

Workforce Issues in Residential Care Facilities in Rural China

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Wu, Bei and Caro, Francis G. (2009) Workforce Issues in Residential Care Facilities in Rural China, *Journal of Housing For the Elderly*, 23:3, 227 – 242.

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Abstract:

This study examined contemporary frontline workforce issues related to residential care for elders in rural China. Residential facilities in rural China are in transition from exclusively providing shelter to childless elders to providing long-term care for frail elders. These facilities are also under pressure to improve the quality of services that they provide. The study is based on in-depth interviews with administrators and field observations of facilities. The study focused on the following issues related to the workforce: recruitment and retention, training, work environment, workforce organization, regulations, compensation, and career ladders. The implications of resident characteristics for demands on the work force were examined. The study found that lack of skilled personnel is one of the major reasons that the overwhelming majority of facilities deny admission to frail and demented elders. Improving workers' skill is critical if these facilities are to meet the increasing demand for institutional long-term care needs.

Key Words: long-term care, China workforce, policy

Article:

INTRODUCTION

As populations age, formal care workers in residential and nursing homes are in increasingly short supply in most of the developed world (Hussein & Manthorpe, 2005; Korczyk, 2004; Stone & Wiener, 2001). Long-term care issues in developed countries, particularly in the United States, such as workforce shortage, recruitment and retention, and quality of work force have been discussed and addressed in the gerontological field. Currently, only anecdotal information on workforce issues in developing countries exists in this field. Traditionally, family support plays an even greater role in long-term care in developing countries than it does in developed countries. However, as the number of older adults in developing countries continues to increase coupled with socioeconomic development, a formal long-term care sector has started to emerge in these countries, particularly in countries like China. This study is the first attempt to examine some of the workforce issues in residential settings that serve older people in China, focusing on direct care workers in these settings. These workers—nursing assistants, personal care workers, home care aides, and personal care attendants—provide hands-on care, supervision, and emotional support to elders (Stone & Wiener, 2001).

In rural areas of China, welfare institutes have traditionally provided residential care for elders. These welfare institutes (also known as “homes for the aged”) only accept *wubao* elders. *Wubao* (which means “five guarantees” in Chinese) elders are those eligible for a government-funded welfare system called the Five Guarantee System. This support system guarantees that eligible elders (i.e., *wubao* elders) receive the five basics of life: food, clothing, housing, medical care, and burial after death. Eligibility for entry into this system requires that the individual: (1) is not able to work to fully support himself or herself, (2) has no income source, and (3) has no children or other people with a legal responsibility for support and care. Those elders who are eligible are called “Three No” (Ministry of Civil Affairs, 2004). Overall, approximately 3 million *wubao* (or “Three No”) elders live in rural China, representing approximately 3.4% of the elders aged 60 years and older (Li, 2004). Welfare facilities have provided these *wubao* elders with dormitory accommodations, meals, and basic over-the-counter medications for minor illnesses and accompany residents to hospitals when they experience a severe illness. As indicated in the previous article (Wu, Mao, & Xu, 2008), most of the elderly residents are not functionally disabled and are able to work in the field to some degree. Facilities organize staff

and healthy elderly residents to work in the field (e.g., raise pigs and plant vegetables) to subsidize the facility. These elders also earn a modest amount of pocket money. In these traditional residences, the role of staff is largely limited to meal preparation, meal service, and housekeeping. Traditionally, government support has been the single most important funding source for these welfare institutes.

In recent years, however, due to the economic reform taking place in China, the government has not fully funded welfare institutes. An increasing number of welfare institutes and homes for the aged have started to accept non-*wubao* elders to generate revenue. Many of these residents require assistance with activities of daily living. These residential facilities for older adults are increasingly becoming providers of long-term care due to the fact that they are providing residents with assistance in activities of daily living and care of chronic health problems. More skilled and semi-skilled workers are needed to meet the needs of residents who have long-term care needs. As a result, these facilities are also under pressure to improve the quality of services that they provide to meet the demand for a higher quality of workforce.

This article aims to provide an overview of the current status of the long-term care workforce and related issues in residential care facilities for elders in rural China. Many of the workforce issues that are being experienced in rural China, such as recruitment and retention, quality of workforce, and work environment are variations on concerns in the development of long-term care systems throughout the world. In what follows, we focus on these issues with respect to the future development of the long-term care workforce and policy implications.

