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COMPARISON OF HOME CARE SYSTEM AND NURSING ROLE BETWEEN CHINA AND FINLAND

– A literature-based review

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ABSTRACT

Nowadays, aging is becoming a global serious problem. By 2050, there will be 2 billion people over the age of 60. The aging of the population and increasing number of long-term illnesses and people with multiple illnesses is a growing challenge.

This study aims to review various influent factors in home care and clients, analyze the difference of home care system between China and Finland to form professional vision. Specific questions are: ① What kinds of home care do the clients need according to research articles? ② What is the home care in China according to research articles? ③ What is the home care in Finland

according to research articles? ④ What are the similarities and differences between Chinese and Finnish home care system according to research articles? ⑤ What is nursing role of home care system in China and Finland according to research articles?

In our study, the method used was literature review, we have followed to use home care system, introduced the home care system development, discussed different roles of nurses and the challenge of nurse in home care situation in China and Finland, and found evidence of best practices in home care system in order to meet the caring population group.

Our thesis reviews the different responsibilities of nurses in Finland and China, and summarizes their respective characteristics. From our study, we found that Finnish authorities should call for more and more young relatives to join the home care, in order to improve the quality of life for clients. And Chinese government should establish perfect insurance system and bear the responsibility of the special caring group of professional education. Meanwhile, nursing education departments should establish nursing professional education for home care.

KEYWORDS: nursing role, home care, Finland, China, comparison

ABSTRACT

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LIST OF ABBREVIATIONS (OR) SYMBOLS

ADL	Activities of daily living
CAD	Coronary artery disease
CHF	Congestive heart failure
CHS	Community health service
CQC	Quality of care committee
CVA	Cerebral vascular accident
HC	Home care
HHC	Home health care
HSWS	Home Support Workers
NCMS	New Cooperative Medical Scheme
TCM	Traditional Chinese Medicine
T2D	Type 2 diabetes mellitus
WHO	World Health Organization

1 INTRODUCTION

Nurses play an important role in the medical system, and they cannot be replaced. Meanwhile, nurses also play an important role in home care, and they need to have professional theoretical basis and effective operation ability (Puthenparambil, Kröger, Van Aerschot, 2017). When taking care of the client's physical condition, nurses should pay close attention to the client's condition at any time to ensure the client's safety. Meanwhile, they should also have effective communication with the client and his family to ensure the correct nursing treatment (Landers, Madigan, Leff, Rosati, Mccann, Hornbake, Breese, 2016).

Nowadays, aging is no longer a concern in the developed world. It has developed into a global phenomenon: by the middle of the century, nearly 80 percent of the world's elderly will live in developed and developing countries. Because birth rates have fallen, but as people age they reduce infant mortality and increase their survival rates, leading to an aging world population. By 2050, there will be 2 billion people over the age of 60 (Scobie, 2013). Life expectancy around the world will rise sharply in a very short time. Currently, 33 countries have life expectancy of more than 80 years. Respect for life, connection to family and community, financial independence and good

health care in old age have been around the world (Pulkki, Jylhä, Forma, Aaltonen, Raitanen, Rissanen, 2016).

The same situation also happened in China and Finland. China is the most populated country and the oldest population is the most. There were 143.9 million elderly adults (aged 65 years or older) living in China at the end of 2015, accounting for 10.5% of the total population (Wu, Gao, Chen, Dong, 2016). China is also one of the nations where population aging is taking place most rapidly. In 2000, the percentage of the population aged 65 years or older in China reached 7%, and, according to estimates, it will take only 26 years to double this percentage to 14% (United Nations, 2013). Same in Finland, by the end of 2016, number of individuals aged 65 or older amounted to nearly 1.15 million (Statistics Finland, 2016).

Community health service (CHS) is an important part of health care system in many countries in the world (Tang, Luo, Fang, Zhang, 2013). Community nurses are multi-skilled, integrative talents who leverage advanced clinical skills and knowledge to achieve role transformation. Community nurses also coordinate, plan and manage multifaceted and complex nursing care needs. They also need to use interdisciplinary health and social care methods to enable community nurses to coordinate their care so that clients can stay

home and receive care. As demand for primary care and community services increases, collaboration between care and family enriches both caregivers and volunteer providers. The nurse's relationship with the client is based on the whole nursing should be people-oriented. Through holistic evaluation and common decision making, a common care plan enables people to have their own health and to strengthen formal care (Young, Thompson, 2018).

At present, CHS centers are the main way to provide primary health services in urban areas of China. CHS centers include CHS centers and CHS stations, most of which are managed by the government. Their goal is to meet the primary health service needs of urban residents and improve population health (Tang et al, 2013).

Like almost every other country, Finland is facing the challenges of an aging and rapidly growing population. The proportion of people aged 65 and over is expected to rise from 18 percent in 2010 to 26 percent in 2030 and to 28 percent in 2060 (Finland's official figure is 2012). At the same time, it is estimated that the age group over 75 will grow rapidly from 8 percent in 2009 to 14 percent by 2030. As populations age and care needs increase, these needs must be met through informal support (family or friends or relatives) or formal support (public or private or third sector). In Finland, public social

services (integrated family assistance and home care, support services and home care services) are funded mainly by municipal taxes, central government grants and fees paid by service users (Puthenparambil, et al, 2017).

Many researchers have studied individually home care system in Finland and China through various methods and angles that how to improve clients' safety and quality of life. Oksman' s (2017) study refered to that home care can lower the cost of chronic disease, especially type 2 diabetes mellitus (T2D), coronary artery disease (CAD) or congestive heart failure (CHF) in Finland. Pölönen' s (2017) study showed that home care provides individually tailored dietary counseling, it can improve nutritional status among older home care clients who aged 75 years or older in the study. Wu and Gao (2016) showed that elderly can improve their quality of life through home care service. In China, Wu and Li (2016) pointed that palliative care is an important health care branch in medical system for terminally ill clients, nurses should be well trained and regard the principles and procedures of palliative care to ensure quality care, home care nurses are the largest providers for palliative clients, more attention will be paid to the development of palliative care.

Members of this study had worked in China for at least three years, and they were familiar with the patterns and procedures of Chinese nursing. In addition,

we conducted substantial nursing practice and learning in Finland. During these practices, we found that there were great differences in the modes and methods of nursing between China and Finland, but we did not find any research articles about comparison about home care system between two countries. In order to understand this difference in detail and facilitate the in-depth learning and communication between the nurses of the two countries, we chose this topic for research.

At the same time, it's a great opportunity. We can compare and study the home care systems in both countries through the perspective of nurses. Through understanding the home care system and professional development, understanding the differences between the two countries in home care and being able to understand the details and provide suggestions to facilitate the comparison of nurses in the two countries and better face the challenges of aging.

2 OVERVIEW OF HOME CARE

Nursing is a multi-disciplinary, complex subject that can generate interest in a variety of related subject areas. This fact gives reason to understand that extended care in the family requires a family to be envisioned on the basis of its social space, allowing clients to participate in a complete and liberal way. Work with clients and their families to develop actionable care actions. Simply outside the hospital, it is the way home care is done, such as home visits, home hospitalizations, and home care services. These programs usually require different levels of complexity and purpose. Combined with the healthcare network, they are expressed and connected to each other to provide quality care.

Home care (HC) created with customers and family members, can also be a broad component of health care, where home care for clients and family members can promote, sustain or even restore the effects of health or disease. The advantage of HC is that it is easy to develop, with the goal of allowing customers to rest and resume operations in a space that is often familiar, reducing the risk of infection, reducing the cost of hospitalization and re-hospitalization and also facilitating hospital bed renewal (Maroques Weykamp, Cecagno, Dalmaso Tolfo, Scarton, Baade, Heckler, 2018).

Home health care is multi-professional work, it can include professional and physical therapy, verbal therapy and occupational care. Clients can receive both skilled medical care and family support services, or choose either of them (Cesta, 2014). Home care teams may be staffed by doctors; The nurse; Therapists (physical and occupational therapists) and speech pathologists. There may be family health aides; Dietitians and doctors involved in client care. In the case of more complex clients, many doctors are empowered to write prescriptions for clients in order to safely meet their unique professional care needs. In home care, client care programs can be organized according to professional direction, geographic location, or combined factors. For example, licensed infusion nurses are employed to administer the infusion, or skilled wound care nurses are provided to treat the wound and create the wound. Of course, no matter what pattern is used, there is usually a paramedic or case manager assigned to the client and family. This provides clients and families with an understanding of them and a familiarity with their unique needs and medical history (Marrelli, 2018).

