

Development Strategies of Chinese Geriatric Hospitals Based on the SWOT-CLPV Model

Fanxu Dong^{1,a,*}, Lihan Zhang^{2,b}

¹*Department of Clinical Medicine, Xinjiang Medical University, Clinical Medicine, Urumqi,
830000, China*

²*Second Clinical Medical College, Xuzhou Medical University, Clinical Medicine, Xuzhou, Jiangsu,
221000, China*

^a1873427247@qq.com, ^b2913620584@qq.com

**Corresponding author*

These authors contributed equally to this work and share first authorship.

Keywords: Geriatric hospital, SWOT analysis, CLPV model, development strategy

Abstract: The aging population has brought the service quality and operational efficiency of geriatric hospitals into focus within public health. While literature has explored the internal characteristics, standardized management, and developmental issues of these institutions, there is a research gap concerning their overall development amidst environmental factors. This study employs SWOT analysis to investigate the strengths, weaknesses, opportunities, and threats facing Chinese geriatric hospitals. Furthermore, using the SWOT-CLPV model, we delve into the interactions among these factors—including control, leverage, problem, and vulnerability—and assess their potential impacts on hospital development. Based on this analysis, growth strategies, twisted Strategies, multifaceted strategies, and defensive strategies are proposed for the advancement of geriatric healthcare in China. By doing so, this study aims to enrich the theoretical research in geriatric care, offer strategic guidance for the development of geriatric hospitals, foster the progression of elderly healthcare services, and ultimately elevate the health standards of the aging Chinese population.

1. Introduction

1.1 Research Background

The population aging in China is at an intermediate to advanced level globally and demonstrates a trend characterized by large scale, rapid speed, and high ageing^[11]. The elderly are more prone to chronic illnesses like diabetes, high blood pressure, and heart disease due to aging-related declines in physical function and immunity. Having multiple coexisting conditions further complicates their care and affects their quality of life, leading to greater need for healthcare resources^[12]. The aging population in China is increasing, leading to a rising need for elderly care and medical services^[13]. Elderly hospitals, serving as centers for integrating high-quality medical resources, have become the most crucial medical institutions in China. These hospitals play a vital role in

addressing the medical and nursing needs of the elderly, promoting healthy aging, and providing comprehensive and continuous medical services^[15]. They effectively tackle geriatric issues and compensate for the limitations of general hospitals, such as the lack of specialized geriatric equipment and underdeveloped rehabilitation, nutrition, and psychology departments. By offering coordinated care, these hospitals meet the unique needs of the elderly population^[5,14]. Therefore, the establishment of a geriatric center is essential.

1.2 Literature Review

In 2021, the State Council issued the "Opinions of the General Office of the State Council on Promoting the High-Quality Development of Public Hospitals," which explicitly highlighted the need to adhere to a patient-centered approach, continuously improve the quality of medical care, and promote the establishment of geriatric-friendly hospitals^[17]. In 2023, the "Basic Requirements for the Construction of Geriatric Hospitals," led by Beijing Geriatric Hospital, were released, fostering the standardization and forward-looking construction of geriatric hospitals^[5]. The development of geriatric hospitals is thus guided and regulated at the policy level. Academically, the attention of domestic scholars to geriatric hospitals has also been on the rise. A search through China National Knowledge Infrastructure (www.cnki.net) revealed that the number of Chinese-language publications related to geriatric hospitals annually from 2000 to 2023 generally showed a rapid growth trend. Among these, the year 2019 saw the highest number of related publications (237 articles), marking a chain growth rate of 24%.

1.3 Problem Statement and Objectives

Existing literature primarily investigates the conceptual attributes, management approaches, and developmental challenges pertaining to geriatric-friendly hospitals. It suggests an elaborated performance management framework tailored for geriatric institutions, advocating for objective-driven, patient-centric, and outcome-oriented benchmarks^[18,19]. Additionally, there is a call for the creation of a uniform and practical pricing system for comprehensive geriatric assessment services^[20]. There is an emphasis on the need to enhance the information technology infrastructure in geriatric hospitals, as well as the incorporation of artificial intelligence (AI) tools for diagnostics and therapy. This integration is intended to establish an extensive network offering intelligent healthcare services geared towards the elderly^[10]. These studies offer valuable insights that could inform the evolution of geriatric hospitals in China. A report from 2018 highlighted that the number of geriatric hospitals in China is insufficient, and the prevalence of geriatric departments within tertiary hospitals is notably low, with less than 10 percent establishment^[21]. The pace at which these hospitals develop does not keep pace with the rate of population aging in China, leading to significant obstacles for the elderly in accessing medical care and receiving specialized geriatric services. While many investigations have concentrated on specific locales, examining the progress of geriatric hospitals in individual provinces and cities, there has been less analysis of the national context. To address this gap, the current paper employs the SWOT-CLPV model to thoroughly examine and assess the internal and external environmental factors impacting China's geriatric hospitals. The aim is to categorize their strengths, weaknesses, opportunities, and threats, thereby providing strategic insights and references for the development of geriatric hospitals amidst an aging demographic.