BACKGROUND

Developing long-term care systems for the elderly has become an increasingly urgent policy issue in China, especially in rural areas. Based on the Fifth National Census in 2000, the number of Chinese elders is increasing dramatically, with the majority (65.8%) residing in rural areas. The overall rural elderly population is 90 million (China Daily, 2006). Within this aging population, the subgroup of elders aged 80 years and older, known as the “oldest old,” is the fastest growing group. The oldest old grew to approximately 11.5 million individuals in 2000 and accounted for nearly 9% of all elders aged 60 years and older (130 million) (National Bureau of Statistics of China, 2002). By 2050, China’s population aged 60 years and older is expected to swell to more than 400 million people, representing approximately 25% of the total population. By that time, roughly 99 million people in China will be among the oldest old and will constitute 22.7% of all elders in China (Zeng, Vaupel, Xiao, & Liu, 2002). This increase in the number of the oldest old will create a growing demand for long-term care. The oldest old are more likely to develop functional disabilities and will need to be taken care of at some time during their advanced age.

In China, increases in social mobility among young and middle-aged adults coupled with a growing population of the oldest old have resulted in difficulties meeting the needs of dependent older people through traditional and informal filial responsibilities through families. In addition, due to smaller families with fewer children, the availability of family members to provide care and support to elderly parents will most likely continue to decrease (Bartlett & Phillips, 1997). The current situation in China is similar to that in many developing countries; care for elders is almost solely the responsibility of family members, relatives, or other informal (unpaid) caregivers.

However, the family support system for elders is becoming a challenging issue, especially as an increasing number of young people are moving to urban areas and leaving their elders behind. Nationwide, there were more than 160 million migrants across China in 2005, and it is estimated that the cumulative number of rural migrants to cities will reach well over 200 million over the next 15 years (China Development Research Foundation, 2005). As a result, the informal “system” of caring for the old is facing a great challenge. The development of residential care for elders deserves special attention because it is a vital supplement to the informal long-term care system and it provides the last resort for individuals who need the most care but do not have appropriate care available in the community. In Wu et al., 2008, we provided a comprehensive view of the current status for the institutional care facilities for elders in rural China. Given the changing structure of institutional care, from providing a shelter to *wubao* elders to non-*wubao* frail elders, and pressure to improve

the standard of quality of care and quality of life for residents, the issues of workforce in institutional facilities have become increasingly important.

METHODS

A multi-level approach to data collection was used in this project. This study was conducted between June 2004 and January 2006 in Hubei and Shanghai, China. Hubei Province is located in an inland area of China. Its economy reflects the national average; long-term care development in this area reflects the most common and typical arrangement in China. Shanghai is located at the east coast of China and is one of the most developed areas in the country. Its long-term care system is far more developed than the rest of the rural areas in China. Based on field visits to residential care facilities in these two areas, which vary greatly in regards to their local economies, this study will provide an overview of the available workforce in these areas, illustrate the variation of workforce arrangement across regions, and discuss the impact of the local economy on the workforce in residential care facilities in rural China.

The data collection included the following information. (1) An examination of available policy documents and literature. (2) Interviews with policy makers and governmental officials. The research team met with 15 officials from the health departments and civil affairs bureaus at national, provincial, and local levels. These are the main government agencies responsible for the planning, provision and oversight of long-term care and related facilities operating in China at national and local levels. (3) Interviews with 12 scholars and experts who have conducted relevant research or are familiar with long-term care system in rural China. (4) Field visits to 12 government-sponsored homes for the aged and welfare institutes in Hubei Province and Shanghai. Although privately owned long-term care facilities have started to emerge, these types of facilities are not common in rural areas, particularly in inland areas, which is why they were not included as part of this study. Semi-structured, in-depth interviews were conducted with 12 administrators, 12 workers, and 30 elderly residents (21 *wubao* elders and 9 non-*wubao* elders randomly selected from all sites) during these visits. The site visits also permitted observation of the environment and the interaction between residents and staff.

The interviews covered a wide range of topics related to long-term care. In this article, we report on the workforce issues that were covered in the interviews. Governmental officials and scholars were interviewed about the workforce issues in residential care facilities (e.g., regulations and standards and funding) and the future development of this workforce. Administrators were asked to provide information about (1) the demographic characteristics of the resident, (2) eligibility criteria for admission, (3) regulation and standards for the workforce (including training), and (4) sources, financial compensation, recruitment, and retention of the workforce. Frontline workers were asked about job satisfaction, work environment, and regulations. Resident interviews focused on their interaction with workers and the living environment.

