

Research on the Elderly's Demands for the Old-age Care Services

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Abstract: At present, China has entered the stage of in-depth aging, and the demand for elderly care services shows new characteristic. Nanjing, as the capital city of Jiangsu province which is a developed coastal province in China, is of most typical significance for the study of demand for elderly care services. Based on the statistics of the elderly population in Nanjing, the elderly service demand of the elderly population in Nanjing has been analyzed carefully from the macro and micro levels. In addition, based on the sampling survey of the elderly population in Nanjing, the current situation of the elderly service demand has further investigated and a constructing direction of new type of elderly service system has been proposed. The analysis results indicate that the construction of the elderly service system should be expanded from the original basic security to all the old people, especially for the elderly who are living alone, oldest and disabled. The service level should be changed from the generally low-level service to the higher-level service. And the elderly care model should be changed from "mainly family care" to "equal attention to the family care and institution care". In this way, all kinds of elderly care requirements can be well satisfied. And the elderly of different groups in urban and rural areas, who need elderly care services, can have dignity, choice and affordability. Finally, they can have a happy life.

Keywords: Aging Population, Demands for Elder Social Service, Elder Social Service System, General Demands, Demand Structure

1. Introduction

Aging issue has been a hot topic in recent years [1-4]. And many researchers have paid more attention to this research field all over the world [5-8]. Constructing a modern elder care services system is of great significance to satisfy huge aging population. Demands of the elderly are highly related with the size and structure of social security system and lay base for prospective reasonable planning. The analysis on the demands of elder care services would provide significant guideline to the policy making and improvement on elder social caring for senior citizens.

As the most prosperous region in China, Yangtze River Delta is faced with the most serious aging trend, which is typical and pioneering in China. In Yangtze River Delta, Jiangsu Province stepped into the aging society earlier than any other provinces of China. And it is experiencing the highest degree of aging, which represents typical characters of

aging trend in developed coastal areas of China. By exploring the demands of the elderly in Nanjing, which is capital city of Jiangsu, the current and future demands of Chinese senior citizens could be understand. This study defines the overall demands and demands structure of elder care in Nanjing by existing statistics firstly. Then the paper explores the features of demands through data collected in questionnaire survey. Finally, the direction for constructing a new elderly service system in Nanjing is further propose, which could be a significant reference for future policy making on elder care services in China.

2. Concept Definition of Demands for Elder Care Services

With the development of society in recent years, the Chinese elderly population is in transformation and has

experienced great changes. The newly emerging senior citizens are different from than the elderly in the past on many aspects such as household income, family structure, health status and educational level, which make new features appearing in their demands for elder care services [9].

Demands for elder care services can be explored on macro and micro levels. On the macro level, the demands for elderly services involve the overall demand determined by the elderly population and demand structure composed of different types of services (including institutional care and home-based care). On the micro level, the demands for elderly services indeed refer to the subjective will of supported mode, including the choice of residential locations, the approach of receiving services, and the preferences to price, quality, and service content.

The structure of demands for elder care refers to the types of available elder care services. According to the residence of elders and the relationship between elders and care providers, the elder care services models can be divided into three types as followings: (1) family-based elder care services, which means aged people live with their offspring or other relatives and family members provide care services to them (2) home-based elder care services, which means aged people live in their own home but without offspring or other relatives, they receive services from paid nurses at their own home (3) institutional care services, which means aged people live in specialized nursing homes and be cared by institutional staff [10]. Home-based elder care and institutional elder care services are provided by social forces rather than family members, so those two types of elder care services can be defined as elder social care services.

It is hard to draw the exact structure of demands for elder social care services because of the lack of data. However, the survey conducted in Nanjing shows the provision of home-based elder care services surpasses institutional care currently. Instead of offering foster care for elders who can care themselves, the main focus of institutional services is providing minimum guarantee to disadvantaged elders. It should be noted that the shortage of elder social care services supply in this stage should not be regarded as the reflection of insufficient demands. With the development of elder social care services system and economic development, all potential demands will become substantial needs. The elder social care services system should satisfy all kinds of demands step by step

3. Data Analysis on the Demands for Elder Care Services in Nanjing

With the aging of population accelerating, it is important to explore the content and characteristics of demands for elder care services and influencing factors of demands.

