



Infrastructure, governance, well-being, workforce and engagement of key drivers for improved active ageing in Malaysia: A qualitative inquiry

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Article History

Received: 17 February 2026

Revised: 1 July 2026

Accepted: 24 July 2026

Published: 27 October 2026

Keywords

Active ageing framework

Ageing society

Care infrastructure and delivery

Elderly care

Long-term care

Malaysia

Qualitative inquiry.

ABSTRACT

This study examines how elderly care centres and NGOs in Malaysia manage infrastructure, governance, well-being, workforce, and community engagement to support the well-being of older adults and their caregivers, amid the country's rapidly ageing population and projected shift toward "aged nation" status by 2030. A qualitative research design was employed, drawing on semi-structured interviews with representatives from nine organisations, comprising activity centres, care centres, and NGOs across Malaysia, guided by a reflective method that allowed themes to emerge iteratively alongside the literature. Interviews were transcribed and coded using Atlas.ti, and validated through triangulation of multiple data sources. Five interrelated themes emerged from data collection, which are infrastructure and service delivery gaps, particularly in rural areas and specialised geriatric care; governance and financial sustainability challenges linked to fragmented policy and inconsistent funding; emotional and psychological wellbeing concerns among residents and caregivers; workforce shortages, high turnover, and caregiver burnout; and low public awareness of available services. These findings extend the active ageing framework by situating service delivery, workforce dynamics, governance, and cultural attitudes within the Malaysian context, moving beyond individual ageing outcomes toward an organisational and community-level ecosystem. The findings offer guidance for policymakers on strengthening sustainable funding mechanisms, expanding accessible and integrated care models, improving caregiver training and retention, and enhancing community-based awareness programmes to better support Malaysia's ageing population and their caregivers.

Contribution/Originality: This study contributes to the literature by providing empirical insights into elderly care centres and NGOs in Malaysia. This study has investigated service delivery, governance, caregiver workforce, and cultural awareness together, extending the active ageing framework from individual outcomes to an organisational, institutional, and community-level ecosystem supporting policy and practice.

1. INTRODUCTION

1.1. Background

Countries worldwide are increasingly prioritising issues related to their ageing populations as the number of elderly individuals continues to rise. In Asia, governments have expressed particular concern about meeting the environmental, social, and healthcare needs of their ageing citizens, as well as providing financial assistance and medical care. In Malaysia, these responsibilities fall under the Ministry of Women, Family, and Community Development, which formulates policies, allocates resources, and implements programs aimed at improving the quality of life for older citizens, with a particular emphasis on senior citizen policy (Kaliannan, Dorasamy, & Ramasamy, 2022). The quality to be managed includes funding for elderly homes, activity centres, and NGOs that provide care and social support. Additionally, the ministry is responsible for developing initiatives to enhance accessibility to healthcare services, promote active ageing, and strengthen caregiver training and professional development. The ministry seeks to address the needs of Malaysia's rapidly ageing population, ensuring that elderly individuals receive comprehensive support spanning physical health, emotional well-being, and social engagement (Harakahdaily, 2022; Ministry of Health and Welfare, 2022).

Malaysia has shown the urgency of strengthening the elderly care system by 2030 while shown trend in 2024, the Department of Statistics Malaysia (DOSM) estimated the national population at 34.1 million, of which 3.9 million (11.6%) were aged 60 and above that proven a significant increased from 1970, when only about 5.5% fell within age group (Department of Statistics Malaysia (DOSM), 2024), 6 September). By 2030, the proportion of older Malaysians is projected to reach 15%, exceeding the national criterion for an 'ageing nation' (Department of Statistics Malaysia (DOSM), 2024) 6 September). This statistic shows a further increase to 17.3% by 2040, equivalent to about 6.4 million elderly individuals, when the total population is forecast to reach 37.1 million. In response, the government has begun expanding elderly care infrastructure services. As of 2024, Malaysia reportedly operated 144 active ageing centres and 436 elderly care centres offering recreational, social and health care support. Information on developments and demographic projections indicates a growing demand for formal elderly care services nationwide. Policy measures under the 13th Malaysia Plan also aim to increase the number of trained caregivers from 43,000 in 2024 to 50,000 by 2030, as reported by TheStar (2025) and the Ministry of Economy (2025).

There have also been significant challenges that remain, particularly in rural areas, as noted in past studies. Prior studies identify issues such as shortages of trained personnel (Isa, Noor, & Mohammad, 2023) governance practices and administrative limitations (Fadzlyn, Isa, & Mohamad, 2023) operational difficulties in care centres (Noor, Isa, & Muhammad, 2021) gaps in dementia care (Rosli et al., 2021), challenges for elderly care in care centres (Li, Goh, Jhanjhi, Binti Md Isa, & Balakrishnan, 2021) disparities in healthcare access, and insufficient geriatric expertise (Abdullah, Ismail, & Yusoff, 2024) Studies further highlight concerns related to caregiver support (Safian et al., 2021; Theng et al., 2023) transportation and accessibility (Zhang, Li, & Wu, 2020) and rising caregiver burdens (Safian et al., 2021; Silva, Barbosa, Monteiro, Martins, & Grato, 2024). Therefore, the research question that was developed is: "How do elderly care and NGOs in Malaysia manage infrastructure, governance, well-being, workforce and engagement to support the well-being of elderly people and caregivers?" Therefore, the research objective is to examine how elderly care centres and NGOs in Malaysia address infrastructure, accessibility, and service delivery to support the emotional, psychological, and social well-being of elderly individuals and their caregivers. This study contributes to the literature by providing empirical insights into the factors for managing elderly care centres and NGOs in Malaysia and offers practical recommendations for policy and service improvements. This current study has contributed to the active ageing framework by explaining how services are delivered through NGO roles, workforces, and government, as well as through service delivery, caregiver workforce, governance, and cultural awareness within the Malaysian elderly care context. The contribution also extends from individual ageing outcomes to a broader active ageing ecosystem at the organisational, institutional,

and community levels for elderly people in Malaysia. The practical contribution is to assist policymakers in ensuring the development of national health and social services, community programmes, sustainable funding, accessible care, comprehensive community- and home-based models, and elderly engagement programmes. The next section presents the literature review, followed by the research methodology in Section 3 and findings in Section 4. Section 5 discusses all findings related to this study, and Section 6 concludes this study.

2. LITERATURE REVIEW

2.1. Elderly Care Services

Studies on long-term care in Malaysia highlight the structural and policy-related challenges in meeting the needs of older adults. Hamdy and Md Yusuf (2018) mentioned that Malaysia provides all four main types of long-term care benefits (cash/in-kind, institutional, home care), as do many OECD countries. However, most public programs focus on instrumental activities of daily living assistance. In addition, assistance with activities of daily living is mainly provided in institutional facilities such as Rumah Ehsan. Similarly, Asrulsani, Chek, and Ismail (2023) argue that existing long-term care policies lack comprehensive coverage and community-based care, financial security measures, and active ageing programs. Rosli, Shair, and Samsudin (2024) emphasise that regulatory frameworks, financing mechanisms, and public-private partnerships need to be strengthened to sustain long-term care. Placement and quality of care in elderly homes have also been widely discussed in the literature. Littlemore (2025) reports that the increasing elderly demographic is a societal achievement, but society is surprisingly unprepared to sustain it. The issues of placing people in care facilities without proper assessment of their care needs and of regulatory compliance in homes are often inconsistent.

