



## CHALLENGES IN MANAGING ELDERLY CARE CENTRES IN MALAYSIA

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The graying of the baby boom generation, lower birth rates and increases in life expectancy due to proper nutrition and healthy living have led to a rise in number of aging population. The concern over aging is not just about the size of the old age population but, more importantly the health, the welfare and care, the living arrangements, the infrastructure, housing, income and economic growth. This has called for the establishment of the elderly institutions or centres, which are mushrooming, to provide care and services to fulfil their varied needs. This paper attempts to discuss the types of services offered and the challenges faced in providing such services especially taking into account of the multi-cultural background of the people in the country. The study also examines to what extent the care centres have played their roles well enough to address the needs of the elderly people. This study uses in-depth interviews to the principals and supervisors of the centres, observation and documentation interpretation and the qualitative data were analyzed using content analysis. The findings show that the types of services offered are more or less similar in every centre including health services, social and recreational activities, education and training programs and religious guides. Not all programs can be carried out effectively. Challenges faced include financial, infrastructure, professionalism, collaboration and supports, living arrangements, different socio-cultural background and emotional and psychological needs of the elderly people. Further research is expected to design a model of the best provider of services to the elderly people at the care centres.

**Keywords:** Management, Elderly care centre, Programs, Challenges.

### Introduction

Malaysia is experiencing a dramatic increase in the number of elderly people. The total population of Malaysia is approximately 28,964.3 million (Department of Statistics Malaysia, 2012) and the citizen aged 65 years and above is 1,475.3 million and this represents 5.1% of the total population. In relation to this, Salena Paul (2012) reported in the Borneo Post that this percentage is expected to increase up to 9.9% by 2020, and by 2030, it is projected that 15% of the population will be aged 60 years and above. The rapid growth in this segment of the population is expected to continue in high rate. The United Nation statistics show that Malaysia is likely to reach ageing nation status ( where the number of people above 60 years old make up at least 15% of the population) by the year 2035 (SharmillaGunesan, 2010). In response to this situation, different sectors such as government agencies, non-government organization, religious organizations have developed programs and services to address the needs and concerns of the elderly people under the support and supervision of the concerned organizations/agencies. The government policy is to support older people to live in dignity and independence in their own homes and

communities for as long as possible and, where this is not possible, it is also the responsibility of the government to support access to quality long or short-term residential care for the elderly. It is also expected and a social obligation on the part of non-government or NGOs to help establishing residential homes for these old people.

In normal circumstances, older people have often been viewed as yet another group requesting new programs in an environment short of resources. Moreover, many governments assume that a traditional cultural image of family, one in which older people are held in high esteem by family members are still exist, and therefore, whatever social or economic problems older people face will be taken care of by family members (United Nation, 2008). However, this situation becomes merely a mythos behind the responsibility of good Samaritans. Since the modernization, industrialization and highly competitive economics becoming the background of the society, the younger generation are becoming busier with more responsibility paid towards their office task compared to the family and society that they are living. In addition, with ever increasing cost of living facing the modern family, both young parents work to earn what is considered barely enough to support their modern living of at least having one condominium, a car, maid, and other domains considers as necessities in this time. Thus, this led to incapability to taking care of the elderly parents, or does not have time to spend to talk or bring the elderly parents for a walk or leisure.

Henceforth, this becomes a joint responsibility of families and the government to take this matter into serious consideration so that the elderly citizens will not become the victims of the scenario and more efforts should be done in providing better facilities, homes and programs for them. But, it is easier said than done. In providing supports and services to the elderly people, many challenges and obstacles have to be faced by the management of the care-centres or nursing homes, even the residents and the staff themselves. Thus, the intention of this study is to explore and determine the challenges faced by the people who manage the centres, the staff who provides the service as well as the residents themselves in adapting to live in the centres with the intention of getting quality care facilities and supports.

## **Country Policy**

Malaysia is beginning to see an ageing society where people are living longer and the balance of life is changing. Increased in health quality and reduction in mortality rate has increased the number of population aged 60 and above. The increase in population life expectancy is also in line with the improving quality of life especially among adults. Most older people can now look forward to many more years of healthy life.

