

School/Department:	Erasmus School of Health Policy & Management (ESHPM) at Erasmus University Rotterdam (EUR)
Project Title:	ORGANIZING ELDERLY CARE IN THE COMMUNITY IN CHINA
Abstract:	<p>Background</p> <p>Both statistics and research show that China has become an ageing society (Wang Zhibao et al., 2013). People over 60 years old already accounted for 17.3% of the Chinese population in 2017. This percentage is estimated to grow up to 25% in 2050 (Blue book of elderly health, 2018). Traditionally, elderly care has been provided at home by spouses, children, and/or in-laws. The filial piety for elders is both a cultural and legal norm. However, traditional family care practices are more and more fading and might even be unfeasible in the future due to urbanization, change in life-style, and the former one-child policy. The obvious alternative for traditional family care is institutional care. However, institutional care is currently either too expensive or delivers rather poor quality of care (Xiliang & Yashu, 2017). Also, institutional care, such as nursing homes, is often perceived as only a last resort and sometimes even seen as shameful for families and the society. The alternative is community-based in-home care in which family members are the primary caregivers, supported by supplemental care from care- and welfare professionals.</p> <p>Currently, community care services in China are rapidly evolving, with increasing variation and number of services. Thereby, discrepancies in number and quality of services are increasing especially between affluent and less affluent areas and between urban and rural areas. Many countries are struggling with how to best organize elderly care in the community, taking into account varying conditions between communities. China, because of its great diversity, may provide interesting examples and lessons learned.</p> <p>Influencing factors for type of elderly care</p> <p>Research shows that several factors may play a role in the choices of elderly and informal caregivers for the type of elderly care they use; be it in the community or institutional. Identified factors are: the presence of affordable care institutions; financial incentives (e.g. insurance, unemployment); concerns about the quality of care provided by institutions; family feelings of responsibility and the related guilt for placing one's parents in an institution; distance between services and current resident and between elderly and their spouse; the health status and incomes of the elderly (Chan et al., 2008; Huang et al., 2018; Zhan et al., 2006; Yun et al., 2019). It appears that especially the availability of drugs in institutional care and the perceived quality of primary care pushes patient from</p>

	<p>community to institutional care in China (Liu et al., 2018).</p> <p>Mixture of domains Some of the challenges in organizing community-based in-home services revolve around the mixture of domains (e.g. medical, social, prevention, health promotion and housing), the variety in actors involved (e.g. patient, formal caregivers, and informal caregivers such as relatives and volunteers) next to the variance in services. Researchers and practitioners struggle for example with how professionals from different disciplinary backgrounds and status are able and can work together to deliver integrate care in the community, but also how informal caregivers are involved (Chan et al., 2008). Although some research has provided a glimpse of what the interactions among these actors entail (mostly in a Western setting), research lacks to provide understanding how community-based in-home care is best organized, also in different types of communities. This research also intends to investigate the deeply rooted social meaning underlying various modes and choices in Chinese context.</p> <p>Research questions and methodology</p> <ol style="list-style-type: none"> 1) What types of community-based home care are present and developing in China, under what kind of conditions? 2) Which factors determine the choices of elderly and informal care givers for different types of community-based services? 3) What types of interaction and collaboration develop between formal caregivers, informal caregivers, and elderly in different types of community-based services?
<p>Requirements of candidate:</p>	<p>Background: We are looking for a PhD candidate who is interested in unraveling how teams function in the elderly care and has the following expertise and experience:</p> <ul style="list-style-type: none"> • Master degree: You have a master degree in a relevant field, such as Health Sciences, Psychology, Sociology, Public or Business Administration, HR Studies, from a leading University in China or overseas. • English: You have good speaking as well as good writing skills in English <i>and</i> Chinese. • You have good skills and experience with doing various types of empirical research on an academic level • You are motivated to conduct research in the health care field. <p>EUR requirement: IELTS: 7.0 (min. 6.0 for all subs.) Or, TOEFL: 100 (min. 20 for all subs.)</p>