Nowadays, nurses working in home health care (HHC) face significant challenges as more care and treatment needs to be done in clients' homes. In the study, residential facilities or common housing were defined as places where nurses offered home care to clients. Nurses in HHC provide medical

care for clients with a terminal or chronic illness, recovery or disability. During the nursing process, the nurse will meet some clients who need to live at home in the future. For such clients, the nurse must strictly meet their medical and nursing needs. Therefore, nurses are busy with daily activities such as health assessment, related treatment, professional examination and treatment of medications. The widespread action of nurses in HHC operations is easy to observe. Nurses gain a basic and indispensable position in clients and the family, because nurses are not only to complete their own practical work activities, but also to communicate effectively and provide support with the family (Maroques Weykamp, et al, 2018). As a competent nurse, they need to exercise necessary control over the situation and remain confident in carrying out the nursing work. This is particularly important as client care needs are increasing and nurses are being given more advanced care and treatment in HHC situations. So HHC nurses are able to provide advanced care and treatment in clients' homes. As the number of clients with severe diseases requiring advanced treatment is increasing in HHC, nurses need to master various skills and constantly learn new theoretical knowledge and practical skills in order to ensure clients to receive good and safe HHC services (Andersson, Lindholm, Pettersson, Jonasson, 2017). In addition, the role of nursing in long-term care is not developed, to work with the elderly in the student career choice appears to be a low status, quality of care committee

(CQC) for the nursing home nurse shortages and lack of career development opportunities, because many places not enough nursing staff to ensure the security and dignified care of clients (Stanyon, Goldberg, Astle, Griffiths, Lee Gordon, 2017).

In recent years, the Chinese government has increasingly paid attention to the development of CHS centers, aiming to guide clients to seek medical services in CHS centers. The law of the People's Republic of China on the prevention and treatment of infectious diseases issued in 2000 clearly states that the responsibilities for the prevention and treatment of infectious diseases include preventive health care, health education, family planning, medical treatment for common and frequently occurring diseases, and medical rehabilitation for chronic diseases. As of June 2012, China had 33,736 CHS centers, including 20,050 government agencies.

However, the current situation is contrary to the government's wishes, and many clients still seek medical treatment in hospitals instead of CHS institution in China, although the latter provides cheaper medical services than hospitals. There are many reasons, such as poor quality of medical treatment, narrow range of drugs and so on. According to one of the articles we retrieved, the researchers surveyed six provinces in China, 62.2% of clients

chose CHS as the first treatment when they felt unwell. However, 23.9%, 10.7% and 3.2% of clients were selected for hospital, individual clinic and self-medication, respectively, when they felt unwell. Although 62.2% of respondents said that CHS centers were the preferred treatment method for clients, the remaining 37.8% of residents did not choose CHS centers. Based on the analysis of the causes, it is suggested that the government should take the convenience, reasonable charge and attitude of doctors in CHS centers as the important factors to attract clients to participate in CHSs (Tang, et al., 2013).

Currently, there are more than 300 municipalities in Finland, of which 50 percent have fewer than 8,000 residents. The city government is responsible for ensuring that residents of society and health care are free to decide the scope and quality of the services they provide. In Finland, there are 6 different types of home care model: Informal care, Formal care, Inclient healthcare, Residential homes, Sheltered housing, Regular home care. Although informal care is the most common form of care for the elderly in Finland, formal services are widely used. Until recent years, seniors with long-term needs were often cared for as inclients in institutionalized environments, in homes, and in government-owned health center wards. Health centers are facilities for municipalities to provide primary health care services to their citizens, but they

also have wards with hospital beds to enable hospitalization. Municipalities can pursue long-term care services from the private sector in addition to producing their own services (Pulkki, et al., 2016).

Home care has become an indispensable part of health care service. Improving home care and improving the quality of life of home-care clients, not only can reduce the social burden, but also can improve the quality of life. Home care is an important measure to deal with the global aging society.

3 AIM OF THE STUDY AND RESEARCH QUESTIONS

This study aims to review various influential factors in home care and clients, analyze the difference of home care system between China and Finland to form professional vision. Specific questions are:

- 1) What kinds of home care do the clients need according to research articles?
- 2) What is the home care in China according to research articles?
- 3) What is the home care in Finland according to research articles?
- 4) What are the similarities and differences between Chinese and Finnish home care system according to research articles?
- 5) What is nursing role of home care system in China and Finland according to research articles?

4 METHODOLOGY AND IMPLEMENTATION

4.1 Literature review

Our thesis adopts the literature review, which is the result of the intelligence research on the basis of reading, choosing, comparing, classifying, analyzing and synthesizing the literature. Literature reviews are very important in most scientific fields (Pautasso, 2013). The collection, collation and analysis of documents have laid the foundation for the writing of literature review. Researchers have a comprehensive and systematic understanding of the relevant research areas, and they have made critical analysis and comments on the relevant literature. The progress of knowledge must be fundamentally based on previous work (Yu, Watson, 2017). This method is characterized by a large amount of reading related literature. Classification and comprehensive analysis saves the researcher's time. It will help us to fully understand the history, current situation and future development trend of our research field. Literature search is used to search the research system, and to provide relevant evidence for determining the research and how to evaluate it (Cooper, Booth, Varley-Campbell, Britten, Garside, 2018). Literature reviews can also help other content experts such as researchers and policymakers to identify

gaps in their own reading and knowledge. However, literature reviews are also sought by readers with little or no prior understanding of the reviewed topic, such as researchers seeking to rapidly triage results from high-throughput analyses and students for whom literature reviews can represent entry points into a new field. For the benefit of both expert and non-expert readers, it is essential that review articles accurately synthesise the relevant literature in a comprehensive, transparent and objective manner. Providing evidence that comprehensive literature searches have been conducted, preferably according to pre-defined eligibility criteria increases confidence that the review's findings and conclusions are reliable, and they have not been subject to selection bias.

In our study, we have followed to use home care system, introduced the home care system development, discussed different roles of nurses and the challenge of nurse in home care situation in China and Finland, and found evidence of best practices in home care system in order to meet the caring population group.

Our thesis reviews the different responsibilities of nurses in Finland and China, and it summarizes their respective characteristics. After choosing a large research direction, before deciding on a specific research topic, through

consulting a large number of documents and materials, to understand the relevant research situation, help us through comparison and analysis, according to the feasibility of the study, our interests and ability to limit the research content, determine the scope of the research topic, better driving. Control and grasp the topic. Any literature search choices made should be clearly stated, transparent and reproducible (Daniel, Grosseohme, 2014).

4.2 Searching process and frame of literature

Databases used for searching are listed as following: EBSCOhost, CINAHL, SAGE journals, and PubMed. More specifically, in EBSCOhost we chose Academic Search Elite, CINAHL, CINAHL Complete and ebook Collection. We started searching the current situation and burden of home care to understand the background. Keywords are used independently or combined to collect materials for analysis. Other necessary supplementary materials are obtained from authorized public websites such as the official website of World Health Organization.

Due to the rapid development of modern health care system and nursing, we have initially limited the publication year from 2013 to 2018. More narrowed time limit is applied when the results from searching is rather abundant.

Figure 1 show the process of data analysis in general level.



Figure 1: Data analysis in general level

First screening was done by reading the titles. Our team members are divided into two groups, and each group has two members. Group 1 is responsible for the topic of home care history and situation, and group 2 is responsible for the topic of Chinese and Finnish home care. The two groups discuss with each other when the member confuses and then gets help from others. The members will eliminate the articles which are about medical intervention or

new clinical skills from the perspective of doctors, they only choose the literature from the perspective of nurses. Due to the duplication of the database literature, the rejected article may be selected by other members. Therefore, the titles screening process is only once. Once the article is rejected, we will not use it again.

Second screening included reading the abstract. In group 1, A team member is responsible for choosing articles about home care history, another is responsible for choosing articles about the home care situation. In group 2, A team member is responsible for choosing articles about Chinese home care, another is responsible for choosing articles about Finnish home care. After choosing the articles, both of the members read the abstract. If they are agreed to choose the article, then the process go to the third screening. If one member does not agree to choose the article, the article is failed to be chosen. In this abstract screening process, all the members will enter meeting to discuss the confusion and members will give advice twice a week.

