A Study of the Housing Needs of the Aged and Elderly Residential Facilities in an Urban Area

Woo Seock Yim*

Abstract: The purpose of this study is to find out the demand for residence of citizens on the paid elderly residential facilities that has been heightened for its use in recent days with the focus on the paid nursing home facilities and the paid elderly treatment facilities. The subject for the survey was 200 adults of 35 years or older who reside in Seoul, and for the final analysis, a total of 169 copies of valid samples was used. The following is the major result of the study. For the reason of post-retirement entry into the nursing home facilities, the most responses came from the fact that they could live with the similar age people as neighborhood or friend. Appropriate residential area would be preferred for 7-12 pyeong (1 pyeong=3.3058m^2) for single use, and 12-15 pyeong for couples, and for the appropriate security deposit and monthly living expense at the time of entering into the facilities, the highest response was for 50 million won and 500,000 won for the paid nursing home facilities, and 10-20 million won and 600,000 won for the paid elderly treatment facilities. The most important criteria for using the facilities was in the sequence of entry costs, facilities and others, and the consideration on the facility operator would be in the sequence of facility operation capability and social reliability. And, for the annexation (coestablishment) of paid nursing home facilities and elderly treatment facilities, the opinion as desirable was shown high (73.9%).

Keywords: Old-age housing needs, paid nursing home facilities, paid elderly treatment facilities

As of 2000, the elderly population (65 years or older) in Korea was 3,372,000, representing 7.3% of the total population (National Statistical Office, 2002) and classifying Korea as an "aging society."[1] With the advancement of medical service, the aver-

* Woo Seock Yim (PhD, University of Seoul) is an assistant professor at Kukje Theological University and Seminary, Seoul, Korea.

1. According to the United Nations, a society is classified as "aging" if the share of the elderly population exceeds 7% of the total population and "aged" if that share exceeds 14% (Kim,

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age life span has lengthened and, because of a change in values, there is a growing trend of low birth rates. At the same time, the growth of the elderly population has accelerated, meaning that Korea is expected to reach the classification of an "aged society" faster than any other advanced country.[2] In addition, with the rise of industrialization and urbanization, individualism has been deepened, and the family structure has become smaller and smaller, resulting in a significant weakening of support for elderly and caring capabilities. As a result, the single household unit of the elderly has been steadily extended, and it is expected to accelerate even more in the future.[3]

Such an accelerated increase in the elderly population and changes in values and the social system present significant challenges related to residential facilities for the aged. More than anything, in order to meet the residential demands arising from the drastic increase in the elderly population and changes in the characteristics of the elderly, more and more diverse types of elderly housing have to be developed and supplied. In particular, the elderly who cannot care for themselves, the feeble, and the single often need to reside in nursing homes and treatment centers, which need to be expanded urgently.

Elderly welfare facilities in Korea started out as residential facilities designed to accommodate and protect the homeless elderly. The main stream of elderly welfare facilities were designed for the low-income elderly, and the number of such facilities is now far too insufficient. Accordingly, many senior members who require special residential treatment and service live with inconvenience in ordinary housing, and there is some so-called social hospitalization for some long-term cases (Korea National Housing Corporation, 1996).

Furthermore, beginning in 2008, elderly household units will be entitled to receive national pensions, and the household unit that has been prepared for postretirement would be transferred to the elderly household unit, such that the demand for paid elderly residential facilities with diverse services will increase greatly. However, because of the lack of economic power among elderly households, the supply of paid elderly welfare facilities is insufficient, and the efficient operation of those facilities is

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2001).

2. In France, it took 115 years to go from an elderly population of 7% to 14%; in Sweden, 85 years; in the United States, 71 years; in Germany, 42 years; and in Japan, 24 years. Korea is expected to make up the difference in just 22 years (Korea Development Institute, 2002).
3. According to the Result of Forecast for Future Household Unit of the NSO (2000), the share of one-person household units is expected to increase from 15.5% in 2000 to 21.5% in 2020, and the share of single-person household units for those 65 and older is expected to reach 8.7% by 2020. In particular, by 2020, individuals 70-74 are expected to make up the highest share with 11.4%, followed by 65-69 at 10.3%, and 75-79 at 9.3%.

also problematic.

For the facility operation or living condition, seniors would finish their lives in the place where they enter (hospitalized) the facilities unless there are special circumstances. However, when an elderly person who has the capability for activities enters into a treatment facility but has deteriorating health or suffers from dementia, stroke, or other diseases, he or she may be transferred to a treatment facility so as not to cause inconvenience to other tenants. Looking into this fact, elderly welfare facilities (particularly residential facilities) would be better served by having an integrated form of residence and medical service, and it is urgently requested that studies explore this issue.

The purpose of this study is to grasp the demands of residents in paid nursing home facilities (residential facilities) and paid elderly treatment facilities (medical facilities) on the basis of the above issues. For details, by learning the recognition on the paid nursing home facilities and the paid elderly treatment facilities, appropriate amount of facilities entry (hospitalization), expected time of entry (hospitalization), preferred residence area, major consideration in selecting the facilities and others to present the fundamental data for the desirable operation plan and policy establishment for these facilities.

