

## Care Worker's Experience after Mandatory Installation of CCTV in Long-Term Care Facility in Korea

Hee-Lan An<sup>1\*</sup>

<sup>1</sup> Department of Counseling Psychology Songwon University, South Korea

### \*Corresponding Author:

**Citation:** An, H.-L. (2025). Care Worker's Experience after Mandatory Installation of CCTV in Long-Term Care Facility in Korea. *Journal of Cultural Analysis and Social Change*, 10(4), 1177-1187. <https://doi.org/10.64753/jcasc.v10i4.2996>

**Published:** December 08, 2025

### ABSTRACT

This study examined the experience of care worker after the mandatory installation of closed-circuit television (CCTV) in long-term care facilities in Korea. In-depth interviews were conducted with 18 care workers working at long-term care facilities. Giorgi (1997)'s phenomenological method was used to for data analysis and the results show six and three emerging and essential themes, respectively. The essential themes included "CCTV that operates 24/7, 365 days a year," "guardians who place more trust in CCTV than in care workers," and "concerns about one's appearance on CCTV." The themes resulted in the following: "I am concerned about my appearance on the CCTV because of guardians who place more trust in the CCTV system, which operates 24 hours, than in care workers." Based on these findings, this study suggests the following policy and practice recommendations: ensure rest time and space for care workers; add a voice-recording function to CCTV; and reduce the care worker-to-resident ratio.

**Keywords:** CCTV (Closed-Circuit Television), Care Worker, Long-term Care Facility, Elderly Nursing Home, Qualitative Research

### INTRODUCTION

South Korea is aging at an unprecedented rate. It entered an aging society in 2000, where the proportion of the population aged 65 and over exceeded 7%. Only 18 years later, it entered an aged society, where the abovementioned proportion exceeded 14%. In 2025, it entered a post-aged society, with the proportion reaching 20.3% (KOSIS National Statistical Portal, 2025a). According to the UN's World Population Prospects (2024), the elderly population is expected to constitute more than one-third of the population in 16 regions by 2054, with Hong Kong and South Korea showing the highest numbers (Department of Economic and Social Affairs Population Division, 2024). Aging implies requiring assistance from others in daily life. To address this issue, South Korea implemented the Elderly Long-Term Care Insurance System in July 2008. Since then, the number of long-term care facilities increased from 128 in 2001 to 6,195, as of December 2024 (KOSIS National Statistical Portal, 2025b).

The issue of elder abuse in long-term care facilities is examined owing to the increase in the numbers of long-term care facilities as well as older adults admitted to such facilities. Elder abuse is a pervasive public health problem that is expected to expand as the population ages and the prevalence of Alzheimer's disease and related dementias increases (Burnes et al. 2015). Elder abuse in long-term care facilities is also a concern in Europe, where welfare services are well developed. In the United Kingdom, for example, the proliferation of nursing

Copyright © 2025 by Author/s his is an open access article distributed under the Creative Commons Attribution License which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

homes has resulted in frequent incidents of elder abuse in facilities, which has emerged as a social problem (Moon & Lee, 2017). The consequences of elder abuse include stress, malnutrition, depression, functional decline, dementia, and premature death, which are concerning problems (Dong, 2015). In South Korea, the number of reports and judgments of physical assault and sexual abuse in living facilities for the elderly (e.g., medical and residential welfare facilities for the elderly) has been increasing. Additionally, in elderly living facilities, the following numbers of abuse cases have been reported: 380 in 2018, 486 in 2019, 521 in 2020, 536 in 2021, and 662 in 2022 (Ministry of Health and Welfare, 2023). However, these numbers are likely underestimates of the actual number of cases of elder abuse in facilities because only reported cases are assessed and counted. Many cases of elder abuse in facilities are likely to remain latent or concealed because elderly residents in elderly medical welfare facilities are vulnerable to abuse for physical and mental reasons and may be unable to report abuse or seek external assistance when it occurs (Kang & Moon, 2018). Moreover, law-enforcement and specialized elder-protection agencies where elder-abuse reports are filed cannot readily conclude that elder abuse has occurred when closed-circuit television (CCTV) footage is not available (Jeon, 2017).

Because the environment of elderly medical welfare facilities renders it difficult to obtain evidence of abuse, mandatory installation of CCTV cameras in medical welfare facilities for the elderly has been ceaselessly suggested. Meanwhile, facility residents and workers are concerned that the installation might infringe on their privacy and human rights. Nonetheless, the South Korean government amended the Long-Term Care Insurance Act, which renders it mandatory for long-term care facilities to install CCTV, and the amendment was fully enforced on June 22, 2023. This is a rare case of legislation because the installation of CCTV in long-term care facilities poses privacy concerns. Whereas most countries recommend or regulate CCTV installation, few enforce it.

