

# Bridging the gaps in care for older adults: Continuity of care, person-centered care, and workforce development

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As of December 23, 2024, individuals aged 65 and over comprise more than 20% of Korea's population, marking a significant demographic shift that elevates aging-related care as a major social concern. Many older adults hope to maintain their health and independence while remaining in familiar surroundings. Even with declining health and function, access to high-quality healthcare and supportive services can substantially reduce the anxiety and social burdens associated with aging. To address this, society must build a comprehensive care infrastructure—spanning home and community services to nursing homes—grounded in the principles of continuity of care and person-centered care (PCC).

## 1. Continuity of Care

Continuity of care refers to the ongoing and coordinated delivery of health and social services that align with individuals' changing health conditions and functional capacities [1]. Achieving this requires seamless integration across care environments, from home and community-based services to nursing homes. One exemplary model that embodies this principle is the Continuing Care Retirement Community (CCRC), which provides continuity of care through independent living, assisted living, and nursing home care within a unified community. This model allows individuals to enter while still in good health and remain in the same community even as their care needs increase. Such continuity minimizes the stress associated with abrupt transitions to unfamiliar care settings, thereby reducing psychological distress, physical decline, and social isolation. In Korea, there are very few CCRCs, and assisted living housing is especially scarce. Encouragingly, the government has announced plans to expand supportive housing for individuals discharged from hospitals or nursing homes, offering home-like environments with support for daily living, rehabilitation, and care services. While this initiative is expected to contribute to continuity of care in Korean society, further policy development is needed to reinforce this continuity and promote the establishment of CCRCs.

Closely related to continuity of care is the concept of aging in place, which aims to support individuals in remaining in their homes and communities for as long as possible. To achieve this, the Korean government has implemented several pilot programs, including community-integrated care initiatives, a home-based medical care pilot program, and the expansion of integrated home care centers. These efforts seek to replace fragmented services with coordinated support that aligns

healthcare and daily assistance with each individual's condition within the community. While these policies hold the potential to enhance continuity of care, their successful implementation requires the active integration of insights from gerontological nursing experts and registered nurses (RNs), who provide direct care to older adults across various care settings—from home and community-based services to nursing homes.

## 2. Person-Centered Care

The American Geriatrics Society Expert Panel on Person-Centered Care (2016) [2] defines PCC as “Individuals’ values and preferences are elicited and, once expressed, guide all aspects of their healthcare, supporting their realistic health and life goals.” Current Korean policy emphasizes the expansion of home and community-based services aligned with PCC principles. However, implementation of PCC within nursing homes has not received equivalent attention. While the number of nursing homes has increased, those that provide secure, supportive environments remain limited. Even in the presence of advanced dementia or severe physical decline, nursing homes should offer care that surpasses what families can provide, particularly in terms of clinical expertise and comprehensive management. To make PCC a reality in nursing homes, two urgent areas of reform must be addressed: 1) eliminating the use of physical restraints, and 2) enabling dignified end-of-life care within nursing homes rather than in emergency hospital settings.

Although Korean hospitals are regulated in their use of physical restraints—requiring physician orders, informed consent, and regular monitoring by healthcare professionals—no such standards exist in nursing homes. Nursing homes do not have on-site physicians or advanced practice RNs, and nearly 60% do not employ RNs [3]. Consequently, decisions regarding physical restraint often lack medical oversight or health professional assessment. A study of 62 Korean nursing homes found that the rate of physical restraint use was 79.5% [4]. Therefore, it is necessary to establish legal regulations governing the use of physical restraints in nursing homes, along with mandatory RN staffing. This would enable professional judgment and continuous monitoring to minimize restraint use, enhance safety, and help prevent adverse outcomes.

In addition, regulatory reform is needed to enable older adults to die with dignity in familiar care environments. Although most people express a preference for dying at home,

77% of deaths in Korea occurred in hospitals in 2019—the highest among Organization for Economic Cooperation and Development (OECD) countries. Under current law, physicians, dentists, and Korean traditional medicine doctors are authorized to issue death certificates. However, because nursing homes are not legally recognized as medical institutions, death certificates are rarely issued within these facilities. This often results in unnecessary transfers to emergency departments and, in some cases, legal investigations into staff members regarding deaths that occur in nursing homes. To honor the preferences and values of individuals in later life, regulations should be updated to permit contracted physicians to issue death certificates in nursing homes. Staff training is also necessary to strengthen competencies in end-of-life care within these settings.

## 3. Geriatric Nursing Workforce Development

As the demand for RN-led care continues to rise across diverse healthcare settings—including hospitals, nursing homes, adult day care centers, dementia care units, and home-based services—ensuring an adequate RN workforce has emerged as a critical issue. However, Korea still lacks a national policy framework to support the education and specialization of RNs in gerontological nursing. A 2021 study found that only 52.9% of nursing schools in Korea offered gerontological nursing as a mandatory course [5]. As a result, many nursing graduates enter the workforce without formal education in gerontological nursing—despite the fact that the majority of their future patients will be older adults.

Given this trend, gerontological nursing should be incorporated as a required course in all undergraduate nursing programs. Additionally, the national licensure examination currently includes only minimal content on gerontological care, embedded within the adult nursing section. A dedicated subject on gerontological nursing would underscore its significance as a specialized field requiring both theoretical knowledge and clinical skills. The exclusion of gerontological nursing as an independent subject in the licensure exam has contributed to its marginalization in nursing curricula, where it is often offered as an elective rather than a core requirement. To build a nursing workforce capable of responding to the needs of a rapidly aging population, foundational training in gerontological nursing must be standardized and reflected in the national licensing process.

To support individuals in maintaining dignity and quality of life throughout the later stages of life, Korea must establish a cohesive and comprehensive care system spanning homes, communities, and nursing homes. This system should be grounded in the principles of continuity of care and PCC and supported by a well-trained RN workforce equipped to address the complex needs of an aging society.

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