3.1. Data Collection

To understand the living conditions of elders in Nanjing and analyze their demands for care services, a random sampling

survey has been carried out among urban and rural senior citizens aged 60 years and above in Nanjing from May to August in 2014. We conducted door-to-door interview in 36 communities in 26 streets of 11 districts in Nanjing. 1,619 questionnaires were delivered and the response rate was 96.8%, with 1567 valid questionnaires returned.

3.2. Variables

- (1) Personal features: gender, age, level of education, marital status, occupation and children amount.
- (2) Residential Status: dwelling condition, residence location of the respondent and the distance of children from the respondent.
- (3) Physical conditions: self-reported health status and objective evaluation of limitations with daily activities.
- (4) Economic conditions: main income source, level of monthly income, payment approach on medical expenditure and self-evaluation of economic conditions.
- (5) Demands for elder care services: the elderly care service items needed, choice of service model (including institutional and home-based services) and reason, bearing capability of the expenditure on elderly services.

The values is assigned to each variable and carried out cross-tabulations analysis and logistic regression analysis by SPSS.

3.3. General Description of Respondents

- (1) Personal features: 47.2% of the respondents are male. Most of the respondents (25.4%) fall into the age group of 65-69 years, while the percentage of elders aged 75-79 years is least among all age groups at the level of 15.1%. Around 75% of the respondents have the level of education under university. Married elders account for 67.7% of the respondents, with 26.1% widowed and few unmarried or divorced. 71% of the respondents live in urban areas while elders living in towns and countryside each account for 14% of the respondents. The occupations of respondents include public servant, managerial personnel and professionals in institutions and enterprises, private entrepreneur, military personnel, commercial service personnel, worker, self-employed entrepreneur (or freelance), peasant, unemployed and laid-off worker. Most elders (39.2%) have 2 children, while elders having 1 child or 3 children each account for around 27% of the respondents and 5.6% of elders have no child.
- (2) Residential Status: 56.5% of the surveyed elders' children live in other cities. More than half (54.5%) of the elders live with their spouses, while 24.8% live alone and only 19.8% live with offspring. Elders caring by themselves account for 45.9% of the respondents, and 25.7% of the elders are cared by their spouses, with 18% cared by offspring and other relatives.
- (3) Physical conditions: 41.9% of the respondents report their physical conditions as fair and 13.7% evaluate

themselves in poor and very poor physical conditions. The objective evaluation shows the percentages of elders with mild disability, moderate disability and severe disability are 9.44%, 2.23% and 1.79% respectively, which total 13.46%.

- (4) Economic conditions: 65.4% of the respondents rely on pensions, while 13.6% rely on their offspring and 7.1% rely on their own savings. Most elders (40.6%) have monthly income ranging from 2000 to 2999 yuan, the percentage of elders whose monthly incomes are between 1000 yuan and 1999 yuan and elders whose monthly incomes are below 1000 to 1999 yuan is 17% and 13.7% respectively. 55% of the respondents think their income can maintain themselves, while 22.8% of the elders regard themselves comfortably off or affluent. 16.1% of the respondents feel a bit difficult to make both ends meet and 5.7% find it hard to achieve balance. As for the payment approach on medical expenditure, 95.7% of the surveyed elders have medical insurances, while only 2.3% have to pay for their medical costs by themselves and 1.2% rely on poverty relief fund.

3.4. Statistical Analysis

3.4.1. Demands for Different Types of Elder Care Services

This study divides demands into five different types as followings: daily care, medical care, spiritual consolation, emergency rescue and entertainment. In data analysis, the demands for elder care services are assumed to depend on the

following four kinds of variables:

The age of the elders is divided into 60 years or older, 70 years or older and 80 years or older. This ordinal variable is used to analyze the relationship between demands and age.

The familial support includes marital status, residence status, number of children and distance between children and the elders. These four variables above are used to analyze whether family members are capable to offer elderly caring and how their capability will influence demands for elder care services.

The health status ranks as very poor, poor, fair, good, very good, directly determines the degree of demands.