FINDINGS

Demographic Characteristics of Elders in Institutions

Few studies have been conducted among institutionalized elders in China. Generally speaking, in comparison to community-dwelling elders, these elders who live in institutions are more likely to be older, males, and were either never married or widowed. However, the educational level of these elders can be similar to their community-dwelling counterparts. Overall, institutionalized elders are older and in poorer health (Mao & Li, 2006). In 2005, researchers at the Wuhan University School of Public Health conducted a survey among institutional elders in Hubei. The survey included 543 elders from 19 government-sponsored welfare institutes in six rural counties of Hubei. The descriptive analysis of the survey suggests that more men (70%) than women (30%) reside in welfare institutes. Age distribution of the institutionalized elders varied across different age groups, with 22% of them at age 80 years and above. The overwhelming majority of respondents (79%) had educational levels considered to be illiterate or semi-illiterate. In terms of marital status, 31% were married. Based on the survey results, many institutionalized elders did not have chronic conditions and approximately 50% of the respondents reported no chronic conditions. Approximately 38% reported having specific chronic conditions. Another 5% reported having chronic conditions, but did not know the names of the conditions. In

addition, 8% thought they had a chronic condition, but had never gone to see a physician for a diagnosis. Fifteen percent of the respondents had some levels of activities of daily living limitations (Mao et al., 2005). Although no relevant statistics were found in Shanghai rural areas, these reported figures are lower than those found from some urban studies. Based on the survey conducted by the Shanghai Civil Affairs Bureau in 1999, among 4,000 residents surveyed, 48% were semi-dependent or dependent with respect to ADL (Gui, 2001). One study conducted among elderly residents in institutional care facilities in Tianjing City—among the 265 surveyed, 31% reported that they need assistance with activities of daily living (Guan, Zhan, & Liu, 2007).

In this study, we found that more elders with functional disabilities lived in residential care facilities in Shanghai than in Hubei. Only a few elders with some level of functional dependency lived in township residential care facilities in Hubei Province (Table 1). Overall, a higher percentage of non-*wubao* residents have functional disabilities than *wubao* residents because needing assistance with activities of daily living is a main reason that non-*wubao* residents are admitted to residential care facilities. On the other hand, the government has been advocating for *wubao* elders to be admitted to residential care facilities despite their functional limitations (Wu et al., 2008).

TABLE 1 Summary of the Institutes Visited

Institute	Wubao vs. Other Elders	Occupancy	No. of Staff	No. of Dependent Elders
Hubei Rural Area				
Sun He Township Welfare Institute for Elders	78 vs. 0	80%	6 (1 administrator and 5 workers)	6
Zhong Yi Township Welfare Institute for Elders	35 vs. 0	85%	3 (1 administrator and 2 workers)	2
Hong Shan Residential Facility for Elders	14 vs. 40	95%	8 (2 administrators and 6 workers)	10
Yang Ping Township Welfare Institute	47 vs. 0	100%	5 (1 administrator and 4 workers)	8
Jiu Xian Township Welfare Institute	72 vs. 0	100%	5 (1 administrator, 2 cooks, 1 health care staff, and 1 is in charge of products)	2
Yu Xi Welfare Institute	45 vs. 0	50%	3 (1 administrator, and 2 workers).	2
Shanghai Rural Area				
Shanghai Song Jiang Social Welfare Institute ¹	0 vs. 223	98%	110 (20 administrators and 90 workers, including 18 clinicians)	56
Shanghai No. 4 Social Welfare Institute ¹	0 vs. 330	100%	140 (40 staff, 100 workers, including 12 clinicians and nurses)	89
Shanghai She Shan Township Home for the Aged	60 vs. 70	52%	30 (10 administrators and 20 workers)	0
Chong Ming Xing He Township Home for the Aged	23 vs. 153	100%	38 (13 administrators and 25 workers)	23
Chong Ming Xing Ming Township Home for the Aged	24 vs. 52	90%	21 (13 administrators and 8 workers)	6
Chong Ming Cheng Qiao Township Home for the Aged	16 vs. 104	95%	26 (10 administrators and 16 workers)	15

¹Although located in a rural area, most residents are from urban areas.

