

Issues and Challenges in Managing Old-Age Care Centres: The Malaysian Context

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DOI: <https://doi.org/10.47772/IJRISS.2026.100800704>

Received: 27 August 2026; Accepted: 01 September 2026; Published: 16 September 2026

ABSTRACT

Malaysia is experiencing a sustained demographic transition as the proportion of older people continues to rise. Official estimates show that people aged 65 years and above accounted for 8.0% of the national population in 2025, compared with 7.6% in 2024, while the median age increased to 31.3 years (Department of Statistics Malaysia [DOSM], 2025). This demographic shift has important implications for the organisation, financing, and delivery of long-term care. Although old-age care centres operate across Malaysia under public, private, non-governmental, and faith-based arrangements, many continue to face limitations in service quality, staffing, technology, facilities, and financial sustainability. Against this background, this study examines the principal management issues encountered by old-age care centres within Malaysia's multiethnic setting. Using a qualitative approach, data were gathered through semi-structured, face-to-face interviews with managers or owners, employees, and residents from selected old-age care centres in Malaysia. To protect institutional confidentiality, the identities and locations of the participating centres are not disclosed. The findings identify six interrelated areas of concern: geriatric needs, daily living, technology adoption, centre management, employees, and equipment and facilities. The study concludes that more coordinated support from government agencies, private organisations, non-governmental organisations, communities, and care providers is required to strengthen the quality, accessibility, and sustainability of elderly care in Malaysia.

Keywords: elderly care; senior citizens; old-age care centres; Malaysia

INTRODUCTION

The anticipated global “silver tsunami” has long attracted the attention of researchers, practitioners, and policymakers. Population ageing is expected to increase demand for health and social care, place pressure on existing resources, and expose weaknesses in systems that were not designed for a large population of older people (McGregor, 2018; Das, 2015; Anderson & Rose, 2019). Nevertheless, ageing should not be framed only as a burden. Descriptions that portray older people as overwhelming public resources can reproduce ageist and stigmatising assumptions. A more constructive response requires strengths-based, affirmative, and person-centred approaches that recognise the contribution, dignity, and diverse needs of older adults, including the importance of family-focused care.

Malaysia is a moderately prosperous Southeast Asian country whose population is ageing rapidly (Akil, Abdullah, & Sipon, 2014). The demographic trend has become more pronounced in recent years. DOSM estimated Malaysia's population at 34.2 million in 2025, with people aged 65 years and above representing 8.0% of the population, up from 7.6% in 2024. The median age also rose from 30.9 years in 2024 to 31.3 years in 2025 (Department of Statistics Malaysia, 2025). Earlier projections similarly indicated that the proportion of older people would continue to expand substantially toward 2040 (Wan Ibrahim et al., 2017; Department

of Statistics Malaysia Population Projection [Revised], Malaysia, 2010–2040).

Population ageing is accompanied by a growing prevalence of chronic illness, functional limitations, and cognitive impairment. A population-based survey involving 3,774 Malaysians aged 60 years and above estimated the prevalence of probable dementia at 8.5% (95% CI: 6.97–10.22) (Institute for Public Health, 2018). As the number of older people and the incidence of dementia increase, the demand for formal and informal care support will also rise. Excessive dependence on unpaid family caregivers is likely to become increasingly difficult to sustain (Fiest et al., 2016). Effective care for older people, especially those living with dementia, therefore requires attention to workforce preparation, research priorities, service coordination, and the practical challenges of care delivery.

Old-age care centres form an important component of this wider care system. However, the presence of facilities alone does not guarantee adequate care. The quality of management, staff capability, financial resources, technology, programmes, equipment, and the physical environment all shape residents' experiences. This study therefore examines the issues and challenges involved in managing elderly care centres in Malaysia, with particular attention to the country's multiethnic and socially diverse context.