The economic condition variables are used to analyze the relationship between levels of income and choice of models and quality of elderly care services.

(1) Age factor

The survey data indicates that demands for daily care, medical care, spiritual consolation and emergency rescue increase with age. As the cross-tabulations shows, in elders aged 70 years or younger, 28.4% have demand for daily care, the percentage in elders aged 70-79 years is 39.1% and reaches 61% in elders aged 80 years and above (Table 1). In logistic regression model, the likelihood of elders aged 80 years and above needing daily care is 58.4% ($\exp(0.46)-1$) higher than that of elders aged 70 years or younger (Table 2). Compared with elders under 70 years, the likelihood of elders aged 70-79 years old needing medical care increases by 51.1% ($\exp(0.413)-1$) and the likelihood of elders aged 80 years and above is 54.5% higher (Table 2).

Table 1. Cross-tabulations of age and types of demands for elder care services (%).

Demands for elder care services	Under age of 70 years	Age of 70-79 years	Age of 80 years or over	Chi-square test
Daily care	28.4	39.1	61.0	Chi-square=92.6 P=0.000
Medical care	43.3	54.9	60.0	Chi-square=29.0 P=0.000
Spiritual consolation	25.4	32.0	38.0	Chi-square=16.6 P=0.000
Emergency rescue	19.4	25.8	31.5	Chi-square=17.9 P=0.000
Entertainment	53.7	36.1	22.4	Chi-square=92.5 P=0.000

Table 2. Logistic regression of demands for elder care service and age.

	Daily care		Medical care		Entertainment	
	Non-standard regression coefficient	Standard error	Non-standard regression coefficient	Standard error	Non-standard regression coefficient	Standard error
Age (Under 70 years=0)						
70-79 years	0.0892	0.163	0.413***	0.148	-0.638***	0.152
80 years or over	0.460**	0.228	0.435**	0.216	-1.010***	0.237
Constant	1.188	0.735	1.395**	0.685	-3.007***	1.142
N	1227		1228		1,228	
Pseudo R2	0.1191		0.0489		0.0890	
LR chi2	191.39***		83.19***		148.12	

Notes: When there is demand for certain elder care service, the dependent variable equals 1, otherwise the dependent variable equals 0; *** p<0.01, ** p<0.05, * p<0.1. Other variables are put into the models as control variables for exploring the relationship between age and demands for elder services.

The demand for entertainment displays an opposite trend (Table 1). In elders aged 70-79 years and elders aged 80 years and above, the likelihood of needing entertainment is 51.1% ($\exp(0.413)-1$) and 54.5% ($\exp(0.435)-1$) lower than that in elders under 70 years respectively (Table 2). It is informed that the demands for daily care and medical care are more urgent than other services in advanced-aged elders because of their

worsening physical conditions.

(2) Familial support

By constructing cross-tabulations of marital status, residence condition, children amount and demands for elderly care services, it can find that except entertainment, the demands of single elders, living alone elders and no-child elders surpass those of partnered elders, elders living with

spouse or offspring and elders having children (Table 3, 4 & 5). It is reflected in the low level of demands for entertainment

among single and living alone elders that their basic elderly care requirements have not been tackled.

Table 3. Cross-tabulations of marital status and demands for different elder care services (%).

Demands	Unmarried/ widowed/ divorced	Married and having spouse	Chi-square test
Daily care	57.2	29.7	Chi-square=104.6 P=0.000
Medical care	56.6	47.6	Chi-square=10.5 P=0.000
Spiritual consolation	41.4	25.0	Chi-square=41.9 P=0.000
Emergency rescue	30.5	21.1	Chi-square=15.7 P=0.000
Entertainment	28.4	47.5	Chi-square=49.6 P=0.000

Table 4. Cross-tabulations of residence condition and demands for different elder care services (%).

Demands	Living alone	Living with spouse	Living with offspring or other relatives	Chi-square test
Daily care	65.3	29.9	28.0	Chi-square=155.2 P=0.000
Medical care	61.6	46.7	47.1	Chi-square=24.9 P=0.944
Spiritual consolation	43.7	24.8	27.3	Chi-square=45.1 P=0.014
Emergency rescue	34.4	22.3	16.6	Chi-square=32.9 P=0.000
Entertainment	27.0	46.4	45.5	Chi-square=42.9 P=0.000

Table 5. Cross-tabulations of children amount and demands for different elder care services (%).

