Figure 1).¹⁵

The Thirteenth Five-Year National Plan of Undertakings on Aging and Development of an Aged Care System, 2016–2020; the Law on the Protection of the Rights and Interests of the Elderly

⁷ China National Committee on Ageing. <http://www.cncaprc.gov.cn/contents/2/3495.html> (in Chinese).

⁸ O. Bedford and K. Yeh. 2019. *The History and the Future of the Psychology of Filial Piety: Chinese Norms to Contextualized Personality Construct*. <https://www.frontiersin.org/articles/10.3389/fpsyg.2019.00100/full>.

⁹ C. Zhou et al. 2015. *Non-Use of Health Care Service among Empty-Nest Elderly in Shandong, China: A Cross-Sectional Study*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4517420/>.

¹⁰ A relatively new industry that is expanding quickly and is expected to become important in the future.

¹¹ National Committee on Aging. 2012. *China's Nursing Homes Falling Behind*. Beijing.

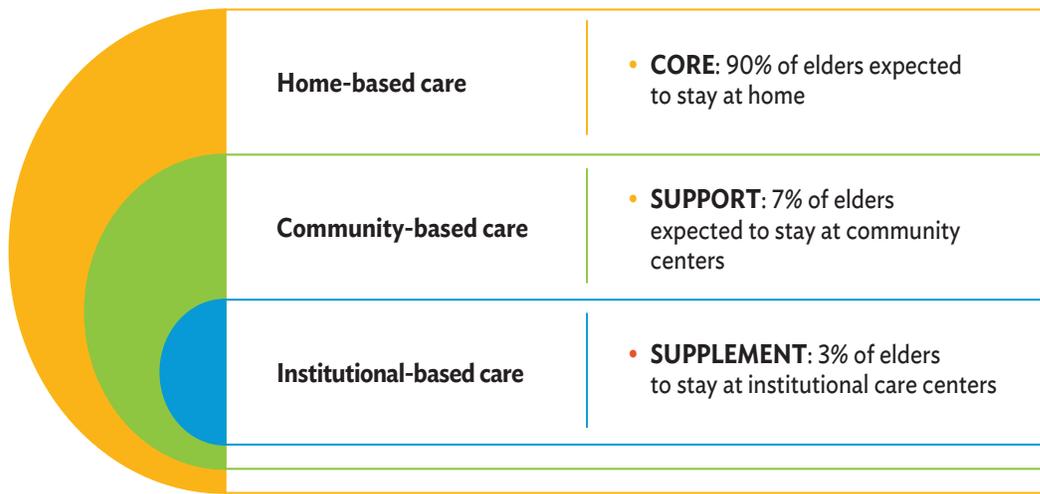
¹² Z. Wenqing, M. Danmeng, and R. Qiuyu. 2019. Aging Liaoning Province Weighs New Measures to Boost Birthrate. *Caixin Global*. Beijing.

¹³ C. Dehua. 2018. China's Elderly Population Continues to Rise, with 241 Million Now 60 or Over. <https://gbtimes.com/chinas-elderly-population-continues-to-rise>.

¹⁴ ADB. China, People's Republic of: Development of Geriatric Nursing Policy Principles and Training Program in Liaoning Province. Manila (TA 9188-PRC). <https://www.adb.org/projects/49313-001/main>.

¹⁵ Supporting the elderly to live in their communities.

Figure 1: Three-Tiered Senior Care System in the People’s Republic of China



Notes: In 2018, there were 249 million people in the People’s Republic of China aged over 60 years. By 2050, the figure is expected to surge to 480 million or 34% of the population. The three-tiered senior care system is designed to support “aging in place”, de-institutionalization, and active aging.
 Source: Author’s estimates; *China Daily*. 2019. China’s Care for the Elderly Boosts Silver Economy. 8 October. <https://www.chinadaily.com.cn/a/201910/08/WS5d9c4004a310cf3e3556f300.html>.