Johari and Johari (2024) identify five primary domains of need among elderly residents: physical health, mental health, leisure activities, spirituality, and finances. Nikmat, Hawthorne, and Al-Mashoor (2015) and Loh et al. (2024) further highlight the challenges in addressing cognitive impairments, such as dementia, in care homes, noting that facilities frequently lack specialised resources. Nikmat et al. (2015) further reported that older adults with mild dementia living at home experienced significantly higher QoL, better Activities of Daily Living (ADLs), and greater social connectedness than those in institutional care. Loh et al. (2024) find challenges in catering to older people with dementia, which are related to a shortage of aged-care specialists, barriers in primary care, a lack of dementia-focused social care services, and a scarcity of evidence-based psychosocial support for informal caregivers. Zainuddin, Hamidi, and Abd Wahab (2022) find that activity centres such as Pusat Aktiviti Warga Emas (PAWE) provide vital social support but face challenges in scale and outreach. Those challenges to social support include attitudes of friends and neighbours, restrictions imposed by children, social changes driven by modernisation, and the burden and commitment of other work. Ollevier, Aguiar, Palomino, and Simpelaere (2020) suggest that technology-enabled solutions, including smart homes, could facilitate ageing-in-place, allowing seniors to remain independent; however, cost, accessibility, and ethical considerations remain challenges.

Healthcare access for older adults, particularly in institutional settings, remains a concern. Fazli, Nordin, Mohamad, Khan, and Ahmad (2024) report that oral healthcare services in elderly homes are limited due to insufficient staff training, inadequate resources, and financial constraints. Rani et al. (2025) similarly mentioned barriers to domiciliary healthcare, including coordination difficulties and caregiver knowledge gaps. These findings indicate that while basic healthcare is available, specialised and preventive care often falls short due to older adults' attitudes and behaviours, a lack of workforce, a lack of formal training, health conditions, and a variety of oral care practices. In addition, institutional elder abuse and neglect are significant issues in Malaysia. Yunus (2021) identifies under-reporting of elderly abuse, weak legal protections, and poor staff training as major risk factors. Nurses also face structural and personal barriers to detecting and reporting abuse (Schmeidel, Daly, Rosenbaum, Schmuck, & Jogerst, 2012), indicating challenges such as professional orientation, assessment, interpretation, systems, and knowledge and education.

In sum, the literature indicates that while Malaysia has established frameworks and infrastructure for elderly care, gaps remain in service quality, accessibility, and specialised care. Long-term care policies are often fragmented, and care homes vary in their compliance with regulatory standards. Social support systems are increasingly necessary due to weakened family networks, but they are limited by funding, scale, and trained personnel. Healthcare access, particularly for specialised services such as dementia care and oral health, remains uneven, while risks related to abuse and neglect require urgent attention. Emerging strategies, including community-based approaches and technology-enabled ageing-in-place programmes, show promise but need further development and evaluation.

2.2. Active Ageing Framework

The framework that relates to this study is the active ageing framework. This framework has been defined as the process of optimising opportunities for health, participation, and security to enhance the quality of life for older people. World Health Organization (2002) emphasises the continuous involvement in social, economic, cultural, and spiritual affairs. There is also a focus on health, participation of elderly people with families and communities, as well as social, financial, and physical security. While Walker (2002) also argues for a strategy for active ageing related to employment, pensions, retirement, health, citizenship, the welfare system, and ways to promote culture for this group. Later than that, Zaidi et al. (2013) focus on four factors that align with the World Health Organization (2002) and Walker (2002), which are employment in the market, volunteer work and participation in caregiving, the way to have a secure living with exercise, mental well-being, and financial security as well, and the environment of active ageing. Fernández-Ballesteros, Robine, Walker, and Kalache (2013) also focused on cross-sectoral participation, including health professionals, the government, and the private sector, to ensure life expectancy. Therefore, based on factors that engage with the active ageing framework, this study is suitable for the current study, as it has covered each pillar related to access to healthcare, participation in the community, and security.

2.3. Factors Affecting Elderly Care Services

Elderly care is shaped by multiple interrelated factors, spanning social, structural, policy, caregiver, technological, and educational domains. Understanding these factors is critical for developing effective interventions and improving the quality of life for older adults. Studies have shown that social support plays a central role in the well-being of the elderly. Dong, Cheng, and Cao (2024) demonstrated that informal social support from children, family, and friends enhances life satisfaction, facilitates access to health care, and encourages engagement in social activities. In a Malaysian context, Makhtar, Ab Ghani, Elias, and Ludin (2023) found that family support was more significant than support from friends for family caregivers, and this perceived social support varied by gender and caregiving duration. These findings underscore the importance of maintaining strong social networks to improve both mental and physical health outcomes among older individuals. In addition, access to elderly care is particularly challenging for residents of rural areas. Studies in the healthy ageing literature in Malaysia have highlighted how healthcare infrastructure is disproportionately clustered in urban areas, leaving rural elderly populations with limited access to essential services (Abdullah et al., 2024). In Fox (2024) highlighted challenges such as limited transportation, limited awareness of available aid, the absence of geriatric social programs, insufficient local government support, and difficulties navigating managed health care systems. Such challenges exacerbate inequities in service provision and limit the reach of essential care to rural elderly populations.

Studies have also shown that effective governance and policy frameworks are essential for sustainable elderly care systems. According to Asrulsani et al. (2023), Malaysia's long-term care policies remain unclear, with insufficient coordination across agencies and a lack of comprehensive, community-based frameworks. Similarly, H.

Wang, Coyte, Shi, Zong, and Zhong (2023) noted that Malaysia's long-term care system is largely government-driven, with minimal engagement from market actors and civil society. Despite funding and formal policies, bureaucratic inefficiencies and uncertain service delivery continue to constrain the accessibility and quality of care. Their study further reported shortages of long-term care workers, particularly in rural regions, highlighting the need for workforce planning and policy alignment. Rosli et al. (2024) argue that improved care systems in Malaysia require integrated policy mechanisms, public-private partnerships, and a more inclusive, means-tested financing model. Malaysia scored the lowest due to deficiencies in dedicated acts, limited coverage, and a lack of sustainable financing.

Another group of studies has provided some evidence on the impact on caregivers' mental health and well-being. These studies showed that caregiving, especially for older adults with dementia or chronic illness, places substantial emotional and physical demands on caregivers. In addition, Kong et al. (2021) identified that a limited number of the adult population were informal caregivers, with those who provided care being female, aged 36–59 years, and self-reporting illness. Caregiving roles negatively affected the health and social activities of female caregivers.

In addition, Bongelli et al. (2024) examined dementia caregivers' burden and reported emotional and time-related strain to be moderate to high, accompanied by limited professional support. The caregiving burden and psychological well-being showed a considerable negative correlation. The greater the caregiving burden, the higher the emotional and mental strain. Social support was identified as an important resource, and the study showed that support from family, friends, and the community positively affected caregivers' emotional and mental health, reduced exhaustion, and improved psychological well-being.

The adoption of technology in elderly care opens up both opportunities and obstacles. Emerging solutions such as smart-home systems, AI-enabled monitoring, and social robots are promising but not yet widely adopted in Malaysia. Zainal et al. (2025) identified the struggles informal caregivers encounter when implementing healthcare technology and highlighted the need to design technology to fit their daily caregiving structures. Several barriers result from insufficient formal training, the inability to provide timely care, the complexity of needs that are poorly addressed in teleconsultations, fragmented and poorly usable systems, high costs, unequal distribution, lack of accessibility, ageing, and culture. Globally, technology use involving participatory design studies with social robots shows potential but also highlights resistance and usability challenges among older users and caregivers (Sienkiewicz, Radosz-Knawa, & Indurkha, 2024). These insights suggest that technological interventions must be carefully tailored to caregiver routines, cultural contexts, and the practical realities of caregiving environments. In addition, the quality of life for the elderly and their caregivers is influenced by emotional support, demographic variables, and burden. In their study, Rosas and Neri (2019) identified emotional support, caregiver burden, age, and sex as key determinants of life satisfaction.

Within the Malaysian context, the waqf-funded social care model Makhtar et al. (2023), has shown potential to improve subjective well-being by reducing financial stress and fostering stronger social bonds. Furthermore, NGO programs play a significant role in elderly engagement and social inclusion. Older adults who participate in NGO-led educational or social activities often do so to combat loneliness, learn new skills, rebuild or expand social networks, and gain a sense of purpose (Štuopytė, 2022). These motivations align with Malaysian studies showing that meaningful community-based engagement supports both emotional well-being and social connectedness. A group of studies has also highlighted knowledge gaps about ageing, and interventions to improve this knowledge are crucial for reducing ageism and improving care. Goriup and Lahe (2018) documented that the less someone knows about the ageing process, the more negative their attitudes, and the greater their fear of ageing.