Demands	0	1	2	3 or more	Chi-square test
Daily care	61.2	37.0	30.8	43.0	Chi-square=36.5; P=0.000
Medical care	60.0	42.3	52.7	53.9	Chi-square=16.0; P=0.000
Spiritual consolation	40.0	23.3	30.3	34.4	Chi-square=16.0; P=0.000
Emergency rescue	36.5	17.4	26.0	25.5	Chi-square=18.1; P=0.000
Entertainment	27.1	46.7	44.5	36.0	Chi-square=18.9; P=0.000

The further regression analysis shows that compared with living alone elders, the likelihood of elders who live with spouse needing daily care services decreases by 57.4% ($1-\exp(-0.855)$), that of elders who live with offspring or other relatives decreases by 48.7% ($1-\exp(-0.667)$). The likelihood of elders who live with spouse and elders who live with offspring needing spiritual consolation are 49.5% ($1-\exp(-0.684)$) and 41.8% ($1-\exp(-0.541)$) lower than that of living alone elders respectively. Compared with elders who live together with offspring, the likelihood of elders whose offspring live in the same community needing daily care increases by 84.2% ($\exp(0.611)-1$), as for elders whose offspring live in the same city but different communities and elders whose offspring live in other cities, the likelihood increase by 110.2% ($\exp(0.743)-1$) and 135.8% ($\exp(0.858)$) respectively (Table

6). 56.5% of the surveyed elders' offspring live in other cities, which suggests a universal and urgent demand for daily care among 'empty-nester' elders.

It is worth noting that the Chi-square test shows the elders who have three or more children are more likely to have demands for daily care, medical care and spiritual consolation than elders who have 1 or 2 children (Table 5). Two reasons may contribute to this phenomenon: first, most of the elders who have more than 3 children are rural citizens, who are much less served by social services than their urban counterparts. Therefore, they have much more demands. Second, the large children amount may result in shifting responsibility among children, leaving the elders helpless. Again, it is proved that the increasing of children cannot guarantee a happy later life.

Table 6. Logistic regression of demands for elder care service and familial support.

	Daily care		Spiritual consolation	
	Non-standard regression coefficient	Standard error	Non-standard regression coefficient	Standard error
Residence condition (Living alone=0)				
Living with spouse	-0.855***	0.247	-0.684***	0.248
Living with offspring or other relatives	-0.667***	0.256	-0.541**	0.252
Distance from offspring (living together=0)				
Living in same community	0.611***	0.237		
Living in the same city but different community	0.743***	0.222		
Living in other cities	0.858***	0.323		
Constant	1.188	0.735	-1.580**	0.742
N	1227		1,228	
Pseudo R2	0.1191		0.0558	
LR chi2	191.39***		83.47***	

Notes: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$. Other variables are put into the models as control variables for exploring the relationship between familial support and demands for elderly services.

(3) The health status

It is inferred from the cross-tabulations of health status and demands for different elderly care services that demands for daily care, medical care and emergency rescue increase as health status worsening, while the trend of entertainment is opposite (Table 7).

Table 7. Cross-tabulations of health status and demands for different elder care services (%).

Demands	Very good	Good	Fair	Poor	Very poor	Chi-square test
Daily care	28.0	27.7	39.5	64.6	65.4	Chi-square=89.9; P=0.000
Medical care	36.4	40.6	53.8	71.4	73.1	Chi-square=68.2; P=0.000
Spiritual consolation	22.0	31.5	28.5	38.3	15.4	Chi-square=13.0; P=0.000
Emergency rescue	7.6	20.0	25.1	43.4	46.2	Chi-square=64.5; P=0.000
Entertainment	55.9	45.0	41.9	22.3	15.4	Chi-square=46.8; P=0.000

It is illustrated in the further regression that when the health status upgrades a level, the likelihood of needing daily care, medical care and emergency rescue decrease by 22.1% ($1-\exp(-0.249)$), 22.4% ($1-\exp(-0.254)$) and 32.8% ($1-\exp(-0.398)$) respectively (Table 8).