LITERATURE REVIEW

Elderly care facilities in Malaysia can be classified broadly as public, private, non-governmental organisation (NGO), church-based, and other religious or community-based institutions (Noor et al., 2020). The demand for these facilities is increasing as the number of senior citizens grows and more older people live with health-related difficulties (Isa et al., 2020). At the same time, adult children may find it increasingly difficult to provide full-time care because of employment obligations, urban lifestyles, geographical mobility, and competing family responsibilities. Malaysia consequently requires not only a greater number of care facilities, but also better-equipped centres and professionally trained caregivers.

Earlier research reported approximately 365 licensed senior care facilities concentrated mainly in the Klang Valley, Johor, and Penang, in addition to numerous unlicensed facilities operating throughout the country (Phua, Goh, & Yap, 2019). Isa et al. (2020) argue that residential homes remain a central mechanism for supporting Malaysia's older population. Yet many facilities continue to operate with inadequate equipment and face persistent financial, technological, staffing, and administrative constraints. Studies have also raised concerns about outdated equipment, weak monitoring, unsafe environments, and limited adoption of modern care technologies (Phua et al., 2019; Noor et al., 2020; Isa et al., 2020). These shortcomings suggest that the expansion of care-centre capacity must be accompanied by enforceable standards and stronger systems of oversight.

Financial sustainability is another recurring concern. Many centres operate on a non-profit or break-even basis, leaving little capacity to absorb unexpected costs or invest in service improvement. In some cases, owners must borrow money to meet the following month's operating expenses, creating considerable anxiety for managers and operators (Noor et al., 2019; Samad & Mansor, 2017). Private institutions, in particular, may need to secure donations, external sponsorship, or income from small business activities to maintain a stable cash flow (Weinstein & Vannucci, 2017). Financial fragility can directly affect staffing, food quality, maintenance, healthcare access, recreational programmes, and the replacement of essential equipment.

The living environment also has a direct bearing on older people's quality of life. Li et al. (2021) identify restricted living conditions, geriatric difficulties, and barriers to technology adoption as major challenges experienced by residents of care centres. Older people have particular design and accessibility requirements if their environment is to be safe, comfortable, and supportive. Because elderly care is closely connected to health needs (Khalid et al., 2020), appropriate neighbourhood and facility design can improve residents' sense of security and facilitate access to health services.

The everyday concerns of older people commonly include income and savings, access to treatment, opportunities for physical recreation, and activities that support psychological well-being (Li et al., 2021). The

concept of an age-friendly home emphasises a comfortable and enabling environment. Mohd Tobi, Fathi, and Amaratunga (2017), together with Norhaslina and Tan (2017), identify four broad dimensions of suitable housing and neighbourhoods for older people: age-friendly housing, healthcare services, accessible facilities, and social and recreational services. Other desirable features include safety and security, disability access, reliable public transportation, spaces for religious observance, opportunities for social and spiritual engagement, mobile cleaning services, wider entrances, adequate lighting, and a preference for single-storey housing (Norhaslina et al., 2019; Siti Uzairiah et al., 2018).

Family care remains important, but it is increasingly shaped by work-family conflict. Among low-income households, the simultaneous demands of employment and family care may reduce satisfaction in both domains (Ahmad et al., 2016). Malaysia's sandwich generation often supports dependent children while also caring for ageing parents (Noor & Isa, 2020). Although chronic age-related conditions, especially dementia, can make caregiving difficult, many family members remain reluctant to relinquish their filial obligations. Dementia is an acquired brain disorder characterised by progressive cognitive deterioration and functional impairment, affecting not only the older person but the daily life of the whole family (Turkeman et al., 2020). Noor and Isa (2020) report that women in sandwich-generation families often make substantial personal sacrifices while managing employment, household responsibilities, childcare, and care for ageing parents. Men may also experience heavy pressure, including the need to work multiple jobs to meet family expenses.

