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The elderly in Korça Region, their needs, legal aspects and geriatric care priorities

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Summary

ABSTRACT..... 5

CHAPTER ONE	9
INTRODUCTION AND BACKGROUND TO THE STUDY	9
1.1 Introduction.....	9
1.2 Purpose of the study and objectives.....	14
1.3 Research Hypotheses	15
1.4 Study Background.....	16
1.4.1. Korça Region	16
1.4.2 Migration of the young adult generation.....	18
1.4.3 Health issues of the Albanian elderly.....	20
1.4.4 Albanian government policy	25
1.5. Significance of Study	30
1.6 Study Design.....	31
1.7 Chapter outline.....	32
CHAPTER TWO	36
REVIEW OF LITERATURE	36
2.1. Theoretical Approaches to Aging and Geriatrics.....	36
2.1.1. Conceptualizing Aging (Biological, Psychological, Social).....	37
2.1.2. Theoretical Models of Geriatric Care (Bio-Psycho-Social Model, Integrated Care Model)	38
2.1.3. Human Rights Principles in the Care of Older Adults	39
2.2. The Multidimensional Needs of Older Adults	41
2.2.1. Health Needs and Medical Challenges of Older Adults	42
2.2.2. Social Needs: Loneliness, Social Exclusion, and Engagement.....	43
2.2.3. Psychological and Emotional Needs in Older Adulthood.....	45
2.2.4. Economic Needs and Financial Security.....	46
2.3. Legal Aspects and Social Policies for Older Adults	48
2.3.1. The National Legal Framework for Older Adults in Albania	49
2.3.2. Social Protection Policies and State Programs.....	51
2.3.3. International Legal Instruments (UN Convention on the Rights of Older Persons, EU Practices).....	53
2.3.4. Comparative Analysis of Legal Gaps and Implementation Challenges.....	54
2.4. Geriatric Care Practices and Priorities	56
2.4.1. Models of Geriatric Care in Different Countries	58
2.4.2. Elder Care Centers: International and Albanian Experiences.....	59

2.4.3. The Role of Community Services and Home Care	61
2.5. Review of Existing Studies on the Korça Region	64
2.5.1. The Demographics of Older Adults in Korça and Specific Characteristics	65
2.5.2. Existing Services for Older Adults in the Region: Public and Private.....	66
2.5.3. Regional Challenges: Migration, Depopulation, and Lack of Specialized Personnel.....	68
CHAPTER THREE	70
CONSTRUCTING AN APPROPRIATE METHODOLOGY	70
3.1 Introduction.....	70
3.2 Key elements of mixed method design	72
3.2.1 The preparation phase	74
3.2.2 The process of structuring the study	75
3.2.3 Step Two – Proposal Phase	79
3.2.4 Implementation phase	81
3.2.5 Step Four	82
3.3 Representation of the Study Sample	83
3.4 Reliability Test - Cronbach's Alpha Coefficient	83
3.5 Frequency Report and Descriptive Statistics	85
3.6 Confirmatory factor Analysis (CFA)	85
3.7 Maximum Likelihood (ML).....	86
CHAPTER FOUR.....	88
STUDY RESULT	88
4.1 Introduction.....	88
4.2 Results.....	91
4.2.1 Demographic variables	91
4.2.2 Who do you live with in your family and who is the household (living arrangements)	93
4.2.3 Migration of the children	95
4.2.4 The frequency of communication with children living abroad	96
4.2.6 Health condition	97
4.2.6 Economic situation.....	98
4.2.7 Social support.....	101
4.2.8 Quality of life	102
4.3 Hypothesis.....	104
4.3.1 Quality of life according WHOQOL-BREF	104

4.3.2 Physical Dimension.....	104
4.3.3 Psychological Dimension.....	104
4.3.4 Social Dimension	104
4.3.5 Environmental Dimension	105
4.3 Summary.....	106
4.4 Quality of life according WHOQOL-OLD.....	107
4.5.1 Sensory Abilities.....	107
4.5.2 Autonomy	108
4.5.3 Past, Present and Future Activities	108
4.5.4 Participation in Social Life	108
4.5.5 Death and Thoughts About It.....	108
4.5.6 Intimacy	109
4.5 Summary.....	110
4.6 Limitations.....	113
CHAPTER FIVE	114
CONCLUSIONS, DISCUSSIONS AND RECOMMENDATIONS.....	114
5.1 Summary of findings.....	115
5.2 Discussion.....	120
5.3 Legal aspects.....	127
5.4 Geriatric care priorities. "It appears that policymakers failed to foresee the inevitability of aging, despite its certainty."	139
5.4.1 Current State of Geriatric Services	141
5.4.2 Living conditions and security within the community.....	147
5.4.3 Opportunities for Development and Innovation	149
5.5 Conclusions.....	150
5.6 Recommendations and Future Actions	152
5.6.1 Adjustments in the Health System	153
Appendices.....	154
References.....	162

ABSTRACT

Aging is not just a biological process; it is a new chapter in human life where dignity and respect take on a more tangible form. This study is focused on assessing the elderly needs in Korça Region, in urban and rural areas, where these needs are often different. In Korça Region, this takes on more importance because a large number of elderly people live alone due to the immigration of their children within or outside the country. Korça Region has a population where 57% reside in rural areas, while 43% live in urban zones. However, these percentages are not entirely accurate due to increasing emigration of the younger population to neighboring countries such as Greece, different country in Europe and USA in search of better employment opportunities. Additionally, there is internal migration within the region, with rural inhabitants relocating to more urban centers. Korça's economy relies heavily on agriculture, with the majority of the workforce employed in both agricultural and industrial sectors. This study goes beyond statistics, beyond insensitive policies, touching on the human dimension of geriatric care and the need for legal support built on empathy, which elderly people so desperately need. In an effort to analyze the challenges that elderly face in health and legal systems, we aim to provide solutions as professionals, as institutions, as a society where their voice can be heard. Elderly are not a burden to society but they are an asset – the most precious inheritance we have. For this study, were distributed questionnaires to 466 elderly people in Korça Region, both in the city and countryside, with the aim of assessing the quality of life of elderly people over the age of 65 in the Korça Region, as well as exploring the feeling of abandonment and the social support they receive. It also aimed to identify family, social and economic factors related to these life experiences in this group of elderly people. The research is based on a combination of qualitative and quantitative methods of data collection and interpretation. The data were collected through a structured questionnaire, including individuals aged 65 to 97 years, where the average age of the participants is 74.5 years, with a moderate distribution ($SD = 7.16$). To assess the quality of life among elderly, the last two section of the WHOQOL questionnaires (WHOQOL-BREF and WHOQOL-OLD) were used. After confirming the structure of questionnaire through Confirmatory Factor Analysis, the internal consistency of the questionnaire was first tested using Crombach's Alpha coefficient and this analysis showed that most of the factors had values above the recommended threshold of 0.70, demonstrating good or very good internal consistency. Data were analyzed using R Version 4.5.1, with the lavaan package (version 0.6-19). Before analyses,

data were screened for missing values and data entry errors. Data were also assessed to ensure that the assumptions of each test used were not violated. To assess the factorial structure of the instruments used in the study, Confirmatory Factor Analysis (CFA) was conducted for both sections of the questionnaire D. WHOQOL-BREF and E. WHOQOL-OLD. Model fit was assessed using standard fit indices including: Chi-square (χ^2), Comparative Fit Index (CFI), Tucker–Lewis Index (TLI), Root Mean Square Error of Approximation (RMSEA) with confidence intervals 90%, Standardized Root Mean Square Residual (SRMR), Akaike Information Criterion (AIC) and Bayesian Information Criterion (BIC) were used to for model comparison. Model parameters were estimated using Maximum Likelihood (ML) Method. Based on the results the average scores for the WHOQOL-BREF and WHOQOL-OLD domains indicate a moderate level of quality of life among the surveyed elderly population, with mean scores of 55.44 and 55.33 respectively, on a scale from 1 to 100. Overall, the general quality of life score from the BREF (M = 55.44) reflects a moderate level. In both instruments, the wide range of values and the relatively high standard deviations, especially in Death and Thoughts about it (SD = 28.65) and Sensory abilities (SD = 22.48) indicate that the experience of quality of life varies greatly from one elderly individual to another. Some report very high levels of well-being, while others report very low levels. Overall, the data suggest an average quality of life, with strengths in daily activities and sensory perception, but with gaps in Intimacy and certain aspects of social relationships.

Conclusion: Meeting the needs of the elderly and providing an integrated service is supported by the legal framework, but there is a limited focus, both in service approaches and their development. While it is determined that in the future, the focus will be even greater on the elderly, which will improve the quality of life, including the provision of services in the home. Recommendations that emerge from this study show that to meet the evolving needs of Albania's ageing population, a comprehensive and visionary policy framework is essential. First and foremost, the development of a National Strategy for Active and Healthy Ageing would provide a structured approach to promote well-being among older people, emphasizing prevention, autonomy and social inclusion. Nominating dedicated personnel and organizing systematic visits with the involvement of primary health care nurses and social workers. Assessing home conditions, preparing home care plans and supporting caregivers, where necessary, with instructions for specialized services. Very important is the introduction of services for all elderly

people in need, who are in considerable numbers in the Korça region, regardless of their level of vulnerability. The establishment of multidisciplinary geriatric centers at the regional level would enable the provision of integrated care, combining medical, psychological and social support under one roof. These centers could serve as hubs for both direct service provision and professional training, helping to build a skilled workforce in geriatrics and gerontology.

Dedication

This PhD thesis is dedicated to my family, my children Esta and Mario, my husband Gjergji, and my parents who have been the main motivation in this very important journey of my academic career.

“A nation civilization is measured by how it treats its elderly people.”

Eqerem Çabeji

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First of all, a sincere thank you goes to my supervisor, my mentor Prof. Assoc. Stefano D'Amelio for his tireless guidance, wisdom and patience at every step. His professionalism constantly encouraged me to move forward in this research work, gave me confidence and complete freedom to seek and include everything I considered important and helped me draw the most valuable conclusions. His experience became an extraordinary guide and model that I will always keep in my academic work.

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This study is proof of your contribution to my journey.

CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Introduction

Albania is experiencing not only a demographic transformation never seen before in its history but also a social challenge of aging for more than two decades. Our country's population began to decline since 1990, which marked a new phase in the political, economic and demographic development in Albania (INSTAT).

Albanian population has gone through three important stages of demographic transition:

- A balanced stage with high growth potential where fertility and mortality rates are high.
- A transition stage during which mortality rates decrease, while fertility rates do not change.

- A balanced stage where both fertility and mortality rates are low and the result is an aging population.

We are now at the stage where the elderly constitute an ever-growing component and deserve special attention in both medical and socio-economic aspect. (Nesturi, 2024).

Demographic indicators show a decline in the percentage of children and young people, which is attributed to emigration. An average of 50 thousand individuals per year are affected by this emigration, which is considered a significant social problem. (Proda, 2016). Average life expectancy has been continuously increasing and there are more and more people who can and should continue to actively participate in society even after retirement age. All these changes have been accompanied by a decline in the family and its traditional supportive role for the elderly, especially those with special needs (Pitaku, 2024). According to Census 2023 data, 1 in 5 individuals (19.7%) are 65 years or older, compared to 1 in 9 individuals (11.3%) in 2011 Census and 7.5% in the 2001 Census (INSTAT).

Traditionally in Albania, the elderly prefer to stay in their own economic household units, that is, in their private homes, and the typology consisting of two members prevails, which is also the largest category. Discussions about the concerns and situation of the Albanian family have recently increased with particular intensity. Perhaps more than ever before, due to the chaotic developments that modern life has brought, strong, shocking, ontological and structural developments within the family have occurred and continue with high social intensity (Hoxha, 2019).

Within three decades of modern era society in Albania, family as a typology and fundamental structure of intimacy and as the basis of social life organization, has changed significantly. It is now evident that in our family, conservative and paternalistic paradigms, old taboos, and archaic forms of building traditional relationships between its members have changed. (Podgorica et al., 2024). The change of social status and position of the elderly in our family and society is also related to other factors that are complementary and have a great determining force in their status. This has significant effects on the accelerated process of elderly social marginalization in Albanian family and society. Elderly people feel their status change from the first negative aspects related to their social and financial position, precisely at the moment they are separated from daily commitments and usual activity. This is also

accompanied by the almost drastic change in the former stereotype that was almost entirely related to work. (Abdi et. al., 2019)

Meanwhile, this weakened social position is related to the regressive economic transformation, as the elderly move from the status of salaried employee to the position of elderly pensioner. (Roshi, 2023). This change from a financial and consequently material perspective has a negative effect on the emerging and ever-growing feeling of alienation from their former position in family and society. This situation they experience, along with the paranoia that comes from misunderstanding the social momentum of modern times, causes psychosis and neurosis that are typical of old age. (Tushi 2014; Ymeraj 2021).

Another trend that impacts young Albanian families is one that has made the elderly "unnecessary". It is unacceptable to leave and withdraw care for elderly. One of the great problems that elderly have today is loneliness, it is one of the greatest social scourges of this century even for young people who live alone. (Nasufa, 2020). Many elderly suffer the same problem. There are cases when the lack of care from the biological family reaches the critical limits of existence and often becomes tragic.

This study is guided by the requirement of analyzing existing information and administrative data reflecting social services for elderly in Korça Region, with the aim of assessing the need for these services, to guide the process of drafting effective social care policies based on elderly needs and social inclusion policies.

The study was prepared based on rich and diverse data collected for the first time directly from municipalities of Korça Region through administrative data sources, which enabled:

- Data on social services for elderly, their distribution at the national, regional and local levels as well as the beneficiaries of these services.
- Data on social services divided by type, method of financing and typology.
- Data on the degree of fulfillment of needs for services by municipalities, regions and at national level.

Data and information provided by social services in each municipality of Korça Region and enriched with data on demographic structure, population, and poverty, were processed in accordance with a methodological framework prepared for this purpose.

In Albania, 50 social services for elderly are provided by 43 public and non-public institutions. 42% of the services are provided by public institutions, while 58% of them are provided by non-public institutions.

Municipalities are the main funders of public services, accounting 43% of funding sources, followed by the "Ministry", 38%, while NGOs constitute the main source of funding for non-public services, 34%.

In relation to services classification according to their “typology”, it is found that 32% of services are community services, while 26% are residential services, from which 43% of beneficiaries are community services and 26% are residential services.

Only 2% of the elderly's need for services is met, a figure that is even lower than the national

Age	Male	Female	Region
65-69	6826	7303	14129
70-74	5207	5570	10777
75-79	3502	3747	7249
80-84	2585	3014	5599
85+	1435	1705	3140
Total	87295	85796	173091

average for all groups in need, which is 5%.

	Total	65+	M	F
Korçë	60754	15364	7119	8245
Pogradec	46070	9416	4519	4897
Devoll	25897	6610	3193	3417

Kolonjë	7519	2211	1140	1071
Maliq	31008	6647	3265	3382
Pustec	1843	646	319	327

Albania has drafted a series of policy documents that focus exclusively or in part on challenges faced by elderly. Thus, the Social Inclusion Policy Document (SPPD) 2016-2020, approved by Council of Ministers No. 87, Date 3.02.2016, guarantees a modern and accountable system for assessing social inclusion in various sectoral policies such as: social protection, employment and skills development, health, education, housing and provision of basic needs, as well as in policies of social participation and respect for human rights. This document aims to create a new protective/integrative environment for the most excluded groups and categories of Albanian society, including the elderly.