In the United Kingdom, where elder abuse in care facilities has been recognized as a social issue, the government considered mandating CCTV installation in care facilities to enhance elderly safety and improve care quality but opted against it owing to potential privacy concerns in living facilities (Moon & Lee, 2017). Currently, the decision to install CCTV in long-term care facilities for the elderly is incumbent upon the service provider and service users. Facilities that install CCTV are recommended to adhere to the guidelines established by the Care Quality Commission, which is the United Kingdom's regulatory body overseeing the quality of long-term care facilities (CQC, 2022). In Germany, CCTV installation is permitted in publicly accessible spaces in hospitals and care facilities, whereas it is permitted in private spaces with patient and guardian consent. In the Netherlands and Sweden, no governmental guidelines exist for installing CCTV in long-term care facilities—individual facilities are the decision makers (Moon & Lee, 2017). Meanwhile, Japan has objected the plan on mandatory CCTV installation (Kim & Cho, 2020).

According to the legislation mandating the installation of CCTV, long-term care facilities (elderly care facilities and nursing homes designated as long-term care institutions) in South Korea are required to install at least one CCTV camera in each common living room (including corridors), bedroom, entrance hall, physical (occupational) therapy room, program room, dining room, and elevator operated by the institution. However, video recording in bedrooms is allowed only with the consent of all residents or their guardians to protect the residents' privacy. If the institution does not install or manage CCTV, it must obtain consent from all residents or their guardians and report it to the head of the local government. Subsequently, the head of the local government must set the non-installation or non-management period, which does not exceed one year, and notify the long-term care facility. After the exemption period, the institution must re-obtain consent for non-installation and report it (Article 33-2 (1) and (5) of the Long-Term Care Insurance Act, and Article 25 (2) and (3) of the Enforcement Rule of the Act).

Long-term care facilities in South Korea must maintain visual data for at least 60 days. After receiving a request to view visual data from a resident or his/her guardian, they must set a place for viewing and notify it to the resident or guardian in writing within 10 days (Article 33-2 (3) of the Long-Term Care Insurance Act and Article 25-5 (1-2) of the Enforcement Rule of the Act). Additionally, long-term care facilities must delete visual data stored for more than 60 days based on the cycle set by the internal management plan. If a request is received to view visual data for reasons such as verifying a resident's safety before the 60-day period ends, then the data cannot be deleted even after the storage period has expired. Once the reason has been resolved, the data must be deleted immediately (Article 25(4) of the Enforcement Rule of the Long-Term Care Insurance Act). Failure to install CCTV, violation of the obligation to install and manage CCTV, and failure to respond to a viewing request are punishable by a fine of KRW 3 million or less (Article 69, Paragraph 2 of the Long-Term Care Insurance Act).

However, if care workers perceive the installation of CCTV in long-term care facilities as a surveillance function, it may increase their stress level and result in abusive behavior. For care workers in long-term care facilities in South Korea prior to the mandatory installation of CCTV, a study was conducted to empirically analyze

the relationship between CCTV awareness, burnout, and abusive behavior. The result showed that economic status, presence of CCTV cameras, awareness of CCTV, and burnout significantly affected abusive behavior. Additionally, the results showed that burnout partially mediated the relationship between care workers' awareness of CCTV and abusive behavior (Jeon, 2017). Therefore, instead of assuming that installing CCTV in long-term care facilities will solve the problem of abuse, the South Korean government must better understand care workers' experiences with CCTV and identify more practical and specific solutions to achieve the intended purpose of CCTV.

However, only three studies related to issues of installing CCTV in long-term care facilities are available, and they were conducted before CCTV installation became mandatory. One study, which was described earlier, identified the partial mediating effect of burnout on the relationship between care workers' perceptions of CCTV installation and abusive behavior (Jeon, 2017). Another study compared the elderly receiving home care services and service providers (care workers) in terms of their perceptions of the necessity of mandatory CCTV installation (Kim, 2019). A third study examined facility workers' and guardians' perceptions on improving the functionality and utilization of CCTV in elderly welfare facilities (Lee & Shin, 2021). The results of the studies above showed that the care group warned about the adverse effects of CCTV and perceived it as a temporary solution to prevent elder abuse. By contrast, the elderly group expressed significant interest in CCTV's provision of decisive legal liability evidence during an incident (Kim, 2019). Additionally, the results showed that guardians perceived CCTV functions more positively than facility workers (Lee & Shin, 2021).

In South Korea, elder abuse has been identified as a severe social problem, and the installation of CCTV in long-term care facilities has been mandated. Therefore, the experiences of care workers in these facilities must be investigated to examine the effectiveness of CCTV closely and establish more practical policies to prevent elder abuse, instead of being merely optimistic about CCTV's effectiveness. When CCTV installation is mandatory, as opposed to when CCTV installation is decided by individual facilities, care workers are more likely to provide inadvertent or involuntary consent, and they are expected to experience significant feelings of being watched and pressured. Meanwhile, the emotional labor and burden experienced by care workers significantly affect the process and outcome of care work (Brechin, 1998). Considering the situational model/theory or social exchange theory approach to abuse occurring in facilities (Lim et al., 2020), the mandatory CCTV installation policy must be improved such that CCTV can be used as a device to secure trust between guardians and care workers instead of perceiving care workers as potential elder abusers and using CCTV to prevent elder abuse or safety accidents in long-term care facilities. Therefore, this study examines care workers' experiences with mandatory CCTV installation in long-term care facilities in South Korea. The findings are expected to provide suggestions for countries and societies where mandatory CCTV installation in long-term care facilities is being considered.

