



**A STUDY ON SUPPLY-DEMAND SATISFACTION OF
SOCIALIZED HOME-BASED ELDERLY CARE SERVICES IN THE
RURAL AREAS OF FUYANG CITY, ANHUI PROVINCE, CHINA**

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**A dissertation submitted in partial fulfillment of the requirements for the degree of
Doctor of Philosophy in Management
Graduate School, Siam University**

2025

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DECLARATION

I, Liu Jingjing, hereby certify that the work embodied in this dissertation entitled "A Study on Supply-Demand Satisfaction of Socialized Home-based Elderly Care Services in the Rural Areas of Fuyang City, Anhui Province, China" is result of original research and has not been submitted for a higher degree to any other universities or institutions.

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Doctor of Philosophy in Management

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ABSTRACT

Title : A Study on Supply-Demand Satisfaction of Socialized Home-based Elderly Care Services in the Rural Areas of Fuyang City, Anhui Province, China

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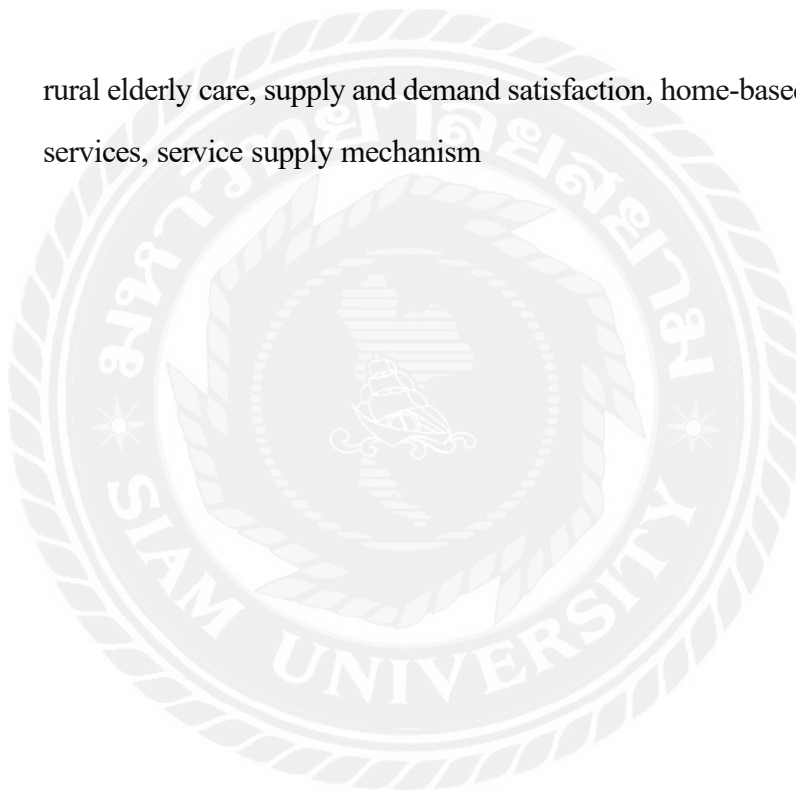
The level of supply-demand satisfaction of socialized home-based elderly care services in the rural areas of Fuyang City, Anhui Province, China, was the primary focus of this study. The aim was to identify key factors that influenced elderly satisfaction. The relationships between expectation, service quality, perceived value, and satisfaction were also explored. The results provided a practical model for improving service delivery through multi-stakeholder collaboration. The research also considered the growing challenge of aging in rural China, where traditional family-based care is declining and demand for comprehensive elderly services is rising.

A mixed-methods research approach was employed. A quantitative study of 600 elderly individuals living in rural communities was implemented with a structured questionnaire survey. Qualitative interviews were conducted with elderly residents and service providers to gain deeper insights into service experiences, expectations, and perceived challenges in the current care system. Statistical techniques, including descriptive statistical analysis, correlation analysis, and structural equation modeling (SEM), were used to validate the conceptual model and test the hypotheses.

(II)

The results showed that satisfaction with the basic life services, including health care, diet, safety, and living environment, significantly affected overall satisfaction ($\beta = 10.813$, $p < 0.001$). Elderly respondents placed high importance on spiritual services, emotional support, and personalized care. The study concluded that enhancing service quality, ensuring professional staffing, and promoting coordinated efforts among government, market, families, and social organizations are essential for improving rural elderly care. A precision-targeted service supply framework is proposed to strengthen the accessibility, efficiency, and satisfaction of home-based care in rural China.

Keyword: rural elderly care, supply and demand satisfaction, home-based elderly care services, service supply mechanism



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ACKNOWLEDGEMENT

First of all, I would like to express my deep gratitude to my supervisor, Associate Professor Dr. Chalermkiat Wongvanichtawee, for his valuable time, precious support, encouragement, supervision and useful suggestions throughout my research work. His moral support and continuous guidance enabled me to successfully complete my work, and without him, the completed thesis would not have been possible.

I would like to thank Associate Professor Dr. Chaiyanant Panyasiri, Assoc. Prof. Dr. Somkiat Korbuakaew, Associate Professor Dr. Tatree Nontasak, and Associate Professor Dr. Shun-Chieh Chang, who all gave me valuable comments, valuable time, valuable support and encouragement at every stage of my thesis.

I am very grateful to the village contacts who helped me collect data. In addition, I would like to thank all the respondents who answered the survey questionnaires.

I am very grateful to my partners who struggled with me. In the study life in a foreign country, everyone supported and helped each other to complete their studies together.

But not least, I am forever especially grateful to my family, my husband and my lovely son for their love, advice and support throughout my life. I would like to express my gratitude again to everyone mentioned who helped me overcome my initial doubts in conducting this research.

Liu Jingjing

October 15, 2024

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CHAPTER 1

INTRODUCTION

1.1 Background of the Problem

With the development of human society and the economy, advancements in medical technology, and improvements in living standards, people's overall life spans have been extended, and the elderly population has been increasing steadily. It is estimated that from 2009 to 2050, the number of people aged 60 and above will surge from 743 million to 2 billion, accounting for 22% of the global population (Yang, 2018). This increase in life expectancy is occurring simultaneously with a decrease in birth rates, making the supply of elderly care services an urgent issue for governments worldwide. Even in Western countries, where the development of elderly care services is relatively mature, this challenge is significant. For China, which has a large proportion of elderly people and is aging before becoming wealthy, the situation is even more difficult, especially given the rapid pace of aging and the increasing number of disabled elderly individuals.

1.1.1 China is a Developing Country with a Serious Aging Population, Especially in Rural Areas

China, the most populous country in the world, also has the largest elderly population. Since entering an aging society in 2000, China has seen a continuous deepening of its aging process. By the end of 2021, China's population aged 60 and above reached 267.36 million, accounting for 18.9% of the total population. Meanwhile, the population aged 65 and above stood at 200.56 million, representing 14.2% of the total population. The elderly dependency ratio for those aged 65 and above was 20.8%, meaning that every 100 working-age individuals must support 20.8 elderly people. It is projected that by 2050, China's population aged 60 and above will rise to

approximately 487 million, with the aging level increasing to 34.8%, pushing China into a stage of severe aging.

A notable feature of China's aging population is the significant urban-rural imbalance. As young and middle-aged rural laborers continue to migrate to cities, and older migrant workers return to their hometowns for retirement, rural areas are aging more rapidly than urban areas (Li, 2022). Both empirical observations and statistical data indicate that the rural elderly population is substantial and the aging level in rural areas is higher than in cities. By the end of 2020, the proportions of the population aged 60 and above, and 65 and above in rural China were 23.81% and 17.72%, respectively—significantly exceeding the 14% threshold for an “aged society.” These figures were 5.11 and 4.22 percentage points higher than the national average and 7.99 and 6.61 percentage points higher than those in urban areas. Figures 1 and 2 vividly illustrate the increasingly severe and intensified reality of rural aging.

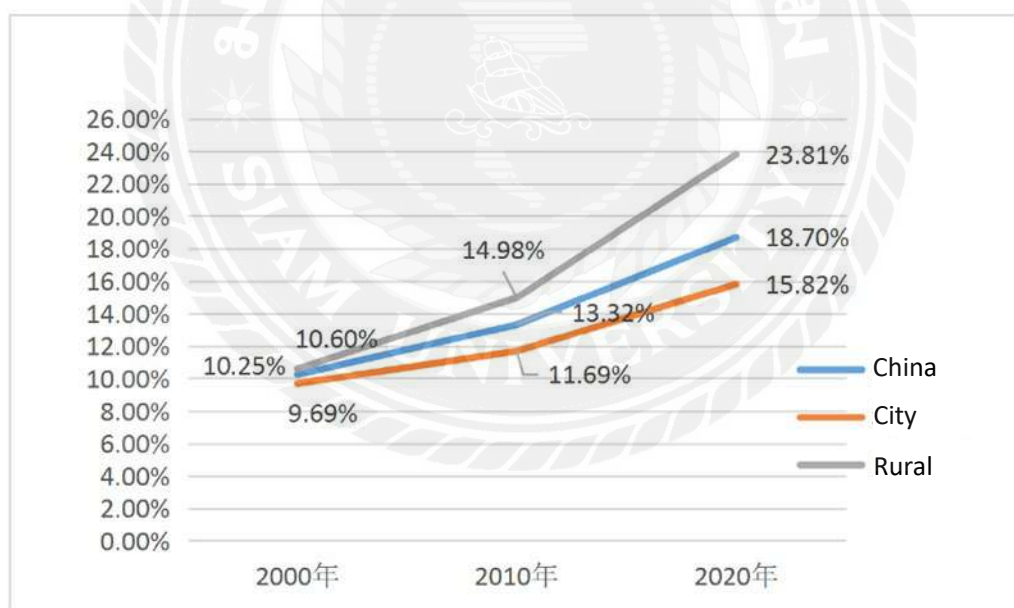


Figure 1.1 National Level of Urban and Rural Ageing (60 standards)

Source: the seventh National Census main data results press conference to answer reporters' questions, 2021-05-11, National Bureau of Statistics

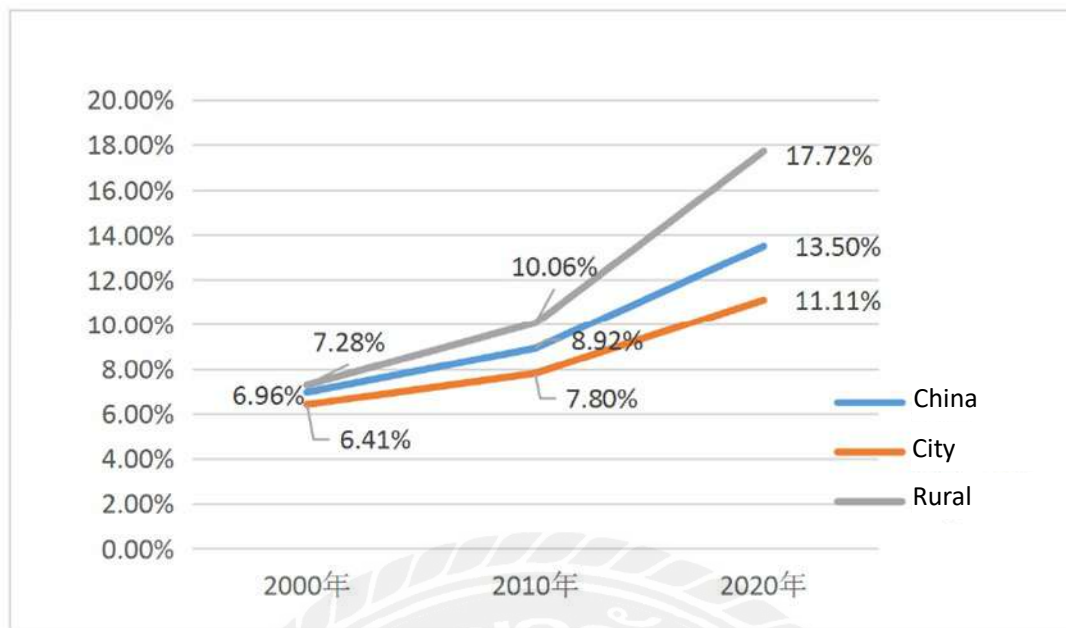


Figure1.2 The National Level of Urban and Rural Ageing (65 standards)

Source: the seventh National Census main data results press conference to answer reporters' questions, 2021-05-11, National Bureau of Statistics

It is predicted that the degree of population ageing in rural areas will always be higher than that in urban areas in the 21st century, and will reach a peak of 13.4% in 2033 (Han & Sun, 2023). This means that the focus of China's population ageing will long be in rural areas.

1.1.2 Traditional Elderly Care Supply is Weakening, and There is a Large Gap Between Urban and Rural Areas

Rural elderly care services can be understood as various non-cash forms that meet the normal life needs of rural elderly people in their later years, primarily encompassing daily care, medical care, and spiritual comfort (Wang, 2024). Traditionally, these services in rural areas have been provided by children, based on life experience and interpersonal relationships. Informal care from children has long been the mainstay of elderly care in China, with a service model that emphasizes family support, supplemented by mutual aid among farmers and government relief. This traditional rural social security system is rooted in the individual economy.

However, with the development of the market economy and the advancement of industrialization and urbanization, people's values and lifestyles have changed.

Factors such as the miniaturization of family size, the nucleation of family structures, and the normalization of population mobility have led to an increase in empty-nest families with intergenerational separation. Additionally, the rising participation of women in the labor force and the increasing opportunity costs of informal care provided by children have made it difficult for rural families to shoulder the heavy burden of elderly care. As a result, traditional home-based elderly care services are gradually weakening, and the elderly are facing more severe challenges in obtaining adequate care.

The urbanization strategy has also led to a long-term trend of "urban priority over rural areas" in the construction and development of China's elderly care service system. Cities and rural areas face different pressures regarding population aging. Cities, with their solid economic foundations, relatively mature community organizations and resources, and sufficient talent reserves, have more options for elderly care. In addition to family care, urban areas offer community care, institutional care, commercial care, and more. The supply of care resources is better developed, with a greater variety of services such as nursing homes, daycare centers for the elderly, and community care services. These facilities provide medical care, rehabilitation training, spiritual comfort, and convenient cultural and entertainment activities to meet the living and social needs of the elderly.

In contrast, relatively underdeveloped rural areas face issues such as the migration of young labor, backward community organization development, low efficiency in land resource utilization, and a shortage of elderly care resources. Rural pensions still largely depend on family support, land-based income, and neighborhood mutual aid. Elderly care services in rural areas are relatively insufficient. Due to inadequate infrastructure, scarce medical resources, and imperfect service institutions, rural elderly people have limited access to services and lack professional care and support. As the needs of rural elderly people for daily care, medical care, and cultural and entertainment activities continue to grow, the problems of the elderly being helpless and unable to rely on others have become more prominent. Families alone cannot solve

these problems, and the traditional elderly care service model can no longer meet the needs of modern society. The gap between social demand for elderly care services and the current situation is concerning. There is an urgent need to accelerate the construction of a new rural elderly care service system that includes the government, society, families, and the market, and that can adapt to the new urbanization.

1.1.3 The Basic Status of the Elderly Service in Fuyang City, Anhui Province

Fuyang City is situated in the northwest of Anhui Province, characterized by its flat terrain and vast plain areas. It is a major agricultural city with a dense population, of which a significant proportion resides in rural areas. The city has a permanent population of 7.68 million, with 3.22 million living in urban areas (41.93%) and 4.46 million in rural areas (58.07%). Similar to most rural regions in China, Fuyang's rural residents primarily engage in farming, cultivating crops such as wheat, soybeans, and corn. However, the level of agricultural mechanization and modernization remains low. Due to limitations imposed by both objective and subjective conditions, and the lack of leadership from characteristic or modern industries, the development of the village collective economy is relatively underdeveloped. The sources of income for the village collective economy are relatively limited, mainly derived from land rent and dividends from poverty alleviation projects, with little room for further development.

Fuyang City has now entered a stage of rapid population aging. The number of residents aged 60 and above has exceeded 1.4 million, including 217,000 who are 80 years old and above. Among them, over 800,000 are rural elderly, accounting for 57.14% of the elderly population. It is projected that by 2025, the city's population aged 60 and above will surpass 1.5 million, making up nearly 20% of the total population.

The economic sources for Fuyang's rural elderly include labor income, savings, support from children, basic pension insurance, subsistence allowances, and other transfer payments, with land income being their primary means of livelihood. Although Fuyang's agriculture has seen some development in recent years, this is largely due to

younger farmers who rely on technology and large-scale production tools. The elderly, unable to master these advanced methods, continue to depend on traditional farming practices or subletting their land, resulting in relatively low incomes. The vast majority of rural elderly in Fuyang still rely on traditional home care, with over half being empty-nesters living alone or with their spouses. Home care remains the preferred choice for the elderly. However, as society progresses, the traditional family care function is gradually weakening, and the proportion of empty-nest elderly in rural areas is on the rise.

Surveys indicate that Fuyang's rural population is highly aged, with the proportion of residents aged 20 to 40 in the permanent population being less than 30%. After young adults leave to work, most choose to settle in urban areas to meet their living and children's educational needs. The children of the elderly are often preoccupied with work and childcare, and aside from returning to visit during major holidays, they have little time to tend to the daily needs of their parents. For disabled, semi-disabled, or lonely elderly individuals, there is a significant lack of caretakers. Moreover, geriatric diseases such as hypertension are prevalent among the rural elderly, exacerbating the challenges in daily care and spiritual support for this vulnerable group.

1.1.4 The Implementation of Rural Pension Policies Needs to be Improved

Since the 18th National Congress of the Communist Party of China, the Party Central Committee has placed great emphasis on the issue of rural elderly care. The report of the 18th National Congress proposed to coordinate the construction of urban and rural social security systems and vigorously develop services and industries for the elderly. The report of the 19th National Congress mentioned the issue of elderly care on multiple occasions, highlighting the need to actively respond to population aging. It called for the establishment of a policy system and social environment that supports elderly care, filial piety, and respect for the elderly, and for the promotion of integration between medical care and elderly care. It also emphasized accelerating the development of elderly care services and industries, improving the pension insurance system, and

establishing a multi-level pension insurance system. The report proposed the task of improving the elderly care service system, strengthening home and community elderly care service facilities, promoting home community nursing services, and developing high-quality inclusive elderly care services. It also called for optimizing the supply of elderly care services, strengthening the training of elderly care service personnel, and improving the quality of elderly care services. The report of the 20th National Congress pointed out the need to implement the national strategy of actively responding to population aging, develop elderly care and elderly care industries, optimize services for the elderly who live alone, and promote the realization of basic elderly care services for all elderly people. The State Council has successively promulgated a series of guiding opinions, including the "Guiding Opinions on Land Use for Elderly Care Facilities," "Implementation Opinions on Encouraging Private Capital to Participate in the Development of the Elderly Care Service Industry," "Notice on the Central Financial Support for the Pilot Program of Reform of Home and Community Elderly Care Services," and "Notice on Supporting the Development of Elderly Care Services with Idle Social Resources." Under the guidance of these specific policies, various regions have carried out practical innovations in rural elderly care models, creating a favorable policy environment for the exploration of integrating rural elderly care service resources.

However, in actual implementation, rural elderly care service policies are still insufficient, mainly reflected in the service providers and their responsibilities. Currently, the government plays an overly dominant role, resulting in the internalization of purchasing behavior. The operation, management, funds, personnel, and other aspects of the service agency are still controlled by the government. This "secondary government" model has serious hidden dangers in terms of service quality, fund transparency, and cost accounting. Moreover, this model requires a large amount of government funding. The heavy financial burden leads the government to narrow the scope of service recipients and service projects, making it difficult to meet the diverse needs of elderly people for multiple types of services. Although some local

governments have attempted to cooperate with social market organizations, issues such as the type of service contractors, contracting norms, and fixed cooperation objects have led to low enthusiasm for social market participation. The service content is single, the service level is not high, and the service effect lacks supervision and evaluation, with the sustainability of the service being questioned. Additionally, there is a lack of communication and cooperation between home-based elderly care service providers (government) and producers (society, market, family). The government is also prone to mutual shirking and passive sabotage due to problems such as unclear responsibilities, inconsistent financial power and authority, and lack of interest integration mechanisms.

Under these circumstances, rural elderly care services face problems such as uneven coverage, low-quality standards, and insufficient accessibility and affordability. First, the coverage of rural elderly care service networks is uneven, with some areas still lacking sufficient elderly care service facilities and personnel. This has resulted in some rural elderly being unable to receive adequate care, especially in economically underdeveloped and remote areas. Second, the quality and standards of rural elderly care services need improvement. Although the government has strengthened the training and management of elderly care service personnel, there are still issues with the low quality of some service personnel and improper work attitudes. Additionally, some nursing homes lack professional management and supervision mechanisms, resulting in some elderly people not enjoying a good quality of life. Moreover, the accessibility and affordability of rural elderly care services are also a significant issue. Although the government has implemented a basic pension insurance system, some elderly people are still unable to enjoy basic pension security due to financial difficulties. In addition, the cost of rural elderly care services is relatively high, which remains a significant burden for some families.

In summary, China faces a heavy burden in providing elderly care services. If institutional arrangements are not made in advance, it will have a significant impact on families and society. Therefore, how to accurately grasp the elderly care service needs of rural elderly people, provide better elderly care services and support, and build a

comprehensive, complete, and high-quality rural socialized home care service system through the joint efforts of the government, society, families, and the market, is an urgent problem that needs to be solved.

1.2 Significance of the Problem

In the 21st century, aging has emerged as a pressing social issue that demands urgent solutions. Specifically, how to scientifically address the supply of rural elderly care services in China, ensuring that the vast number of elderly rural residents can enjoy comprehensive care, medical support, education, and a fulfilling life in their old age, has become a critical challenge. Against this backdrop, this study delves into rural areas through field surveys to gather first-hand data. The study of rural socialized home care service satisfaction holds several significant implications:

Firstly, it helps enhance the satisfaction of rural elderly people with socialized home care services. As the most acceptable mode of elderly care, home care has substantial potential for development. With the ongoing economic and social progress and the continuous improvement of living standards, the demand for elderly care services among the elderly population has shown a trend towards being all-encompassing, diversified, professional, multi-tiered, and high-quality. Meanwhile, due to the increasingly severe trend of low birthrates and population aging, as well as the acceleration of industrialization and urbanization, families—the most basic providers of elderly care are facing the dilemma of a weakening care function. Against this backdrop, analyzing the key factors that affect the satisfaction of rural elderly people with home care services and identifying the existing problems in the provision of rural elderly care services can lead to more targeted solutions to optimize the quality of home care services, thereby improving the satisfaction of rural elderly care.

Secondly, employing empirical research methods to analyze the factors influencing the satisfaction of the elderly can broaden our approaches to actively addressing aging. This research holds important practical significance for improving rural socialized home care services. By analyzing the factors that affect the satisfaction

of the elderly and exploring ways to enhance the quality of rural socialized home-based elderly care services, we can provide valuable references for the future operation and development of these services. On one hand, the research findings can offer governments, social organizations, and other entities feasible and targeted measures and suggestions to improve their service systems in service supply. On the other hand, they can also provide references for relevant government departments to formulate policy documents, thereby offering guidance for the development of socialized home-based elderly care services. This is of great significance for promoting the development of rural elderly care services and improving the life satisfaction of the elderly.

1.3 Research Questions

This study approaches the topic from the perspective of satisfaction. It reviews existing research, conducts in-depth field investigations in rural areas, constructs a model for the supply–demand satisfaction of rural socialized home-based elderly care services, analyzes the key influencing factors, and proposes a collaborative supply model that (a) clarifies the roles and responsibilities of government, society, families, and non-governmental organizations; (b) strengthens multi-stakeholder collaboration mechanisms; (c) ensures the effective delivery of elderly care services; and (d) enhances the satisfaction of older adults. This model aims to improve socialized home-based elderly care and increase the elderly's satisfaction with these services. The specific research questions addressed in this study are:

1. What are the factors that affect the elderly's satisfaction with the supply and demand for socialized home-based elderly care services in rural China?
2. What is the relationship between the factors that affect the elderly's satisfaction with supply and demand of socialized home-based elderly care services in rural China?
3. How can the supply and demand satisfaction with socialized home care services be improved?

1.4 Research Objectives

The purpose of this research is to improve the satisfaction of supply and demand of socialized home care services in rural China. This purpose is achieved by solving the following research objectives:

1. To determine the influencing factors that affect the supply and demand satisfaction of socialized home care services in rural China.
2. To examine the relationship between the variables that affect the supply and demand satisfaction of socialized home care services in rural China.
3. To propose guidelines to enhance the elderly's satisfaction by optimizing the multiple collaborative supply mechanism.

1.5 Scope of the Study

In this study, the scopes are classified as follows:

Scope of area: The study was conducted exclusively in Fuyang City. Given that the elderly population in this region shares similar socioeconomic backgrounds, cultural traditions, and living habits, the sample may exhibit a high degree of homogeneity. This homogeneity could restrict the generalizability of the findings, making it challenging to extend the results to other regions or a broader group of rural elderly individuals.

Scope of Population: Due to the limited resources of the research, large-scale sampling was not feasible. The selected sample represented the majority of situations but could not cover all possible phenomena. The primary survey subjects for this study were rural elderly individuals, who generally have lower educational levels. This may affect their ability to fully understand the questions and provide reliable answers. Additionally, other respondent-related factors, such as age and personal beliefs, could

influence the accuracy of the questionnaire responses, thereby impacting the credibility of the research conclusions.

Scope of Content: Satisfaction of the elderly is influenced by numerous factors. While the questionnaire was designed based on various indicators derived from existing research studies, there may be other indicators that were not included due to resource constraints. As a result, the study may not fully capture all aspects of satisfaction, and the findings may not perfectly align with the specific circumstances. The policy recommendations provided also remain to be tested in practice.

Scope of Time: Evaluating the elderly's satisfaction with socialized home care services is a dynamic process. Their subjective experiences can vary depending on the different services they receive at different times. Given that the research had to complete the survey within a specific timeframe, long-term follow-up was not possible. This limitation means that the research results may be somewhat one-sided.

1.6 Expected Results

This research mainly studies the impact of the elderly care needs of the rural elderly on the supply and demand satisfaction of elderly care services. The expected benefits are as follows:

1. Getting the influencing factors that affect the elderly's satisfaction and enhance the elderly's satisfaction with elderly care services.
2. Building a multiple collaborative supply mechanism for socialized home-based elderly care and improve the quality of elderly care services.
3. Making the elderly enjoy richer services at more affordable prices and in a more convenient way.

1.7 Definition of Key Terms

Elderly satisfaction: Refers to the degree of satisfaction of the rural elderly with the home care services they receive.

Dietary needs: Refers to basic needs of rural elderly people in terms of quantity, quality, variety and eating methods of food.

Living environment: Refers to the physical space where rural elderly people live, including housing, community and surrounding environment.

Health care: Refers to provides comprehensive services such as health assessment, disease prevention, treatment and drug management for rural elderly people.

Safety guarantee: Refers to ensure the safety of rural elderly people at home, prevent hidden dangers such as falls and fires, and provide safety protection such as aging-friendly renovation.

Emotional support: Refers to giving rural elderly people love, care, sympathy, understanding, acceptance and a sense of security.

Mental health: Refers to the good state of rural elderly people in terms of psychology, emotions and behavior.

Cultural entertainment: Refers to cultural and entertainment activities such as literature, learning, competitions and exhibitions suitable for rural elderly people to participate in.

Social interaction: Refers to various activities participated in by rural elderly people to enrich their lives, enhance interpersonal communication and integrate into society.

CHAPTER 2

LITERATURE REVIEW

This chapter provides a review of literature, concepts and theories related to the research topic "A Study on Supply-Demand Satisfaction of Socialized Home-based Elderly Care Services in the Rural Areas of Fuyang City, Anhui Province, China". This chapter also summarizes research related to this topic as well as presents a conceptual framework.

This chapter is divided into five parts.

2.1 Introduction

2.2 Related Theories

2.3 Elderly Care Services Concept

2.4 Review of Relevant Literature

2.5 Conceptual Framework, Hypothesis and Operational Definition

2.1 Introduction

As research on improving elderly satisfaction has deepened, the academic community has developed more standardized methods for measuring the satisfaction of supply and demand in home-based elderly care services. This chapter reviews the existing research on satisfaction models and, considering the characteristics of rural socialized home-based elderly care services during actual operations, selects four latent variables: customer expectations, quality perception, value perception, and customer satisfaction. These are then refined into five latent variables: elderly demand expectations, quality perception of basic life needs services, quality perception of spiritual life needs services, value perception of socialized home-based elderly care services, and elderly satisfaction.

Drawing from Supply and Demand Theory, stability in all aspects can only be achieved when supply and demand are in balance. For rural home-based elderly care services, satisfaction can only be improved when service supply and service demand are balanced. Therefore, this chapter focuses on reviewing the relevant theories and concepts mentioned above.

2.2 Related Theories

2.2.1 Supply and Demand Theory

Supply and demand are the logical starting point of economics. Balance refers to the adaptability and consistency between certain characteristics of things. The concept is often used to discuss the interdependence between (at least) two entities. The balance between supply and demand is primarily achieved through price. Price is jointly determined by consumer demand and producer supply. When both suppliers and demanders are satisfied with the price—that is, when the price of goods or services is acceptable to both parties—their supply and demand are in balance (Ma, 2023). For public goods (services) and quasi-public goods (services) where the price factor is not particularly prominent, supply and demand are generally achieved based on the expression of consumers' demand preferences and the assessment of their burden costs. Producers then make corresponding production and supply arrangements. It is clear that the balance between supply and demand for such products or services emphasizes the accurate response of supply to demand, which can only be achieved through the process of "assessing demand and arranging supply." Rural elderly care services fall into this category.