Within the framework of the Territorial Reform, local government units, that is municipalities, have gained more competencies regarding the provision of social welfare services. Thus, Law No. 139/2015 “On Local Self-Government” charges local government units with a wide range of responsibilities in the field of social care services, as the most appropriate level for providing social services to beneficiaries, due to their proximity to community and solidarity principals. Social care services include the provision of community social services, review and decision-making regarding foster care procedures, as well as the management of residential services in specific cases. The Cross-Sectoral Strategy for Decentralization and Local Governance (2015 - 2020) defines social care services as part of local government, in accordance with the law on local self-government. Also, the National Strategy for Social Protection 2015-2020 outlines a clear policy orientation for social care, with the aim of reforming the social system in Albania. Another very important document is National Action Plan on Ageing (NAPA) 2020-2024, a strategic document approved by the Decision of the Council of Ministers No. 864, dated 24.12.2019. NAPA aimed to support better integration of the elderly into society, quality services for all, and a long, healthy and productive life for them. These Documents are in line with conclusions of the European Union “Healthy Ageing throughout the Life Cycle”, while the Third EU Health Program identifies demographic changes as a key challenge for our region. Through NAPA implementation, the Albanian Government aims to achieve an increase of one

additional year of healthy life expectancy in Albania, halving poverty among people over 65 years of age and full coverage with health and social services for the elderly who need them. Vision of National Action Plan on Ageing (NAPA) 2020-2024: The Albanian elderly live and contribute with dignity, included and not discriminated against, by fulfilling their potential in a society that supports them into preserving their functional and health abilities and facilitates access without barriers towards qualitative health and social services.

The main principles of this document

- Elderly participation
- Empowerment at personal and community level.
- Attention to vulnerable groups.
- Gender equality.
- Cross-sectoral measures.
- Financial sustainability and cost-effectiveness

1.2 Purpose of the study and objectives

The main purpose of this study is to assess elderly needs, how they are translated into services, programs and policies and above all to present a picture of elderly quality of life in Korça Region, about which very little has been said and written. The elderly live and contribute with dignity, included and not discriminated against, realizing their potential in a society that supports them in maintaining their functional and health skills and provides them with barrier-free access to quality health and social services.

The overall objectives of the study include:

- Expanding and strengthening the existing integrated system of social care services capable of providing protection, care, integration and inclusive services for elderly in accordance with national standards of social care services as well as social plans of the respective municipalities.
- Strengthening the institutional, human, financial, and technical capacities of centers.
- Creating a suitable environment that supports and helps elderly to integrate into society, preserving human dignity, regardless of their economic, social, health or functional autonomy status, through effective local policies.

This study comes as a result of several years of cooperation, within the framework of Social Fund Program, monitored by the Ministry of Health and Social Protection, Korça District

Council in cooperation with Municipality of Korça, Pogradec, Maliq and supported by "Emanuel Mission for Development and Integration", which implements the project "Appropriate and Integrated Social and Health Services for Elderly", which aims to provide specialized social care services for elderly, and aims to expand the level of existing social care services and beneficiaries, provided by the Third Age Day Centers at the regional level.

This service was initially offered in 4 Third Age Day Centers in the Municipality of Korça and later, through this project, it was expanded to the Municipalities of Pogradec and Maliq, where 6 Third Age Day Centers currently offer the service. "Golden Age".

In the first phase, data was collected from older people in both urban and rural areas throughout Korça Region, which showed that although the legal framework supports older people, the focus is limited in both: approach to services and their development. In particular, this research is conceived to influence the provision of certain elderly services, especially for those who live alone or are abandoned. The degree of elderly health situations with the same biological age and level of morbidity is very wide, therefore taking the same measures for all elderly is not valid, each person is unique.

The second phase of the study is focused on a deeper understanding of needs that directly affect the elderly's quality of life. By identifying these needs, institutions in Korça Region, especially in Primary Health Care, can use them specifically to serve the elderly in their homes.

1.3 Research Hypotheses

After reviewing the extensive literature related to the elderly needs and how these needs affect elderly quality of life, especially for those who live alone and abandoned, as well as other theoretical concepts related to the study, I raised following hypotheses:

The main hypothesis

H1 The needs of the elderly in Korça region are not fully and effectively addressed, due to the lack of integrated legal policies and specialized geriatric services, which directly impacts the elderly quality of life.

Another hypothesis

H2: The lack of implementation of existing laws negatively impacts the elderly's access to basic services and their rights.

H3: Health services in Korça region are not adapted to specific geriatric needs, such as long-term care, rehabilitation, and psychological assistance.

H4: Elderly people in Korça Region face social isolation and poverty which worsen their physical and emotional well-being.

H5: Family support is decreasing due to emigration and demographic changes, increasing the need for institutional interventions.

1.4 Study Background

In the section that follow, background information about Albanian context of the study is provided. First of all the geographic, socio-economic, migration of the young adult generation, health issues of the elderly in Albania and Albanian government policy features of Region of Korça are described. This study, which is taking place in the southeastern part of Albania - a very important region, has defined and described all the above issues, as well as the responses of the Albanian government and local authorities to address the health and welfare of this study.

1.4.1. Korça Region is a county located in the southern part of the Republic of Albania. It is the largest by area and the fifth most populous of the twelve counties, with a population of over 173,000 inhabitants within an area of 3,711 km² (1,433 sq mi). The county shares borders with North Macedonia to the northeast, Greece to the southeast and with the Albanian counties of Elbasan to the northwest, Gjirokastër to the southwest and Berat to the west. Administratively, it is divided into six municipalities: Korça, Kolonjë, Devoll, Pogradec and Pustec, which together comprise thirty-seven administrative units.

Political map of Albania

<https://shqiperia-express.blogspot.com/2018/04/harta-politike-e-shqiperise.html>



Korç
a
Regio
n.

<https://observator.org.al/sq/observatori-korce-16-ntor-2011-2>

Korça.

Source: <https://wander-lush.org/things-to-do-in-Korça-albania/>



Pogradec Source: <http://albaniavisit.com/destinations/pogradec>



1.4.2 Migration of the young adult generation

There are three main factors that influence the process of population

ageing:

Fertility-Mortality-Migration.

The fertility rate in Albania has declined from 2.97 in 1990 to 1.7 in 2017(World Bank data) and continues to decline, while life expectancy has increased for both men and women. These trends like: fewer children being born and people living longer are reshaping the old age dependency ratio(i.e., the proportion of the population aged 65 and over divided by the population aged 15-65 representing the working age population). This ration has risen steadily, from 9.5% in 1992 to 18.48% in 2016(World Bank data), and is projected to increase further. Life expectancy at the age 65 during the period 2016-2020 is 17.5 and 16.6, while at age 80 is 6.8 and 6.3, approximately the same as



the previous period (2011-2015).

The increase in needs, reflecting the growing number of elderly individuals in the population, is closely linked to the country's demographic trends, which are shifting toward an aging population and consequently driving higher demands for related services. The population over 65 years old in Albania has grown rapidly. From 318,000 in the 2011 census, INSTAT estimates it at 432,000 in 2021. This indicates an increase in the population of more than 10,000 elderly people each year. This represents an annual rise in needs of approximately 1-2%. The pace of demographic aging in Albania has been rapid and is expected to accelerate further. By 2031, the number of people aged 65 and above is projected to reach 591,000, representing about 21% of the population. In less than 10 years, this proportion will be practically equal to that of the United Kingdom (Dev and Eljo 2024). Notably, Albania, which in 2010 had the lowest proportion of elderly people in the region, is expected to surpass North Macedonia, Montenegro and possibly Serbia within the next ten years. The elderly population aged 80 and over are a group with higher health and social care needs. This group was estimated at around 85,000 individuals in 2021 and is projected to grow rapidly in the years ahead. These demographic dynamics present significant challenges for meeting the health and social care demands of the elderly especially their rapid growth in the next 10 years (Hajdini & Skara). They are also expected to be accompanied by a negative change in the dependency ratio (the ratio of the elderly to the working-age population) due to high emigration and a decreasing birth rate. This trend signals increasingly limited human resources to provide the support required by the aging population in Albania. Migration, in particular, has been a defining feature of Albania society and history, shaped by political, social and economic transformations (INSTAT). The exodus of citizens to seek a better life elsewhere has been going on for years and is currently one of the waves of this long-standing phenomenon, which we cannot stop (Hoxha, 2019). Migration has created a disconnection from their cultural roots, where emigrants live with a longing for Albania but are unable to return, leaving behind their parents-many of whom are elderly (Kadriu, 2005). Migration is not merely a social act but also an internal journey in which identity, memory and belonging confront the challenges of a new reality (Licenji & Pitakuaku, 2024).

Traditionally, adult children have been the primary caregivers for their elderly parents. However, in recent years, an increasing number of younger adults have migrated or taken employment far from their family homes, providing financial rather than personal or physical support. (Ritchie,

2000). Migration has been a key factor in the local development of the Korça region but has left many elderly people alone or abandoned (IOM, 2020). The LEAP (Lifelong Empowerment and Protection) program, funded by the UN Joint Fund for SDGs, also includes the Korça region and aims to expand social protection for children, women, elderly people and families in need as well as develop long-term care services for elderly people and people with disabilities (UNDP Albania, 2025). In summary, increased migration has led and continues to lead to the reduction of families, a factor that leads to reducing the number of children available to provide direct care for their elderly parents.

1.4.3 Health issues of the Albanian elderly

The elderly individuals, due to their biological, physiological and psychological changes that their bodies undergo, often suffer not from a single disease but from multiple conditions(multimorbidity). What is more important is that a large number of them appear in atypical forms, which make diagnosis difficult (Carvalho et al.,2024). Assessing the scope and categories of health and social needs of the elderly in Albania requires measuring their needs and determining their dimensions. With aging, an increase in problems related to the decrease in some adaptive biological abilities and the increase in risks to physical and mental health is expected (Buedo-Guirado et al.,2020). This implies greater needs for healthcare among this category of population.

Often health problems in the elderly are more severe and are combined with social problems (such as reduced income and limited social interaction),which can lead to a vicious cycle. When an elderly person is unable to take care for themselves, they need more social support (Abdi,S. et al.,2019). The needs of the elderly are understood as the expressed or assessed request for help, care and service in physical, psychological or social terms. Measuring needs only based on the utilization of existing services would not provide a complete picture, as felt or self-reported needs are usually higher than met needs (Brown,2019). In Albania, this gap is even more pronounced due to rapid demographic changes, which in other countries these changes have occurred over a much longer period, allowing for greater adaptation of society and services (Burazeri et al., 2006). To assess the needs of the elderly, a detailed review of studies, reports and statistical data from the past five years on the utilization of health and social services was conducted (WHO,2021). The

main dimensions of aging-related problems include: chronic diseases-often multiple and overlapping, which make their diagnosis and clinical management more complex. Mental health issues: depression and anxiety are most prevalent, characterized by worry, loss of pleasure and motivation, restlessness frustration and fear. In the absence of adequate medical and psychological support, these conditions severely impact the quality of life and increase the risk of premature mortality. Cognitive decline: the weakening or loss of cognitive abilities. Senile dementia represents a major challenge because it reduces quality of life, undermines autonomy and the cause of the need for continuous psychological care. Reduced mobility: the weakening of muscle mass, chronic joint inflammation, balance disorders and fear of falling often lead to difficulties in moving outside the home or even in performing activities of daily living (ADLs) such as dressing, bathing, cooking and others.

Decline in sensory functions: impairments in vision and hearing reduce the ability to carry out ADLs and require monitoring, specialized care and assistive devices. In some cases, such impairments can result in the loss of autonomy and create a need for continuous social care.

The needs for healthcare services and the burden of chronic diseases are reflected in the fact that in 2019, a total of 2,284,014 visits were reported in primary health centers in Albania for individuals over the age of 60. Compared to 2012, this represents a 21% increase, or approximately 400,000 more outpatient visits in just 8 years. The increase is even greater in terms of hospitalization. There was a 60% rise in hospital admissions during the same period, with about 28,000 more hospitalizations in 2019 compared to 2012. Given the demographic profile described above, trends are expected to continue in the near future, with further increases in both medical visits among the elderly and the demand for more appropriate services to the health problems of this age group. However, it should be emphasized that many elderly people in the community still have unexpressed medical needs in terms of service utilization. The MOSHA Study (2016-2017) showed that despite improvements compared to decade earlier, the proportion of older adults who avoided visiting a doctor despite needing a care remained high at 16%. This proportion was even higher among the oldest age groups(due to reduced mobility etc.),among women and in poorer or informal urban areas. Furthermore, around 25% of the elderly reported not having received prescribed medications at least once. Measured needs, based on the prevalence of chronic and mental health conditions in the population demonstrate a very high burden of health problems among the elderly in Albania. In both rounds of the MOSHA study(2008 and 2017),

approximately one in three older adults reported having poor or fair health. This proportion increased significantly with advancing age. It should be noted that health problems without symptoms, or with only mild clinical manifestations-such as hypertension and diabetes-are present even among those who consider themselves to be in good health. For instance, the IMIAS study identified about 60% of elderly individuals with hypertension and nearly 30% with diabetes. Despite the fact that most of them did not have clinical signs, their needs for disease monitoring, counseling and pharmacological treatment are nonetheless real. Moreover, the IMIAS Study showed that around 45% of older adults had two or three overlapping health problems, while approximately 15% had four or more chronic conditions (hypertension, diabetes, chronic gastritis, heart disease, kidney disease, liver disease, arthritis etc.). The medical needs of this large group of elderly people are highly complex and require better prepared health system for both diagnosis, long-term treatment and follow-up.