## METHODS

This study employed a qualitative research method using in-depth interviews with care workers in long-term care facilities as research participants to examine their experiences with CCTV. The qualitative research method is useful for approaching themes that are not well known or complex phenomena that cannot be readily revealed on the surface, such as emotions, feelings, and thought processes that are difficult to extract using quantitative research methods (Schwandt, 2010).

### Research Participants

A notice for recruiting participants at six long-term care facilities located in A city, South Korea was posted. Six long-term care facilities were selected based on the founding entity, i.e., ownership type (corporation/individual) and the maximum number of residents (less than 10; 10 to 29; 30 or more), and three care workers were recruited from each facility, which resulted in 18 care workers participating in the study. Data were obtained from June to September 2024. As the descriptive statements provided by the research participants included content related to work burden, the participants' negative evaluations of their organizations might be included. Therefore, the descriptive statement provided by each participant might be influenced by the hierarchy of the organization where he/she worked. To ensure voluntary participation and anonymity, the study was explained and consent was obtained at the principal investigator's office or at a cafe of the participant's choice. Table 1 presents the age, educational attainment, years of service, and ownership type and size of the facility for each participant. Since this study examines confidential information, the participants' identities were masked using alphabets for privacy.

**Table 1.** Characteristics of participants

Symbol (Gender, Age)	Educational Attainment	Years of Service	Facility Type/Size
A (female, 59)	High-school graduate	4 years/13 years	Individual/Level 1
B (female, 60)	High-school graduate	4 years/10 years	Individual/Level 1
C (female, 56)	High-school graduate	4 years/7 years	Individual/Level 1
D (female, 62)	Middle-school graduate	7 years/10 years	Individual/Level 2
E (female, 62)	Junior-college graduate	7 years/9 years	Individual/Level 2
F (female, 58)	High-school graduate	7 years/8 years	Corporation/Level 1
G (female, 57)	High-school graduate	7 years/7 years	Corporation/Level 2
H (female, 62)	High-school graduate	8 years/13 years	Individual/Level 3
I (female, 59)	Middle-school graduate	8 years/12 years	Individual/Level 3
J (female, 63)	High-school graduate	8 years/11 years	Individual/Level 3
K (female, 56)	Junior-college graduate	8 years/10 years	Corporation/Level 2
L (female, 62)	Middle-school graduate	9 years/14 years	Corporation/Level 3
M (female, 60)	High-school graduate	9 years/13 years	Individual/Level 2
N (female, 57)	High-school graduate	10 years/14 years	Corporation/Level 1
O (female, 58)	High-school graduate	10 years/13 years	Corporation/Level 2
P (female, 61)	University graduate	10 years/12 years	Corporation/Level 1
Q (female, 63)	Middle-school graduate	11 years/12 years	Corporation/Level 3
R (female, 61)	High-school graduate	12 years/14 years	Corporation/Level 3

\*The above is based on the time of the interview.

\*In the “years of service” column, the former number is the number of years employed at the current facility while the latter includes the years of service at previous employers.

\*Facility type refers to the ownership type, and facility size is indicated based on the maximum number of residents: Level 1 for 30 or more residents, Level 2 for 10 or more but fewer than 30 residents, and Level 3 for fewer than 10 residents (communal nursing homes).

## Research Procedures

This study was conducted after review and approval by the Korea National Institute for Bioethics Policy, designated by the Ministry of Health and Welfare (IRB No.: P01-202406-01-009). The purpose, content, and methods of research were explained to the participants prior to the interviews, and the participants were encouraged to honestly describe their experiences. Moreover, written consent were obtained for recording the interviews and assurance that the recordings would not be used for purposes other than research was provided in

writing. Anonymity and confidentiality were guaranteed, and the participants were informed that they could withdraw from participation at any point in the study.

The participants were asked an unstructured question: "What has been your experience with the mandatory installation of CCTV in long-term care facilities?" To facilitate their responses and maintain focus on the research objectives, the participants were asked about their thoughts on the installation of CCTV, memorable events related to CCTV, changes in their relationships with residents, guardians, and the head of facility, as well as changes in their roles or behaviors as care workers due to CCTV installation. Additionally, a structured questionnaire was administered to obtain data pertaining to their age, educational attainment, years of experience, facility ownership type, and facility size.

## Data Analysis

After performing in-depth interviews, care workers' experiences with CCTV in long-term care facilities was analyzed using a phenomenological research method, as the main theme of phenomenology is to understand the meaning and essence of experiences (Crotty, 2021). In particular, this study used Giorgi's method (Giorgi, 1997), which describes the uniqueness of each research participant in situated structural descriptions and integrates the experiences of all research participants in general structural descriptions (Kim et al., 1999). It was used because care workers as research participants would be in different situations and contexts, and even in the same context, their perceptions and expectations would vary depending on the actor or interpreter.

