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A Comparative Study of Nursing Care Facilities in China and the Netherlands

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Abstract

In the context of the aging of the world population, China's aging degree is becoming increasingly serious, its elderly population and growth rate ranks first in the world, and the number of elderly people with dementia in the elderly population has now become the world's largest, but China's research on the design of nursing care facilities is still very weak, and the nursing care system that adapts to China's national conditions is basically in the blank, so it is urgent to explore and research the design of nursing care facilities in line with China's national conditions based on this professional field. This paper studies the existing nursing care facilities in the Netherlands and China through the analysis of the elderly care service system, the comparison of pension regulations and norms, and the definition of relevant functional housing configuration and area standards.

Keywords

Nursing care facilities, Elderly care facilities, Pension system

1. Introduction

At present, China's aging degree is becoming increasingly serious, the population aged 60 and over 65 accounts for 17.3% and 11.4% of the total population respectively, empty nest, aging, chronic disease, dementia, disability and other characteristics are increasingly prominent, which has been far higher than the national standards for aging proposed by the United Nations. In the face of the increasingly serious imbalance between the supply and demand of medical care resources, how to provide for the elderly has become an urgent problem to be solved in China's society. Western countries entered the aging earlier and have accumulated rich experience in the development of the integrated medical and elderly care model. This paper studies nursing care facilities in the Netherlands and compares the current situation of nursing care in China.

2. Comparison of Service Systems for Elderly Care Facilities

2.1 Dutch pension system

(1) Home care

The Dutch government encourages the elderly who can take care of themselves to age in their own familiar environment, and their children or the community will give certain help and care in life. For those elderly who are healthy and can live independently for daily life, as long as they stay at home, whether the elderly own real estate or rent a house, the state will give different degrees of financial subsidies according to their solvency. For some elderly people who are incapacitated due to illness and self-care ability to a certain extent, the government active-

ly promotes the process of "home automation", for example, through special procedures to remind elderly patients to take medicine. The state also gives certain subsidies for this.

(2) Community pension

From the national infrastructure, it is guaranteed that each community (or standard area) has a health care institution, which can regularly send nurses to provide health care services for the elderly in need in the community, and at the same time, some volunteers will be sent to clean the elderly regularly. For all elderly people living in the community, the government has set goals such as "low threshold for seeking help", "community health services in place" and "direct and timely referral".

(3) Institutional Care

The state and social welfare organizations have set up special nursing homes, nursing homes and other service institutions for the elderly who have completely lost their ability to live independently, providing a variety of services for the special needs of the elderly [1].

By establishing the above different levels of old-age security system, the Netherlands has effectively solved the problem of overcrowding in nursing homes, so that most of the elderly can be better protected in all aspects of their lives.

2.2 China's pension system

China's social old-age service system mainly includes three organic components: home-based care, community old-age care and institutional old-age care.

(1) Home care refers to the family-centered, community-based, and professional services as the basis, providing socialized services for the elderly living at home with solving daily life difficulties as the main content. Services include life care and medical services as well as spiritual care services. There are two main forms: home care services for the elderly by professionally trained service personnel; Establishment of day centres for the elderly in the community to provide day-care services for the elderly. The service is generally three no elderly people.

(2) Community pension can basically be understood as a kind of innovative pension model in China, which relies on the high development of the real estate industry [2]. It refers to a home-based elderly care service system with family as the core, community as the support, day care, life care, housekeeping service and spiritual comfort for the elderly as the main content, door-to-door service and community day care as the main form, and the introduction of professional service methods of elderly care institutions. The main content is to set up welfare institutions for the elderly, respect for the elderly, and care for the elderly; setting up shopping centers and service centers for the elderly; opening tables for the elderly and canteens for the elderly; Establishment of geriatric health care facilities; establishment of activity centres for the elderly; setting up marriage agencies for the elderly; opening schools for the elderly; Establishment of a talent market for the elderly; Carry out legal aid and shelter services for the elderly.

(3) Old-age care institution is a social term for the elderly, which refers to an institution that provides comprehensive services such as diet, cleaning, life care, health management and recreation, sports and entertainment activities for the elderly. It can be an independent legal entity, or it can be a department or branch affiliated with medical institutions, enterprises and institutions, social groups or organizations, and comprehensive social welfare institutions.