Karl Marx was the first scholar to explain and define the theory of supply and demand balance. In the introduction to his **Critique of Political Economy**, he summarized the process of social economic operation as the interconnection of the four basic links of production, circulation, distribution, and consumption (Marx, 1859). Production represents supply, consumption represents demand, and circulation and

distribution are the intermediary links between supply and demand (Wang & Chen, 2024). Extending this to the level of elderly care services, production in economic activities corresponds to the supply of elderly care services, consumption corresponds to the public demand for these services, and circulation and distribution are the connecting links in elderly care service activities. This theory more scientifically explains the balance of supply and demand, determines supply based on actual social needs, allows supply to meet social needs, makes supply more adaptable and flexible, promotes the scientific development and continuous improvement of the supply system, and ultimately realizes the overall social supply and demand balance (see Figure 2.1). In the process of supply and demand adjustment, we promote the smooth operation of circulation and distribution in the connecting links, thereby promoting the comprehensive, healthy, and steady growth of the national economy. The importance of balancing supply and demand is thus clarified, as it is key to healthy economic development. However, the imbalance between supply and demand—that is, the contradiction between supply and demand—is a common problem in the economic development of various countries. Such imbalances in the social economy often led to the outbreak of economic crises.

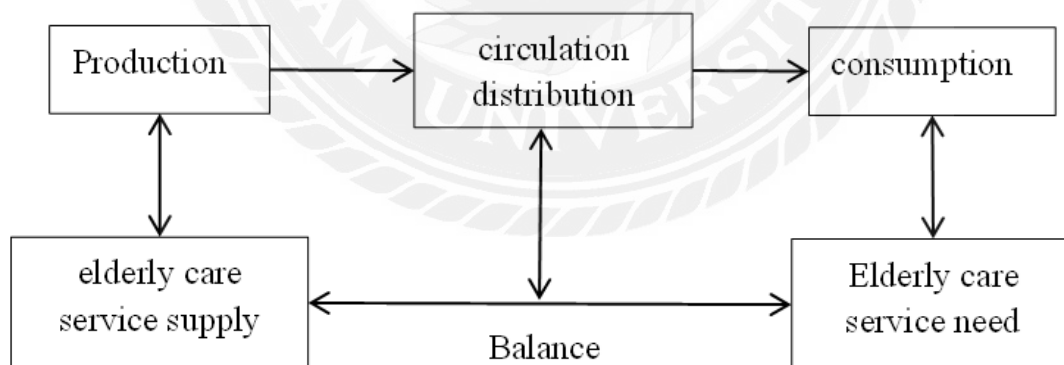


Figure 2.1 Elderly Care Service Supply and Demand Balance Chart

Adopted (Marx,1859)

In China, supply and demand are two crucial aspects of the rural elderly care service system, and achieving a balance between them is a key objective. The higher the degree of alignment between supply and demand, the more effectively elderly care services can be utilized (Kou, 2023). However, the nature of elderly care service

provision makes its supply relatively elastic. The supply of elderly care services must be constantly adjusted in response to the evolving demands of the elderly. When the comprehensive elderly care needs of the elderly match the services provided by multiple entities such as the government, market, and institutions, an equilibrium is reached. This equilibrium signifies an improved elderly care situation, a relatively balanced state, and a more refined elderly care service system (Wang, 2024).

Similar to economic supply and demand imbalances, significant issues exist in the supply and demand of home care services in China's rural areas. Factors such as institutional support, market standardization, and the professionalism of service personnel can affect the balance between supply and demand. Marx's theory of supply and demand balance can be applied to address and resolve these imbalances in the elderly care service supply process. In the context of elderly care services, it is essential to keep the supply-demand gap within reasonable limits to achieve balanced development, where demand drives supply and supply meets demand. This approach can help solve the dilemma of rural elderly care services and truly fulfill the needs of the elderly, ensuring their well-being in their later years (Sun et al., 2023).

When applying Marx's theory of supply and demand balance to rural elderly care services, several issues need to be clarified:

1. Responsibility and Dominance in Elderly Care Services: Who is responsible for providing elderly care services? Who dominates the supply and demand? Is the supply driven by the demand for elderly care, or is it the supply that stimulates the need for elderly care? At the current stage, the supply of rural elderly care is severely lacking, with insufficient quantity and low quality. This situation requires us to fully utilize the theory of supply and demand balance to address these challenges effectively.

2. The Ideal of Complete Balance: Is complete balance between supply and demand necessary? In reality, a complete balance is an ideal state and may not be conducive to the long-term development of rural elderly care services. Instead, a more dynamic and adaptive approach is needed.

3. The Role of Circulation and Distribution: In the process of rural elderly care services, who will facilitate the circulation and distribution links? Although the government plays an extremely important role in the elderly care service system, it is no longer feasible for the government to solely manage these processes. Instead, market entities should spontaneously participate in the circulation and distribution under the norms of the system and rules. The government should intervene only, when necessary to supervise and coordinate, ensuring the normal operation of the elderly care service system.

The imbalance between the supply and demand of elderly care services has always been a critical issue that requires urgent resolution. Striving to balance the supply and demand of elderly care services, especially in rural areas, is an issue that the government, society, and various relevant organizations have long prioritized and sought more scientific and effective solutions for. To further improve the elderly care situation and increase the elderly's satisfaction with these services, these problems must be addressed promptly to promote a balance in the supply and demand of social elderly care services. Successfully resolving the imbalance between supply and demand of elderly care services is crucial, as it affects the quality of life for millions of rural elderly individuals and the future development of China's social welfare.

2.2.2 Social Needs Theory

The concept of "need" refers to the psychological tendency or desire that arises when people perceive a certain lack of external objective things and seek satisfaction. It is an innate basic requirement for the existence, development, and continuation of life. Human needs have an intrinsic essence that is essentially biological and, to a certain extent, natural, intrinsic, and specific (Maslow, 1987). Of course, some of these intrinsic qualities are universal to humans, while others are unique, including basic human needs, emotions, and intelligence. The renowned American psychologist Abraham Maslow (2003) argued that human inner instincts are a form of "urge instinct." This kind of eternal and hereditary instinctive need in humans is a powerful way to

mobilize people's subjective initiative, serving as an inner driving force and playing a significant role in the development and improvement of human nature.

Moreover, Maslow also pointed out that human needs are distributed in a multi-level, multi-stage, ladder-like hierarchy, ranging from low-level to high-level, from simple to complex, and from individual to societal needs. These primarily include basic physiological needs, safety needs, love and belonging needs, esteem needs, and self-actualization needs. Physiological needs are at the lowest level, referring to the most fundamental requirements for survival and development, such as water and air. Safety needs pertain to the security of life and property. Social needs involve the sense of existence and identity gained through social interactions, including the need for love and belonging. Esteem needs encompass self-respect, respect for others, and respect from the outside world. Self-actualization needs refer to the ability to realize one's life ideals and self-worth through effort during the developmental process. This represents the highest level of need. Generally speaking, the emergence of higher-level needs is based on the satisfaction of lower-level needs. Of course, while pursuing higher-level needs, lower-level needs still exist but have a diminished influence on behavior. People are constantly driven by the desire and pursuit of various needs. Actions triggered by needs make individuals more complete, allowing their personalities to be fully expressed and providing them with a sense of security, self-esteem, and fulfillment of their potential and intelligence (Wu, 2015). This is the famous hierarchy of needs theory.

Maslow's five needs can be visualized as a pyramid, ascending from lower to higher levels. However, this order and progression are not static or completely fixed. The level of needs can change continuously with different life stages, and there are various exceptions. But generally, once a certain level of need is relatively satisfied, people are motivated to pursue higher-level needs.

The hierarchy of needs of the general population in a country is closely related to the nation's economic, social, cultural, and technological development and also reflects the country's social security level (Jiao, 2023). For example, social relief and

assistance within the social security system that guarantees food, clothing, housing, and transportation are designed to meet the physiological needs of social members, especially low-income individuals. Meanwhile, medical insurance, unemployment insurance, work-related injury insurance, and pension security are intended to protect citizens from falling into hardship due to various social risks. These measures provide a sense of security and satisfy their safety needs. The realization of love and belonging needs certainly requires the joint efforts of the government, families, and social groups. Vulnerable or disabled groups must be supported through timely and effective social services. The fulfillment of esteem needs is predicated on the formulation and implementation of sound education and welfare policies. Only by acquiring sufficient knowledge and abilities can citizens enhance their self-confidence and gain respect from others and social recognition. Although the final satisfaction of self-actualization depends on an individual's development space and comprehensive strength, the sense of security and empowerment provided by the social security system are necessary conditions for expanding civil liberties. In summary, in modern society, the establishment of a social security system is a prerequisite for citizens to pursue various needs and a good social mechanism to promote the satisfaction of citizens' needs. Maslow's hierarchy of needs theory is an important cornerstone for social security theoretical research and policy formulation.

Drawing on Maslow's Hierarchy of Needs Theory and considering the actual needs of rural elderly people for elderly care services, many scholars have continued to conduct in-depth research and divided the needs of rural elderly people into several different levels, ranging from low to high. The first level is the material needs that ensure basic living conditions, while the higher level is the spiritual needs, which not only guarantee life care but also hope for a rich and colorful life in old age, with children around and emotional comfort (Cheng, 2016). From this perspective, the application of Maslow's hierarchy of needs theory to the study of demand for rural elderly care services is of great practical significance and provides important insights for providing corresponding supply services based on demand.

According to Maslow's Hierarchy of Needs Theory, the elderly care needs of the homebound elderly can also be divided into five levels. Physiological needs should cover the survival needs of homebound elderly, such as food, clothing, housing, and transportation, to ensure they can maintain their basic lives. This level of need can be achieved by increasing the public and private economic income of the elderly. Safety needs mainly refer to medical security and rehabilitation care needs. Due to the decline in physiological functions, cognitive abilities, and self-care capabilities of the elderly, the supply of medical care services is more urgent. A comprehensive medical care service system can bring a stronger sense of security to homebound elderly. After the first two needs are satisfied, the needs for love and belonging, respect, and self-actualization are the higher-level service requirements of homebound elderly, mainly reflected in the satisfaction of spiritual needs and the realization of self-worth through social participation. The fundamental purpose of building a socialized home-based elderly care model is to promote the satisfaction and realization of the multi-level and diversified elderly care service needs of the elderly. At present, China's economy is booming, and people's living standards have improved significantly. The elderly are no longer limited to basic food and clothing as in the past; their needs are evolving to higher levels and diversification. Therefore, the quality of life of the elderly should be improved so that they can also enjoy the fruits of economic development. Regarding the six goals of elderly care, based on having someone to depend on and support for the elderly, realizing that the elderly can have fun, be educated, learn, and do something, is an accurate expression of China's needs for the elderly (see Figure 2.2).

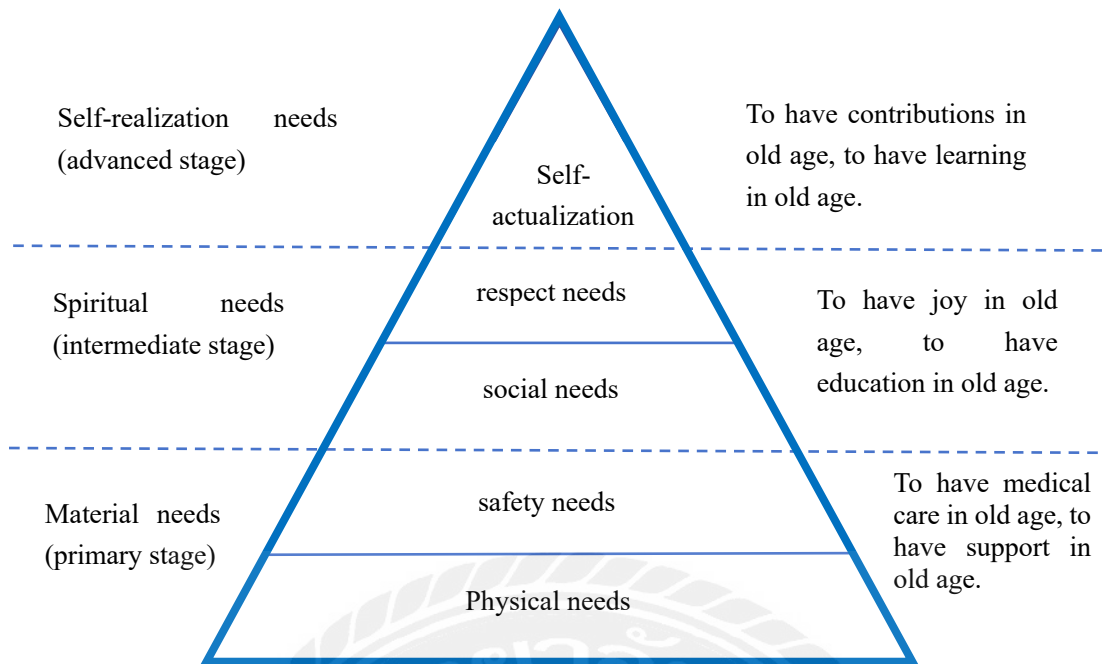


Figure 2.2 Target of China's Elderly Care Services Based on Maslow's Needs Theory (Maslow,1943)

Maslow's Hierarchy of Needs Theory (1943) provides a valuable framework for analyzing the differences and priorities among the elderly in rural areas regarding their needs for elderly care services. It helps determine whether and to what extent the basic physiological and safety needs for elderly care services are being met among the rural elderly population, and whether their needs are evolving to higher levels. A notable manifestation of this evolution is the increasing demand for the spiritual aspects of elderly care services, such as socialization, respect, and self-actualization.

An accurate understanding of the needs of rural elderly people for elderly care services is crucial. By precisely identifying the types, levels, and priorities of these needs, we can avoid unrealistic expectations and futile efforts by service providers. This ensures the accurate supply of elderly care services. Social needs are dynamic and change with the social environment, which is the rationale for the existence of social policies. In the era of aging, the issue of elderly care is no longer merely a private family matter; rather, elderly care services have transitioned from individual needs to social needs (Zhang, 2022).

Based on the correspondence between social needs and the fulfillment of these needs for social members, providing elderly care services that meet the basic needs of

all elderly individuals is a responsibility of the state and is implemented by government departments. Therefore, the government or the country becomes the primary entity responsible for meeting these social needs.

2.2.3 Satisfaction Theory

Satisfaction Theory is a concept within the field of marketing. Customer satisfaction refers to the attitude of satisfaction or dissatisfaction that customers form after using a certain product or enjoying a certain service. It serves as a measure of how satisfied customers are. The earliest literature proposing the concept of customer satisfaction can be traced back to "An Experimental Study of Customer Effort, Expectation, and Satisfaction," published by Cardozo in 1965. Cardozo argued that improving customer satisfaction would lead to repeat purchases and prevent customers from switching to other products. Since then, numerous studies have explored the meaning of customer satisfaction, methods for evaluating it, and models for analyzing it (Liu, 2023).

Satisfaction is based on customer perception. Since customers' intuitive feelings and evaluations of products and services are subjective, satisfaction inherently has subjective characteristics. It is closely related to factors such as the customer's age, economic status, education, consumption habits, and lifestyle. Due to individual differences, people have varying levels of demand and different evaluation standards for products or services. Therefore, satisfaction is characterized by hierarchical differences. Additionally, Satisfaction has a phased characteristic. It is derived from the process of repeated use and comparison, and thus it is phased.

There are two main concepts of customer satisfaction in theoretical discussions. The first is customer satisfaction for a particular transaction. This perspective views customer satisfaction as an evaluation of a specific transaction, providing assessment information about a particular product or service. The second is cumulative customer satisfaction. In contrast, cumulative customer satisfaction evaluates the overall purchase and consumption of products and services over different periods. It serves as

a fundamental evaluation standard for the past, present, and future performance of entities providing products and services. The measurement of service satisfaction in this article is based on the elderly's satisfaction with services after receiving home care. Since the elderly often receive specific home care services over a certain period, and the survey subjects are not receiving services for the first time, the definition of satisfaction leans more towards the latter. That is, the satisfaction referred to in this article is the overall evaluation of the quality of elderly care services received by the elderly after receiving home care services. This judgment is derived from the experience of receiving services and whether the services meet the needs of the elderly.

Based on the customer satisfaction model of inconsistent expectations, Oliver (1980) proposed that the difference between a subjective understanding of products and objective feelings about services impacts customer satisfaction. Many scholars support the idea that satisfaction is influenced by expected quality. Churchill (1982) emphasized that service satisfaction is determined by the difference between the actual service and the original service expectations. Berden believes that customer satisfaction results from comparing the product or service one receives with prior expectations. Parasuraman et al. (1985) proposed that the ratio between perceived performance and expectations is key to maintaining customer satisfaction, and they decomposed the gap between performance and expectations into five forms. Overall, the formation of customer satisfaction includes customer expectations, and the gap between customer perceptions and quality perception also directly impacts satisfaction. Customer satisfaction is best suited to reflect the function of quality perception and the gap. After the 1990s, customer satisfaction theory emerged as a new management philosophy and quickly gained popularity worldwide, particularly in developed countries.

With the support of satisfaction theory, the customer satisfaction model has also developed rapidly. At the macro level, countries around the world have established their specialized customer satisfaction evaluation models. These models are constantly revised and improved in practice, and they play a role in analyzing, evaluating, and predicting national economic systems. Typical satisfaction models include the Swiss

(SCSB), European (ECSI), American (ACSI), and Chinese Customer Satisfaction Model (CCSI). These four models commonly select variables such as expected quality, perceived quality, customer satisfaction, and customer satisfaction as a latent variable. In practical applications, corresponding models can be constructed based on the characteristics of products and services. Among them, the American Customer Satisfaction Model (ACSI) is widely used by scholars. In 2001, Tsinghua University drew on the ACSI and ECSI customer satisfaction models. Through research and comparison, it was found that ACSI has a more solid theoretical foundation and higher authority. This explains why ACSI is recognized and widely used in academic research applications. This study uses this model as the basis for research. The structure of the ACSI model is shown in Figure 2.3.

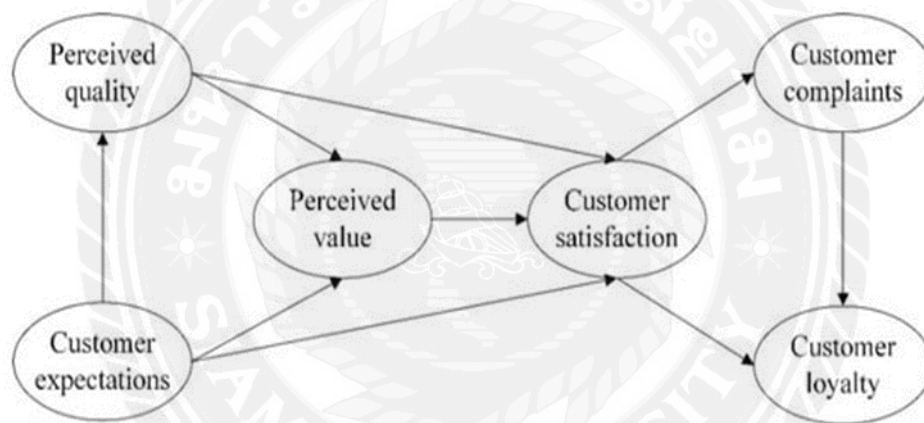


Figure 2.3 ACSI Model Diagram Ref. (Fornell, 1996)

When setting variables, the ACSI (American Customer Satisfaction Index) divides customer satisfaction into cause variables and result variables. The cause variables include customer expectations, perceived quality, and perceived value, while the result variables are customer complaints and customer loyalty. Anderson and Fornell (1996) identified customer perceived quality, customer expectations, and perceived value as the cause variables of customer satisfaction, with customer complaints and customer loyalty serving as the result variables. Forehlieh and Weleh (1996) proposed that customer expectations have a direct and significant negative correlation with perceived quality and perceived value, which in turn affect customer satisfaction. Forza and Filippini (1998) suggested that customers' perception of quality

and value directly impacts their satisfaction. Albrecht (1996) noted that perceived value has a direct influence on customer satisfaction. Oliver (1981) introduced the concept that company image (brand image) affects customer expectations and satisfaction perceptions, particularly in the context of community home care services.

Integrating these scholarly perspectives, customer satisfaction is determined by customer expectations for service quality, as well as their perceptions of quality and value. Customer expectations, perceived quality, and value perceptions all directly influence satisfaction. Perceived quality, perceived value, and customer expectations are the three key determinants of ACSI. The research model presented in the subsequent sections of this study is constructed based on these three determinants.

2.3 Elderly Care Services Concept

Before establishing an analytical framework and conducting investigation, it is essential to clarify the main concepts involved in this study and strive to build academic research on a foundation of understandable and discussable consensus.

2.3.1 Socialized Home Care Services

Elderly care involves providing support to the elderly, treating them as recipients of care. The elderly care provider offers economic and service support to meet the needs of the elderly (Zhao, 2024). From the perspective of the elderly's needs, aging is accompanied by significant physiological and psychological decline. Conditions such as hypertension and diabetes are common, weakening the elderly's ability to work and care for themselves. These health issues can also lead to psychological disorders, resulting in low self-esteem, loneliness, and depression (Fan, 2022). The combined decline in labor capacity, self-care ability, and mental self-support means that the elderly increasingly need economic support, daily care, and spiritual comfort. These needs often exceed their capacity to provide for themselves, leading to the emergence of elderly care issues. The root cause of elderly care problems is the dependent needs of the elderly, which exceed their capabilities and must be

addressed in their later years (Wu, 2023). These dependent needs can be categorized into three major areas: economic support, daily care, and spiritual comfort.

In traditional societies, the family was the sole provider of elderly care, assuming almost all responsibilities. However, with societal changes, the risk of elderly care has intensified, and traditional family care has been severely impacted. Elderly care issues have evolved from family matters into broader social problems (Wu, 2024). Consequently, the government, society, and market forces have gradually become involved in elderly care, taking on increasing responsibilities. Based on this analysis, this article defines elderly care as the process where actors such as the family, government, market, and society provide economic support, daily care, and spiritual comfort to the elderly.

Home-based care is a model distinct from traditional family care. Traditional family care originated in agricultural societies, with kinship as the basic support system and the family as the unit of responsibility. In contrast, home-based care emerged in industrial societies, with social relations as the basic support system and the family, government, and society sharing responsibility (Ma, 2023). The fundamental difference lies in the responsibility-bearing entities: traditional family care emphasizes the family's unilateral responsibility, while home-based care emphasizes shared responsibility among the family, government, and society. Home-based care combines the strengths of traditional family pensions and socialized pension security. It refers to the elderly living in their own homes, supported by a highly developed social pension security and service system (Wu & Li, 2024). The basic characteristics of home-based care include:

1. The elderly live at home, maintaining their familiar lifestyle and relationships.
2. There are reliable pension security and a stable financial source, reducing dependence on children and family.

3. Mature social services are available, enabling the elderly to easily access services such as catering, shopping, housekeeping, nursing, medical care, and emergency assistance, as well as cultural, learning, communication, and entertainment services.

Home care is the most important form of social care in China. More than 92% of the elderly in China choose the home care model. There are four main reasons for this: First, the traditional home care function is weakening, but the traditional Chinese "home" cultural foundation of China has basically not been shaken; secondly, the independence of the elderly is increasing, but they still have a strong spiritual dependence on their children; thirdly, China is not yet rich, and the country can only provide basic security at this stage, and play the role of the family to Fourth, socialized elderly care is advancing in various places, but the family is still an irreplaceable important resource and primary responsibility for elderly care.(Wu, 2023) The practice has proved that home-based elderly care is a basic elderly care model that is in line with China's current and future national conditions. To build a social elderly care service system, we must continue to consolidate and give full play to the basic role of the home-based elderly care model.

Elderly care services refer to various services that guarantee the lives of the elderly, based on their social care needs, to maintain and improve their quality of life (Wu & Li, 2024). These services are provided by various social forces, including families, governments, markets, and third parties. The content of elderly care services has expanded from basic needs such as food and shelter to a broader range of services, including dietary needs, living environment, health care, safety, emotional support, mental health, cultural entertainment, and social interaction. This article categorizes them into two main parts: basic life needs services and spiritual life needs services.

Basic life needs services for the elderly cover several key aspects, including dietary needs, living environment, health care, and safety assurance. These services aim to ensure the quality of life for the elderly. Specifically:

Dietary Needs: Providing balanced nutrition and easy-to-digest food, regularly evaluating dietary status, and adjusting meal plans according to the elderly's special needs.

Living Environment: Ensuring a safe, comfortable, and barrier-free living environment with appropriate temperature, humidity, and ventilation, and equipped with necessary assistive facilities such as handrails and non-slip floors.

Health Care: Offering regular health checks, preventing and managing common diseases, and providing necessary medical care and rehabilitation services.

Safety Assurance: Ensuring the safety of the living environment, providing safety education, improving safety awareness, and offering quick rescue and support in emergencies.

Basic life needs services form a comprehensive system aimed at meeting the elderly's fundamental needs in diet, housing, health, and safety, enhance their quality of life and sense of happiness.

Spiritual life needs services aim to meet the emotional, psychological, cultural, and social needs of the elderly to improve their spiritual well-being and happiness. Specifically, these services include:

Emotional Support: Increased companionship and communication from family and friends, understanding their living conditions and psychological state, and respecting their autonomy and independence.

Mental Health: Providing professional counseling and treatment services, conducting mental health education activities, and helping the elderly address psychological issues.

Cultural Entertainment: Offering rich cultural and entertainment activities to enhance the physical and mental health of the elderly, and organizing interest groups for pleasure and satisfaction.

Social Interaction: Providing social opportunities, helping the elderly build social networks, and enhancing social support to make them feel the warmth of the family and the care of society.

In summary, spiritual life needs services form a comprehensive system that, through emotional support, mental health, cultural entertainment, and social interaction, creates a healthier and happier living environment for the elderly.

To sum up, **socialized home-based elderly care services** refer to the elderly spending their later years in their own family environment, while various social forces such as the family, government, market, and third parties provide comprehensive support and services. These services include dietary needs, living environment, health care, security, emotional support, mental health, cultural entertainment, and social interaction. Through social resource support, the elderly can enjoy their old age at home, maintaining their independence and dignity while improving their quality of life and well-being. Socialized home care services can be understood from several aspects:

Socialization: The transformation of elderly care services from traditional family or institutional care to a form of social participation, emphasizing that the whole society pays attention to and assumes the responsibility of caring for the elderly.

Home Care: The elderly can live in their familiar and comfortable home environment, receiving the care and services they need without being confined to institutionalized nursing homes.

Protection of Rights: Socialized home care services aim to protect the rights and independent choices of the elderly within the family.

Social nursing care services have characteristics of both private and public goods. In 2011, the Ministry of Civil Affairs proposed classifying social elderly care services into basic and selective services based on their nature (Wu & Li, 2024).

Basic Services: These are essential for the survival and basic life of the elderly. Led by the government and funded by the state, they provide basic life care, health, and

spiritual and cultural services to all elderly people, with a focus on supporting those in economic difficulty, orphans, the disabled, and other vulnerable groups.

Selective Services: These are paid services beyond basic elderly care services, provided to elderly citizens with effective needs.

Basic services are public goods, while selective services are private goods. As China's economy develops and public financial resources grow, the quality of social existence and development will improve. The form and content of elderly care services will continue to evolve, reflecting the changing needs of the elderly. The survival needs of the elderly will continue to rise to spiritual and developmental needs, driving innovation in basic social elderly care services and enriching their content.

2.3.2 Supply of Rural Elderly Care Services

The supply of rural elderly care services involves providing various care services to meet the social needs of the rural elderly population. As the economy develops and society progresses, the concept of "elderly care" has evolved beyond mere economic support through pension payments to a stage that emphasizes the availability, satisfaction, and dignity of elderly care services. Services are distinct from physical objects, products, and commodities in that they meet specific needs through labor, both paid and unpaid.

To study the supply of elderly care services, it is essential to clarify five basic questions, often referred to as 4W1H:

Why provide elderly care services?

Who will provide these services?

Whom are the services provided to?

What is the specific content and items of the elderly care services?

How are these services delivered?

In academic circles, there are two main approaches to the supply of elderly care services: family-based elderly care service supply and socialized elderly care service supply.

1. Family-Based Elderly Care Service Supply. Family-based elderly care services are the care and end-of-life support provided by children to their parents. This reflects the inter-generational division of responsibilities within the family and the inherent requirements of the long-term reciprocity mechanism between family members. The family is a living community based on marriage, blood, or adoption. Historically, the family became the basic unit of society and the most fundamental living unit for people only after the emergence of private ownership (Teng, 2023). Family elderly care refers to the function of the family in allowing the elderly to spend their old age comfortably through the support of family members. It is a form of back-feeding elderly care based on lifelong accumulation and inter-generational exchange within the family (called the "feedback mode"). Particularly in agricultural societies, where the state and society lack mechanisms to guarantee the basic livelihood of social members, the family serves not only as the basic unit of production and consumption but also performs the social functions of raising children and providing for the elderly. Family care is the most traditional form of elderly care and is a non-institutional and informal care arrangement (Su, 2022). Globally, support for the elderly is still primarily handled by families.

2. Socialized Elderly Care Service Supply. Socialized elderly care service supply refers to the ways of meeting the elderly care service needs that arise from changes in social and family structures after humans entered industrialized society. This includes elderly care services provided by families and those provided by multiple entities such as governments, social organizations, and market enterprises. The former is mainly the spontaneous help and support provided by the elderly's spouses, children, other relatives, friends, and neighbors, while the latter refers to service supply and need-satisfaction behaviors that focus on subjects outside the traditional support network (Wu, 2018). It is important to note that some scholars consider socialized elderly care

and family elderly care as two relative concepts. This study adopts the perspective that socialized elderly care includes family elderly care (see Figure 2.3). The elderly care services provided by various social entities offer strong support to the supply of home care services.

