

WEBINAR



Training of Human Resources for **Long-term Care**: Learning from the **Korean** **Experience**



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Presented by:



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Moderator: Pablo Ibararán

Before we start...



30 minutes

+



15 minutes



Questions
via chat



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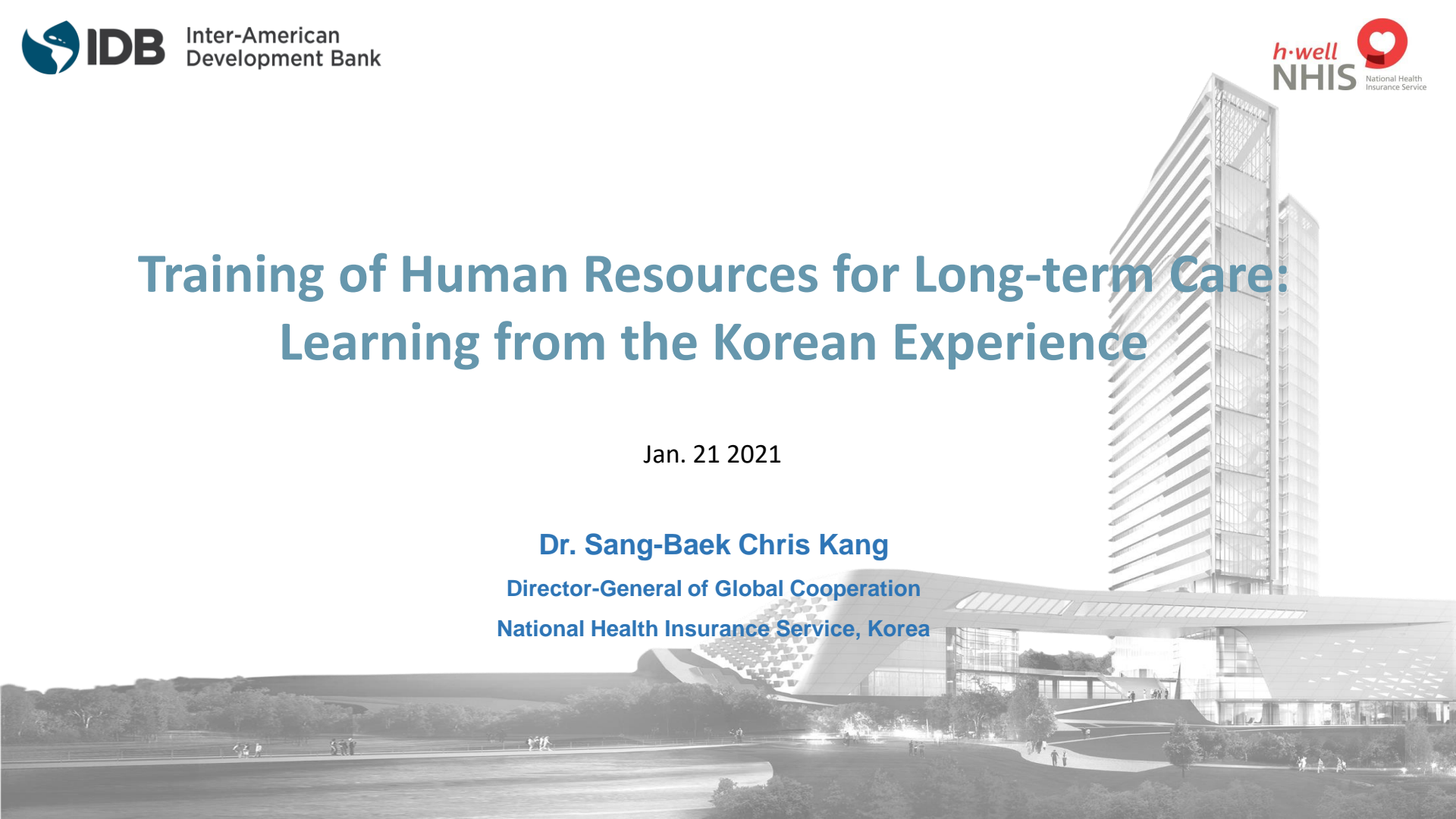
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Training of Human Resources for Long-term Care: Learning from the Korean Experience

