

# The Workforce Conditions in Nursing Homes with the Aged Care and Medical Service Integration (ACMSI) Model in China: A Qualitative Exploration Using Interviews

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## Abstract

This study established the ACMSI model's comprehensive workforce situation in nursing homes as the ageing problem has worsened. To improve aged care, the ACMSI model must solve the labour deficit. Interviews examined a popular ACMSI-model nursing home. Thus, this problem is caused by long training periods, high skill requirements, societal stigmatisation, and low pay. The ACMSI model can help resolve challenges by raising public awareness to encourage the state to hire nurses and by increasing general staff salaries. ACMSI personnel capabilities are low due to low education. Education demand is also rising. The government and nursing homes try to reduce the elderly's stress by providing policy and financial aid. I also think that strong publicity for professional care workers, more specialised ACMSI model courses, and higher welfare can help develop the model and solve the professional workforce shortage.

## Keywords

ACMSI model; the lack of workforce; Nursing Homes in China

The global population is ageing rapidly as life expectancy increases and fertility declines. Most countries in the world have increasing ageing problems, and this situation would increase the high demand of the long – term and high-quality care services. China is no exception. As a result, it is important to develop a new pension model that keeps pace with the times. However, although there has been suggested and executed ACMSI (the Aged Care and Medical Service Integration) model, it is still difficult to face the high demands of the elderly (Zhou, Li, Zhu, & Ma, 2021). The quality of the workforce is not up to standard. Staff working in the nursing home cannot give professional all-round physical and mental care, and they have low satisfaction with their job which may lead to low work motivation. If such a workforce condition cannot be changed, a better elderly care environment is hard to develop. As the ageing problem becomes worse and worse, the social burden will be heavier and heavier. So, it is pretty meaningful to research the condition of the workforce in the nursing home in China, analyse the challenges and find out how to deal with the problems.

## Introduction

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My research mainly consisted of six questions: why do nursing homes implement the ACMSI model, what are the working experiences of care workers in ACMSI nursing homes, what are the workforce requirements in nursing homes with the ACMSI model, what are the workforce challenges faced by ACMSI nursing homes, what are the reasons to such challenges and what are the solutions of such challenges.

My research is based on the conditions in nursing homes which are the place mainly used to take care of elderly adults in Suzhou, the southern part of China. And I chose one nursing home which is popular for its ACMSI model to have my case study. ACMSI model's full name is the Aged Care and Medical Service Integration model, and it integrates medical and aged care resources effectively and provides older adults with services such as uninterrupted daily care, mental consolation, disease diagnosis and treatment, health guidance, recovery from serious illnesses and hospice care (J. Wang et al., 2020). As I choose the qualitative methods to represent my research, I only select this nursing home to be my database, I interviewed two managers and seven care staff in all.

My investigation report contains main six sections in the body paragraph. In the first part, the Literature Review, the introduction of the ACMSI model, its importance of it, and the existing research and analysis are shown. Then, Data and Method illustrate the context of the case study, the questions of the interview, the backgrounds of the samples and the related analysis. What is more, the Results part proved the conditions, and the challenged of the workforce for the ACMSI model in the nursing home, according to the data I collected. After that, the links from my findings to the literature, the analysis of my findings, the difference between my findings and the results of the research before and the recommendations are shown in the Discussion part. Next, the Conclusive part is to summarize my key results and provides reasons. Lastly, the limitations of my research, the meanings for further studies and EPQ performance are given in the Review part.

## **Literature Review**

### **Background**

The global population is ageing rapidly as life expectancy increases and fertility declines. About 10 per cent of the world's population is aged 65 years or over in 2022 and this proportion is expected to reach 16 per cent in 2050 (He, Goodkind, & Kowal, 2016). The world's population aged 80 and over will rise from 143 million today to 426 million in 2050. Europe and North America will have a quarter of the population aged 65 and over by 2050. The rapid population ageing is also evident in developing countries. Although the proportion of the ageing population in developing countries is still lower than that in developed countries, the total number of its ageing population is larger. Most developing countries have a weak socio-economic base, and rapid population ageing is a huge pressure. China is one of the developing countries with a relatively superior economic foundation. However, it is also deeply affected by accelerating ageing. In 2020, the number of people aged 60 and over reached 264.02 million, accounting for 19 per cent of China's total population which was only 12 percent in 2010 (Jerusalem, 2022).