Third screening involved reading or skimming the full-text of the remaining articles. In order to decrease personal bias, one group members cross checking and discussing each article. After which we critically decided whether the article is relevant and reliable enough to be cited. When the responsible

part of thesis is done, other members will read the whole part and give improve advices. Inclusion and exclusion criteria were applied during different phases of screening process. **Appendix 1** show the details of chosen articles.

4.3 Inclusion and exclusion criteria

This thesis is based on documentation, clinical studies which is from the databases of Turku University of Applied Sciences, and another part of information is from statistical data providing information, knowledge, or facts about homecare system and nursing role between China and Finland which are reported from 2014-2018. For the criteria, this study collected professional, exact and seasonable materials what were written in English language. We excluded materials that could not be read in full text by any reason, because it might lead us to get a one-sided view. We also excludes the articles which are about medical intervention or new clinical skills from the perspective of doctors. And what were written in other language.

5 HOME CARE SYSTEM

5.1 Home care system history

Nursing emerged as a profession in the 19th century. Nightingale advocated training nurses after medical advances and opened a nursing school in 1860. Such as the Bible and the family missionary society in London in 1857, "Home" care appeared because of the provision of care for the poor by the auspices of various religious organizations. "Real" district care, however, is tied to William Rathbone. In 1859, Rathbone set up a home-care service for the poor in Liverpool and hired the nurse to take care his wife. In 1874, William Rathbone, with the help of the metropolitan nursing association, founded the district nursing association in London (While, 2014).

In 1888, China's first nursing school was founded in Fujian province, and since then nurses have appeared as a profession in China. In 1909, the Chinese nurses association was established, this is a great significance in expanding the profession of nurses, regulating practice and education, as well as providing opportunities for Chinese women to become nurses. In 1925, Beijing Medical University opened a public health care program, and nursing students can carry out health education and publicity at the health station for

communities, schools and nearby factories. They also provide vaccination, knowledge of prenatal care, delivery and parenting for pregnant women, and education of children hygiene knowledge, etc.. But the development of nursing was limited by the outbreak of the Sino-Japanese war (Jiang, 2016). Only in the 1980s, China begin to popularize home-care services. Today, home care exists in residents' life in various ways, including free clinic and health lecture organized by the hospital, and peer-support service provided by the superior hospital to primary health institutions etc..

The earliest home care in Finland was in the late eighteenth Century, mainly for the elderly, the poor and orphans (Oamk, 2018). Until the Second World War, there was no special attention to health care. However, nurses cooperate with doctors and midwives, care for guidance and advice to all ages (Vanhustyo, 2012).The National Health Act (NHA, 1972), NHA is also concerned attention to family care for the elderly and daily hospital activities, as guidance and conseling services (Helsinki City College of Social, Health Care Helsinki City Health Department, 2018). In the 1960s and 1970s, a nursing home was established to allow the elderly to live in their own rooms, taking into account their special needs. In 1980s, family services and service based activities began (vanhustyo, 2012). Service content from the first church relief to the later transfer to the municipality, the systematic management division

of labor, services and supervision. The most important is that the new legislative (Social Welfare Act) of 1984, it supported the clients' independent live in their own homes for as long as possible (Helsinki City College of Social, Health Care Helsinki City Health Department, 2018).

The health service system first appeared in the UK, where the NHS was introduced under the national health service act of 1946, which provided for the "establishment of integrated health services in England and Wales", but

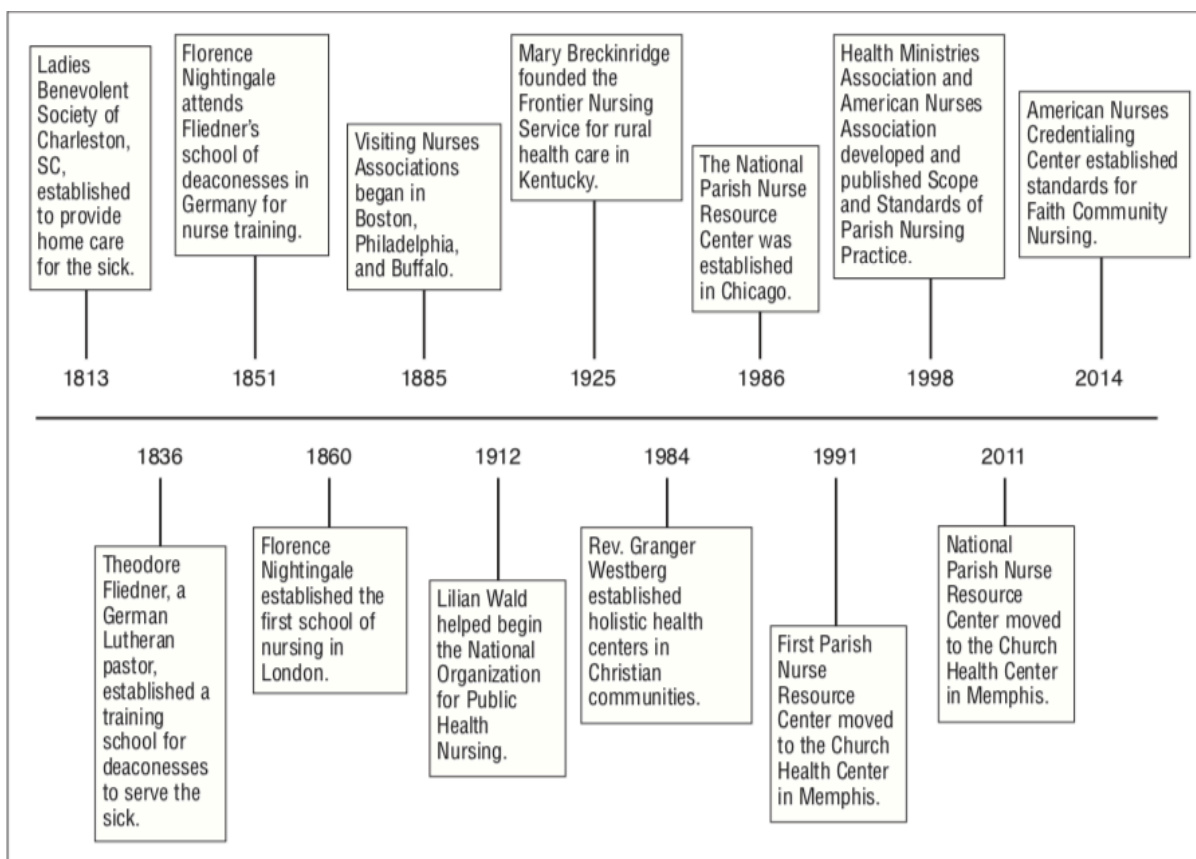


Figure 2 : History of Community Health Nursing (Schroepfer, 2016)

the actual independence act involving Scotland and Northern Ireland was passed in 1947 and 1948, respectively. **Figure 2** show the history of community health nursing. In the initial announcement, everyone will receive free medical, dental and optical services as well as care, and no one is required to pay for treatment when needed, among other things. But shortly before the NHC was set up, the ministry of health issued a flyer saying: "no fees are charged except for some special items." These special items include "anything particularly expensive, or more than necessary for dental care," "particularly expensive type "" glasses and in-client care that can exceed basic room costs when accommodation is allowed.

The management of health services is based on three aspects. Includes hospital and specialist services, family health services and general medical services. The state is responsible for granting home health services to local health authorities. These services include: nursing of pregnant and nursing mothers and children under five years of age (especially dental care); Midwifery; Health visits; Home care; Vaccination or immunization; Ambulance services and health information and promotion. Local health authorities are also responsible for establishing, equipping and maintaining health centers (Jones, 2015).

Baine' s (2013) study mentioned that a woman in her 50s with breast cancer and bone metastases at a British shelter in 1969 asked to return home for personal treatment because she missed her family, but after returning home, she was forced to return to the hospital until her death because of improper use of opioid painkillers. The incident made Dr. Cicely aware of the need for end-of-life care at home. She felt hospice would provide thoughtful care for those who were able to go home. Hospice staff plan to provide emergency call services. If necessary, a home phone call may be provided to a family member with a client in the ward.

After gathering information from community general practitioners and nurses, they decided to set up a home care center. The initial question is: ① How should the team be built and operated? ② Which community areas should be covered and the working hours of medical staff? In the end, it was agreed that a general practitioner or hospital doctor should be referred, or the client could be transferred out of the inpatient department, but in any case, the first treatment should be approved by the general practitioner (Baines, 2013).

