Current Situation, Challenges, and Recommendations for Nursing Institutions Providing Home-Based Long-Term Care Services Based on Semi-Structured Interviews

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Abstract

Background: As the aging of China' s population intensifies, the care burden for disabled older adults is increasing. The provision of home-based nursing services by nursing institutions has gradually become a prevailing trend. However, institutions currently providing home-based services face many developmental difficulties, and service provision still cannot meet actual needs. Objective: To conduct an in-depth investigation of the specific circumstances of designated nursing institutions in delivering long-term care services, analyze the developmental challenges faced by nursing institutions in providing home-based nursing services, and propose corresponding recommendations. Methods: On April 18, 2024, based on convenience sampling, 2 managers, 3 care workers, and 1 nurse from two designated nursing institutions in Shijingshan District, Beijing, were selected as interviewees. One-on-one in-depth interviews were conducted with the managers of the two nursing institutions, while the remaining participants were interviewed through a focus group. Guided by the SPO model, an analytical framework was constructed and analysis was conducted from three dimensions: structure, process, and outcome. The interview outline covered staffing, salary levels, service scope, and other aspects. Results: Using the analytical framework, the current status of home-based long-term care services implemented by nursing institutions in Shijingshan District was described from three perspectives. At present, nursing institutions face problems such as uneven development among institutions, the need to improve the structure of care worker teams, insufficient protection of care workers' personal safety, incomplete training and cultivation as well as evaluation systems, a lack of policy standards that institutions can refer to when implementing long-term care services, and service content that still cannot meet the needs of patients and their families. Conclusion: Training and cultivation as well as evaluation systems should be improved, career advancement pathways should be opened up, and motivation should be provided for the development of nursing personnel; the construction of nursing teams should be strengthened to comprehensively enhance care capacity; and policies and regulations should be introduced to improve relevant standards for nursing institutions, thereby compelling their standardized development.

Full Text

Original Article

Current Situation, Challenges, and Recommendations for Nursing Institutions Providing Home-Based Long-Term Care Services Based on Semi-Structured Interviews

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【Abstract】 **Background** With the deepening aging of China' s population, the care burden for functionally impaired older adults is increasing, and the provision of home-based nursing services by nursing institutions has gradually become a general trend. However, many difficulties remain in the development of nursing institutions that currently provide home-based services, and service provision still cannot meet actual needs. **Objective** To conduct an in-depth investigation of the specific situation of designated nursing institutions in carrying out home-based long-term care services, analyze the development challenges faced by nursing institutions in providing home-based nursing services, and propose corresponding recommendations. **Methods** On April 18, 2024, according to the principle of convenience sampling, two managers, three nursing aides, and one nurse from two designated nursing institutions in Shijingshan District, Beijing, were selected as interviewees. One-on-one in-depth interviews were conducted with the managers of the two nursing institutions, while the remaining staff were interviewed using focus group discussions. Using the SPO model as the guiding framework, analysis was conducted from the three dimensions of structure, process, and outcome. The interview outline covered personnel allocation, salary levels, service scope, and other aspects. **Results** Using the analytical framework, the current situation of nursing institutions in Shijingshan District implementing home-based long-term care services was described from three perspectives. At present, nursing institutions face problems such as uneven inter-institutional development, care team structures needing improvement, insufficient protection of nursing staff' s personal safety, incomplete training and evaluation systems, lack of policy standards for institutions' implementation of long-term care services, and service content that still cannot meet the needs of patients and their families. **Conclusion** By improving training and evaluation systems, opening career advancement channels, and providing motivation for the development of nursing staff; strengthening the construction of care teams and comprehensively improving care capacity; and issuing policies and regulations to improve relevant standards for nursing institutions, the standardized development of nursing institutions can be promoted.

【Keywords】 patient medical nursing; long-term care; disability; older adults; SPO model; nursing institution

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The Provision of Home-Based Long-Term Care Services by Nursing Institutions: Current Situation, Challenges, and Recommendations Based on Semi-Structured Interviews

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【Abstract】 Background With the aging of China' s population and the increasing care burden of functionally impaired older adults, the provision of home-based long-term care services by nursing institutions has become a general trend. However, numerous challenges persist in the development of these home-based service institutions, and their current service provision still fails to meet the existing demand. **Objective** To conduct an in-depth investigation into the current state of long-term care services provided by nursing institutions, analyze the development challenges in providing home-based long-term care services, and propose corresponding recommendations. **Method** On April 18, 2024, a convenience sampling method was employed to select two designated nursing institutions in Shijingshan District, Beijing. Participants included two managers, three nursing aides, and one nurse. In-depth one-on-one interviews were conducted with the managers from each institution, while a focus group discussion was held with the remaining staff. Guided by the Structure-Process-Outcome (SPO) model, the analysis was framed across these three dimensions. The interview guide covered topics such as staffing, salary levels, and service scope.