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AGENDA

1. Introduction - the LTC policy history of Korea
2. Long-term care facilities and staff status in Korea
3. HR training contents for caregivers
4. HR training samples of basic care protection skills
5. Key challenges of LTC practices in Korea
6. Conclusion



1. Introduction - the LTC policy history of Korea (1)

Eminent and desperate social needs for LTC between 1999-2008 in Korea

1

Increase in the elderly population and diversification of the need for retirement welfare

- Since the end of the 1990s, there has been widespread perception that the elderly problem is a personal problem that he/she or his/her family must solve on their own.
- The proportion of the elderly over 65 years old from 3.1% in 1970 and 3.8% in 1980 to 5.1% in the 1990s.
- The elderly population over 65 years old reached 3.39 million, accounting for 7.2% of the total population.
- The existing passive welfare policy for the elderly made it impossible to meet the rapidly increasing various needs of the elderly.

2

Heavy care burden by the family

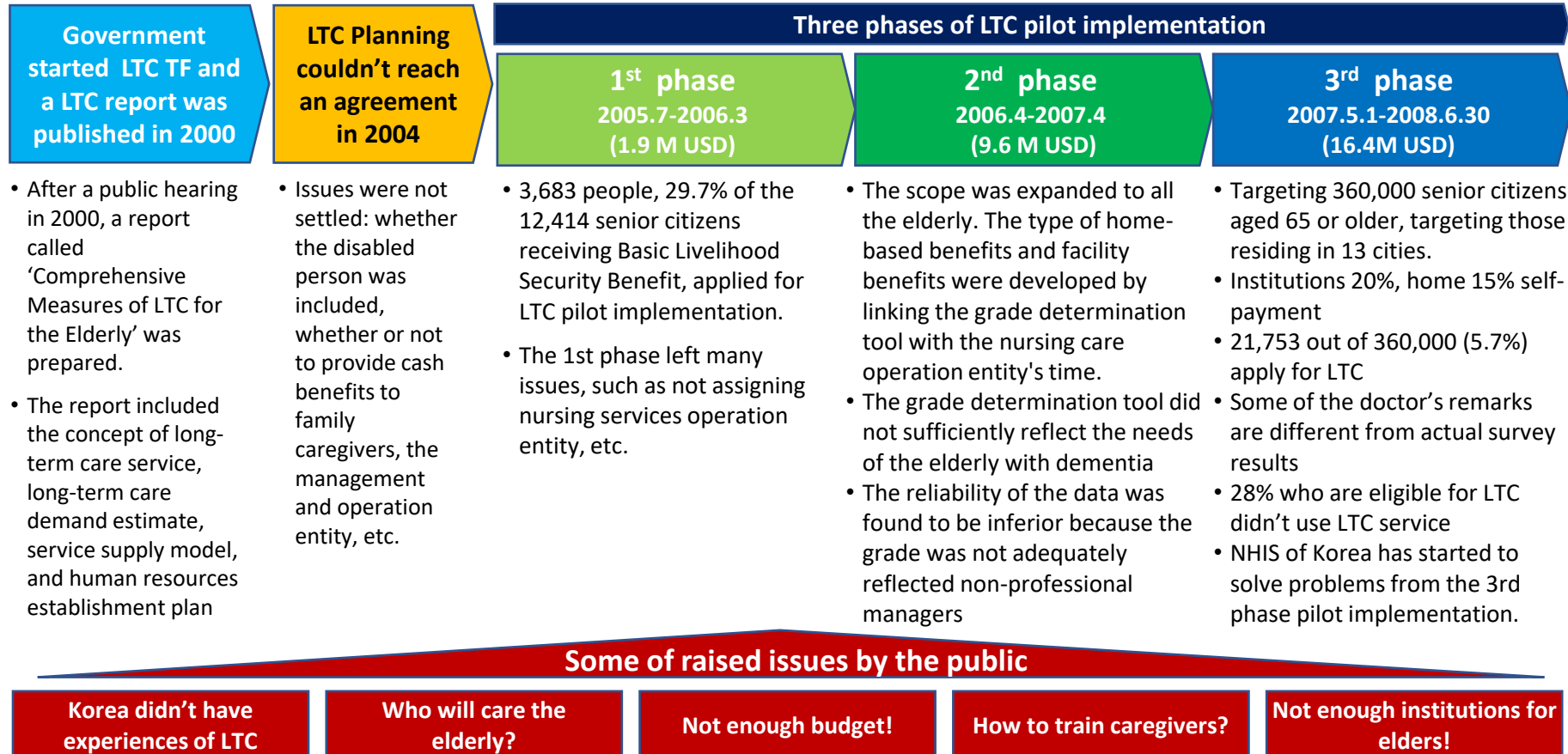
- In the 1990s, interest and investment in welfare for the elderly increased, but the government policy did not cover nursing care for the elderly.
- There have been shocking news of committing suicide by the elder and violence among family members because of the heavy care burden.
- Just like the innate fate of families, caregiving and nursing care gradually become a social issue.
- For the elderly with dementia and mental disorder, the family burden became a significant issue.

