

**THE IMPACT OF COUNSELLING ON THE  
DIGNITY OF THE ELDERLY IN SINGAPORE**

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# **THE IMPACT OF COUNSELLING ON THE DIGNITY OF THE ELDERLY IN SINGAPORE**

by

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## **LIST OF ABBREVIATIONS**

ACP	Advance Care Planning
AIC	Agency for Integrated Care
CCC	Counselling and Care Centre
FSC	Family Service Centre
GP	General Practitioners
MCYS	Ministry of Community Development, Youth, and Sports
MSF	Ministry of Social and Family Development
MOH	Ministry of Health
NCSS	National Council of Social Service
PDPA	Personal Data Protection Act
SAC	Senior Activity Centre
SASW	Singapore Association of Social Worker
SOS	Samaritans of Singapore
SWD	Social Welfare Department
UN	United Nations
VWO	Voluntary Welfare Organisation
WHO	World Health Organisation

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# **IMPAK KAUNSELING TERHADAP MARUAH WARGA EMAS DI SINGAPURA**

## **ABSTRAK**

Peningkatan warga emas di Singapura telah menyebabkan kerajaannya memperkenalkan pelbagai inisiatif untuk mengurangkan bebanan di dalam sektor kesihatan dan ekonomi negara. Salah satu daripada pendekatan kerja sosial yang utama, kaedah kaunseling digunakan untuk menangani isu kebolehan membuat keputusan dan dasar pengurusan emosi individu warga tua. Walaupun begitu, warga emas Singapura masih mengalami kekurangan bantuan kaunseling. Kekurangan data berasaskan bukti memperjelaskan kesan kaunseling terhadap pengurusan emosi orang dewasa yang lebih tua. Ia menerangkan mengapa perspektif kaunseling dan perancangan penjagaan lanjutan (ACP) populasi ini tetap tidak dilaporkan. Kajian kaedah campuran selari konvergen ini bertujuan untuk membangunkan intervensi yang mengoptimumkan penyampaian perancangan penjagaan lanjutan (ACP) dan kaunseling untuk meningkatkan pengurusan emosi serta kebolehan membuat keputusan warga emas Singapura. Objektif khusus kajian ini meneliti tentang (1) perspektif mengenai ACP, penjagaan akhir hayat, kaunseling, kesannya terhadap pengurusan emosi dan kebolehan membuat keputusan, (2) kebolehcapaian dan penerimaan terhadap kaunseling, dan (3) kecekapan dalam pengurusan emosi dalam kalangan warga emas di Singapura. Dua puluh lima individu warga emas yang menerima penjagaan komuniti melalui Pertubuhan Kebajikan Sukarela (VWO) telah diambil sebagai persampelan tujuan (purposif) dari Pusat Aktiviti Kanan (SAC) di timur Singapura. Mereka terlibat di dalam temu bual separa berstruktur. Di dalam fasa kualitatif ini, kebolehcapaian dan penerimaan terhadap kaunseling, pengurusan emosi serta kebolehan membuat



keputusan (APC) telah dinilai. Data kualitatif ini dianalisis secara tematik dengan menggunakan perisian NVIVO dan SPSS (versi 23). Di dalam fasa kuantitatif, teknik persampelan rawak telah menggunakan 100 responden untuk menilai kecekapan pengurusan emosi dengan menggunakan instrument dimensi Trait Meta Mood Scale (TMMS) dan ACP. Hasil kajian mendapati para responden menekankan "interaksi sosial", "kebebasan", dan "kesihatan dan senaman" sebagai faktor utama gaya hidup. Mereka mencerminkan kepelbagaian perspektif kaunseling dengan kerahsiaan perbualan, pengurusan kesihatan dan penyelesaian masalah sebagai tema utama. Sementara itu, isu-isu kewangan, keberkesanan perkhidmatan kaunseling, privasi dan kerahsiaan, isu-isu peribadi, dan stigmatisasi menghalang mereka daripada mendapatkan bantuan kaunseling. Mereka biasa menggambarkan 'maruah' dengan menggunakan istilah 'hormat sendiri', 'harga diri' dan 'pengiktirafan diri'. Dari segi kemurungan, kebanyakan penerima kaunseling pengurusan emosi mengalami peningkatan yang ketara apabila menerima rawatan dan berinteraksi dengan rakan serta ahli keluarga mereka. Kaunseling telah memberi kesan positif kepada kecekapan peserta dalam pengurusan emosi dan kebolehan membuat keputusan. Dapatan ini menguatkan sub-skala TMMS (perhatian terhadap perasaan, kejelasan perasaan, dan pembaikan mood), dengan skor min tertinggi untuk sub-skala ketiga ialah pembaikan mood. Kesimpulannya, model intervensi ini mengutamakan ACP, perspektif kaunseling warga emas, mengenal pasti halangan dan motivasi untuk mendapatkan bantuan kaunseling. Ini meningkatkan penerimaan kaunseling warga emas Singapura dalam pengurusan emosi dan kebolehan membuat keputusan. Penggubal dasar boleh menggunakan dapatan kajian semasa ini untuk menyeragamkan isi kandungan latihan professional, latihan organisasi perkhidmatan swasta, dan latihan kaunseling untuk memenuhi keperluan penduduk warga tua di Singapura.