In contrast, Donizzetti (2019) explained that more accurate knowledge about ageing correlates with less anxiety and fewer negative stereotypes, with fear being the most important underlying factor. Youth attitudes and willingness to learn about elderly caregiving demonstrated that educational interventions have a rewarding impact.

In Malaysia, youth-focused educational programs have demonstrated effectiveness, as evidenced by a study by Mokhzan, Sutan, Yasin, and Yamat (2023), which reported increased caregiving confidence and greater awareness of older adults' holistic needs after structured training modules.

In sum, adding these additional references strengthens the case that a complex web of factors influences elderly care in Malaysia. Empirical insights from national surveys illustrate caregiver burden and health impacts. At the same time, local studies show how social support and financial mechanisms, such as the waqf fund, contribute meaningfully to older adults' well-being. At the same time, governance gaps, workforce shortages, and rural-urban inequities persist. Technological interventions hold promise but must be implemented mindfully. Finally, educational efforts targeting ageism and caregiving competence are vital for long-term improvements. These multi-level factors provide a rich backdrop for investigating how elderly care centres and NGOs in Malaysia can address infrastructure, accessibility, and service delivery challenges, especially through models that foster strong social networks, use community-based resources, and integrate caregiver support.

3. RESEARCH METHODOLOGY

This study employed a qualitative research design to obtain an in-depth understanding of elderly care in Malaysia, based on experiences, perspectives, and practices. This study focused on both Malaysian care centres and NGOs actively involved in the management of elderly populations to explore their experiences with challenges related to infrastructure, accessibility, service delivery, and social support. The qualitative approach used in this study will provide rich insights into the strategies, challenges, and motivations of care providers, as well as into how the government organises NGOs and formal care services, through semi-structured interviews involving multiple stakeholders.

3.1. *Participants and Sampling*

The sampling technique for this study was purposive, based on the participants' relevant experience and ability to provide informed perspectives on the issues at hand. This study included a variety of participants who volunteered to take part in semi-structured interviews. The participants were from elderly care services, including activity centres and care centres, as well as NGO representatives. In total, nine organisations participated in this study and shared their experiences, offering valuable insights into the challenges elderly individuals face in Malaysia. The list of participants is displayed in Table 1. The sample of participants was considered sufficient when the data met saturation criteria and no new themes emerged. While this sampling strategy also can be suitable for this current research, as compared to past studies that involved also purposively sampling, such as 4 elderly activities (Zainuddin et al., 2022), 30 informal caregivers (Zainal et al., 2025), 35 elderly people (Yelboğa, 2025), 3 elderly care staff (Tombel, Mohyin, & Ayob, 2024), 5 elderly people (Johari & Johari, 2024). Participants in this research are selected through purposive sampling, and the insights are based on their own experiences in addressing issues in an ageing society, providing an in-depth understanding. This research is not intended to generalise to all providers of elderly care.

3.2. *Reflection Method*

In the first stage, before data analysis, this study applied the reflection method. The reflection method is appropriate for this study when ongoing reflection on data and data positioning are involved, as supported by Irvine and Gaffikin (2006). Additionally, data analysis is conducted concurrently with data collection and theory development, which can help the researcher understand and shape the study as it unfolds. Then, the continuous observation in the field notes and thematisation provided a reflective method that led to agreement on a set of sub-themes. The reflection on the sub-themes, together with a review of the literature, will help identify relevant headings to unify the sub-themes into themes (Graneheim & Lundman, 2004). The reflection method in this study

began with a review of the understanding of ageing issues, along with a broad understanding of the factors that influence the ageing society in Malaysia. The process of reflection contributes to the motivation for undertaking this study, as well as to the research objectives and research questions. A list of semi-standardised interview questions was used in the data collection process. In this stage, self-reflection and discussions with team researchers were conducted after each interview to ensure an understanding of the issues facing an ageing society in Malaysia.

3.3. Data Collection

Data collection for this study consisted of semi-structured interviews with individuals who gained experience in elderly care management at an activity centre, a care centre, and a related NGO. Upon proceeding with the interview session, the researcher sent an official letter to each participant and then called to seek permission to begin data collection for each interview session. The data collection procedure, particularly the interviews, was conducted from February 2025 to July 2025. Each organisation, care centre and activity centre was represented by a volunteer caregiver, ensuring that the insights provided were grounded in firsthand experience with elderly care management.

Table 1. List of participants.

No.	Participant's ID	Organization	Date	Time
1	Activity Centre P	Activity Centre	3 June 2025	60 minutes
2	Activity Centre K	Activity Centre	16 June 2025	78 minutes
3	Care Centre KB	Care Centre	23 May 2025	87 minutes
4	Care Centre N	Care Centre	11 July 2025	60 minutes
5	Care Centre M	Care Centre	16 May 2025	90 minutes
6	Organisation JM	NGO	13 June 2025	60 minutes
7	Organisation SS	NGO	5 February 2025	69 minutes
8	Organisation TM	NGO	20 June 2025	69 minutes
9	Organisation Y	NGO	7 May 2025	87 minutes

3.4. Data Analysis

Interviews were conducted in person and audio-recorded with participants' consent. These recordings were then transcribed verbatim by applying Turboscribe to preserve the authenticity and accuracy of the responses. This study conducted data analysis following Miles, Huberman, and Saldaña (2014), including data preparation and analysis. Coding began with first-cycle coding, followed by pattern coding, which yielded more general themes. The data coding used Atlas.ti software reads and understands each word and phrase in the transcriptions, as shown in Figure 1. Based on the understanding and interpretation, this researcher developed descriptive coding, as suggested by Miles et al. (2014). Next, the second cycle of coding was conducted using pattern coding, which involves grouping summaries into fewer themes, as shown in Table 2 and 3.

This study utilised the reflection method, which can enhance construct validation by testing each source of evidence against other sources (Margison, 2004). Additionally, Creswell (2009) suggested that triangulation is one of the strategies used to achieve validity and reliability in qualitative research, involving the validation of evidence from different sources.

Hence, triangulating data from multiple sources, such as interviewees, documents, and archival records, can be important for validating the consistency of data obtained from each regulator. Then, the triangulation approach was applied in this study to ensure data validity and reliability. There is triangulation of methods: the data collected from one source was compared with another, which was later cross-checked with data from various interviewees from NGOs and an elderly care activities centre.

Table 2. Theme development.

Theme	Sub Code
Infrastructure, Access, & Service Delivery for the Elderly	Facility Conditions & Accessibility
	Service Access & Infrastructure Barriers
	Programme and Service Design
Governance, Policy, & Sustainability	Policy, Governance, & Operational Challenges
	Financial & Sustainability Issues
	Governance, Policy, & Collaboration
Well-being & Social Support	Resident Characteristics & Well-being
	Emotional & Psychological Well-being
	Social & Emotional Well-being
Workforce, Caregivers, & Volunteerism	Staffing & Workforce Issues
	Caregiver Challenges & Burnout
	Volunteerism & Workforce Issues
Awareness, Education, & Community Engagement	Awareness & Community Engagement
	Awareness & Education

Table 3. Example of initial codes.

Sub Code	Initial Code
Facility Conditions & Accessibility	Senior-friendly facilities
Service Access & Infrastructure Barriers	Facility condition and maintenance
Programme and Service Design	Old facilities in need of refurbishment
	Difficulty in accepting the intervention
	Ambulance and transport issues
	Ambulances have to be wary of public cars
	Parking problems and support facilities
	Future infrastructure plans
	Planning a move to Slim River
	The new capacity is larger
	Uncertainty of the future of existing facilities
	No health restrictions
	Easy registration process
	Visiting hours and regulations
	Daytime care

☒ Name ...	...	Groups ...	Quotations ...
☐ Acceptability of elderly care services			 3
☐ Accessibility barriers			 3
☐ Accessibility considerations			 15
☐ Access to resources and services			 10
☐ Accommodation elderly home			 2
☐ Adaptability			 1
☐ Affordability			 4
☐ Age-related decline			 1
☐ Ageing population			 1
☐ Ageing population challenges			 1

Figure 1. Example of ATLAS.ti.