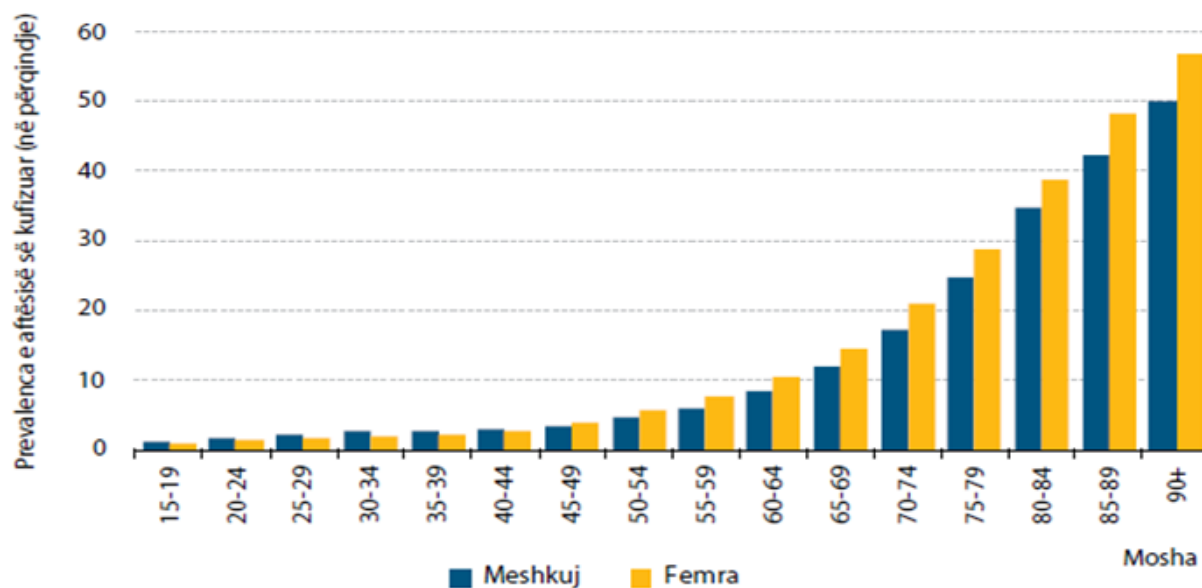
The most common mental health problem among elderly people in Albania is depression. The IMAS Study is the only one that has been able to measure depression at the community level and to demonstrate its actual prevalence, which is much higher compared to the expressed need reflected in the number of visits to healthcare services. Between one in four and one in three elderly individuals show signs of clinical depression and potentially require treatment and psychological support in order to improve their quality of life and to reduce the risk of premature death as a result of increased cardiac stress. At the same time, Albania records the lowest number of mental health problems in Europe based on outpatient visits and hospital admissions. This highlights a significant gap between the real needs of the elderly and the needs that are actually met through available services.

The presence of pain in various forms has been reported by around 60% of elderly people in the communities in Albania. However, it must be acknowledged that pain is generally not managed adequately, leaving many elderly suffering without being able to receive the appropriate care. The overlap chronic diseases creates specific needs related to medication management among the elderly. Qualitative studies conducted among elderly people in Korça region have shown that doctors often do not devote sufficient time to understanding patients' multiple conditions, nor do they provide adequate counseling regarding other medications the patient may be taking, associated risks, costs or proper explanations of the medication's name, dosage, rationale for prescription and duration of use (Ymeraj, 2021).

Furthermore, many elderly people report that the communication with the staff is inadequate, describing it as poorly adapted to their ability to hear or fully comprehend medical advice (Ylli, 2010).

The social-health needs related to loss of abilities and social isolation have been documented by the State Social Service, which reports that around 80,000 elderly people in Albania over the age of 65 receive assistance for various disabilities. Meanwhile, based on population census data and other specific studies on the elderly (such as MOSHA, IMIAS etc.), it can be estimated that more than one quarter of individuals over 65 years old-or approximately 110,000 people nationwide-live with disabilities. Among the oldest group, those aged over 80, this proportion rises to nearly 45% or more than 35,000 individuals.

Prevalence of disability (%) by age in the population (INSTAT)

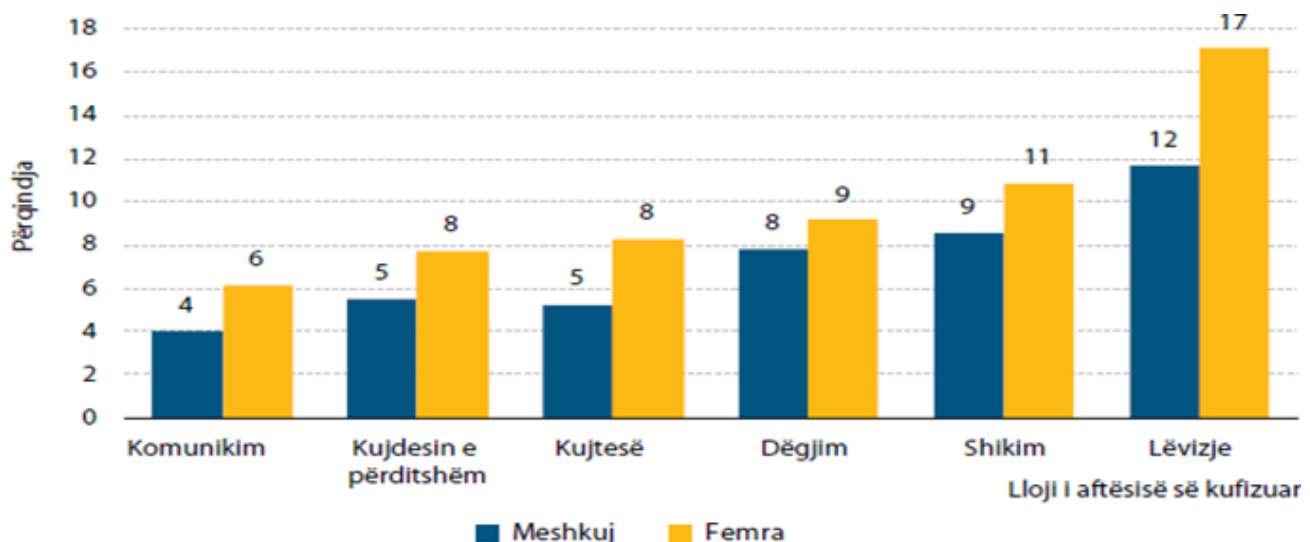


Prevalence of disability (%) by type among people over 60 years old (INSTAT)
(BLUE-MALE) / (YELLOW-FEMALE)

Regarding gender differences in disability, all studies demonstrate a higher risk of disability among women compared to men. While women on average live several years longer than men, these additional years are often spent with functional limitations and greater care needs. INSTAT data are also confirmed by other studies. According to the IMIAS Study, in Albania around 35% of older adults reported difficulty with at least one of five activities of daily living (ADLs) related to mobility. Approximately 50% experienced difficulties climbing a flight of stairs or walking 400 meters, while around 20% had physical performance levels below the threshold for healthy living. The MOSHA study additionally measured not only the prevalence of vision and hearing problems but also the complete loss of autonomy and the potential need for 24-hour care.

Prevalence of Disabilities among individuals Aged 65 and Over (MOSHA Study).

Disability-related problems	2017	2018
Vision impairment	Over 40%	Around 30%
Hearing impairment	Around 25%	Around 20%
Complete loss of autonomy (bedridden)	Around 5%	Over 8%



In Albania, access to eye care services for the elderly is particularly low, partly because these services-along with dental care- are not covered by universal health insurance. The situation

becomes critical when the partial or complete loss of abilities occurs among elderly individuals living alone. Older women are more likely than men to live alone. The IMAS study showed that 16% of women and 5% of men aged 65-75 lived alone. Furthermore, data from the MOSHA Study indicate that 8% of people over 65 had no contact with relatives, friends, neighbors or family members during the week. Among those aged over 80, this figure rises to 25%. In Albania, it is reported that only 2% of the elderly population receive needed social services-out of 107,395 older adults identified as in need, only 2218 benefited from such services. In the Korça region, the situation is:

Pre-elderly services: 0

Residential care: 0

Community-based care: 215 elderly individuals (200 in Korça, 2 in Kolonjë, 13 in Pustec)

Family-based care: 123 elderly individuals (Pogradec)

Specialized care: 0

Counseling services: 0

Emergency care: 2 (Kolonjë)

Alternative care: 0

Total elderly served: 340

Recipients of elderly care services by type of institution:

Public: 1 (Ministry-operated)

Non-public: 2 (Non-profit organizations: 2 in Kolonjë and Pustec)

1.4.4 Albanian government policy

Albania has made progress in protecting the rights, dignity, and independence of older people, as a national priority for more than 30 years. The Social Security Act was passed in 1993 to support the economic and general welfare of older adults. Then in 2011, the Law “On the Mandatory Provision of the Healthcare in the Republic of Albania” was adopted. It is already accepted that the ageing of society gives health prevention and early detection a decisive role in increasing the quality of life while at the same time containing medical costs. The new check-up program introduced in 2015 is an investment for a better quality for the later life of today adults, while it is being expanded to include the existing elderly, improving their access to basic healthcare. In the same time, there is a clear awareness to include specific services, tasks and recourses to the

dedicated care for the elderly. These programs continue to form the cornerstones of the Albania system for supporting the health, economic security, and social wellbeing for thousand of seniors, individuals with disabilities, and their families. Because of these programs thousand of older Albanian has lived more secure, healthier, and meaningful lives. Demographic and health data show that life expectancy of Albanians has continued to rise being among the highest among Western Balcans countries. Additionally, age-standardized mortality from most non-communicable diseases during the last ten years has started to decline. Health and social reforms has helped Albania to continue to be a country that has achieved “good health at low cost”, with a very high life expectancy given its level of economic development.

The Aging Action Plan is a policy document aimed at ensuring the protection of the elderly and their inclusion in social life. It foresees the creation of a mechanism to extend day and residential social services across the territory for the elderly, from which any municipality can benefit (MSHMS,2019). Policies for elderly care have received increasing attention and sensitivity from all actors, including both central and local government. The Plan includes conducting a standardized study of the population over 65 years every five years and preparing a national report on the state of the elderly also every five years, based on INSTAT data. A completed study and a prepared report serve as key indicators. The Action Plan, implemented under the strategic document for the elderly (2020-2024), is based on three main objectives, which are:

- Protecting the vulnerable elderly through pensions and other social mechanisms, while encouraging local governments to transform municipalities into more age-friendly communities.
- Strengthening the capacities of health and social service system, making them more appropriate and capable of responding to the growing proportion of the elderly in the population.
- Supporting health promotion and prevention of disease, disability and abuse, in order to foster healthy aging and promote a positive image of old age.

According to the Action Plan 2020-2025, the protection and social inclusion of every elderly in need has begun with the guarantee of integrated social and health services, benefiting around 100,000 older adults. Ten community day centers have been established across the country, with plans to open a new residential center for 100 elderly residents. The Plan also aims to ensure the involvement of active elderly people and their interest groups in local social and inclusive policies. As a key indicator, the Plan has set the objective that by 2025, all individuals over the age of 65 will have 100% coverage with health and inclusive policies.

Institutions Responsible for Elderly Policies.

The Ministry of Health and Social Protection is the main institution responsible for drafting and monitoring the implementation of policies related to the protection, care and integration of the elderly.

The Institute of Public Health, the State Social Service and the Healthcare Service Operator, all under the authority of the Ministry of Health and Social Protection, are institutions tasked with implementing elderly-related policies.

The Health Care Insurance Institute is the main institution responsible for developing national policies on healthcare contributions and benefits, in which the elderly are among the key beneficiary groups.

The Social Insurance Institute, operating under the Ministry of Finance and Economy, is responsible for developing national policies on social security contributions and benefits, with its primary component being contributions and income for old-age pensions.

Through **Law No.139/2015, “On Local Self-Government”**, the provision and functioning of social services for vulnerable groups, including the elderly, is the responsibility of the municipalities. Therefore, the development of social plans by municipalities, as key policy documents for the advancement and accessibility of services- including those targeting the elderly- is a necessity.

According to the National Aging Plan, home based services-referred to as family assistance-aim to provide appropriate and integrated social and health services for the elderly. Under this policy, three important objectives were included. The expected outcome of this policy is the strengthening of the capacities of health and social service systems so they can effectively respond to the needs of the elderly. This includes improving their health, facilitating access to service and ensuring protection through financial and social mechanisms. This would ensure well-being, autonomy, active life and social participation for the elderly for as long as possible.

The first objective concerns the development of an integrated system of community-based health and social service. The goal is to introduce coordinating mechanisms between social and health services at the local level and to improve the quality of social services for the elderly. Key activities include establishing coordinating structures on social support within the Regional Health Operators and preparing a basic package of social and health services for the elderly in the community.

The second objective focuses on expanding community center services and creating communal living models. A widely recognized fact, supported by numerous studies is that the vast majority of the elderly prefer to remain in their own homes, within their communities, where they maintain connections with family and neighbors. To address this, new day care centers are being established within municipalities, alongside the development of a new residential center for long-term elderly care, funded either by the government or through public-private partnership (PPP) schemes. Additionally, in Tirana, a model of specialized housing is being implemented under Article 59 of Law No. 22/2018 “On Social Housing”, which foresees affordable rental housing for vulnerable and homeless elderly people through cooperation between the Government and the Municipality.

The third objective is the establishment of home-care services for elderly people who have lost autonomy. The aim is to transform informal care into a sustainable and quality activity by improving the well-being of those who need care, but also of those who provide care (caregivers). This objective recognizes the important role of family members as caregivers of the elderly. The National Ageing Plan foresees the provision of support to family members in the form of education/information, psychological counseling, facilitating communication with institutions, and their formalization in the labor market through financial incentives.

Legal Framework for the Protection of the Rights of the Elderly.

1. Law No. 8417, dated 22.11.1998, “Constitution of the Republic of Albania,” as amended
2. Law No. 8137, dated 31.07.1996, “On the Ratification of the European Convention on Human Rights” and Protocol No. 7 of the ECHR
3. Universal Declaration of Human Rights
4. 2030 Agenda for Sustainable Development
5. Law No. 121, dated 24.11.2016, “On Social Care Services in the Republic of Albania”
6. Law No. 104/2014, “On Some Amendments and Additions to Law No. 7703, dated 11.05.1993, ‘On Social Insurance in the Republic of Albania,’” as amended by laws and normative acts of the Council of Ministers, dated 09.03.2017
7. Law No. 121/2016, “On Social Care Services in the Republic of Albania”
8. Law No. 157/2019, “On Social Assistance in the Republic of Albania”
9. Law No. 10107, dated 30.03.2009, “On Health Care in the Republic of Albania”

- 10.** Law No. 105/2014, “On Medicines and Pharmaceutical Services”
- 11.** Law No. 10 383, dated 24.02.2011, “On Compulsory Health Care Insurance in the Republic of Albania,” as amended and supplemented by:
 - 11.1** Law No. 126/2013, dated 25.04.2013, “On an Addition and Amendment to Law No. 10 383, dated 24.02.2011”
 - 11.2** Law No. 184/2013, dated 28.12.2013, “On Some Amendments and Additions to Law No. 10 383, dated 24.02.2011, as Amended”
 - 11.3** Law No. 141/2014, dated 23.10.2014, “On Some Additions to Law No. 10 383, dated 24.02.2011, as Amended”
- 12.** Law No. 22/2018, “On Social Housing,” amended by Law No. 48, dated 22.06.2023
- 13.** Law No. 7767, dated 09.11.1993, “On Accession to the Convention on the Elimination of All Forms of Discrimination against Women”
- 14.** Law No. 104/2012, dated 08.11.2012, “On the Ratification of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence”
- 15.** Law No. 108, dated 2012, “On the Ratification of the UN Convention on the Rights of Persons with Disabilities”
- 16.** Law No. 163/2014, “On the Order of Social Workers in the Republic of Albania”
- 17.** Law No. 40/2016, as amended, “On the Order of Psychologists in the Republic of Albania”
- 18.** Law No. 139/2015, “On Local Self-Government”
- 19.** Revised European Social Charter
- 20.** European Charter of Local Self-Government

A good example of it is the mainstreaming of ageing issues into the principal political document of the country such as Strategy for Development and Integration 2015-2020 (under reviewing process, now for the period 2021-2025), as well as, in the new Social Inclusion Policy Document 2021-2025 (under the drafting process), and recently in the National Political Document on Aging, 2020–2024, and its action plan. Other examples are new laws such as Law No. 121/2016 on social care services and Law no. 22/2018 on Social Housing, which includes specifically older people. The National Focal Point promotes the implementation and the follow-up of the Regional Implementation Strategy through social dialogue and the preparation/implementetation of the National Strategy for Old Persons. The focal point of older adults and aging within the Albania

Government is the Ministry of Health and Social Protection, the Social Care Development Program Unit runs the majority of aging issues. The Albania Government promotes the human rights of older persons by calling attention to the needs of older people and how society should react in response to those needs, but also by highlighting the tremendous resource that older individuals represent to our communities and society. Older adults represent a wealth of knowledge and experience and contribute to the continued vitality of every sector of our local, state, and national communities and economies.