The National Policy for the Older Citizen (NPOC) of 1995 has been accepted as the policy for the old folks. The aim is to develop a society of older people who are healthy, treated with dignity, and possess high social esteem. The objectives are in line with the United Nation's International Year of Older Person's Agreement of 1999. Among the objectives to be achieved are to recognize and elevate the status of older people in the family, society and the nation; to develop the potential of older people so that they will continue actively and productively to contribute towards the development of the nation, and to facilitate opportunities for them to continue leading their life independently; and to encourage the development of suitable infrastructure to care for, and shelter older people to ensure they lead a comfortable and healthy life (Seong Ting Chen, HooiJiunNgoh&SakinahHarith, 2012)

The National Policy for the Older Citizen has been neatly laid out in 1995 and the National Plan of Action formulated under the chairmanship of the Minister for Women, Family, and Community Development outlines the strategies and programs for implementation. In 2011, the New National Policy for Older Persons and Plan of Action for Older Persons were reviewed especially to improve the living conditions of the older people and to increase environmental supports for the well-being of the older persons. The policy also serves as a reference for other stakeholders involved with older people. However it has been criticized as a compilation of the existing programs that are thought to be relevant to older adults (Mazanah and Mazalan; 2002) to be run by various government agencies but lacks clear direction and contents.

Based on literature there are a number of studies been carried out on the issues of elderly people, but the issues on management and challenges faced by the care-takers and the residents of the old-folk's homes are still not explored. Thus, this study tries to explore the issues on challenges in managing the centre and those faced by the staff and the residents themselves. It is hoped to develop deeper understanding of the management of the care-centres and exhibit the best practices in future.

## **Objectives**

The purpose of this paper is to study the challenges faced by the management of the care centres in providing the services and conducting programs for the elderly people as well as to identify the best practices in the management of the elderly people. The study was conducted in ten (10) care-centres and nursing homes in Malaysia by using qualitative approach.

## **Significance of the Study**

The study will offer insights to various other organizations and enable them to modify and improve the services and programs for the elderly people at the centres. The increase in the elderly population is seen to be critical and will provide major challenges to both the government and the general public in the near future. There will be new methods and dimensions for the society to develop and improve care services for senior citizens.

## **Methodology**

The study was conducted in ten (10) care centres in Malaysia mainly concentrating in urban areas. Primary data gathering methods such as in-depth interviews and observation through field visits were utilized. A survey was also conducted among various groups of people and there were 200 people involved. The samples were staff from the government agencies (n100), private organizations (n50) and, the residents of the care-centres (n50). The centres identified were mainly of residential homes for old people who do not suffer serious and critical illness or mental illness.

Secondary data such as information, plans, project proposals, reports and previous research on elderly people were simultaneously gathered and reviewed. Reports and written documents from the national, state and district government offices and from private organizations were examined for relevant information. The research relied most on people who could give accurate information about the management, the programs provided and its implementation and also the needs and requirements of the elderly people. The data collected were analysed using the basic content analysis.

## **Findings**

### **Choices of Residential Care-Centres**

Residential care-centres are run by the government, non-governmental organizations, charitable organizations and religious organizations. There are three categories of residential choices for the old folks. (1) Public residential homes which are directly under the Department of Social Welfare under the Ministry of Women, Family and Community Development (2) Private residential homes managed by voluntary organization and private agencies which are profits driven and, (3) Religious homes which are privately owned and mainly derived from religious pursuit.

Public residential homes or what is known as Memorable Homes (Rumah Seri Kenangan) are managed by government welfare institutions or privately sponsored voluntarily organizations. Initially these homes are for the aged poor and abandoned elderly but now the homes are also opened to people who have problematic relationship with their children, those who feel lonely and need to search for peace and happiness. The other push factors into the old folk homes include referred cases by hospital, destitute and those awaiting court hearing (Lim; 1990). There are 11 old folk homes and 22 day care-centers under the supervision of the Department of Social Welfare. Many more care-centres are in the pipe line. Many care-centers for old folks under voluntary organizations are mushrooming in the country and this may be due to social obligation that the NGOs or private organizations have to contribute to society. Majority of the residents are multi-ethnic, consisting of the Malays, Chinese, Indians and other ethnicities. These homes, as what have been promised, offer services like nursing and shelter, guidance and counseling, occupational rehabilitation, religious facilities and programs, recreational activities, and medical treatment. There are also various services aimed at the different target groups of various private organizations that work together for the betterment of old aged citizens. For example, Central Welfare Council in West Malaysia looks after senior citizens' homes and operates the Day Care Centers for senior citizens and takes care of the sick and isolated senior citizens in their homes. The National Council of Senior Citizens Organizations Malaysia (NACSOM) helps to set up Information Communication Technology Center (ICT) as a life-long learning program for the aged groups to enhance their quality of life.