2. Research methodology and information

2.1 SWOT-CLPV model

The SWOT model is a strategic planning tool used to help a person or organization identify their strengths, weaknesses, opportunities, and threats. It is a widely used framework for strategic planning and decision-making processes. It is typically presented in a two-by-two matrix format, with strengths and weaknesses listed on one axis, and opportunities and threats on the other. This allows for a clear visualization of the organization's current position and potential future directions^[2].

The SWOT-CLVP model is an extension of the traditional SWOT framework, tailored for analyzing the strategic and dynamic interactions among the four components identified in the preceding section. In this model, the interplay between external factors and internal capabilities gives rise to four distinct environmental strategies:

1) Control: This strategy emerges when external opportunities are tempered by internal weaknesses. It involves managing or mitigating these weaknesses to capitalize on the opportunities at hand.

2) Leverage: Here, external opportunities align with internal strengths. The strategy focuses on exploiting these strengths to maximize the potential of the opportunities presented.

3) Problem: This scenario arises when external threats coincide with internal weaknesses. The strategy aims to address these weaknesses and find solutions to counteract or minimize the impact of the threats.

4) Vulnerability: This condition occurs when external threats interact with internal strengths. The strategy involves leveraging these strengths to defend against or reduce the effects of the threats.

In summary, the SWOT-CLVP model provides a nuanced approach to understanding how an organization can respond to its environment by leveraging its strengths, addressing its weaknesses, seizing opportunities, and defending against threats in a dynamic and strategic manner^[2].

The study identifies the strengths, weaknesses, opportunities, and threats (SWOT) of Chinese geriatric hospitals. It then conducts a two-way SWOT analysis by pairing these factors to explore their interrelationships. The analysis focuses on understanding the inhibition, leverage, problem, and vulnerability among the factors. To quantify this, four metrics are introduced: Conversion (C), Leverage (L), Problem (P), and Vulnerability (V). These are calculated, weighted, and compared to determine the key influencers among the factors. The comparison of these metrics reveals the most impactful factors for the development of geriatric hospitals in China. Based on these findings, the study offers strategic recommendations to enhance the development of these hospitals^[1].

2.2 Analysis of the applicability of the SWOT-CLPV model to geriatric hospitals

The SWOT-CLPV model can help hospital staff and managers better understand the internal and external factors affecting the operation and development of the hospital, such as the impact of policy changes and changes in the elderly population on their own development. It is conducive to the cooperation between various departments of the elderly hospital to make the right decision on major decisions, to improve the quality of their own services and medical care, and to improve the direction of their own development. Therefore, the model is suitable for planning and improving the development strategy of elderly hospitals, which helps elderly hospitals to maintain competitiveness among many medical institutions^[3].

3. SWOT Analysis of Geriatric Hospitals in China

By reviewing and analysing the literature, the internal strengths, internal weaknesses, external opportunities, and external threats of Chinese geriatric hospitals is summarised and obtained.

3.1 Internal strengths

(1) Specialised medical service capacity: Due to factors such as the inapplicability of general hospital operating models for the elderly and the complexity of their medical conditions, effective coordination between departments is lacking. This hinders access to medical services for the elderly. Geriatric hospitals, however, cater to the unique needs of older patients, efficiently addressing numerous issues in their consultation and treatment processes. They provide comprehensive and continuous services, including prevention, diagnosis, treatment, and health care. Therefore, general hospitals cannot replace geriatric hospitals^[5]. Authorities have discovered that some elderly care facilities lack accredited medical institutions or have instances where unqualified individuals independently conduct diagnostic and therapeutic activities. There is also insufficient protection for specialized medical services^[31]. China's "medical-care integration" model started relatively late, and the medical expertise of nursing institutions does not match that of geriatric hospitals, which hold a greater advantage in providing medical services.

(2) Geriatrics discipline building: The construction of geriatrics as a discipline is distinct from the establishment of single-disease systems, exhibiting unique disciplinary characteristics^[32]. The development of geriatric medicine within geriatric hospitals is robust, laying a solid foundation for the growth and advancement of these institutions. A key factor in the successful transformation and sustained development of Beijing Geriatric Hospital is its unwavering commitment to the principles of geriatric medicine^[5,9]. In an effort to bolster the discipline of geriatrics, Nanjing has invited medical experts from 49 hospitals and nursing facilities to establish the Nanjing Geriatrics Society^[33]. This society is dedicated to fostering a platform for academic research and health service exchanges, thereby promoting the evolution of geriatric disciplines and the enhancement of medical and nursing specialties within the city. Furthermore, numerous provinces across the nation are focusing on augmenting the disciplinary framework of geriatric hospitals, with significant potential for future progress.