<p>Supervisor information:</p>	<p>Prof. dr. Robbert Huijsman MBA Email address: huijsman@eshpm.eur.nl Personal website: www.linkedin.com/in/robbert-huijsman-6482a36/ www.researchgate.net/profile/Robbert_Huijsman</p> <p>Dr. Martina Buljac- Samardzic Email address: buljac@eshpm.eur.nl Personal website: www.linkedin.com/in/martinabuljac www.researchgate.net/profile/Martina_Buljac</p> <p>Dr. Jeroen van Wijngaarden Email address: vanwijngaarden@eshpm.eur.nl Personal website: www.linkedin.com/in/jeroen-van-wijngaarden-a8043b18 www.researchgate.net/profile/Jeroen_Wijngaarden</p> <p>Articles:</p> <ul style="list-style-type: none"> • W.M. Looman, I.N. Fabbricotti, J.W. Blom, A. Jansen, J. Lutomski, S.F. Metzelthin & R. Huijsman (2018). The frail older person does not exist: development of frailty profiles with latent class analysis. <i>Open external BMC Geriatrics</i>, 18 (84), 1-11. doi: doi.org/10.1186/s12877-018-0776-5 • W.M. Looman, R. Huijsman & I.N. Fabbricotti (2018). The (cost-)effectiveness of preventive, integrated care for community-dwelling frail older people: A systematic review. <i>Open external Health & Social Care in the Community</i>, april, 1-30. doi: 1111/hsc.12571 • C.W. Alingh, J.D.H. van Wijngaarden, J. Paauwe, K. van De Voorde & R. Huijsman (2018). Speaking up about patient safety concerns: The influence of safety management approaches and climate on nurses' willingness to speak up. <i>Open external BMJ Quality & Safety</i>, 28 (1), 39-48. doi: 10.1136/bmjqs-2017-007163 <i>Open external</i> • C.W. Alingh, M.M.H. Strating, J.D.H. van Wijngaarden, J. Paauwe & R. Huijsman (2018). The ComCom Safety Management Scale: developing and testing a measurement instrument for control-based and commitment-based safety management approaches in hospitals. <i>BMJ Quality & Safety</i>, 27 (10):807. doi: 10.1136/bmjqs-2017-007162 • M.I. Gaakeer, R. Veugelers, J.M. van Lieshout, P. Patka & R. Huijsman (2018). The emergency department landscape in The Netherlands: an exploration of characteristics and hypothesized relationships. <i>Open external Emergency</i>

	<p>Medicine Journal, 11:35. doi: 10.1186/s12245-018-0196-5 Opent extern</p> <ul style="list-style-type: none"> • W.M. Looman, I.N. Fabbricotti, J. Blom, D. Jansen, J. Lutomski & R. Huijsman (2017). Managing frailty: exploring the effectiveness of integrated primary care interventions by distinguishing subpopulations of frail older people. Opent extern International Journal of Integrated Care. • R. Huijsman (2017). Casemanagement dementie is in de war geraakt. Opent extern Nederlands Tijdschrift voor Geneeskunde, 161 (38/39), 88. doi: C3611 • B. Janse, R. Huijsman, W.M. Looman & I.N. Fabbricotti (2017). Formal and informal care for community-dwelling people over time: A comparison of integrated and usual care in the Netherlands. Opent extern Health & Social Care in the Community, 1-11. doi: 1111/hsc.12516 Opent extern • B. Janse, R. Huijsman, R. de Kuyper & I.N. Fabbricotti (2016). Delivering Integrated Care to the Frail Elderly: The Impact on Professionals' Objective Burden and Job Satisfaction. Opent extern International Journal of Integrated Care, 16 (july), 1-13. doi: 10.5334/ijic.2014 • Y. Roelofsen, M. Vugt, s.h. Hendriks, k.j.j. van Hateren, k.h. Groenier, F.J. Snoek, N. Kleefstra, R. Huijsman & H.J.G. Bilo (2016). Demographical, Clinical, and Psychological Characteristics of Users and Nonusers of an Online Platform for T2DM Patients (e-VitaDM-3/ZODIAC-44). Opent extern Journal of Diabetes Research, 1-16. doi: 10.1155/2016/6343927 • W.M. Looman, R. Huijsman, C.A.M. Boumans, E.A. Stolk & I.N. Fabbricotti (2016). Cost-effectiveness of the 'Walcheren Integrated Care Model' intervention for community-dwelling frail elderly. Family Practice, 33 (2), 154-160. doi: 10.1093/fampra/cmv106 • W.M. Looman, I.N. Fabbricotti, R. de Kuyper & R. Huijsman (2016). The effects of a pro-active integrated care intervention for frail community-dwelling older people: a quasi-experimental study with the GP-practice as single entry point. BMC Geriatrics, 16 (43), 1-10. doi: 10.1186/s12877-016-0214-5 • S. Winters-van der Meer, R.B. Kool, R. Huijsman & N.S. Klazinga (2015). Exploring day-to-day improvement in somatic long-term care in the Netherlands; a mixed method multiple case study. International Journal of Healthcare Management, 8 (3), 164-172. doi: 10.1179/2047971914Y.0000000098
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Key literature	<p>Liu, Y., Kong, Q., Yuan, S., & van de Klundert, J. (2018). Factors influencing choice of health system access level in China: A systematic review. <i>PloS one</i>, 13(8), e0201887.</p> <p>Yun, L., Jia, Z., Qiqun, T., Lei, X., Jie, Y., Xueyuan, B. (2019). The status quo of the elderly disabled in the residential care institutions and the factors affecting the quality of life of the disabled elderly. <i>Chinese Journal of Gerontology</i>, 39(05): 1213-1216.</p>
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