4. FINDINGS

4.1. Infrastructure, Access, and Service Delivery for the Elderly

4.1.1. Facility Conditions and Accessibility

The interview process indicated, for the first time, the importance of the facilities and their accessibility, particularly for the elderly. The concerns about elderly care facilities indicate problems with adequacy and suitability. The interviewee, Care Centre KB, explained the problem in terms of future expectations. He reported, "Now, here, we have one hundred and seven. Over there, three hundred occupants. It is expected to be ready in 2027," referring to the current capacity problems of what is said to be the largest elderly complex in Malaysia, with 300 capacity.

The interviews also indicated that the problems in this area are not confined to the physical infrastructure. The accessibility issue is also evident in gaps in critical services, particularly in mental health and geriatric care. The elderly are at the lowest priority in the complex health care systems and find it particularly difficult to access the specialised services they desperately need. Care Centre N pointed to the limited availability of specialised medical support as follows: "...that geriatric clinic is very limited, only a few people each session, one hour, one-to-one with a doctor..." Care Centre M also emphasised the absence of proper facilities with respect to the mental health of their patients: "For mental health cases, we don't have a special place, just mixed with others." This opinion is supported by Organisation Y, which stated, "We need a place that can do everything, from health to social."

The participants consistently expressed concerns about the condition of the facilities. Improvements to the facilities are urgent. For example, Care Centre KB said, "This Care Home has had two or three repairs... wiring is the most important because it's an old building." These issues are critical to the provision of mobility and other assistance services to elderly persons, thereby improving their quality of life and care. While Organisation JM claimed to have adequate transport, stating, "we have four special cars, including those with ramps and special chairs to transfer patients," Organisation SS mentioned that other initiatives, such as their 'Sama-sama Jaga', where freelancers are connected to patients using Grab cars, are "not sustainable because supply was insufficient."

4.1.2. Service Access and Infrastructure Barriers

The provision of care to elderly persons is greatly influenced by the accessibility of services and the adequacy of infrastructure that supports it. Logistical challenges, as reported by the NGOs and care centres themselves, remain a priority concern. For example, Care Centre KB raised the specific infrastructural problems concerning parking, mentioning, "When we want to go to the bank, parking is already booked by others." He also raised safety concerns, stating, "We can't just open visits freely because of COVID risk and safety." Care Centre M remarked on the absence of scheduled ongoing medical support, saying, "Doctors come only when we call. There's no fixed schedule."

The challenges described are not specific to urban centres like the Klang Valley, but also affect rural areas where services are scarce or difficult to access. Currently, a significant proportion of elderly care services and facilities are located in cities, creating barriers for those living outside urban areas. This urban-centric focus makes it difficult for elderly people living in rural areas, who may have needs similar to those in cities, to access the available support. The demand for and access to transport and basic services, particularly in the Klang Valley, have been documented as high.

Elderly care is currently focused on the Klang Valley due to high demand. Demand for hospital transport services is especially high in the Klang Valley, underscoring the need for further infrastructure development and improved accessibility so that care is available when and where needed. The existing configuration suggests several gaps within the available services and resources. Organisation TM expressed the service expansion goal of "reducing hospital burden, making sure appointments are not missed." The absence of temporary care was mentioned by Organisation Y, which stated, "no place to send the elderly, even for a little while." He also mentioned

the splitting of care and the insufficient number of specialised personnel in some domains: "...need to go to many places for one treatment" and "want to do palliative care, but in our area, there's no geriatric doctor."

The strain on caregivers within the existing system was bluntly described by Organisation SS, noting the gap between ideal and reality. He stated that "If there's a centre, 1 caregiver can look after 3 patients... but now, it's 1:1... very hard." The elderly populations in both urban and rural settings must receive the necessary care and support, and the need for broad service coverage beyond city limits and improved infrastructure is evident.

4.1.3. Program and Service Design

This study addresses programme and service design concerning elderly care, including caregiver support and activities provided at care centres in Malaysia, as the third factor. Social support for older individuals and their caregivers has been improved through numerous initiatives. The caregivers and the activity centre staff interviewed described the activities offered at their centres and highlighted the significance of these programmes in aiding older individuals.

For example, Activity Centre P elaborated on several activities that included earning some income with crafts. He stated that "we also have handicraft sales. Last year, we made fragrant soaps." His organisation also mentioned social and leisure activities and trips. For example, "We do exercise outside. We are by the beach. They enjoy... each person brings food for potluck," and "Last year we went on a trip to KL... visited a chocolate factory. Took the bus." He also mentioned community support, "we always organise trips... committee members give small souvenirs for members... we did Ziarah Kasih visits." Likewise, Activity Centre K emphasised the outings for socialisation when he said, "he brings them out to meet friends. We suggest places like this." His organisation also conducts community outreach programmes. For example, "We organise Ziarah Kasih... in one day, we visit 2–3 houses." He also explained that "we register. Then can join our programs. Activities." Care Centre M clarified the difference between Care Centre and Pusat Aktiviti Warga Emas (Elderly Activity Centre, PAWE), saying, "Care Centre is not PAWE, PAWE is activities... it is a senior activity centre in the community to help elderly people with activities..." While the programmes have their advantages, they still need further development as these services do not address the comprehensive well-being of the elderly. These services encompass social and recreational activities, as well as specialised health care tailored to the particular needs of older adults and the caregivers involved in the care centre programmes.

Furthermore, this study found several functions of some non-governmental organisations (NGOs) that do not directly serve elderly care and activity centres. Their specialised services, however, are instrumental. For example, Organisation JM mentioned that his organisation provides a transport service, "our price is lower than an ambulance, but provides a more powerful service." In addition, Organisation TM listed several services when describing its NGO's 'grooming' service. Among others, "we do activities like tai chi, book club, and Quran classes." Also, "we try to create a Companion Hub for the elderly," where "this Companion Hub is a place for activities."

Integrated programme and service design should consider the activities of NGOs, care centres, and the wider community for elderly care. Integrated design may lead to enhanced transport services and greater societal support, particularly given that a significant portion of the elderly population resides in the community. For this reason, synergy between government bodies and NGOs is of the utmost importance. Their incorporation into programme and service design will ensure an integrated model of support for older members of society and their caregivers.

4.2. Governance, Policy, and Sustainability

4.2.1. Policy, Governance, and Operational Challenges

Malaysia's elderly care system experiences substantial deficits, linked to policy gaps, the absence of operational subsidies, and insufficient sustainable financing. This opinion was articulated by Care Centre M as, "the outcomes

are good, but implementing them is difficult... There are many constraints..." As several interviewees mentioned, these gaps will end programmes aimed at supporting elderly care.

Numerous stakeholders continue to highlight the importance of collaboration to resolve these challenges, yet Care Centre KB mentioned that, although "we have joint programmes with NGOs," they are "inconsistent because funds are not fixed." This viewpoint underscores the lack of certainty about the funds themselves, thereby raising questions about the financial sustainability of the social programmes. Organisation JM is the strongest advocate for government financial support to ensure private hospitals offer affordable access to B40 patients, arguing that "we think if the government can support with subsidies, we can bring B40 to the hospitals." Organisation SS added the observation that the "government doesn't see hidden cost... neglected patients return to hospital... not on policy radar." This weakness is exacerbated by the failure to recognise the lifelong, 'invisible' care costs. Even though "Tax regulator gives RM3000 rebate to taxpayers for parents' hospitalisation", Care Centre KB still felt that care centres are left out of important decisions, stating, "We just follow orders... in such matters we're not included," while Organisation TM adds to the unmet structural need by stating that they "need satellite offices in every state."