(3) Multidisciplinary integrated medical teams: A survey conducted in China among more than 200,000 elderly individuals aged 60 and above revealed that the prevalence of chronic diseases was 81.1% (approximately 180 million people), and over one-third of those aged 65 and above suffered from Co-morbidities, which complicates the diagnosis and treatment of geriatric diseases^[34]. The challenge of diagnosing and treating geriatric diseases has escalated. Geriatric hospitals typically possess specialized geriatric medical teams, enabling close collaboration between various departments and accumulating expertise in managing geriatric patients^[6]. Hospitals dedicated to the elderly often have specialized geriatric medical teams. By adopting a multidisciplinary approach within the integrated medical team model in geriatric hospitals, it can effectively reduce the length of hospital stays for geriatric patients, shorten the time needed for rehabilitation, enhance the effectiveness of clinical treatments, decrease the incidence of medical errors, and have a positive impact on patient recovery. Additionally, this model can improve patients' quality of life, lower medical costs, and increase patient and family satisfaction^[35].

(4) Professional hardware facilities and diagnostic and treatment technologies: For elderly patients, the hospital boasts superior hardware facilities and incorporates cutting-edge medical technologies to achieve enhanced healing outcomes^[14]. For instance, Chengdu No. 8 Hospital has integrated sophisticated equipment such as advanced cystoscopes and laparoscopic systems tailored for geriatric care, and has pioneered "one-stop" surgical techniques to establish an innovative

targeted diagnostic and treatment paradigm. The adoption of a Multidisciplinary Team (MDT) surgical system model has significantly augmented surgical efficacy within the hospital and ensured heightened safety for elderly patients^[6]. Moreover, from 2015 to the present, several tertiary geriatric hospitals across China have formed alliances with top-tier hospitals equipped with state-of-the-art medical apparatuses and premium medical resources. These geriatric medical consortia engage in the shared use of medical resources, thereby fostering the advancement of geriatric healthcare institutions^[36].

3.2 Internal weaknesses

(1) Insufficient government and private funding : Regarding the current situation, the Chinese government is highly supportive of integrating healthcare and nursing care policies. However, funding for geriatric hospitals is limited, particularly concerning the development of Internet-based healthcare services^[36]. Insufficient funding from both governmental and private sectors poses a challenge for privately-run geriatric hospitals to expand in the competitive market and due to financial constraints^[37]. In elderly hospitals, medication use among patients is common, resulting in a high proportion of revenue derived from medical insurance. This dependency on medical insurance leads to a prolonged payback period and low daily liquidity for these institutions. Additionally, the gradual elimination of the "medicines for doctors" system and the lower consumer willingness among the elderly population make it difficult for geriatric hospitals to collect excessive fees through medical services^[19]. The general lack of funding for elderly hospitals hinders their construction and development process^[41]. To address these issues, it is essential to explore alternative funding sources and innovative business models that can sustain the growth and improvement of geriatric hospitals. Collaborations with tech companies could be explored to enhance Internet-based healthcare services, while partnerships with insurance providers might help in diversifying revenue streams and improving cash flow management.

(2) Lack of professional talents : The care of elderly people presents unique challenges due to their special physical conditions and complex medical needs, which necessitate professionals with integrated skills. On the one hand, elderly patients often suffer from "common diseases," requiring geriatric hospitals and medical personnel to not only possess comprehensive clinical knowledge and medical quality but also to have learned professional diagnostic and treatment experience. The Chinese geriatric healthcare industry faces a talent shortage. Currently, there are only 25,000 doctors and registered nurses specializing in geriatrics, and less than 15% of medical students are inclined to specialize in this field^[38]. This may be attributed to the underdevelopment of undergraduate education in China, where there are few courses in geriatrics, most of which are elective, and at the master's level, there is no clinical systematic training program in geriatrics^[39]. In the professional master's program, there is no clinical systematic training for geriatrics. On the other hand, in the context of the popularization of information technology, most of the IT staff in geriatric hospitals merely have computer skills and lack the necessary clinical medical knowledge, leading to a deficiency of multifaceted talents^[22].

(3) Weak ability to integrate health care and nursing: As China's population ages, the current geriatric hospitals are inadequate in terms of space and functionality, failing to meet the needs of elderly patients^[4]. Ding Shujuan's research indicates^[4] that approximately 21.0% of the elderly population is willing to age in a combined medical and nursing institution, yet less than 7% prefer to do so in hospitals with nursing homes. Geriatric hospitals primarily focus on medical care for the elderly, which is not entirely compatible with the long-term care business. Instead of establishing care centers within geriatric hospitals, it would be more appropriate to set up outpatient clinics and nursing stations within nursing homes^[40]. Without collaboration between geriatric hospitals and

nursing homes, it is challenging for hospitals to enhance their capacity for providing elderly care independently.

3.3 External opportunities

(1) Policy support: In recent years, senior hospitals have gradually gained attention from the government and all sectors of society. In 2020, the National Health Commission issued the Circular on Carrying Out the Work of Constructing Elderly-Friendly Medical Institutions, which proposed four basic construction elements: constructing elderly-friendly management, culture, environment, and services. This provided a guiding framework for the development of China's senior hospitals and filled certain policy gaps to some extent^[16]. The Chongqing Action Programme to Enhance the Combination of Medical and Nutritional Care and Elderly Health Service Capabilities (2023-2027) states that 10 geriatric hospitals will be established in Chongqing by 2027^[7]. The Basic Requirements for the Construction of Geriatric Hospitals was released with the aim of advancing the construction and development of geriatric hospitals in the context of China's aging population, filling the gaps in geriatric health service standards, and serving as a guide for the construction and development of different types of geriatric hospitals^[5]. The support of the policy has provided a basic guarantee for the development of geriatric hospitals and has strongly promoted their development in terms of funding, law, science, and technology. Additionally, with the popularity of the Internet, many hospitals have begun to incorporate it into the field of diagnosis and treatment. Internet hospitals not only broaden the modes of diagnosis and treatment but also realize the diversification of medical services^[10,18]. The Internet hospital not only expands the modes of diagnosis and treatment but also achieves the diversity of medical services.

