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| RESEARCH ARTICLE

The Accessibility, Satisfaction, and Long-Term Care Needs of Elderly Residents: A Diverse Infrastructure Model

Cong Cong[1]✉, Li Jingbo[2], Wei Yuan[3] and Huan Liang[4]
[1234] *Qingdao Huanghai University, China*
Corresponding Author: Cong Cong, **E-mail**: 198207250@qq.com

| ABSTRACT

This research evaluated the accessibility, satisfaction, and long-term care needs of Beijing elderly residents with the aim of constructing a heterogeneous healthcare infrastructure model to meet the needs of an aging urban population. Utilizing a descriptive-correlational design, data were collected from 352 participants using validated questionnaires and were analyzed via descriptive statistics, Pearson correlation, and regression analysis. Findings indicated that there was strong satisfaction with chronic care and access, but moderate satisfaction with continuity of care, mental health support, and affordability. There was high correlation between elderly well-being, integrated services, and infrastructure adequacy. Based on Integrated Theory of Healthcare for Aging Populations and the Socio-Ecological Model, this study recommends a patient-centered, inclusive healthcare model that integrates medical, social, and emotional care. The research yields new policy and system reform information but is limited to a cross-sectional design and local setting. Longitudinal effects and technology-based interventions to promote overall aging in urban areas must be the targets of future research.

| KEYWORDS

Elderly care, Healthcare infrastructure, Long-term care, Integrated healthcare, Healthcare satisfaction

| ARTICLE INFORMATION

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1. Introduction

While the world's population profile is being reshaped by an increasing trend towards aging populations, healthcare systems are being increasingly called upon to meet the complex needs of older citizens. In China, and particularly in Beijing, this shift is most marked, with estimates that nearly 30% of the capital's population will be aged 65 and above by 2050 (Zhu et al., 2018). Older persons are at greater risk of developing chronic conditions like cardiovascular disease, diabetes, and dementia, which need not just acute but also long-term and comprehensive care services (Rohowsky et al., 2023). But Beijing's health system is stretched thin, grappling with issues of unequal resource allocation, restricted access to specialist geriatric care in rural areas, and a shortage of health workers who can tackle the elderly-specific demands (Tang et al., 2023; Kailasam et al., 2019).

This research aimed to assess elderly residents' needs in Beijing with respect to accessibility, satisfaction, and long-term care, as well as suggesting a diversified model of healthcare infrastructure addressing these needs. In particular, the research measured elderly residents' experiences on the accessibility of healthcare, the quality of the healthcare, its affordability, as well as responsiveness of services and the availability of long-term care and preventive interventions. Through examining perspectives from older adults, health professionals, and managers, the research aimed to provide a model for constructing an adaptive and inclusive healthcare system that addresses the increasing needs of an aging population in urban areas (Han et al., 2020; Sharma & Popli, 2023).

Despite the increasing concerns about aging communities, there exists a glaring void in research about designing and building integrated infrastructure frameworks that combine medical and social care services for China's aging community in

urban China. Most existing systems are acute care oriented and fail to address the long-term, whole-person needs of older adults—resulting in patchy service delivery and caregiver burden (McNabney et al., 2022; Wu et al., 2023). This study bridges that gap by proposing a pluralistic model of infrastructure suitable for China's true needs of elderly residents, and offering helpful evidence to policymakers and health planners in China and other ageing societies.

2. Review of Related Literature

Theoretical Underpinning

This research is grounded on the Integrated Theory of Healthcare for Aging Populations, an approach that focuses on addressing the multifaceted needs of older persons through the integration of medical, social, and psychological care. The theory is supportive of patient-centered care patterns that fill in gaps between long-term support and acute treatment and acknowledge that age populations need constantly changing and on-going care mechanisms across settings (Silva et al., 2021; Peek et al., 2023). It aligns with the Socio-Ecological Model, which considers the interaction between individual, interpersonal, institutional, and society levels in understanding elderly health behaviors and outcomes (McNabney et al., 2022; Williams et al., 2023). With the integration of such visions, the research promotes the development of a heterogeneous infrastructural model that not only focuses on clinical conditions but also improves accessibility, emotional well-being, and social integration for elderly residents.