# **THE IMPACT OF COUNSELLING ON THE DIGNITY OF THE ELDERLY IN SINGAPORE**

## **ABSTRACT**

The rise in Singapore's ageing population has led its government to introduce various initiatives to lower the burden on the health sector and the national economy. As one of the primary approaches in social work, counselling addresses the issues underlying elderly individuals' emotional management and decision-making. Regardless, elderly Singaporeans experience a lack of counselling assistance. The paucity of evidence-based data to elucidate the effects of counselling on older adults' emotional management explains why this vulnerable population's perspectives of counselling and advanced care planning (ACP) remain unreported. This convergent parallel mixed-method study aims to develop an intervention that optimally delivers advanced care planning (ACP) and counselling to enhance elderly Singaporeans' emotional management and decision making. The specific objectives involved examinations of (1) perspectives regarding ACP, end-of-life care, counselling, and their impact on emotional management and decision-making, (2) accessibility and receptiveness toward counselling, and (3) competencies in emotional management among elderly individuals in Singapore. Twenty-five elderly individuals receiving care in the community via Voluntary Welfare Organisations (VWOs) were purposively sampled from the Senior Activity Centres (SACs) located in eastern Singapore to participate in the semi-structured interview. Notably, ACP, accessibility and receptiveness toward counselling, and emotional management and decision-making were evaluated in the qualitative phase. A random sampling technique was applied in the quantitative study to recruit 100 respondents and assess their competencies in

emotional management with the Trait Meta Mood Scale (TMMS) and ACP instrument dimensions. The qualitative data were thematically analysed with NVIVO software and SPSS (version 23). Resultantly, the participants highlighted “social interaction”, “independence”, and “health and exercise” as key lifestyle factors. These individuals reflected diverse counselling perspectives, with predominant themes of confidential conversation, health management, and problem-solving. Meanwhile, financial issues, counselling service effectiveness, privacy and confidentiality, personal issues, and stigmatisation deterred them from seeking counselling assistance. Self-respect, self-worth, and self-recognition were the terms commonly used to describe “dignity”. In terms of depression, interaction with family members and friends, and treatment receptivity, most recipients of emotional management counselling experienced significant improvements. Counselling positively impacted participants’ competencies in emotional management and decision-making. This finding corroborated the TMMS sub-scales (attention to feelings, clarity of feelings, and mood repair), with the highest mean score for the third sub-scale being mood repair. Conclusively, an intervention model that prioritises the elderly’s ACP and counselling perspectives and identifies the barriers to and motivations for seeking counselling assistance improves elderly Singaporeans’ counselling receptiveness, emotional management, and decision-making. Policymakers may use the current findings to standardise professional and private organisations’ service training and counselling content, which cater for the elderly population in Singapore.

## **CHAPTER 1**

### **INTRODUCTION**

#### **1.1 Background of the study**

One in four Singaporeans are estimated to be over 65 years old by 2030, with a gradual increase to almost one in two people by 2050 (Strategy Group Singapore, 2013). Consequently, the Singaporean government has undertaken various measures to alleviate the ageing population impact and meet the high demand for healthcare services, such as new hospitals and nursing homes, resource allocation to community and primary healthcare, and government policy implementations (action plans for healthy ageing).

The elderly population experiences diverse ageing-related complexities (depression, anxiety, grieving, loss of functional health abilities, financial dependence following retirement, social isolation, inter-generational and marital conflicts, and mental and emotional challenges) that may require counselling intervention. In recent times, the number of elderly parents filing for financial maintenance with the tribunal court has notably increased. This court is established under the Maintenance of Parents Act functions as a legal alternative for elderly parents to seek financial support from children in the absence of self-sustenance (Tan, 2015). Elderly individuals aged 65 years old who live alone may rise from 47,000 to approximately 83,000 individuals in 2016 and 2030, respectively (Ng & Alshabab, 2018).

The suicide rates of depressed elderly individuals in Singapore are among the highest worldwide compared to other age groups. Despite the presence of relevant policies and public awareness of mental health issues, the proportion remains high in the country. The annual suicide rate committed by individuals aged 60 years old and

above, which typically ranges between 25% and 30%, increased to 35.7% in 2017. This gradual rise (Rahimah, 2018) has led the Singaporean government to prioritise the mental well-being of older adults, specifically those with extensive depressive symptoms (Chan et al., 2011).

It is necessary to address the implications resulting from the demographic shifts on healthcare eldercare initiatives in Singapore (Thompson et al., 2012; Ministry of Health [MOH], 2019; Rangaswamy et al., 2021). As such, the Singapore Ministry of Health offers intermediate and long-term services via community and residential healthcare policies to resolve issues involving the nation's ageing adults. Community hospitals and nursing homes provide residential healthcare services, while home-based medical care and home nursing offer community-based healthcare services. Centre-based healthcare services are provided in rehabilitation, daycare, and psychiatric centres (MOH, 2019). The government aims to increase the number of nursing home beds to 14,000, which indicates a rise of 50% from the 2010 report (Chin, 2010; Rangaswamy et al., 2021). These measures rely on the expected increase in demand for beds following the increase in ageing adults (McCann et al., 2012).