(2) Application of information technology in the medical field : On the one hand, the integration of "Internet Plus Medicine" and the advancement of "smart health" services have streamlined the medical service process, making it easier for patients to consult with physicians and obtain medication. Additionally, leveraging the Internet and information technology enables the provision of tailored, intelligent medical services to individual patients, which enhances medical quality, increases the likelihood of patient recovery, boosts elderly patients' satisfaction with medical services, effectively diminishes disease risk, manages disease progression, and decreases healthcare costs^[10]. Concurrently, the Internet's role in geriatric hospitals is pivotal. Its application not only simplifies online consultations for the elderly but also aids in promoting these institutions, elevating their numbers and bolstering their competitive edge. For example, Internet utilization contributed to a 28% year-over-year increase in registered patient visits at Jiangsu Provincial Geriatric Hospital in 2021^[10].

(3) The growing healthcare needs of the elderly : According to data released by the National Healthcare Commission, by the end of 2021, China's population of elderly individuals aged 60 and above had reached 267 million, constituting 18.9% of the total population. Among this group, those aged 65 and above numbered over 200 million, accounting for 14.2% of the total population. Projections indicate that by 2050, the elderly population will surge to 487 million, representing 34.9% of the total population^[28]. Concurrently, due to their diminished physical function and compromised immunity, older adults are predisposed to various chronic diseases, such as hypertension, diabetes, and coronary heart disease, often resulting in complex Co-morbidity patterns. These chronic conditions significantly impact the quality of life of the elderly and, in turn, escalate the demand for healthcare resources within this demographic^[12]. A study by Wang Hao and colleagues revealed that the prevalence of chronic disease Co-morbidity among middle-aged and elderly Chinese citizens is 55.77%, surpassing that of other age groups^[23]. Within the context of healthy aging initiatives, the burgeoning demand for geriatric care presents a substantial opportunity for the

advancement of geriatric hospitals across China.

3.4 External threats

(1) Inadequate relevant systems: In recent years, the establishment of geriatric hospitals in China has been hindered by a lack of standardization compared to that of general and other specialized hospitals. The development of geriatric hospitals in China began relatively late, and the relevant legislation is not yet fully developed, contributing to a low national prevalence rate. As of 2023, China's national hospital management classification standards have not explicitly included a category for "geriatric hospitals," suggesting that the system for geriatric care is less developed than that for other specialties. This lack of specialization within the geriatric standard is concerning^[25]. Many elderly individuals are disinclined to seek treatment at geriatric hospitals due to limitations imposed by the medical insurance system, which designates certain hospitals for coverage. Concurrently, the health insurance framework does not adequately cater to the needs of the elderly, particularly in the management of chronic diseases. Although the Chinese government has implemented numerous systems to bolster the growth and construction of geriatric hospitals, deficiencies within these systems pose a potential threat to the advancement of geriatric healthcare.

(2) Special features of diagnosis and treatment for elderly patients :Elderly patients often exhibit diminished physical function, a reduced capacity to respond to stress, and pronounced susceptibility to adverse drug reactions^[6]. Statistics from the Health Commission indicate that over 180 million senior citizens in China are afflicted with chronic illnesses, constituting a prevalence rate of up to 75%, with more than half of these individuals suffering from two or more concurrent chronic conditions. Geriatric patients, typically of advanced age and presenting with multiple comorbidities^[8], pose a greater complexity in diagnosis and management compared to other demographics, consequently subjecting geriatric hospitals to heightened diagnostic and therapeutic challenges relative to other healthcare facilities. Furthermore, due to extended hospitalizations and increased consultation fees associated with geriatric patient care, geriatric hospitals are confronted with inherent disadvantages in numerous parameters of the National Performance Examination, which can also influence their comprehensive ranking among hospitals^[5].

(3) Competition from other medical institutions : The "14th Five-Year Plan for Healthy Ageing" emphasizes the importance of integrating medical and nursing care to enhance the quality of services provided by these integrated institutions^[26]. According to the "Statistical Classification of the Elderly Care Industry (2020)," elderly care facilities in China, such as nursing homes and senior citizen apartments, often have clinics, nursing stations, health rooms, and health clinics to offer medical and nursing services. Additionally, medical and healthcare institutions like general hospitals and primary healthcare organizations provide diagnostic and treatment services for elderly diseases^[27]. It is evident that various organizations, aside from geriatric hospitals, can offer geriatric medical services and compete with geriatric hospitals in the market^[24]. As per the State Council Information Office, by the end of 2021, 28% of second-level general hospitals in China had established geriatric departments, with plans to reach 60% by 2025^[29]. Compared to geriatric hospitals, nursing institutions offer more comfort and convenience, while general hospitals have high visibility, making geriatric hospitals less competitive against other medical institutions.