2.3 Comparison of the service system of old facilities

Compared with the elderly care service system in China and the Netherlands, it is composed of community care, home care and institutional care. At the level of the national pension system, the Netherlands is more inclined to encourage home care, so that the pressure of government and social investment is reduced, and most of the investment can be used to improve service quality and efficiency. In order to effectively cope with the aging of the population, China encourages the construction of a coordinated elderly care service system with home community institutions [3]. In terms of community elderly care services, the Ministry of Civil Affairs will focus on promoting service forms such as the elderly table, day care, short-term care, and mutual aid services, so that the elderly can enjoy the elderly care services around them from the doorstep of the community to the door. For elderly care institutions, it is emphasized to improve quality and efficiency, enhance the ability to care for the elderly with disability and dementia, and encourage elderly care institutions to take the initiative to provide services. By 2025, the number of nursing-type beds in nursing institutions nationwide will reach 55%, and the three services of home, community and institution will be realized to show their strengths and integrate and connect.

3. Comparison of relevant pension norms

3.1 Relevant pension regulations in the Netherlands

In the Netherlands, long-term care and support are mainly divided into the Social Support Act (WMO), Health Insurance (District Care) (Zvw) and Long-Term Care Act (Wlz). Living at home (standalone) or in small-scale housing programs, Social Support Act support and district care are possible. Wlz gives the right to live in a care facility. For example, nursing homes or nursing facilities for the disabled. Referral to an institution is not mandatory: Wlz care can also be received at home if it is doing well.

(1) The Social Support Act provides social support: to help continue to live independently and participate in society. Regional care is care that is medically necessary: the care that nurses usually provide.

(2) Wlz provides intensive care 24 hours a day for people who need permanent care or permanent supervision nearby. The form of care can be the same as in the Social Support Act (e.g. guidance) and Zvw (e.g. nursing).

The building function criteria used by the Dutch Hospital Facilities Board (CvZ) when evaluating building applications under the Hospital Facilities Act (WZV). In the process of data collection, Dutch nursing facilities are mainly divided into nursing homes (verzorgingshuis) and nursing homes (verpleeghuis). Nursing homes mainly provide sheltered living conditions for the elderly who are unable to live independently at home due to old age or illness. Nursing homes are helped with daily activities such as dressing, washing, eating, and sleeping. Depending on the amount of help needed, you can only go to a nursing home during the day and return to your home at night. Older adults in nursing homes do not (currently) need treatment or intensive care. Nursing homes for older people in intensive care or with severe medical needs. If the elderly person has severe physical or psychological limitations, they will be admitted to a nursing home. Older people no longer need to be hospitalized, but (still) need treatment. For example, consider some form of dementia or brain hemorrhage [4]. More medical specialists work in nursing homes than in nursing homes. Examples include psychologists, speech therapists, doctors, occupational therapists, physiotherapists, and psychiatrists.

3.2 China's relevant pension regulations

China does not yet have a law on nursing care (nursing care) insurance, and the type of elderly care facility in China cannot be combined with the elderly care or nursing care (nursing care) insurance system. The definitions of various types of elderly care facilities are scattered in the national standards "Residential Building Design Standards for the Elderly" and industry standards "Building Design Code for the Elderly", "Design Standards for Nursing Homes for the Elderly", "Building Design Code for Elderly Care Facilities" and related elderly care facility design books "Detailed Explanation of Elderly Care Facilities and Building Design 1 and 2". These standards and codes all stipulate technical issues such as functional configuration, area, and equipment from the perspective of architectural design, and do not involve social factors such as service objects, staff allocation, contractors and payment methods of elderly care facilities.

4. Feature configuration comparison

4.1 Functional configuration of elderly care facilities in the Netherlands

In the practical manual on the construction and management of nursing homes, it is mentioned that the relevant functional configuration of nursing homes that have developed building standards in the Netherlands involves:

Recreation and well-being (activity guidance; community areas; social facilities);

Medical and paramedical care (examinations and treatments; Physiotherapy; psychosocial counseling; Things: morgue);

Management and training (board and management; Administration; Archives; Staff training)

Civil and technical services (central kitchen; bed linen care, housekeeping; Warehouse; technical services);

Personnel facilities (restaurants; other central personnel facilities);

Other facilities (Day Therapy Physical and Geriatric Psychology).