It is particularly Care Centre KB's suggestion that "if government supports caregivers, maybe families won't need to send [their elderly relatives] here," which is of great importance to the government's financial sustainability, not only for elderly citizens but also for their caregivers. The goal of reducing institutionalisation is also mentioned by Organisation TM, which states that "Jabatan Kebajikan Masyarakat (Social Services Department, JKM) wants deinstitutionalisation." This desire for deinstitutionalisation aligns with global trends that prioritise community care.

Yet, some external factors, such as a pandemic, might influence services. As Organisation JM mentioned, "COVID forced services to stop because we couldn't monitor or control." Organisation TM, in contrast, looks ahead by providing a timeline and proposal, stating that Malaysia is "heading towards 15% elderly by 2030..." Thus, "we must start now if we want results by 2030." He also proposed ideas related to finance management, such as "if possible, service should use Employees Provident Fund (EPF) savings..." to fund caregiving services continuously. Hence, the first three sectors (NGOs, caregiving organisations, and the government) must work together in integrated cooperation for effective elderly care management in the future.

4.2.2. Financial and Sustainability Issues

NGOs have raised concerns about the appropriate level of government subsidies and financial support needed to keep their operations viable. They point out that government support is critical to the survival of the organisations, the caregivers, and the elderly dependents of the caregivers. The Employees Provident Fund (EPF) was mentioned, and it was suggested that it could be tapped to assist the organisations, caregivers, and elderly individuals who require long-term care. As Organisation SS said, "We can use EPF... pay now, for ourselves when we're old."

For caregivers working with NGOs, financial deficit, sustainability, and budget issues continue to pose challenges. Several organisations communicated budget-related constraints. Care Centre KB conveyed the experience of being budgeted and controlled by saying, "They know the budget for this year... we just follow orders." Care Centre M captured the essence of the issue and even lamented the difficulty in running programmes: "In terms of cost, allocation... indeed a big challenge... It's hard to run programmes, the budget is very limited. The organisations' employees often described the ongoing financial support needed to care for elders, especially those from low socio-economic backgrounds, as a critical issue that must be addressed.

The challenges to be addressed include how to strike a balance between cost, especially from and to whom services are offered, and maintaining viable services. Nevertheless, raising funds and sustaining the provision of such services from any for-profit or non-governmental organisations is particularly difficult. Organisation JM provided extensive context on the challenges of balancing service cost with affordability for the B40 group: "We

really can't go below RM60 per trip... The B40 group cannot afford it, too high. People don't refuse, but when told the charge, especially for long trips, they say they can't afford it. Dialysis patients get zakat, so maybe there's transport aid." Additionally, he highlighted the lack of room for growth, stating, "The price we charge is just enough to sustain business, but no extra to expand services." He summarised the NGOs' and care centres' main issue, stating that "securing funds and sustaining service is the main challenge. The disability cars are expensive to provide and maintain, and we must balance affordability and sustainability.

The main concern is preserving high-quality service with the fewest resources. Organisation TM mentioned that some organisations "get funds from Foundation..." Other organisations, such as the one represented by Organisation Y, implement their own initiative, such as establishing an easy way to donate funds: "If you are a Social Enterprise, please scan the QR Code... we just launched the 2025 Fund." The NGOs are rationalising resource generation opportunities. However, everyone seems to be focused on financially resourceful and sustainable alternatives.

4.2.3. Governance, Policy, and Collaboration

Alongside the operational challenges, the participants reported the oversight of their financial policies by relevant government agencies. This oversight aims to ensure that their day-to-day activities are carried out efficiently and in compliance with the set standards. As Activity Centre P observed, "We must do reports, submit all to JKM... audited every year." They also referred to the existence of formal resolutions that structure and direct their processes and decisions. Care Centre M provided a context: "The latest resolution was in 2021... only now being followed up... and resolutions every 2 years... but only resumed this year."

Moreover, Organisation JM also described the reliance on Foundation funds for the NGOs' activities: "We got Foundation funds for the synergy program... for training adinitas and coordinators." For context, adinitas are female drivers. The NGOs advocate for working together and integrating multiple sectors and interested parties, including the government, private and public corporations, social workers, and all other willing partners.

Organisation JM explained the extent of his network: "We engage with the Welfare Department and other government bodies, connect with NGOs and foundations, and try to secure funding for our own initiatives and programmes, collaborate with hospitals and dialysis centres for patient convenience, and pursue CSR partnerships with GLCs and private companies." However, he described certain challenges with past partnerships: "Before COVID, we had collaboration with private companies, but that stopped," and the current drive to re-engage: "Now we try to reach out to bodies for collaboration as many need support."

These alliances are crucial for improving the quality and orientation of elderly care, as evidenced by the trust that formal endorsements confer. Organisation TM expressed, "When endorsements come from JKM and the universities, it adds confidence," and "endorsements from JKM and Kementerian Pembangunan Wanita, Keluarga & Masyarakat (KPWKM) raised awareness." Nevertheless, he also highlighted the need for support diversification: "It is hard when we only depend on the government."

Some participants spoke of the finalised needs for partners and networks. By collaborating with partners, these groups focus on preparing the country for the future, when the population becomes older, and on the effective provision of services for the elderly. The organisations try to work together in providing elderly care. Organisation Y said, "We try to involve NGOs to support the elderly," which is an example of the inclusive ecosystem approach. This type of partnering has been highlighted in global collaborations. Organisation SS provided an example: "Australia links hospitals with caregivers... when patients are discharged, caregivers are attached... government covers."

Although there are incentives for partners to work together, there are certain, often unsolvable, realities that make this cooperation difficult. This difficulty was highlighted by Care Centre KB, who said, "When they planned to move to Slim River, the process slowed," and "Even NGOs only come at certain times."

4.3. *Well-being and Social Support*

4.3.1. *Resident Characteristics and Well-Being*

Some of the effective characteristics, or lack thereof, and the associated well-being of elderly residents within activity centres, care centres, and NGOs highlighted the need to collect more perspectives. For example, the participants from the activity centres mentioned the problems associated with the isolation of elderly individuals living alone. Particularly, Activity Centre P stated, "Recently, I told Madam I saw the news... Elderly living alone. But they're sick." His comment puts it best: "That is what saddens me." Several participants highlighted the sadness and concern felt when elderly people lack a stable home or a proper care environment. Activity Centre K commented: "Because I'm thinking, if they don't have a home... It's sad." These findings stress the emotional toll of inadequate support systems for those living in isolation.

In care centres, residents' health and behavioural issues are multifaceted and varied. The participants indicated that more residents are diagnosed with dementia. Care Centre KB mentioned a dementia case and the reader analogy, "some need help reading, like a 'back reader'." Meanwhile, Care Centre N commented that some of the residents are mentally and physically unresponsive, stating, "...we have given all sorts but can't stimulate them... definitely mental issues and dementia also exist." Additionally, he highlighted an issue on declining health "...they will decline, decline, and lastly bedridden... first mental then to bedridden..." and the varying other demographic challenges, "children reject them... some residents have bad tempers, get angry, want to fight..." and "...youngest age 60 or 61, oldest 80, 90... Malays, Chinese, Indians, those with no religion, all are here..." The challenges of working with patients who have profound medical and psychological issues are clear. However, Care Centre M provided a positive account, stating, "Yes, such cases have happened... some recovered and were discharged to be independent."

From the perspective of NGOs, the focus seems to be on integrating necessary elderly care services with transport and dialysis services. Organisation JM mentioned some of the practical needs they serve: "Transport dialysis patients with amputations and mobility issues," and described the importance of home support for people who do not visit centres: "Elderly at home who don't go to centres, so such services are important." According to him, the NGOs aim to serve "the less active and those who rarely leave home." On the other hand, Organisation TM offered a wider perspective about the elderly and companionship and/or activity, saying "The elderly are still active; don't assume parents alone at home have nothing to do" and emphasised the goal to provide independence: "We want the elderly to do what they want." These organisations seek to provide services that appreciate the elderly people's needs and choices, thus highlighting the importance of tailored assistance in promoting well-being.