THEORETICAL CONSIDERATIONS

Concept and Types of Elderly Residential Facilities

The conceptual definition of elderly residence or elderly housing is made in very diversified ways. Valins (1991) defines "elderly housing" as all buildings that provide protection and support with the provision of service in order to guarantee the independent living and privacy of residents, mainly the high-aged elderly, and includes the type that the current resident is altered to fit into the living of the highly aged person under the policy to enable the highly aged person to continue to reside in his or her current place of residence. In addition, according to Harata (1993), the highly aged person house means, first, houses in which highly aged persons gather to live; second, it has to have architecture that takes into consideration of the living characteristics of the highly aged persons by creating a barrier-free environment;[4] and third, it has to

4. Design to remove barriers considers the physical conditions of the highly aged person who does not demand luxurious facilities, and it includes the securing of corridors to enter into the house, living room, and bathroom at the same height with the floor, no inconvenient height differential, and spacious corridors and access doors (Park, 1997).

include human services in addition to the building for the independent living of highly aged persons.

Blank considers any place where the elderly reside to be elderly housing and classified elderly housing into general housing, apartments, retirement communities, boarding homes, congregate housing, and senior treatment facilities. In addition, Choi Sung-jae follows Blank's classification, although he does not recognize cohabitation with family, and only housing that is designed appropriately for the elderly, such as retirement communities, boarding homes, congregate housing, and senior treatment facilities (Park et al., 1999).

Looking at it in this way, the concept of elderly housing is interpreted broadly or narrowly depending on the scholar: Valins states that elderly housing ceaselessly changes and grows and that is not limited to a specific building type, and the definition of Harata is very narrow, reflecting the concept of aggregate housing rather than single housing. And, in the case of Blank, it follows the broad concept of definition, and the classification of Choi Sung-jae can be understood as contraction of the scope of elderly housing (Park et al., 1999).

In the meantime, the Elderly Welfare Act (Article 31) classifies elderly welfare facilities into elderly residential welfare facilities, elderly medical welfare facilities, and elderly leisure welfare facilities. Elderly residential welfare facilities include nursing home facilities and elderly welfare housing, and elderly medical welfare facilities include treatment facilities and elderly hospitals. These facilities are classified as paid, actual cost, or free facilities, depending on the type of operation. In addition, their roles and functions are also different.

However, in the case of elderly medical welfare facilities, where medical service is the primary purpose, it has the type of elderly residence as the elderly accommodation facilities that is included in the elderly residence facilities in this study.

Needs of Paid Nursing Home Facilities and Paid Elderly Treatment Facilities

In the past, the elderly of Korea were respected in the traditional Confucian society, in which "a family was important group to care for and a place of living" for Korean elders (Shanas, 1982).

However, with changes in the social environment, such as the breakup of the nuclear family, the expansion of women's advancement in society, and increases in income, the burden of caring for the elderly has been increasingly placed on facilities outside the family, and there is a growing number of professional services for caring for the elderly on behalf of families. In addition, elderly people in their 60s have been avoiding residing with their married children, breaking away from the past practice of

children avoiding living with their old parents (Park, 2002).

As such, the number of seniors who have to select independent residences is increasing, and the number of seniors who complete their lives in elderly welfare facilities will increase as well. From this point of view, depending on the support of the seniors and residential service, there is a need for paid nursing home facilities and paid elderly treatment facilities to undertake the role of treatment and caring.

In the meantime, the physical function of seniors becomes weakened as time passes, and their mental and physical functions decline gradually, as many elderly people have dementia, stroke, paralysis, and other conditions. Furthermore, if a person hits a very high age, he or she will likely become immobile. However, paid nursing home facilities are limited to cases in which the elderly are able to maintain their ordinary daily activities by themselves, and in this case, even if there is a spouse to care for them, they are required to move into a treatment facility in consideration of the impact on other elderly residents. But, because of the economic condition, the operation conditions of nursing home facilities, and the insufficiency of treatment facilities, transferring the elderly to treatment facilities is yet to be materialized. Because of this, nursing home facilities have become resort facilities. This type of nursing home facility becoming the a resort facility would create a significant impediment to the comfortable postretirement residential environment. On top of that, moving once again is likely to bring serious instability to the emotion of the seniors, who have already left their family living environments and have had to adapt to a new living environment in the nursing home facilities. Accordingly, in order for seniors to live in a familiar living environment and to complete their lives with the necessary service and care, paid elderly residential facilities within nursing home facilities and treatment facilities are required.

Status of Paid Nursing Home Facilities and Paid Elderly Treatment Facilities

Nursing home facilities in Korea have traditionally served seniors with no place to go. The first paid nursing home facility, Yudang Village, was established in 1988. In 1989, at-cost elderly welfare facilities for low-income seniors without living protection were established under a national policy that dictated the diversification of nursing home facilities. At the time the Elderly Welfare Act was revised in 1993, the operation of paid elderly welfare facilities was first granted to private enterprises and individuals (Lee, 1994), and thereafter, paid nursing home facilities emerged, including the "silver town" by large companies and others.