3

Inefficiency of the structure of spending on medical expenses for the elderly

- The aging of the population means an increase in the elderly population and, at the same time, the aging of the medical service consumer class.
- Statistics show that more than half of the medical expenses spent in life are spent in old age, especially one year before death.
- Medical expenses are concentrated during periods of economic poverty due to insufficient income for individuals.
- Nationally, it is a significant threat to the financial management of national health insurance.

1. Introduction - the LTC policy history of Korea (2)



1. Introduction - the LTC policy history of Korea (3)

How to increase private participation for LTC infrastructure such as institutions, training centers, etc. (1)

- Caregivers are the essential factor in securing the quality of long-term care services as **they are those who support physical and household activities for the elderly.**
- Even before introducing the Long-Term Care Insurance System for the elderly, according to the Elderly Welfare Act, it is the **family volunteers and life instructors** who provide home care services or facilities for the elderly, etc.
- Family volunteers can work only after **40 hours** of short-term training.
- The government decides **a lack of expertise to use as a core human resource in the long-term care insurance system for the elderly.**
- After the problems of HR issues of caregivers, **the nursing care workers' nurturing system** was introduced.
- Caregivers who have completed specialized training and passed the test will have a license of LTC caregivers.
- It is a national certification system for nursing care workers in 2010, set educational standards at the national level, and promoted educational institutions' establishment by **the private sector** to quickly train human resources.
- **A two-year grace period** was decided until June 2010 as a provisional measure to implement the system.
- **The incumbent staff does not need to acquire a nursing care professional license during the grace period** and prepare for the exam.

1. Introduction - the LTC policy history of Korea (4)

How to increase private participation for LTC infrastructure such as institutions, training centers, etc. (2)

- By 2008, the government budget of 611.8 Million USD was invested in facility installation funds
- It was difficult for local governments to secure **financial resources**, and some residents opposed **nursing facilities because they perceived them as a NIMBY thing**.
- **Seamless efforts to persuade residents** were also carried out.
- The central government **reaffirmed that the long-term care insurance system for the elderly was implemented** as planned, and the government mobilized all **administrative/financial support** that could be provided
- To promote LTC expansion in the local governments, LTC expansion was **in the annual evaluation**.
- In order to induce private participation, the construction of nursing facilities was allowed on the **green belt** (a big favor).
- By setting the price reasonably, the **conditions for sufficient profits** were prepared and publicized through a national briefing tour.
- Furthermore, by revising **the Income Tax Act and the Value-Added Tax Act**, a tax support plan for both LTC facility businesses and users was prepared, including medical expenses for long-term care recipients in the deduction for medical expenses and exempting VAT.
- In July 2008, the Nursing facility number reached **7,735, which succeeded in the early expansion** of long-term care facilities that caused the most concern.

1. Introduction - the LTC policy history of Korea (5)

How to solve HR problems - caregivers number and capacity issues

- The infrastructure and the management agency's work went well, but it was **a big challenge to secure service professionals**, such as caregivers, who would perform nursing care work.
- If professional human resources are not secured, there may be confusion with the situation of **system-available-but-not-properly-working conditions**.
- As of July 2008, the effective date of the long-term care insurance for the elderly, at least **69,000** people was expected to need nursing care workers. (**134,000 caregivers available** out of 518,860 license holders as of 2009 June)
- However, since the long-term care insurance system for the elderly was introduced as a new system, there was **no one** in September 2007, only 11 months left.
- Only **16,000 people** worked as family volunteers and life instructors in the existing elderly care facilities.
- Since July 2007, it has been actively promoting the nursing care system by **holding tour briefing sessions** in six regions across the country.
- Simultaneously, they **actively promoted the nursing care workers' system, developed standard textbooks, provided training to support work processing for municipal and provincial government officials, and held briefing sessions for nursing care providers' education institutions**.
- Educational institutions could be quickly established because it **doesn't need prior approval from local government**.
- The long-term care insurance for the elderly changed many things. **In particular, it significantly alleviated the pain of families with dementia and paralytic patients with disabilities**.