Technology offers opportunities to improve care, communication, monitoring, and access to health information, but its benefits have not yet been fully realised (Medici, 2021). Barriers include the cost of internet access and electronic devices, limited digital skills, cognitive decline, cultural resistance to replacing face-to-face interaction with online services, and age discrimination that deprives older people of the assistance required to use digital tools effectively. These barriers indicate that technology adoption is not simply a matter of purchasing devices; it also requires training, suitable interface design, user support, affordability, and sensitivity to residents' preferences.

Nor et al. (2019) identify a broad range of management challenges in Malaysian ageing-care centres, including shortages of skilled workers, limited government assistance, staff-retention problems, low technology use, a shortage of geriatricians, inadequate financial support, licensing difficulties, limited space, weak public awareness, and low levels of domestic and foreign investment. A shortage of trained caregivers and volunteers can further diminish the quality of life of residents who require intensive assistance (Yee, 2020). Small private operators may find it especially difficult to recruit qualified and committed caregivers. Although technical skills can be developed through training, attracting workers to the sector remains difficult because care work is sometimes perceived as a “3D” occupation—dirty, dangerous, and demeaning.

Purpose of the Study, Research Questions, and Hypotheses

Purpose of the Study

This study explores the practical issues and challenges faced in managing elderly care centres in Malaysia.

Research Question

What are the main issues and challenges involved in managing elderly care centres in Malaysia

Hypothesis

The management of elderly care centres in Malaysia is influenced by challenges related to residents' diverse health and social needs, staffing, financial resources, technology adoption, and the adequacy of facilities and equipment.

METHODS

A qualitative research design was adopted because it allows a deeper examination of the experiences, perceptions, and operational realities associated with elderly care facilities. Scholars have shown that

qualitative inquiry is particularly valuable for addressing complex and insufficiently understood organisational issues (Hlady-Rispal & Jouison-Laffitte, 2014). Some important questions cannot be answered adequately through numerical measurement alone and instead require detailed accounts from the people directly involved (Bagheri, Lope Pihie, & Krauss, 2013; Ireland, Reutzel, & Webb, 2005).

Face-to-face, semi-structured interviews were selected as the principal data-collection method. This approach provided sufficient structure to ensure that the same core issues were explored across participants, while allowing respondents to explain their experiences in their own words. Veland (2012) notes that qualitative inquiry provides the analytical breadth needed to study ambiguous and context-dependent subjects. Interviews were conducted in natural settings so that participants could discuss their experiences with minimal disruption from external stimuli.

Participants were recruited from selected old-age care centres in Malaysia. To protect the confidentiality of the participating institutions, their names and specific locations are not disclosed. The participants included owners or managers, employees, and residents, thereby incorporating perspectives from those responsible for governance and operations, those delivering care, and those receiving care. The recommended sample size for this type of study is approximately 8 to 15 interviewees, although fewer participants may be appropriate where respondents are interviewed repeatedly or the group is highly homogeneous (Hill et al., 2005).

The interviews lasted between 45 and 110 minutes. Open-ended questions focused on the issues and challenges involved in managing elderly care and on residents' experiences of the services provided. All interviews were audio-recorded. Informed consent was obtained before both the interview and the recording process. The interview guide was informed by Isa et al. (2020) and was subsequently refined to reflect the contemporary research setting and the themes identified in the existing literature.

RESULTS AND DISCUSSION

The findings centre on the issues and challenges encountered by organisations and agencies responsible for operating elderly care centres in Malaysia. Six major and closely connected areas emerged from the interviews: geriatric issues, concerns in daily living, technology adoption, management, employees, and equipment and facilities. Table 1 summarises these themes and their main dimensions.

