Social Participation of the Elderly Living in Residential Care Facilities in Malaysia

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ABSTRACT

Social participation plays a crucial role in the overall well-being and quality of life of elderly, especially those residing in residential care facilities. In Malaysia, the aging population has increased, and many elderly individuals now live in institutional settings due to various socio-economic factors. This study explores the level of social participation among elderly residents in Malaysian residential care facilities, identifying key barriers and enablers to active involvement in social activities. A quantitative approach was employed to assess participation levels of elderly residents. The findings suggest that while some elderly individuals actively engage in recreational, social, and cultural activities, others face challenges such as physical limitations, lack of stimulating activities, and limited interaction with external communities.

Factors such as staff support, facility infrastructure, and family involvement were found to significantly impact the extent of social participation. The study emphasizes the importance of designing inclusive and engaging environments within residential care facilities to promote social participation and improve the mental, emotional, and social well-being of the elderly. Recommendations for policy, practice, and future research are provided to address the identified gaps and enhance the social integration of elderly residents in Malaysian care settings.

Keywords: Social participation, older people, Elderly, Residential care facilities, well-being, Residential care

INTRODUCTION

As Malaysia's demographic landscape shifts towards an increasingly aging population, the demand for residential care facilities for elderly individuals is rising. According to the Department of Statistics Malaysia (2020), the proportion of the population aged 60 years and above is projected to increase from 10.5% in 2020 to 15.4% by 2030, signaling the growing need for comprehensive elderly care systems. Within this context, the social participation of elderly individuals in residential care facilities is emerging as a critical area of focus. Social participation is broadly defined as the involvement of elderly individuals in social, cultural, and recreational activities that promote interaction and engagement with others, which are essential for maintaining physical, emotional, and mental well-being.

Globally, a wealth of research has documented the positive impact of social participation on the elderly, including improved cognitive function, reduced rates of depression, and enhanced quality of life (Cattan et al., 2005; Rapp et al., 2012). However, despite its clear benefits, elderly residents in Malaysian residential care facilities often face barriers to meaningful engagement. These barriers can include physical limitations due to chronic health conditions, cultural attitudes towards aging, lack of appropriate facilities or resources, and insufficient social support networks (Hassan et al., 2018; Wong et al., 2020). Furthermore, the limited availability of structured and culturally appropriate social programs tailored to elderly needs exacerbates the challenge of promoting social participation in these settings (Lai et al., 2019).

The importance of social participation is particularly critical in residential care facilities, where elderly individuals may experience heightened risks of isolation and loneliness due to separation from family members and familiar community networks. Research indicates that social isolation in care settings is associated with an increased risk of depression, cognitive decline, and mortality (Chau et al., 2018).

Conversely, meaningful social engagement has been shown to improve mental health, reduce anxiety, and foster a sense of belonging and purpose among elderly individuals (Thang et al., 2021).

In Malaysia, while there has been a growing awareness of the need for improved elderly care, social participation remains an under-explored area within residential care facilities. This journal seeks to address this gap by investigating the factors influencing social participation among elderly residents in these facilities. It will examine the challenges they face, the current state of social engagement within care homes, and offer recommendations for improving elderly residents' quality of life through enhanced social involvement. By exploring these factors, this paper aims to contribute to the evolving discourse on elderly care in Malaysia and provide actionable insights for policymakers and care providers.

LITERATURE REVIEW

The social participation of elderly individuals in residential care facilities is a growing area of interest within gerontological research, particularly as global populations age at unprecedented rates. In Malaysia, as the elderly population expands, understanding the role of social engagement in enhancing the quality of life for those in residential care settings becomes increasingly important. Social participation, defined as involvement in social, recreational, and cultural activities that promote interaction with others, has been consistently linked to better mental, emotional, and physical health outcomes for older adults (Cattan et al., 2005). For elderly residents in care facilities, the absence of social participation can lead to feelings of isolation, depression, and a decline in cognitive and physical abilities (Chau et al., 2018).