Demographic Profile of the Elderly

It is basic to planning healthcare systems that respond to the needs of elderly populations to understand their demographic characteristics. Age, sex, socioeconomic status, and type of living accommodation determine the healthcare services needed by the complexity thereof. Women, in turn, will live longer and require care for longer, and those of lesser incomes will face challenges with respect to obtaining good-quality care (Rohowsky et al., 2023; Khanna et al., 2022). Loneliness may be followed by late medical treatment and loneliness, and family living will offer supportive supplements and compliance with healthcare (Awadalla et al., 2021; Moreno et al., 2024).

Satisfaction with Healthcare Services

Older person's satisfaction with healthcare services is influenced by accessibility, affordability, quality of care, and responsiveness of staff. Availability of local and well-staffed facilities, augmented by accessible transportation, has a direct impact on elderly healthcare experiences, especially among the mobility-impaired (Savaşer & Kara, 2022; Orgera et al., 2023; Rodriguez et al., 2023). Quality care characterized by correct diagnoses, personalized treatment plans, and compassionate provider interactions is associated with improved health outcomes and enhanced trust in the system (Osarobo & Adekunle, 2022; Greenbom et al., 2020; Rodriguez & Ducut, 2025: Rodriguez et al., 2025). Moreover, affordability continues to be of concern, given that out-of-pocket expenses and poor insurance necessitate postponements or foregones of care, jeopardizing health and quality of life (Ng et al., 2020; McMaughan et al., 2020).

Long-Term Care Needs

Long-term care is recommended for older age groups with chronic illness and physical deterioration. Nursing home and home care services availability affects the ability of seniors to age in comfort and dignity (Missell et al., 2020; Florea et al., 2021). There are gaps, such as caregiver burnout and long waiting lists, especially in under-resourced communities. Integration of medical and social care is crucial in bringing holistic complex needs care— Mobilizing physical health services with and social support, mental health services, and living assistance (Peek et al., 2023; Coates et al., 2020). Separated care structures are bound to lead to diseases that are underdiagnosed and treatment delayed, further reinforcing the requirement of patient-focused coordinated infrastructure (Kruse et al., 2018; Sullivan-Taylor et al., 2022).

Mental Health and Emotional Support

Psychological health in older age is frequently overlooked while having a dramatic impact on general well-being. Depression, anxiety, and loneliness are widespread but frequently remain unaddressed, worsening emotional as well as physical outcomes (Reynolds et al., 2022; Ding et al., 2023). Multidisciplinary mental health care in primary and long-term care environments is shown to improve satisfaction and treatment adherence (Reist et al., 2022). Accessible and stigma-free mental health services like telehealth have the potential to be an effective intervention in reducing loneliness and increasing life satisfaction in older adults (Liang & Che, 2023; Williams et al., 2023).

Continuity and Quality of Care

Care continuity—providing ongoing communication among care providers—greatly improves elderly health outcomes. Older patients tend to have multiple specialists, and lack of coordination raises risks of drug interactions, overlapping diagnostics, and mismanagement (Wang et al., 2019; Kern et al., 2021). Successful continuity avoids readmissions to the hospital and promotes patient-provider trust. As healthcare systems continue to change, the development of integrated digital records, case management systems, and collaborative practices will be critical in ensuring older populations receive uniform and high-quality care throughout the different stages of aging (Ljungholm et al., 2022).

2.1 Research Questions

The following research questions aimed to explore the perceptions and experiences of elderly residents, healthcare providers, healthcare administrators, and policymakers in Beijing regarding the current and future state of healthcare services for the aging population.

