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The Synergy Model in Elder Care: Improving Agency and Institutional Roles for Aging in Place

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ABSTRACT

The diverse needs of older adults' present significant challenges for agencies to develop policies, services, infrastructure and providing services in maintaining the elderly well-being. Additionally, overlapping roles and unaddressed responsibilities among government and non-government agencies may exacerbate these issues. This study aims to identify the needs of the elderly and clarify the roles of agencies based on the Aging in Place and Well-Being (AiPWeB) Framework. Data were collected through a structured questionnaire from 134 respondents across four districts in Perak and Selangor, Malaysia. Respondents assessing their agency's role in relation to 48 items forming AiPWeB. A Likert scale evaluation revealed that most AiPWeB items were addressed, particularly by agencies involved in health, which showed multidimensional roles. However, items such as outdoor mobility, access to transportation, and paid job opportunities scored below par and were considered neglected. This study enhances the adaptability of Well Being (WeB) for aging in place but suggests the necessity for future research to incorporate relevant approaches to address needs of older adults. The study is ongoing, with limitations that include the development of synergized roles among agencies and development of the final model to effectively address aging in place has yet to be fully developed.

Keywords: Aging in place, aging population, quality of life, well-being

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INTRODUCTION

This research investigates the integration of well-being and quality of life (QoL) notions to develop a comprehensive Aging in Place framework that addresses the diverse needs of older adults. Well-being (WeB) encompasses various aspects i.e. emotional stability, financial security, and physical health. Well-being is divided into subjective well-being (SWB), which focuses on life satisfaction, and psychological well-being (PWB), which emphasizes the ability to lead a meaningful life (Ng & Fisher, 2013; Rees et al., 2013). QoL reflects a person's ability to engage in daily activities and achieve satisfaction across multiple dimensions. Standard QoL models typically include six core domains: physical, psychological, social, spiritual, cognitive, and environmental (Kelley-Gillespie, 2014). Whilst, the WHOQOL-BREF introduced in the year 1996, assesses QoL across four key domains: physical health, psychological well-being, social relationships, and environment and the WHOQOL-OLD incorporating six domains tailored to aging: sensory abilities, autonomy, social participation, death and dying, intimacy, and engagement in life activities. The Aging in Place (AIP) framework by Bigonnesse and Chaudhury (2021) and Tobi et al. (2018) includes built environment component that support aging in place: place integration, place attachment, independence, mobility, and social participation. The integration of built environment components, as represented by Aging in Place (AiP), with life satisfaction, which signifies well-being (WeB), enhances understanding between the two concepts and fosters a cohesive living environment. This holistic approach identifies 11 critical domains; physical well-being, psychological health, outdoor mobility, independence in daily activities, work capacity, financial resources, social relationships, safety and security, access to new information and skills, and spiritual and belief systems—aiming to enhance the overall quality of life for older adults as they age in place.

METHODS

This stage of research employs a deductive approach, with quantitative approach was applied during data collection and analysis stage. The main survey engaging 43 agencies and institutions in Selangor and Perak through email and manual methods, assessing their roles based on the AiPWeB framework. Respondents evaluated the relevance of each item using a four-point Likert scale. The scores for each item across agencies were then summed and categorized into the following percentage ranges: Overlooked (0-25), Neglected (26-50), Considered (51-75), and Covered (76-100). Higher scores indicate greater coverage and synergy among agencies, while lower scores highlight areas of neglect or redundancy in addressing specific items.

RESULTS

Observation across items in all dimensions identified the average score for all items is 58.4 that ranked as *Considered* (Table 1). The highest score is 70.45 percent is for item *Provide facilities and services that enhance the health and well-being* (SS31). The analysis indicates that key areas requiring attention include: (OM09) facilities and services to assist the elderly in reaching key destinations, (OM10) facilities, services, or training to help them use alternative transportation such as e-hailing, (OM12) facilities and services to support mobility within their homes, and (WC16) facilities and services that enable access to paid employment.

Table 1
Descriptive analysis of dimension/item

Code	Dimension/Item	Cases	Score	Rank	Std. Deviation
Physical Well Being					
PWB01	Provide facilities and services for pain management.	134	56.8	Considered	1.459
PWB02	Provide facilities and services for proper diet/ nutrition.	134	54.54	Considered	1.441
PWB03	Provide facilities and services to fulfil activities, have independence, handle household chores, go out and interact, and participate in the society.	134	63.63	Considered	1.476
PWB04	Provide facilities and services for physical activities.	134	65.91	Considered	1.492
PWB05	Provide facilities and services for relaxation.	134	65.91	Considered	1.515
Psychological					
P06	Provide facilities and services to support happiness.	134	63.63	Considered	1.376
P07	Provide facilities and services to support elderly social connection.	134	61.36	Considered	1.343
P08	Provide facilities and services to support elderly self-esteem.	134	59.1	Considered	1.404
Outdoor Mobility					
OM09	Provide facilities and services to assist elderly reach key destinations.	133	50	Neglected	1.412
OM10	Provide facilities and services or training for elderly to use alternative transportation form such e-hailing.	133	50	Neglected	1.387
OM11	Provide facilities and services to reduce outdoor mobility barriers.	133	52.27	Considered	1.437
OM12	Provide facilities and services to assist elderly mobile in own house.	133	50	Neglected	1.425
Daily Chores					
DC13	Provide facilities and services to conduct regular activities.	133	56.8	Considered	1.423
DC14	Provide facilities and services that engage in hobbies, intellectual, and physical activities.	133	59.1	Considered	1.427
DC15	Provide grocery shopping assistance.	133	56.8	Considered	1.444