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Result Using the analytical framework, the current state of home-based long-term care services provided by nursing institutions in Shijingshan District was described from three dimensions. Several key issues were identified: uneven

development among institutions, suboptimal structure of nursing teams, insufficient safeguards for caregivers' personal safety, inadequate training and evaluation systems, lack of clear policy standards for implementing long-term care services, and service content that fails to fully meet the needs of patients and their families. **Conclusion** It is recommended to enhance the training and evaluation systems, create clear career advancement pathways to motivate nursing staff, strengthen care team building to comprehensively improve care capabilities, and introduce policies and regulations to establish institutional standards that promote the standardized development of nursing institutions.

[Key words] Patient care; Long-term care; Disability; Elderly; SPO model; Nursing institution

The number of older adults in China has been increasing year by year. Data from the Seventh National Population Census in 2020 show that people aged 65 years and above accounted for 13.5% of China' s population, an increase of 4.63 percentage points compared with 2010[1]. Because of the decline in physiological function among older adults, the probability of disease increases substantially, which inevitably leads to the occurrence of disability. Studies show that from 2010 to 2020, the number of disabled older adults in China increased from 5.23 million to 6.18 million[2]. Nationwide, with the deepening of population aging and the increase in the disabled population, the care burden for disabled older adults will become increasingly heavy.

To cope with this care burden and improve the social security system, in 2016 the state began exploring a long-term care insurance system (hereinafter referred to as "LTCI"), which has now been piloted in 49 regions[3]. In 2020, the National Healthcare Security Administration and the Ministry of Finance jointly issued the *Guiding Opinions on Expanding Pilot Programs for the Long-term Care Insurance System*, which clearly stated the goal of "striving, during the 14th Five-Year Plan period, to basically establish a long-term care insurance system and policy framework suited to China' s level of economic development and aging trend, and to promote the establishment and improvement of a multi-level long-term care security system that meets the diverse needs of the public" [4]. To improve the LTCI system, the policy also proposed "introducing social forces to participate in long-term care insurance administrative services and strengthening administrative capacity."

The LTCI administrative agencies are responsible for signing service agreements with designated nursing institutions and stipulating the rights, obligations, and service scope of both parties. According to previous studies, the designated LTCI nursing institutions can be divided into three categories: nursing institutions providing home-based services, eldercare institutions providing institutional nursing services, and medical institutions providing institutional nursing services[5]. Home-based nursing services are currently the general trend in the provision of long-term care services, and the corresponding nursing institutions are also developing rapidly. Therefore, through interviews with service providers in this type of institution, this study analyzes the development difficul-

ties of nursing institutions based on SPO theory and, drawing on the three-force theory, proposes corresponding recommendations from the three aspects of capability, motivation, and pressure, providing a basis for further optimizing the supply of long-term care services and clarifying clinical service standards.

1 Subjects and Methods

1.1 Study Participants

On April 18, 2024, based on the principle of convenience sampling, two managers (M1 male, M2 male), three care workers (P1 female, P2 female, and P3 female), and one nurse (N1 female) from two designated nursing institutions in Shijingshan District, Beijing, were selected as interview participants. Referring to previous studies[6], the inclusion criteria for interview participants in this study were: (1) providers of home-based nursing services; (2) interest in this study and willingness to support the research work. The exclusion criteria were: (1) never having been involved in home-based nursing work; (2) inability to communicate fluently in language. This study was approved by the ethics committee of the Chinese Academy of Medical Sciences and Peking Union Medical College (approval number: CAMS&PUMC-IEC-2021-033), and informed consent was obtained from the interviewees.