The population ageing in China has its characteristics: the large quantity of the ageing population, the rapid population ageing process, getting old before getting rich, and distinctive differences between urban and rural areas and east and west regions (State Information Centre. <http://www.sic.gov.cn/News/455/5900.htm>).

The national family planning policy (i.e. one child policy) and economic and social transformation have weakened the family supporting function for older adults. Therefore, older adults' demands for professional aged care in China, such as nursing institutions and community services, are continually increasing (J. Wang et al., 2020).

### **Introducing the Aged Care and Medical Service Integration (ACMSI) Model**

Older adults have more underlying illnesses and are less mobile with age. Acute medical conditions may easily put them at risk of not being able to get to the hospital in time. Although

they can be saved in a hospital, the treatment after they are discharged from the hospital is also a challenge. If they do not have professional treatment and medical care, their health and quality of life would be worsened. To meet the complex and varied health and aged care needs of the increasingly older population, a new aged care model, named the Aged Care and Medical Services Integration (ACMSI, yi yang jie he) model is promoted in China (Tun, Madanian, & Mirza, 2021). China first put forward a plan for healthy ageing at the Thirteenth Five-Year Plan of China in 2016. The ACMSI model is a new model of aged care proposed based on "healthy ageing". The ACMSI model integrates medical and aged care resources effectively and provides older adults with services such as uninterrupted daily care, mental consolation, disease diagnosis and treatment, health guidance, recovery from serious illnesses and hospice care. China has been trying to operate the ACMSI model in different regions with 90 national-level pilot cities being set up in 201. Wang summarized four sub-models of the ACMSI model, namely "nursing in hospital", "constructing a hospital in nursing institutions", "the union of medical and elderly care" and "a family doctor model" (J. Wang et al., 2020).

#### **Workforce challenges in aged care sectors and ACMSI model**

One key feature of the ACMSI model is "medical care", which distinguishes it from other traditional aged care models and requires a higher standard of care workers' competencies. Care workers in the ACMSI model need to be professional in medical care. For instance, they need to know how to do a post – disease maintenance with specific skills, how to balance the diet for ill adults to recover, and how to deal with spasmodic diseases and other emergencies. It is preferred that care workers in the ACMSI model have a professional medical certificate. Care workers' specialization in medical care is important to the success of the ACMSI model.

To develop the ACMSI model in China, support from human resources is indispensable. High demands for care workers who have both medical care and nursing knowledge are

increasing because of the rapid population ageing. However, with several complex factors such as the need for training over long periods, it is difficult to develop such high qualified workforce. The aged care sector in China, more specifically, the ACMSI model, is facing the challenge of insufficient quantity and quality of the workforce.

Nowadays, it is not so hard to find a professional doctor or nurse who knows medical care well; and there are so many nursing staff who know how to care for older adults although the education they received may not be high. Many of these aged care staff may even have studied such a discipline at school, but the knowledge about medical care is almost nothing as well as those doctors may not know how to do nursing care for older adults. However, the ACMSI model needs the skill of the integration of medical, health and aged care.