2. Long-term care facilities and staff status in Korea (1)

Overview of LTC practice in Korea

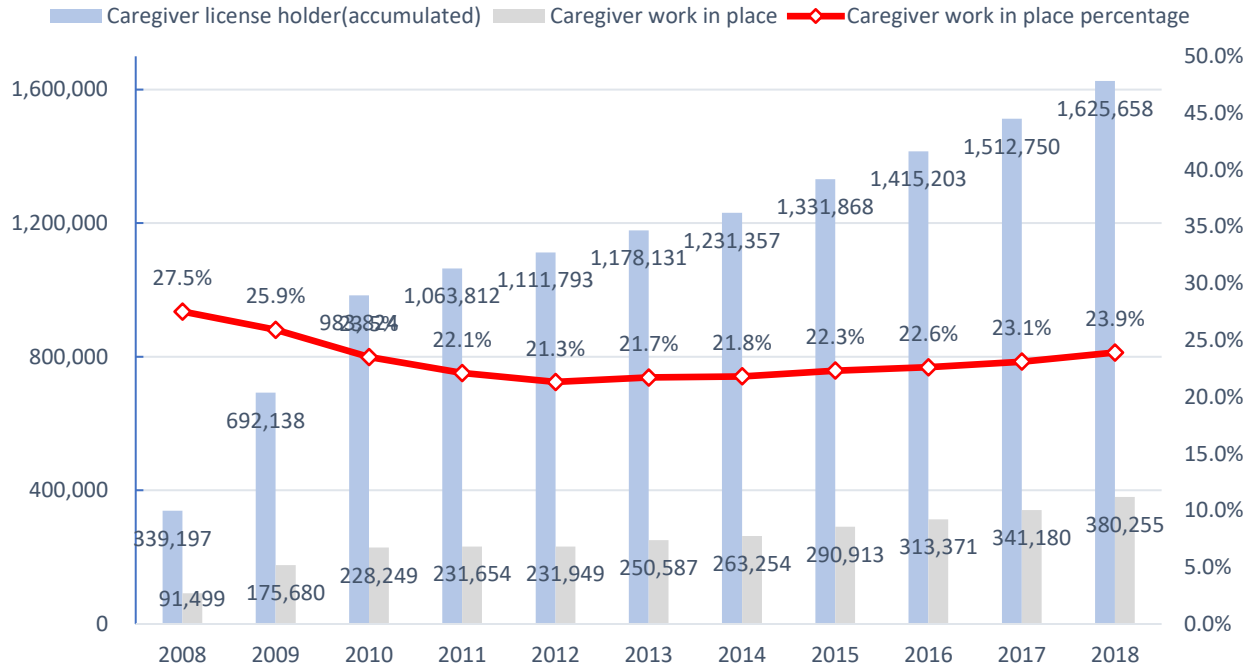
- **In the super-aging paradigm change**, a long-term care (LTC) and the shortage of caregivers have been significant issues in many countries. The LTC expenditure percentage of Korea in the OECD comparative study was **0.6% of GDP**, which is less than **the OECD average (1.7%)**.
- The LTC workers include **①caregivers, ②social workers, ③nurses, ④nurse aides, ⑤physical therapists, ⑥occupational therapists**. Among the line of works, caregivers comprise the most considerable portion of care workers (91%), so that **caregiver focus will be the basis** of analyzing LTC practices.
- The qualification of a licensed caregiver is stipulated in Article 39-2 of the 「Elderly Welfare Act」.
- **Finishing courses** in training institutions designated by the Mayor/ local governor and **passed the nursing care professional qualification exam** will be issued the license.
- In 2019, there had been LTC service national survey. The three year term survey keenly describes the **current status of LTC practices in Korea**. (Summarized in the next slide).