1.2 Research Content

SPO theory was first proposed by Donabedian in 1966[7]. As a classic model for evaluating the quality of medical services, it includes three dimensions: structure, process, and outcome. Structure mainly refers to the resources and conditions of medical institutions, such as materials, human resources, and technology; process refers to operating modes such as service procedures, standards, and methods; and outcome refers to terminal indicators such as service effectiveness and efficiency. Structure determines process, process affects outcome, and outcome reflects structure and process; the three interact with one another. In this study, structural research refers to exploring the organization and management of institutions and staffing; process research refers to the service provision process; and outcome research refers to the extent to which the needs of patients and their family members are met.

1.3 Data Collection and Analysis

This study used semi-structured interviews to collect data. Focus group interviews and one-on-one in-depth interviews were conducted according to a predesigned interview outline. One-on-one in-depth interviews were conducted separately with managers of the two nursing institutions, aiming to obtain their in-depth and candid views on sensitive information such as institutional management and finances. Focus group interviews were conducted with frontline care workers and nurses, aiming to stimulate collective recollection and discussion of work such as service processes and team collaboration through interaction.

The interview content involved staffing, salary levels, service scope, and other aspects. During the interviews, the moderator revised questions and wording in real time according to the interviewees and the interview environment so that they were appropriate for the current interview. The interviews lasted 3–4 h. With the consent of all interviewees, the entire process was audio-recorded and transcribed. The main research content was obtained through interviews; after the interviews, partial information from individual interviewees, such as work paradigm documents, was supplemented via WeChat or telephone.

The framework analysis method was used to analyze the interview data. This method allows researchers to organize and interpret qualitative data under a clear a priori theoretical framework, and is suitable for studies aiming to explore the applicability of a specific theory or model in real-world contexts. The specific analysis process was: familiarizing with the data; constructing an anal[[unclear: text continues off page]]

analysis framework; data categorization and summarization; synthesis and presentation.

2 Results

2.1 Structural level

(1) **Organizational management:** Both nursing care institutions have signed contracts with long-term care insurance administrative agencies to serve as designated nursing care institutions providing long-term care services. The headquarters of Nursing Care Institution X is a nationwide chain nursing care institution. It was founded in 2018 and became a designated long-term care insurance nursing care institution in Shanghai. To date, it has established dozens of branch stations in multiple provinces and cities across China, including Beijing, Shanghai, Shenzhen, Guangzhou, Suzhou, Wuxi, and Hunan. Its Beijing branch was established in 2023 and currently provides long-term care services for approximately one-tenth of older adults with disability in Shijingshan District. The headquarters of Nursing Care Institution Y was founded in 2009 and is likewise a nationwide nursing care institution. Its Shijingshan District branch in Beijing has established cooperation with two administrative agencies and became a designated service institution for long-term care insurance in Shijingshan District, Beijing, in 2021.

(2) **Overview of personnel:** The two nursing care institutions mainly operate and provide long-term care services through three types of teams: administration, nursing care services, and logistics; team members are mainly care workers. Although Nursing Care Institution X was established in 2023, it is still equipped with a complete workforce in all three areas. In terms of nursing care services, Nursing Care Institution Y has formed an integrated health service team comprising family physicians, family nurses, professional care workers, and rehabilitation therapists, and

provides services through this team. Specifically, the medical, nursing, rehabilitation, and eldercare team consists of 80 professionals, including physicians, nurses, and rehabilitation therapists. It is responsible for providing professional medical services across regions to all branch stations in Beijing, ensuring that patients at each branch station can receive medical care of the same standard. In addition, the care teams formed by all branch stations in Beijing include more than 200 professional care workers. Care workers play a key role in providing daily care services; they have direct contact with patients and provide personalized supportive care.

The wages of care workers who provide long-term care for older adults in the two nursing care institutions are mainly composed of performance-based pay, which is paid according to the number of people actually served; the average wage is 7,000–8,000 yuan. Nursing Care Institution X does not set a basic salary. The care workers at Nursing Care Institution Y receive wages in two categories: part-time care workers sign labor agreements and are paid by the hour, while the wage structure of full-time care workers consists of "basic salary + performance-based pay."