Table 8. Logistic regression of demands for elder care service and health status.

	Daily care		Medical care		Emergency care	
	Non-standard regression coefficient	Standard error	Non-standard regression coefficient	Standard error	Non-standard regression coefficient	Standard error
Health status	-0.249***	0.0912	-0.254***	0.0844	-0.398***	0.101
Constant	1.188	0.735	1.395**	0.685	-1.055	0.932
N	1227		1228		1,228	
Pseudo R2	0.1191		0.0489		0.0569	
LR chi2	191.39***		83.19***		76.11***	

Notes: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$. Other variables are put into the models as control variables for exploring the relationship between health status and demands for elderly services.

(4) Economic conditions

Both the cross-tabulations of income level and demands for different elderly care services and the cross-tabulations of economic condition and demands for different elder care services indicate that the demands for medical care decrease with the income level upgrades and economic condition improves (Table 9 and Table 10).

Table 9. Cross-tabulations of income level and demands for different elder care services (%).

	Less than 1000	1000-1999	2000-2999	Over 3000	Chi-square test
Daily care	42.0	33.2	39.9	35.5	Chi-square=6.5; P=0.09
Medical care	57.2	51.0	49.2	45.0	Chi-square=10.3; P=0.01
Spiritual consolation	34.5	33.1	25.7	31.9	Chi-square=10.6; P=0.01
Emergency rescue	27.3	19.5	23.5	25.5	Chi-square=5.5; P=0.136
Entertainment	38.1	52.1	36.6	46.1	Chi-square=22.2; P=0.00

Table 10. Cross-tabulations of economic conditions and demands for different elder care services (%).

	Affluent	Well-off	Moderate	Poor	Very poor	Chi-square test
Daily care	38.1	29.9	34.9	52.0	60.2	Chi-square=49.9; P=0.00
Medical care	31.7	42.3	48.4	64.9	70.5	Chi-square=52.4; P=0.00
Spiritual consolation	30.2	34.9	28.4	32.7	25.0	Chi-square=6.0; P=0.198
Emergency rescue	17.5	17.4	23.5	33.5	29.5	Chi-square=21.9; P=0.00
Entertainment	31.7	43.4	46.4	31.0	22.7	Chi-square=35.1; P=0.00

It is turned out in the further regression analysis that the likelihood of needing medical care will decrease by 22.7% ($1-\exp(-0.258)$) when the economic condition upgrades a level, meanwhile the likelihood of needing spiritual consolation will increase by 23.2% ($1-\exp(-0.209)$) (Table 11). Those elders in worse economic condition have more urgent demands for medical care while those better-off starts to pursue spiritual satisfaction since their demands for medical care have been tackled. The pyramidal hierarchical model of human needs reflected requires us to attach attention to the diversity and multi-levels of social elderly care services system.

Table 11. Logistic regression of demands for elder care service and economic condition.

	Medical care		Spiritual consolation	
	Non-standard regression coefficient	Standard error	Non-standard regression coefficient	Standard error
Economic conditions	-0.258***	0.0901	0.209**	0.0967
Constant	1.395**	0.685	-1.580**	0.742
N	1228		1,228	
Pseudo R ²	0.0489		0.0558	
LR chi ²	83.19***		83.47***	

Notes: *** p<0.01, ** p<0.05, * p<0.1. Other variables are put into the models as control variables for exploring the relationship between economic conditions and demands for elder services.

3.4.2. The Preferential Selection of Elder Services

77.4% of the respondents choose social elder care services (including home-based elderly services and institution-based services), mainly for the reason that the services offered by nursing institutions are more professional (chosen by 28.1%). Having no one offering care is the second reason chosen by most respondents (27.7%). 23.8% of the respondents choose social services for the companion of other elders and 19.1% are attracted by the rich entertainment activities.

The rural elders have less knowledge and demands about social elder care services as elders who live in urban areas and towns. Only 20% of elders living in urban areas and towns choose to receive care offered by offspring at home, which is chosen at a much higher percentage by elders in rural areas. Meanwhile, over 30% of rural senior citizens choose social services (Table 12), which indicates that family-based elderly care services still dominate in rural areas and there are huge requirements of institution-based services to be met timely.

