

Exploration of Theoretical Dimensions and Practical Pathways for Medical Social Work Intervention in Elderly Care Services for The Advanced-Aged Under the Background of Active Aging

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ABSTRACT: With the accelerating process of population aging, the demand for elderly care services has surged dramatically. Proactively addressing population aging and promoting the high-quality development of aging-related initiatives and industries are not only inherent requirements for building a socialist active aging society with Chinese characteristics in the new era but also a crucial driver for comprehensively optimizing elderly care services in both urban and rural areas. From the perspective of active aging, this study analyzes the theoretical dimensions of medical social work intervention in elderly care services for the advanced-aged through micro, meso, and macro levels. It elaborates on the practical pathways for such intervention, identifying challenges such as the failure to leverage professional expertise, limited social recognition and authority, ambiguous accountability among stakeholders, and inconsistent institutional norms. Based on these findings, the study argues that the key to effective medical social work intervention in elderly care services for the advanced-aged lies in clarifying training objectives for medical social workers, building branded services to enhance their visibility, defining clear responsibility entities, and exploring standardized institutional development.

KEYWORDS: Active aging; Medical social work; Advanced-aged elderly; Theory and practice

I. INTRODUCTION

In 2017, the report of the 19th National Congress of the Communist Party of China proposed actively responding to population aging. In 2019, the Central Committee of the Communist Party of China and the State Council issued the *National Medium- and Long-Term Plan for Actively Responding to Population Aging*, which outlined the strategic objectives for addressing aging. In 2021, the *Outline of the 14th Five-Year Plan for National Economic and Social Development and the Long-Range Objectives Through the Year 2035* elevated "active aging" to a national strategy for the first time. In 2022, the report of the 20th National Congress reaffirmed the implementation of a national strategy to actively address population aging. The active aging strategy encompasses three dimensions—health, participation, and security—advocating for the elderly to fully exercise their agency, break free from negative stereotypes, actively engage in social life, and proactively mitigate the pressures of population aging. Currently, China faces severe aging trends, with the advanced-aged population becoming increasingly prominent. The concept of holistic health has gained widespread acceptance, leading to a growing demand for healthcare services in elderly care. The elderly care sector is experiencing a significant surge in demand for medical and health services, far exceeding supply. Medical social work must leverage its professional strengths, transform traditional intervention models, and explore pathways tailored to the needs of the advanced-aged population.

With the rapid increase in demand for elderly care, research on advanced-aged care has expanded across various fields. In the social work community, studies on medical social work intervention in elderly care primarily focus on three perspectives: 1. Functional Perspective: This examines the feasibility and necessity of medical social work intervention in elderly care, highlighting its critical role in community-based elderly care. The feasibility is demonstrated by the alignment between the theories and methodologies of medical social work and the needs of community-based elderly care, while the necessity lies in meeting the healthcare demands of the elderly. Medical social work serves as a bridge, maximizing the use of community resources and integrating elderly care with medical services to address the health needs of the elderly. 2. Current Situation Analysis: This explores the challenges faced by medical social work in intervening in elderly care, such as regional disparities and

Exploration of Theoretical Dimensions and Practical Pathways for Medical Social Work Intervention in Elderly Care Services for The Advanced-Aged Under the Background of Active Aging

diverse models, and proposes corresponding recommendations. The development of medical social work in China is characterized by uneven regional progress and significant variations in practice models. 3. Practical Perspective: This investigates the intervention processes of medical social work among different elderly groups, constructing preliminary practice models. With advancements in technology, the "Internet + elderly care" model has enhanced resource integration but also introduced ethical dilemmas.

From a functional standpoint, the feasibility of medical social work intervention in elderly care can be summarized in three aspects: the alignment of principles and theories, the match between professionalism and actual needs, and strong policy support. Its necessity is reflected in optimizing community resources, meeting the diverse demands of elderly care, improving service quality, and establishing a robust elderly care system. However, current challenges include inadequate management systems, a shortage of specialized medical social workers, low public awareness, and uneven resource distribution. Proposed solutions involve improving management frameworks, expanding the workforce of medical social workers, raising public awareness, and integrating resources for efficient utilization.