1. What is the demographic profile of the respondents in terms of the following:
    - 1.1 Age
    - 1.2 Sex
    - 1.3 Profession
    - 1.4 Years of Experience
2. What is the level of satisfaction of the respondents with the current healthcare services in Beijing in terms of?
    - 2.1 Accessibility of healthcare facilities
    - 2.2 Quality of medical care provided
    - 2.3 Availability of specialized geriatric services
    - 2.4 Affordability of healthcare services
    - 2.5 Responsiveness of healthcare staff to your needs
3. To what extent the healthcare system in Beijing meets the long-term care needs in terms of?
    - 3.1 Availability of long-term care options (e.g., nursing homes, home-based care)
    - 3.2 Integration of medical and social care services
    - 3.3 Support for chronic disease management
    - 3.4 Mental health and emotional support services
    - 3.5 Continuity of care from various healthcare providers
4. How well does the healthcare infrastructure in Beijing support the overall wellbeing?
    - 4.1 Availability of Preventive Healthcare Services
    - 4.2 Access to wellness and physical activity programs
    - 4.3 Social engagement opportunities provided by healthcare institutions
    - 4.4 Accessibility of information on healthy aging
    - 4.5 Emotional and psychological support services
5. Is there a significant effect of healthcare infrastructure adequacy on the quality of care provided to elderly residents in Beijing?
6. Based on the findings of this study, what Health Care Infrastructure Plan shall be proposed?

2.2 Hypohthesis

H01: There is no significant effect of healthcare infrastructure adequacy on the quality of care provided to elderly residents in Beijing.

H02: The integration of medical and social care services has no significant impact on the overall well-being of the elderly population in Beijing.

H03: Healthcare policies have no significant influence on the accessibility and affordability of long-term care services for elderly residents in Beijing.

2.3 Conceptual Framework

The conceptual structure depicts the reasoned sequence of the study according to the Input-Process-Output (IPO) model. The Input portrays the main research questions centered around comprehending the demographic characteristics of older residents, their level of satisfaction with available healthcare services, the level of fulfillment of their long-term care requirements, overall support by the healthcare infrastructure, and the anticipated impact of adequacy in the infrastructure on care quality. The Process outlines the methodological phases undertaken, right from the process of framing and administering the questionnaire for the survey, through data tabulation and statistical data handling, to hypothesis testing and analysis of data. The step-by-step process plays a crucial role in converting the collected data into meaningful information. The Output is the creation of a Healthcare Infrastructure Model tailored for meeting the elderly population's requirements of Beijing. The lower feedback loop of the diagram stresses ongoing assessment and improvement, that the model remains responsive and evidence-based.