As of 2005, there were 69 paid nursing home facilities in the nation with a full capacity of 3,954 people and 2,490 people actually residing (see Table 1). There were

Table 1. Status of Paid Elderly Welfare Facilities

Classification	Facilities	Full Capacity	Current Number	Employees
Paid nursing home facilities	69	3,954	2,490	683
Paid treatment facilities	84	2,189	1,301	710
Paid elderly housing	12	2,158	1,208	237
Specialized treatment facilities for the elderly	43	1,678	1,040	613
Specialized hospitals for the elderly	40	5,209	4,244	2,074
Total	248	15,188	10,355	4,308

Source: Ministry of Health and Welfare, 2006a.

25 in Gyeonggi; 14 in Chungnam; 7 in Seoul; 5 in Gangwon; 4 each in Chungbuk, Jeonnam, and Gyeonggnam; 3 in Gyeongbuk; 2 in Jeonbuk; and 1 in Busan. There was a total of 12 paid elderly welfare housing facilities, with 4 in Gyeonggi; 3 in Busan; and 1 each in Seoul, Gangwon, Chungbuk, Jeonbuk, and Gyeongbuk (Ministry of Health and Welfare, 2006a).

The entry costs for paid nursing home facilities show a clear difference in facilities, with the security deposit ranging from 3.5 million won to more than 200 million won[5] and the monthly payment ranging from 290,000 won to 900,000 won (Kim et al., 2003). Because paid nursing home facilities are basically paid for by the beneficiary, the costs differ depending on the functions of the nursing home facility and the services provided.

Paid treatment facilities and paid elderly treatment facilities have set criteria for entry depending on the physical condition of the individual and differences in the arrangement of professional human resources. However, the conditions of the elderly are not clearly classified for actual use, as it is a general phenomenon to have a minimal possibility of getting better with time but leads to serious condition even if it is minor symptom for now.

According to Table 1, a total of 84 paid treatment facilities are available nationwide, including 28 in Gyeonggi. They have a full capacity of 2,189 persons, with 1,310 persons in hospitalization. There are 43 paid elderly treatment facilities available, and with the exclusion of some facilities that are currently not in operation, there are 1,040 persons in hospitalization.

5. Samsung Noble County has five types of residential space ranging in size from 36 pyeong to 72 pyeong. For each person, it requires 280 million won to 867 million won; for two persons, it requires 340 million won to 927 million won in security deposit. The monthly living expenses are 1.25 million won to 1.8 million won per person, and 2.04 million won to 2.59 million won per two persons (Samsung Noble County, 2003).

The security deposit for hospitalization in paid treatment facilities and elderly treatment facilities ranges from 3 million won to 200 million won or more, and the monthly payment ranges from 330,000 won to 1.8 million won (Kim et al., 2003). Depending on the services provided, there is a difference in the monthly costs, or the facility operator adjusts the costs by considering the price of each year.

Currently, the biggest issue for elderly residence facilities of Korea is that the number is far too insufficient compared to the elderly population, regardless of the cost involved. As of 2005, residential welfare facilities and medical welfare facilities totaled 865 with 37,722 senior residents; the rate of occupancy is only 0,8% compared to the total of seniors 65 years or older (4.32 million). The difference is significant considering that most advanced countries have 5% to 6% of the elderly population living in such facilities (Ministry of Health and Welfare, 2006b).

Literature Review

The study of elderly residences began at the end of the 1970s and continued in the 1980s, and the subject has been studied from many angles (Jee & Hong, 2002). Among them, studies on elderly residence welfare facilities in the mid-1990s can be classified into three significant types. The first type presents issues and improvement plans based on the status of the elderly residence welfare facilities; the second type studies entry into elderly residence welfare facilities on the basis of household units that will be the elderly soon and living satisfaction of the elderly in tenancy at the elderly residence welfare facilities; and the third type analyzes the impact of welfare policy on elderly residences (Lee et al., 2006).

However, these studies focused mostly on free facilities; full-scale studies on paid facilities have been conducted since 2000. After the introduction of paid nursing home facilities in the United States in the 1990s (Lee, 1997a, 1997b), there have been studies of the operation status and improvement plans of paid facilities (Kim, 2002), the intent of entry to paid elderly welfare facilities and seniors' preferences (Kim, 2004; Kwon, & Kim, 2004; Lee, 2002; Park, 2001; Seo, & Hong, 2004), and the factors that influence entry motivation and the intent to use paid facilities (Lee, 2001; Lee, & Bae, 2004; Lee et al., 2006; Ryu, 2006). However, it is difficult to find research data in connection with paid nursing home facilities and paid treatment facilities as annexation facilities.