(2013); and other laws and regulations further strengthen the road map for the development of the elderly care sector. In the 13th plan, the State Council called for accelerating the development of the elderly care market, giving more access to private capital and nongovernment organizations as a means to address the severe lack of long-term care beds. By 2020, the government targets to account for no more than 50% of the total elderly care beds—changing its role from being a direct supplier and provider to “purchaser and regulator” of elderly care services.¹⁶ In 2019, a dozen provinces and municipalities in the PRC, including Shanghai and Beijing, announced that companies setting up elderly care centers are no longer required to secure government permits, leading to a rise in institutions providing elderly care services. Data from the Ministry of Civil Affairs affirm this: the proportion of privately run senior care centers in the PRC is now 44%.¹⁷

Although they are still at relatively early stages of development, most of these policies currently focus on increasing the supply of aged care services to meet escalating needs. However, given the

clinically complex conditions of the elderly (e.g., multiple chronic diseases and dementia), it is equally important to not only increase the pool of elderly care professionals in Chinese LTC institutions, but ensure that they are equipped with the knowledge, skills, and geriatric nursing training concepts to provide safe and competent care for the elderly.

As with most of the PRC, in Liaoning Province, both basic and continuing education on geriatric care are lacking and must be strengthened. At present, training of elderly nursing workers is mainly undertaken by the Civil Affairs Department, which lacks specialized training materials and is not closely coordinated with the Health Administration Department. In addition to addressing the shortage of continuing education institutions, upgrading the quality of education being provided is also crucial. Training of trainers is likewise important when it comes to passing on the knowledge and skills to produce—and sustain—a steadily growing pool of highly qualified elderly care providers in the PRC.

¹⁶ The State Council of the People’s Republic of China. 2017. *China Issues Five-Year Plan on Elderly Care*. Beijing.

¹⁷ China Global Television Network. 2019. *Why China Can Support The Elderly So Well*. Beijing.

CHALLENGES

When the TA program between ADB, the Liaoning provincial government, and the nursing department of the FAH-CMU started in 2017, Liaoning Province faced a chronic shortage of long-term elderly care services.

In terms of capacity, there were 1,632 elderly care institutions in Liaoning Province with 195,000 beds, representing 25 beds per 1,000 elderly people. Compounding the problem, there were no medical vocational institutions with established elderly care training programs in Liaoning. A 2012 study by the Liaoning Medical University Nursing College reported that only 6.9% of nurses in the province had certified geriatric nursing qualifications compared to the national average of 10%.

Unfortunately, the situation in Liaoning reflects what is happening across the PRC. Statistics in 2013 revealed that while the number of elderly with full or partial disabilities increased to 37.5 million, there is a dearth in the number of qualified professional caregivers. The end of 2012 saw only 320,000 professional elderly caregivers across the PRC, of which only about 8,200 were certified by the Ministry of Civil Affairs.¹⁸ Evidently, as LTC facilities and services are a newly emerging care option, the workforce is poorly prepared and largely underqualified.

Beyond staff shortage, inadequate training in geriatric care is a major impediment. The PRC is facing a challenge similar to that experienced by Japan 30 years ago in the 1980s. Before Japan went on to possess one of the world's most comprehensive geriatric care systems, geriatric nursing mainly revolved around acute care wherein an elderly patient receives active, but short-term, treatment for an urgent medical condition, or assistance during recovery from surgery. The challenge for Japan then, and the PRC now, is to expand on the concept of geriatric nursing, shifting the paradigm from simply "curing" the elderly to "caring" for the elderly and assisting in their daily living.

To ensure the safe and quality care of its elderly population, the PRC needs to reform its current elderly care education and training system. At present, the PRC does not pay enough attention to geriatric nursing education at both basic and continuing education levels. While some nursing colleges have established geriatric nursing courses since 2000, their basic programs and curricula are weak. Geriatric nursing is merely offered as an elective course for a graduate nursing degree, with few teaching hours and even fewer course materials available. Nursing colleges that already pay a "high degree of attention"

to geriatric nursing span only 12 to 36 teaching hours; with even fewer spent on elderly care practice courses. The PRC also lacks institutions for continuing education for elderly care workers, and lacks a stratified, systematic, and specialist nursing training for elderly care personnel. Very little literature is available on modern elderly care practices, and there are no systematic books related to gerontology, geriatric care, geriatric psychology, and elderly sociology.