Residential care facilities have still been viewed as a place for *wubao* elders in rural China. Traditionally, admission to these types of facilities brought shame for elders and their adult children. To a large extent, this

view is still held true in underdeveloped inland areas. However, based on our survey findings, people are becoming more accepting of nursing home admissions in more economically developed areas such as Shanghai (Wu & Mao, 2005). In this study, we have provided more evidence to support our previous survey findings. In Hubei Province, with the exception of Hong San, near the capital city of Wuhan, there was not a single welfare institute housing non-*wubao* elderly residents (Table 1). To the contrary, the majority of residents in welfare residences in Shanghai's rural areas are non-*wubao* elders.

Through interviews with administrators, we learned that not all elders can be admitted to a residential care facility. The three most common exclusion criteria are infectious disease, mental illness (including dementia), and functional dependency (semi-bedridden or bedridden). For non-*wubao* elders, before admission to the institute, each one has to complete an application related to his or her status and sign a contract. The contract indicates that these elders will be discharged from the institute if they develop any of these conditions. When we asked administrators why they exclude dementia patients since it is such a common disease among elders, they responded that a major reason is that they do not have a sufficiently skilled workforce to care for them. A recent report indicated that a majority of the facilities that provide residential services in Beijing do not accept functionally dependent elders (Yi, 2005). A lack of qualified personnel to care for these people and a lack of space in facilities to house them are two major reasons for this policy. Our study found similar results. She Shan is a recently developed wealthy town located in Song Jiang County, Shanghai. Shanghai She Shan Township Home for the Aged is a recently renovated facility that the first author visited. She was told that no single resident was bedridden in the facility because they do not admit any non-*wubao* elders who are semi-dependent or dependent. The administrators are worried that they do not have the personnel and facility to care for them. In general, the percentage of dependent residents who are bedridden or semi-bedridden is usually low (less than 10%) in those facilities that do accept them.

Although these facilities are supported by government funding, each facility is expected to be self-sufficient and receives limited government funding. Administrators at all sites emphasized that limiting admission to *wubao* elders would severely limit local budgets because the civil affairs bureau only provides limited funding for each of the *wubao* elders who is admitted. Therefore, attracting non-*wubao* elders is a way to generate greater revenue. These non-*wubao* elders have to pay an admission fee that is much higher than the fee for *wubao* elders.

In the past decade, privately operated care facilities have developed in some rural areas. In 2004, among the 224 total elder care facilities in rural areas or formerly designated rural areas near Shanghai, 42% were non-government sponsored. These privately operated organizations rely almost exclusively on admission fees from residents, but they are not required to accept or to subsidize *wubao* elders.

Regulations and Standards for the Workforce

As indicated by the scholars and some government officials in the study, regulations and standards for the workforce in institutional care settings are vague and loosely defined in China. In 2001, the Ministry of Civil Affairs published "Basic Regulations for Social Service Organizations for Elders," one of the first in the field (Ministry of Civil Affairs, 2001). Only three requirements related to the workforce: (1) if it is possible, in rural areas, administrators at residential facilities should have a college degree and have some basic knowledge and professional skills; (2) if it is possible, in rural areas, residential facilities need to have one individual with a college degree in social work, and a professional therapist; and (3) professionals should have professional certificate, or professional training. There are no operationalized requirements for the quality of workforce training, the supervision of care delivery, or the ratio of staff to residents.

Through interviews with government officials we learned that the ratio between the number of staff and elderly residents varies from 1:4 to 1:15 across residences. This is consistent with our findings from the field trips. No strong regulations have been imposed on each institute. The number of staff hired depends on the financial status of the institute and the number of dependent residents. In general, the residential care facilities in Hubei areas are smaller than the ones in Shanghai and have fewer residents. In the small facilities (with fewer than 50

residents) that were visited, the typical structure of the staffing is one administrator and two or three workers, most often as one cook and one to two direct care workers who are engaged in housekeeping and hands-on care, such as assistance with dressing and transfer. In these facilities, administrators are also involved in direct care. Later in 2001, the Shanghai Civil Affairs Bureau published “City Basic Regulations for Social Service Organizations for Elders.” In this document, the bureau added requirements for staff/resident ratios. Depending on the residents’ levels of dependency, the ratio should vary from 1:2.5 to 1:10. Residences in Shanghai have been trying to follow these rules in terms of staff ratio.