Nurses were hired at that time that they were trained in community and palliative care, but also capable and willing to work independently. The roles of nurses are not only to pay attention to the history and status quo of the

clients, but also to the psychological status, moods and social needs of clients and their families. After that, the nurse would report back to the team about the client' s situation and discussing together to develop a plan for treatment. Over time, community medical staffs and palliative groups learned to work together, and the issues they were responsible for became clearer and simpler, and their working methods became more flexible (Baines, 2013).

5.2 Home care current situation and challenges

The home care system provides a wide range of treatment and support services for large number of individuals in the family, including care, household chores, meal delivery, transportation, physiotherapy and outclient care. Nursing managers determine who is eligible for home care services, and then arrange for health care providers - nurses, physiotherapists, social workers, registered dietitians, occupational therapists, language therapists and personal support personnel - to provide the necessary care and subsidies.

Family care is aimed at dementia clients without cohabiting caregivers, with more severe cognitive impairment or loss of daily living skills, or behavioral problems such as aggression (Low, Fletcher, Gresham, Brodaty, 2015). The Canadian Family Care Association defines family care as a range of services

for all ages, including health promotion and teaching, therapeutic intervention, hospice care, rehabilitation, support and maintenance, social adaptation, and integration, and support for family caregivers (Macdonald, Mclean, 2018). A study in Cyprus showed that home care nursing provided the service to ① elderly people who need care in their own homes, ② people with medical or special health condition need to live at home, ③ individuals with serious health problems, ④ individuals who still need home

Regular Interventions

1	Blood pressure, temperature, breathing (vital signs)
2	Check of glucose levels
3	Changing of urinary catheter
4	Wound care at all stages
5	Intradermal/ Intramuscular injections
6	Counseling
7	Management of medicine prescription
8	Personal hygiene
9	Healthy/suitable diet
10	Taking preventive measures
11	Modification of the environment
12	Colostomy, tracheostomy, gastrostomy care
13	Suction of bronchial excretions
14	Blood collection
15	Other

Figure 3 home care service of regular interventions (Kouta, et al., 2015).

care after discharge from hospital, ⑤ individuals who need palliative care or are in the final stages of life (Kouta, Kaite, Papadopoulos, Phellas, 2015).

Figure 3 showed the home care service of regular interventions.

Rehabilitation services in the home care system can help the elderly improve or maintain their physical functioning, quality of life and overall independence, all of which can extend the time they can stay in the community, leave the hospital and long-term care homes. Studies have shown that rehabilitation services provided in the home environment, including occupational therapy and physical therapy, can achieve similar or better health outcomes for the elderly than hospitalization services (Senior, Parsons, Kerse, Chen, Jacobs, Hoorn, Anderson, 2014).

Demand for rehabilitation services is expected to increase as the population is ageing and associated chronic diseases and disabilities are increasing. The increasing importance of rehabilitation services to this aging population requires more understanding of how these services are redistributed to older people to meet their changing needs (Armstrong, Sims-Gould, Stolee, 2016). In Australia, they set up a geriatric care assessment team to act as gatekeepers for the elderly to determine who is eligible for home care by assessing individual medical, physical, social and psychological needs and taking into

account their living environment and support systems. Approved by the government to provide a plan for the nursing home and a similar bed permit (Low, et al.,2015).

Home-care services require high quality information. In addition to providing accurate, organized care plans and documenting information about customer needs, in home care, care plans aim to promote continuity and personal care through client-assessed care documentation.

In home care, care plans aim to promote continuity and personal care through client-assessed care documentation. In addition to focusing on psychological, physical and social resources, but also to strengthen the elderly disease knowledge, more communication with the elderly, improve their ability to live at home (Turjamaa, Hartikainen, Kangasniemi, Pietilä, 2015).

Home care plans need to be designed independently, in order to enhance the home ability of elderly home-based clients, taking into account their needs and their perceptions of meaningful activities and social relationships. In addition, a more comprehensive nursing planning system needs to be developed in accordance with the individual needs and nursing planning standards of the clients.

Peer support is a multidimensional concept, whose meaning and characteristics depend on the content used. It can be delivered in different combinations of mode, duration, personnel and expected results. In the context of long-term care, peer support programs are generally designed to provide emotional and practical experience and information sharing for clients with the same chronic condition. Peer support can be informal or formal, and active peer support has been actively promoted in current health policies. Formal peer support interventions have been applied to a series of different long-term conditions, such as chronic kidney diseases. Many UK nephrology departments have recently established or are planning formal peer support services that require investments in clinicians' time and resources (Taylor, Gutteridge, Willis, 2016).

More and more scientific and technological achievements are being applied in home care. The Meditation Care Activity Monitoring System is a technical system for monitoring the activities of solitary persons. It provides appropriate and accurate information, the ability to carry out daily activities, and the ability to monitor the elderly living alone at home. If the activity deviates from the normal index, this may indicate an unsafe or potentially harmful condition. In this way, even if the nurses are not around, they can always get to know the situation (Lexis, 2013). A mobile internet application

in China makes more convenient for ostomates, the platform makes sure that professional care can be available when required, not to be limited due to reduced resources or distance (Huo, 2016).

Many countries are facing the challenge of increasing the number of disabled persons in the elderly. In recent decades, concern for the elderly has shifted to family care rather than home care. The purpose of providing home care for elderly clients is to support independent living and maximize the use of their resources; furthermore, the purpose of home care is to allow clients to live at home as long as possible (Turjamaa, et al., 2015).

Unfortunately, global society situation does not attach importance to continuing care for the elderly. Most home care is provided by HSWS (Home Support Workers) and family members. WHO report on health and ageing 2015 calls for ways to change the pattern. Observe the elderly. The elderly should be respected and provided to maintain their dignity. Caregivers caring for the elderly should receive specialized training. The WHO report calls for the use of an individual-centred care system that is affordable, accessible, enabling clients and families to flourish, and equitably prepare, pay and treat workers (Macdonald, et al., 2018).

Modern models of home care do not meet the challenges of global aging, as do China and Finland. Calling for more professional nursing staff to join the family nursing, actively calling social help, good division of labor and good cooperation among various departments, develop home care are conducive to tackling the global challenges of aging.

6 HOME CARE SYSTEM AND NURSING ROLE IN CHINA

6.1 Home care system in China

In China, population ageing is a rigorous challenge, it needs to be concerned as an emergent area, China will come in to the period of “super ageing” (Liu, J., 2014). Until 2040, there are 402 million population who aged 60 years and over in China, the percentage of people is expected to 28% (WHO, 2015). The rapidly ageing needs a transition in health system. One major change is that health system concerns the group in the burden of chronic disease which related to population ageing. In 2013, Wang & Chen (2014) study showed that more than 100 million older people had at least one chronic non-infectious disease. And most of elderly had multiple chronic diseases at the same time. Because of the population average life span is become further, meanwhile, the rate of some chronic diseases which is related with ageing, such as ischemic heart disease, cancer, cerebral vascular accident (CVA), chronic respiratory disease, arthritis and dementia are increase (Prince, Wu, Guo, Gutierrez Robledo, O’ Donnell, Sullivan, 2015). Health service system is aware that it needs to focus prevention of chronic diseases previously mentioned. It not only needs the medical support, but also the social support and family

support. Pay attention to home care group, it can reduce the cost of medical funding, and promote the quality of life in home care object.

In China, 1.3 billion people get health care services through two main channels: hospitals and primary medical and health institutions (WHO, 2015). Because of regional development varies, most rural people can only get health service through primary medical and health institutions. Even the number of medical services increases, the opposite happened that government paid less and less subsidies to public hospitals and institutions, the insufficient financial investment from national and provincial governments have changed the market equilibrium for medical cost, the hospital and institution have to need the fee-for-service payment mechanisms for cost recovery, for the group who need the basic health service it increases the cost of service and reinforces the disparity of health service. There is a distortion that services provided by primary care institutions are often considered to be inadequate or of poor quality (Xie, Wu, Hao, Yin, Fu, Ning, Xu, Liu X., Li, Kang, He, Liu G., 2014), when the clients' condition worse, the family members and client chose the superior hospital to get caring even if primary care institutions can treat well. The makes disparity in using of health service more clearly.