As a rule, it is assumed that the combined nursing home has at least 60 beds per category (somatology, geriatric psychiatry), that is, the total capacity is at least 120 beds. According to the institute, for the on-campus part of the nursing home organization, a capacity of at least 150 beds is preferred. The total usable area ranges from 42.5 square meters per bed in a 90-bed nursing home to 39.5 square meters per bed in a 210-bed nursing home. The maximum gross floor area of a 90-bed nursing home, including design loss, traffic area, installation area and floor area, is 68 square meters per bed, and a 210-bed nursing home has a maximum floor area of 63 square meters [5].

The 1974 project also included a large number of medical and paramedical treatment rooms (consultation and examination rooms, laboratories, pharmacies), rehabilitation rooms (physiotherapy rooms), occupational therapy rooms, social facilities (recreation rooms, shops, hairdressers, banks, pedicures), day therapy, management, administrative and conference rooms, support service rooms (kitchen, central warehouse), technical services and nurse training. Under the theme "comfort and safety", the atmosphere of the house was also discussed. According to the author, the atmosphere is determined by the organization only measures and the layout and design of the building. Insofar as this corresponds to the patient's treatment, the goal should be a family atmosphere, not an institutional one. For example, through the use of fixed floor coverings, curtains, colors, aviaries, pots, aquariums, artistic expressions.

4.2 Functional configuration of elderly care facilities in China

China's functional configuration is more detailed, according to the different user groups and functions are divided into residential and living rooms for the elderly, medical care rooms, administrative office rooms, auxiliary rooms, etc.

5. Functional Area Comparison

5.1 Holland relevant functional area standards

Building standards are based on the principles of the content of care. For each function, indicate which rooms and/or facilities are considered necessary and how much floor space is required for each room [6]. Based on the capacity, the total useful floor area can be easily calculated.

These standards are intended not only to serve as a frame of reference for evaluating architectural applications, but also to advise sponsors, designers and consultants when developing demand plans for new space facilities to be built. Useful square meters per room are not hard standards. A different argument can be made if it turns out that the chosen solution leads to a qualitatively at least equivalent result. This setup is comparable to the Building Ordinance, which is also based on performance requirements and equivalence principles. In general, one or more components exceeding the floor area specified in the building standard must be compensated on other components. In fact, the total floor area is standardized. The allowable cost per square meter is also fixed

In mid-1997, CvZ published a new standard for nursing home building. Compared to the previous measure, the updated measure is an average height of 6 square meters per bed. This increase is entirely for the benefit of care units (currently averaging a total of 42 square metres per bed). Distinctions were made between Korsakov patients, chronic ventilator patients, young adults, patients with acquired brain injury, deafblind people, AIDS patients, Huntington's disease patients, and comatose patients. In contrast, there is no longer a distinction between somatic and psycho-older patients. The same guidelines apply to both categories of residential areas. Space requirements are calculated based on 30 beds and a private lounge area.

Bedrooms are in principle suitable for all patients. If required, in order to be able to choose a double room, it must be possible to connect two adjacent wards. Instead, the double room should be able to be divided into two single rooms. Taking into account the installation of shower stretchers, every two wards is equipped with a sanitary room with toilet, washbasin and shower [7].

5.2 China's relevant functional area standards

China's standards require that the use area of single living room is ≥ 10 square meters, the use area of bathroom: 3-5 square meters, the use area of the aisle: 3-6 square meters, and the use area of the suite is 16-18 square meters. The usable area of the double bedroom ≥ 16 m^2, and the usable area of the suite ranges from 25-28 m^2.

6. Summary

After comparative research, it is found that the overall norms of elderly care facilities in China are relatively clear, but the research on nursing care facilities that require more attention is weak. The Netherlands has a complete pension system and pension system, and there are many Chinese people, and it is impossible to cover all aspects of the elderly with disabilities and dementia. The current problems facing China's elderly care cannot be solved in time, in addition to national policies and welfare support, people also need to work together.

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