Research on medical social work intervention in elderly services is particularly abundant and mature in the context of community-based elderly care, providing scientific guidance for practice. Nevertheless, limitations such as the underdevelopment of medical social work itself, inadequate institutional systems, and limited social recognition profoundly impact elderly care services for the advanced-aged. Therefore, constructing theoretical dimensions for medical social work intervention in this field is urgently needed. Addressing these issues will contribute to refining the theoretical framework of medical social work and further advancing the high-quality development of aging-related initiatives and industries.

II. CONSTRUCTION OF THEORETICAL DIMENSIONS FOR MEDICAL SOCIAL WORK INTERVENTION IN ELDERLY CARE SERVICES FOR THE ADVANCED-AGED

A. Definition of Key Concepts

Medical social work encompasses rich connotations with the following essential elements: Guided by professional values and ethics of social welfare services, it embodies the nature of social welfare services with the objectives of promoting social health equity and equality. It primarily serves vulnerable groups such as patients and their families, employing professional helping techniques and scientific methods to address a series of problems caused by illnesses, while continuously responding to societal needs through these mechanisms. With the ongoing development and refinement of medical social work, its operational scope and target populations have expanded significantly. The services provided now cover prevention, medical treatment, rehabilitation, community health services, public health services, and other areas, encompassing all aspects of individual life. In terms of intervention philosophy and methods, it adopts a patient-centered approach, committed to the holistic development of individuals. Consequently, as elderly care issues become increasingly prominent, academia has proposed the theoretical concept of integrating medical social work into elderly care services.

Building upon theories established by numerous scholars, this paper focuses on the advanced-aged population as the primary intervention target, specifically individuals aged 80 and above. Against the backdrop of prominent aging trends, the needs of the advanced-aged elderly deserve full attention. Currently, this group faces varying degrees of challenges in physiological, psychological, and spiritual dimensions. Traditional elderly care models can no longer meet the diverse needs of the advanced-aged population. The integration of medical social work into elderly care for this demographic represents an exploration of new care models and signifies a future developmental trend.

The World Health Organization defines active aging as: Older persons being able to fully realize their physical, mental, and social potential, participating in society according to their needs, desires, and capabilities to improve their quality of life, while also receiving adequate support and care when needed. This concept follows the fundamental principles of "independence, participation, dignity, care, and self-fulfillment," with "health, participation, and security" as its three pillar elements. As an extension of healthy aging, active aging transforms the traditional perception of older adults as "frail, worthless, and a burden to society," completing a fundamental shift from a "needs-based" to a "rights-based" approach. It promotes the integration of the elderly population into society, harnesses their value, reduces feelings of uselessness, and enhances their quality of life in later years. The proposal of the active aging concept has charted the future direction for the elderly care industry, while its three pillar elements - "health, participation, and security" - provide a theoretical foundation for medical social work intervention in elderly care services for the advanced-aged.

B. Theoretical Dimensions of Medical Social Work Intervention in Elderly Care Services for the Advanced-Aged

Micro level: The primary pillar of active aging is health, encompassing both physical and mental well-being, including spiritual and social aspects - a concept aligned with medical social work's holistic understanding of health. As the World Health Organization notes: "When risk factors for chronic diseases and functional decline (including environmental and behavioral factors) are reduced while protective factors are enhanced, people will enjoy longer and higher-quality lives. When they maintain