2. Long-term care facilities and staff status in Korea (2)

The LTC survey results summary (by Ministry of Health and Welfare, 2019)

- LTC beneficiary is comprised of **women (72.8%)**, and **over 80 (65%)**
- Most of LTC beneficiary has **chronic diseases** such as high blood pressure, dementia, diabetics (average 3.4 diseases)
- The persons who were eligible for LTC service but **not receiving the service is 22.5%** - the main reason for not receiving the service: hospitalized, afraid of family detachment, satisfied from family care, etc.
- **Home LTC service (70.3%) institution LTC service (29.7%)**
- The average institution service usage period is **2.8 years**
- High satisfaction of **LTC 82.4%** but co-living in multiple bedroom facilities results in less satisfaction level (68.7%)
- Among the LTC workers, including caregivers, social workers, nurses, nurse aides, physical therapists, and occupational therapists, **the number of caregivers is 91% - the most considerable portion.**
- **Woman caregivers 94.7% and the age of 50-60 comprises 79.8%** of caregivers.
- **74.7%** of caregivers are under contract-based employment
- Caregivers have experience of **verbal violence (25.2%), physical violence/threat (16.0%), sexual harassment, and unnecessary physical touch (9.1%)**
- The request for **increasing the salary level** has highest among caregivers (45.4%)

2. Long-term care facilities and staff status in Korea (3)



Source: Lim et al, (2019) A Mid- to Long-term Plan for the Supply of Long-term Care Workers in a Changing Population Structure, KIHASA Report.

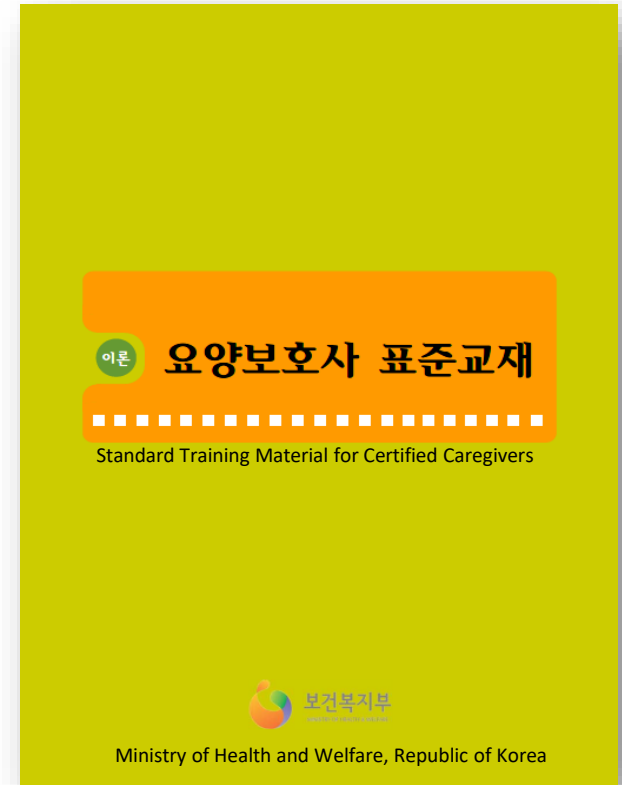
Trends and Figures

- The number of the caregiver license holder was increasing and reached 1.6 Million.
- However, the licensed caregivers actually working in LTC industry are only about 23%.
- The number of caregivers who work in the LTC industry is about 380,000, and the projected beneficiary number of long-term care insurance will be increasing.

3. HR Training contents for caregivers (1)

Training Contents Overview

- The nursing care provider (caregiver) supports the work of caring for the subject's body at the elderly medical welfare facilities (institutions) and home.
- The role of assistance is mainly related to daily life support such as meals, excretion, bathing, movement, cleaning, laundry, and help with going out and life counseling.
- The caregiver should respect the subject's life experience, checks the problems found, makes plans and performs them, records everything, and exchanges information with the people involved.
- Supports include physical activity support, daily life support, personal activity support, emotional support, and visiting baths.
- Ministry of Health and Welfare of Korea publishes standard training material (annually) for educating caregivers (image). The material includes training content for caregivers.