Globally, a significant body of research emphasizes the benefits of social participation for the elderly, including improved life satisfaction, reduced loneliness, and delayed onset of dementia (Rapp et al., 2012). However, the extent to which elderly individuals in residential care facilities can engage in meaningful social activities is influenced by a variety of factors, ranging from health conditions to institutional structures, cultural norms, and available resources. The literature on elderly care in residential settings highlights the complex interplay between these factors and the overall well-being of residents (Lai et al., 2019; Hassan et al., 2018).

In the context of Malaysia, research on social participation within residential care facilities remains limited, though studies have begun to address the challenges and opportunities specific to the local setting. In particular, cultural factors play a crucial role in shaping how elderly individuals engage in social activities. The traditional emphasis on family caregiving and the strong cultural values surrounding aging can sometimes create barriers to participation in communal activities (Wong et al., 2020). Moreover, institutional factors such as the availability of appropriate activity programs, staff training, and facility infrastructure have been shown to influence the extent to which elderly residents can participate socially (Thang et al., 2021).

This literature review explores the current research on the social participation of elderly individuals in residential care facilities, with a focus on the Malaysian context. It will examine the benefits and barriers associated with social participation and provide an overview of the various factors that influence engagement in these settings. Additionally, the review will highlight gaps in the existing literature and suggest directions for future research, particularly in the Malaysian context where the elderly population is increasing rapidly and the demand for residential care facilities is set to grow.

Factors Affecting Social Participation

Social participation among elderly individuals in residential care facilities is influenced by a variety of factors, including health status, the availability of resources, cultural context, family involvement, and institutional structure. Health and functional abilities are among the most significant determinants of social engagement. Elderly residents with physical or cognitive impairments often face limitations in participating in social activities, leading to social isolation (Cattan et al., 2005). Those in better health, on the other hand, tend to engage more actively in both informal and formal social activities, contributing to better mental and emotional well-being (Rapp et al., 2012). The importance of promoting accessible programs tailored to those with physical limitations is evident, as these individuals still benefit from social interaction (Chau et al., 2018). Institutional factors, such as the physical environment of the residential care facility and the availability of trained staff, also play a crucial role in facilitating social participation. Research shows that facilities with

accessible communal spaces, well-structured activities, and staff who actively encourage engagement experience higher levels of social participation among residents (Lai et al., 2019).

In contrast, facilities lacking in such resources may struggle to foster an environment that supports social interaction. Therefore, staff training and the creation of social spaces are fundamental in promoting social engagement (Hassan et al., 2018). Family involvement is another key factor affecting social participation. Family ties and social networks are essential to the emotional well-being of elderly residents, and frequent family visits or involvement in facility events can significantly reduce feelings of loneliness (Wong et al., 2020). Residents with strong family support are more likely to feel connected and engaged in their social environments. Care facilities that promote family-centered events or have policies encouraging family visits create an atmosphere where residents are more likely to maintain social connections outside of the facility, leading to higher satisfaction and social engagement (Thang et al., 2021).

Cultural and societal factors also shape social participation. In Malaysia, the cultural norm places a strong emphasis on family caregiving, and elderly individuals often expect family members to provide their social support. This cultural context can affect the extent to which elderly residents in care facilities engage in institutionalized activities. A study by Wong et al. (2020) suggests that elderly Malaysians may prefer family-oriented social activities over group-based institutional programs, reflecting the deep-rooted value of familial relationships in Malaysian society. Therefore, care facilities must adapt their activities to be culturally sensitive, offering a variety of programs that respect and integrate the cultural preferences of residents (Lai et al., 2019).

Socioeconomic factors also influence social participation. Elderly residents from lower socioeconomic backgrounds may experience barriers such as financial constraints or lack of transportation, which can limit their ability to participate in off-site activities or pay for additional services (Chau et al., 2018). Care facilities must ensure that all residents, regardless of their financial situation, have equal access to social activities, potentially offering free or subsidized programs for those in need. Additionally, ensuring that activities are accessible and inclusive can help mitigate these barriers.