Looking into the existing research on paid elderly residential facilities, there is a high level of need for facility and service expansion (Kim, 2004; Kwon, & Kim, 2004); however, knowledge on these facilities is still insufficient (Kim, 2004). The intent to use of paid facilities has been shown to be high (Lee, 2001; Seo, & Hong,

2004; Lee, et al., 2006), and it may be low under several postretirement residence types, it has higher intent to use in situations of worsening health (Kwon, & Kim, 2004; Lee et al., 1999).

On the factors that influence the intent to use facilities, In-Jeon Lee (2001) identified recognizable functional damage of seniors as the most important factor influencing a family's intent to use facilities to care for the elderly, as well as the addition of caring time, the physical health of the caretaker, and the presence of a caring relative. In the study of Mee-Ae Lee (2005), as the perceived interference of the senior becomes severe and the burden of care becomes larger, the intent to use is higher. Furthermore, as income increases and as the number of noncohabiting children rises, the intent to use decreases. Jeong-Geon Ryu (2006) identified the physical environment, hospitalization level, medical service level, system, and social reputation as variables that positively influence the selection of treatment hospital. In the study of D. H. Lee et al. (2006), the factors that influence the decision to use a paid facility include the need for paid elderly welfare housing, closeness with friends, cost of entry, degree of recognition, culture, hobbies, connection to the local community, level of tenants, level of medical service, reliability of operating institution, and the opinion of children.

SURVEY OF DEMAND FOR RESIDENCE IN PAID ELDERLY RESIDENTIAL FACILITIES

Design of the Survey

Subject of the Survey

The subject are of the survey was limited to Seoul, where data collection was possible because of the time and economic constraint of the researcher. The subjects of survey were selected from the 300 or more adult church members and the general public by dividing the 25 gus in Seoul into three Gangbuk zones (Downtown, Northeast and Northwest) and two Gangnam zones (Southeast and Southwest).

Contents of Survey

The contents of the questionnaire survey used for this study consisted of two parts. First, statistical characteristics included gender, age, education, marital status, occupation, status of assets, facilities residence, and related matters in order to classify respondents' opinions about current residential status, costs for facilities use, paid nursing, and paid elderly treatment facilities.

Second, the survey asked about respondents' opinions about desired residential

space of nursing home facilities, appropriate security deposit and monthly living expense for entry or hospitalization, facilities selection, desired time for hospitalization in the treatment facilities, nursing home facilities, and annexation or coestablishment of elderly treatment facilities.

Survey Method and Disposition of Results

For survey method, the questionnaire method was used. By randomly selecting members from churches with 300 or more church members and the general public in each zone, the surveyor explained the method of collection and purpose of each inquiry and obtained the responses in the interview survey method working together.

A total of 200 copies of the questionnaire were distributed, and 178 copies were collected and analyzed for 169 meaningful responses. The results of the inquiries collected were input using the computer after the editing process of the researcher, and Microsoft Excel was used to calculate the frequency analysis and percentage.

Analysis of the Survey Results

Characteristics of the Survey Respondents

Looking into the characteristics of the respondents to the survey, the share of men was 50.3% and women 49.7%. As for age, 23.08% of respondents were 41-45, 23.67% were 46-50, 17.16% were 51-55, 14.79% were 56-60, 10.06% were 61-65, and 3.55% were 66 or older. As for education level, 52.66% held a college degree or higher and 33.73% were high school graduates, so that altogether, 88.39% had a high school education or higher. A share of 87.57% were married. The occupation with the highest share was sole proprietor, at 35.50%, followed by regular occupational living at 32.54%, and 20.71% were unemployed. People residing with children in family relations made up 97.04%, those cohabitating with children made up 84.62%, and couples not cohabitating with anyone made up only 8.28%.

In all, 66.86% of respondents reported owning their housing (or that housing was under the name of their children), with more than half the respondents in stable residential living, jeonsei for 26.63%, and monthly rent and permanent lease housing for 2.37%, respectively. In regard to the status of assets, 81.66% responded yes, 16.57% no, and 1.78% gave no response. For the amount of assets, 31.36% reported 100 million-500 million won, 11.83% reported less than 100 million won, 4.14% reported 0.6 billion-1 billion won, and 0.59% reported 1.1 billion-2 billion won. However, 41.30% of the people responded that they had certain assets did not disclose the assets. For monthly living expenses, 22.49% reported 2 million-3 million won, 15.98% reported 3 million-4 million won, 11.24% reported 1 million-2 million won, and 40.83% gave no

response. The appropriation of monthly living expenses was the income for self-business and monthly wages for 85.21% of respondents (i.e., income from current economic activities is appropriated for monthly living expenses), and 1.78% responded that they used pension and insurance for monthly living expenses.