3. HR Training contents for caregivers (2)

Caregiver's Code of Professional Ethics of Korea

- ① Caregivers do not discriminate against people based on race, age, gender, personality, religion, economic status, political beliefs, physical and mental disability, and other personal preferences.
- ② Caregivers are based on humanitarian and volunteer spirit. Advocate for the human rights of the subject and respect the subject's self-determination as much as possible.
- ③ Caregivers faithfully perform tasks and assistance according to the instructions and report the progress and results of the work to the facility manager and nurses.
- ④ Caregivers should continuously acquire knowledge and skills to perform work.
- ⑤ Caregivers should thoroughly manage their self-management, including health care, clothing and appearance management, etc. so as not to interfere with the performance of their work. Practice your words and actions.
- ⑥ Caregivers should respect the subject's privacy and keep the personal information learned during work confidential.
- ⑦ Caregivers should actively cooperate with the subject's family, doctors, and nurses regarding work.

3. HR Training contents for caregivers (3)

HR Training contents include 11 chapters for educating caregivers.

1. Systems and services related to nursing care

- The social welfare system in Korea
- Outline of the elderly health and welfare service system
- Visiting nursing in long-term care services for the elderly
- Long-term care insurance service standards
- Elderly health and welfare services related resources

3. Caregiver's professional ethics and attitude

- Caregiver's Code of Professional Ethics
- Caregiver's professional attitude
- Elderly human rights and abuse prevention
- Caregiver self-management and safety management (Health management, stress management, self-development, qualification management, sexual harassment response, etc.)

2. Purpose and function of nursing care work

- Purposes and functions of care services
- Basic principles and scope of roles of caregivers
- Types of nursing care services (facilities/home)

4. Understanding the eligibility

- Characteristics of old age (physiological and psychological characteristics)
- Elderly and family relations

5. Basic medical and nurse knowledge

- Assessment of the basic health status of the elderly (theory and practical skills)
- Major diseases of the elderly (dementia, stroke, Parkinson's disease, etc.)
- Health promotion and disease prevention of the elderly

3. HR Training contents for caregivers (4)

6. Basic care protection skills

Intake care protection	<ul style="list-style-type: none">• Help with eating (oral, parenteral)• Help with medication and medicine storage
Excretion care protection	<ul style="list-style-type: none">• Help with using the bathroom• Help with bed excretion• Help with using a mobile toilet• Helping with diapers• Help with the use of the induction catheter
Personal hygiene and environmental care protection	<ul style="list-style-type: none">• Help clean the oral cavity, hair, limbs, and perineum• Help with washing and bathing• Changing clothes• Maintain a comfortable environment, such as cleaning the bed
Position change and mobility care protection	<ul style="list-style-type: none">• Help the subject move to a bed• Assist in wheelchair movement• Help with walking (self, equipment, etc.)• Transfer assistance
Safety and Infection-related Care Protection	<ul style="list-style-type: none">• Falls/slips/fall prevention• Infection prevention and pressure sores prevention• Suction

3. HR Training contents for caregivers (5)

7. Housework and daily life support

- Objective, function, and basic principles of everyday life support
- Meal preparation and nutrition management
- Hygiene management of food and tableware
- Cleaning and washing of clothes and beds
- Helping out and supporting daily work
- Maintain a comfortable living environment

9. Service use support

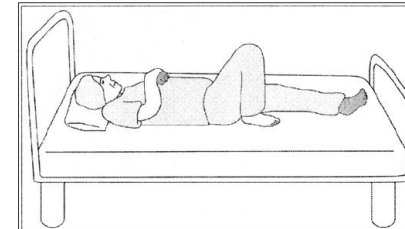
- Assessing the characteristics of persons and places subject to nursing care and support for service plan changes
- Connections with other occupations and services
- Work briefing session, case review session

8. Communication and leisure support

- Effective communication
- How to communicate and form a rapport
- Help with leisure activities (watching TV, listening to music, etc.)