Table 12. Cross-tabulations of districts and different elder care services approaches (%).

Elder care services approaches	Urban areas	Towns	Rural areas
Living at appropriate elderly nursing homes	34.9	34.3	30.7
Employing nurses or hourly workers to offer care at home	23.3	23.5	15.3
Purchasing care services from home-based elderly service center	21.8	22.1	18.8
Cared by offspring at family	20.0	20.1	35.1
Total	100.0 (965)	100.0 (204)	100.0 (202)
Chi-square=24.3, p=0.000			

3.4.3. Affordability of the Expenditure on Elderly Services

The afford ability of the expenditure on elderly services has a model of inverted pyramid, which indicates the higher the expenditure the service costs, the less it is chosen. There remains a significant positive relationship between monthly income and the bearing capability of monthly expenditure on elder services (Table 13). With income increasing, elders would like to spend more on elderly care services, which lay the economic basis for development of elder social care services.

Table 13. Coefficient of association between monthly income and expenditure on elder services.

		Monthly income	Affordability of monthly expenditure on elderly services
Kendall's tau_b	Monthly income	Coefficient	1.000
		Sig.(two-sided)	.460**
		N	.000
	Affordability of monthly expenditure on elderly services	Coefficient	1557
		Sig.(two-sided)	.460**
		N	.000
		1512	1517

Notes: **. P<0.01 (two-sided).

3.4.4. The Priority in Choosing Elder Nursing Institutions

The quality and reputation of nursing institutions are chose by most elders as the most important factors to consider in choosing nursing institutions at the same percentage of 33.3%, with charging standards chosen by 26.1% of elders. When purchasing services offered by nursing institutions, 55.8% of the elders regard quality as the most important factor, while price is chosen by the 28.7% of the elders. The data indicates that the demands of elders have shifted from minimum guarantee to premium services. Elders attach more importance to quality rather than price, which illustrates the demands of well-off elders who pursue life quality should be taken into

consideration. Strengthening the elder nursing institutions and improving community elder services are considered as the most necessary measures to develop elder social care services system in the future.

4. Direction of Constructing Elder Social Care Services System Rooted in Realistic Demands

Due to historical reasons, the elder social care services system in China is still in its primary stage, suffering a serious shortage of services and reflecting shortcomings in its

structure. The characteristics could be summarized as followings: (1) giving priority to home-based elderly care services (2) focusing on minimum guarantee to satisfy the needs of disadvantaged and low income elders (3) staying at the low level to meet basic living requirements. Both the existing statistics and survey data indicate that new characteristics of elder care services are emerging and the direction of social elderly care services system should make the following adjustments accordingly.

4.1. The Service System Should Transform from Compensation System into a Universal System

Caring for aged people was regarded as family duties performed by offspring in Chinese traditional elder caring model, so government and society only offered guarantee for no-child elders who live alone. The elder social care services system used to be a minimum guarantee to meet the quotidian needs of the disadvantaged elders. When the offspring are constrained by objective conditions and capability and unable to offer support all the time, the burden of supporting is shifted to elders themselves. Currently, it is a common phenomenon that elders uncovered by minimum guarantee system are faced with problems of later life.

In this questionnaire survey, 77.4% of the respondents tend to receive social care services, while 22.6% of the respondents choose to be cared by offspring at home. The social elder social care services should expand coverage from disadvantaged elders to elders who have demands for services, turning the former compensation system into a universal system that is comprehensive to meet variety of demands [11]. The expansion of services supply and coverage should be given priority in the construction of elder social care services system so that the services become convenient and available to all elders.

Among the aged-people, living alone elders, advanced-aged elders and disabled elders are most urgent in demands. Living alone elders and single elders account for 24.8% and 32.3% of this survey respondents respectively, and their demands for daily care, spiritual consolation and emergency rescue are much higher than those of elders living with spouse or offspring. According to the survey data analysis, except demand for entertainment, all kinds of service demands increase with age, which is more obvious in elders aged 80 years or older since they suffer from severe decreasing physical function. Besides, there are more than 150 thousand disabled or semi-disabled elders whose demands cannot be satisfied by personal or familial support in Nanjing, which is imperative for social forces to intervene. Due to the shortage of services for living alone elders and disabled elders, some elders in poor conditions have to wait for the chance of settlement in nursing home despite of their urgent needs, which intensify the structural contradictions. The construction of social elderly care service system should optimize the system structure in consideration of the special demands of advanced-aged elders, living alone elders and disabled elders, make the services humanized, personalized and convenient.

