

Comparison of the Home Care System for the Elderly in Japan and Korea: Towards an Advanced Home Care System

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The purpose of this study is to provide the directions for the further development of the home care services in Korea, through comparison of the home care system and visiting nursing activities for the elderly in Japan and with those of Korea.

The results of this study were summarised as follows:

The major difference between the two countries was that Japan emphasised the development of home services by visiting nurse service stations (VNSS), especially in the community. In contrast, Korea has emphasised providing hospital based home care services and assuring the quality of services through the preparation of home care nurses before beginning services. And many elderly in Korea have used a public health center when they have health problems.

According to the result, the establishment of a VNSS system and activation of a public health center in the community must be considered as the direction to advance home care systems for the elderly.

Key Words: Home care; Elderly; Korea; Japan

INTRODUCTION

The number of elders in the population is increasing all over the world; it first occurred in Europe, and now also has become a reality in Asia. Coping with ageing and changing the social system appropriately is one of the big issues in the world today.

Japan and Korea are both Asian countries located in the far-eastern part of Asia. Both confronted the ageing of their societies earlier than other Asian countries. The percentage of elderly people in 1999 in Japan was 16.7 percent the largest among Asian countries (JHWSA, 1999a). In Korea, it was seven percent in 2000 (KNSO, 2000), a point had reached by Japan in 1970. Korea is projected to be an 'Aged Society' by 2022 (KNSO, 1997).

This rapid change has made the importance of moving

toward a home care system (HCS) for the elderly more pressing and has triggered the need for changes to make the health care system more available and more convenient in both countries.

The most prominent change of the care environment in Japan is that the "Home" has been accredited as a field in 1994, and home visit service is now covered by health insurance. In Korea, home care has been provided from 1990 at the public level guaranteeing health care to the elderly at home. And it also "home" has been accredited as a field in April 2000 (Medical law, 2000).

However, there are differences between the systems for home care services in the two countries. Though home visiting nursing was started at the hospital level, it has been expanded to the community level in Japan, while Korea has advocated home care at the hospital level as a problem solving strategy. These differences reflect differences in the social, cultural and demographic char-

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acteristics of each country but there is still a need to find the directions to provide home care services.

This report is aimed to provide the directions for the further development of the home care services in Korea, through comparison of the home care system and visiting nursing activities to the elderly in Japan and Korea.

METHODS

To compare the differences and similarities in each country, a review was done of official materials such as Health and Welfare Statistics, the Health and Welfare White Paper, Social Indicators, and literature on community health nursing related to the care of the elderly and to welfare services. For clarity, pertinent information is tabulated and includes; health care policy and social welfare facilities for the elderly.

RESULTS

1. General Characteristics

The average life expectancy in Japan is higher than any other country in the world (KNSO, 2000). The life expectancy in Korea is also becoming longer, it was 71 years for men and 78.6 years for women in 1998 (KHWWP, 2000). Although Japanese live longer than Koreans, the differences have narrowed over the past 20 years, from 10 years in 1985 to 4 years in 1998.

The number of elderly living with one of their children decreased from 79 percent in 1980 to 54.4 percent in 1995 in Japan (JHWSA, 1997), but it is still a large proportion. It was 58.3 percent in Korea in 1998 (KIHASA, 1998). The average number of people per household has decreased to 2.79 in Japan and 3.22 in Korea in 2000. From these phenomena, it is possible to conclude that it will be difficult to provide good care for the well elderly if only family members provide care.

Next, many elderly have a chronic disease for which they need help. In Korea, 86.7 percent of the elderly have chronic degenerative diseases and 34 percent have difficulty in Activities of Daily Living (ADL) (KHWWP 2000). The proportion of people with dementia has increased in both countries, to 7.2 percent in Japan, and 8.3 percent in Korea (JHWSA 1999 a; KHWWP 2000). While the most common causes of death at age 65 years and over in both countries are malignant diseases, cerebrovascular diseases (CVA), and heart diseases (JMHWS, 2000 b; KNSO 2000), CVA also frequently causes se-

vere disability to patients who then need care for ADL.