Lastly, individual psychological factors, including personality traits and mental health, are important considerations. Residents who are extroverted or have a history of active social engagement are more likely to maintain an active role in social activities, even in a residential care setting. In contrast, those who are introverted or suffer from depression and loneliness may struggle to participate in social activities (Cattan et al., 2005). Mental health interventions, such as counseling and group therapy, are therefore important components of any program aimed at improving social participation (Rapp et al., 2012). Addressing the mental health needs of elderly individuals through targeted programs can help overcome psychological barriers to social engagement.

METHODOLOGY

Population

The target respondents for this study are elderly individuals residing in residential care facilities across Peninsular Malaysia. These facilities, which are operated by government agencies, non-profit organizations, and private companies, are legally required to register with the Registry of Societies Malaysia (ROS) and the Department of Social Welfare Malaysia (JKM). These registration requirements ensure that the facilities are officially recognized and comply with the necessary regulations governing elder care.

Data from various organizations indicate that Peninsular Malaysia was home to 216 registered residential care facilities for seniors. To facilitate the study, the entire region was divided into four geographical zones: Northern, Central, Southern, and Eastern regions. This division was done to ensure that the survey accounted for any regional differences that may exist in the care provided to elderly residents. To select the residential care facilities for the survey, a multistage stratified sampling approach was employed. This method involves dividing the population into distinct subgroups, or strata, and then randomly selecting participants from each group. In this case, 12 residential care facilities were randomly chosen from each of the four regions, resulting in a total of 48 facilities to be surveyed across Peninsular Malaysia.

This sampling method ensures that the data collected is representative of the entire population of elderly

residents in the various types of care facilities, including those operated by the government, non-profit organizations, and private companies. According to the report from the Department of Social Welfare Malaysia (JKM), there are approximately 9,520 elderly individuals living in these 216 residential care facilities.

The study, therefore, aims to capture the experiences and perspectives of this population, with the goal of understanding the conditions of elderly care in both public and private sectors across the country. The use of a stratified sampling method also allows for a more detailed analysis of the data, as it helps to identify any regional or organizational variations in the quality of care provided, as well as the specific needs of elderly residents in different types of facilities. By including a diverse range of care providers, this study seeks to offer a comprehensive view of elder care in Malaysia.

Sample

For this study, the sample size was determined using a stratified random sampling technique, a method that ensures a representative subset of the population is selected by dividing it into distinct subgroups or strata. In this case, the target population consists of 9,520 elderly residents living across 216 residential care facilities in Peninsular Malaysia. These facilities are managed by three types of providers: government-run, non-profit organizations, and private companies.

Stratified random sampling is particularly effective when researchers need to ensure that specific subgroups within the population are proportionally represented. The process involves identifying relevant strata (e.g., based on facility type or geographic region) and then selecting a random sample from each of these subgroups. This approach helps improve the precision of the survey results by ensuring that data from each subgroup is captured accurately, which might otherwise be underrepresented with simple random sampling.

Sekaran and Bougie (2020) explain that for a population of 1,300 individuals, a sample size of around 297 respondents would be considered ideal. They further note that "sample sizes larger than 30 and fewer than 500 are generally adequate for most studies" (p. 295). Although this guideline applies to smaller sample populations, the principle still holds when dealing with larger populations, such as the 9,520 elderly residents in this study. For this study, a larger sample size is necessary to ensure that various strata (such as regions and types of facilities) are appropriately represented.

Therefore, the stratified sampling approach allows for more detailed analysis by ensuring that all significant subgroups within the population are included in the study. For instance, care facilities from different regions of Peninsular Malaysia (North, South, East, and Central) and from various providers (government, non-profit, and private) were all considered when selecting the sample. This method ensures that the data reflects regional and organizational variations, enabling the study to provide comprehensive insights into the conditions of elder care across the country.