Most direct caregivers in LTC institutions are hired off the labor market to provide the elderly with hands-on assistance for such daily activities as eating, bathing, dressing, and using the toilet. As such, they come in with low levels of education and training in elderly care.

INTERVENTION I: UPDATING ELDERLY CARE CONCEPTS AND THE TRAINING ON STRATEGIC THINKING

One of the bottlenecks identified in the TA is that LTC institutions are not only understaffed, but that existing aged care workers are underqualified to meet the complex needs of the elderly. Expert knowledge on geriatric care was found to be outdated, with nursing and geriatric care experts mostly trained to provide acute care. There is a need to shift the paradigm of geriatric care from simply "curing" the elderly to "caring" for the elderly. More than addressing the shortage in elderly care workers, the PRC needs to create an effective LTC education and training system that would ensure a sustainable pool of highly qualified elderly care professionals.

In developing such a system for the PRC, a team of elderly care experts was formed in 2017 to implement elderly care policy research and training projects in Liaoning Province. The team comprised both international elderly care consultants from Chiba University (Japan) and 22 local elderly medical and nursing experts from FAH-CMU.¹⁹ Capacity building and active learning at the expert level was the first step to the process, as the expert team members are not only tasked to create policy recommendations on LTC education and training, but to also pass on their knowledge, create the curricula, and train the next generation of elderly care teachers.

Before bridging knowledge gaps in geriatric care, two methods of problem-solving and systems development were introduced to the PRC elderly care nursing experts:

¹⁸ United Nations Economic and Social Commission for Asia and the Pacific. *Long-Term Care for Older Persons in Asia and the Pacific*. <https://www.unescap.org/sites/default/files/Long%20Term%20Care%20for%20older%20persons%20in%20China.pdf>.

¹⁹ The PRC experts all possess a master's degree or above, and hold professorial ranks above associate professor. They include 7 leaders in the fields of geriatrics, neurology, oncology, rehabilitation, psychiatry, critical medicine care, and epidemiology disciplines; and 14 experts in various areas of geriatric care covering respiratory, endocrine, orthopedics, neurosurgery, urology, wounds, nursing management and nursing education.

- (i) **SWOT Analysis.** SWOT is an acronym for strengths, weaknesses, opportunities, threats. It is an auditing and analysis tool that views all positive and negative factors inside and outside the program that affect success.
- (ii) **Jiro Kawakita (KJ) Method.** The KJ Method is a creative thinking and problem-solving methodology that puts somewhat unorganized data and thoughts on a subject matter into order. At its core, the KJ Method involves label making and grouping of qualitative data to enable them to speak for themselves. Being a qualitative method of systems development, it can be practiced by organizations across different sectors, including research, invention, planning, education, workforce management, and counseling. It is recognized as one of the most efficient and effective methods of organization development.²⁰
- (iii) **Incorporate the KJ Method into the theoretical course system of nursing post-graduates in the China Medical University.** Having discovered the value of the KJ Method as an organizational and social project solution, they now apply the method to clinical nursing quality analysis and use it to analyze and solve existing problems. Once the experts mastered the method, they conducted their own training on it for nursing managers and teachers in the PRC.

The team of elderly care experts from the PRC spent 2 weeks mastering both methods. Arming the experts with the ability to investigate and analyze the current state of aged care in the PRC is relevant because it enables them to zero in on problems that need to be addressed, prioritize these according to their levels of urgency, and come up with appropriate education and training plans that would eventually bridge knowledge gaps. Such skills also enable elderly care experts to be more proactive in anticipating and responding to the needs of the elderly versus reacting to situations as they happen.

Utilizing both KJ Method and SWOT analysis, the TA team members synthesized all the information they had gathered during their trip to Japan with existing data in elderly care institutions they visited in the PRC. By doing so, they were able to have a clearer grasp of the elderly care situation and demand faced by Liaoning Province and the PRC. This enabled the elderly care experts of Liaoning Province to accomplish the following:

- (i) **Develop the guidelines, standards, and implementation framework for the geriatric nursing training program in Liaoning Province.** This covered admission criteria for geriatric nursing teacher trainees, training standards, evaluation and assessment standards, and goals and timetables for the short, medium, and long term.
- (ii) **Create content for courses, training modules, and materials of the geriatric nursing training course system and training program for elderly care.** They were also able to establish a standard evaluation system for trainers to ensure the continuous improvement of the program.