4. Evaluation of CLPV in Chinese Geriatric Hospitals

4.1 Analysis of control (see Table 1)

Control is used to analyse the inhibiting effect of internal weaknesses on external opportunities, with the aim of identifying how internal weaknesses can be transformed into strengths and

increasing adaptability to external opportunities^[2]. The inhibitions of China's geriatric hospitals total 6C, of which internal disadvantage W1 (insufficient government and private funding) have a significant inhibitory effect. Due to insufficient government and private funding for geriatric hospitals, geriatric hospitals are unable to implement policy requirements in a timely manner, and they are unable to adapt to the growing demand for geriatrics' healthcare in all aspects, which deters the all-round application of information technology in geriatric hospitals. Among the external opportunities, O3 (the growing demand for health care for the elderly) is most likely to be reduced by internal disadvantages, and the growing demand for health care for the elderly cannot be met due to the lack of human resources, funds, and the capacity of the hospitals for the elderly to care for the elderly.

4.2 Analysis of leverage (see table 1)

Leverage focuses on a combination of internal strengths and external opportunities, with the aim of seeking out favourable conditions and opportunities to make the most of them in order to obtain the best possible outcome^[2]. The leverage effect of Chinese geriatric hospitals totals 9L, with internal strengths S1 (specialised medical service capacity) and S4 (specialised hardware facilities and diagnostic and treatment technologies) generating the most obvious leverage effect. Specialised medical service capacity and specialised hardware facilities and diagnostic and treatment technologies can help geriatric hospitals cater to the requirements of the policy as well as the current situation of the increasing demand for geriatrics' healthcare and promote the development of geriatric hospitals in various aspects. External opportunities O1 (policy support) and O3 (growing medical needs of the elderly) are more conducive to the development of the internal advantages of geriatric hospitals. Under the guidance of the relevant policies, in order to cater for the growing medical needs of the elderly, geriatric hospitals will make better use of their own advantages to accelerate the speed of development and improve the quality of development.

Table 1: Analysis of control and leverage in geriatric hospitals

Opportunities Strengths and Weaknesses	O1	O2	O3	total
weaknesses				
W1	C	C	C	3C
W2		C	C	2C
W3			C	C
control	C	2C	3C	6C
strengths				
S1	L	L	L	3L
S2			L	L
S3	L		L	2L
S4	L	L	L	3L
leverage	3L	2L	4L	9L

Note: O1: Policy support; O2: Application of information technology in healthcare; O3: Growing healthcare needs of the elderly; W1: Insufficient government and private funding; W2: Lack of professional talents; W3: Weak integration of healthcare; S1: Specialised healthcare capacity; S2: Geriatrics discipline construction; S3: Multi-disciplinary integrated healthcare team; S4: Specialised hardware facilities and diagnosis and treatment technology ; C: quantitative inhibitory indicators; L: quantitative leverage indicators

4.3 Analysis of problem (see Table 2)

Problem focuses on the negative impact of internal disadvantages in the face of external threats, with the aim of identifying potentially important problems and avoiding them^[2]. Problem of Chinese geriatric hospitals is 5P, with internal disadvantages W2 (lack of expertise) and W3 (weak ability to integrate healthcare and elderly care) being the most significant, and the lack of relevant expertise and insufficient elderly care capacity generating the greatest problem when encountering external threats. External threat T3 (competition from other healthcare organisations) was the most problematic. In the face of competition from other types of hospitals and elderly care organisations, the disadvantages of insufficient funding, lack of expertise, and weak elderly care capacity of geriatric hospitals create greater problems.

4.4 Analysis of vulnerability (see table 2)

Vulnerability focuses on the weakening effect of external threats on internal strengths, aiming at identifying the most disruptive threat factors and the most easily weakened strength factors^[2]. The vulnerability of Chinese geriatric hospitals totalled 7V, with external threat T1 (insufficient relevant systems) being the greatest threat to internal strengths. Due to the insufficiency of the relevant system, the construction of geriatric hospitals lacks basic guarantees, which has an impeding effect on the construction of disciplines, the formation of medical teams, the provision of hardware, and the improvement of professional service capacity of geriatric hospitals. Among them, the vulnerability of internal advantage S3 (multidisciplinary integrated medical team) is stronger, and due to the weakening effect of external threats, the construction of multidisciplinary integrated medical team may be difficult to form effectively.

Table 2: Analysis of problem and vulnerability in geriatric hospitals

Strengths and Weaknesses \ Threats	T1	T2	T3	total
weaknesses				
W1			P	P
W2		P	P	2P
W3	P		P	2P
problem	P	P	3P	5P
strengths				
S1	V			V
S2	V			V
S3	V	V	V	3V
S4	V		V	2V
leverage	4V	V	2V	7V

Note: T1: Insufficient related system; T2: Speciality of geriatric patients; T3: Competition from other medical institutions; W1: Insufficient governmental and private funding; W2: Lack of professional talents; W3: Weak ability of medical and nursing integration; S1: Capacity of specialised medical services; S2: Geriatrics disciplines; S3: Multidisciplinary integration of medical teams; S4: Specialised hardware facilities and diagnostic and therapeutic technologies; P: Problematic quantitative indicators; V: Vulnerability quantitative indicators.

