

# The Effect of Recognition Level of Korean Elderly Long-Term Care Insurance System on Effectiveness Recognition

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## Abstract

**Background/Objectives:** The purpose of this study is to investigate the effect of the elderly long-term care insurance system recognition level on effectiveness recognition in Korea. The study focused specifically on the comparison of middle age and old age-related study subjects.

**Method/Statistical Analysis:** The subjects of this study were middle age people between the ages of 45 and 64 years old, and the old age people were over the age of 65 who were residing in Chungnam, Korea. From July to August 2018, questionnaires were distributed and collected from general residents, and finally, 400 sets of data from 200 middle age and 200 old age data were obtained.

**Findings:** First, the perception of necessity and necessity of elderly long-term care insurance system was considered positive, and the middle age generation was more positive than the old age generation. In addition, the middle age generation had a high level of recognition that if they needed care, they would utilize care facilities, but would utilize home care services when the spouse also required additional care. Second, elderly care facilities and home service fees were generally recognized and considered as expensive, but such a cost burden did not adversely affect the effectiveness recognition of the elderly long-term care insurance system.

**Improvements/Applications:** In order to solve the problems in the new elderly care facilities construction process, it is necessary to exchange opinions and converge with each other through constant communication and coordination with the residents, and in addition, business entities should first approach local residents with authenticity regarding their noted care issues and concerns.

**Keywords:** Long-term care insurance system, Recognition level, Admission motivation, Effectiveness recognition, Middle age, Old age.

## Introduction

The elderly long-term care insurance system, which is a representative form of social care in Korea, has been implemented nationwide since 2008, and it was institutionalized at the national level on the basis of the social solidarity principle, improving the quality of life

of elderly people and problems caused by the increase in geriatric diseases<sup>[1]</sup>. The benefit types of elderly long-term care insurance system includes: home-care benefits such as visiting care, visiting bathing, visiting nursing, day and night care, short term protection, and other home-care benefits, institution benefits, as well as special cash benefits including family care benefits, special medical benefits, and nursing hospital benefits<sup>[2]</sup>.

According to a study by Lee <sup>[3]</sup>in 2017, nearly 10 years after the elderly long-term care insurance system was implemented nationwide, showing that the proportion of care by family members was higher than that of public services. Nevertheless, the use of public services for the elderly population is on the rise every

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year. As of April 2010, there were 300,000 elderly people who received long-term care status, 5.6% of the total elderly population, and 260,000 of them were using long-term care services for the elderly<sup>[4]</sup>.

There is also a growing awareness of the need for elderly long-term care services. Meanwhile, according to the National Health Insurance Corporation's 2009 national awareness survey on elderly long-term care insurance system, the overall perception of the need for the system was very high at 86.6%, but the awareness of the system was 53.1%<sup>[5]</sup>. In light of the elderly long-term care insurance system awareness survey in 2017, awareness increased significantly to 77.2%, and necessity to 92.8%<sup>[6]</sup>.

In addition, the perceived level of elderly long-term care insurance system, which can be operationally defined through recognition of elderly long-term care insurance system, necessity, NIMBY phenomenon for nursing facility, and charge level, is expected to vary from generation to generation in terms of needed services for the elderly in society. Empirical studies also found trends related to differences between generations, but the directions were considered to be different. There are also studies<sup>[7]</sup> in which age does not affect the perception of elderly long-term care insurance systems and studies<sup>[8]</sup> that the older the age, the higher the awareness of the system and the higher the age, the more interested the person was on understanding care systems for the elderly people who would need those services the most in society.

An improved knowledge of the social system or policy, or the development of an increased knowledge of the policy may affect the behavior of policy subjects or future policy subjects and ultimately affect policy effectiveness<sup>[9]</sup>. Therefore, in order to grasp the effectiveness of the welfare policy for the elderly, it is necessary to understand more closely the influence of the recognition level on the system, and it is possible

to predict the necessity to aid in the expansion and contraction of the future system by comparing and analyzing it according to the generation.

The study focuses on the middle age generation between 45 and 64 years old and the old age generation older than 65 years to investigate first, "what is the perceived level of elderly long-term care insurance system?," second, "does the elderly long-term care insurance system have a different recognition level according to generation?," and third, "does the perceived level of elderly long-term care insurance system affect the level of effectiveness?"