Opinions about Paid Nursing Home Facilities and Paid Elderly Treatment Facilities

Intent of entry and recognition of elderly treatment facilities. On the inquiry of intent to enter into paid nursing home facilities after retirement, responses of yes and no were very close at 49.70% and 49.12%, respectively. This is somewhat inconsistent with previous studies, which showed yes at 40% and no at 23.9% for the intent to enter into elderly residence (Hong & Jee, 1999), 66.9% for entry into elderly community housing (Seo & Hong, 2004), and 85.9% for paid elderly welfare housing (Lee et al., 2006). Such a result may be attributable to the difference in survey subjects and subject facilities, but as single residency and worsening health increased (Kwon, & Kim, 2004; Lee et al., 1999; Rhee, 2003), higher age group showed a higher intent to enter into elderly residence facilities (Hong & Jee, 1999). In light of this, the difference can be attributed to the fact that the main subject group in this study were in the 40-50 high-aged group.

The response that what paid elderly treatment facilities would be like was 75.74% that the recognition of the elderly treatment facilities has been broadly spread out across the general senior classes.

Table 2. Entry into Nursing Home Facilities and Status of Treatment Facility Recognition (number/percent)

Classification	Intent to Enter Nursing Home Facility after Retirement			Classification	Recognition of Elderly Treatment Facilities		
	Men	Women	Total		Men	Women	Total
Yes	32 (18.94)	52 (30.76)	84 (49.70)	Know	70 (41.43)	58 (34.31)	128 (75.74)
No	53 (31.36)	30 (17.76)	83 (49.12)	Don't know	13 (7.69)	25 (14.80)	38 (22.49)
No response	0 (0)	2 (1.18)	2 (1.18)	No response	2 (1.18)	1 (0.59)	3 (1.77)
Total	85 (50.30)	84 (49.70)	169 (100.00)	Total	85 (50.30)	84 (49.70)	169 (100.00)

Reasons for entering paid nursing home facilities after retirement. The reasons that the respondents considered residency in a paid nursing home facility after retire-

Table 3. Reasons for Entering a Paid Nursing Home Facility after Retirement (number/percent)

Classification	Men	Women	Total
Resolving inconvenience of cohabitation with children	20 (11.84)	36 (21.30)	56 (33.14)
Live with people of similar age	36 (21.31)	28 (16.56)	64 (37.87)
No caretaker	2 (1.18)	2 (1.19)	4 (2.37)
Living alone (or with spouse) is too difficult and inconvenient	4 (2.36)	4 (2.37)	8 (4.73)
No response	23 (13.61)	14 (8.28)	37 (21.89)
Total	85 (50.30)	84 (49.70)	169 (100.00)

ment were to have a similar age group as the neighborhood or friend (37.87%) and to relieve the conflict and inconvenience of living with children (33.14%).

Response of family members regarding preparation for illness and determining whether to enter a paid elderly treatment facility. On the inquiry regarding whether they had made preparations for the possibility of stroke, dementia, paralysis, or other conditions that may make the maintenance of health difficult, 57.99% responded no and 42.01% responded yes. Among the respondents who answered yes, the responses to hospitalization in paid treatment facilities and hospitalization in a hospital were 39.44% and 33.80%, respectively, and 25.35% said they planned to depend on children or a spouse (9.86% for children and 15.49% for spouse). As such, the high number who plan to depend on facilities is attributable to the recognition that paid elderly facilities are places that care for the elderly and provide stable nursing care.

When diseases arise among the elderly, what is the reaction of family members if hospitalization in a paid elderly professional treatment facility is necessary? In all, 44.38% agreed and 14.20% disagreed that the image and recognition of elderly professional facilities has changed positively. However, 41.42% responded that they "do not know" whether there is a need for active effort by the facility management, as well as efforts in national policy to improve the image and correct the recognition of elderly facilities.

Appropriate living space for paid nursing home facilities. The area of living space that is appropriate for paid nursing home facilities after retirement is 12 pyeong for 38.46% of respondents, 9 pyeong for 28.40%, and 7 pyeong for 16.57%; a few respondents indicated that more than 12 pyeong would be appropriate. For a couple to use, 40.83% indicated 15 pyeong would be appropriate and 23.67% indicated 12

Table 4. Responses of Family Members on the Preparation for Illness and Determining Whether to Enter a Paid Elderly Treatment Facility (number/percent)

Classification		Preparation of illness in ageing			Classification	Expected family's attitude on treatment facilities		
		Men	Women	Total		Men	Women	Total
Yes	Spouse	7 (4.14)	4 (2.37)	11 (6.51)	Oppose	17 (10.06)	7 (4.14)	24 (14.20)
	Children	5 (2.96)	2 (1.18)	7 (4.14)	Consent	37 (21.90)	38 (22.48)	75 (44.38)
	Hospital	16 (9.47)	8 (4.73)	24 (14.20)	Don't know	30 (17.75)	39 (23.08)	69 (40.83)
	Treatment facilities	13 (7.69)	15 (8.88)	28 (16.57)	No response	1 (0.59)	0 (0)	1 (0.59)
	No response	1 (0.59)	0 (0)	1 (0.59)	Total	85 (50.30)	84 (49.70)	169 (100.00)
No		43 (25.45)	55 (32.54)	98 (57.99)	Total	85 (50.30)	84 (49.70)	169 (100.00)