5. Suggestions for Development Strategies of Chinese Geriatric Hospitals

5.1 Leverage and SO Growth Strategies: building IT for healthcare capacity growth

The integration of information technology into healthcare services should commence with the creation of an Internet-based information platform compatible with the medical infrastructure, which can then be progressively implemented in geriatric hospitals, aligning with the operational needs of each department. Subsequently, the development of networked hospitals, regional collaboration, telemedicine, intelligent care systems, and data security should be considered integral to the IT infrastructure of geriatric hospitals. Furthermore, it is essential to recruit IT professionals and enhance foundational information skills across the hospital staff to elevate their digital literacy. Concurrently, the construction of IT facilities in geriatric hospitals should adhere to principles of sustainable development and cost-effectiveness, taking into account patient feedback to foster improvements in the quality of medical services^[22]. The emergent "Internet Plus Medical" paradigm is poised to provide elderly patients with superior access to healthcare resources and a more enhanced medical experience, thereby enabling a greater number of seniors to enjoy their later years in optimal health^[36]. This advancement will facilitate a healthier and more fulfilling aging process for many individuals.

5.2 Control and WO Twisted Strategies: increasing funding and enhancing funding effectiveness

The construction of geriatric hospitals is inextricably linked to financial support. In the face of the widespread phenomenon of funding shortages in hospitals, several approaches can be considered. Firstly, it is crucial to strengthen budget management. This involves thorough budget planning to address issues related to budget preparation, implementation, and assessment^[41]. It is essential to maximize the use of available funds for hospital construction to achieve the highest possible benefits. Secondly, local policies should enhance financial support for geriatric hospitals. This can be achieved by increasing financial investments, offering tax reductions, or providing subsidies to lower the operational costs of medical services^[42]. Lastly, there should be a concerted effort to diversify funding sources. This would involve creating a comprehensive framework that includes government support, social participation, and voluntary mutual assistance. By adopting these measures, the financial landscape for geriatric hospitals can be significantly improved.

5.3 Vulnerability and ST Multifaceted Strategies: strengthening the full range of institutional safeguards

The current framework for geriatric hospitals remains in place, yet it is deficient in several aspects. There is a lack of comprehensive systems for building assessments. Many systems are still in the pilot phase, which limits the scope of evaluation. Therefore, there is a need to strengthen and refine the assessment system through practical application to provide more rational guidance for the construction of geriatric hospitals. Additionally, the talent training system is insufficient^[39]. Given the growing demand for elderly care in China, a relevant system should be promptly implemented to enhance and standardize the teaching and clinical training of geriatric medicine specialists, thereby improving the professionalism of geriatric medical personnel. Moreover, the medical insurance system is inadequate. Medical insurance policies should reflect more of the geriatric nature of the elderly population^[40]. Consideration could be given to separating geriatric medical insurance from adult medical insurance and increasing the reimbursement ratio for geriatric hospitals. Such policies would better serve the elderly, potentially increasing their willingness to

seek hospital care and ensuring they can do so without financial barriers.

5.4 Problem and WT Defensive Strategies: strengthening the direction of healthcare integration development

As the elderly population increasingly seeks integrated healthcare and nursing services, it is essential to bolster the convergence of these two areas. In response to public demand, hospitals that have established nursing homes for the elderly should consider feedback to refine their models, enhance the quality of care, and improve the overall experience for seniors. There is a need for comprehensive training, assessment, and management of nursing home caregivers to develop skilled practitioners and establish a robust management system. Furthermore, geriatric hospitals should deepen collaborations between nursing institutions and community services to create medical and nursing consortia. This would strengthen the coordination between medical and nursing care, facilitate consultation and referral processes, and achieve effective integration of medical resources. By extending medical services into the community and households, we can promote the development of integrated medical and nursing care. Lastly, augmenting social outreach is crucial to establish a positive image and striving to be a leader in health care integration^[30].

6. Conclusion

Geriatric hospitals are specialized medical facilities designed to provide care predominantly for the elderly. In the context of an increasingly aging population, these hospitals are instrumental in advancing the health standards among the older cohort, fostering concepts such as "healthy aging" and the synergistic "integration of medical care and nursing." Utilizing the SWOT-CLPV model, this study analyzes the internal strengths and weaknesses, as well as the external threats and opportunities, of China's geriatric hospitals. Subsequently, it proposes strategic development plans that capitalize on the identified factors. The findings suggest that geriatric hospitals should prioritize the integration of information technology within their medical services, ensured by robust systems, judiciously manage financial resources, and steadfastly pursue the development path of "integrated medical care and nursing." It is posited that by adopting these strategic orientations, the future trajectory of geriatric hospitals will be characterized by stability and positive progression, substantially benefiting the eldercare landscape in China.