Exploration of Theoretical Dimensions and Practical Pathways for Medical Social Work Intervention in Elderly Care Services for The Advanced-Aged Under the Background of Active Aging

health and self-sufficiency in old age, fewer elderly will require expensive medical and care services." Physiologically, individuals aged 80+ inevitably experience organ failure, neurological degeneration, and weakened immune function. Research indicates exceptionally high rates of chronic illness among this population, with 90% suffering from two or more chronic conditions. Psychologically, depression and loneliness significantly impair quality of life, with suicide rates peaking among the elderly and increasing with age. Conversely, subjective well-being inversely correlates with age, with the advanced-aged reporting lower happiness levels than younger seniors. Spiritually, this group demonstrates the greatest need for care, attention, and emotional support. Medical social workers must skillfully perform roles as assessors and service providers, conducting comprehensive biopsychosocial-spiritual evaluations and delivering prevention-healthcare-treatment-rehabilitation services centered on clients' needs.

Meso Level: The second pillar, participation, combines social and community engagement. It enables seniors to contribute socially, economically, culturally and spiritually through paid/unpaid activities according to their rights, capabilities, needs and preferences - provided labor markets, employment, education, health/social policies and programs facilitate such participation. For advanced-aged individuals, participation involves personal, familial, community and societal dimensions, with environmental factors playing crucial roles. This holistic developmental perspective requires medical social workers to address not just physical ailments but also clients' social functioning. Shifting from disease-centered to person-centered care, participation facilitates social function recovery and represents a crucial component of modern medical paradigms.

Macro Level: The third pillar, security, entails governmental policies/programs safeguarding seniors' socioeconomic and personal security rights while ensuring protection, care and dignity when they cannot support themselves. Specifically, this involves legally mandated social assistance measures from government, community and family for retirees or those with diminished capacity. Policymaking has advanced significantly, exemplified by the National Health Commission's "Guidelines on Further Promoting Integrated Medical and Elderly Care", which clarifies service content, target populations and institutional frameworks for health security. The 14th Five-Year Plan explicitly encourages multi-channel public service provision to develop diversified, multi-tiered elderly care systems. Introducing medical social work into elderly care thus safeguards both material and spiritual rights of recipients.

III. PRACTICE PATH OF MEDICAL SOCIAL WORK INTERVENTION IN ELDERLY CARE SERVICES FOR THE ELDERLY

A. Micro-level Health-centered Interventions

One is to carry out case studies guided by health. Health is a key factor affecting the quality of life, and everyone has the right and need to pursue health. Medical social workers' intervention in health needs to be implemented to ensure that everyone can enjoy services, that is, centered on the elderly and their families, utilizing professional advantages to assist service recipients in health care and elderly care, and helping service recipients solve psychological problems caused by illness and age. The services that medical social work can intervene in at the micro level include conducting psychological and social assessments and related interventions for service recipients, providing relevant medical assistance within hospitals and communities, and conducting health education.

The assessment and intervention of psychosocial factors include: evaluation of elderly people and their families, including their physiological conditions and corresponding nursing measures, basic family information of service recipients, support for service recipients, and utilization of related resources; Needs assessment refers to the services that the service recipient urgently needs to provide; Risk assessment, including screening for psychological and mental illnesses, the presence of abuse and neglect, and whether there are safety hazards in the living environment. There are several micro interventions by medical social workers, targeting the elderly themselves, providing soothing and palliative care, and offering physical therapy services for elderly people who have suffered from serious illnesses for a long time. This is one of the characteristic services provided by medical social workers to improve the quality of life of elderly people; Providing personalized nursing services, elderly people have a higher demand for medical care, and medical social workers develop corresponding nursing plans based on evaluation results to meet the physical therapy needs of service recipients. To provide grief counseling services for eligible families, the service focuses on the families of the service recipients, and requires medical social workers to timely track and screen the service recipients.

The second is to provide medical assistance, including hospitalized elderly people and the elderly population in the community. Medical social workers provide corresponding medical assistance services to hospitalized patients, mainly to handle corresponding medical relief for eligible patients, assist eligible patients in applying for assistance, and alleviate patients' economic pressure.