The supply of rural elderly care services is a multifaceted process that involves both family and socialized care. Understanding the motivations, actors, beneficiaries, content, and delivery mechanisms of these services is crucial for developing effective elderly care systems. By integrating family-based and socialized care, rural communities can better meet the evolving needs of their elderly populations, ensuring their well-being and dignity in their later years.

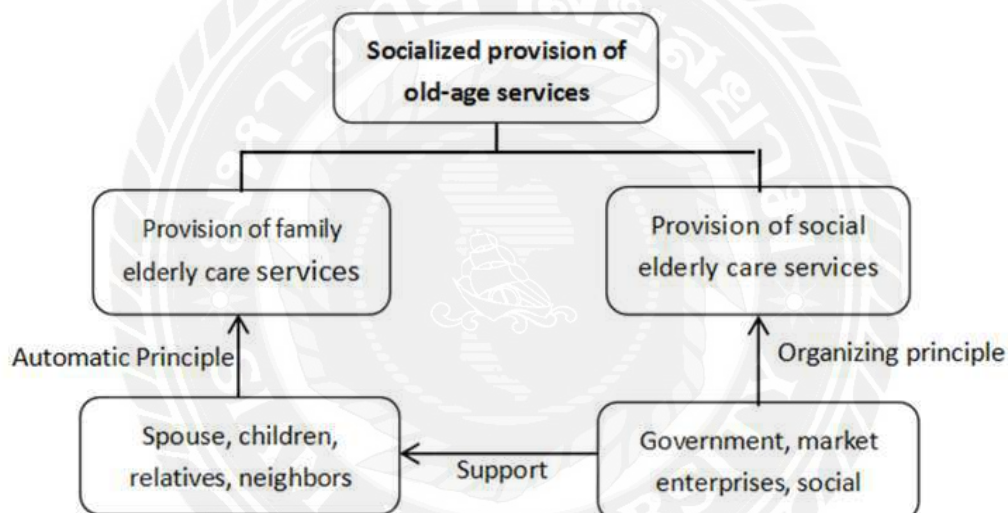


Figure 2.4 Concept of Socialized Elderly Care Service Supply

Researcher (2024)

The elderly care service supply model is a summary and understanding of the core elements and typical characteristics of elderly care service supply within a certain country or region. Generally speaking, this model is a regular summary and refinement of the configuration and organization of the basic elements of elderly care services. These elements include service objects, service subjects, service content, funding sources, delivery mechanisms, etc. The fundamental difference between different elderly care service supply models lies in the supply subject, and the core lies in the distribution of responsibilities of the supply subject.

It is worth noting that while there are many classifications of elderly care models, there are relatively few mentions of elderly care service supply models. Generally, the elderly care service supply model can be divided into traditional family supply and social supply models; there are also welfare supply and commercial supply models. The former operates according to the welfare service mechanism, while the latter operates according to the market mechanism. This is reflected in the service purpose, functional positioning, and charging methods, all of which are different. There are also definitions based on different organizational platforms, focusing on the location and place of elderly care. These include home-based elderly care service supply models, community-based elderly care service supply models, and institutional elderly care service supply models.

The home-based elderly care supply model refers to providing elderly care at home, where the elderly live alone or with their spouses, unmarried or married adult children. This is the most common elderly care model in China. Home-based elderly care services differ from traditional home-based care provided by family members. They are an external support service that leverages the strength of the state, region, and community to provide home-based elderly care services. This model typically involves hiring nannies, housekeepers, neighborhood offices (village offices), and other relevant services and intermediary services provided by collectives. Home-based elderly care service stations and volunteers also play a role in this model.

The community-based elderly care model is also a method of elderly care advocated abroad. Some countries and regions are actively building "age-friendly communities," where the infrastructure and services of the community where the elderly live can effectively meet their needs. This allows the elderly to receive care and actively participate in the community, thereby realizing their value. Community-based elderly care services generally refer to various elderly care services organized on a community basis. These services integrate and organize all aspects of the community where the elderly's families live, providing various elderly care services to the elderly

living in the community. This model serves as a bridge between home and institutional care services, offering both daycare and home care support.

The institutional elderly care model involves social institutions providing centralized support services for the elderly over 60 years old, with the elderly living in elderly care institutions all year round. These institutions include nursing homes, retirement apartments, and hospice care facilities. Institutional elderly care services refer to the elderly living in elderly care institutions and receiving care services provided by institutional staff. China's elderly care service agencies include those specializing in the adoption of "three-nos" (elderly people over 60 who cannot work, have no source of livelihood, and have no supporters or supporters who are unable to provide support) and "five-guarantees" (elderly people supported by rural collective economic organizations or street offices). These institutions can be further divided into public welfare nursing institutions, private non-profit, and for-profit nursing institutions.

Both home-based and community-based elderly care services do not require the elderly to leave their familiar living environment, hence they are also called "in-place elderly care." This contrasts with institutional elderly care services.

In Chinese society, the government has always played a backstopping role as an indispensable provider. The traditional concept of raising children to provide for old age is still deeply rooted in rural areas, and family care for the elderly still occupies an important position. However, the emphasis on rural elderly care services has deepened, and the supply entities have gradually diversified. Only through the intervention of social forces can the diversification of elderly care needs be realized. Rural elderly families and all sectors of society provide services in all aspects of their lives to meet their elderly care needs. These services constitute the content of rural elderly care services. They not only include the care of the elderly's daily life by family members but also include the policies, systems, and institutions established by various entities in society. Whether provided by families or society, these services are designed to meet the elderly care needs.

Among them, the home-based elderly care service system is China's traditional elderly care model, which has lasted for thousands of years and is still the most preferred way of elderly care for the majority of rural elderly. This kind of elderly care model mainly relies on family members, including the elderly themselves, children, spouses, relatives, and friends. Its biggest advantage is that it meets the desire of the elderly to spend their later years surrounded by the warm atmosphere and affection of family. However, with the changes in rural lifestyles and the development of the economy, a large number of laborers have gone out to work, causing many elderly people to become "left-behind elderly." The function of this family pension model has been weakened, and the service system that relies solely on the strength of one's own family to provide elderly care is very difficult to meet the needs of the elderly for the quality of elderly care services. In this situation, where the contradiction between supply and demand is prominent, various policies, systems, institutions, and other support provided by the government and other social entities have played a huge role in ensuring that rural elderly can have a secure life. Where there is demand, there must be supply. The rural elderly care service supply system emerged and developed under the background that the function of family elderly care services in China's rural areas has been greatly weakened.

2.3.3 Demand for Rural Elderly Care Services

People's needs can be categorized into different levels, ranging from basic to advanced. In this context, we can divide rural elderly care service needs into three tiers: survival needs, development needs, and enjoyment needs.

At the most fundamental level, survival needs pertain to rural elderly individuals who are unable to care for themselves and whose basic survival is not guaranteed. These individuals require families or society to provide the means to ensure their survival, including material assistance to maintain their basic needs for food, clothing, and normal living conditions.

The second tier, development needs, represents an advancement in the concept of rural elderly care. It goes beyond merely meeting the basic daily life requirements of the elderly. A crucial aspect of this level is ensuring the value and dignity of the elderly. Having contributed their entire lives to society, the elderly, upon entering old age, especially hope to be respected and feel needed. This level emphasizes the importance of recognizing and honoring their contributions.

The highest level of need is enjoyment, which is expected to increase with economic development and social progress. This level encompasses a range of positive feelings such as appreciation, relief, recognition, and comfort that rural elderly individuals experience in their interactions with life, society, and themselves. These three levels should be distinguished in rural elderly care services and should be considered when supplying these services, with the goal of satisfying each level and continuously improving the quality of rural elderly care services.

Elderly care needs refer to the individual's requirements for physical, psychological, economic, cultural, and social support after entering old age. At the objective level, increasing age leads to the deterioration of physical functions, necessitating daily care and medical services. At the subjective level, the elderly have desires for social participation and self-development within their social environment.

Elderly care needs can be broadly categorized into four main aspects:

Life Care: As age increases, the elderly's ability to care for themselves declines, making it difficult for them to meet their basic needs for food, clothing, housing, and transportation. At this stage, families, communities, and elderly care institutions need to provide daily care services.

Health Care: With the continuous decline of physiological functions, the elderly are highly susceptible to diseases. Therefore, they have a significant demand for services such as home medical care, accompaniment to medical appointments, rehabilitation care, hospice care, and access to affordable medications.

Spiritual Comfort: The older the elderly become, the more likely they are to experience feelings of spiritual emptiness. To enrich their spiritual lives, they need services such as psychological counseling, companionship to alleviate boredom, holiday companionship, and legal aid.

Social Participation: When their health conditions permit, the elderly should actively engage in social activities, including political, economic, and cultural activities. They should strive to integrate into society and utilize their remaining energy to fulfill higher-level spiritual needs.

Currently, academic circles classify the elderly's care needs into economic, daily care, health care, and spiritual needs. The economic needs of the elderly refer to financial support, which falls under the domain of financial security. Various other services correspond to these needs (see Table 2.1). The security goals are survival, life, and development, with security levels ranging from low to high. Compared to other age groups, elderly care services have unique requirements. The physical functions of the elderly are in a state of continuous decline, making it difficult for them to meet their basic survival and living needs through their own efforts. They must rely on facilities or the help of others, highlighting their instrumental needs (McInnis-Dittrich and Kathleen, 2008). This kind of assistance, stemming from the lack of survival and living capabilities of the elderly, is characterized by routine and professionalism. From this perspective, elderly care services encompass various forms of paid or unpaid labor that meet the special needs of the elderly, with the core being care services.

Table 2.1 Classification of the Needs and Service Needs of the Elderly

Elderly care needs	Elderly care service needs	Security goal	Security level
Economy needs		Survival	Low
Care needs	Daily care needs	Survival and normal life	Lower
Health needs	Medical care	Normal and productive life	Medium
Spiritual needs	Spiritual comfort; Cultural entertainment needs	Self-actualization	High

Researcher (2023)

When families are unable to meet the elderly's needs for care services, they increasingly turn to other supply entities such as the government and society. This shift creates a demand for social elderly care services. The elderly's demand for these services refers to the types and quantities of care services that the elderly are willing and able to obtain within a certain period, at a certain price level, and under specific conditions of scarcity. In essence, the demand for elderly care services is the socially recognized need for these services, backed by the willingness and ability to pay.

Scarcity is the premise for the demand for social elderly care services, while willingness and purchasing ability are the key factors that shape this demand. Scarcity emphasizes that the demand for social elderly care services originates from the need for such services, though it does not imply an absence of supply. Willingness reflects the elderly's subjective choice to recognize and utilize various specific care services to maintain and improve their quality of life. Purchasing ability, building on the first two factors, refers to the financial capacity to obtain social elderly care services.

2.3.4 Satisfaction with Elderly Care Services

Satisfaction is a psychological state that reflects the pleasure people feel when their wishes are fulfilled. It serves as a measure or evaluation of how satisfied individuals are with their circumstances. The concept of service satisfaction originated from customer satisfaction in the business sector. It refers to the degree of inner satisfaction experienced by customers when they receive a service, reflecting the alignment between their expectations and their actual experiences. Research in this area not only helps determine customers' satisfaction levels with specific products or services but also identifies repurchase and recommendation rates. It is an effective tool for pinpointing consumer needs, addressing service issues, and maximizing the value of goods.

Elderly care service satisfaction refers to the extent to which the elderly evaluate the content and quality of services provided by care service providers. It measures how well the elderly's living conditions align with their expectations, reflecting their overall satisfaction with their care. Essentially, retirement satisfaction is an evaluation of the elderly's overall quality of life during their retirement years. It is not just an assessment of a specific aspect but a comprehensive evaluation of their entire retirement experience. This is a crucial indicator for measuring the effectiveness of elderly care services, customer satisfaction, and service quality. Generally, elderly care service satisfaction can be evaluated from several aspects:

1. Service Content Satisfaction: Seniors often expect comprehensive, round-the-clock care and attention. Therefore, elderly care service providers should offer targeted and personalized services, including diet, daily living, hygiene, rehabilitation training, and other aspects. The service content should not only meet the basic needs of the elderly but also address their spiritual needs, such as providing entertainment activities and social interactions. Meeting the diverse needs of the elderly is key to achieving higher satisfaction levels.

2. Service Quality Satisfaction: Service quality is a critical factor influencing the satisfaction of the elderly. Providers should possess professional knowledge and skills to deliver high-quality services. This includes employee training, facility maintenance, and efficient service processes. The elderly expect considerate, thoughtful, and warm services. Only when they feel the care and attention of the service provider can they be satisfied with the service quality.

3. Relationship Satisfaction: Elderly care involves relationships between older adults, service providers, caregivers, and other seniors. Positive interpersonal relationships can enhance the happiness and satisfaction of the elderly. Providers should respect the needs and opinions of the elderly, establish friendly relationships, and enhance communication and understanding. Social interactions among the elderly are also important. Participating in activities and helping each other can strengthen social support and a sense of belonging.

4. Environmental Comfort and Safety: Environmental comfort includes satisfaction with indoor and outdoor environments, accommodation conditions, and facilities. The living environment for the elderly should be quiet, clean, and warm, providing privacy and convenient facilities. Safety assurance involves the life, physical, and property safety of the elderly. Providers should implement comprehensive safety management measures to ensure the safety of the elderly's daily lives and provide necessary assistance and response measures.

5. Cost Reasonableness Satisfaction: Seniors and their families are often concerned about the cost and payment methods of elderly care services. Providers should set reasonable prices and ensure transparency and fairness in service fees. Additionally, the government should enhance economic subsidy policies for elderly care services to reduce the financial burden on the elderly and their families, thereby improving their satisfaction with these services.

In summary, elderly care service satisfaction is a comprehensive evaluation of the service content, quality, interpersonal relationships, environment, and safety provided by care service providers. This study defines socialized home-based care

service satisfaction as the elderly's overall satisfaction with the services they receive, reflected in their service satisfaction, willingness to receive services again, and willingness to recommend these services to others.

Socialized home-based elderly care services are provided by multiple entities within different resource networks. Therefore, to assess the satisfaction of the elderly with community home-based care services, it is necessary to examine the satisfaction levels of both the service supply entities and the supply network. To enhance elderly care service satisfaction, providers need to focus on the needs of the elderly, offer comprehensive and personalized services, and improve service quality and interpersonal relationships. The government should also increase investment in elderly care services, protect the economic rights of the elderly, and provide a conducive environment for these services.

As a public product for the elderly, socialized home-based elderly care services will directly influence the future direction of government policies on elderly care and welfare. They will also shape the development and innovation trends of China's future elderly care methods. Therefore, it is of practical significance to regard the elderly as consumers of care services and study their satisfaction with the services they receive.

2.4 Review of Relevant Literature

According to the conceptual framework, the review of relevant literature review in this chapter mainly analyzes four aspects: the concept of elderly care services, the demand for elderly care services, the supply of elderly care services, and the satisfaction of elderly care services.

2.4.1 Research on the Concept of Elderly Care Services

In China, scholars have identified several critical issues and trends in the development and implementation of elderly care services. Zhao and Yan. (2021) emphasized the importance of clear direction in the construction of elderly care service systems. Without it, there is a risk of unclear positioning and functional confusion

regarding elderly services, as well as role ambiguity between the government and the market.

Liu (2023) highlighted that China's focus on elderly care services is insufficient, with local government planning often prioritizing economic development. In regions with underdeveloped economies, financial constraints limit the development of rural elderly care services, and there is a lack of dedicated funds to ensure the normal operation of these systems. As a result, both the hardware and software aspects of elderly care services are severely lacking. While "socialized home-based elderly care" has the potential to mobilize social resources, it currently lacks sufficient policy support to attract capital inflows.

Zeng and Tang (2023) pointed out conceptual misunderstandings in China's elderly care service development. The state's responsibilities and roles have not been fully realized, families still bear excessive burdens, and the rights of the elderly are inadequately protected.

Some scholars have conducted in-depth research on various policy areas related to elderly care services, including fiscal, tax, and land policies. Xie (2022) noted that although China has introduced a series of preferential policies to encourage social forces to establish elderly care institutions, the actual implementation has been inadequate. Institutional and policy barriers suppress the participation of private sectors, such as enterprises and non-profit organizations, in the supply of elderly care services. Private nursing homes face significant institutional and resource challenges, and the government encounters regulatory difficulties in the access and management of these institutions. For instance, while "access" systems exist, they are still in the exploratory stage, and "exit" systems are virtually non-existent.

Han and Sun (2023) advocated positioning elderly services as a public service industry, combining welfare and market characteristics to mobilize the enthusiasm of both the government and the market. The elderly care service industry requires a "proactive government + effective market" approach, with clear roles for each. The

government should focus on formulating and supervising regulations, improving top-level design and standardization, and allowing the market to play a decisive role.

Zhang (2022) outlined three stages in the evolution of China's social elderly care service policies: the exploration stage, the initial stage, and the start-up stage. During the exploration stage, the value concept of social elderly care was established. In the initial stage, social forces were encouraged to participate in development. In the start-up stage, the integration of medical and elderly care services was promoted.

Zhang (2019) highlighted urban-rural disparities in the development logic of China's elderly care services. While urban elderly care service policies and social organizations have played a positive role, rural areas face varying degrees of policy failure and implementation challenges.

These studies underscore the need for clear direction, adequate policy support, and balanced government-market roles in the development of elderly care services in China. Addressing these issues is crucial for improving the quality and accessibility of elderly care services, particularly in rural areas.

2.4.2 Research on the Supply of Rural Elderly Care Services

1. Research on the Supply Entities of Elderly Care Services

The question of "who should provide elderly care services" has been widely discussed among scholars. Chen (2019) argued that market entities, which seek maximum economic benefits, are reluctant to organize the production of public services, especially unprofitable quasi-public services. However, the community care model, which has achieved significant success in the West, insists on a cooperative path that combines community services with resident participation. Su (2022) categorized community care into formal and informal care. Informal care refers to support from family members, friends, and neighbors, while formal care involves services from the private sector, volunteers, charities, and community groups. Key aspects of elderly care service supply as following:

(1) Self-Supply as the Mainstay. Jiao (2023) advocated for self-care among the elderly, noting that as a developing country, China's limited resources cannot be quickly invested in the elderly cause. Assistance from family, society, and the government involves a complex and lengthy process, with inevitable interruptions. Therefore, self-care for the elderly is highly necessary under these national conditions.

(2) Household Supply as the Mainstay. When analyzing the supply and demand contradiction for elderly care in China, scholars believe that the elderly have irreplaceable expectations for their families, both in terms of life care and spiritual comfort. However, some scholars pointed out that family-provided care is non-professional and often fails to meet the comprehensive needs of the elderly. Thus, relying entirely on family members to provide elderly care services is not the best choice from either a quality or economic perspective.

(3) Social Supply as the Mainstay. Su (2024) examined the public goods attributes of social insurance and explored the theoretical basis for the government's role in social security. Wang (2022) argued that a single government-led system cannot effectively meet the increasingly diverse welfare needs of the elderly. Market mechanisms and competition should be utilized to introduce institutions, individuals, and volunteers to provide more welfare services, thereby meeting the diverse needs of elderly care. Wang (2019) suggested that social and public welfare non-governmental organizations are an effective way to enhance the socialization of elderly welfare. Sun, Juanjuan, Tian and Chen (2023) used data from the 2020 "China Elderly Health Tracking Survey" to demonstrate that social care can replace family care to some extent.

(4) Diversified Supply as the Mainstay. Many Chinese scholars have proposed the idea of multiple entities participating in the supply of elderly care services. Li (2023) suggested categorizing the main providers of elderly care services into three types—family, society, and self—based on the three support sources: economic support, life care, and spiritual comfort. Wang and Yu (2024) analyzed the transformation of China's rural elderly care model from a monistic to a pluralistic approach from the perspective of socialized production. Pan (2023) examined the four major supply systems of rural

elderly care security in China: family, community, market, and government. Ren (2023) emphasized integrating the resources of families, communities, and welfare institutions to build a comprehensive elderly care service system. Wu (2023) proposed constructing a three-dimensional social elderly care service guarantee model integrating government, society, clan, network, and family. Han and Zhang (2023) suggested building an online elderly care service platform, noting that the traditional elderly care service system cannot meet the increasing needs in terms of infrastructure and related services.

As research deepens, more scholars believe that the supply of elderly care services should be diversified. However, some issues have been identified in the process of diversified research. Li (2022) pointed out both theoretical and practical difficulties in the supply of elderly care services in rural China. The overemphasis on diversified entities such as families, village self-governance organizations, community organizations, private elderly care institutions, and social support organizations has led to the phenomenon of the government offloading its responsibilities to the market, society, and families. This has made diversified supply an excuse for the government to shirk its responsibilities for rural elderly care.

Zhang (2023) identified failures in the supply of elderly care services in rural China, including family failure, community failure, and government failure. Chen and Bian (2023) highlighted the lack of comprehensive elderly medical service policies, ineffective elderly life security policies, and insufficient spiritual comfort services in rural areas compared to urban areas. They proposed countermeasures to improve the multi-level elderly care security system in rural areas, promote the construction of elderly care service facilities, enhance the level of diversified elderly care services based on demand, build a service system primarily based on home and community care with supplementary rural mutual assistance care, and strengthen the construction of the rural elderly care service talent team.

The demand for elderly care services is showing a diversified development trend. Some successful experiences and practices from urban areas are not suitable for

rural regions, where the supply-demand contradiction is more pronounced. Therefore, clarifying the relationship between multiple supply entities is a critical issue that needs to be addressed.

2. Research on the Supply Model of Elderly Care Services

The main supply models of elderly care services in China include family-based elderly care, community home-based elderly care, and institutional elderly care.

(1) Family-Based Elderly Care

The family-based care model has garnered significant international attention. In 1982, the United Nations' International Plan of Action on Aging emphasized that "families should be helped, protected, and strengthened according to the needs of elderly family members. "Decker (1980) discussed in "Sociology of the Elderly" that the family is a fundamental institution for elderly care, noting that "no field is more closely related to our destiny than our relationship with our family. We cannot do without our family."

However, the function of family-based elderly care is increasingly weakening. Peter McDonald (1986) from the Australian National University identified five factors that determine a family's ability to provide elderly care: cultural context, demographic availability of family members, geographical proximity of family members, financial capacity of family members, and willingness to provide care. Changes in any of these factors can lead to shifts in the family pension system, with population migration being a significant cause. American sociologist William Good (1970) pointed out in his book "World Revolution and Family Patterns" that industrialization and changes in family structures are parallel processes. The process of social modernization, accompanied by economic development, requires more laborers to leave their families and land, resulting in smaller family sizes. The nuclear family gradually becomes dominant, reducing the likelihood of the elderly living in traditional extended families and diminishing the social resources available to them.

Yuan (1987) noted that the outflow of labor due to rapid economic development has weakened the family's ability to support the elderly, with the stem family replacing the joint extended family as the basis for family care. Hashimoto (2013) identified population, politics, economy, and culture as the four macro-level factors affecting family care for the elderly, highlighting that population aging, changes in family structure, and population migration reduce the care resources available to the elderly.

From the perspective of consolidating the status of family-based elderly care, Zhang (2022) argued that family-based elderly care plays a unique role in China's elderly care system and occupies a fundamental position. He discussed the special status of family-based elderly care in China, referencing the Vienna International Plan of Action on Ageing, the United Nations Principles for Older Persons, and the Declaration on Ageing, as well as examples from Austria, Singapore, and South Korea. Specifically, he proposed three approaches to supporting family-based elderly care:

Directly strengthening the family care function.

Enhancing social security to support family-based elderly care.

Promoting self-security to support family-based elderly care.

Su (2022) suggested that rural areas should adopt a model combining "family self-care and mutual-help care for the elderly, supplemented by social support." This model emphasizes the "autonomy" of rural families and incorporates some aspects of community care, though it does not explicitly propose rural community care for the elderly, focusing instead on family mutual-help care.

From the perspective of changing family-based elderly care, Bai (2021) noted that family-based elderly care remains the primary method in rural China. However, shrinking family sizes, increasing numbers of only children, growing numbers of nuclear and empty-nest families, weakening filial piety among the next generation, changes in wealth transfer within families, diminishing land security functions, and uncertain alternative economic sources for farmers have all posed unprecedented challenges to the rural family-based elderly care model. To address rural elderly care

issues, it is necessary to explore new methods based on the actual conditions in rural areas.

Li (2023) argued that the family-based elderly care model has been severely challenged by the market economy. Therefore, it is essential to establish a model that integrates family-based, social, community, and self-based elderly care. The problems brought about by social development have proven that simple family-based elderly care can no longer meet the needs of the elderly.

The family-based elderly care model, while traditionally dominant, is facing significant challenges due to social and economic changes. To ensure effective elderly care, it is crucial to strengthen the family care function, enhance social support, and explore new models that integrate multiple care approaches.

(2) Community Home Care

In 1991, the "Principles of the United Nations on Ageing" emphasized that "the elderly should live at home as much as possible and be cared for and protected by their families and communities." In 1992, the "Declaration on Ageing" adopted by the United Nations highlighted the importance of enabling the elderly to live at home for extended periods within the community. Community home care has become an increasingly popular trend. This shift is driven by two main factors:

First, in developed countries, governments encourage the elderly to "age in place" when formulating health and social care policies. This approach is defined as "continuing to live in the community with a certain degree of independence, rather than entering nursing institutions" (Davey et al., 2004).

Second, Cost and preference considerations have led to a transition from long-term institutional care to family and community care.

Three key advantages of community home care have gained widespread recognition:

First, Emotional Value: Community home care allows the elderly to remain in a familiar environment, cared for by both community organizations and relatives. This arrangement helps them stay connected to their social networks, easing their emotional stress and providing greater spiritual support (Mu & Zhu, 2019).

Second, Service Accessibility: This model offers a range of services, including meal assistance, cleaning, bathing, and medical aid, thereby improving the living standards of the elderly (Zhao & Li, 2019).

Third, Cost Efficiency: Community home care leverages public resources efficiently, resulting in lower daily expenses. It eliminates the need for building dedicated facilities, thus saving resources (Liu, 2017; Jiao, 2023).

Other scholars argue that the development of community home care services can enhance community governance capabilities (Liang Haiyan, 2019). Comparative studies have shown that community-provided care is the most convenient and suitable option for the elderly living at home (Liang, 2019).

In Western societies with well-developed social welfare systems, community home care aligns with the concept of "community care." Western scholars suggest that comprehensive community care should encompass family life support, welfare services, community medical and health services, and public facilities that facilitate communication, entertainment, learning, and daily living for the elderly. These services are summarized as providing both instrumental and emotional-psychological support (Moroney, 1998).

Countries such as Germany, Japan, Finland, Norway, the United States, and the United Kingdom have achieved high levels of elderly care services (Peng, 2018). For example, Germany categorizes the elderly based on their health status to provide comprehensive service coverage. Finland offers both daycare and on-site, free services. Japan provides integrated physical and mental health services for the elderly. Additionally, these countries refine the management of service personnel and items,

conduct effective assessments based on age, health status, and economic conditions, and tailor their services to meet the diverse needs of the elderly (Liu, 2023).

On this basis, community home care services should focus on the needs of the elderly, providing basic services such as daily care, housekeeping, health protection, and psychological and emotional support. They should also offer social activities, legal aid, and cultural and recreational services (Li, 2019). Attention should be paid to the stratification of the elderly population, with personalized and diversified services provided as needed (Liu, 2024).

Western scholars, recognizing the strong public service characteristics of developed countries, primarily focus on the government's role in providing elderly care services. However, some argue that public services should not be solely the government's responsibility. Savas (2000) suggested that the government needs to improve in four areas: marketization, decentralization, democratization of decision-making, and future public-private partnerships in the provision of public services (Frode & Mekki, 2012).

In the context of community home care services, both policymakers and academics have conducted extensive research. Two main consensuses have emerged:

First, the government should be the primary provider of elderly care services, with these services falling within the scope of public services (Mo, 2018). While the government may not directly provide the services, it should be responsible for policy-making, funding support, and supervision (Gai & Liu, 2019; Wang, 2019).

Second, the provision of elderly care services should be diversified, with the government, community, and social organizations sharing the responsibility (Gao, 2018). Based on the theory of welfare pluralism, the role of social organizations should be emphasized (Wang & Zhou, 2019), and private organizations and capital should be encouraged to enter the elderly care service market (Zhang, 2022). Clarifying the relationships among multiple stakeholders is essential; they should collaborate and integrate rather than compete (Zhang, 2023).

Despite its benefits, community home care faces several challenges, including:

- Incomplete supporting policies for elderly services (Cheng, 2019).
- Low levels of marketization in the industry (Li, 2019).
- Low professional standards among service personnel and limited-service content (Wang, 2019).

Addressing these issues, Chen, Weizhi. (2016) proposed improving the system and diversifying the main bodies to promote the healthy and sustainable development of the elderly care service market, based on practices in Shanghai, Qingdao, and other cities. Li (2023) emphasized clarifying the responsibilities of all parties involved in elderly services, with the government formulating policies, providing financial support, conducting scientific supervision, and ensuring high-quality community services.

Community home care allows the elderly to receive quality services while remaining in familiar surroundings. However, there is still significant room for improvement in China's community home care, particularly in rural areas.

(3) Institutional Elderly Care

Institutional elderly care is a model where the elderly live together in specialized institutions that provide professional care services. This model has a longer history in Western developed countries, where care institutions implement tiered management services based on the income levels and health status of the elderly. As a result, 5-15% of the elderly population in these countries opt for institutional care. For instance, a 2004 survey in the United States indicated that among the approximately 36 million people aged 65 and over, 4% resided in nursing homes, and 17% of those aged 85 and over chose to live in such institutions.