4.3.2. *Emotional and Psychological Well-Being*

The emotional and psychological well-being of older persons is yet another important issue raised by the participants. Many mentioned that older persons are more likely than other age groups to experience emotional pain, sadness, and loneliness, and have great difficulty in expressing those feelings. As two participants mentioned, "Suddenly tears fall... it's lonely, like a cage. Like a cage with no friends to talk to" (Activity Centre P; Activity Centre K). Some participants, in defending emotionally distressed older persons, described the care of these individuals and their emotional traumas as irritating and frustrating. For example, Care Centre KB said, "Here we just face the same days," and mentioned, "They think elderly-related things are annoying." Care Centre N further described the situation, explaining, "...the mental damage is there... It's hard to enter their thoughts even with interventions... lifting their emotions is very hard to cater to...". These challenges within the care structure are also imposed on those providing care. The gaps and imbalances created by a lack of human resources within care centres, especially, make the provision of care more difficult.

It is not uncommon for caregivers to suffer emotional distress, exhaustion, and even burnout while attempting to fulfil the ever-present health care demands of the residents. Some caregivers lack the outlets to process their

emotions and cope with the demands of their role. Care Centre M, for example, described the difficulty of emotional processing with the words, “We have no way for feelings, all bottled up in ourselves,” while Organisation Y mentioned, “Sometimes we have no one to express to.”

Caregiving organisations and NGOs also mentioned that different generations hold different views on caregiver service provision. Sometimes, older people and their family caregivers resist engaging with NGOs or care centre services. This situation becomes even more difficult for families who want to provide the best possible care for their older relatives. Organisation JM described this situation as the “Old generation mentality struggles to accept care services.” Further explaining this situation, Organisation TM gave several examples of the issues around getting older people to accept external assistance: “Some can be persuaded, that’s okay. However, they might keep us away, close the gate; ageing people are not comfortable because she doesn’t want outsiders handling them,” and “If forced, dangerous. Can’t force.” Nevertheless, they recognised the resistance, saying that “such things improve their mental equity” (Organisation TM).

4.3.3. Social and Emotional Well-Being

For residents in social and emotional care centres, integrating the two realms will improve their well-being. Many residents benefit from the activities, as they enjoy participating physically. This allows residents to maintain an evolving social life. Activity Centre P stated: “They enjoy it. They feel their time is filled,” and this opinion was echoed by Activity Centre K, “They like it, happy. They enjoy, feel their time filled.” These statements show that people’s emotional state improves when they care about activities that physically fill their time.

Indeed, participants reported that older people without family members feel happier and emotionally better when visited by outsiders. Care Centre N observed how outside interactions contribute to the well-being of the residents without families: “...those without families are happy while visitors come, unlike when ignored...” This comment shows that visitors and the emotional and mental support they offer greatly contribute to residents’ well-being. For these residents, the lack of visitors makes emotional support and connection very difficult. Organisation Y captured the paramount value of conversation: “Sometimes they just want to talk with someone,” and “Friends can be support. Talking and sharing.” Care Centre N hopes these residents can have a positive impact, despite the feeling that “...once they enter here, they give up leisure outside... treat here as final destination.” This opinion reflects the sentiment of providing a “Life solution. To be together and do things,” enabling the residents to “enjoy their time here and support their mental well-being.” The importance of remaining active in the community and not being looked at with pity by other members was the sentiment expressed by Organisation TM: “We must stop pitying the elderly who want to stay active,” and “Let the elderly stay active in the community.”

4.4. Workforce, Caregivers, and Volunteerism

4.4.1. Staffing and Workforce Issues

The fourth factor examined in this study concerns workforce staffing and caregiver recruitment. During the interviews, participants in Activity Centres noted that many activities rely on volunteers and that they face staffing challenges. For instance, Activity Centre P said, “We only have two. Two staff to handle everything.”

In contrast, the Care Centres deal with an even bigger understaffing crisis, leading to burnout, especially for those caring for the elderly with complex dementia and aggressive mental health issues, which can include aggressive behaviour. Care Centre KB highlighted the staffing issue in several statements: “We only have three PPKs, one nurse, and one contract physiotherapy officer,” and “Not enough staff, especially for night shifts and peak hours.” He pointed out the physically demanding tasks and the lack of training, saying, “We have to lift them, turn them, bathe them ourselves...,” and “We need more training for new staff. Now, many still lack experience.” The need for expertise and training was also highlighted by Care Centre N, which said, “...we don’t really have the

expertise to handle such cases; we just base it on social aspects..." A large workload and aggressive residents are issues described by Care Centre M: "Caregivers need to look after over a hundred."

The difficulty of staffing is evident with many participants saying: "One has 50 but has to manage 150 plus, very challenging," "one caregiver handling 150 people... imagine," "Training our staff is important... because our residents have mental issues and are elderly," and "... we don't have training for aggressive cases." These statements further emphasise their unpreparedness for specialised cases.

Staffing issues need to be addressed through resource reallocation within the NGO's operational model. These issues are not only about retaining capable social workers but also about addressing turnover and shifting resources for their social work (transportation, medical, and other support). Organisation JM's statement "We train adinitas and coordinators, so services run safely and properly" exemplifies the structured training focus needed. There are also specific staffing requests, "There's also demand for male drivers because they are stronger to lift heavy patients," and voiced recruitment challenges, "We have 2 active coordinators and are recruiting a third. Hard to monitor service quality when staff and areas are far. We are slowly restarting services with a small number of coordinators," and "Training provided to ensure the elderly get in and out of cars safely."

Organisation SS described a fundamental human resource challenge succinctly: "The challenge is not the business model. The challenge is human resources. Not everyone wants to be a caregiver... we can't maintain supply." He also expressed concerns regarding high turnover rates: "Gen Z, they take training, after 2 days they quit... can't handle real patients." To counteract this, his organisation uses professional branding: "We don't call them caregivers. We call them 'Care Associates'... sounds more professional, gives them pride."

Organisation TM described the demographics of their workforce: "Our companions are mostly Malay; we failed to get companions from other ethnic groups..." He also stated that clients also expressed preferences: "Many requests for female companions, because of modesty and comfort. Some cannot accept male companions because they feel uncomfortable. Most companions in Malaysia are women, a few men..." As mentioned in this example, the greatest shortages of staff and the highest rates of burnout are in care centres looking after large numbers of elderly people with complex, medically severe, and often terminal conditions, particularly those who are bedbound. The shortage of experienced staff, insufficient training, and poor support illuminate the need for policymakers to implement sustainable practices to ensure quality care for the elderly and caregivers.

4.4.2. Caregiver Challenges and Burnout

Burnout arises from the demand to provide care for the elderly, especially when the elderly require continuous and complex medical care. Participant Care Centre KB mentioned that "at times, a caregiver has to look after ten people during the night." Providing care for elderly people can be very overwhelming, especially with no support. This care provision inevitably leads to emotional exhaustion. As mentioned by participant Care Centre M, "Sometimes we also burn out, and I cry in the room." This caregiver also highlighted the difficulty of managing aggressive elderly patients and having to cope with the situation single-handedly. He stated that "If the resident gets aggressive, I have to lock the room and manage it all by myself."

Training caregivers remains a major concern for many NGOs. "Clients want caregivers who can recite the Quran, take ablution, read zikr... we train caregivers for that," said Organisation SS. This desire entails the need for people to have diverse training in caregiving. Another major concern is the shortage of manpower, which has consistently hindered the provision of quality care and the adequate meeting of clients' needs. Organisation SS articulated this challenge clearly: "The problem is not technology. The problem is manpower. Tech can't replace human touch."

Training and staffing are important, but NGOs and caregivers alike emphasise that the human touch is always needed in caregiving. Systems and technology cannot replace the personal connection and empathy of caregivers. The strain of the job is substantial. Organisation Y mentions this strain: "Caregivers are human too. Tired from 24-

hour care." The quality of care is directly related to the support and training caregivers receive and is vital to preserving the human element in elderly care.