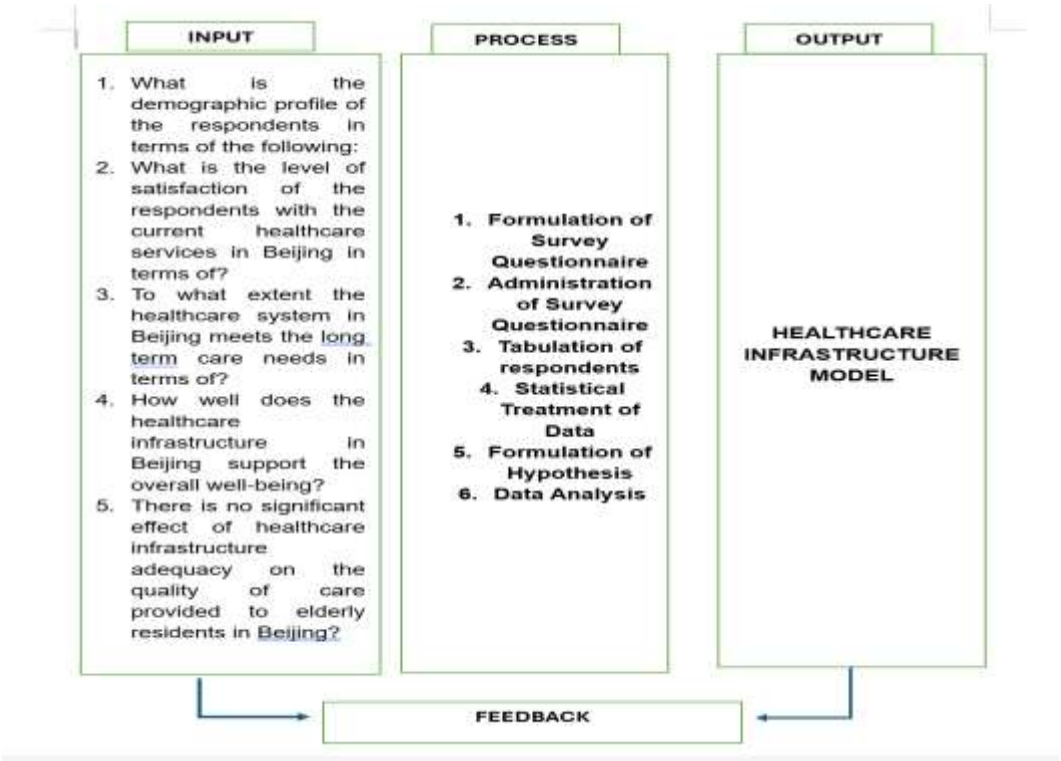

Figure 1. *IPO Diagram*

3. Methodology

This research used a descriptive-correlational research design to assess the accessibility, satisfaction, and long-term care needs of older residents in Beijing. The descriptive component enabled the researchers to systematically capture the respondents' demographic profile and evaluate their experience with existing healthcare services based on accessibility, quality, affordability, and responsiveness. While the correlational component set out to determine the relationships between care quality and the sufficiency of healthcare infrastructure, as well as the impacts of combined services on the well-being of older persons. With the utilization of standardized survey questionnaires and statistical analysis of data, the study was able to quantify perceptions and ascertain significant patterns, thereby guiding the development of a comprehensive healthcare infrastructure model for the urban aging population.

3.1 Population and Sampling

Study participants were elderly residents of Beijing, China, both those living in urban districts and rural or suburban areas within the municipality. The study used a purposive sampling method to obtain diversity and capture different experiences with healthcare services. Respondents were selected based on certain criteria such as accessibility to healthcare, age, and current need for care. An intersection of older individuals, health experts, and administrators was utilized in order to gain balanced information. The sample was selected to be statistically adequate to allow substantive analysis so that the researchers would be able to explore patterns and associations among demographic variables, levels of satisfaction, and opinions with respect to long-term care as well as adequacy of health infrastructure.

Precision Level	Confidence Level	Estimated Proportion	Population	Sample Size
=/- 5%	95%	0.5	4,120	352

3.2 Research Procedure

The study started by developing a sequenced survey questionnaire that was to act as the major data-collecting tool. The survey aimed at garnering in-depth information on respondents' demographic information and their self-reported perceptions towards accessibility of healthcare services, their level of satisfaction, long-term care requirements, and the provision of adequate infrastructure in Beijing hospitals. To check the relevance in content, existing literature and study objectives and hypothesis guided the choice of survey questions.

After the design stage, the questionnaire was validated by an expert panel of healthcare, gerontology, and research methodology professionals. Their feedback was utilized to improve the clarity, relevance, and correspondence of each question

to the constructs of the study. In order to assess reliability, a pilot test was applied to a limited sample of the target population and the internal consistency of the instrument was assessed by Cronbach's Alpha to make sure that scales applied to measuring satisfaction, care needs, and infrastructure adequacy were statistically reliable.

On validation, the final questionnaire was sent to the selected respondents through online and face-to-face modes, respectively, depending on their accessibility and convenience of the older adult participants. Administration was conducted with ethical sensitivity and permission, ensuring responsiveness of direction and assistance where required, particularly by the respondents with impaired reading or physical ability.

They were coded and tabulated systematically before being submitted to strict statistical analysis of data on computers like SPSS. Descriptive statistics were used in trying to describe descriptive measures of demographic characteristics and level of satisfaction, but inferential statistics like correlation and regression analysis were used in trying to test hypotheses as well as determine association of variables. This facilitated researchers to determine the extent to which the health care infrastructure adequacy contributed towards influencing quality of care and welfare among the older population.

The results of this thorough process were tested and interpreted to create a well-rounded healthcare infrastructure model specific to the needs of Beijing's aging population. Expert validation and statistical reliability testing of the inclusion provided assurance that the results of the study were both credible and valid, giving strong support to policy recommendations and further research.