2. Health Care Law for the Elderly and Development of a Visiting Nursing System

To improve the level of welfare for the elderly in Japan, the Welfare Law for the Aged was created in 1963, in which the roles of home-helper, nursing home and special nursing home were addressed. But the number of elderly who occupied hospital beds increased rapidly. People over age 65 occupied 46 percent of all hospital beds and had a 50-day average length of stay (Ikegami & Campbell, 1995). This rose to 63.5 percent in 1996 (JHWSA, 1999a). The reason for the increase was that elders and their families preferred hospitals to welfare institutions. This is the so-called social hospitalization of the elderly (Tatara, et al. 1993) and it increased the cost of health care for the elderly.

In order to reduce social hospitalization, the Japanese government developed measures for both institutional care and home care on both the welfare side and the health care side. On the health care side, the Health and Medical Service Law for the Aged (HMSLA) enacted in 1983, enabled visiting nursing services from hospitals to be paid through the insurance system. Through a revision of the HMSLA in 1992, the Visiting Nurse Service Station (VNSS) was established in 1992 as a new resource in the community. The VNSS made it possible for nurses to become heads of health care organizations, a truly innovative act for nursing in Japan (Murashima, et al. 1998 a).

To promote health and welfare services for the elderly, the Japanese government started the Gold Plan in 1990 (It was named as Gold Plan to mean Ten-year Strategy on Promotion of Health and Welfare Services for the Elderly. It set goals to increase both institutional care and home care services). The Gold Plan was revised in 1994 as the New Gold Plan (JMHWS, 2000b), to establish the VNSS as one of the essential agencies in the community. Recently, a group home for demented elders was formally introduced under the Gold Plan 21.

In Korea, the Welfare Law for Elderly was enacted in 1981, and the law to provide home care was enacted in 1990. At that time the government emphasized hospital-based home care and over the past 7 years hospital based home care projects have been developed in 44 hospitals (KIHASA, 1997a). This has now been extended to hospitals nation wide under the Home Care Law (Medical Law, 2000). The law included details on home

care services, home care nurse qualifications, definitions of service user, service process and prescription, personnel for home care, and documentation. Through the law home care can be reimbursed through the government insurance program (Table 1).

3. Home Care Service and Visiting Nursing Service

In comparison to 1970, care of elderly with chronic diseases or disabilities has become a big problem in modern Japan and will become a problem in Korea in the near future. The background demographics show that the present informal service is no longer adequate and formal services must be considered in both countries.

Generally the home care system includes visiting nursing services. Home care can be classified as 'hospital based home care' and 'community based home care'.

The major difference between home care services and visiting nursing services is that home care is provided to patients who have been discharged from the hospital and contains a major medical component. Visiting nursing provides rehabilitative and preventive care to people with chronic diseases or disabilities in the community.

In Japan, there are hospital based home care services and community based home care services. Hospital based home care services are aimed to shorten the hospital stay period and community based home care services are intended to care people with chronic diseases at three level of agencies, that is, ward(Ku in Korea), health center and VNSS.

In Korea, community based home care services can be provided only at the health center. There are no VNSS in the community in Korea. In the strict sense, hospital based visiting nursing service can be said as home care

Table 1. History of Health Policy in Japan and Korea

Japan	Korea
1937 Public Health Center Law	
1947 PHC Law amended	1951 Medical Service Law
	1956 Public Health Center Law
	1976 Revised Medical Law
	1977 Medical Insurance
1982 The Health Service for the Aged Law	1981 Welfare Law for the aged
1983 Health and Medical Service Law	1989 Medical Insurance for all
1990 The Gold Plan	1991 Home care nurse system
	1993 Revised Welfare Law for the elderly
1994 The New Gold Plan Community Health Law	
	1995 Health Promotion Law Public Health Center Law to Community Health Law
1997 Long-Term Care Insurance Law	1997 Revised the Welfare Law for the Elderly
2000 Establishment of LTC Insurance Gold Plan 21	2000 Law for Home Care

Table 2. Number of Social Welfare Facilities for the Elderly in 1998 in Japan and Korea

Facility	Japan*(population 126,486,000)	Korea**(population 47,300,000)
Geriatric Hospital	1,701(17.9%)	9(1.5%)
Geriatric Intermittent Facilities	2,368 [®]	
Health Center	847	269
Municipal	1,212	2,045
Welfare Service Center	2,190	238
Community Welfare Center		109
Day Service Center	3,261	10
Short Stay Facilities	11	10
Special Nursing Home	4,214 [®]	53
Home for the Aged (100,000person)	947	200
Visit Nursing Service Stations	4,354	44

* JMW, Annual report of social welfare in Japan, 2000

**KMOHW, Health and Welfare White Paper in Korea, Dec 1998

[®] JHWSA, Annual report of social welfare in Japan, 1999b

Hospital based home visiting facility

in both countries (Table 2).