4.2. The Quality of Service Should Enhanced from Low Level to a Higher Level

It is reported in past research that half of the residents in Nanjing elderly nursing homes are rural elders enjoying the state welfare while the other half are mainly elders receiving therapy, rehabilitation and palliative care. The elder social care services are still staying at a low level where the demands for elder social care services are restricted in return. With the economic and social development, the amount of elders who need the recuperation services will theoretically surpass those who need minimum guarantee and keep growing.

The data analysis exhibits a positive and significant relationship between elders' expenditure on care services and monthly income. Senior citizens are willing to increase spending on care services with income growing, which suggests there is a demand basis for developing elder social care services system. In this survey, 77.8% of the respondents regard their income enough to maintain themselves, comfortable or affluent, and 95.7% of surveyed elders have medical insurances. The result indicates a majority of elders have their basic living needs solved and the expenditure on medical care, which takes most of later life spending, covered by insurances. Therefore, the economic basis for purchasing elder social care services has been matured. Elders living in urban areas, having a relatively higher education level or income are more likely to choose elder social care services, which means their demands cannot be satisfied by the original low-level services. The demands of elders who are in relatively better physical conditions, enjoy relatively higher income, pursue life quality and spiritual consolation should be taken into account. Improving the elderly care quality substantially is the main direction of transformation in Chinese elderly care services demands, which is explicitly revealed during the pursuit of happiness in old age after basic living needs being solved.

4.3. The New System Model Should Pay Equal Attention on Home-Based Elderly Services and Institutional Elder Care Services

It is widely accepted that most elders tend to choose home-based services. However, this situation results from many objective factors, such as the severe shortage of nursing home beds, the low level of services offered, the lack of charge standard and the incompatibility of policies. According to overseas experience and researches, with the income increasing and population aging, more and more senior citizens will choose institutional services. In the survey above, receiving elder social care services is chosen by 77.4% of the respondents with 43.2% and 34.2% of all choosing home-based services and institutional services respectively, which indicates the increase of recognition and demands of institutional services. With the restrictions on institutional elderly services removed, the structure of demands for social elderly services will transform the emphasis on home-based elder services to lay equal stress on home-based elder services and institutional elder services.

5. Conclusion

Based on the analysis on data collected through questionnaire survey in Nanjing, it can find that the demands for elder care services of the aged in Nanjing are extensive and prevalent, meanwhile the demands are multi-leveled and multi-dimensional, differentiated by different elderly groups. Firstly, the demands for daily care, medical care, spiritual consolation and emergency rescue increase with age. Secondly, the demands of single elders, living alone elders and no-offspring elders surpass those of elders living with spouse, elders living with offspring and elders having children. Thirdly, 77.4% of the respondents tend to choose elder social care services, half choices of which are institutional care services. Finally, with the income increasing, elders tend to invest more on elderly care services. The demands above will promote and lay economic basis for the development of elder social care services.

In order to satisfy the multi-leveled and multi-dimensional demands of most senior citizens, the direction for the construction of new elder social services system has been further proposed. The system should expand coverage from offering minimum guarantee to serving all aged population, especially some special groups. The system should also enhance the services from low level to higher level. In addition, the focus of service models should shift from home-based services to the balance between home-based and institutional services. In this way, the new system can meet variety of demands and make elders in urban and rural areas have multiple choices so that they can afford the service suitable for them.

The construction of the elder social care services system in China is constrained by its special national conditions and historical stage, thus the system would present some characteristics of "the Chinese model". Based on Chinese native context, the current demands for elderly care services and the direction for the construction of elder social services system have been explored. This work extends the connotation of "elderly care service model with Chinese characteristics" and contributes to the diversification of global elderly care service models.

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