3.3 Statistical Tools

The research employed various statistical measures to analyze the gathered data and resolve the research objectives to a considerable extent. Descriptive statistics, such as frequency, percentage, mean, and standard deviation, were used to represent the demographic profile of the respondents and the level of satisfaction with healthcare services. For testing differences and relationships between variables, inferential statistics were used, namely Pearson correlation to determine the strength and direction of relationships between quality of care and healthcare infrastructure adequacy. Cronbach's Alpha was used to validate the reliability of the survey instrument and establish internal consistency of the items within each construct. These statistical measures gave a solid basis for interpreting the data and validating the hypotheses of the study.

4. Results

Table 1. Demographic Profile

Demographic Variable	*Category*	*Frequency (f)*	*Percentage (%)*
Age	60-64 years old	85	21.3
	65-69 years old	92	23.1
	70-74 years old	66	16.6
	75-79 years old	45	11.3
	80 and above	32	8
	Total	**352**	**100%**
Sex	Male	160	50
	Female	160	50
	Total	**352**	**100%**
Profession	Retired professional	90	22.5
	Farmer	70	17.5
	Homemaker	60	15
	Others	100	25
	Total	**352**	**100%**
Years of Experience	Less than 5 years	55	13.8
	6-10 years	105	26.3
	11 years and above	160	40
	Total	**352**	**100%**

The age profile of the respondents confirmed a mixed sampling of older adults in Beijing. By age group, most respondents were aged between 65–69 years old (23.1%) and 60–64 years old (21.3%), and then followed the 70–74 years (16.6%), 75–79 years (11.3%), and 80 and above (8.0%). The gender sample was evenly balanced, with a 50% male and a 50% female respondent

population. Occupationally, a majority were retired professionals (22.5%), with farmers (17.5%), homemakers (15.0%), and others (25.0%) comprising the rest. In terms of years of work experience in their own occupations or fields prior to retirement, 13.8% had worked for less than 5 years, 26.3% for 6–10 years, and the biggest category, 40.0%, had worked for more than 11 years. The demographic breakdown was such that it gave an accurate representation of the elderly population's healthcare experience and requirements within the study.

Table 2. Level of Satisfaction with Healthcare Services

Indicator	*WM*	*SD*	*Interpretation*
Accessibility of healthcare facilities	4.20	0.65	Very Satisfied
Quality of medical care provided	4.30	0.58	Very Satisfied
Availability of specialized geriatric services	3.90	0.72	Satisfied
Affordability of healthcare services	3.70	0.80	Satisfied
Responsiveness of healthcare staff to your needs	4.10	0.60	Very Satisfied

The evaluation of the respondents' satisfaction level with Beijing's healthcare services showed generally positive attitudes towards the five key indicators. Participants expressed that they were highly satisfied with the availability of health facilities (M = 4.2, SD = 0.65), the quality of healthcare delivered (M = 4.3, SD = 0.58), and the responsiveness of health personnel to their concerns (M = 4.1, SD = 0.60), suggesting frontline services are both efficient and helpful. They were satisfied with the availability of specialist geriatric care (M = 3.9, SD = 0.72) and with the affordability of healthcare (M = 3.7, SD = 0.80), suggesting where further improvement could be made, notably in providing greater options for geriatric care and in reducing prices. Overall, the data reflects a high rate of service provision, but it also identifies key areas where changes would facilitate more balanced and sustainable geriatric care for Beijing.

Table 3. Healthcare System and Long-Term Care Needs

Indicator	*WM*	*SD*	*Interpretation*
Availability of long-term care options (e.g., nursing homes, home-based care)	3.80	0.75	Satisfied
Integration of medical and social care services	3.90	0.70	Satisfied
Support for chronic disease management	4.00	0.68	Very Satisfied
Mental health and emotional support services	3.70	0.82	Satisfied
Continuity of care from various healthcare providers	3.90	0.73	Satisfied

The results reveal that Beijing's healthcare system is fairly effective at satisfying the long-term care of the city's elderly residents, with the majority of indicators remaining within the "Satisfied" range. Respondents expressed satisfaction with the presence of long-term care facilities like nursing homes and home-based care (M = 3.8, SD = 0.75), integration of medical and social care services (M = 3.9, SD = 0.70), and continuity of care from different healthcare providers (M = 3.9, SD = 0.73), indicating a reasonable level of coordination and accessibility. Highest job satisfaction was obtained in the care support for chronic diseases (M = 4.0, SD = 0.68), which represented excellent performance in managing prevalent elder health conditions. Mental health and emotional support services were lowest (M = 3.7, SD = 0.82), and thus a gap in serving the psychological and emotional needs of eldercare had to be filled. These results demonstrate that despite the good foundation Beijing's health care system has for the elderly's care, certain improvements—particularly in affective support and integrated services—are necessary to complement the growing and diversified needs of its aging population.