In summary, stratified random sampling was employed to ensure that the sample accurately reflects the diversity of the population, improving the reliability and generalizability of the study's findings. By carefully defining the strata and selecting respondents proportionally from each group, this approach ensures that all key segments of the population are adequately represented in the sample. care.

Questionnaire Design

The For the survey in this study, a closed-ended, structured questionnaire was designed using a five-point Likert scale. Likert scales are a widely used tool in survey research to measure attitudes, opinions, and perceptions, providing a simple way for respondents to express their level of agreement or disagreement with a series of statements. While previous research has used various types of Likert scales with different numbers of response options, such as four, six, seven, or even nine points, this study specifically adopted a five-point scale.

A five-point Likert scale includes a neutral midpoint, which allows respondents to express a balanced or indifferent opinion, something that scales without a midpoint might fail to capture. The inclusion of a midpoint is believed to enhance the clarity and accuracy of responses, as it provides a clear range of options that reflect varying degrees of agreement or disagreement with a statement (Krosnick & Fabrigar, 2020). This

approach ensures that respondents can more easily and directly communicate their perspectives on the survey items, without feeling forced to choose a side when they may feel neutral or uncertain. The five-point Likert scale typically consists of the following options: strongly agree, agree, neutral, disagree, and strongly disagree. This structure was chosen because it strikes a balance between offering enough response options to capture nuanced opinions and maintaining simplicity for respondents. Additionally, research suggests that scales with fewer than five points may be too limited to accurately measure attitudes, while scales with more than five points may introduce complexity that could confuse respondents or result in less consistent responses (Allen & Seaman, 2021).The use of a five-point scale is also practical in terms of data analysis, as it provides enough variation to identify trends and patterns in the data, while also simplifying the interpretation of results. By using a commonly accepted and understood rating system, this study ensures that respondents can easily engage with the questionnaire, improving the reliability and validity of the data collected.

Data Collection

For this study, data was collected using a self-administered questionnaire, a widely used method in quantitative research. In this approach, a set of pre-designed, structured questions with clearly defined response options is presented to respondents, who are asked to provide their answers on specific topics of interest. This type of questionnaire enables the researchers to gather standardized data that can be analyzed statistically to draw conclusions (Kumar, 2020; Sekaran & Bougie, 2020). The questionnaire is an essential tool for collecting large amounts of quantitative data, particularly in descriptive research, where the goal is to understand the characteristics of a population or phenomenon. The self-administered questionnaire offers several advantages in terms of cost and time efficiency. It can be distributed and completed in various ways, including in person, by mail, electronically, or even through online platforms, making it a flexible option for data collection. In comparison to other methods such as interviews, which require more time and resources, the questionnaire method is more economical and logistically feasible, particularly when dealing with a large sample size (Kumar et al., 2020; Sekaran & Bougie, 2020). Moreover, the self-administered nature of the questionnaire reduces interviewer bias, as the responses are collected without direct influence from the researcher.

However, one potential limitation of this method is the risk of low response rates. While it is generally more efficient, respondents may choose not to complete or return the questionnaire, particularly if it is lengthy or if respondents are unmotivated. This is a common challenge in survey-based research, and it is essential for researchers to implement strategies to maximize participation, such as providing incentives, ensuring anonymity, and keeping the survey brief and engaging (Dillman et al., 2014). Despite these challenges, the use of self-administered questionnaires remains one of the most effective and widely adopted methods in survey-based research. It allows researchers to collect large-scale data in a relatively short time, while also enabling respondents to answer at their own pace, which may increase the likelihood of accurate and thoughtful responses.

Data Analysis Technique

For the analysis of the data collected in this study, Version 24 of the Statistical Package for the Social Sciences (SPSS) was utilized. SPSS is a widely recognized software tool for performing statistical analysis, particularly in social science research, due to its versatility and ability to handle large datasets with ease. One of the main advantages of using SPSS is its efficiency in processing large volumes of data quickly, which is crucial when dealing with extensive datasets, such as the one in this study. The software provides clear and reliable statistical outputs, making it easier for researchers to interpret complex data and draw meaningful conclusions (Field, 2018).

