

The Global Practitioner

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As a gerontologist with 18 years of experience providing services to older adults and their families, mostly in nursing homes, I am curious about progressive models and innovative methods of caring for older adults. Increasingly, I have started to wonder about the experiences of other countries as they grapple with the issue of long-term care (LTC). What are their structures? How do their programs, services, and facilities compare to ours? Could our future be found somewhere else? Therefore, it was with great anticipation and excitement that I became a participant in The American Society on Aging's (ASA) Seminar in Beijing in 2007. Visits to a hospital, retirement center, and senior university, lectures from respected Chinese academics, medical professionals, and government officials, and group discussions were the highlights of this experiential adventure.

The Numbers

In 2007, the United States housed approximately 16,000 certified nursing facilities.¹ These institutions are a substantial care network for our frail and elderly, and the service they provide is critical and necessary for residents and their families. China also is developing an elder care network, and institutional residences are one vital component. Our Chinese hosts were clear in explaining to us that their country is experiencing a change in cultural attitudes toward the elderly as it implements new social, political, and economic strategies. One of these changes is a loss of the cultural norm of deference to elderly persons; another is a change in perspective about the tradition of family care for elderly individuals. These cultural adjustments have resulted in a need for other options in the LTC system. In 2005, China housed about 39,500 residential institutions of various types for older adults, including social welfare facilities, senior lodges, and nursing homes (NHs).²

One Facility

I was eager to visit the Beijing Retirement Center, as it was presented to us as a facility that was similar to American NHs, and I did draw some general comparisons between this Chinese facility and American facilities with which I am familiar. The Center comprises 17 floors and has a 450-bed capacity within 258,000 sq. feet. Services include a planned calendar of activities, a Resident Council, a New Year's party, and field trips twice a year. There is a multi-function room where residents are able to engage in chess, cards, and pool. Residents can read in the reading room or surf the Internet.³ The Beijing Retirement Center was certainly similar to many of the American facilities in which I've been employed.

There were some striking differences: Each floor has a kitchen so that residents can cook for themselves. Twenty-four hours per day, seven days a week, personnel in the clinic provide medical services to about 20 people per day. Direct line staff live in the

facility and are also on call (L. Ding, oral communication, May 29, 2007). During our visit to the Center, we learned that the eligibility criteria for admission to this facility required high-level skills and capabilities: individuals had to be age 60 years of age or older, free of contagious disease or mental disorder, capable of self-care, and able to live in a group setting. This alternate definition of what constituted a “nursing home” was one of those interesting differences that appeared during the seminar.

Many People

We had a chance to meet many of the staff during our visit, and they were proud and passionate about their work. We also met some of the residents. One gentleman in particular drew my attention as he sat by himself in the reading room. He was peaceful, shy in his demeanor, and at the same time interested in us, the American visitors. He made eye contact and gave me a tentative smile. When I pointed to the camera and pantomimed taking a picture, he grinned and waved. And that moment became the moment for me—not just of the seminar, but of my career and of my life’s work. It was just a small interaction with an older adult in a facility; I’ve had thousands. Yet here I was, doing what I always do, being who I always am, and sharing time with a resident in a facility on the other side of the world.

It was then that I had the strongest feeling of *déjà vu*, and I suddenly realized that the struggle to improve the lives of the frail and elderly is a global one. I’ve always just done my thing, gone to work, tried to make a difference in my little corner of the world, fighting the good fight to improve the quality of lives of older adults. It became clear to me that all over the world, people just like me—people just like you—are going to work, serving the best they can, creating small moments of happiness, easing pain, witnessing death. I felt connected, as I never have before, to the true meaning of my career, archived in the thousands of memories I have with people who were much like this gentleman at the Beijing Retirement Center.

What I came to realize is that the people we met in China—the administrators, government officials, doctors, and direct line staff that took the time to share with us, the Americans, their day-to-day work—are doing the same thing. In China, in America—and indeed, all over the world—those same questions about our future are being asked each day by dedicated professionals working toward improving the quality of life for elderly persons everywhere. Regardless of what that future is, what model evolves, what definition we use, or what innovative delivery system is invented, our work is and always will be the foundation of that success.

References

1. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. National Center for Health Statistics. *Health, United States, 2008, with Chartbook*. Hyattsville, MD: U.S. Government Printing Office; 2009.
2. Information Office for the State Council of the People’s Republic of China. *The Development of China’s Undertakings for the Aged*. Beijing, China: Foreign Languages Press; 2006.
3. Beijing Fifth Social Welfare Institution [brochure]. Beijing, China: Author; n.d.

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