Non-governmental organizations or the private sectors are also encouraged by the government to build homes and activity centres for the elderly through grants, advice and support. There are private organizations which are based on charity and some go for profit oriented which offer a range of choices of care services that the elderly people could access.

Religious home or earlier called "pondok" was started as religious schools for children to learn religious education but now the concept of "pondok" (hut or small house made from wood and thatched roof) has been evolved into a form of residential community with basic amenities and utilitarian in nature. These "pondok" are ethnically populated by the Malays. The "pondok" now is made of concrete material and very modern and the arrangement is clustered and centralized. The modern "pondok" is established to cater for those old people who require religious education, spiritual engagement and guidance in their daily life and as a preparation for the world after. Those who want to be the residents in this religious organization have to pay fees for lodging and it ranges from RM20,000 (Ringgit Malaysia Twenty thousands) to RM50,000 (Ringgit Malaysia Fifty thousands). This is a form of "wakaf", a charitable concept for future use of the place by future residents who wish to stay in the center when the owner is not available or leaves the place. This shows that only those who have stable financial resources or family supports would afford to stay in these kind of "pondok". Perhaps a different scenario would appear when these care-centres are in the rural areas. However, there are also rooms for those old people who have limited resources or who are unaffordable.

### **The challenging needs of the aging people**

Aging people often feel intense loss when confronted with the many changes that they experience during this stage of life. They always feel that their family members especially their children are able to fulfil their needs and expectations but sometimes they fail. From the interviews with the residents, the types of assistance and help that old people commonly require are:

- Independence and freedom  
Many old people resist moving into a care or nursing home, as that will mean relinquishing much of their independence and freedom. If they are still capable of cleaning, cooking or gardening, encouragement and support should be given to them rather than providing them with shelter and meals.
- Love and care for the changing health

One aspect that elderly people often need more support with is in caring for their changing health needs. They were once robust and strong but may now become frailer and slower than usual. This may be due to age-related illnesses and conditions that require closer monitoring and attention (Walker, 1995))

- Family support and companionship

Many old age people have to cope with depression, loneliness and social isolation as their infirmities and limitations begin to manifest. They need their children especially to care for them and support them depending upon their personal circumstances and the level of support that these old people require. Widowed elderly persons have an even greater need for companionship once their spouse has died (Patricia, 2009)

- Healthy and helpful environments

Old people need healthy and helpful environment of the residence where they reside. Most of the elderly people are in search of peaceful life. They need to fit in with other people (social congruence), being able to move around and work in a given space (physical congruence), and feelings about a place and own identity in that space (psychological congruence) (Weisman et al.1997; Rubenstein & Parmelee, 1992). For example, old people feel comfortable in environments that allow them the right level of access to people with whom they can share good interactions. If an environment is not all challenging and helpful, people may easily give up, get bored and become stressed.

- Financial needs

If the old people live alone they will need to feed for themselves such as food, groceries, medicines etc. Even if they live in the residential homes, they also need some money to buy things that they like apart from the food and support provided by the care-centres. Those who come from a low socio-economic background always beg for money to spend.