In terms of personnel composition, care workers providing long-term care services are predominantly female; their average age is about 50 years; and their educational level is generally low, mainly primary and junior secondary education. A care-worker team composed mainly of women faces the risk of bidirectional harassment when providing services such as bathing. Nursing Care Institution X has 20 care workers, only one of whom is male. According to the person in charge, M1, "the average age of care workers is 49 years, and the youngest care worker is 33 years old" ; most care workers have only primary-school education, and 30% of them cannot write and can only rely on drawings for written expression. Nursing Care Institution Y has 16 regular care workers in Shijingshan District, of whom 11 are women and 5 are men. According to the person in charge, M2, "the care workers are around 50 years old" ; their educational level is basically mainly senior high school. In addition, the persons in charge of the two institutions and the administrative agencies all stated that the number of medical and nursing personnel in the current teams is relatively small. Nursing Care Institution X has only one nurse. Among the 80 members of Nursing Care Institution Y' s medical, nursing, rehabilitation, and eldercare team in Beijing, there are only 8 physicians, 16 nurses, and 16 rehabilitation therapists; the remainder are administrative personnel and others.

In terms of personnel career development, recruitment of care workers mainly relies on referrals among internal members. Before employment, all are required to have an eldercare worker certificate, and after employment they regularly receive relevant training. However, the two institutions differ in terms of promotion. Nursing Care Institution X relies on the administrative agency to provide three training sessions per month for care workers on a regular basis. These mainly involve the institutional person in charge attending online training provided by the administrative agency and recording the session; the institution's nurse then

provides specific training for the care workers and conducts assessments after the training. Nursing Care Institution X has not yet established career promotion channels for care workers, and rewards and penalties are all reflected in wages. Nursing Care Institution Y has established a dedicated training school, providing one training session per month in nursing, rehabilitation, traditional Chinese medicine, and other areas. It has also established promotion pathways for care workers, setting up different development grades for eldercare workers —junior, intermediate, senior, and technician—based on national regulations[^8]. In addition, Y has set up various competitions, such as skills competitions, to help display the individual abilities of care workers. According to the person in charge, M2, "for example, in the speech contest we held last year, we issued certificates, prizes, and media coverage to the first-prize winners, doing our best to raise their awareness."

2.2 Process level

The entire service provision process of the nursing care institutions is as follows: in-home assessment and contract signing; formulation of a care plan; assignment of care personnel; home-based service provision and log recording; and maintenance of communication with regular follow-up visits. On the basis of the monthly payment ceiling of 30 h, the nursing care institution assists the individual or family members in independently negotiating and determining an individualized nursing care plan with reference to the service item list (Table 1), and this plan does not specify the quantity of services to be provided. After the care plan is determined, the institution assigns care personnel—that is, care workers—to provide services at the home. Care workers use photographs to clock in and record before and after providing services. According to feedback from the administrative agencies, satisfaction with subsequent follow-up visits has remained above 90%. In the above process, nurses mainly have three responsibilities: assisting in the formulation of nursing care plans, providing nursing care work, and training care workers. Nurse N1 interviewed in this study stated, "In daily work, I am mainly responsible for training care workers." The institutional person in charge, M2, stated, "In actual work, nurses have a smaller workload than care workers. They generally do not provide the services listed in the checklist and are mainly responsible for follow-up visits within the station."

In terms of service accessibility, the service scope of the two institutions mainly covers communities within Shijingshan District, Beijing, and each care worker can provide care services for 2–3 people per day. The service scope of Nursing Care Institution X radiates to various districts of Beijing, such as Miyun District and Yanqing District. The institution provides round-trip vehicles for care personnel who provide home-based services in more remote jurisdictions, or reimburses their round-trip transportation expenses. However, the institutional person in charge, M1, stated, "Because the journey to the Yanqing area is relatively long, each service provision results in a loss of about 40 yuan."

In terms of service types, both nursing care institutions mainly provide life-

care services in their actual work. The Shijingshan District long-term care insurance list clearly specifies 32 items of daily basic life care and medical care closely related to daily life, including cleaning care, dietary care, excretion care, positioning and safety care, condition observation, and rehabilitation nursing. The list specifies the time required for each item, such as 30–60 min/time for bed bathing and 20–30 min/time for hair washing; therefore, a 2 h care plan can be formulated with reference to the time required for the above items (Table 1). Although both care institutions provide services based on this list, institutions are not currently required to provide all 32 services on the list. Therefore, they still mainly provide daily living care services and offer relatively few medical nursing services. According to the supplementary explanation provided by institutional manager M2, "the demand for medical nursing services among disabled older adults is relatively urgent, yet the corresponding services currently provided by institutions are relatively limited."