4.4.3. Volunteerism and Workforce Issues

Volunteerism is important in elderly care centres. As the demand for care rises, younger people's involvement becomes increasingly necessary. Nonetheless, there are still not enough volunteers, and this shortcoming is a persistent problem for care organisations. For example, Care Centre N remarked on the challenge of appealing to younger helpers, saying, "...then the younger ones in their twenties... during my term, none yet." NGOs have reported that their limited workforce and volunteers continue to strain their capacity to care for the elderly and provide the necessary support.

Regarding these issues, Organisation JM and similar NGOs have practised the 'Synergy programme', which "appoints coordinators and assistants in local communities." This programme involves recruiting local volunteers and paid aides of various social strata. Organisation JM explained that his NGO has appointed "coordinators and adinitas in areas like Nilai to help the elderly." He added that many of the adinitas are "women, inclusive of housewives, looking for extra pay." The programme also involves university students, some of whom are driving part-time in their final semester, which seems designed to augment the workforce with new vigour and ideas. Still, the organisation acknowledges this shortage, stating that it is "hard to find volunteers", so it uses "more paid workers." Even with these arrangements, volunteers must be thoroughly vetted for reliability and trustworthiness, given the immense responsibility in elder care. As Organisation TM underscored, "We need the right kind of people... those who understand the vision of the solution."

Creating a caregiver community remains one of the main challenges for NGOs. Organisation JM emphasised the desire to "create a community of caregivers for updates, training, emotional support, and knowledge support." This effort helps sustain the system in the long term. The NGOs are concerned with succession planning, as mentioned by Organisation JM: "They want projection; if caregivers die, who will continue?" The proposal for a formal community is perceived to draw more dedicated personnel, especially with structured advancement opportunities, as stated, "If someone is a caregiver first and then becomes a nurse, they are interested." This response emphasises the need to build a dedicated, cohesive community of caregivers to strengthen the support network for elderly care in Malaysia.

4.5. Awareness, Education, and Community Engagement

4.5.1. Awareness and Community Engagement

When it comes to information, elderly care staff and the staff at care institutes deal with issues of communication and information relationships. The problems thrive as most institutes lack clarity. In care activity centres, visitors and family members often lack knowledge of what the centres offer. Activity Centre P mentioned the confusion: "Sometimes they confuse PAWE with care centres." "We are not elderly care homes." It would seem that the communication they provide to families is inconsistent. Activity Centre P also highlighted the lack of clarity when he stated, "Like when people visit. Sometimes they ask what this place is. Activity centre. Oh, nice, now I can learn."

For people at the activity centres, the primary concern is the communication channels for elderly participants. Staff communication problems are overcome through programmes that invite elderly people to take part and encourage them to engage with each other. As Activity Centre P stated, when people are interested, they "fill out a form, can join activities." "Sometimes, we invite friends over...and teach them how to join," Activity Centre K reported.

According to Care Centre KB, the centres are most concerned with the missing links in the flow of information to the community and the regulatory bodies that govern them. He even went further to express the challenges that

come with the so-called 'official' information: "We check the JKM website... sometimes unclear about operations," and "We read, but operations are unclear." As a society, one of the most impactful actions we can take is promoting the value of caring for the elderly and the awareness that comes with it. Infusing awareness and empathy within the younger population is important so that, in the future, they will recognise and appreciate the value of caring for their elderly parents. "University students will grow to be parents. We can instil these values" is a powerful quote from Care Centre N, who also pointed out that activities help to instil awareness and value: "We see people come for planting activities...some from schools and universities." Furthermore, Care Centre M complained that "awareness is lacking among Malaysians themselves" even though the responsibility of caring for the elderly is ingrained within the culture and religion, "As Muslims, we already know our responsibility to parents... it is ingrained in us...", a duty that is "not practised," often overlooked because people are "not familiar with the elderly, shy to talk."

4.5.2. Awareness and Education

Even within the NGO community, the lack of awareness and confusion surrounding the services they provide is a known problem. Organisation TM remarked on the confusion, stating, "I thought Teman Malaysia and Joe Makcik were the same, but different," and that "So far, no. Most people just say, " Oh, such a service exists." There is a clear need to raise awareness focused on the community. Organisation JM responded to the gap, stating, "Need time and education to change perception so services are accepted." This opinion demonstrates that the gap in communication efforts, as described by the NGOs, and the perception barriers require initiative on the organisations' side. The communication and perception gaps described by Organisation JM illustrate the need for communication to change and improve. Organisation JM suggested a need for 'word of mouth'. Organisation TM sees this method as "effective" and increases service visibility: "If people Google, our service appears." There is a clear and strong need among participants for a change in communication. Organisation Y summed this sentiment, stating "Not many know what geriatric care is" and "Family caregivers don't know where to start." Communication was strongly encouraged in elder care, as "the more you know, the easier it relates to other things," showing the need to include elder care in the education system.

5. DISCUSSION

Based on the findings above, the study compared the drivers and challenges faced by NGO activity centres and care centres for elderly individuals, as highlighted in Table 4. The first factor identified concerns infrastructure access and service delivery, as shown in Table 4. Stakeholders from three groups expressed differing perspectives on drivers and challenges. Among the drivers, improvements in facilities, including the expansion of buildings and the acquisition of ambulances, play a significant role in advancing service delivery for older adults. However, there are notable challenges, including deficiencies in facility conditions and services, challenges in addressing geriatric mental health, the urban-focused nature of access, and limited rural coverage. The challenges in this study align with issues in rural areas (Wang & Qi, 2021) and are needed for geriatric care (Zaidi et al., 2023). These issues also impact accessibility to healthcare and social services. Therefore, the factors also align with the issues raised by past studies on the accessibility of services that consider the safety and well-being of the elderly (Vimarlund, Borycki, Kushniruk, & Avenberg, 2021).

The current programme and service design offered to elderly stakeholders, as shown in Table 4, includes key drivers such as differentiated care and activity centres for daily needs, engaging activities to support community involvement, and transport or companion hubs for elderly participation. These drivers are also supported by past studies that found that community and engagement are important factors in helping elderly people survive (Zhang, Zhang, Zhou, & Yu, 2018) and that they will impact health and well-being (Utomo, McDonald, Utomo, Cahyadi, & Sparrow, 2019). Challenges remain in achieving holistic integration, with limited caregiver support, inconsistent

service design, and insufficient integration of medical and caregiver roles. The challenges found in this study are consistent with limited medical services and care supports (Amar, Biderman, Carmel, & Bachner, 2022).

The second factor shown in Table 4 relates to elderly people's governance policy and sustainability. Many initiatives under the Jabatan Kebajikan Masyarakat (Social Services Department, JKM) are supported by NGOs and CSR collaborations. JKM also delivers services and conducts annual audits and reports. Challenges, however, are not limited to unsustained funding, difficulties implementing policies and subsidies, financial sustainability, and policy choices in this sector. Wang et al. (2023) also raised challenges related to the governance of elderly services, including policies, legislation, guidelines, frameworks, funding mechanisms for elderly care, and strategies to enhance service quality and accessibility.

The third factor influencing elderly well-being is social support and family initiatives, as shown in Table 4, which become pivotal in emotionally charged visitation and in the heightened involvement of emotional caregivers, including the elder and the family. Soto-Rubio, Pérez-Marín, and Barreto (2017) also raised that the emotional well-being of the family system and the elderly person is needed to ensure the overall stability of the community. Personalised services at home and active community-based practices have also been introduced as community-led initiatives. This driver is also considered important for ensuring the elderly remain stable and comfortable in the community. Zhang et al. (2018) also raised the importance of neighbourhood characteristics that may impact the elderly's well-being in communities. Some of the stakeholders in the community have also pointed out the problematic issues of elder care as emotional caregiver burnout, dementia, mental health issues of the elder, isolation, and passive environments that could foster environmental loneliness. These challenges can be interrelated, as burnout and emotional issues among caregivers could also impact their care for people with dementia (Chan et al., 2021). Resolving these issues has been and continues to be the main focus of stakeholders in improving the elderly's well-being.

