

Current Situation and Prospect of Geriatric Nursing Models Under the Background of Healthy Aging

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Abstract: With the accelerating pace of population aging in China, various issues related to elderly care have emerged one after another, becoming a severe social problem. Especially against the backdrop of increasing economic pressure, the traditional family-based elderly care model is facing significant challenges and can hardly meet the elderly care needs. At present, the geriatric nursing models are relatively backward, which directly affects the quality of daily life, physical health and mental well-being of the elderly. Therefore, it is necessary to explore an appropriate geriatric nursing model to address the aging problem. Based on this, this paper analyzes and studies the current situation of geriatric nursing models under the background of healthy aging, providing references for relevant research and practice.

Keywords: Healthy aging; Geriatric nursing model; Current situation analysis; Future prospect; Integrated care

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1. Introduction

The Healthy China 2030 Planning Outline points out that promoting the construction of Healthy China is an important foundation for building a moderately prosperous society in all respects and basically realizing socialist modernization. It is also a national strategy to improve the health quality of the Chinese nation and realize the coordinated development of people's health and economy and society. At present, the number of people over 60 years old in China is close to 250 million, and the number of disabled elderly is also relatively large. How to provide high-quality nursing services for the elderly to meet their health needs and promote healthy aging has become an important topic at this stage. Currently, the elderly care models mainly include three types, including family care model, institutional care model and community care model. In order to better provide a high-quality living environment for the elderly, it is necessary to construct a more appropriate elderly care model based on the current situation of elderly care.

2. Healthcare models for the elderly against the backdrop of healthy aging: Current status

2.1. Family care model

First, the demand for home care services is relatively high, while the quality and capabilities of the service team vary significantly. At this stage, the quantity and quality of elderly care institutions, nursing staff, and nursing medical teams across the country were continuously improving, and care models centered on the Internet have emerged as the times require. However, China is currently facing a high degree of aging, and the demand for home care is also constantly rising. Due to the decline in their own physical functions, the elderly often need long-term care, and the current home care service model is difficult to meet the actual needs. At the same time, the social recognition of home care service work is insufficient, the number of nursing service staff is inadequate, and the scale of the team is relatively small. The relatively low salary and welfare levels directly affect the development process of healthy aging^[1,2].

Second, the construction of information platforms and medical security is relatively insufficient, and the management system is not sound. At present, with the rapid development of science and technology, many advanced information technologies can be applied to home-based elderly care to achieve good service results. However, in the actual application process, the utilization rate of these technical means is relatively low. On the one hand, it is because the elderly lack understanding of technology. On the other hand, there are relatively few scientific and technological products for home-based elderly care on the market at present, which cannot guarantee the pertinence of services. The medical security under the home care model is relatively poor, the policy support is not in place, and the construction of the medical security system is not perfect. This makes it difficult for many elderly people to obtain more accurate and timely help and medical treatment.

Third, the care of disabled elderly people is relatively difficult and requires professional care. Many elderly people suffer from problems such as dementia, leading to issues like decreased cognitive ability, memory loss, and forgetfulness, which make it difficult for them to complete various daily activities. The existing home care service system is unable to meet their needs, which increases the life pressure of many elderly people, causes them to feel lonely and helpless, and thus has a negative impact on their health^[3].

2.2. Community elderly care model

First, the community care system is inadequate. At this stage, care services in most urban areas still remain in the traditional community care phase, which is at the initial stage of development. An integrated operation mechanism has not been formed, leading to an incomplete care model that lacks proper continuity. This inadequacy is mainly reflected in three aspects: There is no continuity in terms of time. The care patients receive in hospitals is disconnected from the care they get after being transferred to the community or their homes, with no effective link between the two. This results in unmet care needs and consequently leads to recurring health issues.

There is no continuity in information. The disconnect between community care and hospital care causes breaks in health information, disease-related information cannot be effectively transferred to health institutions, and rehabilitation information fails to be fed back in a timely manner. This directly reduces the effectiveness of community care and increases time costs. The lack of continuity in management means that after patients are transferred from hospitals to the community or their homes, it is difficult to achieve cohesion in corresponding care actions. Home visits lack clear arrangements, which leads to unclear planning of care measures for patients and the absence of a clear work system to provide guarantees^[4,5].

Second, there is a shortage of community service personnel. At present, there are relatively few community nurses in cities in China, and the shortage is even more severe in remote areas, making it difficult to undertake the responsibility of providing high-quality health services to the community. Currently, the professional quality and competence of community care staff are not high; most of them do not have strong professional capabilities and have not received systematic training. This results in inadequate management of community care, making it difficult to achieve good care quality and hindering the development of China's community care cause^[6].

Third, community infrastructure is inadequate and professional equipment is insufficient. The community elderly care model requires sufficient material support as a guarantee. However, at this stage, the construction of community infrastructure in China is relatively weak, and there are significant differences in development levels among different regions. In some areas, there is a problem of waste in community care premises, while in other areas, the number of community care premises is relatively insufficient, and there are also dilapidated and old buildings^[7]. Currently, the ownership rate of basic equipment configuration in community health service centers is relatively low. The basic equipment is difficult to meet the municipal-level health service needs of community residents, and there is a shortage of health care and rehabilitation equipment.