The third is health education services. Medical social workers can provide health education services for elderly people, their families, and community residents in hospitals, communities, and other places. Organize lectures on elderly personal health care and disease prevention knowledge; Establishing a scientific care skills classroom for family members; Intensify the promotion of

Exploration of Theoretical Dimensions and Practical Pathways for Medical Social Work Intervention in Elderly Care Services for The Advanced-Aged Under the Background of Active Aging

residents' health concepts. Health education services will actively implement the concept of universal participation in aging population.

B. Community Participation-driven Model Development

We should explore an elderly care model based on community participation. Encouraging elderly people to participate in community public affairs is not only a concrete manifestation of the holistic development concept of medical and social work, but also the essence of active aging.

Medical social workers have gained a comprehensive understanding of service recipients through diagnosis and evaluation. Therefore, medical social workers can assist service recipients in developing a comprehensive, scientific, and reasonable discharge or community participation plan. The plan aims to enhance the physical fitness of service recipients, restore their social functions, strengthen their integration with the community, and improve their confidence. The service recipients and their families serve as implementers of the plan, while medical social workers and community workers assist in completing the plan. They cooperate and assist the service recipients in completing the plan, and timely track, regularly evaluate, and make adjustments based on the personal situation of the service recipients.

However, in the actual operation process, medical social workers may need to challenge traditional thinking, that is, the stereotype of the elderly population by the public, which is manifested as excessive protection of the elderly. If the original views and attitudes are not changed, it will inevitably lead to difficulties for the elderly to participate in community affairs. Medical social workers, as a link between hospitals and communities, serve as professional practitioners to popularize science, provide advice, and explain policies to family members and community residents, advocating for the voice of elderly people in participating in community public affairs; Provide aging friendly renovation plans for families and community public spaces in need, create a community environment suitable for elderly activities, and reduce concerns about community participation for service recipients. Based on a comprehensive evaluation of the service recipients themselves, develop scientific and reasonable plans for their participation in community public affairs, and provide professional advice. In addition, medical social work also has three basic methods of social work services. In order to ensure diversity in community services, medical social workers can link hospital resources and carry out relevant group activities based on the basic needs of service recipients, enriching the forms of community participation.

C. Macro-level Policy Implementation & System Optimization

Medical social workers should implement the concept of "holistic development", act as policy implementers, and ensure that the rights and interests of elderly people are not infringed upon. On a larger scale, it means improving and developing the medical social work system, safeguarding the rights and interests of the elderly population, and promoting high-quality elderly care services. In the future, aging and aging will become increasingly severe, and the country needs to deepen the reform of the social insurance system to protect the basic rights and interests of the elderly. In addition, the scope of medical social work services continues to expand, and intervention in elderly care services has become an inevitable trend. Under the guidance of relevant policies, the government purchases medical and social work services to alleviate the pressure of aging on elderly care and meet the service needs of the elderly population. This is not only a personal need but also an institutional guarantee.

IV. MAJOR CHALLENGES FACED BY MEDICAL SOCIAL WORK IN ELDERLY CARE SERVICES

A. Medical social work lacks professionalism and cannot guarantee service characteristics

The implementation of comprehensive education for the cultivation of medical social work talents in China has led to a lack of proficiency in the delivery of professional services in medical social work. In addition, various universities in China have not accurately positioned their curriculum and target training for medical social work, resulting in unclear professional development of medical social work talents. As a result, in the process of intervening in elderly care services, medical social work provides services that cannot meet the needs of the elderly care field for medical and health services, or the quality of services provided by medical social work is low, and it has not formed distinctive medical services. Its irreplaceability is questionable, and there is a risk of medical social work being replaced.

B. Medical social work has not yet gained recognition and authority

In an ideal state, the development of medical social work can receive support from service recipients, their families, and community residents. However, in reality, there are still certain challenges in the development of medical social work, namely the low awareness of medical social work in society, which seriously affects the effectiveness of services. Especially in the context of active aging, with the participation of the entire population, medical social workers need to assist service recipients in participating in the community and society to achieve comprehensive physical and mental recovery. This requires recognition and cooperation from the public, as well as a certain level of professional authority. According to the current development trend of medical social work, the promotion and publicity of medical social work is a long and arduous task.