From the demand perspective, Zeng and Tang (2023) analyzed how individual characteristics of the elderly influence their demand for institutional care services. Han and Lin (2023) examined the impact of policy and social factors on this demand. From the supply side, Turrell (1998) studied elderly care services in British institutions and

concluded that independent care institutions have become the primary providers of long-term care for the elderly. In the United States, there are 16,628 elderly care institutions with 1.7 million beds and an occupancy rate of 86.3%. Notably, 25% of the elderly die in these institutions, and the annual mortality rate among residents ranges from 16-22%. Hospice care has also seen significant development within nursing homes.

In China, the state has specific regulations for rural nursing homes, outlined in the "Interim Measures for the Management of Rural Nursing Homes" (Ministry of Civil Affairs Order No. 1, 1997). These measures define nursing homes as rural collective welfare institutions and encourage various entities, including enterprises, institutions, social groups, and individuals, to establish and fund such facilities. Xian (2023) suggested that for rural elderly care issues, a combination of "institutional care" and "home care" through the establishment of collective service nursing homes could provide comprehensive and professional care while also offering the comfort, convenience, and warmth of home care. This approach integrates institutional, home-based, and community elderly care services.

Han and Shen (2023) found in their surveys that not only the elderly but also other residents had limited awareness of nursing homes, with some being unaware of their existence in their local areas. Chinese academic research primarily focuses on the preferences, needs, and influencing factors related to institutional elderly care. Zhang (2023) used data from the Chinese Longitudinal Healthy Longevity Survey (CLHLS) and the China Health and Retirement Longitudinal Study (CHARLS) to demonstrate that informal care significantly substitutes for formal care. Zhang and Zhang (2023) conducted a survey on the satisfaction of elderly care and services provided by care institutions, examining the status of services, the training of nursing staff, the operation of funds, and the quality-of-care services. They concluded that while care institutions play a crucial role in medical rehabilitation, spiritual comfort, and end-of-life care, there are issues with the quality-of-care services, which reduces the acceptance of the institutional care model among the elderly.

Zhu (2019) analyzed the reasons for the low occupancy rates of private elderly care institutions, finding that in the absence of fair competition, price determinism had not been established. The elderly, especially those who cannot care for themselves, have high expectations for the prices of private care institutions but are particularly attentive to the staffing levels of these institutions. Financial subsidies significantly impact the occupancy rates of private elderly care institutions.

Wang (2022) argued that cooperation between medical institutions and elderly care institutions, promoting the sharing and complementarity of medical and elderly care resources, is an effective way to address China's aging problem at this stage. Jiao (2023) suggested that the integration of medical care and elderly care operates as a new supply model for elderly care services, which can be combined with any elderly care model to realize integrated medical and elderly care services in various forms. Su (2022) noted that China lacks exploration and practice of integrated medical and nursing care service models in rural and ethnic minority areas.

A 2016 survey of China's nursing market by the Insurance Association of China revealed that with changes in economic income and social structure, the proportion of moderately and severely disabled elderly people choosing home care has significantly decreased. Instead, more are opting for senior apartments, nursing homes, and other professional care institutions.

2.4.3 Research on Demand for Rural Elderly Care Services

With the improvement of living conditions, the needs of the elderly have diversified across various aspects. Han and Zhang (2023) researched the demand for elderly care services, finding that the physical health and economic situation of the elderly are crucial factors influencing home-based care. Zhao (2021) noted that care for left-behind elderly in rural areas primarily falls into two categories: economic support and daily care. Bian (2022) proposed that elderly care services should encompass six basic functions: problem-solving services, support and assistance, medical care, spiritual comfort, social participation, and education for the elderly. Li (2023) and

others suggested mobilizing all available resources to build a diversified elderly life assistance system to meet the varying levels and types of needs of the elderly. The renowned American humanistic psychologist, A.H. Maslow, divided human needs into five levels: physiological needs, safety needs, emotional and belonging needs, esteem needs, and self-actualization needs. However, elderly care needs mainly focus on three aspects: financial support, life care, and spiritual comfort.

1. Economic Support

In the context of population migration due to urbanization, scholars' conclusions mainly fall into two categories. First, children's migration positively impacts the economic support of empty-nesters. Zeng (2019) argued that population migration might weaken parental authority and control over the younger generation, leading to inter-generational separation and eroding family support for the elderly. However, he also noted that financial assistance from migrant children can improve the welfare status of the elderly. Yin (2023) found that most left-behind elderly can survive through their children's support. A survey showed that about 58% of the elderly believed their living conditions would worsen if their children did not migrate. Second, children's migration does not change the economic support for the left-behind elderly but has a negative overall impact on their care. Most surveys and studies agree with this view. Adi (1996) surveyed West Java, Indonesia, and found that the economic status of some families was not improved after family members migrated. The income earned by family members after migration was insufficient to support themselves, let alone the elderly at home. A 2008 survey by the Institute of Gerontology of Renmin University of China in Guizhou and Henan provinces showed that about 63.7% of rural left-behind elderly relied on their own or their spouse's labor income, with only 16.3% receiving financial support from migrant children. Tian (2023) noted that many rural "empty-nest elderly" continue to work in agriculture to support themselves, as migrant children often provide very limited financial support. The reason is that although migrant workers earn more than farmers, many rural migrant children earn barely enough to sustain their own lives, and some cannot even guarantee their basic livelihood. Zhao (2021) survey in

Jiangxi Province, where the density of left-behind elderly is high, also showed that children's migration does not significantly improve the financial capability of left-behind elderly. Therefore, the economic status of left-behind elderly has not been significantly improved.

2. Life Care

Li (2023) believed that the elderly could receive financial assistance from their migrant children to improve their welfare. However, Jiao (2023) found that children's migration not only reduces the quantity of life care resources for the elderly but also diminishes the quality of family care, ultimately leading to welfare losses and deteriorating health status among rural elderly. Thus, there is a negative correlation between children's migration and family care. "Distance care" offers a new way for children who are away from home to care for their elderly relatives. The concept of "distance care" first emerged in the United States in the 1960s. By 1997, American scholar Wagner defined "distant care" as care provided by a caregiver who is at least an hour's drive away from a relative in need (mainly the elderly). A 2004 survey by the Institute of Gerontology of Renmin University of China found that nearly 28.6% of the elderly had been seriously ill after their children migrated for work, and 62.4% of these elderly did not receive care from their children during their illness. Zhang (2020) argued that the life care of rural elderly is in a vacuum. Wang (2023) noted that about 67.2% of left-behind elderly in rural areas rated their health status as average or below average, mainly due to poor economic conditions or inadequate medical standards that prevent timely treatment, causing minor illnesses to become severe. Moreover, the problem of having no one to care for them when they fall ill is prominent.

In terms of care content, life care mainly includes food, clothing, housing, transportation, and medical care, which are the basic needs of the elderly in rural areas. Tian (2023) believed that the material life security needs of rural elderly are supported by government policies and financial subsidies for farmers. Jiao (2023) argued that the material life security needs of the elderly are primarily reflected in economic support, sourced from the New Rural Pension Insurance, land security, and child support, as

well as the national basic pension. The demand for daily care services focuses on providing care for the elderly who have difficulty moving and cannot take care of themselves, which is the most urgent and important need for rural elderly. Wu (2023) found that rural elderly have a significant demand for daily care and cleaning services, mainly focusing on sanitation, laundry, cooking, haircuts, and repairing damaged items at home. The demand for medical services is mainly for the physical maintenance of the elderly in rural areas. Lin et al. (2024) believe that rural elderly have increasing demands for medical care, with a particular need for door-to-door medical services, reaching 56.4% (Yuan, 2024). Therefore, the demand for medical care and regular home inspections among rural elderly in China is very high.

3. Spiritual Comfort

Zeng (2021) argued that within the context of family care, the daily interactions and support between children and their parents significantly impact the physical and mental health of the elderly. Wang (2023) noted that the two-way social support between the elderly and their adult children encompasses three dimensions: material support, service support, and emotional support. Scholars generally agree that left-behind elderly in rural areas require substantial spiritual comfort. Han (2024) highlighted that psychological loneliness is a common issue among this demographic. Shao (2023) mentioned that some migrant children often communicate less with their parents, and even when they do call, the conversations tend to focus more on their own children left behind. This is sometimes attributed to the inconvenience of contact or a desire not to worry their parents. Wu (2023) believed that the elderly often experience a lack of love and care, which can lead to an "empty-nest" psychological crisis.

The needs for a rich spiritual and cultural life reflect the elderly's pursuit of a higher quality of life, often referred to as "enjoyment in old age." Such a fulfilling life has a profound positive impact on the elderly's spirit. Jiao (2023) suggested that the spiritual needs of the elderly mainly include three aspects: self-esteem, expectations, and family affection. Han and Shen (2023) argued that the quality of life for the elderly is reflected not only in material life but also in spiritual life. Wang (2024) believed that

the spiritual needs of rural elderly primarily stem from their daily social groups and village elderly care facilities. Duan (2024) advocated providing the elderly with facilities and services for leisure, entertainment, and learning. Therefore, the spiritual and cultural life needs of rural elderly are categorized into the provision of fitness activity facilities and places, community libraries, regular activities, regular interviews, and legal consultation assistance.

Yao (2018) analyzed the impact of family type and inter-generational relationships on the demand for home care services for rural elderly. The study concluded that more complex family types and larger family populations increase the likelihood of internal care, thereby reducing the demand for home care services. Specifically, the demand for elderly care services decreases progressively among the elderly in rural core families, trunk families, and joint families. Yao emphasized that to promote the construction of a rural home-based elderly care service system more effectively, it is essential to consider the local social and economic development levels. Additionally, it is necessary to fully account for the diverse needs of rural elderly for care, conduct in-depth analyses of specific issues, and provide differentiated and personalized services. Finally, promoting China's traditional filial piety culture and emphasizing the importance of filial piety within the family is crucial. The support responsibilities of family members in rural elderly care include providing necessary financial support, daily care, and spiritual comfort to the elderly.

Bai and Wang (2024) synthesized various factors and analyzed their impact on the demand for home care services for rural elderly. Through data analysis, they identified the factors affecting the demand for home care services and the service content required for rural elderly to choose home care. They concluded with four policy suggestions: First, use communities (villages) as carriers to actively promote and vigorously develop home-based elderly care. Second, based on the basic conditions and needs of the elderly, develop targeted home-based elderly care services to improve service quality. Third, highlight key points in home-based elderly care services. Fourth,

increase the economic income of rural elderly to transform the demand for social elderly care services into effective demand.

2.4.4 Research on Satisfaction with Elderly Care Services

1. Research on the Relationship Between Service Quality and Service Satisfaction

Scholars have long believed that service quality is determined by the discrepancy between perceived service and expected service (Parasuraman et al., 1985). According to the expectation-disconfirmation theory, the positive or negative value of this discrepancy indicates satisfaction or dissatisfaction (Oliver., 1980). Researchers primarily assess customer satisfaction from two perspectives. The first is transaction-oriented satisfaction, which examines how customers feel about a specific transaction once it is completed. The second is cumulative satisfaction, which involves the customer's overall experience across the entire economic activity (Churchill. & Surprenant., 1982). Similar differences exist between the perception of a specific transaction and the long-term, overall perception of the service process (Parasuraman. et al., 1988).

Regarding the relationship between service quality and satisfaction, some scholars argue that service quality is the independent variable and satisfaction is the dependent variable (Gronroos, 1984). This perspective tends to focus on cumulative satisfaction, with transactional satisfaction being just one component. Conversely, others suggest that the relationship is reversed (Bolton & Drew, 1991), positing that satisfaction can influence customers' perception of service quality. A literature review indicates that the former view is currently more widely accepted, while the latter is relatively less recognized (Chen et al., 2016). The differing interpretations of the relationship between the two variables are primarily due to the subjective nature of satisfaction and service quality, which are challenging to measure and subject to varying conceptual interpretations.

2. Research on the Elderly Care Satisfaction Evaluation System

Currently, there is no guiding policy document specifically issued for measuring the quality and satisfaction of elderly care services. In recent years, academic research on this topic has gradually increased. As research deepens, scholars have developed many new evaluation theories and methods. After reviewing past literature and based on theoretical frameworks and indicator systems, existing evaluation systems can be categorized into two main types:

First. Evaluation Systems Based on "Perceived Quality". This type of research is based on the "service quality gap model" proposed by Gronroos (2000) and others. Utilizing service quality measurement scales, primarily the SERVQUAL scale designed by Parasuraman., Zeithaml., and Berry. (1988) or the SERVPERF scale designed by Cronin. and Taylor. (1992), these tools are used to assess the quality of elderly care services and explore the satisfaction levels of the elderly. Some Chinese scholars have directly applied the SERVQUAL scale to evaluate the quality of elderly care services (Wang et al., 2017; Bai, 2016). Huang (2022) adapted the SERVQUAL model to measure the gap between the elderly's subjective expectations and actual perceptions of services across various dimensions of home care services, including home cleaning, health care, home safety, cultural entertainment, and spiritual comfort. This approach helps obtain the elderly's satisfaction evaluation of home care services. Other scholars have adjusted or modified one or more dimensions of the scale based on the actual situation before applying it (Zhang, 2018).

Second. Evaluation Systems Using the Customer Satisfaction Index Model. Some scholars use the customer satisfaction index model as a framework to analyze the satisfaction of elderly care services. Sun and Zhang (2023) used a service satisfaction evaluation scale to examine the relationship between service quality and satisfaction. Shao (2016) conducted a questionnaire survey in Lishui Town, Nanhai District, Foshan City, and applied the fuzzy comprehensive evaluation method. Drawing on the European Customer Satisfaction Model (ECSI), the Public Utility Customer Satisfaction Model, the Chinese Customer Satisfaction Model (CCSI), and the Service

Quality Model, they conducted an empirical analysis of the satisfaction with the township government's contractual purchase of home care services. Li (2022) established a community home care service satisfaction model based on the American Customer Satisfaction Model (ACSI), introducing four variables: elderly demand expectations, community home care service quality perception, community home care service value perception, and elderly satisfaction. This model helps analyze the satisfaction level of community home care for the elderly. Zhang (2023) analyzed the satisfaction of the elderly from the perspective of customer satisfaction, using the ACSI model as a reference, and divided the influencing factors of community home care service satisfaction into five aspects: elderly expectations, perceived service quality, perceived service value, demographic variables, and social stratification variables. Sun (2023) constructed an elderly satisfaction model for home care services based on the Customer Satisfaction Index Model (ACSI model), selecting the elderly who received home care services in Nanjing as research samples. This study explores the relationship between expected quality, perceived quality, perceived value, social support, satisfaction, and loyalty.

The evaluation of elderly care service quality and satisfaction is a multifaceted endeavor. While some researchers focus on perceived quality using established scales like SERVQUAL and SERVPERF, others employ customer satisfaction index models to provide a more comprehensive analysis. Both approaches offer valuable insights into understanding and improving the quality and satisfaction of elderly care services.

3. Research on Satisfaction with Elderly Care Services and Influencing Factors

Academic research on the factors influencing elderly care services primarily focuses on measuring the quality of these services to infer satisfaction levels. Service satisfaction is closely tied to the level of service quality. Some scholars have found that the content of services provided by society and the elderly's perception of their quality of life significantly impact their satisfaction (Sirgy, 2012). Overall, there remains a significant gap between rural and urban socialized home care services. Urban elderly

individuals generally report higher satisfaction with home care services. For instance, Sun (2023) sampled elderly individuals receiving home care services in Nanjing and found high satisfaction levels. Similarly, Zhang (2023) reported that satisfaction with community home-based elderly care services in Shijiazhuang City falls between general satisfaction and relatively satisfactory, above average levels. Huang (2022) surveyed home care satisfaction in Dongguan City and found overall good service satisfaction, though satisfaction scores varied widely across different services. In contrast, rural elderly individuals are less satisfied with socialized elderly care services (Yang et al., 2016; Zhao & Guo, 2018). Their satisfaction levels range from "generally satisfied" to "relatively satisfied" (Cai & Wang, 2016), close to average (Lu & Zhou, 2019). Scholars have also noted that rural elderly individuals use socialized elderly care services less frequently, with basic services being the most commonly used (Du et al., 2016). Moreover, the elderly are not highly satisfied with the basic elderly care services provided by society (Zhang & Mei, 2011).

Academic research on factors influencing satisfaction with elderly care services is mainly divided into the following categories:

First, Elderly Care Environment. The environment in which the elderly live significantly affect their satisfaction with elderly care services. Shin (2012) concluded that life satisfaction is influenced not only by psychological activities but also by external environmental factors. Chia-chen (2020) found that individuals with a strong connection to nature report higher life satisfaction, highlighting the importance of the external environment. Qiu (2016) noted that the community image and the frequency of use of various elderly service facilities positively impact satisfaction. Based on a survey of community elderly care facilities in Beijing, Zhang (2023) proposed that the development level of community home elderly care services, community environment, and living comfort are key factors affecting satisfaction. Hu and Qian (2019) concluded that the elderly's satisfaction with the community home care environment and the convenient transportation of community home care service centers significantly affect their overall satisfaction. Zhu and Wang (2020) found that the basic equipment and

supporting facilities of community home care service centers positively impact satisfaction.

Second, Family Relationships. Family relationships play a crucial role in the elderly's satisfaction with care services. Sun et al. (2023) studied the impact of marital and economic status on the life satisfaction of Korean elderly individuals, concluding that the interaction between these factors also affects satisfaction with retirement life. Jiao (2023) found that elderly individuals living with their children report higher satisfaction levels. When relatives and friends provide more support, the elderly are more satisfied with their care (Wang, 2023). Based on a survey of the living conditions of the elderly in Guangzhou, Liu (2019) identified elderly care needs, family support, and care resource coverage as important factors affecting satisfaction.

Third, Service Quality of Community Home Care Centers. The quality of services provided by community home care centers significantly affects satisfaction. Zhang (2023) argued that the general policy environment, including government investment in public services and the effectiveness of elderly welfare policies, affects satisfaction. Specifically, the availability of community restaurants serving the elderly significantly impacts satisfaction with community home care services. Wang and Hu (2024) concluded that the quality of community home care services provided by the community has a broad impact on the elderly. Dai (2022) refined the measurement indicators of community home care service quality into four dimensions: daily care services, medical health services, housekeeping services, and caring services. The study concluded that service quality has a significant positive impact on satisfaction.

Fourth, Personality Characteristics of the Elderly. The personality characteristics of the elderly also affect their satisfaction with retirement care. Ya (2022) found that the elderly's sense of security significantly impacts their satisfaction with retirement life. Deng and Zhang (2019) analyzed several dimensions of personal characteristics, including physical health status, self-protection ability, psychological status, and intergenerational factors. The results showed that elderly individuals who have received education report higher satisfaction with community home care services.

Other factors positively affecting satisfaction include self-assessed physical health, strong ability to live independently, stable income expectations, pension and medical insurance protection, extensive social circles, frequent visits from children, and stable financial support from children. For example, age inversely affects satisfaction; younger elderly individuals report higher service satisfaction (Xu & Ji, 2019; Wu & Liu, 2019). Lv (2018) conducted a sample survey in Hefei City and concluded that the main factors affecting community home care service satisfaction are the health status of the elderly, monthly income, number of children, and living conditions.

Fifth, Social Stratification. Social stratification among the elderly population affects their satisfaction with retirement care. The elderly are stratified based on sources of livelihood, health conditions, occupational backgrounds, etc. (Jiao, 2023). Different social classes have varying pension needs. For example, the pension needs of the elderly individual class are more specific, while those of the working class are relatively average and easier to satisfy. The elderly and highly educated class have a strong need for respect. Some scholars have differentiated the specific service needs of different classes. The lower-class elderly group primarily hopes to "provide for themselves in old age." The middle-class elderly group has more pronounced needs for social participation and spiritual culture. Although the needs of the upper-class elderly group are similar to those of the middle class, their requirements are higher, and they are more willing to pursue paid elderly care services (Shen, 2023). Scholars have analyzed that income stratification significantly impacts the happiness of the elderly (Zhang, 2024). Elderly individuals with upper-income levels have higher quality of life expectations and find it more challenging to achieve service satisfaction (Gao, 2018). While current research on factors affecting satisfaction with elderly care services primarily focuses on the elderly group itself, less attention has been paid to the stratification of the elderly group, community background, and other aspects. However, the focus on individual characteristics, economic characteristics, and social support characteristics of the elderly group has revealed a certain degree of stratification and its impact on satisfaction with elderly care services.

2.4.5 Summary

Theoretical and Practical Significance of Research on Elderly Care Services. The research conducted by scholars holds significant theoretical value and practical implications. Due to disparities in economic development, some Western welfare states are at the forefront of global research on elderly care services, particularly in the evaluation of service quality and satisfaction. Since the 21st century, China has increasingly focused on the elderly care industry. By learning from excellent foreign achievements, such as theories and models, China has produced numerous research outcomes tailored to the domestic policy environment and specific local practices. These include the optimization of elderly care methods, comparisons of shortcomings, determinations of what should be included in elderly care services, identification of who should provide these services, analysis of existing problems in the development process, and suggestions for improving the elderly care service system. Collectively, these efforts have formed a research system with distinct Chinese characteristics.

Gaps and Future Directions in Research on Home Care Service Satisfaction. Previous research has explored the factors influencing home care service satisfaction and has demonstrated the driving role of some key variables, providing valuable insights for the country, society, and families. However, due to practical and technological constraints, existing research on satisfaction with socialized home care services is not yet comprehensive. On one hand, while existing research conceptually defines influencing factors, it lacks necessary summaries and inductions, and the relationships among these factors are not fully articulated. The development of an elderly care service satisfaction evaluation system remains somewhat inadequate and has not yet resulted in a universally recognized and widely applicable assessment framework. On the other hand, most studies have focused on urban communities and have not sufficiently addressed the subjective experiences of rural elderly individuals. As recipients and beneficiaries of services, it is crucial to ensure that the services provided to the elderly meet their care needs and that they are satisfied with the services they receive, especially considering the economic costs involved. Thus, there is a

notable gap in research on how to deliver high-quality elderly care services and enable rural elderly individuals to lead satisfactory lives in their old age.

In summary, existing research has accumulated a wealth of valuable experience, laying a solid foundation for the smooth progress of this study. The identified gaps also present opportunities for further research in the future.

2.5 Conceptual Framework, Hypothesis and Operational Definition

2.5.1 Conceptual Framework

As a service with unique characteristics, rural socialized home-based elderly care services are primarily dedicated to serving the rural elderly population. Unlike commodity satisfaction, the measurement of service satisfaction for these specialized services differs significantly. According to Gronroos (2000), the quality of service can be assessed based on the comparison between perceived service and expected service. If the perceived service significantly exceeds expectations, the quality is considered excellent. If they are equal, the quality is deemed acceptable. Conversely, if the perceived service falls short of expectations, the quality is unacceptable.

Yao (2005) highlighted that, although numerous indicators exist for evaluating the quality of life of the elderly, the most critical indicator is the subjective feelings of the elderly themselves. The elderly are ultimately the final judges of their own quality of life. Drawing from the customer satisfaction index model, customer expectations, perceived quality, and perceived value are key factors influencing customer satisfaction. Therefore, these three factors should be considered when evaluating the satisfaction with home-based elderly care services. Based on Maslow's theory of needs, the elderly care needs of rural elderly individuals encompass both basic life needs and spiritual life needs. Currently, rural socialized elderly care services are primarily focused on these two areas. A summary of the above literature review and relevant model analysis is presented in Table 2.2.

Table 2.2 Latent Variables and Conceptual Framework

Latent Variables		Scholars															
		SCSB. (1989)	ACSI. (1994)	ECSI. (1999)	CCSI.2000()	SERVQUA. (2016)	Gronroos.2000	Yaoyuan.(2005)	Qujingying(2013)	Huangjunhui()(2022	Liuying(2022)	Dailiwei(2022)	Litianqi(2022)	Dengjiayuan(2023)	Baiyutong(2023)	Zhangsiyao(2023)	Sunzhonggen()(2023
Demand Expectation		✓	✓	✓	✓	-	✓	-	✓	✓	✓	-	✓	-	-	✓	✓
Perceive d Quality	Basi c life	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Spiri tual life	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Perceived Value		✓	✓	✓	✓	-	-	-	✓	✓	-	-	✓	-	✓	✓	✓
Elderly satisfaction		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

To explore the satisfaction of the elderly with the supply and demand of socialized home-based elderly care services, we should first focus on the elderly's demand expectations. Demand is the starting point and basis for service provision and the foundation for evaluating the matching degree of supply and demand of home-based elderly care services. Understanding the needs of the elderly will help clarify the content and direction of the services. Next, we should evaluate the quality perception of basic living needs services. Basic living needs are the most fundamental and urgent needs of the elderly, and the quality of these services directly affects their daily quality of life and health. After addressing basic living needs, spiritual life needs are equally important. Evaluating the quality perception of spiritual life needs services will help understand the degree of satisfaction of the elderly in terms of emotions and psychology. Then, we should examine the elderly's value perception of socialized home-based elderly care services. This reflects the elderly's cognition of the cost-effectiveness of the service and helps evaluate the overall benefits and the elderly's satisfaction. Finally, we should evaluate the elderly's overall satisfaction, which is a

comprehensive assessment of the service effect. The level of satisfaction directly reflects the quality of the service and the feelings of the elderly.

This order also implies a hierarchical division of the importance of different variables. Starting from basic life needs, moving to spiritual life needs, then to the perceived value of services, and finally to overall satisfaction, the framework progresses layer by layer and gradually deepens. However, it should be noted that this order is not absolute. Different studies may choose different variables and orders according to different research purposes and backgrounds.

Based on the above analysis, this study proposes a conceptual framework for satisfaction with socialized home-based elderly care service supply and demand, as shown in Figure 2.5.

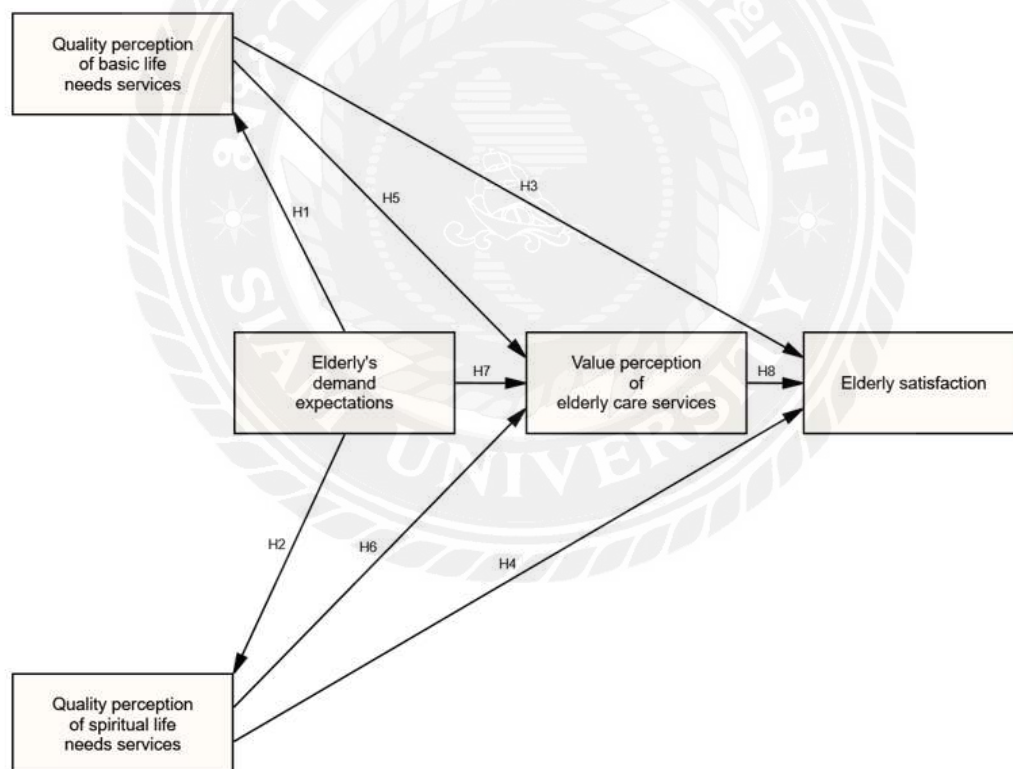


Figure 2.5 Conceptual Framework

2.5.2 Hypothesis

From Figure 2.2, the hypothesis of this study are as follows:

H1: The elderly's demand expectations have a positive impact on the quality perception of basic life needs services.

H2: The elderly's demand expectations have a positive impact on the quality perception of spiritual life needs services.

H3: The quality perception of basic life needs services has a positive impact on the elderly's satisfaction.

H4: The quality perception of spiritual life needs services has a positive impact on the elderly's satisfaction.

H5: The quality perception of basic life demand services has a positive impact on the elderly's value perception.

H6: The quality perception of spiritual life demand services has a positive impact on the elderly's value perception.

H7: The elderly's demand expectations have a positive impact on the elderly's value perception.

H8: The elderly's value perception has a positive impact on the elderly's satisfaction.

2.5.3 Operational Definitions

In accordance with the conceptual framework, the specific factors influencing the satisfaction of rural elderly individuals with socialized home-based elderly care services are examined. The following variables are selected for analysis: the elderly's demand expectations of rural elderly people for socialized home-based elderly care services, the elderly's quality perception of basic life needs services, the elderly's quality perception of spiritual life needs services, the elderly's value perception of socialized home-based elderly care services, and the elderly's satisfaction. Table 2.3 provides the definition for each variable.