1.5. Significance of Study

This study aims to shed light on the services provided for the elderly as foreseen by the Action Plan and the Social Inclusion Plan in the Korça Region. It explores the changes that have taken place in social services for the elderly, identifying the professionals who carry out the needs assessments for the elderly, how they are translated into services/programs/policies at the regional level. This research report also aims to be an important source of information for all professionals in the field, students and organizations and institutions that provide social services and work in the field of social welfare.

The study helps to better recognize and understand the situation of the elderly in the Korça Region. Its findings are expected to encourage service providers to recognize and assess more and more accurately the concerns and needs of the elderly and their families, as well as to design and subsequently develop strategies for effective interventions. In addition, the study aims to guide policymakers in the Korça region to integrate the needs of older adults into future policies, strategies and services, ultimately ensuring a dignified quality of life for this population group.

This study seeks to fill a gap in the existing literature by providing information and scientific data on a topic that has not been explored before, from this perspective. The study also serves as a point of orientation for all other researchers, but also social service professionals within the local government who will focus on this field in the future.

We hope that this study can contribute to a better understanding of the issues of the third age foreseen by the social plan and the social inclusion plan in the municipality of Tirana, to promote the importance of the quality of these services and to identify the role of professionals in the whole process.

The findings of this study are expected to stimulate a constructive debate among social service providers for older adults-across all three levels of service delivery-encouraging the development of more inclusive and effective strategies aimed at improving the well-being of the elderly population.

1.6 Study Design

This study incorporates a comprehensive review of relevant literature concerning the needs of the elderly, with particular emphasis on the relationship between these needs and their overall quality of life. A detailed theoretical explanation of the chosen research methodology is also provided. To collect empirical data, a structured questionnaire was administered to elderly participants through direct, face-to-face interviews. The questions were formulated to be clear and easily understandable, ensuring that no psychological discomfort or concern was caused to the participants during the data collection process. Following data collection, the questionnaire responses were coded and initially entered Microsoft Excel. The data were subsequently imported into statistical software for further processing. The primary statistical analysis was conducted using R (version 4.5.1), employing the **lavaan** package (version 0.6-19). The Maximum Likelihood (ML) method was utilized for parameter estimation. Model fit was evaluated using widely recognized indicators, including the Chi-square statistic (χ^2), Comparative Fit Index (CFI), Tucker–Lewis Index (TLI), Root Mean Square Error of Approximation (RMSEA) with 90% confidence intervals, Standardized Root Mean Square Residual (SRMR), as well as Akaike Information Criterion (AIC) and Bayesian Information Criterion (BIC) for model comparison. For each tested model, structural diagrams were generated to illustrate the latent variables, factor loadings, and covariances among constructs. These diagrams provided visual support that facilitated the interpretation of results. In addition to R-based analyses, the dataset was also examined using SPSS (version 20). Descriptive statistical techniques — including frequencies, percentages, means, and standard deviations — were applied to gain an initial understanding of the distribution of responses. Subsequently, multiple linear regression analysis was conducted to explore the extent to which demographic, economic, social, and family-related factors predict the quality of life among elderly individuals. Finally, the findings of the study were systematically presented and discussed. A comparative analysis was conducted between the empirical results and the theoretical concepts outlined in the

literature review, highlighting both convergences and divergences and drawing relevant conclusions.

1.7 Chapter outline

The study is presented in five chapters.

Chapter 1- Introduction

Chapter 1 provides the contextual background of the study, emphasizing the importance of identifying the needs of the elderly population in the Korça Region. It includes an overview of the Albanian context, describing the geographic location of Korça, its socio-economic conditions, demographic dynamics, and the impact of migration—particularly in the Korça region. The chapter also addresses health-related issues and summarizes the current legislative framework regarding elderly protection in Albania. Furthermore, it outlines the study's purpose, objectives, and research hypotheses. Additional sections cover the conceptual framework, study limitations, the significance of the research, and the overall structure of the thesis.

Chapter 2 – Literature Review

Chapter 2 presents the theoretical foundation of the research. It examines existing literature on the needs of the elderly and their influence on quality of life, discussing models of elderly care, social support systems, and healthcare provisions. The review also considers the psychosocial effects of loneliness and abandonment on older adults. As this study adopts the WHOQOL (World Health Organization Quality of Life) framework for older adults, the model is reviewed in detail. The literature review provides the conceptual basis for research design and guides the interpretation of empirical findings.

Chapter 3 – Methodology

Chapter 3 describes the methodological approach employed in the study, detailing each step from the preparatory and structuring phases to questionnaire development and implementation. Ethical principles, sampling strategies, and sample size considerations are presented. The chapter also explains the data collection process and the statistical techniques applied. Statistical concepts are introduced both theoretically and practically, including:

1. Cronbach's Alpha Coefficient for reliability assessment;
2. Frequency tables and descriptive statistics for data exploration;
3. Procedures for handling categorical and non-normally distributed data in Structural Equation Modeling (SEM);

4. Assessment of data normality and management of ordered categorical data

The Exploratory Factor Analysis (EFA) process is thoroughly explained, including its objectives, design, assumptions, factor extraction methods, model fit evaluation, and factor interpretation. Key concepts such as factor loadings, associations, total variance explained, Bartlett's test, factor rotation, and Principal Component Analysis (PCA) are described.

The chapter further introduces Confirmatory Factor Analysis (CFA) and Structural Equation Modeling (SEM), outlining their theoretical basis and application in testing research hypotheses. Multiple linear regression models are presented as part of the hypothesis-testing strategy, together with the overall model specification and procedures used for hypothesis examination.

Chapter 4 – Results and Analysis

Chapter 4 presents the empirical findings of the study. It begins with descriptive statistics from the first phase of analysis, providing a comprehensive overview of data distribution. The chapter then details the results of the quantitative analyses, including tables, figures, and explanations for each applied criterion.

Specifically, the chapter presents:

1. Questionnaire reliability results based on Cronbach's Alpha
 2. Initial and final EFA results, including the criteria for item selection and factor structure refinement
 3. Comprehensive EFA outputs such as correlation matrices, Bartlett's test results, association analyses, variance explained, and component analyses
 4. CFA results with interpretations to validate Hypothesis H1
- Results are further broken down by demographic variables, living conditions, children's migration patterns, levels of social, emotional, and health support, and other relevant factors affecting the quality of life of elderly individuals. The chapter concludes with a comparative discussion, aligning the findings with social service standards and highlighting implications for integrated service provision.

Chapter 5 – Conclusions, Discussion, and Recommendations

The final chapter synthesizes the study's main conclusions, relating them to the theoretical framework presented in the literature review. It discusses the implications of the findings for policy and practice and provides targeted recommendations for key stakeholders, particularly local government institutions and researchers. These recommendations focus on improving

social and health services for the elderly, enhancing their quality of life, and addressing factors contributing to social exclusion.

CHAPTER TWO

REVIEW OF LITERATURE

2.1. Theoretical Approaches to Aging and Geriatrics

Theories of aging and the field of geriatrics generally encompass a wide range of studies and frameworks that help us understand the aging process and its clinical implications for older adults. Aging theories have evolved from traditional ideas to modern philosophies that explain the biological, genetic, and environmental mechanisms affecting the health and well-being of the elderly.

One of the central theories of aging is the evolutionary theory, which includes concepts developed by prominent scientists such as Medawar and Williams. They argued that aging results from evolutionary and genetic factors that shape the adaptation of organisms. Medawar, in particular, proposed the mutation accumulation theory, suggesting that harmful mutations tend to accumulate over time, especially as the force of natural selection weakens with age (Kowald & Kirkwood, 2016; Gavrilov & Gavrilova, 2002). Similarly, the antagonistic pleiotropy theory, which suggests that certain genes beneficial in early life may have harmful effects later on, provides a significant evolutionary perspective on aging (Gavrilov & Gavrilova, 2002; Ljubuncic & Reznick, 2009).

Another key focus in aging research is oxidative stress, which has been widely studied. The free radical theory of aging proposes that the accumulation of reactive species causes cellular damage, thereby contributing to aging (Yokozawa et al., 2004; López-Otín et al., 2013). Mitochondria, as the primary energy source and a significant producer of reactive species, play a central role in the aging process, as highlighted by studies supporting the mitochondrial theory of aging (Kowald, 2001; Brunk & Terman, 2002).

As geriatrics has developed as a discipline, there has been a strong emphasis on improving healthcare for older individuals. This includes adopting tailored methods for assessing and treating elderly patients, with particular attention to identifying those with multimorbidity and vulnerability, to ensure they are directed toward appropriate services and treatment (Meisel & Müller-Werdan, 2009). A recent study showed that using innovative approaches in therapy management and risk assessment significantly influences the health outcomes of elderly patients (Hendra et al., 2023).

Furthermore, immunological changes related to aging and the decline in immune response are critical to understanding the increased incidence of chronic and inflammatory diseases in older adults (Fülöp et al., 2014). These changes have profound implications for managing the health of the elderly, requiring an integrated approach to address the various factors affecting their well-being (López-Otín et al., 2013; Fülöp et al., 2014).

Aging theories and geriatrics represent a comprehensive development through biological, genetic, and environmental lenses that enhance our understanding of aging and support the improvement of care for older individuals. These theories and approaches should continue to be integrated into clinical practice and academic research to provide better support for the elderly.

2.1.1. Conceptualizing Aging (Biological, Psychological, Social)

Aging is a multidimensional phenomenon that encompasses biological, psychological, and social aspects. Each of these dimensions plays a significant role in how individuals experience and understand the aging process. By examining these factors, a complete and more nuanced picture of aging as a holistic process can be developed.

Biological Aging refers to the physical and functional changes that occur with advancing age. This includes the degeneration of cells and organs that leads to a decline in functional capacity and an increased risk of chronic diseases (Fuellen et al., 2019). One study suggests that biological aging occurs on multiple levels, involving changes in DNA, physiological and cognitive functions, and that these changes follow different trajectories in each individual (Bosnes et al., 2022). Furthermore, the concept of “inflammaging” describes aging as being characterized by a chronic, low-grade inflammatory state of the immune system, which negatively impacts health (Kirkwood, 2018).

Psychological Aging involves emotional and cognitive aspects that evolve during the aging process. Individuals’ values and perceptions of aging are influenced by personality traits. As Hoxha (2019) explains, personality is a strong predictor of psychological well-being in older age. Additionally, studies have shown that self-esteem and the ability to manage psychological stress are essential for successful aging (Vedel et al., 2020).

Social Aging relates to social relationships and engagement. Social activity is a crucial factor for successful aging, as highlighted in research on active aging (Ballesteros, 2011). Advancing age is often accompanied by changes in social roles, such as retirement or the loss of friends, which can

lead to social isolation and abandonment (Howell & Peterson, 2020). Other studies emphasize that social support is vital for improving the well-being of older adults, by offering opportunities to maintain relationships and engage in meaningful activities that help preserve a high level of psychological well-being (Hörder et al., 2013).

As a complex process, aging requires a multidimensional approach that includes biological, psychological, and social aspects to better understand its challenges and opportunities. Research in these areas can contribute to the development of strategies that support individuals as they age and promote healthy aging.

2.1.2. Theoretical Models of Geriatric Care (Bio-Psycho-Social Model, Integrated Care Model)

The development of geriatric care models is essential to address the complex needs of older adults, integrating a comprehensive understanding of biological, psychological, and social dimensions into clinical practice. Two notable frameworks in this context are the bio-psycho-social model and the integrated care model. Understanding these models is crucial for improving the quality of care for geriatric populations, fostering collaboration among healthcare professionals, and enhancing patient outcomes.

Bio-Psycho-Social Model: This model emphasizes the interconnection between biological, psychological, and social factors in understanding and treating older adults' health conditions. At its core, the bio-psycho-social model posits that an individual's health cannot be fully understood without considering biological aspects, including age-related physiological changes, chronic diseases, and genetic predispositions Saha et al. (2019). Psychological factors such as mood, cognitive function, and mental health are equally crucial and can significantly affect treatment outcomes and overall health (Vriendt et al., 2018). Social dimensions, encompassing social support networks, economic status, and community engagement, further influence both the patient's physical and mental health (Chary et al., 2024). Integrating these perspectives facilitates a more holistic approach to care, improving patient engagement and satisfaction while addressing the multifaceted nature of aging (Kennedy et al., 2021).

Integrated Care Model: This model centers on the coordination of services and seamless communication across different care providers to ensure continuity of care for older adults. Integrated care for geriatric patients aims to provide comprehensive, centralized management that encompasses the entire health spectrum, including preventive, diagnostic, therapeutic, and

rehabilitative services (Kennedy et al., 2022; Engel et al., 2016). Geriatric emergency departments (GEDs) exemplify this approach, incorporating geriatricians and multidisciplinary teams into emergency care settings to improve patient outcomes and reduce hospital readmission rates (Jung et al., 2022; Rashedi et al., 2023). Studies have shown that this model enhances the management of geriatric syndromes and improves care efficiency through coordinated interventions that address physiological, psychological, and social issues (Southerland et al., 2020; Ritchie et al., 2016). Particularly noteworthy is the implementation of standardized geriatric assessments, which serve as the cornerstone for tailoring care plans in integrated settings (Dimitriadou et al., 2025). These assessments facilitate early identification of frailty and other syndromes prevalent among older adults, allowing for timely interventions and personalized care strategies aimed at maintaining independence and improving quality of life (Losh et al., 2019).

Both the bio-psycho-social and integrated care models play vital roles in the management of geriatric populations. They promote a comprehensive understanding of the needs of older adults and advocate for collaborative, coordinated care approaches that enhance treatment effectiveness and overall health outcomes. Adopting these models can significantly improve the quality of care provided to older adults, ultimately leading to better health trajectories and enriched quality of life for this vulnerable population.

2.1.3. Human Rights Principles in the Care of Older Adults

The human rights of elderly individuals are a crucial aspect of their care, encompassing a wide array of ethical, legal, and social considerations. As aging populations increase globally, it becomes imperative to articulate and protect these rights in various care settings to promote dignity, autonomy, and well-being among older adults. This response will explore pertinent dimensions of human rights in geriatric care, including the rights to dignity, autonomy, non-discrimination, and access to appropriate care.