The interview recordings were transcribed, after which the audio was compared with the transcripts for accuracy. In accordance with the evaluation criteria set by Lincoln and Guba (1985), consistency, truth value, neutrality, and applicability were aimed to minimize errors in qualitative research. The interviews were conducted based on an interview guide to maintain consistency. For the truth value, the participants were provided with their transcribed interviews and they were requested to verify that their perspective was well represented. To guarantee neutrality, the author made a conscious effort to be unaffected by her preunderstanding of care worker's experience after the mandatory installation of CCTV in long-term care facilities. Additionally, the tentative findings were cross-verified with an external auditor who majored in social welfare and is experienced in qualitative research. An adequate number of cases were secured to guarantee the depth of the research for applicability; sufficient data were assumed to have been obtained when no new data appeared. Finally, for the analysis, potential errors were corrected by comparing them with the results of previous studies.

To analyze care workers' experiences with CCTV in long-term care facilities, this study used the phenomenological method devised by Giorgi (1997) and the following procedures. First, the author attempted to understand the research participants' language by repeatedly reading the raw data (the description) that transcribed the descriptions provided by all participants to comprehend the entire context. Second, meaning units emphasizing the research theme, i.e., care workers' experiences with CCTV in long-term care facilities, were verified, and then themes were extracted by integrating the focal meanings. Third, because the participants' descriptions were ambiguous as they were expressed variously, the author identified the exact intercontextual meaning and transformed it into the best disciplinary expression. Fourth, the contents implied in the meaning units that were transformed into the best disciplinary expressions were integrated and summarized. Subsequently, to present a coherent structure of the participants' experiences, the author first described the empirical cases in contextual and individual structures. Next, the meaning of the experiences identified by integrating them was described in a general structure.

## RESULTS

After analyzing the raw data, the overlapping meaning units were compressed and separated into six themes. The six emerging themes were organized into three essential themes based on their intercontextuality and consistency. The experiences of the research participants were described by dividing them into situated structure and general structure. In the situated structural descriptions, the research participants described their unique and individual experiences. In the general structural descriptions, they described the structure of their common experiences by integrating the internal meanings and relationships between the emerging themes centered on the essential themes.

**Table 2.** List of phenomenological themes

Emerging Themes	Essential Themes
-----------------	------------------

Feeling uncomfortable owing to the sense of being regarded as a potential criminal	
Helpful in problem solving	CCTV that operates 24/7, 365 days a year
Potential misunderstandings by guardians	
Resolving guardians' misunderstandings	Guardians who place more trust in CCTV than in care workers
Constraints on care behavior	
Opportunity for self-examination	Concerns about one's appearance on CCTV

### Situated Structural Descriptions (Emerging Themes)

#### *(1) Feeling Uncomfortable Owing to the Sense of Being Regarded as a Potential Criminal*

Care workers feel the sense of being watched because the CCTV cameras installed in many sections of the facility. Some research participants felt demoralized because they were not trusted, as their movements were not recognized depending on the location and angle of the CCTV cameras.

Occasionally, depending on the installed location of the camera, I am not detected by the CCTV camera when I am taking care of an elderly resident. One day, I suddenly heard the announcement, "Where is Ms. OO?" At that moment, I felt like I was being watched. Although I felt uncomfortable, I smiled and waved at the camera. My motivation to work vanished at that point. (Q)

Furthermore, the installation of CCTV in an environment with limited break time and rest spaces rendered it difficult for care workers to relax.

Because of the nature of our work, it is difficult to take breaks at an exact time. A break room should be designated; however, only a locker in a room labeled as a break room is allocated for care workers. During the day, we rest shortly on the living room sofa, and during the night break, we take a shut eye in an empty bedroom or on the sofa in the living room where the elderly come out and watch TV. We cannot fully relax during breaks, and because the CCTV cameras are installed everywhere, we feel uncomfortable. I feel nervous, even during breaks. (F)

Some research participants mentioned that installing CCTV to monitor potential criminals is not a fundamental solution and should be preceded by care-friendly staffing.

While CCTV systems were installed to address deviant care workers, monitoring care workers throughout their working hours is a human-rights issue. During the day, two care workers are assigned on one floor; however, at night, I am the only one working because only diaper care is required. If more than one elderly resident calls simultaneously at night, the care worker will be under stress. In my opinion, having more staff members would lessen the stress on care workers, thus solving the issue of abuse. Therefore, I do not think CCTV is the best solution. (D)

#### *(2) Helpful in Problem Solving*

CCTV assists care workers, who cannot observe everything that is occurring in the facility. CCTV helps care workers avoid "false accusations of theft," which typically annoy them, by identifying unexpected behaviors exhibited by residents with dementia.

One elderly resident with dementia claimed that her favorite knitwear had been stolen. However, no one had seen the knitwear. Therefore, we viewed the CCTV footage and discovered that she had packed it up in a bag—thinking that she would go home—and then placed it in the back of the closet. (I)

Additionally, CCTV allows one to watch the elderly residents when they are out of sight or when the care workers are away for a short while.