Table 2.3 Operational Definitions

No.	Variables	Definitions
1	Demand Expectations	The services that the elderly expect to receive in socialized home-based elderly care services include expectations for services that meet basic living needs and expectations for services that meet spiritual needs.
2	Quality Perception of Basic Life Needs Services	Elderly people's evaluation of home-based elderly care services in meeting their basic life needs. These basic life needs include but are not limited to diet, environment, health, safety, etc.
3	Quality Perception of Spiritual Life Needs Services	Elderly people's evaluation of home-based elderly care services in meeting their spiritual needs. Spiritual life needs include emotional support, mental health, cultural entertainment, social interaction, etc.
4	Value Perception	The subjective feelings of the elderly after weighing the quality of services received and the price of services. The elderly judge the value of services by the equality, convenience, price and cost-effectiveness of the elderly care services.
5	Elderly Satisfaction	The comparison results of the actual perception and expectation of the elderly on socialized home-based elderly care services.

1. Elderly's Demand Expectations

The variable of elderly demand expectation is based on the customer expectation variable in the customer satisfaction model. Customer expectation refers to the customer's pre-judgment of product quality based on known product information

before using or purchasing a certain commodity or service (Mor, 1992). This includes expectations regarding how well the product meets individual specific needs, product reliability, and overall expectations of the product, which are taken as specific quantitative expectation variables (Li, 2023). Building on this, this study supplements the customer expectation variable and sets the elderly demand expectation variable. It posits that the elderly have expectations because they have a demand for services; in other words, the elderly's expectations for services stem from their demand for services. Therefore, the definition of the elderly demand expectation variable is the specific expectations and requirements of rural elderly people for service content, quality, methods, etc., when choosing and using socialized home-based elderly care services. This encompasses the elderly's expectation that services will meet their basic life and spiritual life needs. As a special group, rural elderly people may pay more attention to the practicality, convenience, and economy of services, and expect socialized home-based elderly care services to provide comprehensive and personalized services to meet their basic life and spiritual life needs. At the same time, they hope that the service price is reasonable and affordable.

2. Quality Perception of Socialized Home-Based Care Services for the Elderly

The academic community has produced a wealth of research results on quality perception, which has laid a certain theoretical foundation for the study of satisfaction with socialized home-based elderly care services. The study of service quality began in the late 1970s and has attracted a large number of scholars, resulting in a considerable number of research outcomes. Grönroos (1984) first proposed the concept of perceived service quality. He believed that people's perception of service quality comes from subjective judgment. Whether people are satisfied and how satisfied they are is closely related to their expectations of service effects. The difference between expectations and actual perceptions determines the degree of satisfaction. In the customer satisfaction model, customer perceived quality refers to the actual feelings of customers after experiencing a product or service (Li, 2024). It includes product reliability, the degree

of matching between products and personal needs, and overall quality perception. The setting of the socialized home-based elderly care service quality perception variable in this paper is based on this.

Socialized home-based elderly care service quality perception refers to the intuitive feelings of the elderly after experiencing the elderly care services provided by society, which belongs to the subjective cognition of the elderly. The smaller the gap between the services experienced by the elderly and the situation they knew in advance, the higher the elderly's satisfaction with community home-based elderly care services (Wang, 2023). According to Maslow's Need Theory, the needs of the elderly are divided into basic life needs services and spiritual life needs services. To more accurately measure the impact of service quality perception on the satisfaction of the elderly, we divide it into the quality perception of basic life service needs and the quality perception of spiritual life needs services.

Quality Perception of Basic Life Needs Services: This refers to the evaluation of rural elderly people on home-based elderly care services in meeting their basic life needs. These basic life needs include but are not limited to diet, environment, health, safety, etc. Quality perception involves the timeliness, effectiveness, professionalism, and personalization of services.

Quality Perception of Spiritual Life Needs Services: This refers to the evaluation of rural elderly people on home-based elderly care services in meeting their spiritual needs. Spiritual life needs include emotional support, mental health, cultural entertainment, social interaction, etc. Quality perception focuses on the emotional investment of services, interaction quality, activity diversity, and effectiveness of psychological support.

When defining these two variables, researchers need to consider the special background and needs of rural elderly people, including their economic status, health status, cultural level, and the status of social support networks. In addition, researchers should also consider the accessibility, affordability, and sustainability of services, which are important factors affecting the elderly's perception of service quality.

3. Value Perception of Socialized Home-Based Elderly Care Services

Customer perceived value has rich connotations. Many scholars have defined perceived value. Zeithaml (1988) gave four aspects of perceived value, which have been widely recognized and cited: value is low price; value is everything customers want in a product; value is the quality that customers get from the price they pay; value is what customers get from their efforts. Value is the consumer's evaluation of the overall utility of a product based on effort and gain (Li, 2021). The effort refers to factors such as the time cost and effort cost spent by consumers in the consumption process, while the gain refers to the benefits obtained from the product, including service quality, emotional experience, and other factors (Liu, 2022). In this study, value perception is the subjective feeling of the elderly after measuring the quality of the elderly care services they receive and the service price (Bai, 2023). The elderly judge the value of the service by the equality, convenience, price paid, and cost-effectiveness of the elderly care services.

4. Elderly Satisfaction

Customer satisfaction refers to a state of pleasure or disappointment formed by the comparison between the shopping effect felt by customers after consumption and the expected shopping effect (Liu, 2023). Satisfaction is a variable that is difficult to measure, and its changes are affected by many factors. Many scholars' measure customer satisfaction based on demographics. For example, some studies have found that satisfaction increases with age, and people with higher education are less likely to be satisfied (Xiong, 2017). It is concluded that satisfaction is closely related to personal ability. In the ACSI model, three observation variables are set to measure satisfaction: the gap between actual quality perception and expectation, the gap between actual perception and ideal product, and overall satisfaction. Customer satisfaction mainly depends on the comparison between the actual perception of customers and the expected quality. The smaller the gap, the higher the satisfaction.

Elderly satisfaction is the overall satisfaction of rural elderly people with services after receiving socialized home-based elderly care services. It is a

comprehensive evaluation and feeling based on the elderly's demand expectations, quality perception, and value perception of services (Jiao, 2023). If the elderly's demand expectations for services are met, and their perception of quality and value of services are high, then their satisfaction will be high. Conversely, if the elderly's expectations for services are not met, or their perceived quality and value of services are low, their satisfaction will be low.



CHAPTER 3

RESEARCH METHODOLOGY

This chapter mainly introduces the research methodology, which is divided into the following four parts: research design, quantitative research, qualitative research and Research conclusions.

- 3.1 Research Design
- 3.2 Quantitative Research Method
- 3.3 Qualitative Research Method
- 3.4 Research Conclusions

3.1 Research Design

This study employed a mixed-methods research methodology, integrating both quantitative and qualitative approaches. Specifically, questionnaire surveys and in-depth interviews were utilized as the primary research methods. Questionnaire surveys, which fall under the quantitative category, provide structured data that can be statistically analyzed to identify patterns and trends. In contrast, in-depth interviews, which are qualitative in nature, offer rich, detailed insights into the participants' experiences and perspectives. By combining these two methods, the study can gather data from multiple angles, thereby enhancing the reliability and validity of the findings.

3.1.1 Quantitative Research Method

The questionnaire survey is a widely used quantitative research method that primarily collects data from a large number of respondents through carefully designed questionnaires. In the context of assessing satisfaction with the supply and demand of socialized home-based elderly care services, this method was employed to capture respondents' opinions, views, and needs. It allowed for the quantification and systematic understanding of their satisfaction with elderly care services, their

evaluation of service quality, and their expectations for future needs. The questionnaire includes sections on respondents' basic information and a satisfaction scale, providing a comprehensive overview of their situation and perspectives.

Questionnaire surveys are widely utilized due to their unique advantages. Firstly, they ensure the standardization and systematization of data collection. Through uniform question settings, researchers can compare and analyze responses from different participants, drawing universal conclusions. Secondly, the anonymity of questionnaire surveys protects respondents' privacy, encouraging them to provide genuine and unbiased feedback, which is crucial for accurately evaluating service quality. Additionally, questionnaire surveys are cost-effective compared to face-to-face interviews or telephone surveys, especially when large-scale samples are required. The data collected is highly structured, making it easy to analyze using statistical software and extract valuable insights from large datasets. Moreover, the results of questionnaire surveys are replicable, providing a reference for subsequent research.

The application of questionnaire surveys in the socialized home-based elderly care service supply and demand satisfaction survey offers several benefits. It provides comprehensive and systematic data support, ensuring the economy, flexibility, and convenience of analysis. This approach not only offers a scientific basis for service improvement and policy formulation but also ensures that the data collected is structured and easily analyzable. By leveraging these advantages, questionnaire surveys can effectively capture the nuanced experiences and expectations of respondents, facilitating informed decision-making and targeted interventions in the field of elderly care services.

3.1.2 Qualitative Research Method

In-depth interviews are a common qualitative research method designed to gain a comprehensive understanding of an individual's personal views, feelings, and experiences. These interviews are both open-ended and directed, allowing for a flexible and step-by-step collection and analysis of data. They enable researchers to observe and

record interviewees' genuine feelings and experiences on specific issues, capturing the most original data. This approach helps researchers deeply understand the interviewees' inner feelings and the reasons behind them, yielding rich qualitative insights. In the context of the satisfaction survey of the rural socialized home-based elderly care service, one-on-one in-depth exchanges with rural elderly individuals, government staff, and relevant experts provided valuable perspectives on their views, needs, and satisfaction with home-based elderly care services. These interviews helped the researcher intuitively grasp the actual situation of rural home-based elderly care services, identify service shortcomings, explore possibilities for improvement, and uncover expectations for future services. They also revealed common issues and contradictions, offering a broader perspective for qualitative analysis.

In-depth interviews and questionnaire surveys can complement each other effectively in research. In-depth interviews provide rich qualitative data that can help explain the quantitative results obtained from questionnaire surveys. Conversely, questionnaire surveys offer large-scale quantitative data that can support and contextualize the findings from in-depth interviews. This combination enhances the depth and breadth of the research, providing a more comprehensive understanding of the subject matter.

3.2 Quantitative Research Method

3.2.1 Population and Sample

Given that this study focuses on the satisfaction with rural socialized home-based elderly care services, the sample was primarily drawn from elderly individuals residing in rural areas who are aged 60 and above, have a fixed residence, and have lived in Fuyang City, Anhui Province, for an extended period. Fuyang City has a population of 1.4 million elderly individuals aged 60 and above, of whom over 810,000 are rural elderly residents. In determining the sample size, the research feasibility and

actual conditions were taken into account, and the sample size was calculated using the following formula:

$$N = (Z^2 \times p \times (1-p)) / d^2$$

In the formula, N represents the sample size, Z represents the Z -value corresponding to the selected confidence level (typically 1.96 for a 95% confidence level), p represents the proportion of the characteristic in the sample (if unknown, an estimated proportion in the overall population can be used, such as 50%, i.e., 0.5), and d indicates the sampling error. For this study, assuming $Z=1.96$, $p=0.5$, and $d=0.05$, the sample size was calculated to be 584 individuals.

Considering potential errors and the need for alternative samples, the number of questionnaires was set at 600 to ensure representativeness and to draw more reliable and widely applicable conclusions. A preliminary sampling survey was conducted before distributing the questionnaires. For the elderly population in the rural areas of Fuyang City, stratified sampling was employed based on administrative divisions and economic development levels. To ensure the universality of the sample data, the interview subjects achieved full coverage of the five counties under the city's jurisdiction (the urban area, primarily consisting of urban residents, was excluded from the study). After analyzing the macroeconomic and social data of the five counties, a random sampling method was used to survey the elderly in rural areas. The entire sampling process considered two aspects:

Population-Based Sampling: The sample was extracted according to the population of the five counties in Fuyang City. Areas with larger populations had more samples, while those with smaller populations had fewer samples, although there were exceptions in some regions.

Economic-Level-Based Sampling: Each region was sampled according to its economic development level—high, medium, and low—with proportional representation from each category. This ensured that the sample included elderly

residents with a variety of characteristics, such as different rural areas, ages, genders, and educational levels.

This approach helps ensure the diversity of the sample and more accurately reflects the status and influencing factors of satisfaction with rural socialized home-based elderly care services.

The survey results describe personal characteristics including gender, age, physical condition, education level, economic situation, living style and family support.

3.2.2 Data Collection

The data in this study originated from a field survey conducted by a research team established to investigate elderly individuals aged 60 and above in Fuyang City, Anhui Province. Fuyang was selected due to its status as a major grain-producing area in China, characterized by a dense agricultural market, a high population density, and a significant proportion of farmers. With a medium level of economic development, Fuyang represents a middle-developed region compared to the affluent eastern coastal areas and the impoverished western regions, making it a suitable representative of China's vast rural areas.

The study designed a questionnaire based on the socialized home-based elderly care supply and demand satisfaction model. By reviewing rural elderly care policies in Fuyang City, Anhui Province, and conducting interviews with relevant staff, rural elderly residents, and scholars engaged in rural home-based elderly care service research, the research team gained an understanding of the basic situation of rural home-based elderly care in Fuyang City. Based on the interview results, the items of each variable in the questionnaire were refined and improved to ensure the reliability of the scale.

The questionnaire is divided into two main sections: personal basic information and measurement items. The first section captures the basic situation of the respondents, including personal characteristic variables: age, gender, physical condition, education level, economic status, living style, and family support. The second section comprises

the satisfaction survey scale of the socialization home-based elderly care service, which measures the elderly's satisfaction with home-based elderly care services across dimensions of expectations, quality perception, value perception, and overall satisfaction. The scale items are scored using a 5-point Likert scale, with scores ranging from 1 to 5, corresponding to the options of very dissatisfied, dissatisfied, average, satisfied, and very satisfied.

The questionnaires were distributed via the professional survey platform Wenjuanxing. Given that many rural elderly individuals have limited educational backgrounds and may not be proficient with electronic devices, village-level liaison officers assisted in distributing the questionnaires. After the survey was completed, the collected data were organized and analyzed.

3.2.3 Operational Definitions

Since latent variables cannot be measured effectively and directly, they need to be specifically reflected through observed variables. Based on the selection, definition, and analysis of the relationships between latent variables, the observed variables were chosen accordingly. In this study, it is not possible to directly measure latent variables such as the elderly's perception of the quality of socialized home-based elderly care services, their perception of the value of these services, and their overall satisfaction. These latent variables must be measured through carriers, that is, specific objects that can be observed.

In accordance with Social Needs Theory, this study selects specific observed variables for elderly care services from the following aspects: personal characteristics, quality perception of basic life needs services, quality perception of spiritual life needs services, value perception of home-based elderly care services, and overall satisfaction of the elderly. The specific observed variables are detailed in Table 3.1.

Table 3.1 Variable Scales in the Questionnaire

	Latent variables	Observed variables	Variable descriptions	Question numbers
Independent variable	Personal Characteristics (PC)	Age, gender, physical condition, education level, economic status, living style, family support		1-8
	Elderly's demand expectations (DE)	Specific requirements	Demand for specific services	9-10
		Demand expectations	The extent to which services meet the expectations of the elderly	11-13
	Quality perception of socialized home-based elderly care services (QP)	Quality perception of basic life needs services (QPBL)	Dietary needs (QPBL1)	14-17
			Living environment (QPBL2)	18-20
			Health management (QPBL3)	21-25
			Safety and security (QPBL4)	26-29
		Quality perception of spiritual life needs services (QPSL)	Emotional support (QPSL1)	30-33
			Mental health (QPSL2)	34-36
			Cultural entertainment (QPSL3)	37-39
			Social interaction (QPSL4)	40-42
	Value perception of socialized home-based elderly care	Perception of price and service	Equality of service Convenience of service Service cost Service cost performance	43-46

	Latent variables	Observed variables	Variable descriptions	Question numbers
	services (VP)			
Dependent variable	Elderly satisfaction (ES)	Overall satisfaction	Overall satisfaction of socialized home-based elderly care services	47

3.2.4 Questionnaire Tests

In the initial stage of the survey on the satisfaction with socialized home-based elderly care service supply and demand, the questionnaire test is a crucial link. It is not only related to the reliability of the data but also directly affects the validity of the subsequent research conclusions. The reliability test and validity test are the core steps to ensure the quality of the questionnaire.

1. Reliability Test

Reliability refers to the consistency and stability of the questionnaire results, which is an important indicator of the questionnaire's reliability. In the pre-test, the researcher used the test-retest reliability method. The specific approach involved selecting a small number of samples and asking them to fill out the same questionnaire again within a two-week period after the initial completion. By comparing the results of the two completions, a correlation coefficient was calculated to evaluate the questionnaire's reliability. The pre-test results showed a high degree of consistency between the two completions, indicating high reliability and stability, thus reflecting the true thoughts and feelings of the respondents.

The most commonly used reliability measurement method is Cronbach's alpha coefficient, which ranges from 0 to 1. A higher value indicates higher reliability. In exploratory research, a reliability of 0.70 is considered acceptable, with values between 0.70 and 0.98 indicating high reliability. Reliability below 0.35 is considered low and must be rejected. This study used SPSS 27 statistical software to evaluate the reliability

of the various dimensions of the rural socialized home-based elderly care service supply and demand satisfaction questionnaire.

2. Validity Analysis

Validity refers to the degree of correlation between the measurement results and some external standards. The higher the correlation, the more effective the measurement results are. Content validity, also known as face validity, refers to the suitability and consistency between the measurement content and the measurement target. The questionnaire in this study was designed by consulting literature and conducting in-depth interviews. It was classified, summarized, sorted, and modified based on the opinions provided by experts in home-based elderly care services, relevant staff, and persons in charge of elderly care services. Therefore, the content of the questionnaire aligns with the research theme and purpose. Additionally, factor analysis was used to verify the structural validity of the questionnaire, with the possibility of factor analysis demonstrated through KMO sample detection and Bartlett's sphere test.

In summary, through reliability and validity tests, it can be confirmed that this questionnaire has high reliability and validity in the survey of satisfaction with the supply and demand of socialized home-based elderly care services. The results of the pre-test provide strong support for our subsequent formal survey and also offer a useful reference for improving the quality of the questionnaire. The pre-tested questionnaire more scientifically and reasonably reflects the needs and satisfaction of the elderly in home-based elderly care services, providing valuable reference for the government and all sectors of society.

3.2.5 Hypothesis Explanation

The hypotheses presented in this research are grounded in a socialized home-based elderly care service supply and demand satisfaction model, which is derived from the ACSI satisfaction model. Consequently, when selecting variables, the causal factors of the ACSI satisfaction model are used as a reference to analyze the determinants of elderly individuals' satisfaction with socialized home-based care services. The aim is to

identify the underlying reasons influencing the elderly's satisfaction through this research. Building on these findings and integrating Maslow's Need Theory with an understanding of the relationships among the variables, the hypotheses of this study are formulated as follows (Figure 3.1):

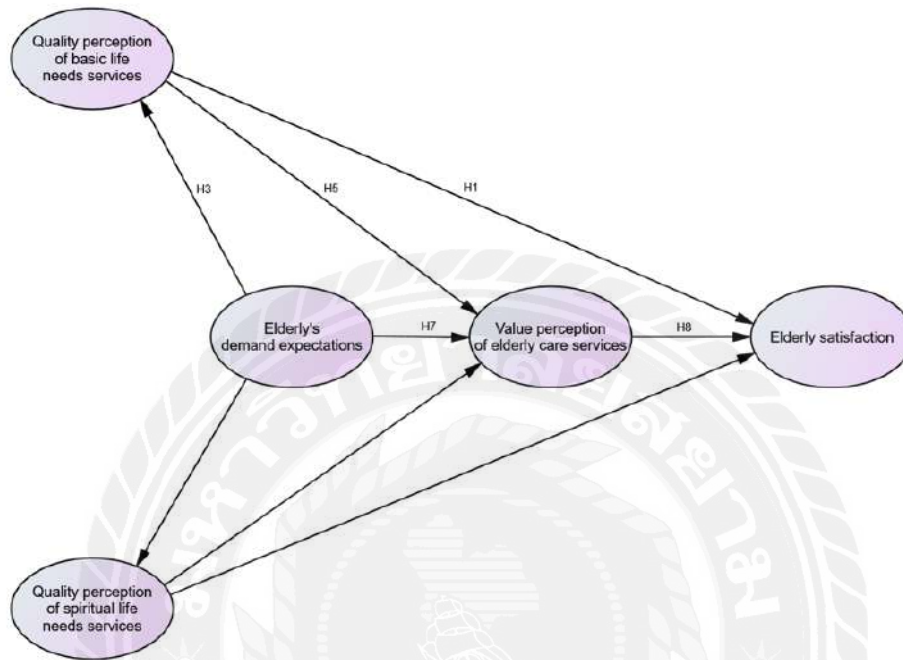


Figure 3.1 Hypotheses of the Supply and Demand Satisfaction with Socialized Home-Based Elderly Care Services

1. The Impact of Demand Expectations on Satisfaction

Customer expectations are the subjective assumptions that customers form regarding the products or services they will receive, based on their personal experiences or comprehensive information from other sources. These expectations reflect whether the products or services will meet their needs and are shaped before customers engage in the service experience, thus serving as a highly influential guiding ideology. The sources of customer expectations include individuals' prior experiences, evaluations of products or services by others, and the company's explanations and promotions of its offerings. These sources collectively reflect the perceived quality of the services or products.

In the context of socialized home-based elderly care services, the elderly form certain expectations for the care services they will receive based on their own needs

and external publicity. These expectations are a form of subjective cognition. In this study, customer expectations refer to the diverse demands of the elderly, which are influenced by personal traits (PT) such as age, gender, economic status, and living conditions. In fact, personal traits have a heterogeneous impact on the supply and demand satisfaction of socialized home-based elderly care services by affecting basic living needs and the living environment.

Based on this understanding, this study proposes the following hypotheses:

H1: The elderly's demand expectations have a positive impact on the quality perception of basic life needs services.

H2: The elderly's demand expectations have a positive impact on the quality perception of spiritual life needs services.

2. The Impact of Quality Perception on Satisfaction

Quality perception refers to the service quality that customers perceive. Service quality is defined as the comparison between customers' expectations and the actual service performance. According to the principle that "quality is evaluated by customers," the comparison between customers' expectations and actual conditions is considered perceived service quality. This is the customer's subjective interpretation of their experience and a key factor in determining customer satisfaction. It is also an important indicator for exploring customer satisfaction. Quality perception not only includes the customer's satisfaction with the products or services provided by the company but also reflects the various factors that influence the customer throughout the entire consumption process.

For the elderly, satisfaction is influenced by their perception of service quality. This perception is the intuitive experience and psychological evaluation of the elderly after they have personally used and received the service, representing a subjective cognition. When the gap between the service experienced by the elderly and what they expected is small, their satisfaction is higher.

Incorporating Maslow's Theory, human needs are arranged in a hierarchical sequence from basic to higher-level needs. Physiological needs, safety needs, and emotional needs are the most fundamental needs of the elderly for elderly care services. In the lives of the elderly, physiological and safety needs are basic life requirements, while emotional needs are also an essential component. The elderly evaluate the basic life services and spiritual life services they actually experience, and the results of this evaluation directly reflect their satisfaction.

Therefore, the quality perception of basic life needs services and emotional needs services directly affects the elderly's satisfaction with home-based elderly care services. Based on this understanding, this study proposes the following hypotheses:

H3: The quality perception of basic life needs services has a positive impact on the elderly's satisfaction.

H4: The quality perception of spiritual life needs services has a positive impact on the elderly's satisfaction.

3. The Impact of Value Perception on Satisfaction

Value perception reflects the subjective feelings of customers regarding the benefits they have obtained after comprehensively evaluating the quality and price of products or services. It represents the preference and evaluation formed by customers based on weighing their gains and losses. While the academic community has identified service quality perception as the primary driver of satisfaction, value perception also significantly impacts satisfaction. Therefore, the important influence of value perception on satisfaction should not be overlooked, as it is a crucial prerequisite for affecting satisfaction.

In the context of socialized home-based elderly care services, value perception reflects the comparison of service price and quality made by the elderly. When the perceived service quality is proportional to the price paid by the elderly, their satisfaction is high. In other words, when choosing home-based elderly care services,

the elderly not only consider the quality of the service but also its price and cost-effectiveness, both of which influence their satisfaction.

In this study, value perception refers to the overall cost-effectiveness perception of the elderly regarding basic life needs services and emotional life needs services. Specifically, it is the subjective psychological evaluation formed by the elderly after weighing the benefits and costs following their receipt of the services. Additionally, value perception is influenced by personal characteristics, meaning that the level of value perception varies according to individual circumstances.

Based on this understanding, this study proposes the following hypotheses:

H5: The quality perception of basic life demand services has a positive impact on the elderly's value perception.

H6: The quality perception of spiritual life demand services has a positive impact on the elderly's value perception.

H7: The elderly's demand expectations have a positive impact on the elderly's value perception.

H8: The elderly's value perception has a positive impact on the elderly's satisfaction.

3.2.6 Statistical Analysis Methods

In the study of satisfaction with the supply and demand of rural socialized home-based elderly care services, Structural Equation Modeling (SEM) serves as a powerful multivariate data analysis tool with significant advantages. Developed in the 1970s by Jöreskog, SEM integrates comprehensive factor analysis, regression analysis, and path analysis. It enables researchers to simultaneously examine the relationships between multiple independent and dependent variables, estimate both direct and indirect effects among these variables, and uncover the causal relationships underlying complex social phenomena.

By employing structural equation modeling to analyze the satisfaction with rural socialized home-based elderly care services, we can explore the relationships between latent variables including expectations, service quality perception, value perception, and overall satisfaction. This approach allows us to extract meaningful insights from the data, providing researchers with a deeper understanding of the various factors influencing satisfaction and their interplay. Ultimately, this analysis offers theoretical support and practical guidance for enhancing the quality of rural home-based elderly care services and meeting the diverse needs of the elderly population.

3.3 Qualitative Research Method

3.3.1 Population and Sample

To ensure a comprehensive understanding of the research topic, the selection of participants for this study was carefully planned. Based on prior research experience and relevant literature, a total of 16 interviews were scheduled to provide ample information and diverse perspectives. The details of the sample selection are presented in Table 3.2.

Table 3.2 Sample Selection

Interviewee	Sample size	Reason for selection
Rural elderly	12	To represent different personal characteristics and reflect the overall situation of rural elderly people.
Related experts	2	To provide professional insights and suggestions, enhancing the accuracy and depth of the study.
Related Government staff	2	To offer policy-level information and insights into implementation difficulties, aiding in policy-level improvement suggestions.

Rural Elderly Sample: Twelve elderly individuals were selected for in-depth interviews. These participants were chosen to represent a diverse range of personal

characteristics, including age, gender, physical condition, education level, economic situation, living style and family support. This diversity ensured that the collected information fully reflects the needs and satisfaction levels of the rural elderly population.

Expert Sample: Two experts in relevant fields were interviewed to provide professional insights and suggestions. Their contributions enhanced the accuracy and depth of the research.

Government Staff Sample: Two government staff members were interviewed to provide policy-level information and insights into the challenges encountered during the implementation process. Their input was valuable for formulating policy-level improvement suggestions.

3.3.2 In-depth Interview

In the interview process, a semi-structured interview method was employed to deeply explore and fully understand the interviewees' views and needs. A detailed interview outline was designed in advance, focusing on core issues such as the elderly's needs for home-based care services, their satisfaction levels, and suggestions for improvement. This ensured the relevance and effectiveness of the interviews.

During the actual interviews, flexibility was maintained to conduct in-depth discussions and follow-up questions based on the interviewees' responses and feedback. This approach allowed the researcher to get closer to the interviewees' true thoughts and needs, capturing important information that might not have been directly expressed. Through these in-depth discussions and follow-up questions, the specific needs and satisfaction levels of the elderly regarding home-based care services were better understood. Additionally, the views and suggestions of government staff and experts were also gathered. This method provided comprehensive and in-depth data, laying a solid foundation for subsequent analysis and improvement efforts.

3.3.3 Content Analysis

After the interviews were completed, a comprehensive and detailed analysis of the collected interview content was conducted. The interview records were systematically organized and classified to ensure that each piece of information was accurately recorded and categorized under the corresponding topic.

The content analysis involved the following steps:

1. Information Extraction: Key information and themes were extracted from the interview records. These included the specific needs of the elderly, their satisfaction levels with home-based elderly care services, and their suggestions for improvement.

2. In-depth Analysis: The needs and satisfaction levels of the elderly were analyzed in depth. Their expectations for home-based elderly care services, as well as the problems and dissatisfaction encountered in actual services, were carefully examined. Based on their feedback, a series of specific improvement suggestions were formulated to better meet the needs of the elderly.

3. Integration of Expert and Government Staff Views: The insights provided by government staff and experts were sorted out and integrated. Their perspectives offered a more comprehensive understanding of the current situation and challenges faced by home-based elderly care services.