The phenomenon of disparity in using of health service, makes that disadvantaged group have more demand for health services, but they can't be met because of economic level and living conditions. These significant income-related inequity in use of health services severely affects the quality of life and controlling chronic diseases of home care clients. Xie and Wu's (2014) study revealed that there is about 1.6 times gap between richest group and lowest group in outpatient service. And a very content of home care service in China is clinic department in hospital, the impact on the home care community can be imagined easily. More and more people who really need health care service refuse to get care because of cost and living condition, this potentially increases disease progression and medical costs.

As mentioned previously, Chinese government does not want to assume more responsibility for funding and provision in the elderly group and medical system. Chinese medical and social security system is very imperfect, even there are many kinds of insurance for Chinese people, but health care insurance is unfair, especially the home care client group (WHO, 2015). Even from 2007, China state introduced medical insurance, called New Cooperative Medical Scheme (NCMS), for the people who live in village. Unfortunately, because of lack knowledge of insurance, many Chinese residents who live in remote area had opted out of the medical insurance scheme. They thought

this program is an ineffective state support (Liu, Tian, Yue, Wang, Du, Chen, 2015).

In China, the nursing care remains traditional, it relies heavily on family, and family takes most of responsibility in caring elderly (Prince et al., 2015). Due to the development of the society, more and more young people in China eager to independent space and self-development, the young members of family have less and less time to care for the elderly, the traditional family role of caring of older relatives weakened, family structure changed, long-term care of elderly people duty has not to on young family members, a growing number of the old man became empty nesters (Liu, Tian, et al., 2015). **Figure 4** showed that empty-nest elderly people need home-based care, and they are willing and want to receive care at home. It has become an important problem which is not to be ignored. The empty nest elderly has difficulty in self-care, looking after a spouse and feel insecure, they also have to strive to cope with 'empty nest syndrome' which is about psychosocial problems include loneliness and depression. Because of the influence of traditional Confucian culture, the empty-nest elderly desires a household and family life and they don't want to trouble their children, they are more likely to get home health care than the non-empty-nest elderly (Liu, Fu, Qu, Wang, 2013).

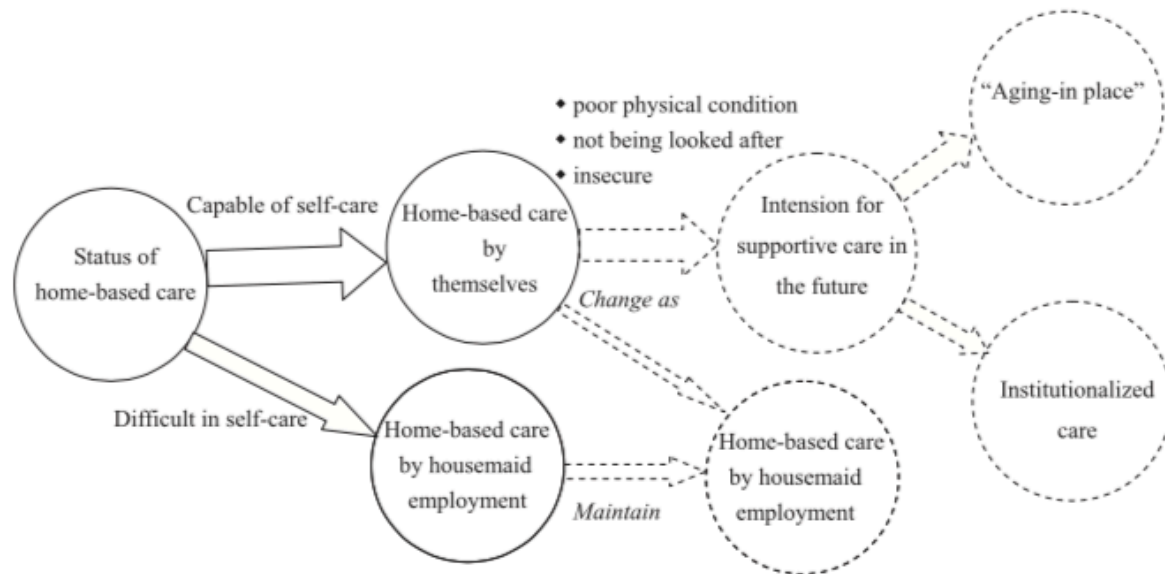


Figure 4 Living experiences and care needs of Chinese empty-nest elderly people (Liu, Tian, et al., 2015)

Social support is lack in home care system. In China, most of home care clients get the service from clinics, to minimize inconvenience during doctor visits, the elderly needs their younger member' s help. But because of long trip to clinics and long waiting time, many elderly people often can' t receive regular visits to doctor (Liu, Fu et al., 2013).

China is short of nurses, and the number of nursing staff with national professional qualification certificate is even less. Besides, the distribution of health workers is uneven, and the income of nursing staff is very low and there is a lack of professional training, especially in the low-income and high-

income regions. Therefore, the national government should encourage long-term elderly care and it is necessary to develop a professional labor force. The government should also raise the salary of nursing staff and attract more elderly professional nursing staff to participate in the family nursing team (Huang, Q Liu, Meng, D Liu, Dobbs, Hyer, Conner, 2018).

6.2 Nursing role of home care system in China

The role of Chinese nurses is not small, and there is ample evidence that nurses are the core of multidisciplinary teams providing coordination, communication and integrated health care (Moyle, Venturato, Cooke, Hughes, van Wyk, Marshall, 2013), and the role of nurses is very important in home care.

Home care has many advantages over other medical Settings. The same in Chinese home care system. Such as in pain management, older adults who live in nursing home suffer more severe pain than those who received home care, the reason is that the elderly is more likely to feel safe and relaxed at home than the elderly who live in nursing homes. And the elderly who get home care tend to underreport pain and want to reduce family member' s worries (Xu, Jiang, Wang, Zhang, Chen Ma, 2018). Comparison with home care

and nursing home, the nursing home staff does not have enough time to access the pain and treat it, it is another reason that the elderly has more pain than at home.

According to a survey in rural Dongguan, who were less physically active had a higher likelihood of disability among older people who receive home-based care. In order to delay the course of disability, home care nurse need to take early and targeted intervention measures to access the impairment of activities of daily living (ADL), sensory, mental status and social involvement options (Liang, Xu, Yin, Li., Zhang, Huang, Ni, 2018). The incidence of falls in the frail elderly is high, it caused serious damage and leads difficulty in physical activities, increase social isolation, reduce quality of life. Studies have shown that interventions can help older people control their fear of falling, reduce their tendency to be depressed, and increase their mobility and muscle strength, thereby reducing falls (Huang, Chung, Chen, Chin, Wang, 2016). Nursing staff should pay attention to the different characteristics of falls between the non-frail and frail elderly, and they need to develop targeted prevention programs and comprehensive nursing intervention measures to ensure the safety of indoor environments, and reduce the occurrence of fall (Pi, Hu, Zhang, Peng, Nie, 2015).

For palliative care, Chinese palliative care is just getting started, and cultural differences mean there is a shortage of trained professionals to provide care in China, and even fewer home care professionals, more professional education is need in palliative care to doctors, nurses and care-givers. It could be an effective way to raise awareness and knowledge of palliative care among medical professionals and help people who will end of life to promote quality of life (Wu, Li, Su, Yao, Wen, 2016).

Research shows that continued support and assistance to family caregivers can reduce care stress and improve their quality of life, and possibly improve the health of elderly, so health education becomes an important aspects of home care , especially the family which has elderly to care desire to develop and expand the number of nursing staff in community health centers, so that family member and care giver can access to professional nursing training courses and onsite education to deal with Alzheimer's and prevent complications (Wang, Xiao, He, Bellis, 2014) , home care nurse provide the education about daily life, nutrition, post-stroke rehabilitation, reduction of risk of falls and prevention of falls, incontinence care, Alzheimer's behavior management, wound or skin care, pain management and hospice care, ensure quality of care and improve the quality of life of the caregivers (WHO, 2015). The role of Traditional Chinese Medicine (TCM) in chronic diseases, especially

dementia, should not be underestimated. The finger compression method can effectively reduce the irritable state and pressure of dementia clients, with immediate effect (Kwan, Leung, Lai, 2016).