One more challenge is the cultural level which is the stigmatization of aged care jobs. There is a bias against care workers in the aged care sector. In China, society sees working as an aged care worker as not having "chu xi" (prospect, aspiration, potential for becoming big and successful). So, most parents would not support their children to do such a nursing job. Even though some young people choose to study nursing, they prefer to work in a hospital, or an infirmary which has a better reputation, rather than caring for older adults in a nursing home. Additionally, caring for older adults can also be emotionally and physically demanding, especially when caring for those with complex health and care needs. The level of education and training for care workers are not enough to help them prepare to work in hard work conditions, especially in such a background that the demands for health care are becoming higher and higher. Care workers without sufficient training may become incompetent. As a result, the increasing needs of older adults cannot be met, and care workers would feel more and more laboured in their work. Their job satisfaction of them would decline. This would impact the efficiency of their work and thus influence the quality of care they provide to older adults. Then, a vicious circle

will appear. The unattractive pay packages coupled with high job demand is one of the main reasons for the recruitment and retention difficulty in the aged care sector (Hussein & Manthorpe, 2005). The level of payment and welfare is a key factor to attract and retain the workforce. However, the wages are low and financial benefits are poor for aged care workers, making working in the aged care sector unattractive to people.

### Existing Literature and Gaps

The research on the ACMSI model has been increasing recently, including older adults and their family's needs for the mod (Z. Wang & Liu, 2021); the effectiveness of in improving older adults' quality of life; the effects of the increasing ageing problem (Bai & Lei, 2020) In specific, the availability of the model has been certified to some extent. Based on using software for r meta-analyses, the results suggested that several scores which can measure different aspects of physical and mental health in the intervention group were higher than those in the control group, which proved ACMSI model can improve the life quality of elderly adults, although at that period such a pattern developed slowly and not completed and the sample for researching was not so large (Luo & Liu & Luo, 2019). Also, there are several types of research focused on elderly adults' demands. One of them collected a range of material references, and the results showed that the demands of comprehensive nursing of the elderly can be divided into 8 categories: basic life, medical and nursing, rehabilitation, ancillary, psycho-spiritual support, social participation, health education, and welfare and aid. Basic life needs can be classified into 13 categories (Z. Wang & Liu, 2021). However, there is a gap in the literature on the ACMSI model to investigate the comprehensive workforce condition, although there is also a couple of articles that research the workforce problem. For example, (Hussein & Manthorpe, 2005) mainly researched the problems of policies and shortages of the workforce; (Xiao et al., 2021) studied the factors of attracting and retaining the workforce.

### Research questions

This research aims to explore the workforce condition in ACMSI model nursing homes. More specifically, the following research questions will be answered:

1. Why do nursing homes implement the ACMSI model?
2. What are the workforce challenges faced by ACMSI nursing homes?
3. What are the contributors to such workforce challenges?
4. What are the working experiences of care workers in ACMSI nursing homes?

### Data and Methods

#### Study Context

This study draws on interviews with 2 managers and 7 care workers in a nursing home. The nursing home is in Suzhou, Jiangsu Province, a southern city of China and is next to Shanghai. The nursing home is popular by its operation model: the Aged Care and Medical Service Integration (ACMSI) model. My grandmother used its aged care service during the pandemic. The nursing home combines a retirement home, a geriatric hospital and a long-term care home with an area of 67 acres. (Yuan, Shen, Kong, & Duan).

#### Data Collection and Research Instrument

This research uses semi-structured interviews. Two interview guides were designed for managers and care workers respectively. For managers, the focus is on the reasons and challenges of implementing the ACMSI model. For care workers, the interviews focus on their understanding of the ACMSI model, perceptions of the job and current status of doing the job. Appendix 1 lists the interview questions.

I conducted one-to-one in-person interviews with managers. Interviews with care workers were in group settings due to their busy working schedules. Seven care workers were divided into two groups: one group has three workers and the other has four. Before interviewing, all participants provided consent (see Appendix 2 for the consent form) to be interviewed and video recorded.

### Sample

The participants tend to be young, and all are under the age 40. The majority are female (n=8) and only one is male. Care worker participants have been in this job for a relatively short period ranging from six months to 3.5 years. The following table describes the characteristics of the nine participants.

