

Nursing in integrated community care for older adults in South Korea

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Most studies published in the current issue of the Journal of Korean Gerontological Nursing focus on healthcare for community-dwelling older adults. Globally, older adults desire to age in their own homes and communities [1], and aging in place is one of the top priorities in caring for the growing older adult population [2].

Aging in place, defined as “the ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level” [3], has many benefits including (a) maintaining the familiar environment and social networks of older adults, (b) improving quality of life, (c) preventing unnecessary hospitalization, and (d) reducing healthcare expenses [4,5]. However, many Korean older adults with dementia are exposed to hospitalization and institutionalization as their dementia progresses. For example, 20.0% of older adults with dementia aged 65 or older receive care from long-term care hospitals [6], and 63.7% of older adults with dementia and significant functional impairment receive care in nursing homes [7]. Furthermore, 80.4% of older adults with dementia aged 60 or older die in medical institutions (mostly hospitals), whereas only 7.1% die at home [8].

Cho and Kwon [9] present that older adults’ psychological well-being, no fall history, physical exercise, residential satisfaction, safe environment, rural residency, family contact, and the coverage of a basic pension likely lead to aging in place. This indicates the need for comprehensive, integrated community care, defined as a community-led policy that provides integrated support for housing, health care, nursing, independent living, and others so that individuals can enjoy such services to meet their individualized needs in the place where they live [10]. The Korean government commenced an integrated community care pilot project in 2019 that targeted older adults, the disabled, and persons with psychiatric disorders [11]. For this project, local governments should establish local integrated care centers/departments, dedicated organizations within city/county/district headquarters, local care meetings, public-private councils, and healthcare and social service infrastructure [11]. This project revealed several challenges including limited target populations and scope of community-based healthcare and social services and a lack of dedicated workforce, particularly in nursing and social welfare [11,12]. On March 26, 2024, the Korean Ministry of Health and Welfare enacted the Integrated Community Care Support Act to promote nationwide community care [13,14].

This Act stipulates matters necessary to provide integrated and connected care support to enable people (i.e., older adults, the disabled) who have difficulty performing daily activities due to frailty,

disability, diseases, accidents, and others to continue to lead a healthy life where they live. Through this, this Act aims to maintain and promote a healthy and humane life for the people [14]. Although tremendous efforts are needed to establish the community foundation for effective and successful implementation of the Act for the next 2 years [13], we strongly hope for the positive impact of the Act on community care for older adults.

Moreover, nurses should be important and non-replaceable contributors to integrated community care. The roles of nurses include administrator, advocate, care provider, change facilitator (for nursing practice and clients' health behaviors), coordinator, counselor, decision-maker, educator, nursing leader, and researcher. Despite the uncertainty about how supportive the Act would be for nursing in community care, we also hope that nurses can play these roles in integrated community care without restrictions. For this, the following is necessary: (a) increasing nurse staffing and establishing nurse roles in local governments and healthcare and long-term care services for community care; (b) including nursing experts in the councils of integrated support; (c) providing ongoing education and training to enhance nurses' competency for community care; (d) conducting research on the structures, processes, and outcomes of nursing in integrated community care for older adults and translating the evidence to nursing practice; and (e) promoting nursing and nurses' contributions to community care widely.

From now on, nurses need to pay attention to the preparation of the main and local governments, healthcare and long-term care professionals, and communities for person-centered, systematic, interdisciplinary, integrated community care for older adults. Furthermore, gerontological nursing societies should discuss practical strategies to enhance nursing in such community care.

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Conflict of interest

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