## Method

1. **Data collection procedures:** The subjects of this study were middle age people between the ages of 45 and 64 years old, and the old age people were over the age of 65 who were residing in Chungnam, Korea. It is noted that from July to August, 2018, questionnaires were distributed and collected from general residents, and finally, 400 sets of data from 200 middle age and 200 old age data were obtained.
2. **Characteristics of subjects:** The sociodemographic characteristics of the middle age generation 200 subjects were 57.0% males, 51.29 years of age on average, and 95.5% of respondents were married. Education level was relatively high with 52.5% of college graduates or higher and 43.5% of high school graduates, 51.0% had religion and 71.0% resided in urban area.

The sociodemographic characteristics of the middle age generation 200 subjects were that 68.0% males, 75.81 years of age on average, and 91.5% of respondents were married. The education level of the subjects showed 65.0% of the subjects having less than middle school education, 69.0% had religion, and 60.0% lived in rural areas.

**3. Measurement tools:**

**Table 1. Measurement tools**

Variable	Content	Measurement method
Dependent variable	Effectiveness recognition	It used the single item “Do you think that the elderly long-term care insurance system will ease the burden on families?” and it is composed of a 5 point Likert scale.
Independent variable	Necessity recognition	It used the single item “Do you think there is need for an elderly long-term care insurance system?” and it is composed of a 5 point Likert scale
	Care facility building approval	It used the single item “Would you approve of elderly care facilities near your home?” and it is composed of a 5 point Likert scale
	Care facility fee charging	It used the single item “Do you think the cost of entering elderly care facilities is reasonable?” and it is composed of a 5 point Likert scale
	Home service fee charging	It used the single item “Do you think the cost of home-care benefits service is reasonable?” and it is composed of a 5 point Likert scale

**4. Statistics:** In this case, the frequency analysis, crosstab analysis, and hierarchical regression analysis were applied using SPSS 21.0.

**Result**

**1. Recognition of elderly long-term care insurance system:** The recognition rate of elderly long-term care insurance system of middle age and old age was high with 77.3%, 89.2% of the respondents responded ‘agree’ to the effectiveness of the system, and 2.2% ‘strongly agree’ with 91.4% positive towards the system (average 4.12), and in response to the necessity of the system, ‘agree’ was 54.7% and ‘strongly agree’ was 35.6% with 90.6% (average 4.22) responding positively. However, it is emphasized that 66.3% of the respondents agreed to building a care facility near to their home, with a slightly lower response rate of 3.69.

In service type, on the question of need for care for oneself, 51.8% responded ‘elderly care facilities admission’ and for spouse, 51.5% responded ‘use of home-care benefits’, which was similar levels. Meanwhile, for responses related to elderly care facilities fees, 51% responded that it was ‘rather burdening’ and 58.3% responded ‘average’ for home service use fees, showing that home service use burden is lower than elderly care facilities burden.

**2. Differences in recognition of elderly long-term care insurance system by generation:** The differences between the elderly long-term care

insurance system awareness was significant in the difference between middle age and old age [Table 2]. The awareness was high both in old age generation (70.5%) and middle age generation (84.0%), but middle age generation was higher.

**Table 2: The difference awareness according to generation**

	Middle generation N (%)	Old generation N (%)	Chi-square
Know	168(84.0)	141(70.5)	10.370**
Do not Know	32(16.0)	59(29.5)	
**p<.01			

**3. The effect of perceived level of elderly long-term care insurance system on the effectiveness recognition by generation:** To investigate the effect of awareness level of elderly long-term care insurance system on effectiveness recognition, those who know the elderly long-term care insurance system were separated for analysis in the study. A hierarchical regression analysis was performed [Table 3].

Stage 1 control variables accounted for 4.5% of the effective recognition of elderly long-term care insurance systems, elderly long-term care insurance system recognition explained 39.9%, and the total of 10 variables accounted for 44.4% of the effective recognition of the elderly long-term care insurance system of the middle age generation. Therefore, the necessity recognition of the elderly long-term care insurance system, rather than

the sociodemographic characteristics of the middle age generation, were shown to have had more influence on the effectiveness recognition.