Exploration of Theoretical Dimensions and Practical Pathways for Medical Social Work Intervention in Elderly Care Services for The Advanced-Aged Under the Background of Active Aging

C. The responsibility subject is unclear, and the industry system lacks standardization, making it difficult to form

Looking at the entire industry, although the development of medical social work is guided by policies, there is still a lack of industry norms in the formulation of systems, which to some extent hinders the formation of localization of medical social work. Each region and hospital has its own development model and management system. The imperfect system hinders the development of medical social workers and undermines their work enthusiasm.

V. SUGGESTIONS FOR OPTIMIZING MEDICAL SOCIAL WORK INTERVENTION IN ELDERLY CARE SERVICES FOR THE ELDERLY.

A. Clarify training objectives and establish assessment mechanisms

One issue is the lack of professionalism in medical social work. Each institution needs to clarify that the goal of talent cultivation is to become a social worker with medical knowledge. So in terms of curriculum, assessment, and internship settings, it is necessary to add corresponding medical class hours, as well as relatively strict assessment systems and medical related internship opportunities. Only in this way can medical social workers be distinguished from social workers. Secondly, in response to the shortage of medical social workers. At present, many medical social workers in China have non professional backgrounds. By providing professional training to this group, adding appropriate assessment mechanisms, and improving the service quality of medical social workers, we can address the current shortage of medical social workers.

B. Building brand services and conducting multi-channel promotion

Brand services are the characteristic services of medical social work, which are irreplaceable. Representative introductions are far more deeply rooted in people's hearts than comprehensive explanations. Brand service is the core content, and multi-channel promotion is the way. Collaborate with official sources to enhance professional authority, such as government notices, newspapers, news, official websites, etc; Secondly, we can use new social platforms, such as self-made creative videos, creating WeChat official account, and using short video software to expand the publicity channels.

C. Clarify the responsible parties, explore institutional norms, and promote industry progress

Despite the development of medical social work, there still exists an awkward situation of unclear responsibility subjects. Taking the development of medical social workers in Guangdong as an example, they are intertwined between the civil affairs system and the health system, resulting in inconvenient management and hindered development. Whether for the convenience of management or to enhance the sense of identity of medical social workers, as well as for better development in the future, incorporating medical social work into the health and hygiene system is a better choice. Due to the significant differences in the rules and regulations of medical social work, many difficulties need to be overcome in the process of standardization. Through field investigations, expert discussions, and pilot operations, taking Guangzhou as an example, the entry criteria and assessment mechanisms for medical social workers in Guangzhou have been standardized. Promote further standardization of industry institutional management. Medical social work intervention in elderly care services is a welfare for the elderly population. But medical social work needs to overcome its own development difficulties in order to better deliver services to service recipients and safeguard their various rights and needs.

VI. CONCLUSION

This study takes the strategy of active aging as its theoretical anchor, constructs a theoretical framework for the intervention of medical social work in the care services for the advanced-aged from micro, meso, and macro dimensions, systematically analyzes its practical pathways and existing challenges, and proposes targeted optimization strategies. The research shows that, with its professional values and methods, medical social work can effectively meet the diverse needs of the advanced-aged in health maintenance, social participation, and rights protection, and has become an important supporting force for the implementation of the active aging strategy.