Table 1. *Key Issues and Challenges in Managing Elderly Care Centres*

No.	Issue or Challenge	Key Dimensions
1	Geriatric issues	Mental health; physical health
2	Concerns in daily living	Financial status; treatment and recreation; entertainment activities
3	Technology adoption	User resistance; user experience; affordability
4	Elderly care-centre management	Financial support or assistance; monthly costs; community and corporate support; licensing issues; lack of activity space; limited public awareness
5	Employees	Inexperienced employees; insufficient training; high turnover
6	Equipment and facilities	Inadequate equipment for elderly care; unsuitable facilities

Geriatric issues

Residents of elderly care centres frequently experience deteriorating physical and mental health, and these conditions may worsen when acute or chronic illness is present. Older people with multiple health problems often encounter complications, functional decline, and fragmented care across several health and social care systems (Kumlin, Berg, Kvigne, & Hellesø, 2020). Better coordination and a more balanced decision-making process between healthcare providers and patients can improve the quality of care and align services more closely with residents' preferences and goals.

“With the resident's condition of decreasing mental health, staff need to be more patient and restrained. This is because there are residents who like to get angry, yell and so on to other residents and also the staff.” (Employee in an elderly care centre)

The quotation illustrates that geriatric care extends beyond managing physical illness. Staff must also respond to behavioural changes, emotional distress, cognitive impairment, and conflict among residents. Such work demands patience, communication skills, emotional regulation, and a clear understanding of age-related psychological and neurological conditions.

Concerns in daily living

The second major theme concerns residents' daily lives. Three issues were repeatedly highlighted: financial status, access to treatment and recreation, and entertainment activities. These components influence residents' physical condition, emotional well-being, sense of purpose, and social connectedness. A well-managed care centre should therefore provide a balanced range of activities rather than limiting care to accommodation, meals, and basic medical attention.

Individually designed cultural and physical activities can improve older people's quality of life when they are incorporated into a structured care plan (Koponen et al., 2022; Marquet et al., 2020). Religious activities may also support quality of life and cognitive functioning among older people (Amir et al., 2022). The practical implication is that programmes should reflect residents' physical abilities, cultural backgrounds, interests, and spiritual preferences.

“I’m not happy because there are no activities provided to us to keep our minds active.” (Resident in an elderly care centre)

“In terms of other activities, they did not initiate the activities; it fully depends on the centre’s management to conduct them.” (Resident in an elderly care centre) These statements suggest that the availability and regularity of activities are highly dependent on management initiative. Where programmes are infrequent or poorly planned, residents may experience boredom, isolation, and reduced cognitive stimulation.

Technology adoption

Technological development has transformed access to knowledge and many routine activities. However, older Malaysians have generally had less exposure to computers, the internet, and digital technology than younger groups (Jaafar, Daly, & Mishra, 2019). Care centres must therefore consider technology as both an opportunity and a potential source of exclusion.

Digital tools may help to support cognitive ability, communication, health monitoring, social interaction, and access to information. Wu et al. (2019) show that digital-device use may be associated with cognitive functioning among older adults, while Marston and Musselwhite (2021) emphasise the potential of technology to improve cognitive performance, physical and mental health, and everyday quality of life. Nevertheless, adoption depends on affordability, usability, staff support, residents' confidence, and whether the technology addresses a genuine care need.

Elderly care-centre management

Management is central to the success of elderly care centres because it coordinates finance, staffing, services, facilities, compliance, and relationships with external stakeholders. Yet professional support is often limited, and service barriers may prevent care models from responding adequately to the actual needs of older adults (Abdi et al., 2019). Effective management therefore requires support from government agencies, NGOs, private institutions, corporations, and local communities.

Such involvement can strengthen management efficiency, broaden access to expertise and resources, and help centres create a safer and more supportive environment. At the same time, managers must reconcile the expectations of residents, families, regulators, employees, and funders, often with very limited resources.

“When stakeholder expectations are high, but operations are only given sub-par support and employees receive inappropriate remarks, it can demotivate both employees and management.” (Management of an elderly care centre)

“There is no provision for important staff such as a Medical Assistant (MA). This position is not provided, but it is needed for critical senior care.” (Management of an elderly care centre)

These comments point to a mismatch between the level of care expected and the resources made available. They also indicate that staffing structures may not adequately reflect residents' clinical needs.