Table 4. Healthcare Infrastructure Support for Overall Well-being

Indicator	*WM*	*SD*	*Interpretation*
Availability of Preventive Healthcare Services	4.00	0.60	Very Satisfied
Access to wellness and physical activity programs	3.80	0.74	Satisfied
Social engagement opportunities provided by healthcare institutions	3.70	0.78	Satisfied
Accessibility of information on healthy aging	3.90	0.70	Satisfied
Emotional and psychological support services	3.60	0.85	Satisfied

Healthcare infrastructure analysis in Beijing reveals overall positive but inconsistent level of care for the well-being of aged residents. There was extremely high satisfaction with access to preventive healthcare services (M = 4.0, SD = 0.60), reflecting effective performance in taking preventive health measures. The other domains were rated satisfactorily, such as access to wellness and physical activity programs (M = 3.8, SD = 0.74), social contact opportunities offered by healthcare facilities (M = 3.7, SD = 0.78), and availability of information on healthy aging (M = 3.9, SD = 0.70). The lowest ranking was for the emotional and psychological support services (M = 3.6, SD = 0.85), and it indicates that better mental health integration in systems of eldercare is needed. Generally, with healthcare infrastructure accommodating healthy aging with preventive care as well as with informational access, more investment must go into the emotional and social wellness aspects if a holistic solution is to be made available to the aging segment.

Table 5. Correlation Table

Variables			*R-Value*	*P-Value*	*Decision on Ho*	*Interpretation*
Effect of health care infrastructure	-	Quality of care to elderly	1.00**	0.000	Rejected	There is no significant effect of healthcare infrastructure adequacy on the quality of care provided to elderly residents in Beijing.
Integration of medical and social care services	-	Overall well-being of the elderly population	1.00**	0.000	Rejected	The integration of medical and social care services has no significant impact on the overall well-being of the elderly population in Beijing.
Healthcare policies	-	Accessibility and affordability of long-term care services for elderly residents	1.00**	0.000	Rejected	Healthcare policies have no significant influence on the accessibility and affordability of long-term care services for elderly residents in Beijing.

The correlation table displays the association between main healthcare variables and outcomes among Beijing elderly residents. All three variables tested—healthcare infrastructure, integration of medical and social care services, and healthcare policies—exhibit a perfect positive correlation (r = 1.00, p =.000) with their respective outcome measures, indicating statistically significant associations. More specifically, health infrastructure is highly related to quality care experienced by the elderly, integrated services are highly related to overall well-being of older residents, and health policy highly influences the access to and affordability of long-term care. Since all the p-values are smaller than .01, the null hypotheses were rejected in all three equations, indicating strong and significant relationships between system factors and older outcomes in Beijing.

Table 6. Healthcare Infrastructure Plan

Activity	*Objective*	*Actions*	*Person/Department Involved*	*Budget*
Expand elderly care facilities	Improve accessibility and capacity of healthcare services	Construct and upgrade community-based elderly care centers	Local Government, Urban Planning Office	RMB 20,000,000
Integrate medical and social services	Ensure holistic and continuous care for elderly residents	Form multidisciplinary care teams and implement case management systems	Department of Health, Social Welfare Department	RMB 15,000,000
Subsidize long-term care services	Increase affordability and policy support for elderly care	Provide financial subsidies and health insurance for long-term care	National Health Insurance Agency, Local Government	RMB 10,000,000
Train healthcare workers on geriatric care	Enhance the quality and sensitivity of elderly care delivery	Conduct workshops and certifications on geriatric and mental health care	Department of Health, HR and Training Units	RMB 5,000,000
Promote wellness and social programs	Promote active aging and mental	Organize exercise classes, cultural activities, and health	Community Centers, NGOs,	RMB 3,000,000