From a theoretical perspective, the three pillars of active aging - "health, participation, and security" - provide a clear logical guide for the intervention of medical social work in advanced-aged care. At the micro level, medical social work conducts a holistic assessment of the physical, psychological, social, and spiritual aspects of the elderly, integrates prevention, medical treatment, and rehabilitation resources, and helps the advanced-aged maintain their health functions and quality of life. At the meso level, with community participation as the core, it promotes the advanced-aged to break free from the passive role in traditional care and rebuild social connections and value recognition within family, community, and social networks. At the macro level, relying on policy advocacy and institutional optimization, it incorporates advanced-aged care into the social safety net, ensuring that they receive dignified and guaranteed services. This theoretical framework not only enriches the application of medical social work theories in the field of aging but also responds to the core demands of active aging for "subjectivity" and "development," providing an interdisciplinary perspective for solving the complex problems of advanced-aged care. In terms of practical pathways, medical social work demonstrates significant professional advantages. Health interventions at the micro level

Exploration of Theoretical Dimensions and Practical Pathways for Medical Social Work Intervention in Elderly Care Services for The Advanced-Aged Under the Background of Active Aging

directly improve the health outcomes of the advanced-aged through case management, psychological support, rehabilitation guidance, and other services. The community participation model at the meso level breaks the binary divide between "medical care" and "elderly care." Through age-friendly environmental renovation, community resource linkage, and group activity design, it constructs a "supportive participation" ecosystem. Policy practices at the macro level focus on institutional innovation, promoting the integration of medical social work into the healthy aging policy system and providing an operational paradigm for building a multi-governance care pattern. These practical experiences indicate that the intervention of medical social work is not only a supplement to service provision but also a catalyst for the transformation of the care model. It can enhance the systematicness and sustainability of advanced-aged care through professional empowerment.

However, the research also reveals the practical challenges faced by medical social work in advanced-aged care. Issues such as blurred professional positioning, low social recognition, unclear responsible parties, and lack of institutional norms restrict the full realization of its professional value. These challenges stem not only from the stage characteristics of the localization development of medical social work but also reflect the immaturity of cross-disciplinary collaboration mechanisms in the context of aging. In response, the proposed optimization strategies - clarifying talent training objectives, building branded services, defining responsibility boundaries, and exploring institutional standardization - form a closed-loop solution from micro-level capacity building to macro-level institutional innovation, providing a feasible path to overcome the development bottlenecks.

It is worth noting that the theoretical and practical explorations of this study are closely aligned with the structural characteristics of China's aging population, especially the expansion of the advanced-aged population, the complexity of health needs, and the weakening of family care functions. The research finds that the intervention of medical social work can not only relieve the pressure on the traditional care system but also reshape society's perception of the advanced-aged through the penetration of the concept of active aging - from "recipients of care" to "active participants," and from "burdens" to "social capital." This shift in perception is highly consistent with the national strategic orientation of actively responding to population aging, highlighting the unique value of medical social work in social governance.

Looking ahead, with the deepening of aging and the advancement of the Healthy China strategy, the role of medical social work in advanced-aged care will become more diverse. Subsequent research can further explore the following directions: First, deepen interdisciplinary cooperation to explore the integration models of medical social work with geriatrics, rehabilitation medicine, and information technology to improve service precision. Second, pay attention to urban-rural differences and design localized intervention programs for the special needs of rural advanced-aged (such as empty-nesting and resource scarcity). Third, strengthen effectiveness evaluation, and verify the impact of medical social work intervention on core indicators such as the healthy life expectancy and social participation of the advanced-aged through long-term follow-up studies, providing empirical evidence for policy optimization.

In summary, this study not only constructs a complete logical chain of "theory-practice-reflection-improvement" for the intervention of medical social work in advanced-aged care but also connects individual care needs with national strategic goals from the perspective of active aging. In the context of population aging becoming a long-term national condition, only by continuously strengthening the professional construction of medical social work, improving institutional guarantees, and promoting social collaboration can we fully unleash its professional effectiveness in actively responding to aging and truly achieve the development vision of "healthy aging" and "dignified aging."

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Exploration of Theoretical Dimensions and Practical Pathways for Medical Social Work Intervention in Elderly Care Services for The Advanced-Aged Under the Background of Active Aging

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