3.4 Research Conclusions: Guideline to Improve Elderly Satisfaction

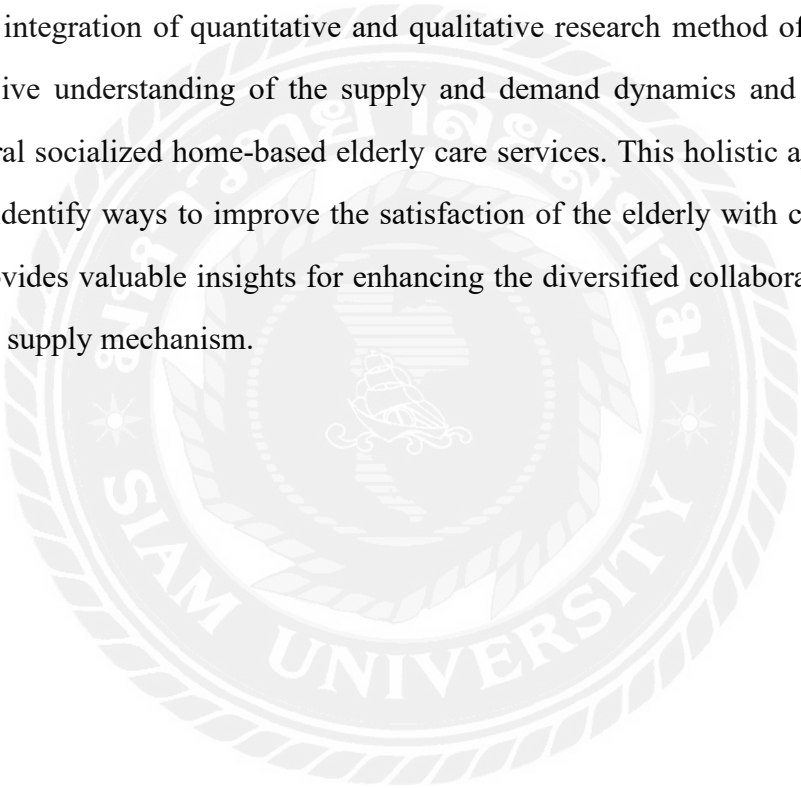
By combining quantitative and qualitative research methods, this study conducted a comprehensive analysis of the satisfaction with supply and demand for rural socialized home-based elderly care services.

The quantitative research method provided a solid data foundation, intuitively revealing the quantitative relationships between the supply and demand of socialized home-based elderly care services and the various factors influencing the satisfaction of

the elderly through numbers and charts. The collected data were subjected to in-depth statistical analysis to confirm or refine existing theories and hypotheses.

The qualitative research method, on the other hand, delved into the subjective experiences of service recipients, focusing on their real feelings and needs, as well as the social phenomena occurring during the service process. Through interviews, observations, and other methods, a wealth of first-hand information was gathered and subjected to in-depth analysis to uncover the nuances of specific problems and identify previously unknown or vague issues and phenomena.

The integration of quantitative and qualitative research method offers a more comprehensive understanding of the supply and demand dynamics and satisfaction levels in rural socialized home-based elderly care services. This holistic approach not only helps identify ways to improve the satisfaction of the elderly with care services but also provides valuable insights for enhancing the diversified collaborative elderly care service supply mechanism.

A large, faint, circular watermark seal of Siam University is centered in the background of the page. The seal features a central emblem with a crown and a shield, surrounded by a wreath. The words "SIAM UNIVERSITY" are inscribed in a circular border around the emblem. The seal is rendered in a light gray color, serving as a background element.

CHAPTER 4

RESEARCH RESULT

This chapter analyzes the data obtained from quantitative research and the information obtained from qualitative research. This chapter mainly includes three parts:

- 4.1 Quantitative Data Analysis
- 4.2 Qualitative Data Analysis
- 4.3 Guideline to Enhance Elderly Satisfaction

4.1 Quantitative Data Analysis

4.1.1 Descriptive Statistical Analysis

The analysis of the satisfaction with the supply and demand of rural socialized home-based elderly care services in Fuyang City, Anhui Province, reveals that the survey encompasses many representative rural communities across Fuyang City. This ensures the comprehensiveness and regional diversity of the samples.

In terms of age distribution, the sample includes elderly individuals ranging from 60 to over 90 years old, with the majority being aged 60 to 80. This reflects the current reality of a high degree of aging in rural areas. Regarding gender distribution, the proportion of male and female elderly individuals is relatively balanced, which helps to fully understand the differences in demand for and satisfaction with home-based elderly care services between genders.

In terms of living conditions, the sample covers a variety of types, including those living alone, with spouses, or with children. This reflects the diverse living patterns of rural elderly people. The analysis of economic and health conditions shows that most rural elderly individuals have a low economic status and varying health conditions. This provides a basis for service providers to formulate differentiated service strategies.

Regarding service usage and satisfaction, the survey found that most elderly individuals are satisfied with basic life care services. However, the demand for higher-level services, such as those related to spiritual and cultural life and medical care, is increasing, and satisfaction in these areas needs to be improved.

Overall, the survey sample is highly representative and accurately reflects the supply and demand situation of rural socialized home-based elderly care services in Fuyang City, as well as the actual needs and expectations of the elderly. This provides strong support for subsequent service improvements and policy formulation.

1. Personal Characteristics Information

During the field survey, the questionnaire collected basic personal information from the elderly participants, covering seven aspects: gender, age, physical condition, education level, economic status, living style, and family support. The specific findings are as follows:

(1) Gender ratio. A total of 600 respondents completed the questionnaire survey, with 275 females (45.8%) and 325 males (54.2%). The relatively balanced gender ratio allows for a more comprehensive understanding of the satisfaction and views of different genders regarding the supply and demand of rural socialized home-based elderly care services

(2) Age distribution. The age groups of the surveyed elderly are as follows: 227 individuals aged 60–70 (37.8%), 185 aged 71–80 (30.8%), 103 aged 81–90 (17.2%), and 85 aged 90 and above (14.2%). Although the majority of participants are in the 60–80 age range, the survey includes a wide range of age groups, and the opinions and needs of all age groups are important and should be fully considered.

(3) Physical condition. Among the surveyed elderly, 53 individuals (8.8%) were in very poor physical condition, 107 (17.8%) were in poor condition, 174 (29.0%) were in average condition, 168 (28.0%) were in good condition, and 98 (16.3%) were in very good condition. The survey covers a diverse range of physical conditions, with the majority being in average, good, or poor health.

(4) Education level. The education levels of the surveyed elderly are distributed as follows: 55 individuals (9.2%) are illiterate, 156 (26.0%) have primary education, 283 (47.2%) have junior high school education, and 106 (17.7%) have high school education or above. This reflects the educational characteristics of the rural elderly population and highlights the need to consider these factors when formulating relevant policies and plans to ensure the relevance and effectiveness of home-based elderly care services.

(5) Economic status. The economic status of the elderly was inferred from their average annual family income. The distribution is as follows: 111 individuals (18.5%) have an annual income of 0–5,000 yuan; 214 (35.7%) have an annual income of 5,000–10,000 yuan; 193 (32.2%) have an annual income of 10,000–25,000 yuan; and 82 (13.7%) have an annual income of more than 25,000 yuan. In terms of expenditure, 122 individuals (20.3%) have an annual expenditure of 0–5,000 yuan; 218 (36.3%) have an annual expenditure of 5,000–10,000 yuan; 166 (27.7%) have an annual expenditure of 10,000–20,000 yuan; and 94 (15.7%) have an annual expenditure of more than 20,000 yuan. Most rural elderly individuals have a low- to medium-income level, with their annual income and expenditure concentrated within a specific range. This economic situation should be considered when formulating policies for home-based elderly care services to ensure that service prices are reasonable and affordable for the elderly.

(6) Living style. The living arrangements of the elderly are as follows: 60 individuals (10%) live alone, 192 (32.0%) live with their spouses, 248 (41.3%) live with their children, and 100 (16.7%) live with other relatives or friends. The family plays a significant role in the lives of the elderly, and traditional family care culture should be respected and continued when formulating relevant policies and plans.

(7) Family support. Among the surveyed elderly, 86 individuals (14.3%) have no family support and rely entirely on their personal savings; 147 (24.5%) receive minimal family support; 235 (39.2%) have average family support; and 132 (22%) receive substantial family support. The level of family support may influence the elderly's demand for and dependence on home-based care services. Elderly individuals

with less family support may require more community- or government-provided home-based care services to compensate for the lack of family assistance.

Table 4.1 Personal Characteristics of the Survey Subjects

Table 1: Personal Characteristics of the Survey Subjects						
Variable		Options	Frequency n=600		Percent%	
Gender		Male	324	600	54.0	100%
		Female	276		46.0	
Age		60-70	227	600	37.8	100%
		71-80	185		30.8	
		81-90	103		17.2	
		91or above	85		14.2	
Physical condition		Very bad	53	600	8.8	100%
		Bad	107		17.8	
		Average	175		29.2	
		Good	168		28.0	
		Very good	97		16.2	
Education level		Illiterate	55	600	9.2	100%
		Primary school	157		26.2	
		Junior high school	282		47.0	
		High school and above	106		17.7	
Economic status	Income	0-5000	111	600	18.5	100%
		5001-10000	213		35.5	
		10001-25000	194		32.2	
		>25000	82		13.7	
	Expenditure	0-5000	122	600	20.3	100%
		5001-10000	218		36.3	
		10001-25000	166		27.7	
		>25000	94		15.7	
Living Style		Living alone	60	600	10.0	100%
		Spouse	192		32.2	

Variable	Options	Frequency n=600		Percent%	
	Children	248		41.3	
	Live with other relatives	99		16.5	
Family support	No support	85	600	14.2	100%
	Some support	147		24.5	
	Moderate support	235		39.2	
	High support	132		22.0	

In short, from the perspective of the basic information statistics of the respondents, the actual sample data obtained in this study meets the research requirements.

2. Percentage Distribution of Factors

(1) Elderly People's Expectations of Needs

To investigate the satisfaction of elderly people regarding the fulfillment of their needs, three questions were designed. The percentage distribution of responses is shown in Table 4.2. According to the satisfaction data, the average scores for the three questions were 3.98, 3.96, and 3.95, respectively. These results indicate that, in terms of meeting basic living needs, spiritual life needs, and overall expectations through socialized home-based elderly care services, the respondents' scores were relatively stable. The highest score was for overall expectations, and the small differences among the scores suggest that participants had fairly consistent expectations for socialized home-based elderly care services and were generally highly satisfied with the services provided.

This demonstrates that current socialized home-based elderly care services have achieved certain successes in meeting the needs of participants and have largely satisfied the basic living and spiritual life needs of the elderly. However, there is still room for improvement. It is necessary to pay attention to and enhance the service

experience for a small number of elderly individuals who may not be fully satisfied and to further improve service quality to better meet the needs of the elderly population.

Table 4.2 Percentage Distribution of Demand Expectations

Statement	Average value	Strongly dissatisfied	Dissatisfied	Neutrality	Satisfied	Strongly satisfied
DEBL	3.98	5.2	5.8	14.3	35.2	39.3
DESL	3.96	5.7	5.0	16.2	33.8	39.3
DEOV	3.95	5.8	5.0	15.0	36.7	37.3

(2) Quality Perception of Basic Life Service Needs

The percentage distribution of quality perception regarding basic life service needs is presented in Table 4.3. The survey results indicate that respondents are generally satisfied with the basic life services provided. They expressed higher levels of satisfaction with indicators related to dietary needs, living environment, healthcare, and safety assurance. However, satisfaction levels were relatively lower for the variety of meal options, regular health check-up services, emergency medical assistance, and the efficiency of safety assurance processes. These findings offer valuable reference points for relevant departments to focus on improving service quality in these areas.

Table 4.3 Percentage Distribution of Perceived Quality of Basic Life Needs Services

Statement	Average value	Strongly dissatisfied	Dissatisfied	Neutrality	Satisfied	Strongly satisfied
QPBL1-1	3.92	5.5	5.2	17.2	36.5	35.7
QPBL1-2	3.89	5.2	6.5	18.5	34.0	35.8
QPBL1-3	3.93	5.3	5.0	17.8	35.5	36.3
QPBL1-4	3.94	6.5	4.2	15.0	37.7	36.7
QPBL2-1	3.96	5.5	4.5	15.8	36.7	37.5
QPBL2-2	3.97	4.5	6.5	15.0	35.8	38.2
QPBL2-3	3.95	4.0	6.5	16.2	37.5	35.8
QPBL3-1	3.88	6.0	4.7	18.8	36.7	33.8
QPBL3-2	3.95	5.5	6.3	15.0	33.7	39.5
QPBL3-3	3.93	6.3	6.3	14.3	33.7	39.3
QPBL3-4	3.88	6.0	6.8	14.8	37.7	34.7
QPBL3-5	3.95	5.7	5.7	13.8	37.3	37.5
QPBL4-1	3.92	5.5	6.2	15.8	36.0	36.5
QPBL4-2	3.90	5.7	5.5	16.7	37.3	35.8
QPBL4-3	3.88	5.7	4.7	20.0	35.5	34.2
QPBL4-4	3.91	4.8	6.7	16.5	37.8	35.2

(3) Quality Perception of Services for Spiritual Life Needs

The percentage distribution of quality perception regarding services for spiritual life needs is shown in Table 4.4. According to the satisfaction data, respondents are relatively satisfied with the professionalism of mental health services, indicating that relevant departments achieved a certain level of professionalism in this area. The organization of cultural and entertainment activities was also well received, suggesting that efforts in planning and implementing these activities have been recognized to some extent.

However, despite the positive reception of the organization of cultural and entertainment activities, respondents were less satisfied with the content of these activities. This suggests that the current offerings may not fully align with the interests and needs of the elderly. Additionally, satisfaction with the interactivity and inclusiveness of social activities is relatively low, indicating that there are still areas for improvement in the design and implementation of these activities.

To enhance the overall satisfaction and experience of respondents, relevant departments could focus on the following measures: further improving the quality of emotional communication and listening services, strengthening psychological counseling and support, increasing the diversity and appeal of cultural and entertainment services, and enhancing the interactivity and inclusiveness of social activities. These improvements can help ensure that socialized home-based elderly care services more comprehensively meet the needs of the elderly.

Table 4.4 Percentage Distribution of Perceived Quality of Spiritual Life Needs Services

Statement	Average value	Strongly dissatisfied	Dissatisfied	Neutrality	Satisfied	Strongly satisfied
QPSL1-1	3.93	4.7	6.5	16.0	36.7	36.2
QPSL1-2	3.97	3.2	7.3	15.0	38.8	35.7
QPSL1-3	3.87	5.7	6.3	16.3	38.3	33.3
QPSL2-1	3.89	6.3	6.0	15.5	37.0	35.2
QPSL2-2	3.92	6.0	4.5	18.2	34.0	37.3
QPSL2-3	3.92	4.5	5.7	16.3	40.2	33.3
QPSL2-4	3.90	6.5	5.8	14.7	37.7	35.3
QPSL3-1	3.87	6.2	5.5	17.8	36.5	34.0
QPSL3-2	3.99	4.2	5.8	15.0	36.8	38.2
QPSL3-3	3.94	6.2	4.3	17.7	33.3	38.5
QPSL4-1	3.89	4.8	6.5	17.7	36.8	34.3
QPSL4-2	3.92	5.5	6.3	14.5	37.7	36.0
QPSL4-3	3.91	5.7	5.2	17.8	35.3	36.0

(4) Value Perception

The value perception of socialized home-based elderly care services is evaluated based on four key aspects: equality, convenience, price, and cost-effectiveness. The percentage distribution of these aspects is shown in Table 4.5.

The score for equality is relatively high at 3.93, indicating that the services are perceived as fair in their treatment of different elderly groups, with minimal discrimination or favoritism observed. The score for convenience is slightly lower at 3.90, suggesting that there may still be areas for improvement in the ease of accessing services or simplifying processes. The score for price is similar to that of equality, at 3.93, which means that most respondents are satisfied with the service costs, though it is important to consider the views of a few who may feel that costs could be optimized further. The highest score of 3.97 is for cost-effectiveness, indicating that respondents generally believe the fees paid are commensurate with the quality of services received and represent good value for money.

In summary, socialized home-based elderly care services perform well in terms of equality, price, and cost-effectiveness. However, there is a need for further enhancement in the area of convenience to better meet the expectations of service users.

Table 4.5 Percentage Distribution of Perceived Value of Socialized Home-Based Elderly Care Services

Statement	Average value	Strongly dissatisfied	Dissatisfied	Neutrality	Satisfied	Strongly satisfied
VP1	3.93	4.7	5.3	17.3	38.0	34.7
VP2	3.90	6.2	5.2	15.5	38.5	34.7
VP3	3.93	5.3	5.5	17.2	35.2	36.8
VP4	3.97	5.7	5.5	13.7	36.7	38.5

(5) Elderly Satisfaction

The percentage distribution of elderly satisfaction is presented in Table 4.6. Based on the satisfaction data, we analyzed the satisfaction levels of elderly individuals

with socialized home-based elderly care services and reached the following conclusions:

Most elderly people were satisfied or very satisfied with the socialized home-based elderly care services, comprising 70.4% of the respondents. The average satisfaction score is 3.87, indicating that overall satisfaction is at an upper-middle level. However, 5.5% of the elderly were very dissatisfied, and 6.5% were dissatisfied, resulting in a total of 12% of elderly individuals expressing dissatisfaction with the services. The opinions and needs of these dissatisfied elderly people require special attention. Additionally, 17.6% of the elderly rated the services as average, suggesting that there is room for improvement in certain aspects of the services.

In summary, while overall satisfaction with socialized home-based elderly care services is high, it is still necessary to address and resolve the dissatisfaction and average evaluations expressed by a minority of elderly individuals in order to further enhance service quality.

Table 4.6 Percentage Distribution of Elderly Satisfaction

Statement	Average value	Strongly dissatisfied	Dissatisfied	Neutrality	Satisfied	Strongly satisfied
ES	3.87	5.5	6.5	17.7	36.0	34.3

4.1.2 Reliability Test, Validity Test and Factor Analysis

This study employed computer software to conduct a comprehensive data analysis of 600 valid questionnaires. The analysis included reliability test, validity test, and confirmatory factor analysis, all aimed at ensuring the reliability and validity of the data and providing a solid foundation for subsequent research and analysis.

1. Reliability Test

All variables in this study were measured with questionnaire data; therefore, a reliability test was required. SPSS 27.0 was used to assess the internal consistency of each variable, and Cronbach's alpha was employed to describe the overall reliability of

the instrument. The scale contains 37 items, and the overall Cronbach's alpha is 0.976—an exceptionally high value indicating strong stability and reliability of the questionnaire data (see Table 4.7).

Table 4.7 Reliability Analysis

Cronbach's Alpha	N of items
0.976	37

Reliability Analysis was conducted separately for the scales measuring seniors' pre-service expectations, perceived quality of basic daily-life services, perceived quality of spiritual-life services, perceived value of socialized home-based elderly-care services, and senior satisfaction. As shown in Table 4.8, the Cronbach's alpha coefficients for all scales and their sub-dimensions exceed 0.7, indicating good reliability of the measurement instruments used in this study.

Table 4.8 Scale Reliability Analysis

Variable	Dimension	Number of items	Dimension Cronbach's α coefficient	Variable Cronbach's α coefficient
DE	Expectations	3	0.795	0.795
DEBL	Dietary needs	4	0.813	0.947
	Living environment	3	0.773	
	Health care	5	0.865	
	Safety and security	4	0.819	
DESL	Emotional support	3	0.794	0.911
	Mental health	4	0.809	
	Cultural entertainment	3	0.749	
	Social interaction	3	0.743	
VP	Perception of value	4	0.820	0.820

2. Validity Analysis

This study employed SPSS 27.0 to conduct an exploratory factor analysis (EFA) to evaluate the overall validity of the measurement variables. The results showed that the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was 0.991, the chi-square value was 14,618.551, degrees of freedom were 703, and the significance level was below 0.001 (see Figure 4.9).

A KMO value close to 1 indicates a high degree of common variance among the variables, making the data highly suitable for factor analysis. Generally, a KMO value greater than 0.6 is considered acceptable; the obtained value of 0.990 demonstrates exceptionally high sample adequacy. The chi-square statistic tests the difference between the observed and expected correlation matrices, the degrees of freedom reflect the number of independent variables in the test, and the significance level determines whether this difference is statistically meaningful. A significance level of 0.000 shows that the difference is extremely significant, further confirming the appropriateness of conducting factor analysis.

Overall, the EFA results indicate that the questionnaire data possess excellent validity and are highly suitable for subsequent factor-analytic procedures and related analyses.

Table 4.9 KMO and Bartlett's Test

	KMO	0.991
Bartlett's test	Approximate chi-square value	14560.239
	Degree of freedom value	666
	Significance	.000

This study also examined the validity of the scales for dietary needs, living environment, health care, safety and security, emotional support, mental health, cultural and recreational activities, and social interaction, to ensure that each instrument accurately and effectively measures its intended dimension. As shown in Table 4.10,

the KMO values for all scales exceed 0.6, indicating that the variables within each scale share sufficient common variance and are suitable for factor analysis. Moreover, the p-values for the Bartlett tests are all below 0.05, demonstrating that the observed correlations differ significantly from the expected identity matrix and further supporting the validity of each scale.

Taken together, these results confirm that the dimensional scales possess good validity. Consequently, the instruments can reliably measure their respective constructs and provide a solid foundation for subsequent analyses.

Table 4.10 KMO and Bartlett's Test for Each Dimension

		KMO	0.804
QPBL1	Bartlett's test	Approximate chi-square value	758.918
		Degree of freedom value	6
		Significance	<.001
		KMO	0.700
QPBL2	Bartlett's test	Approximate chi-square value	472.534
		Degree of freedom value	3
		Significance	<.001
		KMO	0.875
QPBL3	Bartlett's test	Approximate chi-square value	1280.375
		Degree of freedom value	10
		Significance	<.001
		KMO	0.806
QPBL4	Bartlett's test	Approximate chi-square value	791.817
		Degree of freedom value	6
		Significance	<.001
		KMO	0.692
QPSL1	Bartlett's test	Approximate chi-square value	413.437
		Degree of freedom value	3

		Significance	<.001
		KMO	0.803
QPSL2	Bartlett's test	Approximate chi-square value	739.035
		Degree of freedom value	6
		Significance	<.001
		KMO	0.681
QPSL3	Bartlett's test	Approximate chi-square value	422.149
		Degree of freedom value	3
		Significance	<.001
		KMO	0.689
QPSL4	Bartlett's test	Approximate chi-square value	398.581
		Degree of freedom value	3
		Significance	<.001

This study conducted validity tests on the scales measuring elderly people's expectations, quality perception of basic life needs services, quality perception of spiritual life needs services, value perception of socialized home-based elderly care services, and overall satisfaction of the elderly. As shown in Table 4.11, the KMO values for each scale are greater than 0.6, and the p-values are all less than 0.05. These results indicate that the measurement scales used in this study have good validity.

Table 4.11 KMO and Bartlett's Test for Variables

		KMO	0.710
DE	Bartlett's test	Approximate chi-square value	540.183
		Degree of freedom value	3
		Significance	<.001
QPBL		KMO	0.981
	Bartlett's test	Approximate chi-square value	5522.823
		Degree of freedom value	120
		Significance	.000
QPSL		KMO	0.972
	Bartlett's test	Approximate chi-square value	3972.423
		Degree of freedom value	78
		Significance	.000
VP		KMO	0.807
	Bartlett's test	Approximate chi-square value	799.768
		Degree of freedom value	6
		Significance	<.001

3. Confirmatory Factor Analysis

Confirmatory factor analysis was conducted using AMOS 26.0 software to evaluate the validity of each scale through the structural equation model. The specific analysis results are presented in Table 4.12. The results of the confirmatory factor analysis indicate that the χ^2/df (chi-square to degrees of freedom) values for all variables are less than 3, and the RMSEA (Root Mean Square Error of Approximation) values are less than or equal to 0.05. Additionally, the CFI (Comparative Fit Index), NFI (Normed Fit Index), IFI (Incremental Fit Index), and TLI (Tucker-Lewis Index) values for all variables, except for the elderly's expectations, are greater than 0.9. These data demonstrate that the model has a good fit and is acceptable.

Moreover, the factor loading coefficients for all items range from a minimum of 0.687 to a maximum of 0.770, both of which are greater than 0.6. The average

variance extraction (AVE) values for all variables range from a minimum of 0.501 to a maximum of 0.563, both of which are greater than 0.5. The composite reliability (CR) values for all variables range from a minimum of 0.749 to a maximum of 0.866, both of which are greater than 0.7. Based on these data results, it can be concluded that the scales used in this study exhibit good convergent validity.

Table 4.12 Confirmatory Factor Analysis Results of Each Variable

Variable	Items	Factor loading coefficient	Combined reliability (CR)	AVE	Goodness of fit index
DE	DEBL	0.740	0.784	0.547	$\chi^2/df=0.647$
	DESL	0.736			RMSEA=0.548
					NFI=1.000
	DEOV	0.743			IFI=1.000
QPBL					CFI=1.000
	QPBL1.1	0.719	0.795	0.492	
	QPBL1.2	0.725			
	QPBL1.3	0.705			
	QPBL1.4	0.738			
	QPBL2.1	0.733	0.773	0.531	
	QPBL2.2	0.737			
	QPBL2.3	0.716			
	QPBL3.1	0.712	0.866	0.563	$\chi^2/df=0.965$
	QPBL3.2	0.755			RMSEA=0.000
	QPBL3.3	0.759			NFI=0.982
	QPBL3.4	0.770			IFI=1.001
	QPBL3.5	0.756			TLI=1.001
	QPBL4.1	0.742	0.819	0.531	CFI=1.000
	QPBL4.2	0.723			
	QPBL4.3	0.715			

	QPBL4.4	0.735			
	QPSL1.1	0.709			
	QPSL1.2	0.687	0.749	0.498	
	QPSL1.3	0.721			
	QPSL2.1	0.737			
	QPSL2.2	0.691			$\chi^2/df=0.971$
	QPSL2.3	0.689	0.809	0.514	RMSEA=0.000
	QPSL2.4	0.750			NFI=0.985
QPSL	QPSL3.1	0.722			IFI=1.000
	QPSL3.2	0.704	0.750	0.500	TLI=1.001
	QPSL3.3	0.696			CFI=1.000
	QPSL4.1	0.695			
	QPSL4.2	0.709	0.743	0.490	
	QPSL4.3	0.698			
	VP1	0.703			$\chi^2/df=0.531$
	VP2	0.745			RMSEA=0.471
	VP3	0.725			NFI=1.000
VP			0.820	0.532	IFI=1.000
	VP4	0.744			TLI=1.004
					CFI=1.000

4.1.3 Correlation Analysis

This study employed Pearson correlation analysis in SPSS 27.0 to examine the relationships between the dimensions of each variable. Pearson correlation analysis is a statistical method used to measure the degree of association between two or more correlated variables. It is important to note that correlation does not imply causation; correlation analysis reveals statistical associations between variables, but it does not establish causal relationships.

The correlation coefficient is a statistical measure that reflects the strength and direction of the linear relationship between two variables. It ranges from -1 to 1, where -1 indicates a perfect negative correlation, 1 indicates a perfect positive correlation, and 0 indicates no correlation. Specifically:

$-1 < r < 0$ indicates a negative correlation between the two variables.

$r = 0$ indicates no correlation between the two variables.

$0 < r < 1$ indicates a positive correlation between the two variables.

The correlation coefficient is calculated based on the deviations of the two variables from their respective means, reflecting the relationship between the variables by multiplying these deviations.

In this study, discriminant validity was assessed by comparing the Pearson correlation coefficients with the square roots of the Average Variance Extracted (AVE). As shown in Table 4.13, the variables analyzed included Expected Expectations (DE), Quality Perception of Basic Life Needs Services (QPBL), Quality Perception of Spiritual Life Needs Services (QPSL), Value Perception of Socialized Home-Based Elderly Care Services (VP), and Elderly Satisfaction (ES). The results indicate that the correlation coefficients between all variables range from 0.617 to 1, suggesting significant positive correlations among these variables.

Table 4.13 Results of Pearson's Correlation Analysis for Variables

	DE	QPBL	QPSL	VP	ES
DE	1	.847**	.848**	.778**	.617**
QPBL	.847**	1	.939**	.876**	.697**
QPSL	.848**	.939**	1	.868**	.712**
VP	.778**	.876**	.868**	1	.658**
ES	.617**	.697**	.712**	.658**	1

* $p < 0.05$ ** $p < 0.01$

4.1.4 Structural Equation Model and Hypothesis Testing

1. Construction of Path Coefficient Diagram of Structural Equation Model

Prior to conducting key path analysis, the path analysis diagram of the model was constructed using AMOS 26.0 software, based on the theoretical model and basic assumptions of the socialized home-based elderly care service supply and demand satisfaction model proposed in the previous section. This diagram more intuitively illustrates the relationships between various influencing factors and the extent to which observed variables impact latent variables, facilitating the subsequent organization of variable relationships. The corresponding structural equation was established accordingly. The path diagram of the socialized home-based elderly care service supply and demand satisfaction model developed in this study is presented in Figure 4.1.

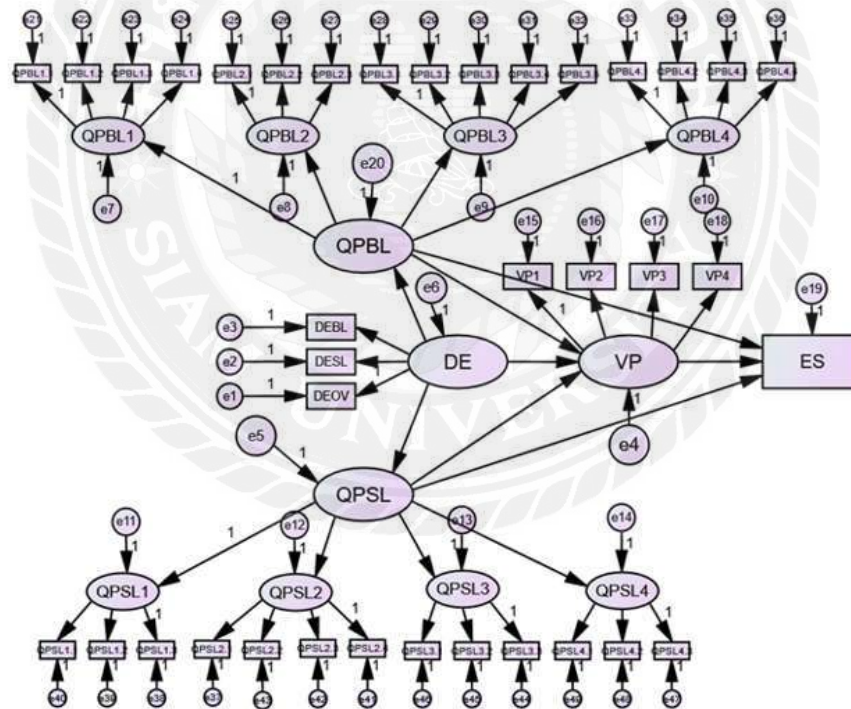


Figure 4.1 Path Diagram of the Supply and Demand Satisfaction Model of Socialized Home-Based Elderly Care Services

2. Model Fit Test

Since the structural equation model (SEM) is an analytical method used to test proposed hypotheses, it is necessary to fit the model through data analysis once the

initial model framework is established. The model fit is then verified based on the path coefficients.