Table 5. Appropriate Living Space for Paid Nursing Home Facilities (number/percent)

Classification	Single Use			Classification	Use of Couple		
	Men	Women	Total		Men	Women	Total
5 pyeong	4 (2.36)	3 (1.78)	7 (4.14)	7 pyeong	3 (1.78)	0 (0.00)	3 (1.78)
7 pyeong	15 (8.88)	13 (7.69)	28 (16.57)	9 pyeong	4 (2.36)	4 (2.37)	8 (4.73)
9 pyeong	28 (16.56)	20 (11.84)	48 (28.40)	12 pyeong	22 (13.02)	18 (10.65)	40 (23.67)
12 pyeong	23 (13.61)	42 (24.85)	65 (38.46)	15 pyeong	39 (23.07)	30 (17.75)	69 (40.82)
Other	6 (3.56)	4 (2.36)	10 (5.92)	Other	11 (6.51)	23 (13.61)	34 (20.12)
No response	9 (5.33)	2 (1.18)	11 (6.51)	No response	6 (3.56)	9 (5.32)	15 (8.88)
Total	85 (50.30)	84 (49.70)	169 (100.00)	Total	85 (50.30)	84 (49.70)	169 (100.00)

pyeong as the appropriate living area; there were a few responses of 25 pyeong or larger.

Looking into the survey results, the living space for paid nursing home facilities is in the range of 7 pyeong to 12 pyeong for single use and 12 pyeong to 15 pyeong for a

couple's use.

Opinions on security deposit and monthly living expenses of paid nursing home facilities. On the question of the security deposit that is appropriate when entering a paid nursing home facility, 55.02% responded around 50 million won, 13.02% responded 70 million won, and 10.65% responded 100 million won. On the question of monthly living expenses appropriate in paid nursing home facilities, 15.39% responded 600,000-700,000 won, 36.09% responded 500,000 won, and 34.32% responded 400,000 won.

Among respondents, those 35-45 years of age preferred to select a low security deposit in order to retain economic independence, and those 45-65 years tended to cite 60 million-200 million won as appropriate. The monthly living expenses also showed 56.90% citing 500,000-2 million won as an appropriate amount, depending on economic condition and capability.

Opinions on security deposit and monthly living expenses of paid elderly treatment facilities. On the question of the appropriate amount of security deposit for paid elderly treatment facilities, 36.69% responded 10 million-20 million won, 28.99% responded 20 million-30 million won, 12.43% responded 30 million-40 million won ,

Table 6. Opinions on Appropriate Security Deposit and Monthly Living Expenses for Paid Nursing Home Facilities (number/percent)

Classification	Security Deposit			Classification	Monthly Living Expenses		
	Men	Women	Total		Men	Women	Total
50 million won	46 (27.22)	47 (27.80)	93 (55.02)	400,000 won	24 (20.12)	34 (14.20)	58 (34.32)
60 million won	1 (0.59)	3 (1.78)	4 (2.37)	500,000 won	34 (14.20)	27 (21.89)	61 (36.09)
70 million won	10 (5.92)	12 (7.10)	22 (13.02)	600,000 won	11 (6.51)	7 (4.14)	18 (10.65)
80 million won	7 (4.14)	8 (4.74)	15 (8.88)	700,000 won	4 (2.37)	5 (2.96)	9 (5.33)
90 million won	1 (0.59)	0 (0.00)	1 (0.59)	Other	8 (4.73)	9 (5.33)	17 (10.06)
100 million won	10 (5.92)	8 (4.73)	18 (10.65)	No response	4 (2.37)	2 (1.18)	6 (3.55)
Other	4 (2.37)	5 (2.96)	9 (5.33)	No response	6 (3.55)	1 (0.59)	7 (4.14)
Total	85 (50.30)	84 (49.70)	169 (100.00)	Total	85 (50.30)	84 (49.70)	169 (100.00)

Table 7. Opinions on Appropriate Security Deposit and Monthly Living Expenses for Paid Elderly Treatment Facilities (number/percent)

Classification	Security Deposit			Classification	Monthly Living Expenses		
	Men	Women	Total		Men	Women	Total
10-20 million won	23 (13.61)	39 (23.08)	62 (36.69)	600,000 won	26 (15.38)	35 (20.71)	61 (36.09)
20-30 million won	33 (19.53)	16 (9.46)	49 (28.99)	700,000 won	25 (14.79)	17 (10.06)	42 (24.85)
30-40 million won	11 (6.51)	10 (5.92)	21 (12.43)	800,000 won	13 (7.69)	13 (7.69)	26 (15.38)
40-50 million won	13 (7.69)	11 (6.51)	24 (14.20)	900,000 won	10 (5.92)	7 (4.14)	17 (10.06)
Other	1 (0.59)	6 (3.55)	7 (4.14)	Other	7 (4.14)	9 (5.33)	16 (9.47)
No response	4 (2.37)	2 (1.18)	6 (3.55)	No response	4 (2.37)	3 (1.77)	7 (4.14)
Total	85 (50.30)	84 (49.70)	169 (100.00)	Total	85 (50.30)	84 (49.70)	169 (100.00)