Another key benefit of SPSS is its user-friendly interface, which allows researchers to perform a wide range of statistical tests and analyses, from basic descriptive statistics to more complex inferential statistics, without needing advanced programming skills. This makes SPSS an accessible tool for both novice and experienced researchers. Additionally, SPSS can handle vast amounts of data without significant limitations in terms of data volume, which is especially valuable for studies that require the analysis of large samples or datasets (Pallant, 2020). The use of SPSS also ensures the reliability and consistency of the results, as it minimizes human error that might occur when performing manual calculations. With its comprehensive set of statistical tools, SPSS allows for various analyses, such as frequency distributions, regression analysis, and hypothesis

testing, helping researchers explore relationships, test theories, and validate research hypotheses.

Given these advantages, SPSS was chosen as the primary data analysis tool for this study, ensuring both the accuracy and efficiency of the analysis process.

RESULTS

Table I The Distribution Of Respondents Feedback On Social Participation

Social Participation	SD	D	N	A	SA	Mean
	n %	n %	n %	n %	n %	
I regularly attend various activities such as gotong royong in my neighborhood	0 0	9 1.8	55 11.2	310 63.4	115 23.5	4.09
I regularly meet with family members and friends to strengthen relationships and meet my emotional and social demands.	0 0	9 1.8	55 11.2	310 63.4	115 23.5	4.09
I have joined a club / association to connect with the community (retiree association / retiree / PAWE / rural community / marhaban group etc.)	0 0	132 27	82 16.8	275 56.2	0 0	3.29

***SD = Strongly Disagree, D = Disagree, N = Neutral, A = Agree, SA = Strongly Agree**

Table 1 offers valuable insights into the levels of social engagement among elderly individuals in various activities. It shows that the majority of respondents report active participation in neighborhood activities, such as "gotong royong" (communal work), with 63.4% agreeing and 23.5% strongly agreeing. Only a small percentage, 1.8%, disagreed, while 11.2% remained neutral. This suggests that community-based activities are widely appreciated and attended, contributing to a sense of social cohesion and belonging. The high mean score of 4.09 further emphasizes the strong level of engagement in these types of activities.

Similarly, a majority of respondents (63.4%) agreed that they regularly meet with family and friends, with 23.5% strongly agreeing. This indicates the importance of maintaining close interpersonal relationships for emotional and social well-being. The low percentage of disagreement (1.8%) and the neutral responses (11.2%) suggest that family and friends are central to the social support networks of elderly individuals in residential care. The mean score of 4.09 also reinforces the significance of these interactions in enhancing their quality of life.

In contrast, participation in formal clubs or associations was less common. Although 56.2% of respondents agreed to engaging in such activities, 27% disagreed, and 16.8% were neutral, with no respondents strongly agreeing or strongly disagreeing. The mean score of 3.29 indicates a moderate level of engagement in these structured social groups, suggesting that they are less appealing or accessible compared to more informal social interactions like those with family or neighbors. This lower participation could be due to factors such as limited availability of such clubs or associations, lack of awareness, or personal barriers like health issues or mobility constraints. Overall, the data reflects a strong preference for neighborhood and family-based social activities, with lower involvement in formalized community groups. These findings highlight the need for residential care facilities to create more opportunities for participation in clubs or associations to further enhance the social engagement of elderly individuals. Such initiatives could complement existing activities and provide more structured avenues for community involvement, which could have positive effects on

residents' well-being.