References

- [1] Yan Fanghong, Zhang Guoli, Peng Guotian et al. Research on the development strategy of Chinese healthcare consortium based on SWOT-CLPV model [J]. *China Healthcare Management Science*, 2024, 14 (01): 20-26.
- [2] Chen Maoqiang. SWOT-CLPV theory and application[J]. *China Private Technology and Economy*, 2005, (12):90-92.
- [3] Mao Yunheng, Li Hongyan. Research on the development strategy of outpatient Co-payment of employee health insurance in Guangdong Province based on SWOT-CLPV model analysis[J]. *China Medical Management Science*, 2023, 13(05):8-15.
- [4] Liu Xueping. Research on the design of geriatric hospital under the concept of healing environment[D]. Kunming University of Science and Technology, 2023. DOI:10.27200/d.cnki.gkmlu.2023.000240.
- [5] WU Jianan. Basic requirements for the construction of geriatric hospitals[J]. *China Hospital Director*, 2023, 19(22): 27-29.
- [6] Mai Jiahao. Hu Xianliang: "One-stop" geriatric hospitals for the well-being of old age[J]. *China Hospital Chief Executive*, 2024, 20(01):60-61.
- [7] Li Heng. Chongqing will build 10 geriatric hospitals by 2027[N]. *Chongqing Daily*, 2023-12-02(003).
- [8] Wang, Ling-Xin. Enhancing healthy life expectancy to promote healthy ageing of the population [J]. *Population and Health*, 2023(10):17-20.

- [9] Beijing Geriatric Hospital [J]. *Chinese Hospital Management*, 2023, 43(01):6. https://kns.cnki.net/kcms2/article/abstract?v=WdA14K16JyVBf6PNfynTqAqCfum16b1jUGJfiekmwGuQ_-Tr4ly2SPk0Q_GCOTsyCYvdx0TRGzfX_91xjVvnfSGxISw7Heirwe89UIKG-9nIXVRTDtxJ0YJtWCcq-G17rGoGdQ46nTE=&uniplatform=NZKPT&flag=pc
- [10] Le Juncheng, Qian Aibing. Exploring the information construction of geriatric hospitals in Jiangsu Province based on SWOT analysis [J]. *Jiangsu Health Career Management*, 2022, 33(12):1692-1694+1697.
- [11] Ren Zeping. China's aging report[J]. *Development Research*, 2023, 40(02):22-30.
- [12] XU Li, GE Jing, YU Peng et al. A study on the changing patterns of chronic diseases and co-morbidities in Chinese older adults: based on data from the China Health and Aging Tracking Survey [J]. *Chinese Family Medicine*, 2024, 27(11): 1296-1302.
- [13] Yan Fanghong, Zhang Guoli, Peng Guotian et al. Research on the development strategy of Chinese healthcare consortium based on SWOT-CLPV model[J]. *China Medical Management Science*, 2024, 14(01):20-26.
- [14] ZHANG Dahui, GE Songmei, WANG Ansheng. Exploration of the development strategy of geriatric-friendly hospitals in Heilongjiang province under the background of population aging[J]. *China Primary Health Care*, 2023, 37(11): 11-14.
- [15] SHAO Meiyang, SI Mingshu, JI Qi et al. Evaluation of "medical and nursing" service model in Shandong Province based on SWOT-CLPV model[J]. *China Public Health*, 2019, 35(07):910-914.
- [16] XU Danni, ZHAO Xiaomei, XU Suyi et al. Research progress in the construction of age-friendly hospitals[J]. *Trace Elements and Health Research*, 2024, 41(01):67-69.
- [17] The General Office of the State Council issued the "Opinions on Promoting the High-Quality Development of Public Hospitals" [J]. *Health Economics Research*, 2021, 38(07):7.
- [18] Zhang Yang. Exploration of refined performance management model in geriatric hospitals[J]. *China Accountant General*, 2023, (06):129-131.
- [19] Zhou Binbin, Zhang Junfang. Application effect of target management at hospital and department level in performance assessment of geriatric hospitals in Fujian Province[J]. *China Contemporary Medicine*, 2023, 30(09):135-139.
- [20] Xin Chen. Analysis of the construction of elderly-friendly medical institutions--Taking the First People's Hospital of Huai'an City, Jiangsu Province as an example[J]. *Population and Health*, 2023, (04):34-36.
- [21] Ye Zhenxing. China's geriatric hospitals are too short[J]. *Employment and Security*, 2018, (09):44-46.
- [22] SUN Hui, JI Guozhong, WU Wenjian. Problems and Countermeasures of Hospital Informatization Construction under the Background of Smart Hospital[J]. *Jiangsu Health Care Management*, 2021, 32(05):640-642.
- [23] Wang Hao, Zhang Lin, Fang Xiaoya et al. Study on the current status of chronic disease Co-morbidity and its spatial distribution among middle-aged and elderly people in China[J]. *Chinese Family Medicine*, 2022, 25(10):1186-1190+1196.
- [24] LI Qiangxiang, HE Ting, ZUO Qi et al. Current problems and countermeasures of domestic sanatoriums or geriatric hospitals under the new situation[J]. *China Rural Health Care Management*, 2015, 35(08):956-959.
- [25] Chen Qifeng. Research on the "dual path" of the basic medical insurance system to promote the health of the elderly population [D]. *Jiangxi University of Finance and Economics*, 2022.DOI:10.27175/d.cnki.gjxcu.2022.000001.
- [26] JU Mei, Dai Fengling, WEI Kunyan et al. Construction of service quality evaluation index system for medical and nursing care institutions[J]. *Military Nursing*, 2022, 39(12):5-9.
- [27] National Bureau of Statistics. Statistical classification of the elderly care industry (2020) [EB/OL]. [2020-02-28]. https://www.stats.gov.cn/xw/tjxw/tzgg/202302/t20230202_1894104.html
- [28] Ding Shujuan. Survey and analysis on the willingness and demand of Dongguan residents to combine medical and nursing care with elderly care model[J]. *China Medical Management Science*, 2022, 12(05):74-78.
- [29] Propaganda Department . Transcript of the press conference held by the Information Office of the State Council on 9 December 2021 [EB/OL]. [2021-12-09]. <http://www.nhc.gov.cn/xcs/s3574/202112/141e8f26e8c24c93b89e27202da41b51.shtml>
- [30] HUANG Yiwei, YANG Jinghua, LIN Yanmin. Survey on the status quo of medical service demand of the elderly in nursing institutions and the preliminary practice of medical and nursing integration[J]. *Jiangsu Health Care Management*, 2023, 34(07):1002-1004+1012.
- [31] Standardize medical services in nursing homes [J]. *Chinese Hospital President*, 2023, 19(02):13. https://kns.cnki.net/kcms2/article/abstract?v=WdA14K16JyVKwaOZq13lJoPXkLFSdX6Ja6KvAa2bLapHpZZFMyMiBgDaUeLOFJvtRz54Syxy_kWjcXysCSotnfNfZ66Vr7nJdVEaMBax8v-djy-gYP7vTMnFAG0HYz8-VbMNqbw6fPE=&uniplatform=NZKPT&flag=pc
- [32] ZHANG Weiwei, LU Xiaowei, LU Miao et al. Exploration and practice of quality control system construction in geriatrics [J]. *Practical Geriatrics*, 2024, 38(01):106-108.
- [33] Support the stable happiness of "one old and one young" [J]. *China Agency Logistics*, 2024, (01): 44-46.https://kns.cnki.net/kcms2/article/abstract?v=WdA14K16JyVv7jM4Yeub14zaexdFq7Qq3HE19-4ncvimhVq9C4BTZk9STm17L_K1kVeiT4dwcCqhxXF_-8mAQTY-woOJIEwKld8WsP5ejXwIFID3vXjym4Nef4pekiSAkBF9vFpkhq78=&uniplatform=NZ