Table 8. Time of Hospitalization of Paid Elderly Treatment Facilities (number/percent)

Classification	Men	Women	Total
When there are signs of aging	39 (23.07)	39 (23.08)	78 (46.15)
After an aged-related illness	22 (13.02)	24 (14.20)	46 (27.22)
Mid-term condition of age-related illness	11 (6.51)	12 (7.10)	23 (13.61)
Terminal condition of age-related illness	6 (3.55)	6 (3.55)	12 (7.10)
Other	2 (1.19)	2 (1.18)	4 (2.37)
No response	5 (2.96)	1 (0.59)	6 (3.55)
Total	85 (50.30)	84 (49.70)	169 (100.00)

and 14.20% responded 40 million-50 million won. Like the question on the security deposit of paid nursing home facilities, there was no basis for this decision-many respondents' answers were subjective decision, although 55.62% thought that 20 million won or more would be appropriate.

In addition, on the inquiry regarding appropriate monthly living expenses paid elderly treatment facilities (with the exception of nursing costs), 36.09% responded 600,000 won would be appropriate, 24.85% responded 700,000 won, 15.38% responded 800,000 won, and 10.06% responded 900,000 won.

In 45-65 age range, 50.00% responded that 700,000 won would be an appropriate amount for monthly living expenses, and 58.62% responded that 20 million won or more would be appropriate.

Time of hospitalization of paid elderly treatment facilities. With the assumption of moving into a treatment facility when illness occurs after retirement, when asked when hospitalization would be appropriate, 46.15% responded when symptoms of aging appear, and 27.22% responded immediately after an illness arose; in all, 73.37% the respondents wished to receive treatment immediately after illness arose.

This is attributable to a desire not to burden one's family by admitting oneself to a care facility early on after stroke, dementia, paralysis, or other conditions. As for the use of paid treatment facilities or paid elderly treatment facilities, when asked who would pay for the security deposit and monthly living expenses, 78.11% responded that the senior is preparing for postretirement and would pay the expenses.

Standards of Selection for Paid Nursing Home Facilities and Treatment Facilities

Matters considered for entry of tenancy or hospitalization. The factors receiving the most consideration at the time of entry (hospitalization) to a paid nursing home facility were entry security deposit (40.24%) and monthly living expenses (37.87%). In the case of elderly treatment facilities, the factors receiving the most consideration were the security deposit and monthly living expenses (43.79%), followed by the treatment facility's doctors and nurses (39.05%). The geographic location of the nursing home facility was a relatively less important consideration for respondents (7.69%).

As such, matters of cost were the most important selection criteria-the facility operators must provide mechanisms to secure the reasonableness of facility costs, facilities, and services for the users. Facilities and systems were also shown to be important considerations. Standard facilities specified under the Elderly Welfare Act have to be fully equipped, optimally use the human resource network, and have the participation of professionals in facilities operation in order to have a positive prescription for the care and service of the elderly.

Opinions on annexation or separate establishment of paid nursing home facilities and paid elderly treatment facilities. On the inquiry of whether paid nursing home facilities and paid elderly treatment facilities would annexed in one building or coestablished in one area, 73.96% responded that would be very desirable, and

Table 9. Matters Considered for Entry of Tenancy or Hospitalization (number/percent)

Classification	Paid Nursing Home Facilities			Classification	Paid Elderly Treatment Facilities		
	Men	Women	Total		Men	Women	Total
Location for nursing home	6 (3.55)	7 (4.14)	13 (7.69)	Location for nursing home	6 (3.55)	10 (5.92)	16 (9.47)
View on children	3 (1.78)	9 (5.32)	12 (7.10)	View on children	1 (0.59)	3 (1.78)	4 (2.37)
Security deposit and living expenses	25 (14.79)	43 (25.45)	68 (40.24)	Security deposit and living expenses	37 (21.90)	37 (21.89)	74 (43.79)
Nursing facilities and system	42 (24.85)	22 (13.02)	64 (37.87)	Matters related to medical service	35 (20.71)	31 (18.34)	66 (39.05)
Other	1 (0.59)	1 (0.59)	2 (1.18)	Others	1 (0.59)	0 (0.00)	1 (0.59)
No response	8 (4.74)	2 (1.18)	10 (5.92)	No response	5 (2.96)	3 (1.77)	8 (4.73)
Total	85 (50.30)	84 (49.70)	169 (100.00)	Total	85 (50.30)	84 (49.70)	169 (100.00)

Table 10. Opinions on Annexation or Separate Establishment of Paid Nursing Home Facilities and Paid Elderly Treatment Facilities (number/percent)

Classification	Men	Women	Total
Very desirable	61 (36.09)	64 (37.87)	125 (73.96)
Not good	8 (4.73)	3 (1.78)	11 (6.51)
Separately established	4 (2.37)	6 (3.55)	10 (5.92)
Do not know	8 (4.74)	8 (4.73)	16 (9.47)
Other	1 (0.59)	1 (0.59)	2 (1.18)
No response	3 (1.78)	2 (1.18)	5 (2.96)
Total	85 (50.30)	84 (49.70)	169 (100.00)

12.43% responded that they should be separated. Under the current laws, nursing and treatment functions are separate; however, it is highly probable in caring for the elder-

ly in entry (hospitalization). Therefore, by moving from home to facilities for the elderly, it would be desirable to have the facilities linked with residence and treatment together until the last day without experiencing the emotional instability.