Interviews with administrators revealed that they have a great deal of discretion in hiring personnel, setting up admission criteria, and managing the facility. The most important responsibility of an administrator is to make sure the facility is financially sound. When administrators in inland areas were asked what type of regulations existed for their frontline workers, some answered that they required their workers to make sure that their residents have decent food to eat, warm clothes to wear, and no complaints, and that their living environment and cafeteria looks clean. In Shanghai rural areas, in addition to these conditions, administrators also required their workers to be cautious about residents’ safety concerns. The supervision is minimal and no standard evaluations are conducted, particularly in inland areas. The administrator provides a brief annual report to the civil affairs office at township or county level at the end of fiscal year. They also report to village and township committees on an ad hoc basis, when they have a special need for additional funding.

Interviews with workers suggest that they do not have a strong understanding of regulations. However, workers in inland areas are aware of their job responsibilities. During the interview, one worker said, “I know what I need to do every day. I take care of them like caring for my own parents.” Another worker responded, “I know if I don’t do a good job, I will get a bad reputation in the village, and I will be looked down upon.”

Work Environment

In inland areas, frontline workers are recruited from local areas. Thus, the workers and residents are most likely from the same village or community. The workers interviewed in Hubei indicated that they feel personally connected and find the work rewarding. Many workers interact with residents frequently and chat casually. They see each other as neighbors or friends. The elderly residents felt the same way. In contrast, in Shanghai rural areas, many young workers are migrants from other rural areas. The vast majority of local elderly residents in Shanghai speak Shanghai dialect. Residents and migrant workers most likely speak different dialects, have different cultural backgrounds, and do not have personal connections. For example, in Shanghai, some non-*wubao* elderly residents pointed out that the environment in the facility was good and the workers were diligent. However, no migrant workers spoke Shanghai dialect and many workers spoke Mandarin (the official language) with heavy accents. Thus, they were not able to communicate with each other well and the interaction was minimal.

Training

Many frontline workers were semi-illiterate or only had primary school educations. At the administration level, the Ministry of Civil Affairs requires that an administrator from each institute should have at least a college level degree (Ministry of Civil Affairs, 2004). In reality, many institutes cannot reach this requirement. Among the institutes visited, most of the administrators (70%) only had junior high school degrees. During the June 2004 interview with Mr. Liu, the director of the Office of Welfare, Hubei Provincial Civil Affairs Bureau, he said that they were making an effort to train workers to do a better job in welfare institutes. The provincial bureau develops its own training materials (e.g., instructional videos and manuals), which were widely distributed. Occasionally, the provincial bureau also offers one- to two-day workshops to train administrators. Most training falls into the county level civil affairs bureaus. The content of the training is focused primarily on regulations. The site visits in Hubei revealed that few staff members had received any training. Only a few staff at the Hong Shan Residential Facility for Elders (in an area near the capital of the province) had limited training. In Shanghai, all the sites the first author visited reported that some staff had received some training and working certificates from the Shanghai Civil Affairs Bureau. The county level welfare institute (i.e., the Song Jiang Welfare Institute) trains the staff at township homes for the aged. The Song Jiang Welfare Institute sends

their staff to Shanghai Civil Affairs Bureau Training Center for the training. The content of training, which lasts approximately 1 day, may involve basic skills, safety, and ethics. Residents' safety was the issue that most concerned the administrators. Specifically, most administrators voiced the need for their staff to receive proper safety training. Many administrators, especially those in the Hubei area, did not perceive the need for training on any other topics. However, the staff's lack of training could have an impact on residents' quality of care, which some experts believe it is a critical issue in the long-term care field. As these experts pointed out, the issues of workers' neglect or abuse causing residents' injury and accidents have increasingly become a concern. Recently, there are more lawsuits involving the quality of care in nursing homes, most concerning the lack of training for frontline workers.