### **Services and Programs Provided in the Residential Homes**

All programs and services provided by the government agencies and private organizations in the residential homes must be in concordance with the National Policy for Older Persons under the supervision of the Ministry of Women, Family and Community Development whereby the Department of Social Welfare becomes the secretariat. All care providers should take into consideration of the components prepared by the National Policy for Older Persons and these include social and recreational activities, health, education and training, religion, housing, and research when planning their programs:

In all the residential homes visited it was found that most of the programs planned were in line with the policy outlined by the Ministry of Women, Family and Community Development. Those centres directly under the government's supervision ran programs like social activities, voluntary work, recreational activities, medical treatment services, guidance and counseling, physiotherapy, vocational training or living skills training, devotion guide and religious activities. Most of the residents in the government's sponsored residential homes were non-active elderly with low education background and most of them were illiterate, many of the programs planned were unable to be implemented. The elderly people in these homes were more keen to participate in leisure activities such as singing, dancing and acting or doing external activities. These aging people felt tired easily listening to talks. But in the privately owned organizations the programs were planned based on the needs of the residents and were customized to their needs and requirement. The residents in the private residential homes had better mission and vision and they knew what they were looking for. Most of the programs planned were well accepted, especially when related to religious activities and devotion guide. But as far as health matters were concerned, all residents showed their full cooperation.

**Table 1.** Demographic characteristics of the ten (10) Care-Centres.

<b>Types of Care-Centres</b>	<b>Residents Background</b>	<b>Living conditions</b>	<b>Family/social supports</b>	<b>Financial supports</b>	<b>Management issues</b>	<b>Residents Issues</b>	<b>Programs/Activities provided</b>
P 1 (150 residents)	Homeless, referred, abandoned, voluntary. (multi-ethnics)	Basic infrastructure (bed, eating hall and living room)	Less family and social supports	Government's fund, donation	i. many residents to handle ii. understaff iii. staff lacks training iv. multicultural issues v. high expectation from residents. vi. limited fund	i. loneliness ii. bored iii. programs not attractive enough iv. stress v. not suitable to the food provided vi. longing for family members vii. need emotional and psychological supports	i. recreational ii. health talks iii. religious activities iv. voluntary activities v. gardening
P 2 (250 residents)	Homeless, referred, abandoned, Voluntary, Transit for mentally ill. (multi-ethnics)	Basic infrastructure Shared-bedroom, shared toilet, multi-purpose room, space for recreation.	Less family and social supports	Government's fund (limited), donation	i. understaff ii. staff lacks training iii. high expectations from residents iv. untrained staff for mentally ill v. cultural differences.	i. programs not according to the needs of the residents ii. no opportunities to contribute iii. programs not attractive iv. loneliness v. food of less quality vi. need more visits vii. cultural differences viii. need psychological and emotionally guidance	i. recreation ii. in-house activities iii. health treatment iv. religious activities v. voluntary activities vi. cultural activities v. gardening

P 3 (100 residents)	Homeless, referred, abandoned. (multi-ethnics)	Basic infrastructure (shared-bedroom, eating hall, living room) (multi-ethnic)	No family support and less social support	Government's fund and donation	i. understaff ii. staff lacks training iii. no professional counsellor iv. limited fund v. attitude problems	i. Boring programs ii. loneliness iii. stress iv. need family supports v. need emotional guidance vi. cultural differences	i. recreation ii. religious activities iii. volunteer work iv. gardening v. free activities
P 4 (200)	Homeless, referred, abandoned. (multi-ethnics)	Basic infrastructure (bed, eating hall, living room, multi-purpose hall)	Less family and social supports	Government's fund	i. small space for recreation ii. multicultural issues iii. high expectations from residents iv. no professional counsellor v. attitude problems	i. loneliness ii. less quality food iii. stress iv. need family supports v. uncomfortable living with other races	i. recreation ii. religious activities iii. health talks iv. free activities v. cultural activities
P 5 (150)	Homeless, referred, abandoned. Multi-ethnics)	Basic infrastructure (shared-bedroom, living room, eating hall)	Less family support and less social support	Government, donation.	i. small space for recreation ii. staff lacks training iii. high expectations from residents iv. attitude problems	i. need family supports ii. unattractive programs iii. no freedom iv. loneliness v. need caring staff	i. recreation ii. health talks iii. free activities iv. gardening v. religious activities
PR 1 (80 residents- one race)	Voluntary, Referred, abandoned (one ethnic)	Basic infrastructure shared-bedroom, less comfortable, multi-purpose area.	Less family supports, more social supports	Privately owned (fees, donation)	i. understaff ii. small space for recreation iii. high expectations from residents iv. unstructured programmes	i. need family supports ii. loneliness iii. need health care iv. need caring staff	i. religious activities ii. unstructured activities iii. free activities