Among home care services facilities in Japan, the VNSS has some important characteristics that deserve note. First, visiting nursing services were provided for the elderly from the beginning and then enlarged to include all people. Second, nurses can become managers of a VNSS. Third, the nurses have networks in the VNSS and a 24-hour support system (JHWSA, 2000). Fourth, there is a wide variety in the agencies establishing VNSS, for example: local public organizations, local medical institutions, social welfare corporations, insurance corporations, nurses associations, and doctors associations. They can establish and govern VNSS as they are authorized by the Prefectural governor and meet the legal requirements (Japan International Social Security Association, 2000). These four remarkable characteristics are something to which other countries can refer.

In Korea there are 41 hospitals and 3 general clinics providing home care nursing. The cost of home care is covered by clients and by medical insurance (20:80). At the community level, the health center provides home care free of charge. The independent type of home care agency is rare there only being one, the Home Care Nursing Station in the College of Nursing, Seoul National University, which is under a research project (KIHASA, 1997a, 1997b; Yun, 1998). This agency was established as only a model project. In reality, there are no restrictions on the establishment of hospital based home care within the definitions given in the law, though proprietary home care agencies have not yet been sanctioned (Table 3).

In Japan today, it is not difficult to get home care service including visiting nurse service, home-help services,

respite care, and day care. There are five thousands of home care service agency in Japan. Most Japanese recognize and use home care without reluctance, not only for poor people, but also for middle class people (JHWSA, 2000).

In Korea, the national focus has been on hospital based home care and the number of hospitals with a home care service has been limited. Therefore, receiving home care services is still difficult for both the general population and the elderly.

4. Qualifications for Home Care Nurses and for Visiting Nurses

In Japan, home visiting nurse service has been growing very rapidly and the number of nurses who work in home care settings is larger than that in public health settings. The system of VNSS was established in 1992 through a revision of the HWSLA and the number of VNSS has increased rapidly from 516 in 1994 to 4,470 in March 2000 (JNS, 2000). The number of visiting nurses in 1998 was 12,289 (Notes. The data of nurses working at VNSS are from Report on Public Health Administration 1998 : JMHWS, 2000a).

In Korea, home care nurses (HCNs) and visiting nurses (VNs) are working at different settings. Most HCNs work in hospital based home care settings while VNs work in the health centers.

However, for an efficient system, the quality of the home care nurse is very important. In this aspect, the two nations have developed in different ways. Japan has focused the actual home care nursing services, and VNs created the Japan Visiting Nursing Foundation (JVNF) in 1992. Because Japan has not formal curriculum to be

Table 3. Home Care System in Japan and Korea

		Japan*		Korea**	
		Presence	Subject	Presence	Subject
Hospital		Present	Discharged For medical care	Present	Discharged
	Ward	Present	65 years old and over for prevention bed ridden	None	-
Community	Health Center	Present	65 years below for incurable disease & mental problem	Present	Low income & all ages for ADL independence & care
	VNSS	Present	All ages For ADL independence	None	-

* Japan has two-type VNSS. One is VNSS for the elderly. Another is VNSS for the general population.

** Korea has Home Care Center in one university and in one Seoul Nurses Association, these are different from VNSS.

HCNs, the rapid increase in VNSS has resulted in a deficient number of qualified visiting nurses.

On the other hand, Korea focused on cultivating qualified nurses through a HCNs training. The Medical Law accredited home care nursing as one branch of specialized nursing in 1990. The KNA (Korea Nurses Association) established the Korean Academic Society of Home Care Nursing in 1993 (KASHCN, 1995). In 1990, the first six-month training program for certification as a HCNs was given to forty nurses at the graduate school level. Now 11 of 48 universities in the country provide such programs (Yun, 1998). To be certified as a HCN, it is necessary to receive 600 hours of education. The number of HCNs was 2,650 in 2000 (KNA, 2001).