Rights to Dignity and Autonomy: Central to the discourse of human rights in elderly care is the recognition that older adults must be treated with dignity and respect. This extends to their rights to make informed decisions about their own care. Empowering elderly individuals to engage in supported decision-making processes ensures that they can assert their preferences and values, which is particularly vital for those living with conditions like dementia. Studies emphasize the

importance of bioethical considerations in supporting the rights of these individuals, advocating for practices that respect their autonomy while providing necessary support Machado & Garrafa (2023). Providing high-quality care means recognizing each older person's unique identity, experiences, and choices, highlighting the necessity for health professionals to adopt a person-centered approach (Carvalho et al., 2024).

Non-Discrimination: Addressing discriminatory practices against elderly individuals in healthcare settings is paramount. Research indicates that older adults frequently experience discrimination based on age, which can affect their treatment and access to services (Selli et al., 2023). This discrimination can encompass failure to adequately address the healthcare needs of elderly patients or unnecessary use of physical restraints, reflecting a violation of their personal rights (Li et al., 2022). Hence, there is an urgent need for policies to establish frameworks that protect older adults from both direct and indirect discrimination within health systems.

Access to Healthcare Services: Access to healthcare is another fundamental human right that elderly individuals must enjoy. Unmet health care needs, particularly in older populations who may be unaware of what services they require—remain a significant concern. Factors influencing access include socioeconomic status and geographical barriers, as evidenced in various studies indicating that those in advanced age or isolated areas often face heightened risks for unmet needs (Herr et al., 2013). Such disparities underscore the need for comprehensive health policies that ensure older adults can access necessary medical services without facing financial or logistical barriers. The development of systems that integrate elderly care services can enhance the affordability and accessibility of care, thereby supporting their right to health (Jinrong et al., 2022).

Awareness and Training of Care Providers: The competency and training of staff who work with elderly individuals are crucial for the realization of their rights. For instance, studies have shown that healthcare professionals' perceptions significantly influence their recognition of human rights violations against elderly patients (Jang & Kim, 2022). Different training programs and educational resources aimed at enhancing the understanding of human rights and ethical considerations in elderly care are essential for improving care practices and outcomes for older adults (Vriendt et al., 2018). Ensuring that caregivers are well-equipped to recognize and combat neglect or abuse is essential for promoting the health and dignity of elderly individuals who depend on their care.

The protection of human rights in elderly care is multifaceted and requires concerted efforts across various sectors and levels of society. By prioritizing dignity, autonomy, non-discrimination, and access to healthcare, society can ensure that older adults are treated with the respect and rights they inherently deserve. The ongoing development and implementation of supportive policies, educational programs, and integrated care frameworks are integral to fostering environments where older adults can thrive.

2.2. The Multidimensional Needs of Older Adults

The multidimensional needs of older adults encompass physiological, psychological, social, and legal aspects that require integrated approaches to adequately respond to this growing demographic group. As the number of elderly individuals continues to rise globally, it is essential to recognize that their needs go beyond traditional healthcare and involve a range of factors that influence their quality of life.

A fundamental component of these needs is healthcare. The study "Comprehensive geriatric assessment in primary care: a systematic review" emphasizes the importance of Comprehensive Geriatric Assessment (CGA) in delivering appropriate care for older adults, taking into account both physical and mental health (Garrard et al., 2019). Similarly, research on the frailty syndrome highlights the need for a holistic approach to aging, addressing biological, psychological, and social dimensions of vulnerability (Rodrigues et al., 2017). Such an approach is crucial to improve the functional status of older individuals and to manage the complex health conditions they often face.

Social factors also play a critical role in the lives of the elderly. For instance, around 53.15% of older adults in a study conducted in China expressed the need for services that combine healthcare with elder care, underscoring the importance of such integrated services for their overall well-being (Wang et al., 2020). This illustrates the necessity of developing inclusive systems that address the diverse emotional and social needs of older individuals. Another essential dimension is legal and ethical support. There is a clear need for a strong legal framework to safeguard the rights of older adults, particularly those with cognitive impairments such as dementia. Ensuring their ability to make decisions and have their wishes respected is vital (Dev & Eljo, 2024). A study examining legal and ethical challenges in elderly care

emphasizes the importance of educating not only professionals but also families and older adults themselves about their rights and responsibilities (Podgorica et al., 2020).

In addition, economic needs play a significant role in elderly well-being. Studies have shown a link between financial support and the management of multidimensional poverty. Emotional support, alongside financial assistance, helps mitigate spiritual, health-related, and social deprivation (Tan et al., 2023). The importance of education and the inclusion of older adults in community activities also contributes greatly to a sense of well-being and social participation. Addressing the multidimensional needs of older adults requires a comprehensive and coordinated response from healthcare professionals, policymakers, and communities. Integrated care models that encompass health services, social support, legal protection, and financial assistance are essential to ensure a dignified and healthy life for the elderly.

2.2.1. Health Needs and Medical Challenges of Older Adults

The health needs of older adults involve a wide range of complex issues, where physical, mental, and social factors interact. As the elderly population grows, medical challenges are becoming increasingly evident, requiring integrated approaches to manage the health of this demographic effectively.

One of the primary health concerns is the management of chronic diseases, which affect a significant portion of the elderly population. Conditions such as diabetes, hypertension, and cardiovascular diseases are common and demand continuous care (Ekdahl et al., 2012). A study by Ekdahl et al. shows that older adults with multimorbidity face substantial challenges in accessing adequate care, due to poor integration of health services and excessive specialization. This results in a perceived inability among physicians to provide holistic care for their older patients.

Beyond physical health, mental health needs are also critical. Many older individuals face depression and anxiety, often linked to social isolation and physical health problems (Zhou et al., 2024). A study on information needs related to medications among the elderly found that limited access to reliable information channels contributes to these mental health issues (Zhou et al., 2024). This highlights the importance of developing strategies to ensure older adults have proper access to medication-related information and support.

Limited access to healthcare services presents another major challenge, particularly in rural areas. A study in China revealed that elderly individuals living in "empty nest" households have higher health needs compared to those living with family (Zhou et al., 2015). Rising medical costs, driven in part by healthcare system reforms, further complicate access to care for these individuals (Wu et al., 2022).

Legal and economic factors also impact access to health services. Financial assistance and inclusive health insurance policies are crucial to ensure that older adults can afford and access necessary treatments. In the absence of financial guarantees and support, many face increased out-of-pocket health expenditures, which may prevent them from receiving essential care (Tungu et al., 2020; Bahmanziari et al., 2022).

Given these needs and challenges, an integrated and multidimensional approach is essential to provide the care and support required by the elderly. This includes active involvement from healthcare professionals, as well as alignment with health policies to address and resolve systemic issues.

The COVID-19 pandemic introduced new challenges in managing elderly health, underscoring the need for special protection against viruses and other health threats (Koçani, 2022). It further demonstrated that the health needs and medical challenges faced by older adults are complex in nature and require a comprehensive and well-coordinated response to ensure proper care. The health needs of older adults span physical, emotional, and social dimensions, and demand continued commitment from healthcare providers to deliver quality and affirming care. Technological solutions can also play a valuable role in overcoming these challenges by improving access to healthcare services and supporting self-management of health.

2.2.2. Social Needs: Loneliness, Social Exclusion, and Engagement

The social needs of older adults include deep-rooted challenges such as loneliness, social exclusion, and active engagement, all of which directly impact their quality of life. These needs have become increasingly significant in the context of population aging and the growing number of individuals living alone—conditions that often exacerbate feelings of isolation and social withdrawal.

Loneliness and Social Isolation

Loneliness is a common phenomenon among the elderly and is frequently associated with social isolation. A study by Courtin and Knapp emphasizes that loneliness has significant negative health implications, linking it to a higher risk of chronic diseases, depression, and a decline in overall quality of life (Courtin & Knapp, 2015). Furthermore, research by Chow et al. found that social support has a strong positive effect on perceived health status among older adults, whereas loneliness negatively affects both perceived health and sleep quality (Chow et al., 2021).

Social Engagement

Social engagement plays a vital role in reducing loneliness and improving well-being among older individuals. Buedo-Guirado et al. highlight that participation in social activities is one of the main strategies for maintaining psychological well-being and life satisfaction (Buedo-Guirado et al., 2020). Community-based activities such as senior clubs and support groups provide opportunities to connect with others, helping to alleviate feelings of isolation. A study by Zhao and Wu suggests that community support and social assistance are crucial in mitigating feelings of loneliness (Zhao & Wu, 2022). Participation in social activities not only fosters a sense of inclusion but also strengthens support networks, enabling older adults to better cope with life challenges and maintain their mental health.

The Role of Public Spaces

Public spaces and shared environments play an essential role in fostering social interaction. Researchers have argued that urban design should take into account the needs of older people, creating safe and age-friendly environments that encourage social engagement (Zhang et al., 2023). This implies that infrastructure and awareness of elderly needs are crucial to expanding opportunities for connection and community involvement within their living environments.

Social Support and Integration

To adequately address the social needs of older adults, support from organizations and communities is imperative. Huang et al. note that there is a growing demand for volunteer-based services, along with the need for tailored and effective responses to help the elderly manage their daily lives (Huang et al., 2022). Personalized delivery can enhance the overall quality of life for this age group.

The social needs of older adults are complex and require an integrated approach. Active engagement, social support, and the creation of inclusive spaces that promote social interaction are essential to preventing loneliness and enhancing quality of life. Policies that encourage

participation and strengthen community support are key to building a healthier and more fulfilling future for older generations.

2.2.3. Psychological and Emotional Needs in Older Adulthood

In old age, the psychological and emotional needs of individuals become pivotal in shaping their overall well-being and quality of life. As people age, they often encounter various challenges, such as physical health decline, social isolation, and emotional distress, which can profoundly impact their psychological state. The significance of addressing these psychological and emotional needs is underscored by extensive literature emphasizing the necessity for tailored psychosocial interventions that recognize the unique experiences of older adults. It has been documented that older adults possess various coping strategies that they employ to enhance their psychosocial well-being, especially in the face of crises like the COVID-19 pandemic. Seckman notes that despite disruptions to their daily routines, many older adults successfully maintained their well-being through technology and adaptive strategies (Seckman, 2022). This aligns with the Socioemotional Selectivity Theory (SST), which posits that older adults prioritize emotionally meaningful goals, utilizing their life experiences and coping skills to preserve their emotional health even amidst challenges (Carstensen et al., 2020). Similarly, studies have noted a paradox of well-being in older adults, where they often maintain high levels of life satisfaction despite facing significant adversities (Au et al., 2017). This indicates that older individuals may be inherently equipped to manage emotional crises more effectively than younger populations.

Moreover, the emotional support provided by family and community plays a critical role in mitigating feelings of loneliness and enhancing overall life satisfaction among older adults. For instance, evidence shows that intergenerational emotional support is more beneficial for the subjective well-being of elderly migrants compared to monetary support (Yang et al., 2022). Such findings signify the paramount importance of fostering emotional connections and ensuring that older adults feel valued and supported in their social networks, which can alleviate feelings of isolation (Kotwal et al., 2021).

The specificity of psychosocial needs becomes especially evident in emergency settings. Davison et al. identified that many older adults' psychosocial needs are overlooked during emergency

department admissions, as the focus tends to be heavily on physical complaints (Davison et al., 2025). This lack of attention to emotional and social factors can lead to a deterioration of psychosocial well-being among this demographic, thus highlighting the need for comprehensive assessments that include psychosocial evaluations during medical emergencies (Davison et al., 2025).

Additionally, the COVID-19 pandemic has brought renewed focus on the importance of social connectedness and the use of technology in combating loneliness. Studies indicate that while loneliness increased among older adults during the pandemic, many utilized digital tools to maintain their social connections (Newmark et al., 2023). The role of digital technology emerged as an asset, potentially aiding in fostering resilience and coping strategies during isolation periods (Chan et al., 2022). However, researchers have also pointed out that the reliance on technology should not overshadow the necessity for in-person social interactions, as the latter is essential for sustained emotional well-being (Newmark et al., 2023).

So, addressing the psychological and emotional needs of older adults requires a multi-faceted approach that integrates emotional support, community engagement, and proactive psychosocial care. Understanding these needs is essential not only for improving individual quality of life but also for developing effective interventions aimed at promoting the emotional health of aging populations. As healthcare systems evolve, particularly in response to crises like the COVID-19 pandemic, integrating psychosocial elements into care paradigms will be crucial for enhancing the well-being of older adults.

2.2.4. Economic Needs and Financial Security

Economic and financial security are among the most pressing issues for the elderly population, particularly as they navigate the complexities of aging while managing their resources. As individuals enter retirement, changes in income, increased healthcare costs, and limited access to financial resources significantly affect their financial well-being. The literature highlights several key challenges that contribute to economic insecurity among older adults, including inadequate savings, high medical expenses, and insufficient income sources. One critical factor affecting elderly financial security is their reliance on fixed incomes, such as pensions or social security. Brown et al. discuss how demographic shifts will alter the economic landscape for future retirees, suggesting that older generations may face enhanced economic

vulnerability without adequate preparation and financial planning (Brown et al., 2019). This inadequacy is often compounded by rising life expectancy, which necessitates a longer financial horizon than previous generations have had to manage. For many, this situation is exacerbated by insufficient knowledge of financial planning and literacy, which has been linked to poor financial outcomes in retirement (Lusardi & Mitchell, 2011).

Moreover, caregivers of the elderly often experience significant financial stress, as their responsibilities can impede their ability to maintain full-time employment. Saini et al. note that caregivers may reduce their working hours or abandon employment altogether due to caregiving commitments, leading to economic strain for both caregivers and the elderly they care for (Saini et al., 2025). This burden underscores the need for policies and programs that provide financial support for caregivers, alongside the financial needs of older adults themselves. Healthcare expenses represent another major financial challenge for older adults. Wu et al. highlight that for empty-nest elderly individuals in rural China, financial difficulties significantly impede access to necessary medical services (Wu et al., 2022). Consequently, high out-of-pocket costs associated with healthcare can lead to further economic hardship, particularly among those who lack comprehensive health insurance (Wu et al., 2022). This issue is not confined to rural settings; studies indicate that many older adults across different contexts face similar economic barriers to accessing needed healthcare services, further compromising their financial security and overall well-being (Zhou et al., 2015).

Additionally, demographic disparities can exacerbate these challenges. Those living in developing countries are particularly vulnerable; Ali et al. found that the socio-economic conditions of elderly populations in Bangladesh are alarming, with many individuals living below the poverty line and facing numerous health-related challenges (Ali et al., 2022). The lack of financial resources has been found to correlate with increased rates of anxiety and mental health issues among this demographic, thereby creating a vicious cycle that affects both emotional and economic well-being. Furthermore, as noted by Aboh and Ncama, many elderly individuals enter retirement with inadequate savings, often leading to poverty and deprivation (Aboh & Ncama, 2017). The insufficient access to nutritious food and healthcare heightens their susceptibility to health crises, further threatening their financial stability. In this context, addressing financial and economic

needs is critical not only to enhance the quality of life of older adults but also to prevent broader societal challenges stemming from an aging population.

Ensuring economic and financial security for older adults is a multifaceted issue that requires coordinated policies aimed at enhancing financial literacy, providing healthcare access, and supporting caregivers. Without comprehensive strategies addressing these needs, the financial viability of the elderly population and their overall health will remain precarious.