KPT&flag=pc

- [34] Zhu Minglei, Liu Xiaohong, Dong Birong et al. Chinese expert consensus on the management of Co-morbidities in the elderly (2023) [J]. *Chinese Journal of Clinical Health Care*, 2023, 26(05):577-584.
- [35] Chen Zheng, Research on the application of multidisciplinary integrated management model in the medical care of geriatric patients. Beijing, Beijing Geriatric Hospital, 2011-07-14.
- [36] Zhang Guanqun. Research on Internet medical development problems and countermeasures in tertiary geriatric hospitals [D]. Beijing Architecture University, 2020.DOI:10.26943/d.cnki.gbjzc.2019.000009.
- [37] Ge Xiaochun, Liu Hu, Tian Xueying et al. Knowledge acquisition of organisational entrepreneurial resources under multiple institutional logics - a case study of non-profit organisations transforming into social enterprises[J]. *Management Case Studies and Reviews*, 2021, 14(02):192-204.
- [38] Sun Sifan, Li Yan, Zhong Yijue. Reflections on the standardised training of geriatrics residents based on job competency orientation[J]. *China Traditional Chinese Medicine Modern Distance Education*, 2023, 21(23):171-174.
- [39] YU Hongmei, LU Yang, HUANG Wenxiang. Discussing the countermeasures for standardised training of geriatricians based on the concept of geriatric medicine [J]. *China Continuing Medical Education*, 2023, 15(22):167-170.
- [40] Current status and countermeasures of integrated medical and nursing care development in Honghe Prefecture, Yunnan Province [J]. *China Civil Affairs*, 2023, (23): 38-39.https://kns.cnki.net/kcms2/article/abstract?v=WdAl4K16JyWQKTx9KhM6hi9NcCh_rKmA_04DqIGz99QcYQHxuvy6ILpJhkBL0-2HiNWBWT-80f2-VG4CrJ4SC3WBbERc6NXfvuGcuYJQNBOMCjensGif7w3VG89dZrxPuAlkRlt0p_o=&uniplatform=NZKPT&flag=pc
- [41] Peng J. Discussion on the implementation of comprehensive budget management in elderly hospitals [J]. *Budget management and accounting*, 2016(10):51-53.
- [42] Sun Rong, Gan Tianlin. Research on the development of elderly health service industry in China [J]. *Knowing and Doing*, 2019(04):81-86.DOI:10.19309/j.cnki.zyx.2019.04.017.