Table 1 *(continue)*

Code	Dimension/Item	Cases	Score	Rank	Std. Deviation
Work Capacity					
WC16	Provide facilities and services that help elderly access paid job.	132	50	Neglected	1.437
WC17	Provide facilities and services that help elderly for unpaid job, volunteer in the work community.	132	56.8	Considered	1.390
WC18	Provide training program for staff in organizing elderly program.	132	61.36	Considered	1.383
WC19	Provide facilities and services that encourage volunteering program of elderly.	132	61.36	Considered	1.354
Financial Resources					
FR20	Provide facilities and services to assist elderly's financial situations.	133	52.27	Considered	1.412
FR21	Provide monetary assistant for pay basic expenses.	133	54.54	Considered	1.454
FR22	Provide facilities and services for elderly on money management.	133	52.27	Considered	1.407
FR23	Provide facilities and services to prevent the elderly from being a target of money exploitation.	133	59.1	Considered	1.429
Social Relationship					
SR24	Provide facilities and services that support the love and companionship of elderly.	133	65.91	Considered	1.394
SR25	Provide facilities and services that support both emotional and intimacy.	132	63.63	Considered	1.404
SR26	Provide facilities and services of peer support or emotional-informational support.	133	61.36	Considered	1.436
SR27	Provide facilities and services for older adults; reproductive health and rights (RHR).	133	59.1	Considered	1.421
SR28	Provide funding elderly in participate in society.	132	52.27	Considered	1.409
Safety and Security					
SS29	Provide facilities and services that are safe from aby physical harm.	133	56.8	Considered	1.435
SS30	Provide facilities and services that involve elderly in communal life.	132	65.91	Considered	1.378
SS31	Provide facilities and services that enhance the health and well-being.	133	70.45	Considered	1.358
SS32	Provide facilities and services to provide safe and comfortable place.	132	54.54	Considered	1.498
SS33	Provide facilities and services to protect elderly from any environment pollution.	133	56.8	Considered	1.433
SS34	Provide facilities and services to protect from personal accidents/injuries.	134	52.27	Considered	1.452
Medication Management					
MM35	Provide facilities and services to avoid the inconvenience in waiting line.	134	59.1	Considered	1.520
MM36	Provide facilities and services that care coordination.	134	61.36	Considered	1.520

Table 1 *(continue)*

Code	Dimension/Item	Cases	Score	Rank	Std. Deviation
MM37	Provide facilities and services to have rapid access for medical treatment.	134	59.1	Considered	1.540
MM38	Provide facilities and services for complementary physical therapies.	134	56.8	Considered	1.438
MM39	Provide facilities and services prescription drugs.	134	56.8	Considered	1.538
MM40	Provide facilities and services to meet a medication schedule.	134	56.8	Considered	1.529
Information and Skills					
IS41	Provide facilities and services of formal education programs or long-life learning.	134	59.1	Considered	1.374
IS42	Provide facilities and services of leisure activities.	133	68.18	Considered	1.413
IS43	Provide facilities and services of information and communication technologies (ICT).	134	56.8	Considered	1.408
IS44	Provide facilities and services that encourage active aging and engagement in work and society.	134	68.18	Considered	1.331
IS45	Provide facilities and services to access telecommunication and economic wealth.	134	52.27	Considered	1.372
Spiritual, Religion and Belief					
SRB46	Provide facilities and services that support religious and spiritual practices.	134	59.1	Considered	1.473
SRB47	Provide facilities and services that help elderly in psychological distress.	134	61.36	Considered	1.479
SRB48	Provide facilities and services to connect with nature.	134	59.1	Considered	1.493

DISCUSSION

The data reveals AiPWeB are acknowledged by agencies. However, the scores for most items fall within the range of 51-75 percent, indicating a potential duplication of roles among these agencies. Alarmingly, mobility-related items scored less than 26-50 percent, highlighting significant gaps in the support provided to assist older adults with mobility needs in aging in place. This finding raises serious concerns, as the well-being and inclusion of elderly individuals are fundamentally tied to their mobility and accessibility (Rashid et al., 2021; Schwanen & Páez, 2010; World Health Organization, 2007). Additionally, access to employment is crucial for maintaining livelihoods and meeting daily needs, particularly for essentials like food.

CONCLUSION

This study has developed the AiPWeB Framework, which views well-being as the ultimate outcome of integrating Aging in Place (AiP) and Well-Being (WeB) components. The goal is to create conducive environments that allow older adults to live independently and

comfortably. An assessment of the AiPWeB framework against the roles of participating agencies revealed that most dimensions and items were addressed, although mobility-related items raised concerns. These items will be reassigned to relevant agency during the development of a synergy model for elderly care. As the study is ongoing, the development model also will consider degree of overlap, and the reassignment and realignment of responsibilities between agencies during the model development stage. However, these findings are limited to the roles of participating agencies and the specific district-level context. The study has identified items that received less focus and need to be reinforced by relevant agencies and institutions. The synergy model developed in this study will propose new roles for agencies to ensure comprehensive coverage of key AiP-WeB items.

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