The MOH has incorporated smart technologies to provide affordable eldercare services (Kong & Woods, 2018). In evaluating multiple MOH policies, Kong et al. (2018) denoted the need for collaborative and localised strategies to identify astute solutions for the elderly. Ansah et al. (2019) also proposed resource planners and policymakers to holistically review elderly Singaporeans' health requirements. As the ageing population is inclined to work post-retirement, Lin et al. (2014) claimed that health policies for elderly Singaporeans must consider other aspects in addition to their healthcare needs. Health and social services were also integrated with Cavallaro et al.'s (2016) previously highlighted low healthcare cost. Likewise, Yeoh and Huang

(2014) emphasised the interdependence between the shift of care specialists based on cost and potential challenges of social change.

Despite the availability of other treatment plans for psychiatric care, counselling is commonly used to treat depression cases (Kua et al., 2013). Psychological counselling could optimise individuals' psychological and behavioural functioning (McLeod & McLeod, 2001). Hence, insights into how elderly people maintain their dignity are key to managing ageing stressors.

Personal dignity is a subjective experience that relates to personal goals, social circumstances, and self-worth. External situations or acts can impact one's dignity (Burns, 2007). Past empirical works explored how older adults' dignity could be protected or enhanced via individual autonomy (Randers & Mattiasson, 2004), personalised care, a sense of control, respect, and advocacy, and sensitive listening (Anderberg et al., 2007). It is vital to identify the elderly as individuals and the aspects and values important to them. These key components of care uphold elderly dignity before their demise (Chochinov, 2002).

## **1.2 The structure of Singaporean's healthcare system and policies guiding care for the elderly population**

The Ministry of Health Singapore (2021) reported that 112 of the 400 suicide cases documented in 2019 involved elderly individuals over 65 years old. Approximately 1,000 attempted suicide cases were recorded in 2019. Meanwhile, the proportion of elderly Singaporeans above 65 years old who lived alone rose from 47,000 (9.7%) to 67,600 (11.6%) in 2016 and 2019, respectively (Ministry of Health Singapore, 2021). Previous works underscored the susceptibility of older adults with illnesses and disabilities to cumulative suicide risks (Chia et al., 2011; Conwell &

Thompson, 2008; Tsoh et al., 2005) and depression symptoms (Chuan et al., 2008). In other words, ageing can instigate older adults to commit suicide.

The medical treatment and hospitalisation facilities in Singapore could not accommodate all its elderly citizens in hospitals and nursing homes. Consequently, the Ministry for Social and Family Development (MSF) developed a policy for older adults to “age in place” and live autonomously in their homes and community. This concept promotes preventive, primary, and long-term care and good health. Preventive care involves extensive health screening, which alerts elderly people with health complications to seek early medical attention and control or reverse unhealthy conditions in the preliminary stages (Khalik, 2017). This awareness can lower the medical complications resulting from high cholesterol, diabetes, and kidney failure for optimal health and minimal disabilities (Khalik, 2017).

Healthier SG (abbreviation for Singapore) is another key healthcare reform that aims to improve physical and mental health outcomes, promote well-being, and reduce inequalities among the country’s population through a life course approach (Lancet Regional Health-Western Pacific, 2023). The main components of this government-led programme serve to mobilise the nation’s network of family physicians, support better health via community partnerships for health and policy improvements, and establish financial and training structures to support the scheme. Each resident should enrol with a family physician, who can proactively discuss care plans or advanced care planning (ACP).

The ACP is a Singaporean programme that empowers its citizens’ decision-making processes in terms of care options. Meanwhile, the AIC has assisted hospitals and VWOs in increasing Singaporeans’ ACP accessibility since 2011. The ACP allows older adults to customise healthcare options following personal values and

preferences. Ageing individuals under ACP avoid unnecessary or overly-aggressive medical treatments. While their family members experience low anxiety and stress and high clarity on healthcare decisions, healthcare professionals can act in the elderly patients' best interests by understanding their anticipated life qualities. In this vein, ACP is key to the Healthier SG reform. The Minister of Health has also acknowledged the need to "normalise death and dying as a topic" (Lancet Regional Health-Western Pacific, 2023).

Primary care is another component of elderly care services that involve polyclinic doctors and family physicians from general practitioner (GP) clinics (Khalik, 2017). Older adults are supported by a primary doctor and a team of nurses and given non-emergency health consultations in place of hospitalisation. Located in close proximity with elderly homes, centre-based services involving daycare, dementia daycare, day rehabilitation, and senior care centres or active ageing hubs facilitate older adults who need regular care during the day. These individuals can receive long-term care in familiar environments while their families are at work.