The model fit test evaluates how well the model corresponds to the data by examining specific test statistics. Using AMOS 26.0, confirmatory factor analysis was conducted on the model. After modifying the model according to the analysis results, the final model fitting results were obtained, as shown in Table 4.14. The model fit was assessed using five indicators: χ^2/df (chi-square to degrees of freedom), RMSEA (Root Mean Square Error of Approximation), GFI (Goodness of Fit Index), AGFI (Adjusted Goodness of Fit Index), and NFI (Normed Fit Index). As shown in Table 4.14, the χ^2/df value is 1.101, the RMSEA value is 0.013, the GFI value is 0.943, the AGFI value is 0.935, and the NFI value is 0.955. All these indicators meet the criteria for a good fit, indicating that the SEM model of rural socialized home-based elderly care service supply and demand satisfaction aligns well with the research data. In other words, the data fit the model well, and path coefficient analysis can be conducted.

Table 4.14 Model Fit

Statistical test quantity	Fitness standard	Model parameters	Fitness results
χ^2/df	<3	1.098	Fit
RMSEA	<0.05	0.013	Fit
GFI	>0.9	0.943	Fit
AGFI	>0.9	0.935	Fit
NFI	>0.9	0.955	Fit

3. Hypothesis Test Results

After constructing the path analysis diagram for the community home-based elderly care service satisfaction model, the survey data were imported into the diagram. Using AMOS 26.0 software, the model was standardized and analyzed to obtain the standardized path coefficient diagram. This diagram illustrates the relationships

between the factors affecting the supply and demand satisfaction of socialized home-based elderly care services, as shown in Figure 4.2.

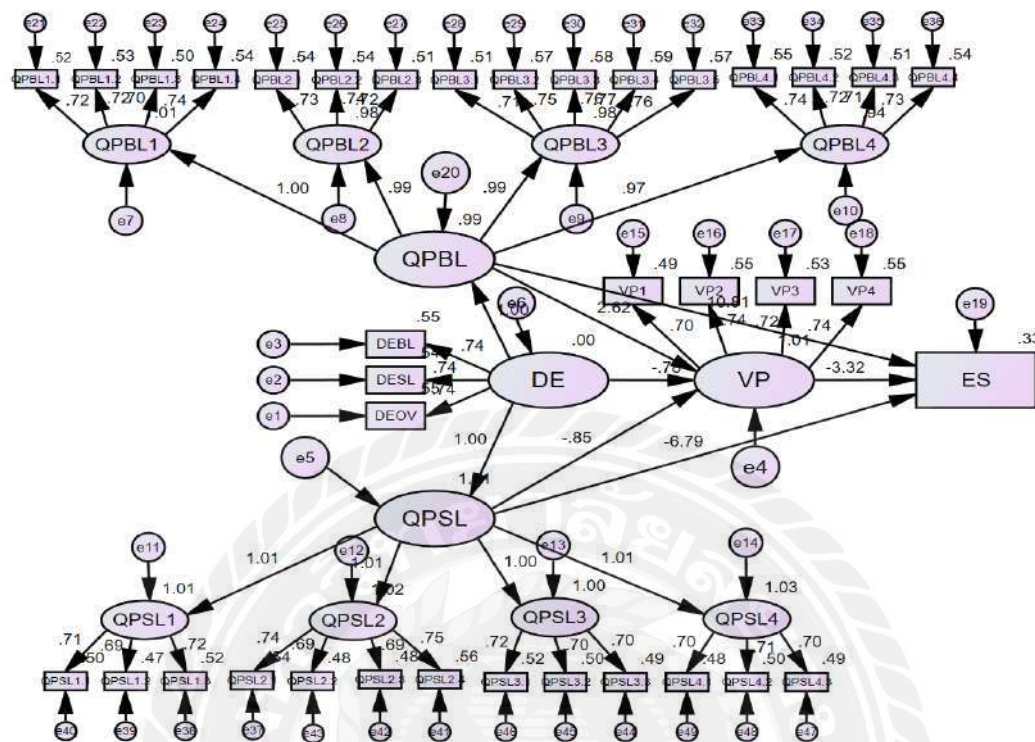


Figure 4.2 Standardized path coefficient s of factors affecting satisfaction with supply and demand of socialized home-based elderly care services

(1) Correlation Coefficient Test

By examining the standardized coefficients in the path coefficient diagram, we can clearly assess the relationships between variables and their respective influence coefficients. These coefficients allow us to determine the degree of influence between variables. As shown in the diagram:

The quality perception of basic life needs services and the quality perception of spiritual life needs services are both positively correlated with the elderly's demand expectations, each with a correlation coefficient (r) of 1.0. Therefore, Hypothesis 1 and Hypothesis 2 are supported.

The quality perception of basic life needs services is positively correlated with the elderly's satisfaction, with an influence coefficient of 10.81. Thus, Hypothesis 3 is supported.

The quality perception of spiritual life needs services is negatively correlated with the elderly's satisfaction, with a correlation coefficient of -6.79. Therefore, Hypothesis 4 is not supported.

The quality perception of basic life service needs is positively correlated with the elderly's value perception, with an influence coefficient of 2.62. Hence, Hypothesis 5 is supported.

The quality perception of spiritual life service needs is negatively correlated with the elderly's value perception, with a correlation coefficient of -0.849. Therefore, Hypothesis 6 is not supported.

The elderly's demand expectations are negatively correlated with the elderly's value perception, with a correlation coefficient of -0.78. Thus, Hypothesis 7 is not supported.

The elderly's value perception is negatively correlated with the elderly's satisfaction, with a correlation coefficient of -3.32. Therefore, Hypothesis 8 is not supported.

These results are summarized in Table 4.15.

Table 4.15 Hypothesis Verification Results

Hypothesis	Content	Result
H1	The elderly's demand expectations have a positive impact on the quality perception of basic life needs services.	Accepted
H2	The elderly's demand expectations have a positive impact on the quality perception of spiritual life needs services.	Accepted
H3	The quality perception of basic life needs services has a positive impact on the elderly's satisfaction.	Accepted
H4	The quality perception of spiritual life needs services has a positive impact on the elderly's satisfaction.	Rejected
H5	The quality perception of basic life demand services has a positive impact on the elderly's value perception.	Accepted

Hypothesis	Content	Result
H6	The quality perception of spiritual life demand services has a positive impact on the elderly's value perception.	Rejected
H7	The elderly's demand expectations have a positive impact on the elderly's value perception.	Rejected
H8	The elderly's value perception has a positive impact on the elderly's satisfaction.	Rejected

(2) Parameter Test

While standardized coefficients offer insights into the relative magnitudes of the influences among variables, they do not directly indicate the actual strength of these relationships. Therefore, in some cases, unstandardized coefficients may provide more comprehensive information to support or refute the research hypotheses.

The results of the unstandardized coefficients in this study are presented in Table 4.16. These results show that:

The elderly's demand expectations are positively correlated with both the quality perception of basic life service needs and the quality perception of spiritual life service needs.

The quality perception of basic life service needs has a positive impact on the elderly's satisfaction, whereas the quality perception of spiritual life service needs has a negative impact on their satisfaction.

The quality perception of basic life service needs is positively correlated with value perception, while the quality perception of spiritual life service needs is negatively correlated with value perception.

The elderly's demand expectations are negatively correlated with value perception, and value perception is negatively correlated with the elderly satisfaction.

The parameter tests of the unstandardized coefficients further validate the results of the hypothesis tests.

Table 4.16 Parameter Test

Hypothesis	Impact path	Estimate
H1	DE-- QPBL	0.959
H2	DE-- QPSL	0.979
H3	QPBL--ES	15.194
H4	QPSL--ES	-9.412
H5	QPBL--VP	2.474
H6	QPSL--VP	-0.790
H7	DE--VP	-0.708
H8	VP--ES	-4.941

Building on the initial research model proposed in Chapter 3, this chapter innovatively develops a research model for the supply and demand satisfaction of socialized home-based elderly care services. By utilizing AMOS 26.0 software to visualize the research model, we can more intuitively observe the relationships between various factors. Meanwhile, SPSS 27.0 software was employed to organize the survey data, integrating descriptive statistics with reliability and validity test results to conduct a comprehensive data analysis. Subsequently, AMOS 26.0 was used again to re-evaluate the data fit, and the results confirm a good alignment between the data and the model.

Following this, path coefficient analysis was performed on the socialized home-based elderly care supply and demand satisfaction model. This analysis reveals the interrelationships among latent variables, the connections between latent and observed variables, and the specific path coefficients, thereby verifying the proposed hypotheses. Furthermore, a key path analysis was conducted to identify the strengths and weaknesses of the current socialized home-based elderly care services, providing a foundation for subsequent improvement recommendations.

4.2 Qualitative Data Analysis

From the quantitative analysis conducted above, it is evident that in the rural socialized home-based elderly care services in Fuyang City, various aspects of service quality perception, elderly demand expectations, and value perception collectively influence the elderly's satisfaction. The survey results indicate that overall satisfaction with elderly care services is high, particularly in the realm of basic life services. However, spiritual life services either fail to meet the elderly's expectations or exhibit certain issues. Additionally, there is a negative correlation observed between the elderly's demand expectations and their value perception.

To gain a deeper understanding of the supply and demand satisfaction dynamics in rural socialized home-based elderly care services and to identify ways to enhance the elderly's satisfaction with these services, the researcher conducted in-depth interviews. These interviews involved 12 rural elderly individuals, 2 government officials engaged in elderly care services, and 2 scholars specializing in the study of elderly care services.

4.2.1 In-depth Interview Data

Following the questionnaire survey, to gain a deeper understanding of the respondents' underlying motivations, beliefs, attitudes, and emotions, the researcher conducted a series of in-depth interviews with rural elderly individuals, government officials, and experts in elderly care services. The interview information is detailed below.

Table 4.17 provides information of 12 key informants from rural Fuyang City, including their needs and suggestions.

Table 4.17 Interview Data from Key Informants

Number	Data
01	Gender: Male Age: 65 years old Health status: Good

Number	Data
	Economic level: Middle Education level: Primary school Living situation: Living alone Family support: General Needs: Regular health check-ups and life care services are needed. Suggestions: Increase the number of medical service points in rural areas and improve the accessibility of home-based elderly care services.
02	Gender: Female Age: 70 years old Health status: Chronic diseases Economic level: Low Education level: Junior high school Residence: Live with spouse Family support: Good Needs: Need medication management and chronic disease management services. Suggestion: Provide affordable long-term care insurance to reduce the burden on the family.
03	Gender: Female Age: 75 years old Health status: Good Economic level: High Education level: High school Residence: Live with children Family support: Good Needs: Need rich cultural and entertainment activities and social opportunities. Suggestion: Establish activity centers for rural elderly people to promote social interaction.
04	Gender: Male Age: 80 years old Health status: Limited mobility Economic level: Middle Education level: Primary school Living situation: Living alone Family support: Poor Needs: Need all-round care in daily life.

Number	Data
	Suggestions: Provide customized home-based elderly care services to meet individual needs.
05	Gender: Male Age: 85 years old Health status: General Economic level: Low Education level: No formal education Residence: Living with spouse Family support: General Needs: Need basic medical services and emergency rescue services. Suggestions: Strengthen the construction of medical emergency system in rural areas.
06	Gender: Female Age: 90 years old Health status: Multiple chronic diseases Economic level: High Education level: High school Living situation: Living with children Family support: Good Needs: Professional rehabilitation care and psychological counseling services are needed. Suggestions: Introduce more professional rehabilitation therapists and psychological counselors to rural areas.
07	Gender: Female Age: 60 years old Health status: Good Economic level: Middle Education level: Primary school Living situation: Living alone Family support: General Needs: Housekeeping and safety supervision are needed. Suggestions: Provide regular housekeeping and install emergency call system.
08	Gender: Female Age: 68 years old Health status: Chronic diseases Economic level: Low

Number	Data
	Education level: Junior high school Living situation: Living with spouse Family support: Good Needs: Health lectures and nutritional diet guidance are needed. Suggestions: Regularly hold health lectures and provide dietary advice.
09	Gender: Male Age: 73 years old Health status: Good Economic level: High Education level: High school Living situation: Living with children Family support: Good Needs: Travel and leisure activities are needed. Suggestions: Organize tour groups and leisure activities suitable for the elderly.
10	Gender: Male Age: 78 years old Health status: mobility impairment Economic level: Middle level Education level: Primary school Living situation: Living alone Family support: Poor Needs: Daily life care and rehabilitation services are needed. Suggestion: Provide customized home rehabilitation services.
11	Gender: Male Age: 83 years old Health status: Average Economic level: Low Education level: No formal education Residence: Lives with spouse Family support: Average Needs: Need basic medical services and regular visits. Suggestions: Strengthen rural medical outpatient services.
12	Gender: Female Age: 88 years old Health status: Multiple chronic diseases Economic level: High

Number	Data
	Education level: High school Living situation: Living with children Family support: Good Needs: Professional rehabilitation care and long-term care planning are required. Suggestion: Strengthen medical care services.

Table 4.18 is the interview data from experts who specialize in elderly care services.

Table 4.18 Interview Data from Experts

No.	Data
Expert 1	Occupation: Professor of Sociology, Fuyang Normal University Research direction: Aging and elderly care services, rural sociology Suggestions: It is recommended to strengthen policy support and financial investment in rural socialized home-based elderly care services, improve service facilities, improve service quality, and focus on cultivating professional elderly care service talents.
Expert 2	Occupation: Vice President of Fuyang Elderly Care Service Industry Association Research direction: Development of elderly care service industry, construction of elderly care service system Suggestions: It is recommended to promote the integration of rural socialized home-based elderly care services with local economy and culture, develop characteristic elderly care services, strengthen industry supervision, and standardize service standards.

Table 4.19 is the interview data from two government staff members in Fuyang City who are engaged in rural social home-based elderly care services.

Table 4.19 Interview Data from Government Staff

No.	Information
Staff 1	Occupation: Chief of the Elderly Care Service Section of the Civil Affairs Bureau of a district in Fuyang City Suggestions: It is recommended to strengthen the construction of the rural socialized home-based elderly care service system, improve the service coverage and service quality, and focus on cultivating professional elderly care service talents to meet the growing elderly care service needs of rural elderly people.

No.	Information
Staff 2	Occupation: Chief of the Social Affairs Promotion Section of the Rural Revitalization Bureau of a county in Fuyang City
	Suggestions: It is recommended to combine rural socialized home-based elderly care services with rural revitalization, promote the construction of rural elderly care service facilities and service improvements through policy guidance and financial support, and promote the happy life of rural elderly people and the harmonious development of society.

Through in-depth interviews, the study discovered that Fuyang City has implemented several measures to enhance rural socialized home-based elderly care services. The government has introduced policies to strengthen care services for left-behind elderly individuals in rural areas and to promote the development of rural elderly care service systems. Additionally, tuition reimbursement and entry incentive policies have been put in place for elderly care practitioners to bolster the caregiving workforce. A variety of elderly care service institutions, including both public-private partnerships and privately run organizations, offer multi-level care services tailored to the needs of the elderly population. The interviews also highlighted that the urban and rural residents' pension insurance fund, which consists of individual contributions, collective subsidies, and government support, provides a certain degree of economic security for the elderly. However, further improving the elderly care service system and enhancing service quality remain key issues for future focus.

By integrating both quantitative and qualitative research findings, it is evident that the primary demand for elderly care services in rural areas is still concentrated on basic living needs, particularly medical care and daily assistance. To improve satisfaction with elderly care services and achieve a balance between supply and demand, it is essential to achieve precise service delivery and enhance the rural multi-faceted collaborative elderly care mechanism.

4.2.2 Content Analysis

This in-depth interview study focuses on the supply and demand satisfaction of rural socialized home-based elderly care services in Fuyang City. The aim is to explore

the key factors influencing the elderly's satisfaction with these services and to identify effective ways to improve satisfaction levels. The interviews involved elderly individuals, government staff, and experts, whose insights are crucial for enhancing service quality and meeting the needs of the elderly. Below is a detailed summary of the interview findings:

1. Perspectives of the Elderly

As direct beneficiaries of home-based elderly care services, the elderly's satisfaction is a direct reflection of service quality. During the interviews, the elderly detailed their needs and expectations for home-based care services, focusing primarily on three major aspects: economic support, life care, and emotional support.

Economic Support: The elderly hope that the government can provide more financial assistance and subsidies to alleviate their economic burden.

Life Care: The elderly expect to receive more professional and personalized care services, such as regular health check-ups and assistance with daily activities.

Emotional Support: The elderly desire more emotional care, including rich community social activities to help them build social connections and reduce loneliness.

The elderly emphasized the importance of personalized services that are closely aligned with their daily lives. They highlighted the need for professionalism and patience among service providers, as well as the importance of spiritual and emotional support services. These feedbacks not only reveal the specific needs of the elderly but also identify areas where current services fall short, providing valuable directions for improving the quality of elderly care services.

2. Government Staff Perspectives

Government Staff shared the current policy directions and service systems, emphasizing the government's role in promoting home-based elderly care services. They are committed to improving the service network and enhancing service quality to

meet the growing and diversified needs of the elderly. Key points emphasized by government staff include:

System Construction and Policy Guidance: A comprehensive system framework is essential to ensure the standardization and sustainability of services. Policy guidance provides direction and motivation, fostering innovation and development in service delivery.

Supervision and Evaluation: Establishing effective supervision mechanisms and evaluation systems ensures service quality and allows for timely adjustments and optimizations to service content. This ensures the effective implementation and continuous improvement of home-based elderly care services.

Government staff demonstrated their determination to promote home-based elderly care services, aiming to build a more complete, efficient, and caring service system. Their efforts are focused on meeting the diverse needs of the elderly and improving their quality of life.

3. Scholarly Insights

The study conducted an in-depth analysis of the interview data from an academic perspective, offering theoretical insights and practical suggestions. Scholars believe that improving the elderly's satisfaction with care services is a complex system project that requires a multifaceted approach, addressing both supply and demand sides.

Supply Side: Scholars emphasized the need to enhance the professionalization and personalization of services.

Demand Side: More attention should be paid to the actual needs and psychological states of the elderly to achieve accurate service matching.

Specific suggestions from scholars include:

Financial Support and Subsidies: Key to promoting service development, with a focus on service efficiency and effectiveness.

Training and Education: Improving the professional skills and qualities of service personnel is fundamental to enhancing service quality.

Resource Integration and Sharing: Leveraging community resources can expand service coverage and improve efficiency.

Volunteer Services and Social Participation: These can provide additional service resources and enhance community cohesion.

Scholars have provided a comprehensive and in-depth analysis, offering practical suggestions for improving the elderly's satisfaction with care services.

In summary, the interviews provided valuable insights into the supply and demand dynamics and existing challenges of socialized home-based elderly care services in rural Fuyang City. The researcher integrated these findings to explore effective ways to enhance the elderly's satisfaction with care services, and to provide valuable references for the development of rural elderly care services in Fuyang City and potentially in a broader context.

4.3 Guidelines to Improve Elderly Satisfaction

By integrating quantitative and qualitative methods, this study can identify that the elderly's demand expectations, their quality perception of basic life service needs, their quality perception of spiritual life service needs, and their value perception of elderly care services all influence their overall satisfaction. Among these factors, quality perception has the most significant impact on the elderly's satisfaction, particularly the quality perception of basic life service needs. The demand for elderly care services among rural elderly individuals is primarily focused on basic life support, especially medical care and daily assistance, although the demand for spiritual life services is also on the rise.

The elderly's demand expectations are at the core of socialized home-based elderly care services. Accurately understanding the needs of the elderly can provide a clear direction for care services, account for the differences among the elderly, and

enhance the perception of service quality. The elderly's value perception of care services involves evaluating whether the services are worth the cost and assessing the overall elderly care service system. This perception can be enhanced through collaborative efforts among the government, market, family, and social organizations.

In socialized home-based elderly care services, achieving a balance between supply and demand is crucial. A multi-faceted collaborative supply mechanism can integrate resources, coordinate among various parties, avoid duplication or gaps in services, and provide more comprehensive and high-quality care. This ensures that the elderly can enjoy seamless care services and increases their satisfaction with the care system.

To enhance satisfaction with elderly care services and achieve a balance between supply and demand, it is essential to first realize precise service delivery, secondly clarify the roles and responsibilities of the government, market, family, social organizations, and other stakeholders, and finally enhance the multi-faceted collaborative elderly care service supply mechanism. Based on these insights, this study proposes the following conclusions. (see Figure 4.3)

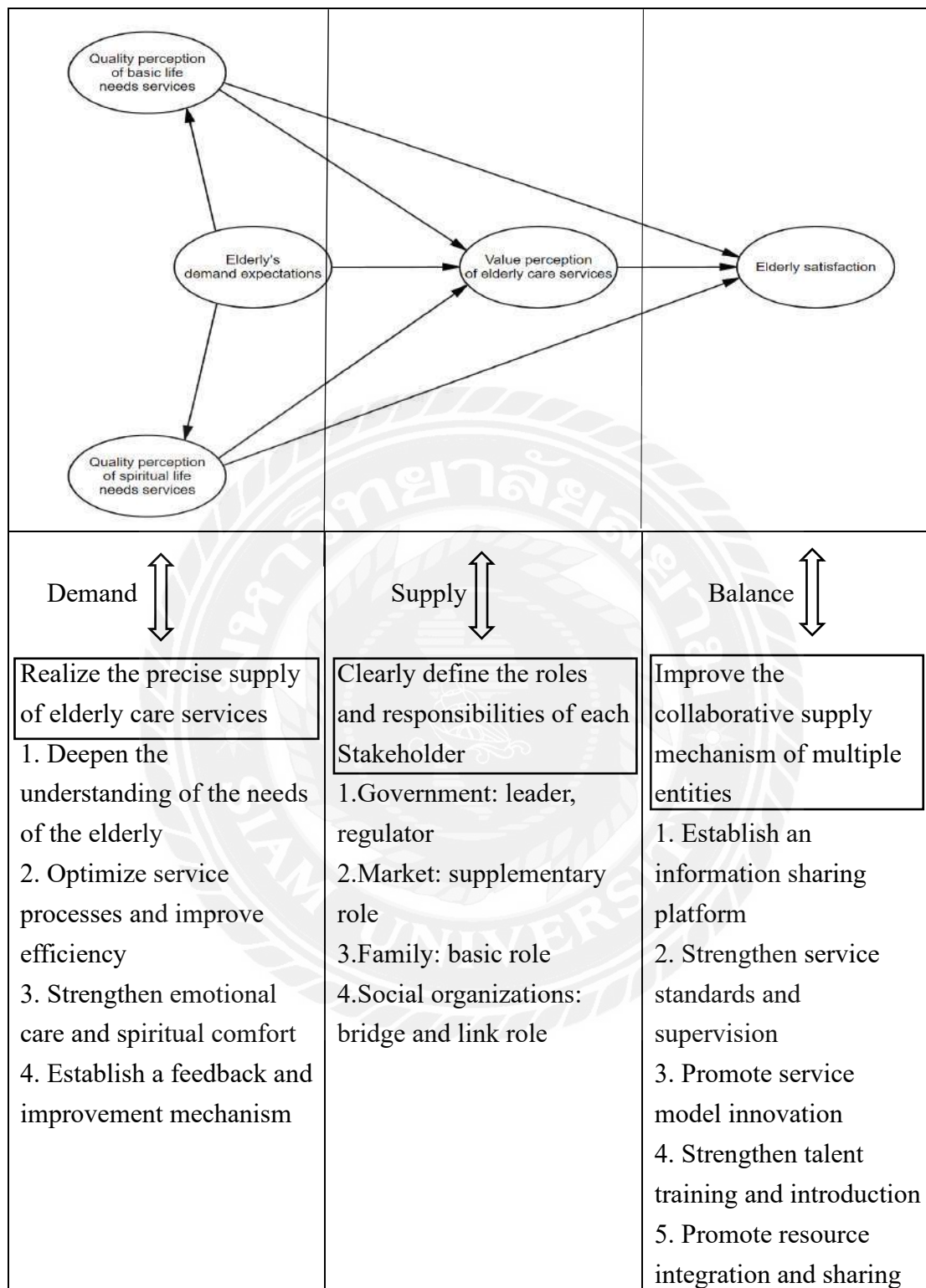


Figure 4.3 Guidelines to Improve Elderly Satisfaction

4.3.1 Realize the Precise Supply of Elderly Care Services

To achieve accurate supply of elderly care services, meet the demand expectations of the elderly, promote the efficient operation of rural socialized home-based elderly care services, and thereby enhance the satisfaction of the elderly, the following specific measures are proposed:

1. Deepen the Understanding of the Elderly's Needs

Utilize questionnaires, interviews, and other methods to gain a deep understanding of the actual needs and service preferences of the elderly. Develop personalized service plans tailored to the diverse needs and characteristics of the elderly to ensure that service content aligns with their actual requirements.

2. Optimize Service Processes and Improve Efficiency

Enhance service efficiency and quality by optimizing service processes and reducing service costs. For instance, introduce an intelligent management system to monitor and manage the service process in real-time, ensuring the standardization and normalization of service delivery. Additionally, provide training and education to improve the professional skills and service awareness of caregivers, thereby enhancing service efficiency and quality.

3. Strengthen Emotional Care and Spiritual Comfort

While providing material support, pay attention to the emotional and spiritual well-being of the elderly. Engage in companionship and communication to monitor and address their mental health needs. Enrich their spiritual and cultural lives through a variety of cultural and entertainment activities to improve their overall quality of life and sense of happiness.

4. Establish a Feedback and Improvement Mechanism

Create a feedback and improvement mechanism for home-based elderly care services to promptly understand the needs and opinions of the elderly and to evaluate and enhance service quality. Encourage the elderly to actively voice concerns and

suggestions by setting up complaint channels and feedback mechanisms. Regularly assess service quality and effectiveness to identify and correct issues. Additionally, strengthen communication with the elderly to build trust and improve service satisfaction and loyalty.

4.3.2 Clarify the Roles and Responsibilities of Each Stakeholder

1. Role and Responsibilities of the Government

The government serves as the leader and regulator in rural socialized home-based elderly care services. Its responsibilities are primarily reflected in the following areas:

Formulate Policies and Regulations: The government must develop and refine relevant policies and regulations to provide legal protection and policy support for rural socialized home-based elderly care services. This includes establishing service standards, regulating market order, and protecting the rights and interests of the elderly.

Provide Financial Support: The government should increase financial investment in rural socialized home-based elderly care services, offering necessary financial backing for service development. This includes funding for building elderly care facilities, training service personnel, and providing subsidies.

Supervise Service Quality: The government is responsible for overseeing the quality of rural socialized home-based elderly care services to ensure their standardization and professionalism. This involves establishing a service quality evaluation system, conducting regular inspections, and rectifying substandard services.

Promote Resource Integration: The government should actively facilitate the integration of resources for rural socialized home-based elderly care services to achieve optimal allocation and sharing of resources. This includes integrating medical, social security, and cultural resources to provide comprehensive services for the elderly.

2. Market Roles and Responsibilities

The market plays a significant supplementary role in rural socialized home-based elderly care services. Its responsibilities are mainly reflected in the following areas:

Provide Professional Services: The market should leverage its professional advantages to deliver high-quality home-based elderly care services through social organizations and enterprises. This includes introducing advanced elderly care concepts and technologies to improve service efficiency and quality, and to meet the diverse needs of the elderly.

Promote Innovative Development: The market should actively drive the innovative development of rural socialized home-based elderly care services, continuously exploring new service models and technologies. This includes innovations in the research and development of intelligent elderly care products and the development of telemedicine services.

Assume Social Responsibility: The market should not only pursue economic benefits but also assume social responsibility. This includes caring for the spiritual needs of the elderly and providing public welfare services.

3. Family Roles and Responsibilities

The family serves as the foundation in rural socialized home-based elderly care services. Its responsibilities are primarily reflected in the following areas:

Economic Support: The family should provide economic support to the elderly, ensuring their basic living needs are met. This involves arranging family income and expenditure to cover the necessary living and medical expenses of the elderly.

Life Care: Family members should actively participate in the daily care of the elderly, providing comprehensive support including diet, living arrangements, hygiene, and more. They should also pay attention to the physical and mental health of the elderly through companionship and communication, and address any issues promptly.

Emotional Support: Family members should offer full emotional support to the elderly, paying attention to their psychological needs and spiritual well-being. Through companionship, listening, and other means, they can alleviate the loneliness and anxiety of the elderly, improving their quality of life and happiness.

Participation in Service Decision-Making: Families should actively engage in the decision-making process of rural socialized home-based elderly care services, sharing their opinions and suggestions. This helps ensure that services align with the actual needs of the elderly, enhancing service satisfaction and effectiveness.

4. Roles and Responsibilities of Social Organizations

Social organizations act as bridges and links in rural socialized home-based elderly care services. Their responsibilities are primarily reflected in the following areas:

Build a Service Platform: Social organizations should establish a home-based elderly care service platform to integrate various service resources and provide one-stop services for the elderly. Through platform construction and operation, they can improve service efficiency and quality while reducing costs.