Although China's inadequate insurance and healthcare systems have limited the development of home care, the government has recognized the seriousness of the problem and has begun to take measures to address the aging problem, such as primary community health care service centers are encouraged to carry out diagnostic and preventive control work. Expand screening and early intervention for chronic diseases such as hypertension and diabetes. At the same time, improve the health literacy of the elderly and their family carers in self-management and control of chronic disease, and improve the quality of life, Happily, the measure is beginning to pay off. Family care mode shift force health care service transformation, it needs the government investment, interagency cooperation and establish a widely covered by the government regulations, high availability and fair and provide prevention and support services for the public health system, make the way of family care docking with the existing health service system, and health service agencies at all levels to connect and collaborate. The government is aggressively promoting the initiative. Meanwhile, The NCMS increased service compensation in township hospitals, which both encouraged people to seek

primary health care services closer to the community and avoided the misuse of medical resources.

Raising the awareness of health care among the whole population, improving primary health care institutions, and creating a comprehensive and reasonable insurance system, calling for professional nursing staff to join the home care team are urgent problems to be solved in Chinese home care, home care in China has a long way to go.

7. HOME CARE SYSTEM AND NURSING ROLE IN FINLAND

7.1 Home care system in Finland

Ageing is a global problem. Finland's aging is also very serious. **Figure 5** showed the age structure of population in Finland. At present, 18% of the total number of elderly people over 65 years old are expected to exceed 26% by 2030.

Therefore, how to take care of the elderly, help them to take care of themselves at home and improve the quality of life of the elderly is the key work of the Finnish government. Most elderly people will prefer living at home rather than I move to a nursing home (Pölönen, Tiihonen, Hartikainen, Nykänen, 2017). They like to live in their familiar homes. As many people think, the best place in the world is home. But from the point of view of personnel, Material and financial resources, 24-hour service is very expensive, and some elderly people do not need to accept 24-hour service, They love life, they don't want to be burdened, they're afraid of losing their autonomy, and they don't want to leave home and go to a nursing home (Karppinen, Laakkonen,

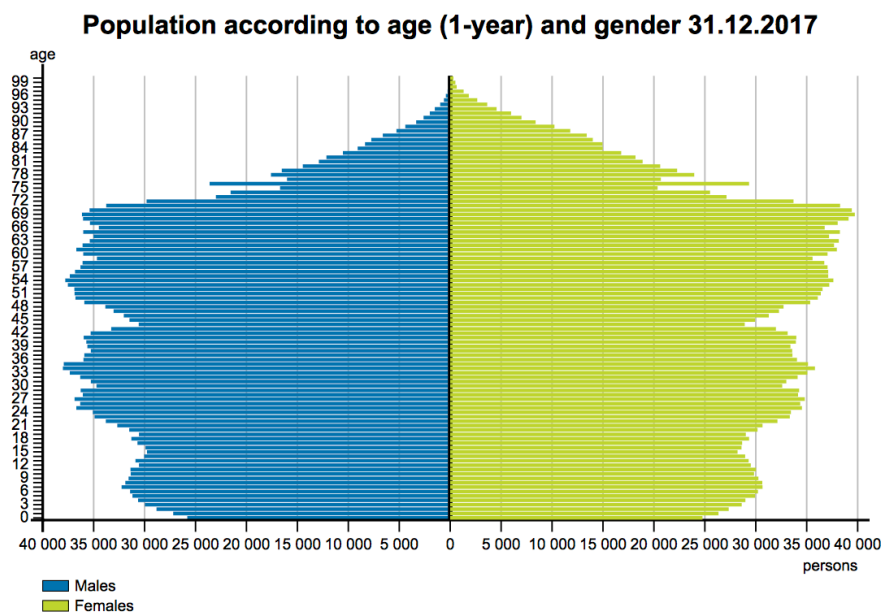
Strandberg, Huohvanainen, Pitkala, 2016) . So supporting the elderly in the ability to live at home, improve the quality of life is particularly important,

Age structure of population

Updated: 29 Mar 2018

Next update: 29 Mar 2019

Description of indicator



Statistics Finland / Population structure

Figure 5: Age structure of population in Finland (Findicator. 2018)

family care not only solve the above problems, but also save costs (Nuutinen, Leskelä, Suojalehto, irronen, Komssi, 2017) . In many countries, including Finland, family spending and demand for home care have been rising. The purpose of home care is to maintain health, functional ability, quality of life

and independent life, so that the elderly as far as possible to live at home, so that the elderly can live at home as much as possible and enjoy professional and all-round services. So home care must provide services and assistance to support the elderly to live independently at home (National Institute for Health and Welfare, 2015).

In Finland, more and more elderly people are moving to high-grade housing. Most of them live alone when their physical or mental performance deteriorates. Relocation is said to be one of the most stressful events in older people's lives and affects their mental and physical health. The common problem facing the elderly in Finland is loneliness. Their children are not around. According to the data, in 2016, 9,1% of the total population is aged 75 and over, and 47,2% of them are living alone (The National Institute for Health and Welfare, 2016). The government will provide social security subsidies for low-income people, income-related vouchers for residents who often need services, home care and medical care, and assistance to support their independent lives. Many elderly people do not need daily or 24hours assistance, and the municipal government can provide home care and care for the elderly, who need day-to-day care and assistance (Lotvonen, Kyngäs, Koistinen , Bloigu, Elo, 2018) . The contents of home care mainly include support and assistance in activities of daily living, meal, transport and

accompanying services, assistive technology, home nursing and physician services, home rehabilitation, the support and assistance of a home hospital in acute situations or at the end of the person' s life.

In recent years, the care of the elderly is changing from institutional care to elderly family care (Sarvimäki, Stenbock-Hult, Sundel, Oesch-Börman, 2017). The municipal government has increased purchased services to take care of and maintain the health of the elderly and provide care for the residents. The municipalities are mainly responsible for raising funds for nursing care in nursing homes. Residents also pay monthly income-based nursing fees and residence fees. Different service standards and charging standards vary. (Aaltonen, Forma, Pulkki, Raitanen, Rissanen, Jylha, 2017). The city government divides it into dozens of home care centers, each with three to five teams, each with 15 staff, to take care of nearby clients. In Finland, many non-governmental organizations are engaged in human rights work. They have a significant role in the promotion of human rights, information provision and addressing of problems. Elderly customers are growing year by year, making nursing work face challenges (Lavander, Turkki, Suhonen, Merilainen, 2017). Seniors, persons with disabilities, and chronically ill persons are customers of Home Care. The care can be either regular or temporary. Home services are help with day-to-day activities, such as washing and

dressing oneself and eating. Home nursing is nursing and rehabilitation that takes place at home. The need for home care is evaluated individually together with the customer and an individual care and home care service plan is written. You can contact Home Care by calling the Seniors' Helpline, via email, or by visiting Poiju – A Meeting Place Offering Support for Senior Citizens (Turku. Home care, 2018) .

Hospital at Home is specialized health care provided at the client's familiar home with the client's consent and to the degree the client's condition and treatment methods allow. Care requires a referral from a doctor and the Hospital at Home doctor always makes an individual assessment of the suitability of home hospital care for the client. Hospital at Home care is appropriate for diabetics treated with insulin, clients with cancer, clients on intravenous antibiotics and erythrocyte transfusion and clients with cardiac insufficiency. And Clients with pain, it is now one of the major health problems of the elderly (Karttunen, Turunen, Ahonen, Hartikainen, 2014). Clients are referred for admission from the home municipality internal diseases hospitals, municipal health stations, the emergency services, the Turku University Hospitals or private doctors. The client is a client of the Turku Municipal Hospital during the treatment episode and if needed, the client can be admitted to the hospital ward for treatment (Turku. Hospital at home, 2018.)

The aging of the population and increasing number of longterm illnesses and people with multiple illnesses is a growing challenge, nursing skills and services are required for care and rehabilitation as well as prevention, Home care workers generally include registered nurses and assistant nurses. Job responsibilities are different according to the educational background.

In Finland nurses receive their education at universities of applied sciences. Finland has had a nursing discipline since 1979 (Lukana, 2013). Public health nurses, midwives and paramedics also qualify through the same schooling (AMK in Finnish). The degree includes the registered nurse' s qualification. Completing the studies, consisting of 210 - 270 ECTS credits, lasts from 3.5 to 4.5 years. Registered nurses require 210 credits, public health nurses and paramedics 240, and midwives 270 (Finnish Nurses Association, 2016). The education time of assistant nurses is about 2.5 to 3 years, in vocational schools. Vocational training is intended for both young people who are not in secondary education and in working adults. Vocational undergraduate studies can be completed either as a vocational basic education or as a qualification exam. Vocational and further vocational qualifications can be used as vocational qualifications. Vocational training is provided in educational establishments and apprenticeship training (Opetus-ja kulttuuri-ministeriö, 2018).