Government policy shifts from hospital care to "ageing in place" require elderly individuals to adapt to various transitional stages. The mental health complexities resulting from ageing is further impacted by specific losses that require constant adjustments (Erlangsen et al., 2003). Older adults with poor health conditions may experience stress factors that stem from ageing-oriented losses. Both MSF and MOH failed to underscore the effectiveness of counselling older adults despite the intricacies of managing these transitions. This failure could challenge and impact elderly individuals' mental health.

Biased (elderly) individuals consider professional counselling socially unacceptable (Vogel et al., 2010) due to the cultural stigmatisation related to



psychological counselling services (Mathews, 2010; Ko, 2020). Hence, many elderly Singaporeans and Asians who are ill and family members with little awareness of this approach prefer visiting traditional healers, even when counselling is required.

Cultural viewpoints of ailments and social attitudes toward older adults and family support may justify elderly health-seeking behaviours (Ng, 2004; Nyunt et al., 2009).

Ageing individuals who experience health and disability issues during counselling sessions due to accessibility and receptiveness frequently seek traditional healers, whose service and socio-cultural beliefs (about illness and health) are accessible and similar, respectively (Kua, 2004).

Government-funded counselling services have been provided under Family Service Centres (FSCs) since 1990 to improve elderly individuals' daily functioning and dignity (Mathews, 2010). Singapore has also developed social welfare agencies, religious and educational institutions, and other governmental institutions that provide public counselling services via Samaritans of Singapore (SOS), Singapore Association for Mental Health, Singapore Armed Forces (counselling centre), Ministry of Education (guidance branch), and FSCs. Specific social service agencies and public and private hospitals also offer counselling services. The government began facilitating community-based gerontological counselling services in 2010 (Ko, 2020) to assist older adults' transition through life events and enable them to lead meaningful and empowered lives.

Past research underscored how illnesses and disabilities adversely affect older adults and mitigating factors (exercise, diet, education, social support, and productive activity engagement) reduce their diseases and mortality rates (Health Promotion Board Singapore, 2017). By preventing cognitive decline and dementia, physical and

cognitive interventions characterise modifiable protective factors (Barnes & Yaffe, 2011).

The National Institute of Health consensus panel reported physical exercises as the only intervention recommended to prevent cognitive decline (Daviglius et al., 2010) and improve cognitive functions (Lautenschlager et al., 2008). Positive correlations between cognitive activities improved cognitive functions while reducing dementia risks (Valenzuela et al., 2012). The role of religion, spirituality, and belief in positive ageing could restrict or even reverse cognitive, physical, and functional decline and facilitate elderly individuals to manage the ageing process (Peh et al., 2015).

The novelty of this study lies in its examination of the significance of social workers, who could assist elderly individuals living in the community through counselling. Both the Singapore Association of Counselling and the Singapore Association of Social Workers or SASW (professional representative body of social workers) were founded in 1971 to advance social work and foster high practice standards. Social workers are professionally trained to counsel elderly individuals on multiple ageing-oriented losses, ageism in the community, the side effects of medication, and feelings of helplessness owing to functional dependency and loss of customary social support (Cowles, 2003). As a form of antidepressant, counselling is beneficial in treating older adults with emotional and psychological issues (Levant, 2004), mild and moderate depression (Chilvers, 2001), and various mental disorders (Butler et al., 2006) for behavioural shifts (Lancaster & Stead, 2017).

Past works have extensively examined counselling to optimise family functioning, address various circumstances, and facilitate elderly people's emotional management and decision-making processes to resolve psychological problems. Based

on emotional management and decision-making processes, counselling can enhance elderly people's dignity and ageing-oriented transformations. Counselling and integrating the "ageing in place" government policy with preventive, primary, and long-term care services potentially preserve older adults' sense of dignity in the community.

### **1.3 Problem statement**

The problem statements and issues underpinning this study result from the diverse consequences of a growing elderly population and the lack of evidence-based data to guide the strategies implemented by Singapore to mitigate problems relating to ACP and counselling for older adults.

Based on the growing population, approximately one-third of the suicide cases reported in Singapore in the last few years involved elderly individuals aged 60 years and above (Ministry of Health, 2020). The number of elderly Singaporeans aged 65 years old and above who live alone has risen from 47,000 (9.7%) to 67,600 (11.6%) in 2016 and 2019, respectively (Ministry of Health, 2020). Such events increase the risk of ailments, disabilities, cumulative suicide risks (Chia et al., 2011), and depressive symptoms (Ng & Alshabab, 2018). Mental health complexities with losses in cognitive function and memory are common consequences of ageing. Although older adults are at risk of becoming ill or experiencing disabilities, relevant literature has demonstrated mitigating factors and countermeasures to reduce diseases and mortality rates among this vulnerable population (Health Promotion Board Singapore, 2017).

The healthcare facilities in Singapore are burdened with the high number of elderly people in hospitals and nursing homes. As such, the MSF introduced the "ageing in place" policy to enable the elderly population to live independently at

home and in the community and provide access to preventive, primary, and long-term care for improved health (Khalik, 2017). Various models of care support older adults' families via health and social care needs, such as psychological counselling, which is key to successful policy implementation. As physical and cognitive activities represent essential and modifiable protective factors for older adults' cognitive decline and dementia, counselling interventions play a vital role in addressing ageing issues (Ng & Alshabab, 2018; Ansah et al., 2019). Data on the effectiveness of counselling older adults in Singapore remain lacking despite the significance of counselling in realising the goals of government initiatives and plans to enhance elderly care.