Assuming that the elderly residents had slept well overnight, I went into a room to bring them breakfast; however, one resident was not there. He was not in the bathroom either. He frequently mentioned that he wanted to go home; therefore, I wondered if he had sneaked out and gone home. However, the entrance door required a key code to open. To investigate, the director viewed the CCTV footage and discovered that he had woken up early at dawn and walked to the outdoor garden. Therefore, we went outside and found him sitting on a chair in the corner, sleeping. The daytime worker had forgotten to lock the outdoor garden door that day. Fortunately, he was not hypothermic in the early hours of the morning. (N)

Additionally, CCTV can be used for security and checking visitors, since outsiders entering or leaving the building can be monitored using CCTV.

When I was on the night shift, I checked the rooms of the elderly residents and discovered that one resident was not in her room. He was not in the bathroom either. I called the daytime worker and was informed that she was there during the day. I checked the CCTV footage and saw that her second son came and took her out during the busy hours between the day and night shifts. Her admission to the nursing home was at the request of her eldest son, although her second son opposed it. Hence, he took her home without telling us. Without the CCTV footage, we would have informed the police and reported her missing, which would have caused panic. (K)

### **(3) Potential Misunderstandings by Guardians**

Care workers are exposed to violence, verbal abuse, and sexual harassment when caring for elderly residents (Lee & Park, 2023), and video analysis has been shown to potentially misrepresent the justification of care workers' actions performed when restraining elderly residents with problematic behavior. Subjective interpretation may cause misunderstanding due to the fragmented view of the situation.

There was an elderly resident who exhibited the tendency to behave violently. One day, I approached her to change her diaper; however, she attempted to punch me in the face. Therefore, I grasped her arm tightly, and we had a slight scuffle. Because older adults have fragile skin, even a slight grip can cause bruising. The guardian saw the bruises on her arm and asked me to review the CCTV footage. However, because of the camera angle, the footage only showed me grasping her arm and restraining her, not her attempting to hit me. Consequently, I was known as a care worker who abused the elderly. (L)

One day, an elderly woman with dementia cussed at me, saying "Your mother is a slut." It broke my heart. You see, my mother was battling cancer. I usually ignore such insults; however, I lost my temper that day. Without thinking, I snapped at her and yelled, "Stop it!" Later, she told her daughter, who came to visit, "I want to leave the nursing home because the care workers are abusive," and she specifically mentioned that I was the main abuser. By watching the video, you might think that I attacked her first because I was snapping at her and getting enraged for a long time, whereas she only cursed briefly. CCTV does not record sound, only actions. (O)

I approached him to offer him some porridge, and he quickly touched my chest. I was surprised and pushed him back, causing him to fall backward and hit the back of his head on the headboard. Unfortunately, the video only showed my back because of the camera angle. It did not capture him touching my chest and only showed me pushing him. The guardian said his father would never perform such an act and went on a rampage. He said that I had committed elder abuse and made a false accusation. I could have defended myself if my voice had been recorded saying, "You should not do this." However, CCTV cameras do not record sound. (R)

According to Article 25(5) of South Korea's Personal Information Protection Act, fixed video information-processing devices cannot have an audio recording function, and anyone who uses one shall be punished by imprisonment for not more than three years or a fine of not more than 30 million won, in accordance with Article 72(1) of the Act. Additionally, in South Korea, Article 25(2) of the Enforcement Rules of the Long-Term Care Insurance Act stipulates that CCTV must not be installed with an audio recording function. However, care workers' claims that their actions were misinterpreted as elder abuse due to the lack of audio in CCTV highlight the necessity for CCTV cameras with audio and video recording functions in long-term care facilities. This will be beneficial when it is difficult to infer the situation based on behavior alone.

### **(4) Resolving Guardians' Misunderstandings**

Additionally, CCTV contributes to establishing trust between elderly residents' guardians and care workers. This is because showing CCTV footage of elderly residents living in the facility can help guardians better understand their behavior as compared with explaining it in words.

An elderly lady with dementia told her son that we did not provide her meals. However, the story was fabricated. Older generations have ingrained in their mind that food is scarce. Her son was suspicious of us because she had lost weight. He asked the director to view the CCTV footage, at which point we realized he was suspicious of us. After watching the video, he apologized to us. We understood because she had dementia; therefore, we told him that an apology was unnecessary. (B)

One elderly resident with dementia claimed that her favorite coat had been stolen. It was an expensive coat that her daughter bought before she was admitted to the facility. Her daughter was also suspicious of us. After viewing the CCTV footage, we discovered that she had passed the coat to her granddaughter (her son's daughter), who had come to visit. She thought that she would never have the chance to wear it again. Because of the CCTV footage, we were cleared of the false accusation of theft. (G)

One day, an elderly resident was crying and banging his head against the wall because he wished to go home. Typically, a night shift worker would be in his room, and only one care worker is assigned to each floor at night. The care worker would sit in the room and monitor. However, if someone else calls her for hydration or toileting assistance, she would have to leave and assist. One night, someone called her and thus she peeked outside the room; simultaneously, the elderly resident banged his head against the wall again. He had a bad bruise on his

forehead. Thus, his son asked us how his father acquired a bruise on his forehead. He was shocked when he saw the CCTV footage. Additionally, he told us that his wife did not wish to live with his father. He continued crying. (E)

### **(5) Constraints on Care Behavior**

Care work encompasses not only satisfying the physical demands of the dependent persons but also an emotional relationship involving attention, friendliness, and commitment (Park & Kim, 2024). However, the mandatory installation of CCTV was shown to constrain physical contact between care workers and elderly residents owing to the burden of being monitored, thus causing care workers to provide less care than necessary owing to possible misunderstandings by guardians.