Compensation

Most of the findings in this section came from the interviews with government officials in Shanghai and Hubei and administrators in each of the 12 residential care facilities. The salary for staff and frontline workers in Hubei, a part of the inland areas, is much lower than those in Shanghai, which is a developed area on the East Coast. In Hubei, the frontline workers' monthly salary ranges from 250 to 300 renminbi (RMB, Chinese currency) (one U.S. dollar was equivalent to 7.8 RMB in 2005), with room and board provided. For administrators and other staff, the salary ranges from 300 to 500 RMB. The salary is equivalent to or higher than local and national averages in rural areas. In 2005, the national average for rural residents was 3,255 RMB per year (National Bureau of Statistics of China, 2005). Based on a large, provincial-wide survey in 2003, the average annual income for rural residents was 2,326 RMB in Hubei (Mao & Wu, 2007). Except for some administrators, workers in residential care facilities do not have any benefits (i.e., pension and medical insurance). In rural Shanghai, the monthly salary for frontline workers ranges from 300 to 700 RMB based on the care tasks they perform. For those who care for bedridden elders, their salary can be much higher than other workers. Overall, the salary for workers in these residential care facilities is lower than the average income of rural residents in Shanghai: 8,342 RMB annually in 2005 (Shanghai Bureau of Statistics, 2006). The salary for administrators and workers also varies greatly. Based on their professional degree, position, and years of services and the financial status of the institute, the monthly salary can range from 700 to 2,000 RMB.

In Hubei, there are no benefits (i.e., pension and health insurance) for workers. Instead, workers must purchase their own "new collective medical insurance." Some workers live in the facility, with room and board covered. In Shanghai rural areas, depending on the local community's economy and the nature of the facilities (i.e., state vs. local township sponsored), some workers have health insurance and pension fund accounts and some do not.

Recruitment and Retention of Workforce

In Hubei, workers are recruited from local farmers through word of mouth. In Shanghai rural areas, several other methods are also used in addition to word of mouth. Facility representatives post ads on community bulletin boards and recruit people through community services centers, which are located in each township in Shanghai. One function of the center is to provide employment services for local residents and migrant workers.

No government officials, experts, and administrators interviewed in Hubei were concerned about the issue of recruitment and retention of the workforce because job opportunities in the rural areas are limited. This group of workers are stable because the amount they get paid is at least equivalent to the average income of local farmers. Administrators also indicated that workers did not feel like they were being looked down on and that the intensity of labor was lower than that of farmers working in the field. However, some experts and administrators interviewed in Shanghai indicated that recruitment and retention is becoming increasingly challenging. Although the potential labor force is still available, several administrators mentioned that their frontline workforce is "aging." Many young people have left the area and work in the city. In addition, large companies in Shanghai have expanded their business and built factories in nearby rural areas and local small-scale enterprises are also booming. These factories have attracted young people into the sector. Most of these companies do not accept workers older than those in their 40s. Therefore, facilities were having difficulty recruiting young people and almost all the workers were in their 40s or 50s, with some in their 60s. Young people consider this type of work to be labor intensive, unenjoyable, and low paying compared to work in other

industries or in the cities that provides relatively high pay. It is also more difficult to recruit young skilled nursing staff. Turnover among nursing staff is high in part because nurses get paid more in hospitals and clinics. Administrators in two facilities in Shanghai reported vacancies for nursing staff. These two facilities have relatively high proportions of residents with functional limitations.

As those government officials and facility administrators pointed out, seniority and experience are highly valued in the field. Frontline workers have the potential to be promoted to the administrator level, especially in the Hubei area. The administrator at Yu Xi Welfare Institute had worked there for more than 15 years. She started as a frontline worker and was promoted to an administrator after the former administrator retired several years ago. Most administrators interviewed in Hubei were in their 40s and 50s, with many of them starting their career as direct care workers, and had worked in the same institute or same field for more than 10 years. A similar case was found in one facility in Shanghai. The director of the Shanghai Song Jiang Social Welfare Institute was a nurse when she started her job at the institute 17 years previously and was promoted to be the director after she worked in the institute for 14 years.

DISCUSSION AND POLICY IMPLICATIONS

China is a large country and its economic development, along with its long-term care arrangement, varies a great deal across regions. To obtain an accurate understanding of the long-term care workforce arrangements in China, it is necessary to examine these issues in different regions. This study is an initial attempt to achieve this goal and suggests that there is vast regional variation in issues related to the long-term care workforce.

Consistent with studies conducted in the United States that have identified the status of the local economy as a major predictor of recruitment and retention in nursing homes and home care (Banaszak-Holl & Hines, 1996; Crown, Ahlburg, & MacAdam, 1995), this study found that workforce issues are related to the local economy. In inland areas, such as Hubei, there are limited jobs available and the compensation is comparable to that of farmers in rural areas. It is not difficult for administrators to recruit frontline workers, and the workforce is stable. Conversely, in developed rural areas, such as Shanghai, with its booming economy, more job opportunities are available and competition for skilled workers is intensified. This makes recruitment of young and local workers and the retention of existing staff more difficult. In more economically developed areas, migrants are the main source of frontline workers in the long-term care field. As more migrant workers move from underdeveloped areas to more wealthy areas, leaving their elders behind, a challenge develops in deciding who will take care of future elders in those areas, both from informal and formal care perspectives. On the other hand, as China's economy in rural areas advances, the recruitment and retention of long-term care workers may become more challenging.