Elderly individuals' perspectives of such interventions and their accessibility to designated centres and facilities are inadequately understood following the paucity of data on counselling impacts. These issues may hamper the government's aim to mitigate the possible consequences of ageing in the next decade. Based on research in other countries, participants share diverse health or psychosocial views on the importance and effectiveness of counselling in mitigating ageing-related challenges (Saunders et al., 2021; Fullen & Gorby, 2016). In Singapore, the extent to which older individuals' perspectives is considered before implementing elderly care policies and strategies remains unclear.

Accessibility to healthcare and counselling has also been overlooked in past local studies on elderly care. Van Gaans and Dent's (2018) five dimensions acknowledge the fundamental need for ageing adults to access healthcare and counselling based on diverse individual, environmental, and health-related factors (Chan, 2021; Mohd Rosnu et al., 2022). Although Wee et al. (2016) identified financial status as a factor influencing attitude toward long-term elderly care in

Singapore, the key determinants of their counselling receptivity and accessibility remain ambiguous.

The Singaporean government also promotes ACP, which has become popular following the increase in elderly individuals with complex care needs, chronic ailments, and longer living years of disability. High life expectancies due to medical and technical advancements may occasionally precipitate poor quality of life and missed opportunities to determine what elderly patients consider important.

Such person or patient-centred communication may occur late in the individual's illness trajectory or be completely lacking. Based on a retrospective chart review of adult Singaporean patients who died in a tertiary health facility, instructions to limit life-sustaining treatments and discussions on end-of-life decisions with patients were rarely conducted. As such, the patients were burdened with excessive interventions toward the end of their lives. The cultural taboo of discussing chronically ill conditions and end-of-life issues with patients, low ACP awareness, a lack of robust and systematic healthcare professional training, and the absence of a system and culture of pre-emptive discussions and records (Tan, 2015) are key factors that result in such interventions.

Ng et al. (2023) also reported the paucity of data on chronically-ill patients' end-of-life preferences (including those with heart failure) and proposed regular ACP re-evaluations. Globally, the outcomes yielded from some systematic reviews contradicted those of ACP, with low-quality evidence. Implementing the ACP programme is a complex and multidimensional approach that must be conceptualised to local settings. A holistic localisation of ACP serves to elucidate elderly patients' perspectives about the programme, including the benefits and challenges experienced

in engaging healthcare professionals. No studies have yet to explore elderly adults' perspectives of the current ACP used in Singaporean healthcare centres.

Human dignity is another aspect of end-of-life discussions that involve end-of-life care and decision-making processes (Brennan, 2017; Ali et al., 2020). Based on a person-centred approach, the World Health Organisation (2020) promotes the preservation of dignity in care settings. End-of-life patients' dignity in palliative care remains the core theme, with healthcare professionals accountable for managing terminally-ill patients' medical decisions (Cardona-Morell et al., 2016).

Previous studies have demonstrated ways to enhance elderly dignity via individual autonomy (Soderman et al., 2020), personalised care, respect, reinstatement of control, and advocacy and sensitive communication (Kerr et al., 2020). The fundamentals of care that can preserve and conserve elderly dignity before death involves identifying older adults as individuals and acknowledging the values and aspects important to them (Kerr et al., 2020). Nonetheless, older people's perception of dignity or dignified care and the role of psychological counselling in this context remain underexamined (Ostaszkievicz, 2017). This knowledge gap indicates a paucity of information that may negatively affect end-of-life care discussions between healthcare professionals and elderly patients, counselling sessions, and the expected positive outcomes of ACP.

Thoroughly examining elderly patients' perspectives of the various counselling services and ACP provided in Singapore, including the impact of psychological counselling on preserving dignity and facilitating good ageing among the elderly, is crucial to bridge the knowledge gaps. The elderly population's receptivity and accessibility to counselling services and centres, which shape their perceived benefits and importance of available care services, must also be investigated.

## **1.4 Research questions**

Western scholars consider psychological-based counselling an effective intervention for depressed elderly individuals. Essentially, FSCs can professionally counsel older Singaporean adults and their family members to manage emotional health and personal and familial complexities. Notwithstanding, studies on how elderly Asian populations experience and benefit from counselling remain lacking.

This paucity led to the development of three research questions:

- i. What are the perspectives of the elderly on ACP, life and health, end-of-life, and end-of-life care?
- ii. Do the elderly receiving preventive, primary, or long-term care services have counselling access and receptiveness?
- iii. What are the elderly's perspectives of counselling and their impact on emotional management and decision-making?
- iv. What is the competency level of the elderly population in emotional management?