7.2 Nursing role of home care system in Finland

Home care takes place in clients' homes. The majority of clients receiving home nursing are older people. Most of the services are provided by public health nurses, qualified nurses or practical nurses (Health care in Finland, 2018).

The nurse is a nursing specialist at a home care team and has the right and ability to make decisions related to nursing work, is responsible for expert tasks and demanding professional duties, has a therapeutic responsibility for clients, nursing planning, implementation and evaluation. Nurses are team leaders and are accountable to assistant nurses to ensure that their expertise is competent. In addition, the nurse has the responsibility for providing assistance and support to the team in clients' illnesses. The nurse is responsible for initiating treatment and planning. The nurse assesses who will receive hospitalized home remedies for whom medication or treatment changes have been made and a management plan or time. The nurse consultates or cooperates with the assistant nurses as necessary as a doctor for the client's ability (Living in Finland, 2018). The nurse should report to the doctor about the client's condition and carry out the doctor's advice correctly. The nurser will ensure that the medication is up to date and from time to time

go hand in hand with medication, so that medication does not weaken the customer's home coping. The nurse can make urgent nursing home visits such as Acute assessment visit, impaired diabetes mellitus, wound healing, drain clients, vaccinations, permanent catheterization, mental health and treatment of clients undergoing treatment, etc. (Mikkonen, 2018). In particular, home nursing and INR imaging are part of the nursing care. Order medication from pharmacy according to doctor's order and checked it. Assistant nurses work under the guidance of nurses, and are more inclined to care for their clients' diets, as well as basic medical care, For example, help clients to eat, wash, dress and move. The goal is to encourage clients to live as independently as possible. In addition, nurse have to cooperate with the client 's family, relatives and relatives (Care of older people in Finland, 2018). Assistant nurses are also involved in the planning, implementation and evaluation of nursing, helping nurses to give treatment, such as blood sugar testing, give medication, and so on. This is a multi-disciplinary team, including general practitioners, nurses, assistant nurses, a social worker, a home helper and the local supervisor of home help services (Care of older people in Finland, 2018).

The development of home care in Finland is very perfect, the nursing education system is worth learning, at the same time, social support and

cooperation help home care improve the clients' quality of life. But Finland needs to face the greater challenge of ageing, home care staff need to pay more attention to the mental health of clients and call for young people to join home care team.

8 COMPARISON OF HOME CARE BETWEEN FINLAND AND CHINA

Due to the differences of economy and culture, the elderly in China are mainly supported by family and encouraged to live together for many generations. Children are obligated to support their parents. Adult children should financially support their elderly parents and ensure their basic living needs (Wu, Dong, Xu, Fan, Su, Gao, Zhou, Wang Y., WangX., 2018). In addition, "filial piety is the foundation of all virtues" in Chinese traditional culture (Pan, Jones, Winslow, 2017) . As China's traditional family care model is changing, (Liu, et al., 2015) , the challenges formed of home care by more and more empty-nest elderly cannot be underestimated. In Finland, the elderly are mainly supported by municipalities. Most of the elderly do not live with their children. The children have no legal duty to support their parents. The duty to care for the elderly rests with the municipalities. They are mainly home care. Different models include their respective characteristics.

Elderly support is not only a guarantee for the life of the elderly, but also a spiritual one. Family care brings warmth, which is unique to family care. Other modes of elderly care cannot be replaced. Research shows that daily

interaction and support between children and parents in the context of family care will be increased for the physical and mental health of the elderly. Reduce depression and loneliness and pain (Hung, Bounsanga, Voss, Crum, Chen, Birmingham, 2017), and for the third generation also has a positive impact, all of them can enjoy family happiness, but because experience and professional knowledge of family members are limited, the allocation of resources for pension services is low, it is difficult to obtain professional and meticulous care services, pension services cannot be targeted and effective. On the economic side, family care for elderly is one of the most economical methods. but it increased the burden of children. On the contrary, home care not only reduces the burden on children, but also provides more professional life and medical services. It can also live at home, make use of the original resources such as family food and living, and take into account both family and professional services, and individuals just need to pay a slightly fees according Kela stipulation. Advantages can provide effective elderly services at the right time and at the right place. From the point of view of medical care, home care in Finland formulates individualized nursing services according to different clients, defines responsibilities, establishes corresponding standards in terms of evaluation objects, evaluation contents, evaluation tools, evaluation time, evaluation personnel and program design methods. In order to fully understand the physical and mental status, living conditions, safety of family

facilities and community services of the elderly, Finland has developed or introduced a series of information-based assessment tools. On this basis, Finland has established a file card for each elderly person in order to understand their age, physical and mental health, medical history, economic status and other basic information. In the formulation of pension plans, departments will adjust the pension plans according to the actual situation and changes, fully reflecting the flexibility and dynamic. In China, because of lack professional nursing staff, it leaves the development of home care still in its infancy, and in many ways imperfect.

In view of the weak links of China's elderly services and the experience of Finland, China needs to actively develop and introduce an assessment tool for the needs of elderly services in the future. The assessment tool should cover life care, long-term care for chronic diseases, psychological care, rehabilitation and so on, so as to achieve a sophisticated elderly care plan. Secondly, from the personnel structure, we should vigorously develop the training and education of assistant nurses so as to make the nursing team grow stronger and stronger to meet the growing elderly customers. Then, the government financial departments should give vigorous support to solve the funding problem. Finally, we should build a nationwide network of elderly service platforms to realize the exchange of information. Home care in Finland has

many advantages, but at the same time there is a defect of family estrangement, which is not conducive to the mental health of the elderly. In addition, Finland is located near the Arctic Circle, has a long winter, insufficient sunlight, is more prone to loneliness and depression, psychological problems will make the physical condition worse and worse, so we should build up more old age. Encourage the old people to have their own interests and hobbies (Dias de Sousa, Fabianne, de Jesus, Takase Gonçalves, Manganeli Paskulin, Antar Gamba, 2018). They can play chess, billiards, dance, listen to music and so on. Enrich the old people's life and keep them healthy in body and mind. In addition, it is also need to develop a more comprehensive care planning system, based on the clients' individual needs and standards of care planning (Turjamaa, et al., 2015).

9 VALIDITY AND RELIABILITY

The validity of qualitative research means the appropriateness of tools, processes and data. Whether the research questions are valid for the expected results, whether the selection of research methods is suitable for answering research questions, whether the design is suitable for methodology, whether sampling and data analysis are appropriate, whether the final results and conclusions are valid for the samples, and whether the context is valid (Leung, 2015). As a scientific survey, literary criticism should be effective, reliable, and repeatable (Yu, et al., 2017). Effectiveness means looking at the right things in the right way, and reliability means the durability of the results (Daniel, et al., 2014) that is, when the research is updated, the results are always the same. Reliability and durability should be assessed at each stage of the study.

In this article. Choose fresh and powerful research data as the basis for the literature and present it fairly, cautiously and honestly (Cooper, et al., 2018). In terms of source of procurement, the source is rigorously evaluated and secondary sources are avoided.

To make sure the cited portions were understood objectively, the whole content of each article was internalized and criticized before citing or paraphrasing. If the cited portion was not from the researchers of the corresponding article, original source of citation was then traced and analyzed to make sure the citation remains reliable. If the original source cannot be traced, or the meaning was not well-kept during previous citing process, then the article was not included for referencing. Plagiarism was avoided through addressing the source of the obtained knowledge of findings.

In the review, we use the databases from Turku University of Applied Science and authority sites to search the article, and we set the exclusion and inclusion criteria clearly in the methodology makes the validity of this thesis. In data analysis of the methodology, it also mentioned that after choosing research direction, we understand the relevant research situation through consulting a large number of documents and materials, and in order to decrease personal bias, group members need cross checking and discussing each article, if one member does not agree to choose the article, the article is failed to be chosen. When we use the original article, we do not agree to change the meaning of the article and make sure the reliability of the thesis.

10 ETHICAL CONSIDERATIONS

Nursing is essentially respect for human rights, including cultural rights, life and choice, dignity and the right to be treated with respect. Nursing is respectful and unrestricted by age, colour, creed, culture, disability or disease, sex, sexual orientation, nationality, politics, race or social status (The International Nurses Council Code of Ethics, 2012). All research must follow the principles of ethics (The Declaration of Helsinki, 2013). Ethical decision making is significant for the nursing research (Mallari, Grace, and Joseph, 2016). Permission to refer to the relevant research in the article is granted by the appropriate agency or ethics committee. The subject or subject was contacted and the purpose of the study was formally explained.