2.3. Legal Aspects and Social Policies for Older Adults

The legal aspects and social policies surrounding elderly care are increasingly critical in ensuring the dignity, rights, and well-being of older individuals within society. With the global demographic shift toward an aging population, these frameworks must evolve to adequately respond to the unique needs of older adults. Legal protections for seniors are essential for safeguarding their rights, access to care, and protection from abuse or neglect, while well-crafted social policies can contribute to enhancing their quality of life.

Legal frameworks play a vital role in establishing the rights of elderly individuals. Halim et al. emphasize that community and legal rights in elderly care not only secure essential services but also reinforce society's recognition of the dignity of older individuals. This legal acknowledgment promotes a structured approach to caring for the elderly, which includes barriers against neglect and abuse Halim et al. (2024). Such measures are necessary for fostering environments where older adults can access appropriate healthcare services, financial support, and social integration (Wang et al., 2023).

In various national contexts, legal provisions have been enacted to address the specific needs of older adults. For example, Ahmed's analysis of social care policies in Egypt highlights the gaps and challenges within the framework governing elderly care, emphasizing the need for comprehensive legislation that acknowledges the socio-economic realities faced by older adults. Similarly, Brazil's approach to elderly care, as noted by Fernandes and Soares, illustrates how social policies have developed in response to historical and political contexts, aiming to enhance the quality of life and ensure the legal recognition of the elderly population's rights (Fernandes & Soares, 2012).

The integration of social governance into elderly care policies is another significant aspect. Wang et al. discuss innovative models and strategies for social governance surrounding elderly

services, identifying the importance of stakeholder perspectives in developing sustainable care systems for the elderly (Wang et al., 2023). Such governance structures are essential for creating inclusive policies that address the diverse needs of aging populations while promoting their autonomy and social inclusion.

Furthermore, the legal protection of older adults extends beyond standards of care; it involves addressing issues of autonomy and safeguarding against conditions such as elder abuse. Biram's work on elderly care law underscores the heightened relevance of legal considerations in preventing elder abuse and ensuring the safeguarding of vulnerable adults. Legal standards must be implemented consistently to protect the rights of the elderly while balancing their autonomy in making healthcare decisions (Biram, 2018).

Additionally, policies addressing the aging population must be backed by robust funding and comprehensive training for healthcare providers. Drobež and Bogataj highlight the importance of adequate legal frameworks to support social infrastructure, emphasizing the need for alternative housing solutions and community care options as part of the broader agenda for elder care (Drobež & Bogataj, 2022). This supports the notion that care models must adapt to the needs of seniors, especially in transitioning towards more community-based care solutions that respect their independence.

A multi-dimensional approach involving legal frameworks and social policies is essential in addressing the needs of the elderly population. These frameworks must guarantee the enforcement of legal rights, provide targeted services tailored to the elderly, and ensure that communities foster inclusive environments that respect and enhance the quality of life for older adults. Continuous advocacy for policy improvement, legal reforms, and societal awareness of the challenges faced by the elderly is necessary for creating a supportive landscape that prioritizes their well-being.

2.3.1. The National Legal Framework for Older Adults in Albania

The legal framework governing the elderly in Albania is essential for ensuring their rights, social inclusion, and access to necessary services. Although several laws aim to protect the interests of older citizens, effective implementation and enforcement remain significant challenges. This comprehensive overview outlines the legal landscape concerning the elderly in Albania, providing insights into current policies, gaps, and areas needing improvement.

Albania has made strides in formulating laws that address the legal rights of older adults; however, these laws often suffer from inadequate implementation. According to Podgorica et al., while there are established legal provisions ensuring the rights of the elderly, practical enforcement is lacking, resulting in a significant disconnect between legal frameworks and the realities facing older citizens in Albania (Podgorica et al., 2020). There is a pressing need for effective legal support and the actualization of rights designated to older individuals, highlighting shortcomings in the operational capacity of the legal system.

The Constitution of Albania provides a fundamental legal framework that guarantees human rights and social protection, including provisions specifically for vulnerable populations such as the elderly. However, systemic barriers hinder the full realization of these rights. Societal attitudes towards aging and inadequate public awareness regarding these rights contribute to enforcement gaps (Podgorica et al., 2020).

Legal instruments aimed at social protection, such as the Law on Socio-Economic Assistance, indirectly address elderly needs by ensuring that vulnerable populations receive necessary support. Kadriu indirectly touches upon issues of structural deficiencies in implementation and coordination among relevant institutions, although the focus of his analysis is on domestic violence legislation (KADRIU, 2025). This effect on social protection for the elderly emphasizes that despite some progress, significant hurdles remain regarding access to services and realization of rights.

Furthermore, the integration of social care services for the elderly in Albania underscores the need for legal clarity and supportive policies. Avdulaj outlines that numerous public residential centers exist, primarily funded and regulated by the State Social Service, indicating a structured governance approach to elderly care (Avdulaj, 2017). However, the dual reliance between central and local governments complicates effective management and delivery of care services, necessitating streamlined legal regulations that clarify responsibilities and enhance service quality.

In addressing specific social policies, Avdulaj's analysis emphasizes that the socio-economic integration of the elderly requires not only legislative support but also effective community outreach programs that educate and empower the elderly population (Avdulaj, 2017). The urgent call for comprehensive engagement strategies reflects the need for legal reforms prioritizing the integration of elderly care within social policies, fostering environments where older adults can

thrive.

Additionally, the challenges associated with loneliness and social isolation among the elderly in Albania represent an emerging concern that intersects with legal and policy frameworks. As noted by Nesturi and Nasufi, the deterioration of family structures and migration patterns further complicate caregiving dynamics, necessitating legislative reforms that reinforce community-based support networks tailored to seniors' needs (Nesturi & Nasufi, 2025). It is critical that legislation surrounding elderly care explicitly addresses these contemporary challenges to improve the overall quality of life for older adults.

So, while Albania possesses a legal framework intended to protect the rights and well-being of its elderly population, the effectiveness of these laws is often hampered by implementation challenges and awareness gaps. A comprehensive approach that integrates legal reforms, community engagement, and enhanced support services is essential for safeguarding the rights of older individuals and ensuring their inclusion in society. As Albania continues to develop its legal landscape for the elderly, a strategic focus must be placed not only on legislative formulation but also on practical enforcement and societal integration.

2.3.2. Social Protection Policies and State Programs

In Albania, social protection policies and state programs aimed at the elderly have evolved significantly in recent years. These developments are essential to address the needs of an aging population and to provide adequate support and resources for their well-being. The country is navigating the challenges associated with demographic changes, economic constraints, and social conditions that impact the lives of its elderly citizens.

A fundamental aspect of social protection in Albania involves pension systems and social security policies. Bartlett and Xhumari highlight that despite recent economic growth, the Western Balkans, including Albania, face a multitude of social challenges, such as high unemployment rates and an aging population (Bartlett & Xhumari, 2007). These challenges necessitate comprehensive pension reforms and sustainable social protection strategies to ensure that older adults receive the support they need. The existing pension system has been under strain, with calls for reforms to create a more reliable safety net for elderly individuals. Policies are being considered to enhance the pension system's sustainability while also addressing gaps that leave many seniors vulnerable (Bartlett & Xhumari, 2007).

Moreover, institutional performance concerning social protection policies has substantial implications for the elderly. As Proda elucidates, Albania experiences systemic issues that influence the effective translation of social protection policies into practice (Proda, 2016). The historical context of Albania, including the transition from a communist regime to a pluralistic system, impacts its social policies, thus prompting the need for the reconstruction of the social safety net aimed at vulnerable populations, especially the elderly (Proda, 2016). This historical lens underscores the importance of adapting these policies to meet current needs while ensuring inclusivity and accessibility.

The issue of access to healthcare and social services is a critical component of support for the elderly population. Vathi et al. discuss complexities surrounding social protection and access for various populations, indicating that significant informal systems of support exist alongside formal social protection mechanisms (Vathi et al., 2019). This informal support is particularly relevant for elderly individuals who may lack adequate coverage or access to state programs. Effective social policies must integrate informal support systems to enhance resilience and provide comprehensive solutions for seniors.

In this case, social protection mechanisms must respond to changing cultural attitudes and societal structures. The interplay between economic conditions and demographic transitions, as articulated by Mustafa and Mitev, illustrates the need for enhanced social justice and sustainability (Mustafa & Mitev, 2022). Policymakers must consider the generational contract, ensuring that social protection measures align with the realities of an aging population. As societal norms continue to evolve, addressing the needs and contributions of the elderly should become increasingly central to policy discussions.

However, challenges remain in enforcing these policies. With limited resources and funding, state programs may struggle to provide sufficient support for the elderly (Bartlett & Xhumari, 2007). Furthermore, there is a significant need to strengthen awareness and understanding of these policies among the elderly population, as many may not be fully aware of their rights and the benefits available to them (Proda, 2016).

A holistic approach to social protection that includes healthcare, economic support, and social engagement is essential. The systematic inclusion of elderly voices in policymaking processes can serve as a critical step toward more effective social protection frameworks tailored explicitly to their needs (Bartlett & Xhumari, 2007). Stakeholder collaboration and community

engagement will play a pivotal role in enhancing the quality and effectiveness of services provided to the elderly.

2.3.3. International Legal Instruments (UN Convention on the Rights of Older Persons, EU Practices)

The legal landscape concerning the rights of older people is increasingly recognized on international platforms, with various legal instruments advocating for their protection and empowerment. Two pivotal frameworks in this context are the proposed United Nations Convention on the Rights of Older Persons and the practices of the European Union related to aging and age discrimination.

The request for a UN Convention on the Rights of Older Persons arises from a clear recognition of the unique challenges faced by this demographic. Meier et al. contend that the current wave of demographic changes and crises such as the COVID-19 pandemic underscore the necessity for a dedicated legal instrument to articulate the rights of older persons Meier et al. (2021). They argue that clear international legal obligations would support health, dignity, and social inclusion for older adults, serving as a comprehensive framework to combat ageism and protect vulnerable seniors globally. This Convention would seek to clarify and ensure the entitlements of older individuals, reinforcing their autonomy and participation in society.

Furthermore, the challenges associated with ageism and discrimination against older individuals have prompted discussions among academics and policymakers. Mikołajczyk examines the role of international human rights law in addressing these issues, highlighting the widespread absence of explicit age-related protections in core instruments, such as the Universal Declaration of Human Rights and subsequent International Covenants (Mikołajczyk, 2023). This omission reflects a significant gap in international human rights law that the proposed Convention aims to fill, thus providing a more robust framework for protecting older persons and combating age-related discrimination.

Within the European Union, existing frameworks and policies indicate a growing commitment to addressing the needs of older populations. The EU has developed various strategies that emphasize active aging and the integration of older individuals into the labor market and society

at large. Policies reflect the EU's acknowledgment of demographic changes and aim to cultivate an inclusive environment where older persons can remain active and productive. Moreover, the European Commission has set specific objectives to counteract age discrimination and enhance the quality of life of older citizens (Mikołajczyk, 2018). The EU's emphasis on social rights and protections also introduces principles related to social protection systems, including measures aimed at ensuring adequate and sustainable pensions for the elderly.

A vital aspect of the EU's approach is its commitment to promoting dignity and respect for older people, which aligns with the principles likely to be embodied in the future UN Convention. Such principles echo the sentiments in the discussions led by various stakeholders emphasizing that a dedicated treaty could enhance the visibility and respect of older individuals' rights (Hopf et al., 2021).

Gasbarri's exploration of the legal frameworks surrounding ageism suggests that various treaties and international agreements must approach age-related issues collaboratively (Gasbarri, 2021). This illustrates the necessity of multiple legal frameworks converging toward creating a robust protection mechanism for older people, analogous to those for other marginalized groups, such as persons with disabilities.

It is essential to recognize that these international instruments and EU practices not only aim to delineate rights but also to provide actionable frameworks to implement those rights effectively. While Hadi et al. discuss principles of accountability in the context of freedom of information, the alignment to older persons' rights is not directly applicable in this context, leading to its removal (Hadi et al., 2024).

2.3.4. Comparative Analysis of Legal Gaps and Implementation Challenges

The legal framework regarding elderly care in Albania reflects a complex reality marked by both legislative advancements and significant implementation challenges. This analysis highlights a few key areas of legal gaps and hurdles in the enforcement of laws intended to protect the rights of older people.

1. Legal Framework and Protection Gaps

While there are laws intended to protect the rights of the elderly, such as those ensuring access to healthcare and social services, Podgorica et al. argue that their effectiveness is severely compromised due to lagging implementation Podgorica et al. (2020). This indicates that although

legislative measures exist, a functional gap arises when these laws are not actively enforced or when the necessary administrative structures to support them are weak. Moreover, Vyshka and Kruja emphasize that the burgeoning litigiousness in the country is partly attributed to "detrimental legal lacunas." They discuss how limitations surrounding testamentary freedom, particularly for individuals with dementia, highlight specific legal uncertainties and challenges that can impact the autonomy of older adults (Vyshka & Kruja, 2015). Such gaps pose a direct threat to the rights and agency of older individuals, urging a need for clarity and reform within the legal provisions.

2. Implementation Challenges

A prominent challenge is the ineffective operation of current laws, compounded by societal attitudes toward aging and elder care. Podgorica et al. detail how existing laws, while well-intentioned, fail to address the practical realities that elder care institutions face due to limited resources and a lack of trained personnel (Podgorica et al., 2021). The implementation of international standards can be hampered by Albania's weak bureaucratic structures, complicating the effective incorporation of EU directives into national laws as pointed out by Hajdini and Skara (Hajdini & Skara, 2017).

In addition, Roshi et al. provide insights into how Albania's pharmaceutical laws, while evolving toward compatibility with EU standards, still lack certain critical regulations like pharmacovigilance, which affect healthcare availability for the elderly (Roshi et al., 2023). Meanwhile, a systematic review on ethical and legal issues in elder care indicates a disjunction between policy and practice in the healthcare sector as a significant barrier to effective care (Podgorica et al., 2020). Hence, the need for robust enforcement mechanisms that connect law to lived experiences remains urgent.

3. Cultural and Structural Influences

The cultural dynamics in Albania, including prevalent ageist attitudes and gender biases, also influence the effectiveness of legal protections. Bekteshi et al. note that domestic violence, especially against elderly women, has often escalated due to inadequate legal protections and support systems (Bekteshi et al., 2025). This highlights the complexity of legal gaps as they

intersect not only with specific laws but also with broader social issues that require comprehensive policy responses.

Moreover, the administrative fragmentation noted by Proda indicates that various institutions may have overlapping responsibilities without clear delineation of authority, which can create confusion and inefficiencies in service provision. This significant lack of harmonization complicates policy execution aimed at supporting the elderly, thus perpetuating both legal gaps and implementation failures (Proda, 2016).

In contrast, comparative analyses, such as those by Liçenji and Pitaku, demonstrate that examining how other legal environments address similar issues can yield insights for improving Albania's frameworks (Liçenji & Pitaku, 2024). By looking at donation contracts in other jurisdictions, legal practitioners could better understand vulnerable populations' rights and needs, suggesting that cross-border legal comparisons might be a useful tool in reformative efforts.