2.3 Results Dimension

Institution-provided home-based nursing services can reduce the burden on family members. However, family members of disabled persons still hope that service content can be supplemented, such as adding cooking and cleaning services, and that service processes can be optimized. Because disabled older adults have limited mobility, situations such as pressure injuries, assistance with bathing, and catheter care often arise, which are difficult for ordinary family members to handle. At the same time, as spouses grow older, their own physical function is also declining. In addition, children are occupied with work and family affairs, making the provision of long-term care for older adults at home a relatively heavy burden. The interviews showed that the long-term care services provided by institutions can help reduce the care burden on family members of disabled older adults, but family members also reported that the current 32 service items still cannot fully meet the needs of disabled older adults. Care worker P3 stated that "unpaid services outside the list are provided at the request of family members, such as cooking for disabled older adults and cleaning their rooms."

3 Discussion

Based on the above interview findings, it can be analyzed that there are currently many problems and dilemmas in institutional home-based nursing. In terms of structure, development across institutions is uneven, the structure of care-worker teams needs improvement, the personal safety of care workers needs to be protected, and systems for training, cultivation, and evaluation are not sound. In terms of process, institutions currently lack policy standards that can be referenced when implementing long-term care services. At the results level, service content still cannot meet the needs of patients and their family members.

3.1 Uneven Development among Care Institutions

Institutions providing home-based nursing have developed rapidly in recent years. In Shijingshan District, 35 institutions had signed contracts to provide long-term care services in 2021, and by 2023 this number had expanded to 78[9]. However, behind the rapid increase in the number of contracted institutions lies uneven institutional capacity. At present, China has not yet formed unified standards for institutional nursing services, which has led to a lack of norms regarding facilities, equipment, staffing, and other aspects across institutions[10]. The two care institutions involved in this study differed greatly in their own capacity levels. For example, in terms of care-team composition, care institution X relies solely on care workers to provide care services, whereas care institution Y has established a well-developed integrated health service team, a more mature salary structure, and channels for care-worker training and promotion. Nationwide, the number of care institutions shows a development pattern of being higher in the east and lower in the west, with relatively large disparities in both level and quantity among provinces and municipalities[11]. By contrast, foreign countries have relatively standardized requirements for care institutions. In Japan, for home-visit nursing stations that provide family-visit nursing—one component of long-term care services—each institution is required to have more than 2.5 full-time licensed nursing personnel[12], and must also meet equipment and environmental requirements, such as having corresponding premises, equipment, and vehicles[13].

3.2 The Care-Team Structure Needs Optimization, and Personal Safety Needs Protection

Care teams that provide care services are mainly composed of care workers, while there are relatively few doctors and nurses. This makes it difficult to meet service recipients' deeper-level care needs, such as psychological and rehabilitation needs[14]. At the same time, because care workers in care institutions are predominantly women, and because the nature of their work requires them to go to older adults' homes to provide services, there are often considerable personal safety risks. Several care workers in this interview stated that they face the risk of harassment during service provision.

3.3 Systems for the Cultivation, Training, and Evaluation of Care Workers Are Not Sound

Care workers have a low sense of professional identity, high staff turnover, and recruitment difficulties[15],

Table 1. Selection List of Long-Term Care Insurance Service Items in Shijingshan District

No.	Service item	Item selection (tick)	Remarks	No.	Service item	Item selection (tick)	Remarks
1	Bed bath (30~60 min/session)			17	Assistance with medication use (0~20 min/session)		
2	Bathing (30~60 min/session)			18	Blood glucose monitoring (5~10 min/session)		
3	Facial cleansing, hand washing, and foot washing (20~40 min/session)			19	Stoma care (20~40 min/session)		
4	Shaving and haircut (20~40 min/session)			20	Wearing/use of a home noninvasive ventilator and guidance (15~20 min)		

No.	Service item	Item selection (tick)	Remarks	No.	Service item	Item selection (tick)	Remarks
5	Hair washing (20~30 min/session)			21	Oxygen inhalation (5~10 min/session)		
6	Oral cleaning (10~20 min/session)			22	Nasogastric feeding care and guidance (20~30 min/session)		
7	Perineal cleaning (20~30 min/session)			23	Indwelling urinary catheter care and guidance (20~30 min/session)		
8	Assistance with eating/drinking and guidance (15~30 min/session)			24	Monitoring vital signs and physical cooling (15~20 min/session)		
9	Excretion care and guidance (40~60 min/session)			25	End-of-life care		