2.3. Institutional care model

First, there is a shortage of institutional resources. At this stage, the lack of institutional care resources is a major factor affecting the aging issue. Against the backdrop of intensifying population aging, the demand for institutional care is constantly increasing. However, the number of beds for institutional care is insufficient, and the number of nursing staff is relatively small, with specific situations varying across different regions. These problems directly lead to a relative shortage of care resources in some regions during specific periods, resulting in a situation where demand exceeds supply. Moreover, due to the lack of unified industry standards for guarantee, although most institutions strive to provide high-quality services, issues such as incomplete institutional facilities or inadequate management may lead to poor service quality^[8]. Under such circumstances, the elderly cannot receive more comprehensive care when accepting institutional care, which directly affects their own health conditions.

Second, health education is insufficient and the chronic disease management mechanism is not sound. At present, institutional care should not only focus on the daily life of the elderly but also pay attention to their health issues. However, many institutions do not have a sound assessment mechanism, making it impossible to effectively evaluate the health status of the elderly and difficult to identify their existing health problems. In addition, many institutions lack the awareness of providing health education to the elderly, which results in the elderly being unable to develop healthy concepts and their own health conditions failing to improve. Many institutions fail to formulate personalized care models based on the actual conditions of the elderly and lack comprehensive service management. Currently, most care services can only meet the basic daily care needs of the elderly but cannot satisfy their other needs, including those in terms of mental, recreational and social aspects. Some elderly people have difficulty communicating in-depth with nursing staff due to their own hearing and cognitive impairments, which may also lead to problems such as anxiety and depression^[9].

Third, the development of information technology is insufficient and the management of elderly care records is not in place. At this stage, most elderly people suffer from chronic diseases. However, the lack of an information-based system for managing record information directly affects the effectiveness of institutional care services. Technological innovation needs to be improved; only by freely utilizing technological means to enhance the convenience of elderly care services can the effective implementation of elderly care services be guaranteed,

and more comprehensive and sound services be provided to the elderly^[10].

3. Outlook for elderly care models against the background of healthy aging

3.1. Strengthening the development of the talent team to meet healthcare needs

Health administration departments in different regions need to fully recognize the significant value of elderly care institutions in establishing a sound health service system, thereby enhancing the development of institutional frameworks and safeguarding the basic health rights and interests of the elderly. To this end, medical institutions must increase the number of medical staff based on their actual conditions, and augment the number of nursing staff in accordance with their functional positioning, scale, and the needs of the elderly, ensuring that more targeted care is provided to elderly patients^[11].

Greater integration should be promoted between educational institutions and integrated medical-nursing facilities to facilitate in-depth learning, advance the development of school-enterprise cooperation mechanisms, and cultivate talents with strong comprehensive capabilities. Educational institutions should strengthen the establishment of majors in the elderly care service field, improve the curriculum teaching system, and intensify efforts in cultivating elderly care service talents. They should add majors related to elderly care services, incorporate courses closely linked to elderly care needs such as rehabilitation nursing, nutritional nursing, and psychological nursing, and actively explore mechanisms for training senior elderly care specialists. Hospitals should establish APN (Advanced Practice Nurse) position mechanisms, formulate technical standards for elderly care specialties and advanced nursing practice criteria, and carry out advanced nursing practices. Different care models should be implemented for elderly groups with different characteristics to ensure the provision of more comprehensive and accessible care services. In addition, an interdisciplinary team cooperation mechanism should be built to achieve the sustainable development of the elderly healthcare talent team, realize the modernization and scientization of nursing management, strengthen communication and cooperation mechanisms, and cultivate high-quality talents^[12].

3.2. Enhancing the development of management mechanisms to improve the nursing service system

Against the backdrop of population aging, the elderly's demand for long-term care and rehabilitation care is constantly increasing. As an important part of the medical team, medical and nursing staff possess significant work value. Therefore, relevant nursing institutions should strengthen institutional development, build a more comprehensive nursing mechanism on the basis of complying with the guidelines of national policy documents, form a professional nursing team, ensure the rationality of staff allocation, focus on strengthening team management, promote the high-quality development of the health industry, and meet the diverse health needs of the population.

Health administration departments also need to supervise and support the recruitment and management of medical and nursing staff in medical institutions, and formulate subsidy plans in accordance with relevant vocational training mechanisms. Market supervision and administration departments at all levels should focus on strengthening the management of registered institutions. Only by ensuring the rationality of medical institutions can the elderly care service mechanism be better improved^[13].

3.3. Developing an intelligent care model to support elderly care services

Establish an elderly care service model centered on the Internet, and build smart hospitals based on big data platforms to meet the daily medical needs of the elderly. The intelligent care model leverages internet information technology to enable telemedicine, develops comprehensive electronic medical records based on patients' actual conditions, and allows the elderly to wear smart devices to monitor their health information, thereby promptly identifying health issues that may arise. Medical institutions should also develop more diverse care service activities based on their own actual circumstances, adhere to the principle of high-quality care, and provide more comprehensive and thorough care services for elderly inpatients. Institutions with the capacity are encouraged to provide continuous care services, extending institutional care to communities and home settings to ensure the effective implementation of care work. The development of the intelligent care model can be carried out through pilot programs, which will then be promoted from a small scale to a national level. This approach will continuously improve the functional modules of the intelligent care platform, ensuring that the elderly receive higher-quality services ^[14,15].

4. Conclusions and recommendations

In summary, against the backdrop of the healthy aging strategy, China's elderly care models have shifted from a single model to diversified ones, moving toward the integration of medical and elderly care services. Considering China's current elderly care models, it is necessary to strengthen the development of the talent workforce, enhance the establishment of management mechanisms, and build intelligent care models. These measures will ensure that the elderly have access to a high-quality living environment and help foster a positive social atmosphere.

Disclosure statement

The authors declare no conflict of interest.

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