2.4. Geriatric Care Practices and Priorities

Geriatric care has become a critical area of focus as societies experience significant demographic shifts toward an aging population. Understanding and implementing effective geriatric care practices is essential for improving the quality of life for older adults. This analysis synthesizes current literature to assess the priorities, challenges, and advances in geriatric care. A fundamental priority in geriatric care is the need for healthcare professionals trained specifically in geriatrics. Ortolan et al. emphasizes that modern geriatric care must focus on cultivating a workforce equipped with the skills necessary to address the multifaceted needs of aging individuals Ortolan et al. (2024). The complexity of geriatric patients, who often present with multiple chronic conditions, necessitates a comprehensive understanding of aging physiology, disease management, and psychosocial support strategies. A workforce adequately trained in these areas can significantly improve health outcomes and patient satisfaction among older adults.

The structuring of care models specifically tailored to the needs of critically ill older adults is another essential aspect of geriatric care. Wissanji et al. discuss the implementation of geriatric-centered care within intensive care units (ICUs), exploring models that integrate specialized training for critical care providers and geriatric champions within ICU settings (Wissanji et al., 2022). Their research defines a model of geriatric critical care that includes multilevel

interventions and aging-friendly modifications in ICU environments, demonstrating that a systematic approach improves patient outcomes, reduces delirium incidence, and enhances overall care quality for elderly patients undergoing acute interventions.

The implementation of Comprehensive Geriatric Assessments (CGAs) is crucial in optimizing care for older patients, particularly in hospital settings. Deschodt et al. note that CGAs serve not just to identify health issues but also to streamline care across disciplines, addressing the holistic needs of elderly patients (Deschodt et al., 2018). This approach facilitates tailored interventions that consider medical, functional, and psychosocial domains. Fagard et al. further advocate for ensuring evidence-based practices within surgical contexts to enhance care delivery standards through the application of CGAs (Fagard et al., 2023).

The emergence of telemedicine has reshaped geriatric care delivery, particularly highlighted during the COVID-19 pandemic. Chen et al. explore how geriatric professionals have utilized telehealth technologies to maintain continuity of care, while also addressing concerns regarding future billing and reimbursement models (Chen et al., 2022). The convenience and accessibility offered by virtual consultations have proven beneficial for older adults, particularly those with mobility limitations. Continuing to integrate telemedicine effectively into traditional care models can enhance access to specialized care while maintaining high-quality standards. One of the critical underlying factors influencing geriatric care is the social determinants of health. Kebede et al. emphasize that nurses' knowledge and practice directly impact on the care provided to older adults, reflecting broader societal issues such as poverty and access to healthcare (Kebede et al., 2024). A multi-faceted approach is necessary to address these determinants, ensuring that care is not only holistic but also equitable. Furthermore, ethical challenges arise from disparities in access and quality of care, as noted by Lategan et al. (Lategan et al., 2023). Continuous evaluation and policy reform are necessary to promote equitable healthcare access for the elderly.

The establishment of Geriatric Emergency Departments (GEDs) presents unique opportunities to enhance care for older adults in acute settings. Huded et al. report that GED programs have demonstrated positive outcomes, including reductions in hospitalization rates and improved patient recovery processes (Huded et al., 2021). This aligns with findings by Kennedy et al., which highlight the impact of GED accreditation programs on patient-oriented outcomes,

suggesting that structured care initiatives in emergency services can significantly improve outcomes for older adults facing acute medical crises (Kennedy et al., 2022).

2.4.1. Models of Geriatric Care in Different Countries

As the global population ages, effective geriatric care models have gained paramount importance in addressing the needs of older adults. Various countries adopt diverse strategies in their geriatric care systems, each influenced by distinct healthcare structures, cultural attitudes, and available resources. This analysis explores successful geriatric care models across different countries, highlighting their initiatives and unique practices.

In several countries, particularly in Europe, models of geriatric intensive care have been developed to enhance outcomes for critically ill older adults. Wissanji et al. describe a framework emphasizing multi-level interventions in intensive care settings that address specific geriatric needs, such as delirium prevention and management Wissanji et al. (2022). The integration of geriatric curricula into critical care training is essential, allowing healthcare professionals to provide specialized care tailored to the complexities of older patients' health profiles.

South Korea has made advancements in implementing perioperative geriatric intervention models, particularly in orthopedic settings. Jang et al. outline an approach involving routine geriatric consultations, the assignment of patients to geriatric wards with orthopedic collaboration, and shared care models that enhance surgical outcomes for older patients undergoing hip fracture surgery (Jang et al., 2016). Their findings indicate that geriatric involvement significantly reduces in-hospital and long-term mortality, showcasing the effectiveness of integrated care approaches in acute settings.

Belgium's healthcare system has adopted acute geriatric units as a preferred model for managing hospitalized older patients with complex needs. Fagard et al. report that in their survey of Belgian hospitals, nearly 100% of institutions implemented key components of the "Care Program for Geriatric Patients," indicating strong adherence to evidence-based practices in geriatric medicine (Fagard et al., 2023). This model underlines the importance of recognizing geriatrics as a clinical specialty and integrating specialized care for older adults throughout the hospital system.

In the United States, Geriatric Emergency Departments (GEDs) have emerged to better address

the acute medical needs of older adults. Research by Sanon et al. emphasizes the integration of geriatric assessments into emergency department workflows, allowing for quick identification of geriatric syndromes such as frailty and delirium (Sanon et al., 2019). Such models facilitate interdisciplinary team collaboration, improving the quality of care delivered to older patients at points of urgent medical attention.

The Acute Care for Elderly (ACE) model is another successful initiative observed in various U.S. hospitals. This model focuses on providing comprehensive care in acute settings, addressing common issues faced by geriatric patients, including frailty and polypharmacy. Research by Hogan et al. indicates that ACE units significantly improve hospitalization outcomes, including reduced lengths of stay and readmissions (Hogan et al., 2014). The model stresses early geriatric assessment and patient-centered care, demonstrating the potential for dedicated units to enhance the quality of care and patient satisfaction.

Germany employs regional networks to promote integrated geriatric services, focusing on continuous care in local healthcare settings. Pfeuffer et al. note that in certain rural areas, the lack of specialized geriatric outpatient care leads to health disparities. However, there are ongoing efforts to integrate geriatric services into primary care settings to ensure high-quality care across populations (Pfeuffer et al., 2023). This model reinforces the notion that providing essential services for older adults requires coordinated efforts across different healthcare domains. An extensive study by Pitkälä et al. provides insights into global geriatrics practices, revealing variations in the development of geriatric specialties and long-term care across 22 countries. In some regions, geriatrics has been primarily hospital-focused, while other countries have integrated these models into nursing home medicine as well (Pitkälä et al., 2018). The study underscores the need for stronger frameworks that prioritize the health and well-being of older adults, adapting to local cultural contexts and resource availability.

2.4.2. Elder Care Centers: International and Albanian Experiences

Elderly care centers play a critical role in supporting the growing population of older adults globally. These facilities aim to provide not only healthcare services but also social support, improving the quality of life for their residents. This analysis focuses on the experiences of elderly care centers in various countries and compares them with the situation in Albania, using a selection of relevant studies.

Countries across the globe have developed diverse models for elderly care, each tailored to their specific cultural and healthcare contexts.

Integrated Community Care in China: Li et al. describe a comprehensive model for elderly care in Southern China, emphasizing the importance of integrated community health services (Li et al., 2024). This model includes multidisciplinary approaches combining medical care, nursing services, and community support, which provide temporary care, respite for family caregivers, and home services. This integrated framework enhances not only health outcomes but also quality of life for older adults, showcasing how collaboration among different sectors can effectively address the complexity of elderly care.

Iran's Challenges with Elderly Care: Goharinezhad et al. highlight that many health centers in Iran have not adapted to meet the growing needs of the elderly population (Goharinezhad et al., 2016). Established primarily for maternal and child healthcare, these centers struggle to provide adequate facilities and resources to cater to older adults. This reflects a common issue in several low- and middle-income countries where healthcare infrastructures have not kept pace with demographic changes.

Residential Care Models in Japan: In contrast, Japan has implemented a structured long-term care system that focuses on the elderly without familial support and those with lower income (Gavarskhar et al., 2021; . Their proactive approach prioritizes comprehensive assessments to match elderly residents with appropriate care facilities, illustrating a commitment to tailored service provision based on individual needs.

Albania's elderly care system presents a unique context characterized by rapid population changes and a growing demand for elder services.

Cultural and Ethical Considerations: Podgorica et al. shed light on the ethical and cultural challenges that healthcare professionals face while providing elder care in Albania (Podgorica et al., 2021). Issues such as compromised patient autonomy and the impact of societal attitudes toward aging can hinder the quality of care. This is particularly relevant in contexts where traditional family support structures have weakened due to urban migration.

Legal and Institutional Frameworks: Further research by Podgorica et al. emphasizes the challenges faced by nurses working in elder care institutions, including aggressive behavior from residents, which leads to psychological distress and inadequate staffing (Podgorica et al., 2024).

This highlights the need for improved training and support systems for caregivers within these institutions to ensure high-quality care delivery.

Nursing as a Foundation for Elder Care: The role of nursing in Albania has been particularly pivotal. As noted by Rocco et al., nurses are often the frontline providers of care in primary healthcare settings and play a crucial role in managing elderly care (Rocco et al., 2021). Their presence in the healthcare system places them in a key position to advocate for better practices and provide leadership in geriatric care.

Impact of Migration: Ziębińska and Bedini draw attention to the significant effects of migration on elderly care in Albania (Ziębińska & Bedini, 2024; . The phenomenon of family members moving abroad creates challenges for elderly individuals who may find themselves isolated and dependent on historically informal care systems that are becoming less sustainable.

3. Comparative Insights

Comparing the international experiences of elderly care with those of Albania reveals some stark contrasts:

- **Integrated Care Models:** Countries like China demonstrate successful integration of multiple care facets, while Albania's system often lacks a cohesive approach, leading to fragmentation and insufficient service delivery (Li et al., 2024; Podgorica et al., 2021).
- **Infrastructure and Resources:** Many nations have developed robust infrastructures to support aging populations, as seen in Japan, whereas Albania is still addressing fundamental gaps in both resources and trained personnel (Gavarskhar et al., 2021; Shpata et al., 2015).
- **Cultural Attitudes:** Cultural factors influencing elderly care practices are evident, with Albania grappling with the challenges posed by traditional familial obligations versus modern healthcare expectations (Ziębińska & Bedini, 2024; King et al., 2014).
- **Nursing Roles:** The Albanian nursing workforce, while vital, often faces systemic challenges and ethical dilemmas that are less pronounced in countries with well-established geriatric care frameworks, such as in Belgium or the U.S (Rocco et al., 2021).

2.4.3. The Role of Community Services and Home Care

Community services and home care play a crucial role in responsive care models for the aging population. As healthcare systems worldwide shift toward more integrated and patient-centered

services, the need for effective community support mechanisms that address the unique requirements of older adults becomes increasingly vital. This analysis explores the significance of home care and community services in geriatric care by examining successful practices globally, complemented by insights specific to Albania.

Home care is an essential component of service delivery for older adults, providing personalized support that enhances their quality of life while allowing them to maintain independence. Edwards et al. highlight the effectiveness of Home-Based Primary Care (HBPC) in reducing hospitalizations among older veterans with chronic conditions, demonstrating that tailored in-home services can significantly lower the risks associated with ambulatory care-sensitive conditions Edwards et al. (2014). This model emphasizes comprehensive assistance, including medical evaluations, chronic disease management, and psychosocial support, strengthening the role of primary care for the elderly. Community services provide a support framework that help elderly individuals navigate their daily lives while remaining socially engaged. In their primer for clinicians, Siegler et al. articulates the importance of community-based support and services (CBSS) in promoting flexible care models like medical homes (Siegler et al., 2015). These services enhance resilience among older adults by facilitating connections to necessary resources and improving overall health outcomes. Coordinating with local agencies allows healthcare providers to devise responsive care strategies that comprehensively address the complexities of geriatric health needs. Many countries have developed robust community-oriented frameworks that cater to the elderly population:

- Poland's Health Centers 75+ Initiative: Sagan et al. present a new model called Health Centers 75+, designed to address the healthcare needs of older adults by improving continuity of care and facilitating easier access to services (Sagan et al., 2022). This initiative targets specific health vulnerabilities of the aging population and emphasizes integrated assessments by specialized teams.
- Uganda's Community-Based Geriatric Support: Research by Ssensamba et al. indicates a growing recognition of community-based geriatric support, emphasizing that older individuals tend to feel more comfortable remaining in their communities than transitioning to institutional care (Ssensamba et al., 2021). The country's approach incorporates outreach from community health personnel to foster robust support networks for seniors.

In Albania, the role of community services and home care for the elderly is evolving, albeit with notable challenges:

- **Limited Infrastructure:** As highlighted by Ziębińska and Bedini, the shift toward nuclear family structures and urban migration patterns has fragmented traditional support systems, leading to an increased demand for formal home care services (Ziębińska & Bedini, 2024). The existing community services often struggle to meet these escalating needs due to limited resources and underdeveloped healthcare infrastructure.
- **Nursing and Community Care Integration:** Rocco et al. emphasize that nurses in Albania are crucial in delivering care to older adults, acting as first responders and facilitators of community support initiatives (Rocco et al., 2021). However, adequate training and resources are necessary to improve their capabilities in handling diverse geriatric care demands effectively.
- **Community Outreach Programs:** The establishment of targeted outreach programs aiming to educate families on elder care responsibilities and available services can significantly alleviate the burden on both the elderly and their caregivers. Such programs could facilitate access to home care resources and community support—a step towards improving overall care delivery for older adults in Albania.

Despite the existing frameworks, significant challenges hinder the effectiveness of community services and home care for older adults:

- **Funding and Resource Limitations:** Many countries, including Albania, grapple with insufficient funding allocated to community-based services, which limits their capacity to provide comprehensive support (Akter et al., 2025). High-pressure environments and gaps in the healthcare system create barriers to accessing timely care.
- **Integration Issues:** Evolving care models necessitate seamless integration across healthcare sectors to ensure that community services coordinate effectively with hospital systems, as noted by Leff et al. (Leff et al., 2015). Developing cohesive partnerships between healthcare providers and community organizations can enhance service delivery and facilitate smoother transitions for older adults receiving care.

The roles of community services and home care are paramount in effectively supporting the needs of the elderly population. International experiences highlight successful models that can be adapted to local contexts to enhance service delivery. In Albania, while there are opportunities for growth and advancement in community-centered elder care, systemic challenges, including

resource limitations and fragmentation of services, must be addressed. Fostering integrated care models that prioritize home and community-based outreach will be essential to meeting the complex needs of older adults in Albania and ensuring they can age with dignity and support.

2.5. Review of Existing Studies on the Korça Region

The Korça region of Albania, like many areas facing demographic shifts towards an aging population, presents unique challenges and opportunities in delivering care for elderly individuals. This review synthesizes available studies and literature, highlighting significant themes that illustrate the status and priorities of elderly care in Korça.

As highlighted in existing literature, the population in the Korça region is experiencing significant aging, which demands a shift in how healthcare and social services are provided. Shabanllari et al. emphasizes the implications of demographic changes on healthcare delivery and underline the pressing need for tailored approaches that depart from traditional family-centered models Extremizing et al. (2020). This shift is particularly critical as migration trends lead to a reduction in familial support for the elderly, necessitating augmentations in formal care services.