INTERVENTION II: THE THREE-TIERED ELDERLY CARE TRAINING SYSTEM

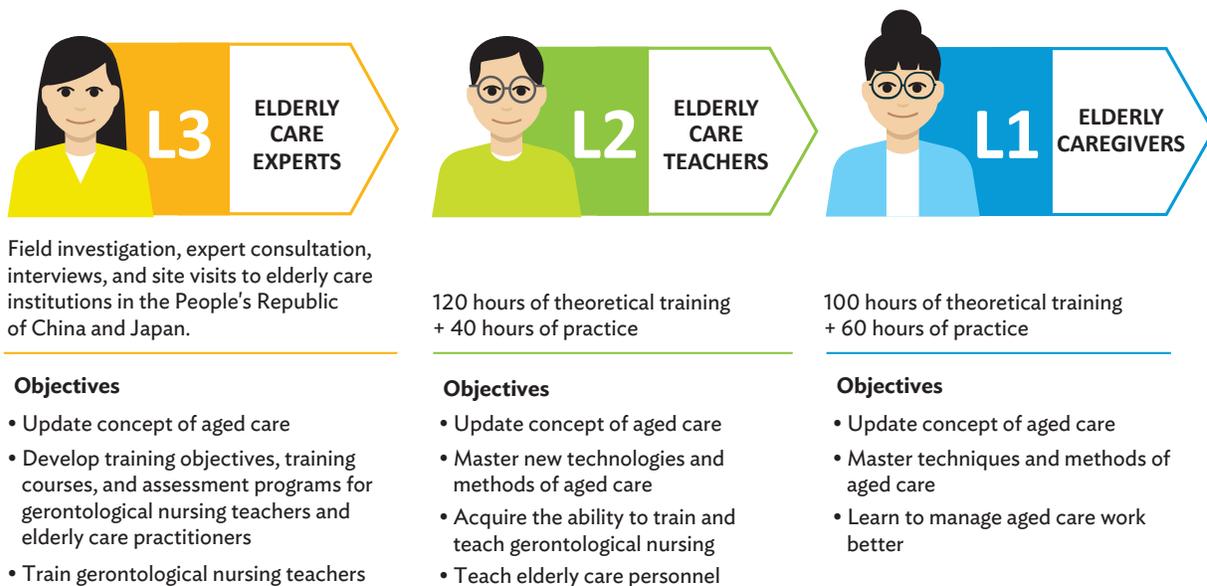
To effectively develop elderly care staff training programs in Liaoning Province, the TA international consultant created a three-tiered training system that classified elderly care professionals into three groups, each with their corresponding training modules (Figure 2).

As a top-down approach to development, the three-tiered elderly care training system begins with training the elderly care nursing experts (Level 3), updating their concept of elderly care services, and then incorporating the teaching or training methods and content they learned into the initial curriculum system they created for the elderly care teachers (Level 2). Capacity building for elderly care teachers is done via a 4-week training course, comprising 120 hours of theoretical training, and practice classes totaling 40 hours. The Level 2 group would then conduct training sessions for the actual elderly caregivers (Level 1) applying a similar format of theoretical and practical learning.

The successful training of geriatric nursing teachers and nursing staff proved a critical first step toward addressing the shortage of qualified elderly care nursing staff in Liaoning Province. The impact on hospitals and pension institutions at all levels was immediate: Geriatric care teachers have not only updated their knowledge and skills on elderly care, but also improved their training quality and effectiveness. After their training, elderly care staff were already able to apply the new concepts, knowledge, and skills they acquired on caring for the elderly confined in these institutions. Short-, medium-, and long-term goals and implementation plans were created and are currently implemented according to priority and urgency—thus improving the level of elderly care in hospitals and pension institutions. Because the trainees are now armed with a deeper understanding of modern elderly care practices, and adhere to international standards, they are better able to serve the elderly population

²⁰ Kawakita Research Institute. 1991. *The Original KJ Method*. Tokyo.