## **1.5 Research objectives**

The Singaporean government acknowledges the significant number of elderly people and subsequent need for optimal preventive, primary, and long-term care services, which fulfil older adults' ageing-oriented needs (Mathews & Hwa, 2014; Ministry of Community, Youth and Sports Singapore, 2010). Relevant policymakers underscore the need for care-oriented services in conducive environments to facilitate successful ageing, improve individual autonomy, and boost the national economy.

The following study objectives are aligned with the “ageing in place” government policy via preventive, primary, and long-term care services:

- i. To assess ACP among the elderly and their perception of life and health, end-of-life, and end-of-life care.
- ii. To explore the accessibility and receptiveness toward counselling among the elderly population.
- iii. To explore the perspectives of the elderly on counselling and the impact on emotional management and decision-making.
- iv. To determine the competency level of the elderly population in emotional management.
- v. To propose an intervention to improve the receptiveness toward counselling and competencies in emotional management and decision-making among elderly people.

## **1.6 Significance of the study**

Past works indicated counselling as a therapeutic means of enabling elderly people to live with dignity in the community and alleviate the psychological burden of ageing. This study addressed (1) how older adults with access to counselling evaluate the effectiveness of sustaining their dignity in the community and (2) whether the provision of primary, long-term, and preventive care services enhance their dignity in old age.

In response to the lack of data highlighted in Smart et al.’s (2020) systematic review, this study enriched the current body of literature on the impact of psychosocial



interventions and counselling toward elderly individuals' social functioning. The scarcity of interventions complementing older adults with ageing-related conditions and social functioning led the researcher to bridge the knowledge gap by elucidating counselling intervention via elderly Singaporeans' social functioning and the overall social context.

### **1.6.1 Significance to government policy**

Despite its significance, counselling has yet to become a world-class mental health system in Singapore following specific barriers. Local counsellors are not held accountable for specific training or service standards due to the absence of mandatory counselling service regulations. As individuals with varying qualifications provide multiple counselling services, the government passed a law in 2012 to manage the increase in elderly Singaporeans by systematically monitoring allied healthcare professionals and standardising service training and types by physiotherapists, occupational therapists, and speech therapists. Government policies that promote counselling benefits for older adults may gradually include counsellors to regulate training or service credentials and valid services.

### **1.6.2 Significance to target group**

Asian communities perceive counselling as a practical intervention to effectively manage life changes via formal and informal sources, such as religious practitioners and community elders (Leung & Lee, 1999). This approach is a healing system that must parallel users' cultural backgrounds following other treatments (Kim et al., 2005). Younger Singaporeans are more receptive toward the Western culture than their older counterparts, who had little access to Western perspectives (Wong & Teo, 2011). The youngsters' receptivity stem from global cultural exposure post-

independence (Fox et al., 2014). Most older adults in their 70s and 80s, who are more familiar with Chinese dialects, prioritise conventional health and healing notions (Lee et al., 2015). In this vein, mental health results from supernatural elements rather than psychological concerns. Such distinctive viewpoints affect elderly individuals' receptiveness to counselling interventions (Chang & Basnyat, 2014).

This research could benefit the target group in terms of health, cognitive, and social functioning. Following past works, psychotropic medication and counselling interventions for elderly individuals substantially lowered depression levels while enhancing psychological well-being and social functioning (Biering, 2018; Pinquart & Sorensen, 2001). A counselling intervention that facilitates relevant adaptations, autonomy, and positive behavioural changes in older adults' quality of life should be developed to explore elderly Singaporeans' notion of dignity. This need stems from the strong association between ageing adults' dignity of life, quality of life, and social functioning (Biering, 2018; Gibson et al., 2010).

### **1.6.3 Significance to helping professionals**

Established in 1964, counselling in Singapore remains a novel phenomenon despite much progress toward a stronger professional identity. The increase in local counselling-oriented studies in the past decade reflects the rise of pertinent counselling practices in a distinctive cultural identity (Tan, 2009). Professionals are contesting the relevance of applying the theoretical frameworks and practical interventions established for other settings to ascertain and validate culturally-relevant and evidence-based implementations. Thus, counselling professionals can anticipate the regulation of government counselling practices and higher accountability to international standards of care. Innovative alternatives to fulfil the high service demand and hone counsellors' skills are currently under examination.

The British established the first multi-service agency under the welfare provision, known as the Social Welfare Department (SWD), in 1946 (post-Japanese occupation) to aid the masses amidst post-war hardships. Food, settlements, relief, youth welfare, and women and girls characterise the five service sections of SWD. The social workers offered emergency relief for war victims, settlement efforts for homeless individuals, affordable food, and employment opportunities to prevent juvenile delinquency and prostitution. In other words, social service functions were effectively coordinated during the post-war years. The MSF gradually took over these functions following the increase in civic duties. Social workers' roles were then extended to offering sustainable community services that corroborate the stabilising conditions. For example, the first social welfare plan introduced youth welfare services and extended social assistance to the elderly, ailing, and unemployed, widows, and orphans (Turnbull, 2009).