For ethics, it must be mentioned that due to our own observations and experience, special attention is paid to objectivity. The study about the difference between Finnish and Chinese culture is based entirely on the author's own experience and is not completely objective. However, the article clearly states that it is based on personal observations to avoid possible misunderstandings. The literary foundation is based on reliable research data and subject interviews to lead the experts. However, our own experience did

not affect it, so they presented in an introductory way, but objectively, our own experience and opinion objectivity were retained. Further study need to be done about the topic.

11 CONCLUSION AND DISCUSSION

Nurses play an important role in the medical system, and they cannot be replaced. They need to have professional theoretical basis and effective operation ability. Home care (HC) created with customers and family members, it is multi-professional work, it can include professional and physical therapy, verbal therapy and occupational care. Home care's advantage is that it is easy to develop, with the goal of allowing customers to rest and resume operations in a space that is often familiar, reducing the risk of infection, reducing the cost of hospitalization and re-hospitalization and also facilitating hospital bed renewal.

The clients care programs can be organized at home according to professional direction, geographic location, or combined factors, nurses are busy with daily activities such as health assessment, related treatment, professional examination and treatment of medications. Nurses gain a basic and indispensable position in clients and the family, they also need to exercise necessary control over the situation and remain confident in carrying out the nursing work.

Canadian Family Care Association defines family care as a range of services for all ages, including health promotion and teaching, therapeutic intervention, hospice care, rehabilitation, support and maintenance, social adaptation, and integration, and support for family caregivers.

In China, population ageing is a rigorous challenge, China will come in to the period of "super ageing" . Health service system is aware that it needs to focus prevention of chronic diseases to reduce the cost of medical funding, and to promote the quality of life. In China, people get health care services through hospitals and primary medical and health institutions, because of regional development varies, most rural people can only get health service through primary medical and health institutions, and there also is a distortion that services provided by primary care institutions are often considered to be inadequate or of poor quality. Meanwhile, government paid less and less subsidies to public hospitals and institutions, this increases the cost of service and reinforces the disparity of health service.

Chinese medical and social security system is very imperfect, health care insurance is unfair. It makes the disparity in using of health service makes that disadvantaged group have more demand for health services, but they can't be met because of economic level and living conditions.

In China, the nursing care relies heavily on family, and family takes most of responsibility in caring elderly. Due to the development of the society, the traditional family role of caring of older relatives weakened, family structure changed, adding the influence of traditional Confucian culture, a growing number of the old man became empty nesters. The empty nest elderly has difficulty in self-care, looking after a spouse and feel insecure, they also have to strive to cope with 'empty nest syndrome'. And empty nest elderly became the largest group of home care.

China is short of nurses, and the number of nursing staff is a lack of professional training, especially in the low-income and high-income regions. Even the situation is not optimistic, the role of Chinese nurses is not small, and there is ample evidence that nurses are the core of multidisciplinary teams providing coordination, communication and integrated health care. They work effectively in pain management, palliative care, reduce the occurrence of fall, reducing care stress, education, and applying TCM in dementia care.

Finnish government face the aging and treat elderly actively. they pay more attention and measures to maintain health, functional ability, quality of life and independent life. They provide support and assistance in activities of daily

living, meal, transport and accompanying services, assistive technology, home nursing and physician services, home rehabilitation, the support and assistance of a home hospital in acute situations or at the end of the person's life. The city government divides it into dozens of home care centers to take care of nearby clients. The need for home care is evaluated individually together with the customer and an individual care and home care service plan are made. Meanwhile, many non-governmental organizations are engaged in human rights work.

Hospital at Home is specialized health care provided at the client's familiar home with the client's consent and to the degree the client's condition and treatment methods allow. It is appropriate for diabetics treated with insulin, clients with cancer, clients on intravenous antibiotics and erythrocyte transfusion and clients with cardiac insufficiency.

In Finland nurses receive their education at universities of applied sciences. Vocational training is provided in educational establishments and apprenticeship training. It is intended for both young people and working adults. Nurse in Finland is responsible for expert tasks and demanding professional duties, has a therapeutic responsibility for clients, nursing planning, implementation and evaluation. They can make urgent nursing

home visits such as Acute assessment visit, impaired diabetes mellitus, wound healing, drain clients, vaccinations, permanent catheterization, mental health and treatment of clients undergoing treatment.

The elderly in China are mainly supported by family and encouraged to live together for many generations, but as China's traditional family care model is changing, the challenges formed of home care by more and more empty-nest elderly. In Finland, the elderly is mainly supported by municipalities.

In China, care-givers are difficult to obtain professional and meticulous care services, pension services cannot be targeted and effective, and it increased the burden of children. Home care in Finland formulates individualized nursing services according to different clients, defines responsibilities, establishes corresponding standards and individuals just need to pay a slightly fees according Kela stipulation.

China needs to actively develop and introduce an assessment tool for the needs of elderly services in the future. Government should vigorously develop the training and education of assistant nurses so as to make the nursing team grow stronger and stronger to meet the growing elderly customers. In Finland, Encourage the old people to have their own interests and hobbies to cope

loneliness and depression and other psychological problems. In addition, it is also need to develop a more comprehensive care planning system, based on the clients' individual needs and standards of care planning.

This study focuses on the problem due to the global ageing, the pressure and challenges of home care system, and describe the history of home care, detailedly focus on the home care system and the nursing role in China and Finland. Although the Finnish government are actively deal with aging population brings a series of problems, through the study we found that the Finnish authorities should call for more and more young relatives to join the home care, in order to improve care of loneliness and depression and other mental disorders, and to improve the quality of life for clients. China's home care system is gradually perfect, the Chinese government should establish perfect insurance system to improve the medical treatment of inequality, at the same time, due to the caregivers are relatives of the family care, this special group is lack of professional nursing training, the government should bear this part of the responsibility of the special caring group of professional education. As a front-line worker, the hospital and related departments should set up relevant channels to extract the voice and opinions of nurses to understand the existing problems of home care and timely follow up and improve it. In order to improve the quality of home care, improve the quality

of life of the clients, we also call for nursing education departments that they should establish nursing professional education for home care as soon as possible. Due to the rapid development of home care in China and Finland, this thesis only reflects the status unilaterally, it has certain limitations. Further research need to be required about this field.

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Mikkonen Jenni provided the information about nursing role in Finland.

APPENDIX 1

Database	Keyword(s)	Year Limit	Searching Criteria	Search Results	Cited
EBSCOhost	Home care/ homecare/ Homehealth/ home health	2013- 2018	English	3557	6
EBSCOhost	Globla and Aging	2013- 2018	English	155	2
CINAHL Complete	Nursing/ nurse and Home care/ homecare/ Homehealth/ home health	2014- 2018	English	1048	6
EBSCOhost	Elderly/ older and Home care/ homecare/ Homehealth/ home health	2013- 2018	English	494	13
EBSCOhost	Elderly/ older and Nursing/ care	2014- 2018	English	4267	1
EBSCOhost	Home care / healthcare and History	2013- 2018	English	24	4
EBSCOhost	Elderly/ older people	2014- 2018	English	4971	3
CINAHL Complete	Elderly/ older people and Family	2014- 2018	English	503	1
CINAHL Complete	Family and Care and Nursing	2014- 2018	English	1912	2

CINAHL Complete	Chronic disease and Elderly/ older people	2014-2018	English	283	2
CINAHL Complete	Role and Nursing/ nurse	2014-2018	English	6748	2
EBSCOhost	Dementia and Family and Care	2013-2018	English	292	2
EBSCOhost	Dementia and Elderly/ older people	2014-2018	English	358	1
CINAHL Complete	Aging and China	2014-2018	English	75	2
EBSCOhost	Homecare/ home care/ healthcare/ health care and China	2013-2018	English	12	4
EBSCOhost	Family and China	2014-2018	English	233	1
CINAHL Complete	Older people and Care and Finland	2014-2018	English	12	3
EBSCOhost	Mental and elderly/older and Finland	2014-2018	English	5	1
EBSCOhost	Nursing/ nurse and Finland	2014-2018	English	92	3
CINAHL Complete	Systematic and Literature	2014-2018	English	3752	2
CINAHL Complete	Research	2014-2018	English	44656	1