An elderly man mentioned that he had indigestion; therefore, I patted him hard on the back. I soon regretted my action as it might appear as if I was hitting his back on the CCTV footage. (C)

I had to apply ointment to an elderly man's inflamed genitals. I had performed this before and did not think much of it. However, after the CCTV was installed, I became extremely worried about it as. As the CCTV had no voice recording. I deliberately raised the ointment in my hand in front of the camera. When I removed his underwear, I did not stand face-to-face to him. I stood next to his upper body and pushed the underwear off. I did this even though it would have been much easier to remove the underwear while facing him. I stood next to his upper body and clearly showed the CCTV camera that I was applying the ointment. (P)

Occasionally, fights occur between elderly people who share the same room. Because of their physical disabilities, they engage in verbal assault. In such a case, we wait for them to calm down. However, if the assault persists for more than 10 minutes, the other elderly residents would feel uncomfortable, which implies that we must intervene. In the process, we place our hands on our waists to mimic the gesture of disciplining kindergarten students. At one point, I felt that this might be a problem because CCTV cameras do not record sound. I realized that the verbal fight between the elderly residents was not recorded, although my gesture was captured. (H)

### **(6) Opportunity for Self-Examination**

According to Snyder & Gangestad (2000), the tendency to self-monitor refers to assessing whether one's own behavior is socially appropriate, and it is influenced by one's ability to assess and control the situation. They noted that individuals vary in their ability to self-monitor and that the extent to which they can control their expression varies significantly. The care workers used CCTV as an opportunity to be more mindful of their words and actions, develop self-monitoring tendencies, and control themselves.

There is an elderly person who swears continually. He uses swearing words that I have never heard of. I try to be understanding because he has dementia. However, I lose my temper occasionally. In such cases, I would place my hands on my hips and then raise and wag my index finger. When I viewed the CCTV footage to investigate another problem, I saw my action, which did not appear good. After watching that footage, I refrained from placing my hands on my hips or pointing my finger at him, even when he was cursing profusely. (A)

Some elderly men engage in inappropriate physical contact with their hands. For example, they attempt to touch my breasts, at which point I would push them away. In the video, though, my back is typically shown, i.e., it does not show them attempting to touch my breasts. Instead, it shows me pushing them first. When an elderly resident attempts to touch my breasts, I tell him, "Do not do it," grasp his hand, and hold it with both of mine. I changed my behavior because I was afraid of being misunderstood based on CCTV. However, I now think that the manner by which I handle the situation is good. Tightly holding one's hand with both of mine is a more polite approach and will likely make him feel less embarrassed. (J)

When elderly people fight verbally, we tend to wag our fingers at them to control the situation. I saw another care worker performing that on CCTV footage. She was performing the same action as I typically do. However, when I viewed it on video, it appeared different and bad. Now, when a fight occurs between elderly residents, I would say, "Stop it. It makes the other residents uncomfortable." That is, I try to calm them down without raising my hands, since they are not children. They are only less mobile and cognitively impaired. (M)

### **General Structural Descriptions (Essential Themes)**

In the phenomenological research method devised by Giorgi (1997), general structural descriptions describe the relationship between research participants' common experiences and essential themes, thus revealing the structure and essence of the experiences. The essential themes revealed from the participants' experiences included "CCTV that operates 24/7, 365 days a year," "guardians who place more trust in CCTV than in care workers," and "concerns about one's appearance on the CCTV." These experiences of the research participants resulted in,

"I am concerned about my appearance on the CCTV because of guardians who place more trust in the CCTV system that operates 24 hours than in care workers."

Owing to the installation of CCTV cameras throughout the facility, care workers feel the pressure of being watched. In circumstances where CCTV cameras cannot capture care workers' movements due to the camera positions and angles, they may encounter a lack of trust from guardians of elderly residents, which can have a demoralizing effect on the care workers. Care workers could not rest at places without surveillance camera during break time because the break rooms lacked available beds. Some research participants argued that regarding care workers as potential criminals and installing CCTV to monitor them is only a stopgap measure, whereas care-friendly staffing is a fundamental solution. However, CCTV has solved the problem of care workers being unable to recognize every situation in the facility. In fact, CCTV has helped care workers avoid false accusations of theft by identifying abrupt behaviors of elderly residents with dementia. Furthermore, CCTV protects the safety of elderly residents who are not within the care worker's sight and is used to monitor outsiders entering or leaving the building, thus aiding in maintaining security. Some guardians trust CCTV more than care workers; thus, they occasionally misunderstand the situation. Owing to the law prohibiting the use of the audio recording function on CCTV, video analysis of care workers performing actions to restrain elderly residents from engaging in violence, verbal abuse, and sexual harassment can potentially misrepresent the justification of care workers' behavior. Meanwhile, CCTV improved trust between guardians and care workers in some cases. Showing CCTV footage of elderly residents living in the facility can improve guardians' understanding more effectively than merely explaining it in words. However, mandatory CCTV installation has resulted in defensive attitudes among care workers due to concerns of being monitored. Specifically, care workers reduced physical contact with elderly residents and provided less care because of concerns about potential misunderstandings by guardians. Meanwhile, care workers used CCTV as an opportunity to focus on and control their own behavior. In summary, care workers working in environments with CCTV reported both positive and negative experiences. Moreover, they hoped that the installation of CCTV in the facility would be complemented by other measures that would consider the interests of care workers.