5. Major Diseases and Contents in Home Care Nursing

The disease most frequently found in home care nursing was CVA (Table 4), and in hospital based home care, cancer was most. Almost users in both countries are the elderly.

Home care nursing activities also show some differences as well as some similarities. Home care nursing in Japan is divided in three areas: long-term care for the elderly, high tech home care, and terminal care. When a VNSS is organized emphasis is on providing care for the elderly to maintain their health status, but these days more high tech care, such as changing catheters, tubes, dressing, drug administration, physical exams, functional training as well as terminal care have become a necessity at home. According to the report of the Visiting Nursing Association, 88.6 percent of the user of home care nursing was the elderly, age 65 years and over, and 80.9 percent was 70 years and over (JVNF 2000; JHWSA,

1999b).

According to the report of the VNA in Japan, visiting nursing includes screening of health status and psychosocial support as the most frequent activities. The next most frequent activities were care for recuperation, medical treatment, and rehabilitation by Physical or Occupational Therapists (JHWSA, 2000). The cost of these activities is calculated by the time required to provide care (one unit is 30 minutes) and is for comprehensive care, for example, health check, consultation or rehabilitation by a nurse.

In Korea, items for hospital based home care services include basic care, laboratory, medication, education, and therapeutic care and training. In basic care, vital sign monitoring was the most frequent activity, followed by Intake/Output, position change, and back care. Among them only the latter two were covered by medical insurance. In medications and injections, IV therapy was the most frequent. Therapeutic care and training, including suture removal, wound care, bed sore care, bladder irrigation, gastric nutrition, urinary catheter insertion, Oxygen therapy, cannula care and drainage care, all of which are covered by insurance (Yun, 1998).

Many of people who use home care services are elderly, and working, 68.5 percent in 1993 and 67.4 percent in 1994. According to a report on home care services in the city of Seoul, the major components of home care are as follows; health management, patient management, circulating services, continuity service (Seoul Metropolitan Bosa Hwangyongguk inside report, 1995).

6. Other Nursing activities for elderly in the community

Community health nursing has two aspects; one is

Table 4. Percentage of Patients According to Selected Disease and Home Care Service Facility in Japan and Korea

Japan		Korea					
VNSS ¹		Hospital based ²		Community level ²		Independent Type ³	
Disease	%	Disease	%	Disease	%	Disease	%
Circulatory	52.4	Cancer	40.3	Circulatory	53.3	Circulatory	54.6
Musculoskeletal	8.2	CVA	17.1	Musculoskeletal	9.5	Cancer	23.2
Nervous	7.6	Post C/S	11.0	Dermatologic	9.3	Musculoskeletal	7.0
Mental & behavioral		Fracture	4.7	Endocrine (DM)	5.6	Urogenital	7.0
like dementia	6.8	Endocrine(DM)	4.2	Urogenital	5.4	Digestive	2.8
Neoplasms	5.2	Respiratory	4.0	Neoplasm	4.5	Endocrine	1.6
Endocrine (DM)	4.3	Sore	2.3	Respiratory	3.9	Postpartum	1.6
		Paralytic	2.1	Digestive	1.1		

¹JHWSA, 2000, ²Ryu, HS et al., 2000 Refer from hospital (1993-1999), ³Park, JH et al., 2000

Some data were recalculated by disease regrouping

nursing at home (home care) and the other is care for the whole community (public health nursing). In Japan, public health nurses who work at the municipalities perform public health nursing by providing preventive care, such as health examinations, and health education based on the Community Health Law 1994. The number of public health nurses work at the municipalities was 28,000 in 1998 (JMHW, 1999b).

In Korea, health centers provide health examinations. The basic content includes 12 items. In this examination, the most frequent health problem was cerebrovascular disease. The health centers also provide visiting nursing services to the people in their communities.