No.	Service item	Item selection (tick)	Remarks	No.	Service item	Item selection (tick)	Remarks
10	Dressing care and guidance (15~30 min/session)			26	Guidance on pressure-injury prevention (15~30 min/session)		
11	Assistance with toileting and guidance (5~10 min/session)			27	Guidance on preventing eating and swallowing disorders (20 min/session)		
12	Making up the bed unit (15~30 min/session)			28	Guidance on preventing falls, bed falls, and scalds		

No.	Service item	Item selection (tick)	Remarks	No.	Service item	Item selection (tick)	Remarks
13	Trimming fingernails/toenails (30~60 min/session)			29	Positioning of functional limb position and guidance (10 min/session)		
14	Health guidance and emotional comfort (30~60 min/session)			30	Turning-over training and guidance (10~15 min/session)		
15	Skin care (5~10 min/session)			31	Passive shoulder-joint movement and guidance (5~10 min/session)		

No.	Service item	Item selection (tick)	Remarks	No.	Service item	Item selection (tick)	Remarks
16	Assistance with effective coughing and sputum expectoration (20~30 min/session)			32	Assistance with transfer to wheelchair/stretcher trolley and outdoor activities (10 min/session)		

At present, recruitment is mostly conducted through acquaintance referrals or online hiring, and comprehensive cultivation and training are often not provided before entry into the job. After employment, continuing education for care workers is likewise insufficient. Such training is mostly carried out independently by care institutions; in interviews, care workers expressed a desire to receive training and education in first aid. At the same time, corresponding talent-evaluation standards and career-advancement channels are also lacking for care workers at different competency levels.

3.4 Institutions Lack Policy Standards for Reference in Providing Long-Term Care Services

Care institutions can only rely on departmental rules, local regulations, and normative documents to explore the development of long-term care services on their own. The current list of service items provided by institutions specifies only the names of items and the time required; it does not provide clear requirements for how each service should be carried out. For example, in the item list of Shijingshan District, the item "assisting effective expectoration" specifies that each implementation of the service should last 20–30 min, but it offers no explanation or guidance on how care workers should specifically assist older adults in expectorating effectively. The list even includes "end-of-life care" as an item with only the item name. End-of-life care has already developed relatively maturely in countries such as the United States and Japan, whereas in China it is still at an initial stage. If this item is to be incorporated into the service-item list, it is even more necessary to specify and explain its service content in

detail. Similarly, there is a lack of policy requirements related to talent evaluation. Although in 2024 the state issued the *National Occupational Standard for Health Care Workers (Long-Term Care Workers)* [16], the current admission and evaluation of institutional care workers still take the *National Occupational Skill Standard for Elderly-Care Workers* as the reference, and entry into the job requires an elderly-care worker certificate. Providing long-term care for disabled older adults cannot be completely equated with elderly-care services; long-term care worker, as an emerging occupation, still requires the issuance of dedicated policy standards to regulate this occupation.

3.5 Current Service Content Still Cannot Meet the Needs of Patients and Their Families

At present, the care services provided by care institutions for disabled older adults have difficulty meeting the needs of disabled older adults and their families. Referring to previous studies, the demand for long-term care services mainly includes three aspects: daily-life care, medical nursing, and emotional comfort [17]. However, current care institutions can only provide daily-life care services for disabled older adults. Owing to the lack of medical personnel among team members and the limited abilities of care workers themselves, they cannot meet needs in the two areas of medical nursing and emotional comfort, and the selection and use of professional service items are neglected [18]. The reasons for the limited content of medical nursing services can be analyzed from two aspects: on the one hand, family members generally maintain reservations about the quality of medical nursing services provided by care institutions and are more inclined to trust public hospitals that have more complete medical facilities and professional medical teams; on the other hand, when providing medical nursing services, care institutions face risks such as medical accidents, legal liability, and operating costs. The existence of these risks makes care institutions more cautious when providing services, thereby restricting the development of related services. In addition, family members stated that the current content of daily-life care services needs to be expanded, and related services such as assistance with cooking and picking up and delivering medicines should be provided.