Looking at the influence of individual variables focusing on model II, it was shown that the awareness

of the effectiveness of elderly long-term care insurance system in Korea was higher with higher recognition of necessity and higher agreement to care facility building near the home, and the relative influence of necessity recognition was higher between the two variables.

**Table 3. The effect of recognition level of elderly long-term care insurance system on middle generation on effectiveness recognition**

		Model I			Model II		
		B	Beta	t	B	Beta	t
Constant term		5.062		7.057***	1.655		2.459*
Stage 1 Socio demographic characteristics	Gender (1=Male)	.246	.175	2.133*	.102	.073	1.114
	Age	-.025	-.159	-1.464	-.011	-.072	-.849
	Marital period	.012	.107	.994	.004	.035	.412
	Education level (1=College graduate)	.021	.015	.184	-.036	-.026	-.407
	Religion (1=Yes)	.149	.108	1.365	.071	.052	.840
	Residence (1=Urban)	-.080	-.051	-.641	-.136	-.087	-1.417
Stage 2 Elderly long-term care system recognition	Necessity recognition				.563	.515	7.870***
	Care facility building approval				.181	.249	3.848***
	Care facility fee charging				.009	.010	.152
	Home service fee charging				-.024	-.027	-.390
		F value=1.260 R <sup>2</sup> =.045			F value=12.549*** DR <sup>2</sup> =.399 R <sup>2</sup> =.444		
*p<.05, ***p<.001							

Next, in the hierarchical regression model for old age generation [Table 4], the Stage 1 control variables accounted for 5.5% of the effective recognition of elderly long-term care insurance system, whereby the elderly long-term care insurance system recognition explained 32.5%, and the total of 10 variables accounted for 38.0% of the effective recognition of the elderly long-term care insurance system of the old age generation. Looking at

the influence of individual variables focusing on model II, it is noted that the awareness of the effectiveness of elderly long-term care insurance system in Korea was seen as higher, with a higher recognition of necessity and higher agreement to care facility building near the home, and relative influence of necessity recognition was higher between the two variables.

**Table 4. The effect of recognition level of elderly long-term care insurance system on old age generation one effectiveness recognition**

		Model I			Model II		
		B	Beta	t	B	Beta	t
Constant term		4.692		5.387***	1.785		1.916
Stage 1 Socio demographic characteristics	Gender (1=Male)	-.264	-.168	-1.832	-.153	-.097	-1.267
	Age	-.001	-.012	-.116	.011	.099	1.000
	Marital period	-.006	-.092	-.885	-.013	-.211	-2.272*
	Education level (1=College graduate)	-.229	-.065	-.730	-.049	-.014	-.185
	Religion (1=Yes)	.157	.102	1.204	.057	.037	.515
	Residence (1=Urban)	.050	.034	.396	-.122	-.084	-1.131

		Model I			Model II		
		B	Beta	t	B	Beta	t
Stage 2 Elderly long-term care system recognition	Necessity recognition				.281	.332	3.432**
	Care facility building approval				.278	.360	4.160***
	Care facility fee charging				.036	.042	.522
	Home service fee charging				-.028	-.030	-.383
		F value=1.301 R <sup>2</sup> =.055			F value =7.953*** DR <sup>2</sup> =.325 R <sup>2</sup> =.380		
*p<.05, **p<.01, ***p<.001							

### Discussion

The corresponding discussions and recommendations that were based on the important results are as follows.

First, the perception of necessity and necessity of elderly long-term care insurance system was considered positive, and the middle age generation was more positive than the old age generation. Also, the middle age generation had a high level of recognition that if they needed care, they would utilize care facilities, but would utilize home care services when the spouse also required additional care. This implies that they would prefer to care for their spouse in the home rather than at a facility when it is possible for them to care for their spouses. In these cases, it is noted that there is a need for a governmental program to be initiated, and this is in the same context as the activation of the day care center, which is being actively promoted by the current government. On the other hand, the old age generation was more likely to consider elderly care facilities, in the case that they needed care or their spouse needed care. This is interpreted that it is difficult to care for oneself and care for a spouse, in a situation where it is often difficult for the elderly to cope with their own physical needs, and they become less independent as they age. Therefore, elderly care facilities need to be expanded for the current elderly generation. At the time in the future, when the middle age generation becomes elderly and needs public care, it is desirable to expand community care such as day care centers and home welfare centers rather than elderly care facilities, which is more likely to be available in the form of the community care provided by the current government.