PR 2 (70 residents- one race)	Voluntary, Referred	Comfortable beautiful landscape Homestay facilities, mosque, rooms for rental, launderette service, mini-market, cafeteria. Individual bed room, common cooking area.	More family supports	Private (fees), donation	i.comfortable space for recreation and activities(in-door) ii. Environmental friendly iii. professional care-taker iv. understaff	i.need more outings ii.loneliness iii.need variety of activities	i.structured activities ii.religious education iii.recreation
PR 3 (70 residents) one race	Voluntary	Basic infrastructure individual room, multi-purpose hall, prayer hall, small space for recreation.	More family and social supports	Private Fund. ( fees)	i.limited space for recreation and activities ii. limited financial support iii. staff lacks training iv. lacks professional care-taker	i.health constraints ii.loneliness iii.care and love	i.religious activities ii.recreation
PR 4 (75 residents) one race	Voluntary	Comfortable	More family and social supports	Private (Fees)	i.comfortable space for recreation and activities ii. structured programs iii. environmental friendly iv. understaff	i.health constraints ii.loneliness iii.close monitoring	i.structured activities ii.religious activities iii.recreation
PR 5 (150 residents) one race	Voluntary	Comfortable Homes, individual room, praying hall,	Family supports	Privately owned (fees)	i.Comfortable space for recreation and activities ii.Environmental Friendly	i.health constraints ii.loneliness iii.more care and love	i.structured activities ii.religious focused iii.religious talks



Responses from the staff of the residential homes (n155) showed that what had been planned was able to fulfill the needs of the elderly people but due to the lack of expertise among the staff to manage, counsel and negotiate with the residents it had become a constraint to the implementation of the programs. In the private sector, the staff were selected based on their expertise in dealing with human matters especially the aging groups and they received trainings in the field of psychology, counseling, religious education, and human resource development. Many counseling programs were well implemented and this made the environment more friendly and cheerful. All private residential homes surveyed carried out programs and activities similar to that of the government's sponsored homes but the planning of the programs was more structured and organized.

In terms of facilities, not all residential homes visited showed adequate facilities for the aging people. Even though the centres were able to provide basic infrastructure and three (3) of the privately owned centres were able to provide self-catered individual rooms, private bathroom, gyms arena, clinic, praying room, eating room, relaxation and multipurpose hall for karaoke and movies but were hardly utilized by the residents because most of the residents were weak and frail. A detailed description of the demographic characteristics of the care-centres is shown in Table 1. The government's funded centres are coded as P1 to P5, and the privately owned centres are coded as PR1 to PR5.

Table 1 shows the demographic characteristics of the care-centres, facilities, programs and the challenges faced by the management and the residents themselves. From the table it is shown that five (5) centres are funded and supported by the government and the other five are privately owned and funded by the private agencies or Non-Government Organizations(NGOs). The residents in all the centres sponsored by the government are mainly from deprived family, abandoned and some are illiterate. They are given free shelter, food, care and medical services. In the privately funded centres, the residents are charged for the care-service, food and lodging. The residents voluntarily joined the centres for a number of reasons such as to search for companionship, to learn about things that they have missed in their early days, to get medical treatment, and to be together with the other members to do activities planned based on their needs. For some residents they study religious matters, bereavement and death. But sometimes the activities planned cannot be carried out due to the residents' poor health and insufficient staff members.

In all the government's funded centres, the residents are of multi-ethnics and this poses problem for the care-providers in managing conflict which arise on the issues of cultural differences, such food preparation and shared bedrooms. Ethnic differences in living arrangements affect activities and activity location (Yen,I.H.,Shim,J.,K.,Martinez,A.D.,Barker,J.C. (2012) The centres are unable to provide individual rooms due to financial constraints and limited space available. Moreover, there are no supports from the family and less support from the community either in terms of cash and kind. In the private centres, even though the residents pay fees but they also need supports from the family and the community in terms of psychological, emotional and moral development. Almost all the old age people interviewed felt lonely and this however affect their health. Loneliness is felt by all levels of people but as a person gets older the risk of becoming lonely is high (Glazer & Haber, 2005)

All the centres provide almost similar programs and activities but the private agencies customized their programs to their residents' need and in line with their objectives of the establishment. For example, the religious care-centres are more focused on giving religious education and guidance. There are also religious programs in the government's organization but the residents here preferred leisure activities more to fulfill their emptiness soul. The programs in private care-centres are more structured compared to the government's sponsored centres.