## DISCUSSION

Based on the results of this study, care workers' experiences with CCTV showed both negative and positive aspects. The negative aspects included unpleasantness caused by the sense of being regarded as potential criminals, potential misunderstandings by guardians, and constraints on care behaviors. Meanwhile, the positive aspects included facilitating in problem solving, resolving guardians' misunderstandings, and providing opportunity for self-examination. These findings are expected to facilitate countries and societies considering mandatory CCTV installation in long-term care institutions. First, negative experiences of care workers in long-term care facilities in South Korea can be used as a basis for suggesting improvement directions related to CCTV installation and management, thereby alleviating care workers' stress during their care activities. Meanwhile, the positive experiences of care workers in long-term care facilities in South Korea provide context for shifting the perception of CCTV away from surveillance and constraints. In other words, CCTV installation can be regarded as a method of fostering trust between care workers and guardians instead of as an approach that regards care workers as potential elder abusers to prevent safety accidents or elder abuse in long-term care facilities.

Considering the aforementioned findings, the following policies can be recommended to ensure positive experiences among care workers in long-term care facilities where CCTV is installed. First, one must ascertain that care workers have the necessary time and space to take a break. In particular, break rooms should be furnished with beds. Ha (2004) posits that the failure to guarantee the availability of spaces where workers can rest without surveillance cameras constitutes a potential infringement on workers' human rights. Second, the voice recording function should be added to CCTV systems to prevent potential misunderstandings. Third, the ratio of care workers to elderly residents should be reduced. Findings show that care workers who are responsible for a smaller number of elderly individuals on a daily basis exhibit a heightened level of awareness regarding elder abuse (Kim & Jeon, 2022). Reducing the ratio of care workers to elderly residents will decrease the workload of care workers, thereby enabling them to allocate greater attention to individual residents and provide higher-quality care. This improvement is expected shift the perception toward CCTV from being regarded as a tool for surveillance and activity restriction to an auxiliary tool for enhancing service quality.

## REFERENCES

Brechin, A. (1999) "What makes for good care?" In A. Brechin, J. Walmsley, J. Katz, & S. Peace(Eds.), *Care Matters-Concepts, Practice and Research in Health and Social Care*. London: Sage Publications, 170-188.

Burnes, D., K. Pillemer, P. L. Caccamise, A. Mason, C. R. Henderson Jr., J. Berman, A. M. Cook, D. Shukoff, P. Brownell, M. Powell, et al. (2015). Prevalence of and risk factors for elder abuse and neglect in the community: A population-based study. *Journal of the American Geriatrics Society*, 63(9), 1906–1912. DOI: 10.1111/jgs.13601

Castle, N., Ferguson-Rome, J. C., & Teresi, J. A. (2015). Elder abuse in residential long-term care: An update to the 2003 National Research Council Report. *Journal of Applied Gerontology*, 34(4), 407–443. DOI: 10.1177/0733464813492583

CQC(2022). How we check the use of surveillance. <https://www.cqc.org.uk/guidance-providers/all-services/how-we-check-use-surveillanc>.

Crotty, M. (2021). *The Foundations of Social Research: Meaning and Perspective in the Research Process*. Routledge.

Department of Economic and Social Affairs Population Division(2024). *World Population Prospects 2024*. United Nations. <https://population.un.org/wpp/downloads?folder=Standard%20Projections&group=Most%20used>. (accessed Nov. 02, 2025)

Dong, X. Q. (2015). Elder abuse: Systematic review and implications for practice. *Journal of the American Geriatrics Society*, 63(6), 1214–1238. DOI: 10.1111/jgs.13454.

Giorgi, A. (1997). The theory, practice, and evaluation of the phenomenological method as a qualitative research procedure. *Journal of Phenomenological Psychology*, 28(2), 235-260.

Ha, K. H. (2004). A study on the legality of electronic monitoring and surveillance in workplace. *Journal of Labour Law*, 0(18), 99-156.

Jeon, B. J. (2017). Mediating effects of burnout on the relationship between CCTV perception and abusive behavior of care workers in nursing homes for the elderly. *The Journal of Police Policies*, 31(2), 101-140.