Employees

Employees are indispensable to effective elderly care. Poorly designed jobs, inadequate supervision, weak remuneration, and insufficient support can contribute to high turnover. Lim (2021) identifies several features of elderly care work that may shape turnover intentions, including low social appreciation, precarious employment, weak protection of labour rights and safety, unfair wages, unclear roles, insufficient training and supervision, and the emotional demands of care work.

Care-centre management should therefore provide clear job descriptions and specifications, appropriate compensation, incentives, training, supervision, and a respectful working environment. Failure to retain experienced workers increases recruitment and training costs and may interrupt continuity of care.

“The lack of workers also slows down the management of residents. This is because there are only two staff members in each shift to manage the residents.” (Employee in an elderly care centre)

“In terms of knowledge in elderly care, workers do not receive formal training; instead, they learn from senior staff.” (Employee in an elderly care centre)

The interviews reveal both understaffing and dependence on informal workplace learning. While experiential learning from senior staff can be valuable, it should complement rather than replace structured professional training.

Equipment and facilities

The final theme concerns equipment and facilities. Isa et al. (2020) argue that the elderly population requires stronger support systems in the form of well-equipped care centres. Facilities encompass not only internal features—such as room size, beds, bathroom design, and room arrangement—but also the surrounding environment, including spaces and equipment for exercise, leisure, and social activity.

Appropriate facilities help residents remain physically and mentally active and allow employees to perform their duties more safely and effectively. Conversely, unsuitable layouts and equipment can increase the risk of falls, injury, discomfort, and occupational strain.

“There are occupied houses with unsuitable equipment, such as bathrooms that are not appropriately sized, especially for managing bedridden patients.” (Employee in an elderly care centre)

This observation demonstrates how ordinary residential buildings may be poorly suited for institutional care, particularly where residents have mobility limitations or require assistance with transfers, bathing, and other activities of daily living.

CONCLUSION

Families today often have less capacity to assume full responsibility for the care of older relatives. This change, together with continued population ageing and the growing need for housing, healthcare, and social support, requires an active response from government agencies, businesses, voluntary organisations, NGOs, communities, and families.

Older people recognise that the government has introduced policies, services, and residential programmes intended to address their needs. However, some services remain inadequate, while others are not fully implemented because of limitations in funding, staff, facilities, and coordination. Malaysia therefore needs closer collaboration and more effective communication across all administrative levels, with meaningful participation from private-sector partners. Policymakers, managers, service providers, researchers, formal and informal caregivers, older people, and younger generations must work together. Programmes within residential centres should also be improved so that all residents can benefit from purposeful, inclusive, and regular activities.

Employees in elderly care facilities must possess sufficient knowledge of the psychological, sociological, and physical development of older people. Malaysia urgently needs a more skilled care workforce because the health and social needs of its ageing population are increasingly complex. Skilled personnel are a cornerstone of higher-quality care and can serve as a catalyst for improving residents' living standards.

Government support is particularly important because many care centres struggle to meet operating expenses. Without adequate and predictable resources, centres may be unable to provide a positive and dignified care experience. Caregivers and assistants should receive formal professional training comparable to that expected in other service industries. Where staff shortages persist, carefully organised community volunteering and the outsourcing of appropriate tasks to qualified stakeholders may help to fill operational gaps.

Ultimately, Malaysia must strengthen its support system for older people by protecting their dignity and ensuring better living conditions. Older citizens remain an important part of the country's social fabric. Meeting their needs is not merely a welfare obligation; it is a test of whether institutions, families, and communities can respond responsibly to demographic change.

ACKNOWLEDGEMENT

The authors would like to acknowledge Sumitomo Foundation, for providing the fund Sumitomo Foundation (Reg. Num.: 21804143) for this research project.

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