The fourth element examines volunteers and workforce caregivers from the perspective of stakeholders, as shown in Table 4. The element is the motivational drivers, including caregiver training. Caregivers can be volunteers, agency workers, or community members. There is a requirement for synergistic caregiver programmes and for greater engagement of student and unit members who participate voluntarily. These drivers have been discussed in most past studies on caregivers' burnout over the long term (Silva et al., 2024) and caregivers' learning programmes (Tam & Schmitter-Edgecombe, 2019). However, there are issues, such as a shortage of staff, inadequate skills and expertise, high turnover among volunteers and paid employees, and burnout, which create a reliance on volunteers for elderly care because there is a lack of permanent staff. Burnout, shortage of staff, and lack of expertise are also mostly related to caregivers caring for dementia, mental health, and geriatric patients, as discussed by Chan et al. (2021).

The final factor in this study concerns the need for awareness, education, and community engagement, as shown in Table 4, particularly among stakeholders in the elderly care system. Senior facilities value visits from schoolchildren and promote early awareness. At the same time, these initiatives also promote the use of outreach media and web-based resources to increase visibility and target participation. These highlighted drivers could be important. Wang et al. (2023) noted that the contributions of young people and schoolchildren will benefit elderly people in care service communities. The benefits include reduced feelings of loneliness. Although interest is on the rise, problems persist, particularly the ambiguity of services, jurisdiction, and responsibility at the organisational level, confusion regarding the function of committees, and the stigma that continues to surround elderly care. Advocacy and education regarding the care of the elderly are vital.

This finding also supports the active ageing index, which aligns with the domains of capacity and an enabling environment, as suggested by Zaidi et al. (2013). According to the researcher, if the physical environment and geographical inequity are not supported, it will reduce the capacity for active ageing. Contrary to Fernández-Ballesteros et al. (2013), who suggest that population ageing will not be successful without improvements in facility

issues related to the physical environment. In this ageing issue, there is a need for a participation pillar with full engagement, and siloed matters must be eliminated to achieve the global goal for elderly people. Besides that, security, governance, and sustainability related to finance and funding need to be considered to move towards the sustainability financing model as suggested by Walker (2002) and to ensure the inclusion of elderly people and representatives to ensure governance. In addition, the World Health Organization (2002) and Fernández-Ballesteros et al. (2013) emphasise the participation pillar, caregiver, and social support as important for achieving active ageing, highlighting the security of elderly people and the need to reduce the shortage and high turnover of caregivers. In relation to lifelong learning for education in active ageing, Walker (2002) also noted that this is important to modernised society, as it educates the younger generation to ensure they will support elderly people. Therefore, this study extends the existing factors by identifying those that integrate with NGOs, the government, and the private sector to move toward an active ageing framework.

Table 4. Drivers and challenges for active ageing in Malaysia.

Factors	Stakeholder	Drivers	Challenges
Infrastructure, Access, & Service Delivery	Care Centre	Plans for expansion (e.g., new elderly complex), ambulance access, and differentiation between care and activity centres	Poor facility conditions, limited geriatric/Mental health services, urban-centric access, lack of holistic integration, caregiver support gaps
	Organisation-NGO	Special vehicles, innovative models (e.g., Sama-sama Jaga), Companion Hubs, lower-cost transport services	High demand in Klang Valley, unsustainable service models, lack of rural coverage, and fragmented service design
	Activity Centre	Engaging activities (e.g., trips, crafts, potlucks)	Limited access to integrated health and social services and limited medical integration
Governance, Policy, & Sustainability	Care Centre	JKM oversight, resolutions in place	Inconsistent funding, policy gaps, and lack of subsidies
	Organisation-NGO	CSR partnerships, EPF suggestions, foundation support	Financial strain, hidden costs, sustainability issues
	Activity Centre	Annual audits, reporting to JKM	Limited inclusion in policy decisions
Well-being & Social Support	Care Centre	Visitor engagement improves emotional well-being	Dementia, aggression, emotional distress, caregiver burnout
	Organisation-NGO	Home-based services, personalised support	Resistance to external care, emotional burden on caregivers
	Activity Centre	Social activities improve mood and peer support	Loneliness, lack of a stable home environment
Workforce, Caregivers, & Volunteerism	Care Centre	Some training efforts	Severe staff shortages, burnout, and lack of expertise
	Organisation-NGO	Synergy programmes, caregiver professionalisation	High turnover, Gen Z retention issues, and manpower shortage
	Activity Centre	Volunteer involvement (e.g., university students)	Limited staff, reliance on volunteers
Awareness, Education, & Community Engagement	Care Centre	Early awareness efforts (e.g., school visits)	Confusion about services, unclear operations
	Organisation-NGO	Outreach via word-of-mouth, online visibility	Low public awareness, stigma, and lack of education on elder care
	Activity Centre	Clear programme communication increases participation	Confusion between activity and care centres

6. CONCLUSION AND RECOMMENDATIONS

This study aimed to understand the critical issues, drivers, and obstacles to improving elderly care in Malaysia, focusing on the viewpoints of key stakeholders from NGOs, Care Centres, and Activity Centres. The findings

presented in the five main factors, including infrastructure, access and service delivery, governance, policy, and sustainability, well-being and social support, workforce, caregivers, and volunteerism, and awareness, education, and community engagement, suggest an elderly care sector that is expanding in Malaysia. This current study will provide implications at the institutional level, which will assist in developing Malaysia's integrated active ageing care frameworks, aligned with Walker (2002) that integrate health, social services, community programmes, and funding. In addition, there are implications for organisations involved in ageing issues, such as the integration and coordination of services for care centres and NGOs, caregiver programmes, and collaboration. In addition, the implication is also related to the community environment, which may promote the need to develop communities and a home-based model for families and caregivers, as well as to educate on the management of elderly people. On the other hand, there are research implications, including the need to extend the factors needed for the active ageing framework and to ensure long-term ageing research.

Qualitative and comparative analyses across three different stakeholder groups, NGOs, Care Centres, and Activity Centres, expand the understanding of elderly care. While these groups are often examined individually, this triangulated perspective reveals distinct issues in which stakeholder drivers and challenges align and diverge, thereby presenting a comprehensive view of the elder care ecosystem. This research has limitations inherent to a qualitative study. The purposive sample of nine organisations does not allow one to make statistical generalisations to the population of elderly care providers in Malaysia. The findings are context-specific and only capture the experiences and perceptions of the interviewees. In the future, measuring the lived experiences of informal family caregiving in Malaysia will require a quantitative approach. Future studies could help confirm the feasibility of the proposed financial mechanisms, such as government subsidies for caregivers and drawing on EPF savings in Malaysia.

Funding: Funding: This study was funded by the Fundamental Research Grant Scheme (FRGS) of the Ministry of Higher Education, Malaysia (Grant No. 20240803FRGS).

Institutional Review Board Statement: This study was approved by the Research Excellence Committee (REC) Institutional Review Board of Universiti Tenaga Nasional (UNITEN), under 20240803FRGS, dated 1st August 2024.

Informed Consent Statement: Informed verbal consent was obtained from all participants prior to their participation in the study. All collected data were anonymised to ensure participant confidentiality.

Transparency: The authors state that the manuscript is honest, truthful, and transparent, that no key aspects of the investigation have been omitted, and that any differences from the study as planned have been clarified. This study followed all writing ethics.

Competing Interests: The authors declare that they have no competing interests.

Authors' Contributions: All authors contributed equally to the conception and design of the study. All authors have read and agreed to the published version of the manuscript.

Disclosure of AI Use: The author(s) used OpenAI's ChatGPT and Grammarly to edit and refine sentences. All outputs were reviewed and verified by the authors. Each idea for writing is from the author's and research findings.

Acknowledgements: The authors would like to express their sincere gratitude to Universiti Tenaga Nasional (UNITEN), Universiti Teknologi MARA (UiTM), and Universiti Malaysia Sabah (UMS) for their institutional support and contributions to this research. The authors also extend their heartfelt appreciation to all participants for their valuable time, cooperation, and contributions to the study. Special thanks are extended to the proofreader for reviewing the manuscript and providing valuable assistance in improving its clarity and language.

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