The study found that a lack of skilled personnel is one of the major reasons that the overwhelming majority of facilities deny admission to frail and demented elders. Improving worker skills is critical if these facilities are to meet the increasing demand for institutional long-term care. As facilities change from homes for the aged to nursing homes, more regulations requiring workforce training are needed. The Chinese government has begun to realize that there is a great demand for frontline workers in the long-term care field and is aware of the importance of training frontline workers. Consequently, the Civil Affairs Bureau has required workers to be trained in the field and has started conducting training programs in rural areas. However, in the current study, some government officials did not perceive formal staff training as a priority. A few government officials suggested that one major step to improving the quality of the workforce is to increase the funding in the field. If the government could increase the funding, facilities could recruit higher quality administrators and staff. Experts interviewed were aware that current training programs are short-term and do not cover many basic care giving skills. Consequently, the administrators favored the introduction of training programs covering a broader range of skills and adapted for various levels of the frontline workforce.

In our view, it is essential for frontline workers to receive adequate, content-based training to ensure the quality of care for elders as China gradually develops its long-term care system. However, training should be linked to the resident profile. The care needs of residents of institutions will affect the staff training that is needed. The staff will require greater training to care for residents who are more disabled or have more illnesses. In this

study, the resident profiles in developed areas were different from profiles in less developed areas. The requirements for workforce skills could also vary. Currently in developed areas, more focus may need to be on training nursing aides. In the meantime, given the large percentage of frontline workers who are migrants, language skills are needed for these workers to have better communication with residents. In both developed and under-developed areas, two general skills are needed for frontline long-term care workers: communication skills and observation skills (Kane, 2002). Both of these skills need to be tailored to the residents and conditions being served. Even if residents are still relatively healthy, workers need to be able to monitor the changes in residents' health status, particularly changes in chronic conditions. In addition, other particularly challenging issues involve communicating with people who may have hearing, speech, and cognitive impairments. Training is also important to help workers show respect to residents, form better relationships with them, and be more positive in their daily interactions.

Our study illustrates that workers who receive lower pay and benefits may not necessarily feel less satisfaction with their jobs. In addition, less developed facilities with smaller budgets may not provide poorer quality of care overall. Our findings suggest that inland facilities were smaller in scale, had fewer financial resources, and provided their workers with lower pay and benefits; however, workers had more opportunities to get promoted within their facility and found their jobs to be more rewarding. Workers in smaller facilities in inland areas were also more likely to have better communication with residents compared to those in developed areas, where residents and staff are typically strangers; inland facilities are community-oriented and staff members are friendly with residents. As some experts suggested while a formal long-term care system is emerging in China, special effort could be devoted to developing community-oriented long-term care facilities by recruiting workers from local villages while improving the quality of work-force in these facilities. This approach could be particularly valuable in rural areas. Additional effort could also be made to recruit part-time workers locally while they can work in both long-term care facilities and as farmers in the field.

For this study, we used China as a case study to stimulate more discussion and draw attention to emerging long-term care systems and issues in China. These discussions may also aid in the development of long-term care in other developing countries because they are probably facing similar issues. We are aware that it is important to understand long-term care work-force issues in other developing Asian countries as well, given many of the shared cultural values in this part of the world. However, within the limited literature on long-term care in these countries, most researchers discuss the need for long-term care, long-term care systems, and financing of long-term care. Little literature exists with respect to issues related to the long-term care workforce. Because the current study is based largely on interviews conducted by the first author with an opportunity sample of administrators and residents, our findings are tentative and should be interpreted with caution. It should also be noted that long-term care systems in China are in transition; many of the issues we discussed in this study may change in the near future. Further, Shanghai and Hubei were chosen to illustrate issues related the long-term care workforce in rural China. Although these issues reflect the situation in many rural areas, they should not be considered to be representative of all areas in China.