Second, it is worth noting that the higher the approval level for the construction of the care facility

near the residential area, the more positively recognized is the effectiveness of the system. The necessity of the system was noted at 4.22 out of 5 points, but the approval level related to construction of care facility was noted to be 3.69 points out of 5 points, and this figure was lower than necessity. This shows that there is still a NIMBY phenomenon in effect for elderly care facilities. As a result, confrontation with the local residents is often initiated for these reasons, and in order to easily resolve such conflicts, the business entity promises unconditional incentives to local residents. However, these incentives not only take into consideration the rational judgment of local residents, but also it is not possible to expect realistic solutions in some cases under these circumstances. In order to solve the problems in the new elderly care facilities construction process, it is necessary to exchange opinions and converge with each other through constant communication and coordination with the residents, and in addition, business entities should first approach local residents with authenticity regarding their noted care issues and concerns. A program should be developed in which local residents can participate and encourage volunteering to assist the elderly, to contemplate ways in which elderly care facilities can coexist with local residents in a partnership to manage meeting the needs of the elderly on all levels of care.

**Ethical Clearance:** Not required

**Source of Funding:** Self

**Conflict of Interest:** Nil

### References

1. Yu SO. A study on awareness of the senior long-term care insurance program: the case of medical

- personnel and patients. Dept. of Social Welfare Major in Care Work Graduate School of Public Administration Kyung Hee University; 2010. DOI: [http://khu.dcollection.net/public\\_resource/pdf/200000060486\\_20190911101142](http://khu.dcollection.net/public_resource/pdf/200000060486_20190911101142)
2. National Law Information Center, Long-term care insurance act. DOI: <http://www.law.go.kr/LSW/lsc.do?tabMenuId> (website)
  3. Lee YK. Health and care of older adults in Korea. Health and Welfare Policy Forum. 2018 Oct;264(1): 19-30. DOI: <https://www.kihasa.re.kr/web/publication/periodical/view.do?menuId=48 & bid=19 & aid=420 & ano=3>
  4. Ministry of Health and Welfare, Press release. 2010. 7752. DOI:[http://www.mohw.go.kr/react/al/sal0301vw.jsp?PAR\\_MENU\\_ID=04 & MENU\\_ID=0403 & CONT\\_SEQ=238072](http://www.mohw.go.kr/react/al/sal0301vw.jsp?PAR_MENU_ID=04 & MENU_ID=0403 & CONT_SEQ=238072)
  5. National Health Insurance Service, Press release. 2009. DOI: <http://www.longtermcare.or.kr/npbs/d/m/000/moveBoardView>
  6. National Health Insurance Service, Press release. 2018. DOI: [http://www.longtermcare.or.kr/npbs/d/m/000/moveBoardView?menuId=npe0000000770 & bKey=B0009 & search\\_boardId=60224](http://www.longtermcare.or.kr/npbs/d/m/000/moveBoardView?menuId=npe0000000770 & bKey=B0009 & search_boardId=60224)
  7. Kwon HC, Shin HR, Kim JS. The relationship between the recognition on long-term care insurance and the old life preparation for people under 65. Health and Social Welfare Review. 2012 32(4): 219-248. DOI: <http://kiss.kstudy.com.library.hanseo.ac.kr:8000/thesis/thesis-view.asp?key=3540227>
  8. Youn IH. Effects of recognition evaluation system used for the elderly long-term care insurance system in rural areas. The Korean Association of Island. 2015 27(4): 59-72. DOI: <http://kiss.kstudy.com.library.hanseo.ac.kr:8000/thesis/thesis-view.asp?key=3378534>
  9. Anderson. S.G. Ensuring the stability of welfare-to-work exits: The importance of recipient knowledge about work incentives. Social Work. 2002 47(2): 162-170.