Kang, D. W. & Moon, Y. H. (2018). A legal-policy study for prevention of elder abuse in the welfare facility for older persons. *HUFS Law Review*, 42(3), 263-292. DOI:10.17257/huflr.2018.42.3.263

Kim, B. H., Kim, K. J., Park, I. S., Lee, K. J., Kim, J. K., Hong, J. J., Lee, M. W., Kim, Y. H., Yoo, I. Y., & Lee, H. Y. (1999). A comparison of phenomenological research methodology - Focused on Giorgi, Colaizzi, Van Kaam Methods - *Journal of Korean Academy of Nursing*, 29(6), 1208-1220. DOI:10.4040/jkan.1999.29.6.1208

Kim, J. (2019). A study on the ethical management of electronic surveillance system(CCTVs) in elderly welfare facilities: Focusing on subjective perception of the elderly and aged care workers. *KOREAN NPO REVIEW*, 18(2), 157-171.

Kim, J. & Cho, M. G.(2020). A study on the developmental direction of the institutionalization of CCTV installation in welfare facilities for older adults: Lessons from Japan and the UK. *Japanese Cultural Studies*, 75, 143-168. DOI : 10.18075/jcs..75.202007.143

Kim, J. H. & Jeon, J. M. (2022). The influence of job stress of the long-term care workers on the perception of elder abuse: Focused on the moderating effect of occupational identity. *Transactional Analysis Counseling Research*, 12(2), 163-188. DOI : 10.35476/taca.2022.12.2.163

KOSIS National Statistical Portal(2025a). Major Population Indicators. [https://kosis.kr/statHtml/statHtml.do?sso=ok&returnurl=https%3A%2F%2Fkosis.kr%3A443%2FstatHtm%2FstatHtml.do%3FtblId%3DDT\\_1BPA002%26orgId%3D101%26checkFlag%3DN%26](https://kosis.kr/statHtml/statHtml.do?sso=ok&returnurl=https%3A%2F%2Fkosis.kr%3A443%2FstatHtm%2FstatHtml.do%3FtblId%3DDT_1BPA002%26orgId%3D101%26checkFlag%3DN%26).(accessed Nov. 02, 2025)

KOSIS National Statistical Portal(2025b). Current Status of Welfare Facilities for the Elderly. [https://kosis.kr/statHtml/statHtml.do?sso=ok&returnurl=https%3A%2F%2Fkosis.kr%3A443%2FstatHtm%2FstatHtml.do%3FtblId%3DDT\\_117N\\_B00003%26orgId%3D117%26checkFlag%3DN%26](https://kosis.kr/statHtml/statHtml.do?sso=ok&returnurl=https%3A%2F%2Fkosis.kr%3A443%2FstatHtm%2FstatHtml.do%3FtblId%3DDT_117N_B00003%26orgId%3D117%26checkFlag%3DN%26).(accessed Nov. 02, 2025)

Lee, E. J. & Park, B. H. (2023). The influence of workplace violence experience and emotional labor on depression among caregivers. *Korean Journal of Occupational Health Nursing*, 32(2), 58-67. DOI: 10.5807/kjohn.2023.32.2.58

Lee, M. J. & Shin, S. J.(2021). Perceptions of facility workers and family caregiver toward CCTV in long-term care facilities. *Journal of Korean Gerontological Nursing*, 23(3), 239-248. DOI: 10.17079/jkgn.2021.23.3.239

Lim, J. M. (2020). Factors affecting mistreatment of the elderly in long-term care facilities. *Healthcare*, 8(3), 224-234. DOI: 10.3390/healthcare8030224

Lim, J. M. Kim, H. S., Lim, S. E. Lee, M. J., Park, H. J., Son, H. S., Chang, M. Y.(2020). The Occurrence Process of Elder Abuse in Long-Term Care Facilities and Effective Response Strategies. Korea Institute for Health and Social Affairs. [https://www.nkis.re.kr/subject\\_view1.do?otpId=OTP\\_0000000000006814](https://www.nkis.re.kr/subject_view1.do?otpId=OTP_0000000000006814)

Lincoln, Y. & Guba, E. (1985). Naturalistic inquiry. Sage Publications.

McDonald, L. (2011). Elder abuse and neglect in Canada: The glass is still half full. *Canadian Journal on Aging*, 30(3), 437-465. DOI: 10.1017/S0714980811000286

Ministry of Health and Welfare(2023). 2022 Elder Abuse Status Report Guidebook. [https://www.korea.kr/archive/expDocView.do?docId=40531&call\\_from=k-knowledge](https://www.korea.kr/archive/expDocView.do?docId=40531&call_from=k-knowledge).

Moon, Y. P. & Lee, J. Y. (2017). A comparative study on policies against elder abuse in the long-term care facilities : Focused on 4 EU countries. *Social Welfare Policy*, 44(2), 261-293. <http://dx.doi.org/10.15855/swp.2017.44.2.261>

Park, M. J. & Kim, H. J. (2024). Emotional labor experiences and the formation of professional identity among direct care workers of nursing facilities. *Korean Journal of Care Management*, 0(53), 35-60. DOI: 10.22589/kaocm.2024.53.35

Schwandt, T. A. (2010). The landscape of values in evaluation: Charted terrain and unexplored territory. *New Directions for Evaluation*, 1997(76), 25-39. DOI: 10.1002/ev.1085

Snyder, M. & Gangestad, S. (2000). Self-monitoring: Appraisal and reappraisal. *Psychological Bulletin*, 126(4), 530–555.