REFERENCES

- Banaszak-Holl, J., & Hines, M. A. (1996). Factors associated with nursing home staff turnover. *The Gerontologist*, 36, 512–517.
- Bartlett, H., & Phillips, D. R. (1997). Ageing and aged care in the People's Republic of China: National and local issues and perspectives. *Health & Place*, 3, 149– 159.
- China Daily. (2006, December 3). *Poor rural elderly deserve attention*. Retrieved December 4, 2007, from <http://www.globalaging.org/ruralaging/world/2006/chinese.htm>.
- China Development Research Foundation. (2005). *China human development report 2005*. Retrieved December 4, 2007, from [http://www.undp.org.cn/downloads/nhdr2005/NHDR2005 complete.pdf](http://www.undp.org.cn/downloads/nhdr2005/NHDR2005%20complete.pdf).
- Crown, W. H., Ahlburg, D. A., & MacAdam, M. (1995). The demographic, employment characteristics of home care aide, and other workers. *The Gerontologist*, 35,162–170.

- Guan, X., Zhan, H. J., & Liu, G. Y. (2007). Institutional and individual autonomy: Investigating predictors of attitudes toward institutional care in China. *International Journal of Aging and Human Development*, 64, 83–107.
- Gui, S. X. (2001). A rational adjustment to the functional structure of aged support agencies. *Journal of East China Normal University (Philosophy and Social Sciences)*, 33, 97–101.
- Hussein, S., & Manthorpe, J. (2005). An international review of the long-term care workforce: Policies and shortages. *Journal of Aging & Social Policy*, 17, 75–94.
- Kane, R. A. (2002). Human resources for long-term care: Lessons from the United States experiences. In J. Brodsky, J. Habib, & M. Hirschfeld (Eds.), *Key policy issues in long-term care* (pp. 193–224). Geneva: World Health Organization.
- Korczyk, S. (2004). *Long-term workers in five countries: Issues and options*. Washington, DC: AARP Public Policy Institute.
- Mao, Z. F., & Li, B. (2006). *Survey on health status of Wubao elders in rural welfare institutes in Hubei: A report to Hubei Civil Affairs Bureau [article in Chinese]*. Wuhan University, School of Public Health. Unpublished.
- Mao, Z. F., & Wu, B. (2007). Cohort differences in health behaviors among urban and rural residents in China. *Public Health*, 121, 761–764.
- Ministry of Civil Affairs. (2001). *Basic Regulations for Social Service Organizations for Elders*. Retrieved July 16, 2009, from <http://www.shmzj.gov.cn/gb/shmzj/node8/node15/node55/node230/node278/userobjectlai7933.html>.
- Ministry of Civil Affairs. (2004). *Regulations for social welfare institutes for elders: Professional standards for the People's Republic of China*. Retrieved January 20, 2006, from http://www.mca.gov.cn/artical/content/WJYL_SHFL/2004817110502.html.
- National Bureau of Statistics of China. (2002). *Life Expectancy and Elders' Social Security*. Retrieved January 14, 2006, from <http://www.stats.gov.cn/tjfx/ztfx/zgsnrjzs/200206280067.htm>.
- National Bureau of Statistics of China. (2005). *People's Republic of China 2005 National Economic and Social Development Statistical Bulletin*. Retrieved November 12, 2006, from <http://www.stats.gov.cn/tjgb/ndtjgb/qgndtjgb/t20060227402307796.htm>.
- Shanghai Bureau of Statistics. (2006). *Annual Increase of Income among Rural Residents in Shanghai*. Retrieved December 18, 2007 from <http://www.bjnw.gov.cn/jqdt/wbdt/nccyfz/200612/t2006121164469.html>.
- Stone, R., & Wiener, J. (2001). *Who will care for us? Addressing the long-term care workforce crisis*. Washington, DC: The Urban Institute and the American Association of Homes and Services for the Aging.
- Wu, B., & Mao, Z. F. (2005). *Preferences of community-based long-term care (CBLTC) options among Chinese rural elders*. Paper presented at The 58th Gerontological Society of America Annual Meeting, November 21, 2005, Orlando, Florida.
- Wu, B., Mao, Z. F., & Xu, Q. (2008). Institutional care for elders in rural China. *Journal of Aging and Social Policy*, 20, 218–239.
- Yi, M. (2005). *Suggestions on reforming elder care facilities in Beijing [article in Chinese]*. Beijing: Beijing Committee on Aging.
- Zeng, Y., Vaupel, J. W., Xiao, Z. Y., & Liu, Y. Z. (2002). Sociodemographic and health profiles of the oldest old in China. *Population and Development Review*, 28, 251–273.