10. Record and report on nursing care work

- Purpose and importance of records and reports
- How to write in the report form
- How to report work



3. HR Training contents for caregivers (6)

11. Special care protection topic

Dementia care protection skills

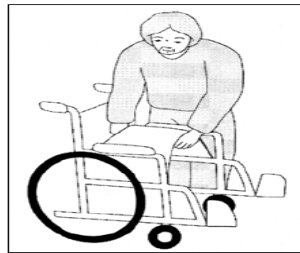
- Support for the daily life of people with dementia
- Dementia targets deal with problem behaviors
- Communication with people with dementia

Death and hospice care protection skills

- Death and end of life
- Overview of the hospice
- Care and protection of the victims of death

First aid skills

- First-aid measures (fractures, suffocation, convulsions, burns, etc.)
- Basic resuscitation



4. HR training samples of basic care protection skills (1)

Skills for Oral Nutrition (1)

The purpose of oral nutrition is to help food intake to maintain proper nutrition. Precautions

- ① Appetite is a basic human need. Good nutrition is important as it can prevent disease progression and promote recovery.
- ② Caregivers should help the subject eat without discomfort and should check whether adequate nutrients are provided. For those who are admitted to nursing homes, regular meals, necessary nutrients, and a balanced diet are provided, but caregivers play a great role in ensuring that they consume adequate amounts, so they should pay more attention to meal assistance.
- ③ A clean environment where the subject can eat comfortably improves his/her appetite. If there are toilets or trash cans around him/her, remove them, go to the bathroom before eating, and wash his/her hands.



Support one hand and bring it closer to the subject's mouth



Raising a spoon to eat and swallow easily

4. HR training samples of basic care protection skills (2)

Skills for Oral Nutrition (2)

- ④ General meals, liquid meals, and treatment meals are provided according to the health status of the subject. In other words, the shape and size of food is prepared in consideration of the subject's ability to chew or swallow.
- ⑤ If the subject does not have an appetite, prepare a small amount of food. The color of food helps arousing appetite. In addition, moving the subject's body before meals or going out to the floor or garden using a wheelchair, etc., can improve the appetite, as it will change the mood.
- ⑥ Rinse the subject's mouth before eating or take a sip of cold water or tea to him/herself.
- ⑦ For those whose teeth do not fit or even if they have dentures, sesame seeds and mustard seeds may get stuck between the gums.
- ⑧ When serving food, the subject is always at risk of suffocating to death, so be aware of the diverse cases.



Spoon and dishes for nutrition



Eating in a right posture and clean environment

4. HR training samples of basic care protection skills (3)

Nasogastric nutrition

Nasogastric tube nutrition is to provide adequate nutritional food by placing a tube through one nose up to the stomach when oral nutrition cannot be ingested or nutritional supply is insufficient. Be sure to tell the subject about the end.

Nasogastric tube nutrition is performed when surgery for lower jaw fractures, throat, face, neck, and head, severe burns, radiation treatment of the head or neck, unconsciousness, or coma, oropharyngeal paralysis due to stroke, trauma, and unable to swallow normally.

- ① Nasogastric tube nutrition is to supply airway aspiration, fever, abdominal pain, nausea, constipation, and diarrhea. As it may cause a problem, careful observation is required. When feeding nutrients through a nasogastric tube, inject slowly and stool at least 5 times in 24 hours. Ingestion and nursing care should be reported to a nurse, etc.
- ② When using a nutrient solution sold, check the expiration date.
- ③ Heat the nutrient solution to room temperature.



Nasogastric nutrition

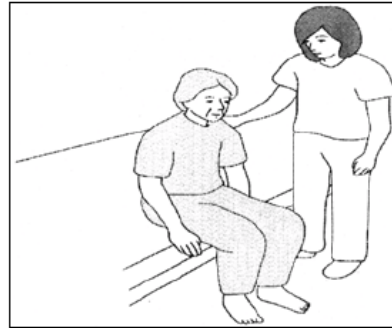


Nasogastric nutrition tube inserted

4. HR training samples of basic care protection skills (4)

How to sit on the bed

- ① The caregiver moves toward the subject's upper body and holds the subject's lower neck with one hand and the subject's hips with the other.
- ② Fix the hips and hold the lower part of the neck. Using the holding hand, slowly raise the subject's upper body to stand up.
- ③ Raise the upper body and rotate it slightly so that the subject sits across the bed.
- ④ Keep the subject's feet in contact with the floor.