Table 1 Characteristics of Participants

Code	Age	Gender	Length of doing the job (Year)	Position
M1	35	Female	1.5	Manager
M2	34	Female	8.5	Manager
W1	24	Female	3.5	Care worker
W2	22	Female	1	Care worker
W3	22	Male	0.5	Care worker
W4	25	Female	1	Care worker
W5	24	Female	3.5	Care worker
W6	24	Female	0.5	Care worker
W7	24	Female	2.5	Care worker

M: Manager W: Care worker

### Data analysis

Thematic analysis (Terry, Hayfield, Clarke, & Braun, 2017) was used to analyze the interview data. More specifically, an inductive approach was used, meaning that the analysis is data-driven and the themes I identified are strongly linked to the data themselves. The following six steps suggested by (Braun & Clarke, 2006) were followed: "familiarizing yourself with your data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report"(P.78). I transcribe the data into Chinese, read and re-read the data and noted down the initial ideas. I then coded

interesting features of the interview data and collated data relevant to each code. I collated codes into potential themes and gathered all data relevant to each potential theme. After reviewing the themes, I generated clear definitions and names for each theme. These themes were then reported with quotes from participants.

### Results

#### The introduction of the nursing home

The nursing targets high and middle-level service users. The human resources of the nursing home have consisted of administrators (people who manage the nursing home), doctors and nurses (who help to cure the disease of older adults), care workers (who provide daily care to older adults), student interns (trainees from nursing schools), and volunteers (undergraduates to take part in social activities). The nursing home can be the sub-model of "the union of medical and elderly care"(J. Wang et al., 2020) because it combines a geriatric hospital, a retirement home, and a long-term aged care home, which can fulfil the integration of medical care and nursing. According to M2, to provide better service for older adults, with the efforts of the senior management of the nursing home, they have solved the problem of the medical insurance quota. The expenses can be reimbursed to a greater extent than it is used to be. With the support of the policy of the government, the problem of remote medical insurance has also been solved. Older adults from other places, for example, Shanghai, can also reimburse part of the expenses by swiping a medical insurance card, without being restricted by geographical distance.

*"We put forward in the related proposals in the early stage. Previously, there was a problem with remote medical insurance [e.g. older adults from Shanghai cannot use their insurance in Suzhou], including our own nursing home. because it has a daily medical insurance cost limit, we found that the cost is relatively low. Compared with Shanghai, according to this economic level, according to the proportion, is relatively low. So, we advocated to increase the proportion of reimbursement from health care insurance."* (M 2)

However, medical insurance can help to claim payment or refund for about 15%, a small percentage. As my grandmother lived in this nursing home for some time during the pandemic, I can know the cost of it, about CNY 10,000 (around GBP 1100) a month, meaning that a great amount of money has to be paid from the older adults' own pockets.

**The reasons for implementing the ACMSI model  
Healthcare needs of older adults**

More than 180 million older adults are suffering from chronic diseases, of which older adults suffering from one or more chronic diseases accounted for up to 75%. Health problems dominated by chronic diseases are important factors affecting the quality of life of older adults (China Youth Daily, 2022) The health of older adults is always an issue of concern. The high demand for health care had led to the implementation of the ACMSI model.

*“Among older adults, in fact, their biggest pain point is their health problems. We found, after years of operation, that the elderly over 70 or 80 years old, they actually have a very strong demand for health care. So in order to truly provide a high-quality aged care service, the first thing to solve is medical and health problems.” (M1)*

**Older Adults' Needs for Assurance and Security**

The older adults living in the nursing home have a sense of security. They do not need to worry that they cannot be helped the first time if they have some accident such as heart disease, or stroke. For older adults living alone at home, such worry and insecurity is a mental burden. The nursing home with the ACMS model can set older adults' minds at rest and give them convenience when they are suffering the pain of chronic diseases because they know the hospital is just opposite their doors:

*“Our nursing home has hospitals., it is very reassuring for the elderly to live here, which also provides convenience for their life.” (M 2)*

*“It is common for the elderly to have medical needs. When they have such needs, they can get help from our hospital more quickly and easily.” (W 1)*

**Workforce challenges**

The lack of the workforce is a big problem for the implementation of the ACMSI model. The ACMS model requires high professional requirements for medical talents, and medical professionals are scarce. The challenge is how to remain and develop these professionals for nursing homes. As echoed by Manager 1:

*“The main difficulty is in the medical field. The demand for medical and health care professionals is very high. For example, public hospitals do not have such a special hospital for older adults. We are now exploring the establishment of such a hospital for older patients. Then there is an urgent need for these professionals. Then perhaps the biggest difficulty we face in the combination of medical services and aged care is the retention and training of these professionals.” (M 1)*

The factors contributing to such a workforce challenge include:

**The lack of professionals who are qualified in both health and nursing care**

In the nursing home, the lack of professional nursing staff is not the problem, but the lack of professionals who can integrate medical and nursing care. Medical staff do not have nursing knowledge and skills and care workers do not have medical knowledge and skills. As echoed by Manager 2:

*“In the medical and health care side, we have professional doctors and nurses so they can meet our older adults' medical care needs. However, we need them to become a bridge between us and older service users so we will need professional doctors and nurses who are trained in the integration of medical and nursing care. We need our medical and health care staff understand the concept of aged care, so that we can better give these elderly people more humanistic care in terms of medical care.” (M2)*

**No "ready" workers after formal education and requirement of long training period in the workplace**

Another challenge is no "ready" care workers have enough qualifications to work in the ACMSI model straightaway after their formal education. The education and training in their school are not enough to work in such a model in

which both medical and health and aged care knowledge and skills are required. Consequently, care workers need to develop the required skills in their workplace, which takes a long period to foster a qualified care worker with integrated skills in health and aged care.

*"Currently, there is a shortage of professionals with integrated skills in medical, health and aged care. In our industry, we have been advocating for cultivating this kind of professionals for a long time. Many of our care workers are transmitted from nursing professionals. They don't have the required skills, knowledge and ethics of health management and nursing care for older adults, which needs to be learned and accumulated gradually through training during their work. (M1)*

#### ***Stigmatization of aged care professionals in the society***

Another problem facing is the social prejudice against the aged care industry. Caring for older adults in nursing homes is viewed as a job to serve people, which is viewed as inferior in China's culture. As echoed by Manager 1:

*"In many families, they think that working at the aged care sector is to serve (ci hou) others so it's difficult to accept that family members to work as aged care workers. We need to advocate in our society and improve the recognition of this kind of work in our culture."*

When I asked care workers whether they would recommend their family members or friends to do their job, three (W4, W6, W7) answered "no", illustrating the low social acceptance of working at the aged care sector.

#### **Care workers' working experiences**

A positive attitude to work is essential, which can lead to different feelings in older adults receiving care. A positive attitude may be supported by satisfying income, work that is not too tiring, and a sense of pride in their work.

#### ***Care Workers' Understanding of the ACMSI Model***

During the interviews, I find that the two managers have a clear understanding of the ACMSI model as they were able to give me a good deal of speech to introduce the model. However, the care worker participants only gave

very short answers based on the surface meaning of the two characters (medical (yi) + care (yang)). W1 even cannot answer the question. These demonstrate the lack of understanding of the ACMSI model among front-line care workers.

#### ***Low professional recognition and extrinsic motivation to do the job***

Care worker participants in my research have a low recognition of their careers. Although they think the prospects are good, they are not willing to continue to do the job in the future. Most of them choose this job due to extrinsic motivations and not from their heart. They do the job because 1) the teachers tell them (W1); 2) the major they choose in their school or university is due to the prospects of the aged care industry (W3, W4, W6); 3) their parents hope them to do so (W6, W7). Only one choose the job because she lived with her grandparents in her childhood and she has a deep mood and wants to take care of older adults (W 5). When I asked whether they are proud of their job, the word they spoke is "yes" but it does not seem like a genuine answer from their expressions and body language and I cannot get a positive attitude. The point that they would not recommend their family members or friends to choose this job is another evidence of their low professional self-perception.

#### ***High Physical and Mental Demands for Care Workers***

Communication is one of the most important things in caring for older adults. Two care worker participants (W2, W6) told me that they had some barriers while communicating with their older adults, which causes their stress. There was more workload during the COVID-19 pandemic, which made W1 feel physically tired.