Figure 2: Liaoning Province’s Hierarchical Approach to Training Aged Care Professionals



Source: Author’s representation.

in Liaoning Province and the PRC. Furthermore, the continuous improvement of the three-tiered elderly care training model is designed to sustain this positive development.

Over the 2 years that the TA was implemented, the elderly care experts (Level 3) were able to raise the status of Liaoning Province as a center for geriatric education and training. They promoted their project practices and experiences nationwide through the PRC Nursing Association Aged Care Professional Committee and the Liaoning Nursing Society Aged Care Professional Committee. Affirming Liaoning Province’s increased influence in the field of geriatric care, the leaders of the PRC Nursing Association visited the FAH-CMU in November 2017 to seek research and guidance.

The experts were also able to share the wealth of information they gleaned from the training with other provinces in the PRC. After completing five rounds of training for the Level 1 and Level 2 groups, the elderly care experts team (Level 3) was able to produce a book titled *Geriatric Nursing Training Course* based on the training programs conducted (People’s Health Publishing House 2019).²¹ Content revolved around the foundation and frontier of aged care, exploring humanistic care for the elderly. It is considered an invaluable training resource for geriatric nursing teachers, geriatric nursing staff, nursing students, geriatric nurses, and service staff of hospice care institutions.

POLICY RECOMMENDATIONS ON STRENGTHENING THE ELDERLY CARE WORKFORCE INSPIRED BY THE INTERVENTIONS

While the aged care program has seen initial success in different aspects of geriatric care, the fact remains that Liaoning Province is still struggling to cope with the increasing proportion of its elderly population. Relevant government departments need to treat the matter with urgency, formulate policies, and prioritize their implementation. Some of the suggested policies inspired by the Liaoning Province interventions include the following:

- (i) **Optimize the composition and skills set of current elderly care practitioners in the PRC by implementing the three-tiered training method started in Liaoning Province.** Beyond basic education, the training system should also include a high-level geriatric nursing teacher training syllabus and curriculum. Assessment and evaluation standards must be set, and certification institutions must be formed and/or appointed. There is also a need to standardize the training of aged care service talents in a planned manner, such that current elderly care workers

²¹ National Nursing Training Center, China Medical University. 2019. *Geriatric Nursing Training Course*. Beijing: People’s Health Publishing House.

can be certified to meet the nursing needs and improve the quality of life of the elderly.

- (ii) **Establish linkages with general tertiary hospitals as potential training bases for teaching and training elderly care workers.** Health-care professionals are often minimally prepared in their academic programs to care for the elderly. By establishing partnerships with hospitals and nursing homes, future aged care professionals not only have theoretical training but are able to put these into practice—or observe aged care workers caring for elderly patients confined in these institutions. Hospitals and nursing homes thus become teaching environments for learning.
- (iii) **Incorporate a sound evaluation system for old-age care services into the PRC's three-tiered senior care system.** Establish quality evaluation standards for home-based care, community pensions, old-age care institutions, community daycare institutions, and the like. This will help uplift the quality of facilities and service capabilities in these places.

CONCLUSION

As training opportunities for elderly care workers increase in the PRC, the government needs to address the broader challenge of the largest gaps in the elderly care workforce being at the lowest level, with the shortage of caregivers for the elderly.

Geriatric care is hampered by a publicity problem: it is not considered an attractive career path and elderly care workers are regarded as having a low social status. There is thus a need to improve the economic and social standing of elderly care workers. As high industry turnover is attributed to poor compensation and lack of stability, staff incentives covering pay, working conditions, recognition, career progression, and rewards must be introduced. Employers likewise need to be incentivized to encourage staff training, apply for accreditation, and to institute better recruitment and retention practices within their organization. There are also limited options in terms of home- and community-based care. Providing appropriate subsidies for the services of both family members and community volunteers may help address the shortfall.

Finally, to ensure a sustainable and innovative elderly care system in the PRC, developing and implementing an effective regulatory framework and quality assurance system must be prioritized in the political agenda and budget.

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