DISCUSSION

The principal approach to providing health care related to the shortage of resources was institutionalization before the introduction of home care nursing. This phenomenon was more apparent in Japan than in Korea (The number of elders institutionalized is up to 609,394 in Japan in 1998: 190,457 in GIFS (JMHW, 1999): 266,568 in Special Nursing Homes (JMHW, 2000b): 173,073 in Geriatric Hospitals (JMHW, 2000b). But the shortage of hospital beds and increased medical expenses led to the Gold Plan in Japan in 1990, which resulted in an increase in the number of institutions, as well as home care services, such as day care centers, homehelpers, and visiting nurse service stations. Although, Japan considers the number of facilities not to be sufficient and reports that only 21 percent among the estimated number of elderly who need care, 2.8 million was admitted to institutions in 2000 (JMHW, 1998).

During the past ten years, a remarkable characteristics in Japan is the system evolving away from a system that focuses on treating illness in hospitals toward one that emphasizes prevention and disease management and supports independence of elderly in their own homes (Kolanowski, 1997). Korea still relies on hospitals over other facilities. Although home care service was introduced seven years ago, has focused mainly on hospital based home care, and the activation of visiting nursing in the health centers has a little increased as the health care options for the people of Korea in home care system.

On this point we need to examine the situation in other developed nations. Faced with a growing number of elderly people and the rising costs of health care, several

European countries have modified their long-term care policies. Actually, there are movements to decrease the amount of institutionalization of elderly people and develop sheltered housing units with around-the clock care by nurses and home help services. Around-the-clock care has spread all over Denmark and the Scandinavian countries (Cates, 1993). These countries have held constantly or reduced the number of institutionalized elders (Coleman, 1995).

For elderly care, all facilities including hospitals, intermediate facilities and nursing homes are equivalent in importance. If this is so, to increase the number of facilities is not the best way. What Japan has done is to reduce the number of institutions for elders. And now, for the elderly in Korea, the home is becoming a field for caring and the most convenient place to live.

What are the barriers, and what is the best way to advance the home care system? Here we need to consider cultural aspects. Confucianism is strong in both Japan and Korea, and this makes it difficult to use welfare facilities with ease. For example, in Japan elders and families prefer to use hospitals rather than nursing homes, because people feel ashamed if they have to use welfare facilities (Tatara et al., 1993). Korean elders and their families also prefer hospitals to PHC or other facilities when they have a disease or when they are ill.

Furthermore, adult children have a strong sense of responsibility for their parents. In a survey, 87.3percent of subjects, in both urban and rural areas, reported feeling responsible for their elders. There were only 3 percent who felt that responsibility lies in the social welfare system or others (KIHASA, 1996). Accordingly, if they do not take the ill elderly to a hospital, they feel they are neglecting them.

Murashima et al reported that around-the-clock-in-home care for the elderly was effective in Japan (Murashima, et al, 1999a). Visiting nurses gave confidence to the community residing people. The people who have hesitated to use home care services began to use them without hesitation because community residents could use the visiting nursing services as one of the medical care resources rather than as a welfare resource (Asahara & Momose, 1995). Some public health nurses created VNSSs in their own communities (Murashima et al, 1999a; 1999b; Okada, 1997). The average length of stay in hospitals decreased from 50.5 days in 1990 to 40.8 days according to "census on medical care institutions and hospital reports 1998" (JH-

WSA 1999).

One factor to strengthen the use of home care can be confidence of community residents to home care nurse. As another factor to strengthen the use of home care nursing can be thought the health center. Among those who visit the health care center in Korea, 44 percent are elderly. So home care services which are provided at health center level are also be very important to promote the use of home care.

In summary, we make the directions for the further development of the home care services in Korea, through comparison the home care system and visiting nursing activities for the elderly in Japan and Korea as follows.

The establishment of VNSS system and an activation of a health center as the direction to advance home care systems are needed; Nurses have an opportunity to establish VNSS, its service is planned to 24 hour services system.

Abbreviations

- HMSLA: Health and Medical Service law for the Aged;
 JHWSA: Japan Health and Welfare Statistics Association;
 JMHW: Japan Ministry of Health and Welfare;
 KHWSA: Korea Health and Welfare Statistics Association;
 KIHASA: Korea Institute for Health and Social Affairs;
 KMOHW: Korea Ministry of Health and Welfare;
 KNSO: Korea National Statistical Office;
 LTC Law: Long-term Care Insurance Law;

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