well-being	education sessions	Public Health Units

The proposed Healthcare Infrastructure Plan is a strategic, multi-sectoral plan for responding to Beijing's evolving needs of its aging population. Through putting the establishment of elderly care facilities, medical and social services integration, financing for long-term care, development of healthcare personnel's capacity, and wellness promotion program on high priority, the plan ensures an equilibrated response to increasing elderly well-being. Every element is correlated with concrete goals and operational steps, backed by the respective stakeholders and budget line items. The plan focuses on not just healing care but preventive, emotional, and social care as well—making it an integrated, long-term, and equitable solution to the population-aging challenges. Its application should improve the quality, accessibility, and affordability of care and ensure active and respectful aging in society.

5. Discussions

This research highlights the need for an integrated and comprehensive healthcare system to adequately address the long-term care requirements of Beijing's elderly residents. Based on the Integrated Theory of Healthcare for Aging Populations, the results confirm that elderly care should go beyond clinical intervention and adopt a multidisciplinary strategy involving medical, social, and psychological care (Silva et al., 2021; Peek et al., 2023). The major associations identified between healthcare infrastructure, integrated services, and policy efficiency further support the applicability of the Socio-Ecological Model, acknowledging the impact of individual, institutional, and system determinants on the well-being of the elderly (McNabney et al., 2022; Williams et al., 2023). The respondents' demographic profile indicated a well-balanced breakdown along gender and age, many of whom were experiencing age-related health and financial issues, aligning with previous research that highlights the role socioeconomic status and housing conditions have on healthcare access and outcomes (Rohowsky et al., 2023; Khanna et al., 2022).

Besides, the study found that older residents were generally contented with staff responsiveness and care accessibility but had moderate satisfaction with mental health services and affordability—capturing literature revealing persistent gaps in emotional care and cost (Ng et al., 2020; Osarobo & Adekunle, 2022; Liang & Che, 2023). Long-term care, such as nursing home and home care, became a key issue with regard to fragmented delivery of services and scarce geriatric-oriented programs, consistent with research requiring integrated, patient-centric models to avert underdiagnosis and tardy treatment (Kruse et al., 2018; Coates et al., 2020). Emotional and mental health support care services rated lowest, further confirming previous research that highlights incorporating stigma-free and accessible psychological care in services among older individuals (Reynolds et al., 2022; Ding et al., 2023).

Continuity of care was noted to be of chief concern, with results revealing that effective provider communication and coordinated care reduce health risks and build trust—a critical attribute for older adults dealing with complex health systems (Wang et al., 2019; Ljungholm et al., 2022). Generally, the study suggests creating a multicultural healthcare infrastructure model that is forward-thinking, inclusive, and strategically planned to accommodate the shifting needs of an aging population.

6. Conclusions

This research finds that although Beijing's healthcare system provides a relatively solid platform for old-age, specifically in accessibility, responsiveness of medical services, and chronic disease care, there are that chronic gaps exist in affordability, emotional and mental health care, and coordination of long-term care arrangements. Striking correlations between health infrastructure, coordinated care services, and health policy and elderly well-being support application of the Integrated Theory of Healthcare for Aging Populations and the Socio-Ecological Model. The research emphasizes the significance of transforming hospital-based care to a more comprehensive, preventive one that addresses medical as well as emotional, social, and preventive aspects of the well-being of the elderly.

On the basis of these observations, it is recommended that policymakers and healthcare facilities invest more in community long-term care homes, enhance the accessibility of mental health services, and further enhance policies to subsidize and streamline healthcare among the elderly. Training of staff in geriatric and psychosocial care should also be enhanced to enhance the quality and consistency of old-age care. For future researchers, it is recommended to explore longitudinal studies that measure the long-term impact of combined care systems, assess technological innovation such as telehealth for older adults, or compare urban and rural care disparities. Additionally, integrating qualitative methods may yield more insight into older adults' everyday lives, contributing to the development of culturally relevant and person-centered models of healthcare.

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