Social workers are expected to fulfil the increasing demand for elderly support and care owing to high education levels and social expectations. Apart from constantly upgrading their professional knowledge and skills to ensure that the elderly can live a dignified life, access fundamental health and social services, and experienced high autonomy levels, social workers must also facilitate communities and families to develop support systems. In this vein, frail elderly individuals can receive appropriate care and age actively and healthily. These workers can also counsel the elderly with their clinical skills. Summarily, the SASW complements government policies to ensure (1) compliance with core competencies and ethics in social work practices and (2) professional and secure intervention for older adults to prioritise social workers' services in Singapore.

## **1.7 Thesis organisation**

This thesis is organised into five chapters: introduction and study background, literature review, methodology, results and discussion, and conclusion and recommendations for future research. Chapter 1 presents the ageing population in Singapore, its implications, associated government policies, and subsequent countermeasures. The problem statement, study objectives, and study questions are also presented in the chapter. Finally, the study's significance to the target group, the body of knowledge, helping professionals, and government policy concludes this chapter. Extensive reviews of literature on the ageing population are presented in Chapter 2, with a focus on their accessibility, attitude, and receptiveness toward counselling. Current policies on Singapore's ageing population are also elaborated on in terms of preventive, primary, and long-term care. The chapter outlines a holistic approach to counselling, the multiple roles of counselling intervention, and the theoretical and conceptual framework.

Divided into qualitative and quantitative methods (including data collection procedures, instrument design, sampling technique, and data analysis), Chapter 3 delineates the current methods used to attain the research objectives. Chapter 4 presents the results derived from the qualitative and quantitative approaches before discussing the key findings. Lastly, Chapter 5 presents the study conclusions, limitations, and recommendations for future works to yield enriched research outcomes.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter reviews relevant literature to outline the development of research questions from existing discussions. The underpinning theories explore the relationship between counselling and the “ageing in place” government policy, which entails preventive, primary, and long-term care services. As a form of mental health intervention, elderly counselling accessibility, benefits, and roles are highlighted in the chapter.

This chapter is divided into four sections: (1) Policy of “ageing in place”; (2) advanced care planning and end-of-life care among the elderly; (3) counselling accessibility and elderly Singaporeans’ attitudes toward help-seeking behaviours amidst social and self-stigma; (4) the Singaporean government attempts to sustain elderly individuals’ community living with the “ageing in place” policy compared to regular hospital admission; (5) how counselling emotionally and physically benefits elderly individuals via “ageing in place”; and (4) the role of counselling in enhancing elderly individuals’ sense of dignity while residing in the community.

#### **2.2 Policy of “Ageing in Place”**

The local government incorporated three health policy strategies, such as transitioning from (1) healthcare to care, (2) hospital to community, and (3) quality of value based on the increase in Singapore’s ageing population (MOH, 2019; Tan & Lee, 2019). Established in 2009, the Agency for Integrated Care (AIC) aims to realise care integration (Chean et al., 2012; Chong & Matchar, 2017). The shift from

hospital-centric to integrated care also occurs at the systemic level of the national health system to address ageing-related concerns. In this vein, newly-established family medicine clinics are accountable for managing patients with chronic disorders (Tan, 2014). Piloted as new integrated care models, geriatric service hubs, senior care centres, and community preventive health initiatives also manage chronic health conditions and multiple morbidities (Cheah et al., 2012; Lai et al., 2020; Tan & Lee, 2019). These initiatives are supported by day care centres, diverse programmes involving social support, active rehabilitation, physical exercise, dementia care, and community nursing. Recent research has proposed national policymakers to address day care centre issues involving work duplication and capability constraints (Liu et al., 2015).

Based on the philosophy underpinning the “ageing in place” policy, the Singaporean government regulates the overall implementation of ageing-related care to underscore the significance of prolonging elderly individuals’ community life. This policy emphasises family members’ role in ensuring that elderly people remain at home to receive care via non-residential services and lower the burden imposed on institutional health facilities (Teo et al., 2003). Essentially, “ageing in place” is supported using preventive, primary, and long-term care. Centre and home-based programmes that provide older adults who continue living at home and in the community with daycare services offer long-term care.

### **2.2.1 Preventive care**

Preventive care mitigates the ailments resulting from poorly-managed chronic illnesses while raising the health consciousness of elderly people with little awareness of suffering such conditions. Regular health screening and good control could also prompt them to seek early medical attention, lower risk complications (kidney

failure), and promote good health with minimal disabilities. Summarily, unhealthy conditions can be easily controlled or monitored in the preliminary stages (Ministry of Health [MOH], Singapore, 2020a).

The Singaporean government has re-emphasised preventive care in a health-care reform plan, known as Healthier SG, to shift healthcare delivery from curative to preventive care (Ng et al., 2017; 2023). Residents can enrol with a family clinician, who will collaborate with health managers, community partners, and other sectors to provide person-centred healthcare services. In this regard, elderly people aged 60 years old and above were enrolled in the first phase before extending to those from 40 to 59 years old.