DISCUSSIONS

The findings from this study suggest several strategies to enhance social participation among elderly individuals in residential care facilities in Malaysia. First, there is a need to expand opportunities for structured social activities. The relatively low engagement in formal groups, such as clubs or associations, highlights the importance of developing a diverse range of activities that cater to the interests and abilities of elderly residents. These could include educational programs, recreational clubs, or skill-building workshops, which would provide residents with structured avenues for socializing and maintaining mental stimulation (Cattan et al., 2005). Second, it is crucial that social activities are culturally relevant and tailored to the diverse backgrounds of elderly residents.

Given Malaysia's multicultural society, programs should reflect local traditions and values, such as incorporating traditional festivals, music, and crafts, which can enhance residents' sense of identity and belonging (Wong et al., 2020). Tailored programs would not only enrich the residents' experiences but also foster a deeper connection with their cultural heritage, promoting well-being through cultural engagement (Lai et al., 2019). Additionally, enhancing family involvement in care activities is vital. The high value placed on family interactions in this study underscores the importance of creating policies that encourage family visits and involvement in facility-based activities.

Establishing regular family events, volunteer programs, or family liaison officers can strengthen these social bonds, reduce feelings of isolation, and improve the overall emotional well-being of elderly residents (Thang et al., 2021). Moreover, residential care facilities should focus on making their social programs more accessible and flexible. Given that some elderly residents face physical, cognitive, or mobility challenges, it is essential to ensure that all programs are inclusive and adaptable.

This might involve offering specialized programs for residents with disabilities, ensuring physical spaces are accessible, or organizing transportation for outings (Chau et al., 2018). Promoting volunteerism and peer support within the facility can also be a powerful tool for enhancing social participation. Encouraging elderly residents to take on roles as mentors or peer supporters not only fosters a sense of purpose but also strengthens the social fabric of the community. Peer support initiatives can help residents connect with one another, share experiences, and provide mutual assistance, creating a more cohesive and supportive environment (Rapp et al., 2012).

Finally, it is recommended that residential care facilities implement regular evaluations of their social programs and gather continuous feedback from residents. This process will allow care facilities to make data-driven adjustments to programs, ensuring they remain responsive to the evolving needs of residents. Monitoring participation rates and feedback can guide improvements and help care facilities stay aligned with best practices in elderly care (Hassan et al., 2018).

Furthermore, collaboration with external organizations, such as community groups and local cultural centers, can introduce new social opportunities for elderly residents, creating a bridge between the care facility and the wider community (Lai et al., 2019).By adopting these recommendations, residential care facilities in Malaysia can create a more inclusive, engaging, and fulfilling environment for their elderly residents, ultimately contributing to their overall well-being and quality of life.

CONCLUSION

The findings from this study highlight the significance of social participation for elderly residents in Malaysian residential care facilities. The data clearly demonstrates that participation in community-based activities and regular interactions with family and friends play a crucial role in the social well-being of elderly individuals. The majority of respondents indicated strong engagement in informal activities, such as neighborhood participation and meeting with family members, with high levels of agreement. These results align with previous research showing that social engagement is key to maintaining mental, emotional, and physical health in older adults. However, the study also reveals a gap in participation when it comes to more formalized activities, such as joining clubs or associations. With only 56.2% of respondents agreeing to participate in these structured social activities and a significant proportion either disagreeing or remaining

neutral, this suggests that elderly residents may face barriers to engaging in organized group settings. These barriers may include limited access to such programs, health-related constraints, or cultural factors that prioritize family-based or community-centered activities over institutionalized social programs.

The findings underscore the need for residential care facilities to broaden their offerings of social participation opportunities, particularly those that encourage formal group activities. Creating programs that are accessible, culturally relevant, and health-conscious could increase engagement among elderly residents who are less inclined to participate in traditional group activities. Additionally, fostering an environment where both informal and formal social interactions are supported can significantly enhance the quality of life for elderly individuals in care.Ultimately, social participation is not only essential for the mental and emotional well-being of the elderly but also for their sense of belonging and purpose within the community. This study contributes valuable insights to the field of elderly care in Malaysia and offers a foundation for future research and policy development aimed at improving the social engagement of elderly residents in care facilities.

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