#### ***Satisfaction with Salary***

Regarding their satisfaction with salary, most of them answered "hai xing", which means "okay", or "not bad" in English and the underlying meaning is "not so good, nothing more". While answering this question, some care worker participants hesitated for a moment.

#### **Discussion**

This study aims to explore the workforce challenges in the ACMSI model, using a nursing home in Suzhou as a case study through semi-

structured interviews. More specifically, I asked questions like how staff understand the ACMSI model, what workforce challenges the nursing home face when implementing the ACMSI model, what are some contributions to these challenges and what front-line care workers' working experiences are. I find that most front-line care worker participants cannot understand the meaning of the integration of aged care and medical services. They cannot meet the high demands of services.

The price of caring the elderly adults for high-end nursing homes (such as the nursing home with the ACMSI model) is too expensive. Although health care insurance can cover some amount of the nursing home cost, the proportion is very small. For nursing homes targeting high-income service users, the cost is too high. As my case study is an example, the price I learn is about 10,000 yuan a month, which is so high for a lot of families in Suzhou. A lot of them cannot afford such a price to make their older adults use the service. More financial support from the government is required, especially for older adults with low socioeconomic status.

The reasons I find that make the shortage of professional workers are multifaceted. With the high requirements for the workforce, it is hard to develop such kinds of specific staff. The long periods of training make the supply much lower than the needs. Also, the importance of the integration of medical, health and aged care cannot be ignored. Most doctors know medical knowledge but have no nursing skills and most nursing workers know how to care for people but no medical knowledge. In this case, a bridge between medical care and nursing care can help older service users have a better living environment and a more comfortable curing environment. This kind of professionals can know the condition of elderly adults more thoroughly and deeply, and the methods they used to take care of them may be more suitable. One plus one will be greater than two in such a situation. Integration is the key point. Also, the motivation for the workforce would affect the efficiency of doing the job. The labour market is an important production factor market, and the

number of workers and wages are one of the basic factors of the labour market, which is the link between the two sides of labour relations (Zhou, & Yan, 2023). The training and support for developing workers are so essential. Nowadays, the education for nursing schools cannot meet the need of the ACMSI model in the aged care sector. Another reason is the stigmatization of aged care professionals. Although the whole society, policies, and the education sector have promoted and advocated for aged care professionals, the thousands of years of Chinese history had a strict hierarchy. To some extent, this idea of hierarchy still exists. There is a bias against certain professions, such as care workers in the aged care sector. Caring for older adults as a job is viewed as inferior. To remain "main zi" (a good reputation, a good state in society, a high-level payment), most high-education people avoid working in the aged care sector.

It is so important to combat the stigmatization towards aged care professionals. As the stigmatization is deeply rooted in people's minds, continuing to promote the importance of care workers can help encourage more people to put aside their prejudices and join the sector. Also, the support by the government should be reinforced. More satisfactory salaries and welfare can encourage people to join and retain in the aged care sector.

### **Conclusion**

Following the ACMSI model, the condition of the nursing home's personnel is less than ideal but to be expected. The dearth of qualified and integrated medical, health, and geriatric care professionals is a significant obstacle. Long training periods and a high level of education both contribute to the dearth of talent. Talents are in lower demand than they are available. Then, the staff's choice of this job is not from the heart; their motivation for their work is not particularly high, and they are averse to recommending their family members for such a position, indicating their low job satisfaction. Nonetheless, the government has enacted numerous policies, and the nursing home has exerted a great deal of effort to better the situation: resolving the issue



of remote medical insurance, implementing the internship policy, etc. The government must inform the public of the significance of professional carers and place the caregiving industry in context. In addition, specialised ACMSI model training courses should be added to higher education institutions to raise the bar for personnel recruitment. I believe that the future of the caregiving industry and the development of the ACMSI model would be enhanced under the auspices of a high level of social welfare.

**Conflict of Interests:** the author has claimed that no conflict of interests exists.

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