Healthier SG prioritises preventive care and the role of general practitioners in delivering whole-person and life-course preventive care at community and national levels (Ng et al., 2023). The government must strengthen primary care, equip clinicians with training skills, administrative support, and digital solutions, and build trust among various sectors with the expansion of GP duties (Tai & Chuan, 2015; Foo et al., 2023). Scholars also proposed new strategies to increase the number of healthcare professionals and employ educational reforms to raise the family medicine profile and perspectives. This reform also prioritises public engagement in the implementation stage through the roles of patient advisory councils and quality improvement teams to enhance successful implementation at local levels.

Preventive care and Healthier SG also consider the social determinants of health. Although the Singaporean health-care system prioritises personal responsibility for health, structural issues are deemed equally important. The Lancet Regional Health-Western Pacific (2023) highlighted a statement made by the Health Minister, Ong Ye Kung, in 2022. Based on the online report, population ageing and

social inequality are the two key social challenges in Singapore. As individuals with low socio-economic status are characterised by poor health outcomes, health inequality could stem from social inequality. The policy on Healthier SG promotes social prescribing to connect individuals with the community and foster positive behavioural and lifestyle changes to mitigate the social determinants of health. Nevertheless, studies on social prescribing and its effects on health and well-being remain scarce.

Lee et al. (2023) examined a social prescribing programme for elderly individuals in community hospitals, with specific recommendations on intervention design and implementation. As an aspect of Healthier SG and preventive care, such information could render social prescribing more robust and comprehensive (Lancet Regional Health-Western Pacific, 2023).

### **2.2.2 Primary care**

Singapore incorporates primary care practice policies to manage chronic health conditions and meet clinical standards (MOH, 2015). The Singaporean healthcare system aims to address inpatient needs. To date, the healthcare policy seriously regards holistic community care to prevent elderly individuals' medical conditions from worsening and hospitalisation. The increasing number of ageing adults, specifically those with chronic diseases, require the presence of regular care in the community.

As the first point of contact for ageing Singaporeans, primary care is the core component of the national integrated care framework. The Singaporean government initiated the Community Health Assist Scheme (CHAS) to lower the costs ageing adults and patients incur by consulting private GPs (Chan, 2021). Medical



professionals (GPs and nurses) who offer primary care services in the community are the first point of contact for elderly people. These individuals rely on primary care providers for referrals to medical specialists, hospitals, check-ups, and treatments. The national network of outpatient polyclinics and private GP clinics in Singapore provide primary care (MOH, 2020a). This primary care system is key to managing elderly individuals' long-term health by mitigating diabetes, heart failure, stroke, or chronic lung diseases through long-term care from primary-level GPs or polyclinic doctors.

Tang et al.'s (2023) review underscored the popularity of a workable primary care system among healthcare service scholars in Southeast Asian countries, including Singapore. Despite the contribution of colonial NHS legacies in developing a three-tiered framework for healthcare service delivery, primary care systems remain inadequate (Woo et al., 2013; Khoo et al., 2014). Care coordination is a notable challenge in the primary care system, as Singaporeans can choose any doctor of their choice (Khoo et al., 2014).

### **2.2.3 Long-term care**

The shift of morbidity patterns from acute disorders to chronic degenerative diseases and disabilities in Singapore denotes the need for improved access to and quality of long-term care (Wee et al., 2014). Following past works, the local use of LTC service was relatively lower than in Western countries (Wee et al., 2014).

Long-term care services are typically offered to elderly people who require further care and treatment post-discharge from an acute hospital or frail senior citizens who live in the community and require assistance with daily tasks. Most Singaporean families prefer employing foreign domestic workers as caregivers for their older

family members, which is more cost-effective. These individuals can regularly care for the elderly and perform household chores (Liu et al., 2016; Wee et al., 2014).

Under VWOs, long-term care services could be home or centre-based. Home-based services are offered in the residences of frail and home-bound older adults, whose characteristics determine referrals to long-term care services. A nursing home referral is suitable for an ageing adult who is unable to obtain care from their family (Eom et al., 2016). Caregivers' attributes also influence the decision to use long-term care services (Eom et al., 2016). Based on Liu et al. (2016), long-term care services prioritise older adults' health, communal needs, and family support in caregiving and depend on caregivers' needs and perceptions over time (see Table 2.1).

Table 2.1 Home-based service types

Settings	Services
Home-based	Home medical care
	Home nursing care
	Home personal care
	Home therapy
	Home palliative care
	Meals-on-wheels
	Transport/escort services

Located in the community, centre-based services assist elderly individuals who need regular care in familiar environments that are close to their homes during the day (MOH, 2020b) (see Table 2.2).

Table 2.2 Centre-based service types

Settings	Services
Centre-based	Rehabilitation services
	Dementia day-care services
	Day-care services
	Nursing services

Preventive, primary, or long-term care systems could not be replicated with a standard approach, as centre-based services rely on elderly individuals' values and beliefs. Some studies evaluated the use of various long-term care services for ageing Singaporeans. Liu et al. (2016) claimed that 90% of eligible recipients use nursing home referrals, 56% of them use home-based medical care, 54% use day rehabilitation, 52% use home nursing, 46% use dementia day care services, and 44% use home therapy in 2014. Financial accessibility, convenience (long-term care service location), and quality significantly determine Singaporean's attitudes and