4 Recommendations

As the degree of population aging in China deepens, in order to cope with the heavy care burden brought by disabled older adults, care institutions providing home-based nursing services have developed explosively in recent years. However, the current development of institutions faces many difficulties, such as services provided still being unable to meet demand. Through the SPO model, this study describes the current status of home-based long-term care services implemented by care institutions in Shijingshan District from the three dimensions of structure, process, and outcome, and summarizes the problems and difficulties currently existing in care institutions. In view of the current status of care institutions and the above-mentioned problems and difficulties, from the

three aspects of motivation, capacity, and pressure, the researchers believe that career-advancement channels can be opened by improving cultivation, training, and evaluation systems, thereby providing motivation for the development of care personnel; nursing-team building should be strengthened to comprehensively enhance care capacity; and policies and regulations should be introduced to improve relevant standards for care institutions, prompting their standardized development.

4.1 Improve Cultivation, Training, and Evaluation Systems, Open Career-Advancement Channels, and Provide Motivation for the Development of Care Personnel

First, the continuing-education system should be improved. The government should establish national or regional long-term care training centers responsible for formulating and promoting standardized nursing training courses. The courses should cover basic nursing skills, geriatric pathology, psychological support, and other aspects, ensuring that care personnel possess the necessary professional knowledge. Second, the direction of occupational development should be clarified. The occupational standard for long-term care workers should gradually be used as the direction for vocational education and training, as well as the basis for occupational-skill evaluation. A clear career-development roadmap should be formulated for care workers, with promotion pathways from junior to intermediate and senior levels, and the conditions and requirements for promotion should be clarified. At the same time, long-term care leading-talent cultivation projects should be implemented, incentive policies improved, salary and benefits increased, and the cultivated care talents retained [19].

4.2 Strengthen Nursing-Team Building and Comprehensively Enhance Care Capacity

First, a unified nursing-team structure and standards should be established. A standardized structure for nursing teams in long-term care institutions should be formulated and promoted, including the proportions and division of responsibilities of nursing personnel at different levels. Local-level staffing ratios and functional norms for nursing personnel should be established to ensure that each institution has an appropriate number and type of nursing personnel to respond to the needs of different patients. Second, personal safety protections for care workers should be strengthened. Measures to protect the personal safety of nursing personnel should be formulated and implemented to prevent violent incidents and workplace safety problems; necessary safety training and equipment should be provided; emergency response mechanisms should be established; and punishment mechanisms should be strengthened to ensure a safe working environment for nursing personnel. Third, the number of practitioners in nursing services can be expanded, and the roles of social workers and volunteers should be fully leveraged.

4.3 Introduce Policies and Regulations to Improve Relevant Standards for Care Institutions and Prompt Their Standardized Development

At the national level, unified standards for institutional care have not yet been formed, which has, to varying degrees, led to uneven service capacities among current care institutions. To promote the standardized development of care institutions, first, the management measures for designated service institutions can be clarified, and the review and admission of designated care institutions can be improved, with regulation provided in terms of application conditions, management of designated institutions, and administrative handling. Second, sound supervisory bodies and evaluation systems should be established to conduct regular inspections and assessments of long-term care institutions, ensuring that they comply with laws, regulations, and service standards. At the same time, the state should attach importance to the top-level design of long-term care service content, ensuring that care workers have standards for reference when providing specific services.

5 Conclusion

Through semi-structured interviews, this study revealed the current state of institutional home-based nursing···

Care services face multiple difficulties at the structural, process, and outcome levels: structurally, institutional development is uneven, team composition is unitary, and systems for caregiver safety and training are lacking; at the process level, unified policy standards and service specifications are absent; and at the outcome level, service content struggles to meet patients' needs for medical nursing and psychological comfort. It is recommended that the standardized development of long-term care services be promoted by improving the training and evaluation system, optimizing team building, and strengthening policy standards. Owing to conditional constraints, this study has certain limitations. First, the investigation was limited to Shijingshan District, Beijing, and therefore has geographic constraints. Second, the interviewees were concentrated in care institutions; service recipients and their family members, civil affairs departments, and other parties were not investigated, which may have led to a certain degree of one-sidedness in the results. Finally, because the number of interviewees in this study was small, the representativeness and generalizability of the study may have been affected. Therefore, future studies could expand the research scope by including care institutions from different regions; increase the diversity of interviewees, such as by interviewing service recipients and their family members; and, on this basis, expand the number of interviewees.

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Note: Figure translations are in progress. See original paper for figures.