Lack of funds, insufficient number of staff and untrained staff have become the main issue in all the care-centres. The organizations need to expand their services to cater for the increasing number of old people requiring care-services in the country and they need more funds. To take care of the old people is not easy and those without professional training would face a lot of challenges handling the different psychological and emotional needs of the old people.

## Discussion

An aging population is beginning to become a big issue in Malaysia. Malaysia is striving very hard to promote successful aging and develop services and policies that will ultimately improve the quality of

life and well being based on the U.N. Principles for Older Persons, such as independence, participation, care, self-fulfilment and dignity. Many residential homes and care centres are built by the government to cater to the growing number of old people in the country. Some are well managed and there are some centres which need improvement in practically all aspects of the services offered such as trained manpower, infrastructure, facilities and the programs planned for the residents.

Most residents in the government's sponsored residential homes are from socio-economically deprived backgrounds. Their adult children are also socio-economically poor and most residents have problematic relationships with their children. Their children hardly visit them. The situation is further aggravated by the fact that most residents are illiterate. This may be one of the reasons why the residents in government's sponsored resident homes are less interested in the activities and programs planned for them. What is more important to them is food, shelter and amusement. Psychologically these elderly people want to escape from boredom and frustration which they can share with other people. Thus, they show great interest whenever activity like "gotongroyong" or mutual assistance or self-help is planned for them.

Comparing the services available in private and government's sponsored residential homes, it is seen that the private organizations have a much variety of activities, with participation from the residents themselves because they are more active and enthusiastic about addressing their own needs and problems. Most of them join the residential homes because they want to satisfy their unsung needs which include psychological and emotional needs. As one knows that old people need not only welfare services but also other needs to promote quality living. The programs and activities are customized based on their needs. It is realized that the elderly people have different needs and concerns and different approaches are required for the implementation of services and programs. In relation to this, the care providers or the staff of the centres should be well trained in order to cater for the needs of the old people especially in psychological and sociological development of the adults and old age.

The elderly people in the residential homes have limited opportunity to share their expertise with the organizational networks and management. Some of the elderly people or the residents have potential human resources with a wealth of life experiences and expertise that can be utilized to serve their own groups and the society at large. They can help in the operation of the daily routine of the centres. In many residential homes visited, these resources are not tapped and many of the residents feel reluctant to contribute. In many of the government's sponsored residential homes, one could see that residents are left on their own, some loitering around aimlessly and some resting in beds waiting to be fed. Learning and sharing to live with one another will give a positive impact to their own groups and on society as a whole.

## **Conclusion**

The decline of family's role in the care of the elderly people has become a new trend in this modern world. Realizing this phenomenon and the increasing number of aging population and their needs such as health care, housing, and other social services, government agencies, private organizations and voluntary organizations and NGOs are to actively play their roles to address to these needs. Much has been done by the government in providing care services and shelter homes for these unfortunate aged groups and so do the NGOs and voluntary organizations. The aged groups agree that the government has come up with good policies and services and provides programs in the residential homes to fit their needs but some services are still insufficient and many are just on paper due to constraints faced in terms of manpower and facilities. Thus more improvements should be done in the contents of the programs in the residential homes so that everybody in the centres could benefit most. The care providers and helpers should be trained professionally, as have been done in the private organizations, so that they are able to execute their tasks efficiently. Shortage of staff could be replaced by voluntary services provided by the community or the public or sourced out to other stakeholders to participate in the programs. More psychological and emotional supports should be given to the residents to avoid boredom and frustration. Generally, the programs and activities planned should take into consideration of the real needs and requirement of the residents in the residential homes not only for profit making. Collaborative work is to be encouraged between the

private and the government agencies such as exchanging experiences and ideas in order to meet the growing needs of the elderly population. It is hoped that this study will open more doors for improvement in the services and programs provided.

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