Subject can grab caregiver's shoulder

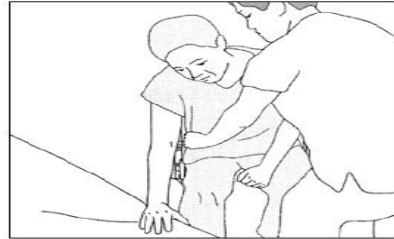
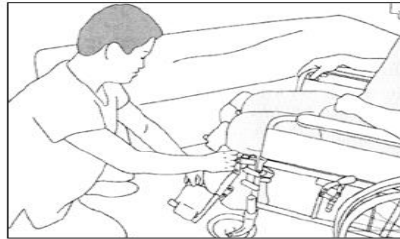


Raising upper body

4. HR training samples of basic care protection skills (5)

From wheelchair to bed/movable toilet

- ① In the case of hemiplegic patients, place the wheelchair at an angle of 30-45° so that the healthy side is close to the bed and lock.
- ② Raise the subject while supporting the subject's painful knee with the protector's knee.



5. Key challenges of LTC practices in Korea

[1] Supply and demand gap of caregivers

Year	Demand forecast	Supply forecast	Gap
2018	385,937	378,771	7,166
2020	437,356	413,474	23,882
2030	752,150	640,925	111,225

- The supply and demand gap in 2030 will be more than 100,000 so the Korean government and NHIS should be considering a policy that can bridge the gap.

[2] Low wage level

- As of 2019, nursing care providers (including facilities/homes) monthly average pre-tax wage was about 1,500 USD.
- The wages of workers in institutions are about 1,800 USD.
- The wages of home caregivers are about 1,200 USD. The minimum hourly wage in 2019 is 8,590 won (8.5 USD/hour).
- The average of nursing caregivers in that the monthly salary is 1,795 USD for 209 hours, which can be seen that wages are formed at the minimum wage level.

[3] Job retainment and high turnover

- The average number of years of service for a nursing care provider reported to the local governments are as follows: 35.9% of workers are under 1 year. Under 3 years workers are accounted for 69.6% of the total. That is, about 70% of nursing care workers work within 3 years. Now, only about 17% of them worked for more than 5 years.

* 1USD = 1,000Won exchange rate applied

6. Conclusion

1. Korea had successfully launched the LTC policy, but there were **many issues to start a new policy. The robust government plan, leveraging the private sector, promotion and communication to related personnel, etc.** were the elements for making the LTC policy implementation successful.
2. Korea has basic education material for HR training for caregivers. However, the basic training material is offered by the central ministry, and **actual education is done by local institutions, which may result in dispersed and different levels of HR training.**
3. OECD reports analyzed that OECD care workers are **underpaid, overworked, and endure poor working conditions. Korea also faces very similar challenges** for caregivers.
4. **Lack of continuity** in staffing also affects the quality of care (i.e. casual and temporary staffing has a negative impact on care receivers.)
5. Various **policy-based incentives** for caregiver are critically needed for sustainable LTC practices.
6. **Stress management** for caregivers is also critical.
7. Continuous education for caregivers and increasing **ICT usage (e.g., AI and robots)** in long-term care facilities are strongly recommended to alleviate the workload.

Thank you!

**National Health Insurance Service (NHIS) of the Republic of Korea
looks forward to cooperating with IDB member states!**

Questions and comments:

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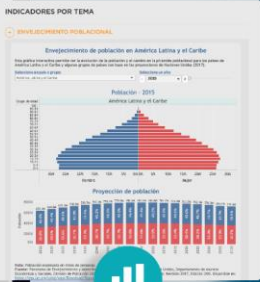
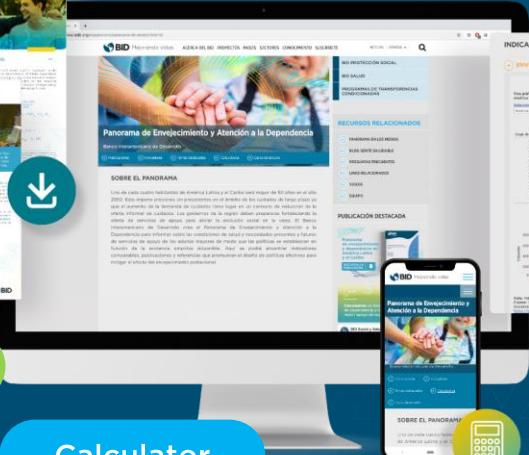
Questions and Answers

Panorama of Aging and Long-term Care



Publications

COVID-19 and aging



Thank You

Case Studies

Calculator

Indicators

<https://www.iadb.org/panorama-of-aging>

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