Consideration of the facility operator (corporation) when selecting a facility. When paid nursing home facilities or paid elderly treatment facilities are used, 41.42% of respondents indicated that the most important criterion is the facility management capability of the operator (corporation). Another 37.37% responded that the social reliability of the operator (corporation) is important, and 13.61% responded that they would consider the religion of the operator (corporation). Facility operation capability is the result of a long period of operation for facilities in building up the efficient skills in facilitating human resources and other resources to have the know-how in providing high-quality services to tenants and patients.

Table 11. Consideration of the Facility Operator/Corporation When Selecting a Facility (number/percent)

Classification	Men	Women	Total
Social reliability of operator	33 (19.52)	31 (18.35)	64 (37.87)
Facility use capability of operator	37 (21.89)	34 (19.53)	70 (41.42)
Asset status of operator	0 (0.00)	3 (1.78)	3 (1.78)
Religion of operator	12 (7.10)	11 (6.51)	23 (13.61)
Others	0 (0.00)	2 (1.18)	2 (1.18)
No response	3 (1.79)	4 (2.35)	7 (4.14)
Total	85 (50.30)	84 (49.70)	169 (100.00)

CONCLUSION

The results of this study present a few points for policies related to paid senior facilities and their actual operations, including paid nursing home facilities and paid elderly treatment facilities. The following recommendations are proposed.

First, for the efficient implementation of senior welfare policies and the operation of paid elderly facilities, the demands of the elderly must be reflected. As shown in the

research results, both the recognition of paid elderly residential facilities and the intent of entry are high, so objective and concrete information has to be relied on when determining the selection of facility location and services provided.

Second, there is a need to provide various residence spaces and services to meet the demands and capabilities of paid elderly residential facilities so as to satisfy the demands for postretirement residence. For example, there has been supply of uniform living space for the aspect of facility management or removing the disharmony of tenants. However, as a result of this survey, the living space in paid nursing home facilities for a single would be preferred at 7-12 pyeong and 12-15 pyeong for a couple, factors that should be reflected when constructing paid nursing home facilities.

Third, when using paid nursing home facilities, cost is the most important consideration, and this must be strategically considered for the expansion of paid nursing home facilities. The intent to pay a certain security deposit and monthly living expense depending on the income level that various paid facilities have to be supplied in economic aspects, but the preference is for a lower security deposit and monthly living expense that it would be more effective to focus on the paid facilities for middle class rather than the high-priced paid facilities. In addition, there is a need for various entry methods, including, sales type, lifetime use type, membership type, and others.

Fourth, when selecting paid facilities, the consideration for the operator indicated the high value on the facilities operation capability and the social reliability. Therefore, the party to operate the facilities (group) has to prepare the firm operation plan on the facilities operation plan and standard of determining the entry (hospitalization) and others and present the status of operation for everyone, and clarify the service/costs by quantifying the programs and services provided by the facilities. In addition, the social reliability has to be maintained through the transparent facilities operation and participation of professional.

Fifth, in this study, the preference on the annexation (co-establishment) of the paid nursing home facilities and the specialty treatment facilities is shown to be very high that there is a need of expansion of the facilities linked with the residence and treatment for the elderly in order to maintain effective living environment. For this purpose, by classifying the residence and treatment first, the Elderly Welfare Act that requires the operation with the separate license for residence facilities and medical facilities would be modified to specify the provision on the annexation (co-establishment) of the nursing home facilities and the treatment facilities. For a long run, independent living unit, assisted living unit, and nursing unit are all equipped to introduce the continuing care facility that transport and manage organically following the health condition of the seniors in tenancy.

Lastly, in expansion of the paid elderly residential facilities, there is a dire need of

political support in addition to the efforts of private sector. In the central government level, there are needs of the clearance of relevant laws and systems or the tax incentives and financial support on the paid elderly residential facilities, and many authorities on land and architecture are within the local governments that positive role undertaking by the local governments would be required including private and government joint projects.

In the meantime, this study has limited the subject of the survey to residents in Seoul, taking Christians as the main subject with the random sampling, limiting the generalizability of the survey results. Also, in the event of housewives who have no personal income source and are dependent on the income of a spouse, the inquiries on the appropriate security deposit and monthly living expenses would be a significant burden that the result figure could be flexible depending on the quantitative distribution of housewives in the subject for survey. Therefore, this study along would be difficult to determine the demand for residence on the paid nursing home facilities and the elderly treatment facilities that there is a demand for additional studies for themes related to this study.

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