Provide Professional Services: Social organizations should leverage their professional strengths to deliver high-quality home-based elderly care services, including psychological counseling, health lectures, and cultural and entertainment activities.

Mobilize Social Resources: Social organizations should actively mobilize social resources to support rural socialized home-based elderly care services. This includes fundraising, recruiting volunteers, and coordinating the interests of all parties.

Advocate Social Participation: Social organizations should encourage widespread social participation in home-based elderly care services, fostering a positive environment where society pays attention to and supports elderly care. By organizing publicity campaigns and public welfare projects, they can raise public awareness and involvement in elderly care services.

Feedback and Supervision: Social organizations should establish feedback and supervision mechanisms to promptly understand the needs and opinions of the elderly, report issues to the government and society, and offer suggestions. Through these mechanisms, they can continuously improve the quality of home-based elderly care services.

In summary, the government, market, family, and social organizations all play crucial roles in rural socialized home-based elderly care services. Only through collaborative efforts and joint cooperation can we provide comprehensive, high-quality, and efficient home-based elderly care services for the elderly, thereby promoting the healthy development of rural socialized home-based elderly care services.

4.3.3 Improve the Collaborative Supply Mechanism of Multiple Entities

To achieve precise supply and efficient operation of socialized home-based elderly care services in rural areas, it is essential to establish a comprehensive collaborative supply mechanism involving multiple entities. The specific measures include:

1. Establish an Information Sharing Platform

Create an information sharing platform for home-based elderly care services to achieve interconnectivity and interoperability of information among the government, society, families, and non-governmental organizations. The platform should cover basic information about the elderly, service needs, service supply conditions, and other relevant content, providing timely and accurate information support for all parties. Additionally, through data analysis and mining techniques, the platform can identify shortcomings and weak links in service supply, offering a basis for policy formulation and service improvement.

2. Strengthen Service Standards and Supervision

Develop and refine the standard system for home-based elderly care services, clarifying specifications for service content, quality requirements, and operating

procedures. Enhance supervision of service providers to ensure compliance with these standards. Concurrently, establish a service quality evaluation and feedback mechanism to regularly assess and provide feedback on services, enabling timely identification and rectification of issues.

3. Promote Service Model Innovation

Encourage and support social forces in innovating home-based elderly care service models to provide more personalized and diversified services. For example, introduce smart elderly care technologies and leverage the Internet of Things and big data to improve service efficiency and quality. Explore integrated medical and elderly care service models to combine medical and elderly care resources organically. Additionally, promote the development of service models that combine volunteer services with professional services.

4. Strengthen Talent Training and Introduction

Increase efforts in training and recruiting talent for home-based elderly care services. Enhance the professional skills and service awareness of existing service personnel through special funds and training courses. Attract more professional talent to the field through preferential policies. Moreover, strengthen cooperation and exchanges with educational institutions such as universities and vocational colleges to cultivate more high-quality professional talent.

5. Promote Resource Integration and Sharing

Facilitate resource integration and sharing among the government, society, families, and non-governmental organizations. Introduce additional service resources through government procurement of services and projects undertaken by social organizations. Promote the optimal allocation and shared use of service resources through the establishment of service alliances and partnerships. Encourage and support the integration and utilization of internal rural resources, such as land and labor, to provide support for home-based elderly care services.

In summary, the research on the satisfaction of supply and demand for rural socialized home-based elderly care services need to clarify the roles and responsibilities of the government, society, families, and non-governmental organizations. By improving the collaborative supply mechanism involving multiple stakeholders, we can achieve precise supply of elderly care services and enhance the satisfaction of the elderly. Through the implementation of these measures, we can promote the healthy development of rural home-based elderly care services, providing the elderly with higher quality and more efficient services to ensure their happiness and well-being in their later years.



CHAPTER 5

RESEARCH CONCLUSION, DISCUSSION AND RECOMMENDATION

This chapter presents the research conclusions, discusses the conclusions, and provides future research directions as follows:

5.1 Research Conclusion

5.2 Discussions

5.3 Recommendation

5.1 Research Conclusion

This study aimed to examine the factors that affect the elderly's satisfaction with the supply and demand of socialized home-based elderly care services by studying rural socialized home-based elderly care services and analyzing the relationship between the factors. The goal of this study is to enhance the rural elderly's satisfaction with the supply and demand of socialized home-based elderly care services. The specific objectives are:

1. To determine the influencing factors that affect the supply and demand satisfaction of socialized home care services in rural China.
2. To examine the relationship between the variables that affect the supply and demand satisfaction of socialized home care services in rural China.
3. To propose the guidelines to enhance the elderly's satisfaction by optimizing the multiple collaborative supply mechanism.

In the quantitative research approach, this study firstly constructed a research model of socialized home-based elderly care service supply and demand satisfaction based on the initial research model. The questionnaire was designed according to the

references and combined with the actual situation of Fuyang City. It contained 47 questions, which measured the demand expectations, quality perception, value perception and satisfaction with elderly care services from different dimensions. The questionnaire was distributed in rural areas of 5 counties in Fuyang City through a professional questionnaire survey platform with the support of village-level liaison officers, and 600 questionnaires were collected. For the collected data, this study employed statistical analysis software for its reliability and validity test, and structural equation model. A structural equation modeling tool was used to construct the research model, which allows for a more intuitive observation of the relationships between various factors. Data organization and analysis software was utilized to process the survey data, and the data analysis was conducted in conjunction with the results of descriptive statistics as well as the reliability and validity tests. The structural equation modeling tool was again employed to assess the model fit of the data, and the results indicated a good fit between the data and the model. Subsequently, a path coefficient analysis was performed on the supply and demand satisfaction model of socialized home-based elderly care services, revealing the interrelationships between latent variables, the relationships between latent and observed variables, and the path coefficients, thereby verifying the hypotheses. Through the analysis of key paths, the strengths and weaknesses of rural socialized home-based elderly care services in practice were identified.

In the qualitative research approach, in-depth interviews were conducted with 12 rural elderly individuals with diverse personal characteristics, 2 government staff involved in elderly care services, and 2 experts in elderly care services research. The interview data were then subjected to content analysis.

Finally, the conclusions from the quantitative research were integrated with the results of the qualitative analysis to propose recommendations for enhancing supply of elderly care services, clarifying the roles and responsibilities of each elderly care service provider, and improving the multi-faceted collaborative elderly care service

mechanism, all aimed at enhancing the elderly's satisfaction with the supply and demand of socialized home-based elderly care services.

5.2 Discussion

According to the research findings in Chapter 4, the elderly have a high overall satisfaction with socialized home-based elderly care services. The demand for elderly care services is mainly reflected in basic life, especially daily life and health care, but at the same time, the demand for services for spiritual life needs is also increasing. Based on the analysis of the research results, the research questions can be answered as follows:

1. What are the factors that affect the elderly's satisfaction with the supply and demand of socialized home-based elderly care services in rural China?

The factors that affect the satisfaction with the supply and demand of socialized home-based elderly care services mainly include the elderly's demand expectations, the quality perception of basic life needs services, the quality perception of spiritual life needs services, and the value perception of elderly care services. These factors are interrelated and work together to affect the satisfaction of the elderly.

2. What is the relationship between the factors that affect the elderly's satisfaction of supply and demand of socialized home-based elderly care services in rural China?

The elderly's demand expectations are the basis, which determines their basic requirements and expectations for elderly care services. The perception of the quality of elderly care services affects the experience evaluation, and the perception of value is related to the cost-effectiveness and overall value judgment. These factors interact with each other and jointly affect satisfaction. Therefore, to improve satisfaction, comprehensive measures should be taken to fully consider and meet the diversified needs of the elderly.

3. How can the supply and demand satisfaction with socialized home care services be improved?

First, we should realize accurate supply and provide personalized and customized services; second, we should clarify the roles and responsibilities of each supply entity and form a joint force; third, we should improve the multi-dimensional coordination mechanism to achieve optimal resource allocation and effective service connection. The above measures can effectively improve the supply and demand satisfaction of socialized home care services.

5.2.1 The Impact of the Elderly's Demand Expectations on Quality Perception

The elderly's demand expectations are positively correlated with their perceived quality of basic life service needs and their perceived quality of spiritual life service needs. This finding (Hypothesis 1 and Hypothesis 2 are established) reveals the intrinsic connection between the elderly's demand expectations and their perception of the quality-of-life services. This is consistent with the research of Li (2021), who believes that the elderly's demand expectations have a positive impact on the service quality actually felt by the elderly, and the impact is small. However, this is slightly different from the conclusions drawn from traditional customer satisfaction research. The difference is that traditional research believes that customer expectations are negatively correlated with customer perceptions, that is, the higher the customer expectations, the lower the satisfaction. The lower the expectations, the higher the satisfaction (Dai, 2014).

For basic life services, the elderly's demand expectations often focus on the convenience, comfort and safety of life. When these basic needs are met, they will have a higher perception and evaluation of the quality of the service. This positive correlation shows that the elderly's demand expectations are an important driving force for improving the quality of basic life services. Similarly, for spiritual life services, the elderly's demand expectations are also closely related to their quality perception. They expect to enrich their spiritual life and improve their mental health and quality of life by participating in social, entertainment and cultural activities. When these spiritual life services can meet the expectations of the elderly and provide activities and content that

they are interested in, they will give a higher evaluation of the quality of these services. This positive correlation further proves the importance of the elderly's demand expectations in the perception of the quality of spiritual life services.

In summary, the elderly's demand expectations are positively correlated with the quality perception of basic life service needs and spiritual life service needs because the elderly's demand expectations are an important criterion for them to evaluate their quality of life. When the service can meet or exceed their expectations, they will give a higher evaluation of the quality of the service. This finding is of great significance for improving the quality of life of the elderly. Therefore, when providing basic life services and spiritual life services, it is necessary to pay more attention to the needs and expectations of the elderly and provide services in a more personalized and appropriate way. By continuously meeting and exceeding the expectations of the elderly, their quality of life and satisfaction can be further improved, creating a happier and healthier living environment for them in their later years. At the same time, this also requires the establishment of a good communication mechanism between service providers and the elderly to ensure that their needs and expectations can be accurately understood and grasped, so as to provide more precise and effective services.

5.2.2 The Impact of the Elderly's Quality Perception on Satisfaction

When exploring the relationship between the quality perception of basic life service needs and the quality perception of spiritual life service needs and the elderly's satisfaction, we found some interesting phenomena that deserve in-depth analysis.

For the positive correlation between the quality perception of basic life service needs and the elderly's satisfaction, this result is in line with expectations, so Hypothesis 3 is established. Basic life services, including dietary needs, living environment, health care, and security, are an indispensable part of the daily life of the elderly. The quality of these services directly affects the quality of life of the elderly, so when the quality of these services is improved, the satisfaction of the elderly will also increase accordingly. This positive relationship shows that the better the basic life

services are, the more they can meet the actual needs of the elderly, thereby improving their overall satisfaction.

However, for the negative correlation between the quality perception of spiritual life service needs and the elderly's satisfaction, this result is inconsistent with expectations, so Hypothesis 4 is unestablished. Spiritual life services, such as emotional support, mental health, cultural entertainment, and social interaction, are also important for the mental health and quality of life of the elderly. In theory, improving the quality of these services should increase the satisfaction of the elderly, but the actual data show the opposite trend. This negative correlation may mean that there are certain unmet expectations or needs when providing spiritual life services. The elderly may have specific expectations and preferences for spiritual life services, and the current service provision methods or content do not fully meet these expectations. In addition, there may also be poor communication or information asymmetry in the service provision process, resulting in a deviation between the elderly's perception of the quality of spiritual life services and the actual situation.

Therefore, despite doing a good job in basic life services, more efforts and innovations are needed in spiritual life services. Service providers need to have a deeper understanding of the real needs and expectations of the elderly and provide services in a more personalized and appropriate way. At the same time, it is also necessary to strengthen communication with the elderly to ensure that they can fully understand and perceive the quality and value of spiritual life services. Only in this way can we truly meet the needs of the elderly, improve their quality of life, and thus increase their satisfaction.

5.2.3 The Impact of the Elderly's Quality Perception on Value Perception

The quality perception of basic life service needs is positively correlated with value perception (Hypothesis 5 is established), while the quality perception of spiritual life service needs is negatively correlated with value perception (Hypothesis 6 is

unestablished). These two phenomena reveal the differences in perception of the elderly in different life service areas.

The positive correlation between the elderly's quality perception and value perception of basic living services indicates that when they perceive high-quality basic living services, they also regard these services as having higher value. Basic living services are an essential part of the elderly's daily lives, and the quality of these services directly affects their quality of life. Therefore, when the elderly perceive an improvement in the quality of basic living services, they place greater value on and appreciate the benefits these services bring to their lives, considering them important and beneficial.

However, the negative correlation between the elderly's quality perception and value perception of spiritual life services is rather peculiar. In theory, an improvement in the quality of spiritual life services should lead to greater recognition of their value by the elderly. But the actual data shows the opposite trend, which may suggest that certain factors in the provision of spiritual life services cause a discrepancy between the elderly's quality and value perceptions. One possible explanation is that even though the quality of spiritual life services has improved, the elderly may not necessarily believe that these services are sufficiently valuable to their lives, or they may focus more on other factors, such as the convenience or cost of the services. This phenomenon suggests that in providing spiritual life services, it is necessary to gain a deeper understanding of the needs and expectations of the elderly to ensure that both the quality and value of the services are recognized and appreciated. At the same time, it is important to pay attention to the elderly's diverse understandings of value and their perceptual differences across various service domains.

In summary, the quality perception and value perception of the elderly in the field of basic life services are positively correlated, while there may be deviations in the field of spiritual life services. This requires us to pay more attention to the actual needs and expectations of the elderly when providing life services to ensure that the quality and value of the services can be truly recognized and satisfied by them.

5.2.4 The Impact of the Elderly's Demand Expectations on Value Perception

The elderly's demand expectations are negatively correlated with value perception (Hypothesis 7 is unestablished). This phenomenon reveals the complexity between the elderly's demand expectations and value perception.

This negative correlation may be influenced by a combination of factors. First, the elderly often have idealized expectations of needs, and their expectations for services or products may exceed the actual level that can be provided. When the actual experience fails to meet these high expectations, the elderly may feel disappointed, thereby reducing their perception of the value of the services or products. Second, when evaluating the value of services or products, the elderly do not only focus on whether their needs are met, but also take into account multiple factors such as practicality and cost-effectiveness. Even if the services or products meet their expectations to some extent, if they think the cost-effectiveness is low, it's not worth it, or it does not meet their actual usage needs, it will also have a negative impact on their perception of value. In addition, the psychological expectations of the elderly are formed based on their long-term life experience and past consumption experiences. When the actual experience is inconsistent with their psychological expectations, they may adjust their perception of value, and this psychological adjustment may lead to the negative correlation between expectation of needs and perception of value.

Therefore, when designing services or products for the elderly, it is necessary to have a deep understanding of their values and consumer psychology, and to take into account their psychological and behavioral characteristics in a comprehensive manner. Specifically, the design of services or products should focus on cost-effectiveness and practicality, ensuring that while meeting the basic needs of the elderly, high cost-effective solutions are provided. At the same time, through transparent information communication and service processes, help the elderly to adjust their psychological expectations reasonably and avoid disappointment caused by overly high expectations. In addition, it is also crucial to establish a continuous optimization and feedback

mechanism. By regularly collecting feedback from the elderly and adjusting and optimizing services or products in a timely manner, their satisfaction and perception of value can be gradually improved.

5.2.5 The Impact of the Elderly's Value Perception on satisfaction

Value perception is negatively correlated with the elderly's satisfaction; Hypothesis 8 is unestablished. This finding reveals a phenomenon that contradicts traditional notions: in the current elderly care service market, there is a significant dislocation between the elderly's value perception of services and their actual satisfaction levels.

This dislocation may stem from multiple factors. On the one hand, the elderly may have to accept services they perceive as low in value due to a lack of choice or service monopolies. This reluctant acceptance can lead to psychological dissatisfaction, thereby reducing their satisfaction levels. On the other hand, service providers may overly focus on the economic value of services while neglecting the non-economic values that the elderly seek, such as service quality and emotional care. This single-minded economic orientation not only fails to meet the diverse needs of the elderly but also reduces their overall perception of service value, which in turn affects their satisfaction.

Therefore, in the process of improving the satisfaction of socialized home-based elderly care services, we need to pay attention not only to the economic value and cost-effectiveness of services but also to the non-economic value needs of the elderly, such as fairness, convenience, personalized needs, and emotional care. These factors are crucial to the satisfaction of the elderly. At the same time, we need to explore in depth the specific composition and influencing mechanisms of the elderly's value perception of elderly care services, design diversified and comprehensive service content, and ensure that services meet the emotional and experiential needs of the elderly while being economically reasonable. In addition, providing a variety of service choices, breaking service monopolies, and establishing continuous feedback and optimization

mechanisms to regularly collect the opinions and suggestions of the elderly and adjust service content in a timely manner are all important ways to improve the satisfaction of the elderly. These measures can not only improve the satisfaction of the elderly but also promote the healthy development of the elderly care service market.

In summary, the negative correlation between value perception and the elderly's satisfaction remind us that in the process of improving the satisfaction with socialized home-based elderly care services, we must take into account both the economic and non-economic value needs of the elderly. By optimizing service value perception, increasing service choices, and establishing feedback mechanisms, we can more accurately meet the needs of the elderly and provide them with higher-quality and more comprehensive elderly care service experiences.

5.3 Recommendation

Based on the findings of this study, this section presents comprehensive recommendations for the key stakeholders involved in socialized home-based elderly care services, including the government as the primary provider, and families, markets, and social organizations as the main producers. The insights gained from this study into the relationship between the elderly's expectations, their quality perceptions of basic and spiritual life services, and the value of socialized home-based care form a solid foundation for these recommendations.

5.3.1 Recommendations for Providers (Government) of Socialized Home-Based Elderly Care Services

Policy Recommendations

1. Strengthen Legal and Policy Frameworks

The government should further refine and implement comprehensive legal and policy frameworks for socialized home-based elderly care services. This includes developing detailed regulations and guidelines to ensure standardized and high-quality service delivery.

2. Enhance Policy Support for Service Providers

Introduce preferential policies such as tax exemptions, subsidies, and low-interest loans to encourage social organizations and private enterprises to participate in the provision of elderly care services. This will help expand the service supply and improve its quality.

3. Promote Inter-departmental Collaboration

Establish a robust inter-departmental coordination mechanism to integrate resources from various sectors, such as health, civil affairs, and finance. This will ensure seamless collaboration and address the complex needs of the elderly more effectively.

4. Develop Long-term Care Insurance Policies

Explore the implementation of long-term care insurance to provide financial support for elderly care services. This will help alleviate the financial burden on families and ensure sustainable funding for service delivery.

Measures Recommendations

1. Improve Service Standards and Quality

Develop and enforce standardized service protocols for home-based elderly care services. Regularly conduct quality assessments and inspections to ensure compliance and continuous improvement of service quality.

2. Enhance Workforce Development

Invest in training programs for caregivers and service providers to enhance their professional skills and knowledge. Establish certification programs to ensure a well-trained and competent workforce.

3. Strengthen Supervision and Regulation

Establish a comprehensive supervision system to oversee the operations of elderly care institutions. Implement regular audits and inspections to ensure compliance with legal and regulatory requirements.

4. Promote Technological Integration

Encourage the adoption of technology, such as telemedicine and smart home devices, to enhance service delivery and improve the efficiency and effectiveness of elderly care services.

5.3.2 Recommendations for Main Producers (Families, Markets, and Social Organizations) of Socialized Home-Based Elderly Care Services

Policy Recommendations

1. Family Support Policies

Introduce policies to support family caregivers, such as flexible working hours, family subsidies, and respite care services. This will help families better fulfill their caregiving responsibilities and improve the quality of life for the elderly.

2. Market Incentives

Provide incentives for market players, such as tax breaks and grants, to invest in elderly care services. This will encourage the development of innovative service models and increase the diversity of service offerings.

3. Social Organization Empowerment

Develop policies to empower social organizations to play a more active role in elderly care. This includes providing funding support, capacity-building programs, and regulatory flexibility to enhance their service delivery capabilities.

Measures Recommendations

1. Family-Based Care Improvements

Families should be encouraged to provide a supportive and nurturing environment for the elderly. This includes regular communication, emotional support,

and assistance with daily activities. Families can also benefit from training programs to enhance their caregiving skills.

2. Market-Driven Service Innovation

Market players should focus on developing innovative and personalized service offerings to meet the diverse needs of the elderly. This includes specialized services for different age groups, health conditions, and socio-economic backgrounds. Collaboration with technology providers can also help in developing smart solutions for elderly care.

3. Social Organization Engagement

Social organizations should leverage their community networks to provide a wide range of services, such as community-based care centers, support groups, and volunteer programs. They should also collaborate with government agencies and market players to ensure a comprehensive and integrated approach to elderly care.

5.3.3 Recommendations for Future Research on Socialized Home-Based Elderly Care Services

Policy Recommendations

1. Policy Evaluation and Refinement

Conduct regular evaluations of existing policies and legal frameworks to identify areas for improvement. This will ensure that policies remain relevant and effective in addressing the evolving needs of the elderly.

2. Cross-disciplinary Research Funding

Allocate funding for cross-disciplinary research that combines insights from sociology, gerontology, economics, and other relevant fields. This will help develop comprehensive and evidence-based solutions for elderly care.

Measures Recommendations

1. Service Delivery Models

Explore innovative service delivery models, such as integrated care models that combine medical, social, and psychological services. Pilot projects can be implemented to test and refine these models in real-world settings.

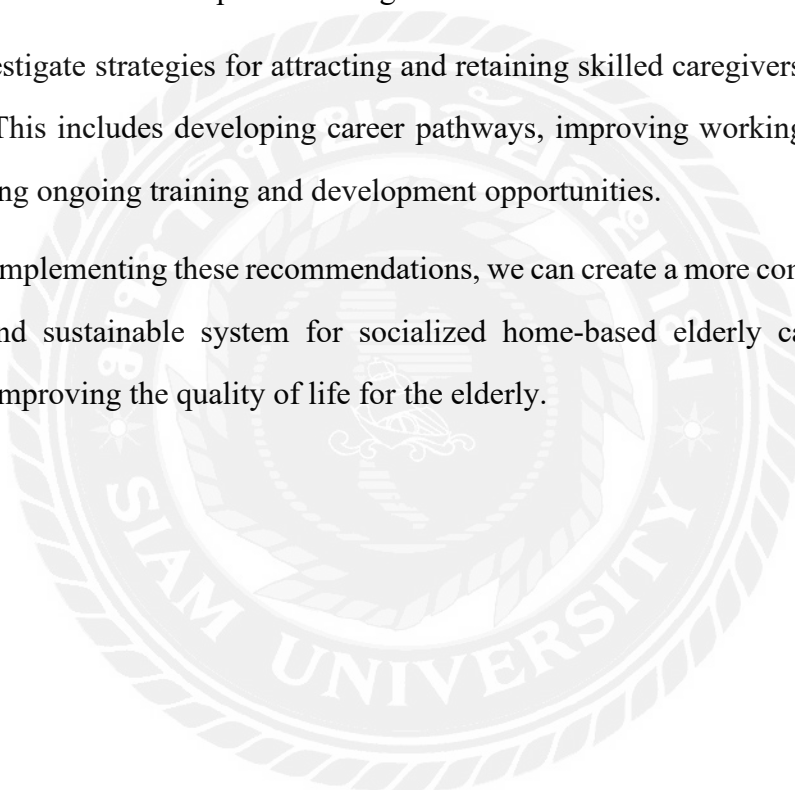
2. Technology Integration and Impact Assessment

Conduct research on the integration of technology in elderly care services and its impact on service quality and user satisfaction. This will help identify the most effective technological solutions and ensure their widespread adoption.

3. Workforce Development Strategies

Investigate strategies for attracting and retaining skilled caregivers and service providers. This includes developing career pathways, improving working conditions, and providing ongoing training and development opportunities.

By implementing these recommendations, we can create a more comprehensive, efficient, and sustainable system for socialized home-based elderly care services, ultimately improving the quality of life for the elderly.



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Appendix A

Questionnaire on the satisfaction of supply and demand of home-based elderly care service in rural Fuyang city

Dear friends of elderly residents,

Hello! Thank you very much for participating in the questionnaire survey. This survey aims to understand the satisfaction of rural elderly people in our city with the supply and demand of elderly care services. It will not involve your privacy. Please choose according to the actual situation. Thank you for your support and trust. I wish you good health and all the best!

Part 1 Basic Information

1. Gender ☐ Male ☐ Female

2. Age ☐ 60-70 ☐ 71-80 ☐ 81-90 ☐ 91 or above

3. Physical condition ☐ Very bad ☐ Bad ☐ Average ☐ Good ☐ Very good

4. Education level

☐ Illiterate ☐ Primary school ☐ Junior high school ☐ High school and above

5. Family average annual income

☐ 0-5000 ☐ 5001-10000 ☐ 10001-25000 ☐ 25001 and above

6. Family average annual expenditure

☐ 0-5000 ☐ 5001-10000 ☐ 10001-20000 ☐ 20001 and above

7. Usually live with

☐ Living alone ☐ Spouse ☐ Children ☐ Other relatives

8. Family support in life

☐ No support ☐ Some support ☐ Moderate support ☐ High support

9. Basic life services needed

☐ Food services ☐ Living environment ☐ Health care ☐ Safety guarantee

10. Emotional life services needed

☐Emotional support ☐Mental health ☐Cultural entertainment ☐Social interaction

Part 2: Satisfaction with Socialized Home Elderly Care Services

The questionnaire used Likert scale, ranging from 1 to 5 in which 1 = Strongly disagree/ 3 = neutral / 5 = Strongly agree.

Item	Your Manager/Executive.....	Alternative Answer				
		1	2	3	4	5
Demand expectation of rural elderly (DE)						
11	The expected value of spiritual life service needs					
12	The expected value of basic living service needs					
13	The overall expected value of socialized home-based elderly care service needs					
Quality perception of socialized home-based care services (QP)						
Quality perception of basic life needs services (QPBL)						
QPB L1	Dietary needs					
14	Food hygiene					
15	Food variety					
16	Food nutritional combination					
17	Food taste					
QPB L2	Living environment					
18	Cleanliness of living environment					
19	Safety of living environment					
20	Comfort of living environment					

Item	Your Manager/Executive.....	Alternative Answer				
		1	2	3	4	5
QPB L3	Health care					
21	Regular health check-up services					
22	Daily care services (bathing, dressing, etc.)					
23	Rehabilitation care services					
24	Emergency medical assistance					
25	Nursing staff professionalism					
QPB L4	Safety and security					
26	The comprehensiveness of safety assurance measures					
27	The response speed of safety assurance services					
28	The efficiency of safety assurance processing					
29	The status of safety education and training					
Quality perception of services for spiritual life needs (QPSL)						
QPS L1	Emotional support					
30	Feeling for cared and supported					
31	Attitude and communication style of Service staff					
32	Emotional communication and listening service					
QPS L2	Mental health					
33	The services of psychological counseling and psychological counseling					
34	The services of stress relief and emotion management					
35	Professionalism of mental health services					
36	Timeliness of mental health services					

Item	Your Manager/Executive.....	Alternative Answer				
		1	2	3	4	5
QPS L3	Culture and entertainment					
37	Content of cultural and recreational activities					
38	Ways of organizing cultural and recreational events					
39	The extent to which cultural and recreational activities enrich your life					
QPS L4	Social interaction					
40	The diversity and inclusion of social interactions					
41	Reduce loneliness					
42	Build or maintain social relationships					
Value perception of socialized home-based care services (VP)						
43	Equality of socialized home-based elderly care services					
44	Convenience of socialized home-based elderly care services					
45	Cost of socialized home-based elderly care services					
46	Cost-effectiveness of socialized home-based elderly care services					
Elder satisfaction (ES)						
47	Overall satisfaction with socialized home-based care services					

Appendix B

Outline of in-depth interview on the satisfaction of supply and demand of home-based elderly care service in rural Fuyang city

I. Basic information

1. Basic information of the interviewee: name (optional), age, gender, education background, economic status, living conditions, family support, etc.
2. Health status: briefly describe the health status of the interviewee, including whether there are chronic diseases, daily self-care ability, etc.

II. Current status of home-based elderly care services

3. Service awareness: How did you learn about the current home-based elderly care services? What are the channels for understanding? (such as community publicity, notification from relatives and friends, media publicity, etc.)
4. Service usage: What home-based elderly care services do you currently enjoy? How often do you use them?

5. Service content evaluation:

Basic life services: Have you enjoyed services such as food, living environment, health management, and safety assurance? If so, how satisfied are you? What are the suggestions for improvement?

Spiritual life services: Have you enjoyed emotional support, mental health, cultural entertainment, social activities and other services? If so, how satisfied are you? What suggestions do you have for improvement?

III. Demands and expectations

6. Unmet needs: What aspects of home-based elderly care services do you think have not been met?
7. Service expectations: What new services do you hope home-based elderly care services can provide or improve existing services in the future?

Service personalization: Do you hope that the service will be more tailored to your personal needs?

Service staff professionalism: What are your expectations for the professional level of service staff?

Spiritual care: What are your specific expectations for spiritual care services?

IV. Satisfaction and feedback

8. Overall satisfaction: How satisfied are you with the current home-based elderly care services? Please give your evaluation and explain the reasons.

9. Improvement suggestions: Based on your experience, what specific improvement suggestions do you have?

10. Complaint and suggestion channels: Do you know which channels can provide feedback or suggestions on home-based elderly care services? Have you used these channels? How effective were they?

V. Other supplements

11. Open questions: In what aspects do you think home-based elderly care services can be better? What other experiences or feelings do you want to share?

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