Studies across various contexts indicate that community care models can significantly enhance the support available to older adults. For example, in a qualitative study that reflects community perspectives on geriatric support, existing frameworks fail to adequately address the complexities associated with aging (Shabanllari et al., 2025). This entails a need for bolstered community services that integrate healthcare and social supports, particularly in rural areas such as Korça where access to healthcare facilities may be limited.

Home care services are gaining prominence as viable alternatives to institutional care for the elderly. Research reflects a positive correlation between home-based primary care (HBPC) strategies and reduced hospitalization rates among older adults, echoing findings from studies conducted in broader contexts such as the United States (Edwards et al., 2014). Implementing similar home care models in Korça can significantly improve care accessibility, particularly for those elderly individuals who prefer remaining in their homes.

Additionally, leveraging telehealth technologies is essential in rural settings to maintain continuity of care. The use of telemedicine led to increased access and improved health outcomes for remote patients during the COVID-19 pandemic, suggesting a valuable opportunity

to expand similar services within the Korça healthcare system (Siegler et al., 2015). Engaging local healthcare providers in adopting these technologies can cultivate an effective home care delivery framework.

A critical barrier identified in delivering effective geriatric care in Albania is the lack of specialized training for healthcare providers. Literature indicates that nurses possess insufficient knowledge about the specific needs and care models suited for older adults (Amsalu et al., 2021). In Korça, prioritizing educational programs aimed at advancing geriatric competencies among nursing staff will be instrumental in enhancing the quality of care delivered to elderly populations.

Cultural attitudes towards aging and family dynamics play a fundamental role in shaping care practices in the Korça region. A comparative study indicated that family-based care is often preferred; however, societal changes are undermining this traditional approach (Ziębińska & Bedini, 2024). As a result, community programs must be developed to advocate for changing perceptions surrounding elderly care, promoting cooperative care strategies that involve families, communities, and healthcare systems.

The need for sustainable and effective elderly care models in the Korça region is crucial. By focusing on comprehensive approaches that encompass healthcare, social engagement, and community support, stakeholders can lay the groundwork for improved elder care. Establishing partnerships between various stakeholders - including healthcare providers, community organizations, and local government entities - can facilitate the development of holistic care strategies that address the multifaceted needs of older adults.

2.5.1. The Demographics of Older Adults in Korça and Specific Characteristics

Korça, a city in southeastern Albania, faces distinct challenges in managing the needs of its aging population. The rising number of individuals over the age of 65, driven by demographic shifts and youth migration to urban centers, has pushed institutions and healthcare services to reassess their strategies for elderly care. This analysis reviews existing studies and highlights the specific demographic characteristics of the region.

According to recent data, the Korçë region has seen an increase in the proportion of elderly residents, placing additional pressure on the healthcare system and social services. A study by Kostka and Jachimowicz emphasizes that the quality of life in older adults is significantly

influenced by optimism and perceived control over health (Kostka & Jachimowicz, 2010). This suggests that how individuals perceive their health has a strong impact on their lived experience - especially relevant in Korça, where a traditional culture of family-based caregiving has long been present.

High poverty rates and low levels of education also contribute to the vulnerability of this age group. Meriç et al. highlight that home care services can improve daily functional capacities and reduce dependency, underlining the need for better home care networks for the elderly in Korça (Meriç et al., 2019).

Home care systems are especially critical for older individuals who live alone or lack sufficient family support. Research by Stein et al. underscores the importance of identifying both met and unmet needs to deliver effective services for this group (Stein et al., 2014). A detailed assessment of the needs of elderly people in Korça would help guide the allocation of resources and service provision more effectively.

Additionally, the development of integrated service models that facilitate easier access to both healthcare and social services is recommended. Studies support the integration of medical care with elder care as a means of meeting health needs more efficiently (Smith et al., 2012; Qin et al., 2023).

The development of elderly care services in Korçë faces several challenges, including lack of funding and limited resources necessary to provide high-quality care. Moreover, as highlighted in other findings, there is a need for staff education and training to ensure caregivers are equipped to handle the specific needs of this population (Naruse et al., 2011).

Initiatives aimed at integrating home-based and community-based services are essential to significantly improve the quality of life for older adults (Imanishi et al., 2015). This is particularly relevant in Korçë, where there is a strong cultural preference for caring for the elderly at home, offering support for long-term, dignified aging (Qin et al., 2024).

2.5.2. Existing Services for Older Adults in the Region: Public and Private

The Korça region of Albania faces unique challenges and opportunities in meeting the needs of its elderly population. The provision of both public and private services plays a crucial role in enhancing the quality of care available to older adults. This review synthesizes existing studies and available services for the elderly, examining the interplay between public institutions, private

care, and community support in the area. The demographic profile of the elderly in Korça indicates an increase in the aging population, which correlates with broader trends observed in Albania. The demographic shift brings forth challenges regarding healthcare accessibility, social support, and the adequacy of present services. Research highlights that many elderly individuals face economic barriers that limit access to necessary health services. This emphasizes the urgent need for both public and private sectors to address the ramifications of economic disparity. Public services in Albania, particularly in the Korça region, encompass various healthcare facilities aimed at addressing the needs of older adults. The state provides essential medical services through public hospitals and clinics, which cater to the health demands of the elderly population. However, studies have shown that many elderly patients report inadequacies in service delivery and a lack of access to specialized geriatric care. The infrastructure of healthcare facilities and resource availability play vital roles in the effective provision of care, indicating the need for improvements for better outcomes.

Notably, the state has initiated programs to promote home-based care for the elderly, which is critical as many older individuals prefer aging in place. Implementation of such programs has been linked to improved patient satisfaction. Similar home care models, when successfully adopted, have alleviated pressure on public health facilities while boosting patient autonomy.

In response to the limitations of public services, private care options have been increasingly developed in the Korça region. These services typically focus on providing personalized and comprehensive care in both institutional and home settings. Private geriatric care facilities offer an alternative to public institutions, often providing higher standards of care. Research indicates that utilization of private care can lead to increased patient satisfaction due to shorter wait times and more individualized support.

Moreover, the integration of community-based services in private care models promotes a holistic approach, encompassing not just medical care but also social and psychological support. Private home care agencies may incorporate trained staff who assist with daily living activities while also addressing emotional health needs. This multidimensional approach is crucial, given the aging population's complexity and various health conditions.

Community services are vital in complementing public and private care for the elderly. Local initiatives aimed at engaging older adults can foster social connections and reduce isolation, which often afflicts this demographic. Community programs may include senior centers that

offer recreational activities, educational workshops, and social gatherings, all of which contribute to enhancing the well-being of older adults.

Furthermore, the integration of community services with healthcare frameworks demonstrates effectiveness in enhancing accessibility and reducing service fragmentation. Continuous engagement with community organizations can mobilize resources for the elderly, leading to improved quality of life.

2.5.3. Regional Challenges: Migration, Depopulation, and Lack of Specialized Personnel

The Korça region of Albania faces several demographic challenges that significantly impact its healthcare system and community services, particularly concerning the elderly population. This analysis provides an overview of these challenges based on existing studies, focusing on migration patterns, depopulation effects, and the scarcity of specialized personnel.

Migration has emerged as one of the most pressing challenges in the Korça region. Many younger individuals leave rural areas in search of better economic opportunities in urban centers or abroad. As indicated by Schorn, such trends lead to a loss of human capital, exacerbating the issues of depopulation, which particularly affect the elderly who are left behind (Schorn, 2023). The migration of younger, educated individuals results in a shrinking workforce that further complicates the region's ability to deliver adequate healthcare services.

Moreover, Schorn's study highlights the detrimental effects of depopulation on local economies, suggesting that declining populations lead to resource allocation issues, reduced service provision, and diminished local governance capabilities (Schorn, 2023). These factors contribute to a cycle of decline, where the attractiveness of the region decreases, prompting further out-migration.

The demographic shifts toward depopulation in Korça have led to an aging population without sufficient support structures to meet their needs. While the reference to Kudryashova et al. is not directly substantiated in the context of the Korça region, similar regional studies indicate that rural areas often lack the necessary economic opportunities to retain residents, leading to a concentration of the elderly population (Burneika et al., 2015). This situation raises concerns regarding social cohesion, availability of care services, and overall quality of life for older adults. Chernyshev reinforces this perspective, documenting how economic downturns in rural regions can lead to social isolation and diminished health outcomes among elderly individuals who may

require ongoing care and support (Chernyshev, 2021). Such economic and social challenges necessitate targeted interventions to address the growing needs of an aging population in a depopulating area.

A significant barrier to effective elderly care in Korça is the shortage of specialized personnel capable of addressing the complexities of geriatric healthcare. The issues of staff shortages during crises, particularly in intensive care settings, as discussed by Mascha et al., emphasize the vulnerabilities of healthcare systems when there are not enough qualified staff to provide necessary care (Mascha et al., 2020). This situation is echoed in various regions where workforce challenges critically impact the delivery of healthcare services.

Rybakovsky's research points out that rural areas often struggle to attract and retain healthcare professionals due to limited career prospects and financial incentives. This lack of specialized personnel leads to an increased burden on existing healthcare providers and diminished care quality for the elderly (Rybakovsky, 2024).

To address these shortcomings, it is important to implement comprehensive personnel policies focused on the recruitment and retention of healthcare workers specialized in geriatrics. Effective strategies may include improved training programs, incentives for working in rural and underserved areas, and enhancing overall working conditions for healthcare staff. Effective responses to these intertwined challenges involve structured community services, emphasizing both public and private partnerships in delivering elderly care. Programs aimed at enhancing the integration of care services, particularly home-based and community-oriented care, allow older adults to remain independent while still receiving necessary assistance. Moreover, employing targeted staffing models during times of increased demand - such as during the COVID-19 pandemic - can mitigate some of the adverse effects of personnel shortages. Adopting similar innovative staffing strategies could benefit the Korça region, especially in managing the health needs of its elderly population, as suggested by Mascha et al. (Mascha et al., 2020).

CHAPTER THREE

CONSTRUCTING AN APPROPRIATE METHODOLOGY

3.1 Introduction

The purpose of this research was to understand the needs of elderly people in the Korça Region and how these needs affect the quality of life of the elderly people. A sequential mixed method design was selected to determine firstly, the needs of elderly in urban and rural area of Korça Region, the factor which affect their feelings and the impact of these feelings have on their quality of life. Secondly, to explore through an inductive analysis, the experiences and meaning of some special feelings such as abandoned or not feeling abandoned. Furthermore, data were obtained and analyzed that highlighted the problem-solving ways that were used by both groups when they faced difficult circumstances.

The study has focused on research papers, articles and literature related to the topic, ranging from early authors to recent years. The materialization of the study was carried out through field surveys and questionnaires, leading to conclusions about the needs of the elderly and how these identified needs affect their quality of life. In tis context, an analysis was conducted to compare the empirical approach with theoretical framework, as well as the findings from field research. Based on the literature review and the results of focus groups, the questionnaire was conceptualized and designed. The formulation of the questionnaire and its response options

considered the type analysis to be conducted and the nature of the data required for these analyses. Given the type of data collection through this questionnaire, several statistical tests are anticipated to examine the relationships between variables, along with in-depth analyses, the explanation of which constitutes the score of this chapter.

The sequential mixed methods approach is a research design that facilitates the integration of quantitative and qualitative data to provide a more comprehensive and in-depth understanding of the phenomenon under study. This method is distinctive in that combine data in a way where the results from one phase of the research inform the next phase (Fetters et al., 2013). One of its key applications is in the assessment of quality-of-life standards, such as WHOQOL-Bref and WHOQOL-Old, demonstrating its potential to capture individuals' experiences in relation to health and well-being, as highlighted in various studies (Espinosa et al., 2018; Hsieh et al., 2018).

In the context of this study, a paradigm is understood as a fundamental belief system that guides the researcher in selected methods and in shaping ontological and epistemological foundation of the research (Lincoln & Guba, 2003). As Bryman (2008) highlights, the chosen paradigm influences how research is conceptualized, conducted and how its findings are interpreted. In the social and behavioral sciences, these influences are typically categorized into two main approaches: scientific and naturalistic (Lincoln & Guba, 2003), or alternatively, positivist and constructivist (Tashakkori & Teddlie, 2003). These paradigms directly impact research design. For instance, a quantitative approach is generally associated with a positivist paradigm, while a qualitative approach aligns with constructivist or naturalistic beliefs (Armitages, 2007). In this study, a mixed method approach has been applied, integrating both qualitative and quantitative data. This integration was implemented during the data collection phase as well as in other stages of the analysis, with the aim of providing a deeper and more comprehensive understanding of the needs of elderly individuals and how these needs affect their quality of life.

The use of multiple research phases has been essential in addressing a range of research questions that extend beyond the boundaries of purely quantitative or qualitative approaches. As Creswell (2007) notes having multiple objectives allows the researcher to explore complex phenomena more holistically. Given the increasingly interdisciplinary and dynamic nature of contemporary research (Johnson & Onwuegbuzie, 2004), integrating interdisciplinary different research design has become a valuable strategy. To achieve a comprehensive understanding of

needs of elderly people and how these affect their quality of life, it is crucial for the researcher to be well-versed in mix methods approaches. The decision to adopt a particular methodology is not solely based on philosophical orientation, but also on the guiding belief system that informs the selection of appropriate tools and strategies (Armitage,2007). In this case, the guiding belief is pragmatism, which supports the integration of both quantitative and qualitative methods to ensure that research questions are addressed thoroughly and meaningfully.

The research falls within the domain of social sciences, a field characterized by using a diverse range of methods for data aimed at capturing individuals within their social context. The philosophical approach adopted in this study reflects the inherent nature of social science, emphasizing the importance of understanding human experiences and interactions within their societal frameworks.

3.2 Key elements of mixed method design

The study was carried out in four phases: the preparation phase, the proposal phase, the implementation phase, and the data analysis phase. This method often begins with a qualitative research phase, which provides context and depth for specific questions that are later examined through a quantitative approach. In the case of WHOQOL- Bref and WHOQOL-Old, this may involve conducting interviews with individuals to identify specific experiences and needs related to quality of life. Subsequently, the qualitative data can be used to develop hypothesis or to adopt existing instruments for testing in a quantitative phase (Maleku et al., 2020; Asti et al., 2024). This approach enhances the reliability and validity of measurement tools, ensuring they are appropriate for specific population groups, in this case, older adults (Fernandes, 2015).

The sequential mixed method design also measures quality of life using instruments such as WHOQOL-Bref and WHOQOL-Old to better understand the impact of various factor on individuals' well-being. These instruments offer a framework for multidimensional assessment of quality of life, considering physical, mental and social aspect (Conrad et al., 2014); Caballero et al., 2013). Evaluating this dimension is essential for identifying specific needs and designing interventions that address those needs among elderly individuals (Alrawi & Al-Ghamdi, 2023). Another important implication of the sequential mixed methods approach in WHOQOL research is its use in comparing outcomes across different economic conditions. This enhances

our understanding of contextual influences on quality of life and helps identify which men and women are more affected by specific factors (Molina-Azorin, 2010; Gobbens & Assen, 2016). For example, a study may begin with in-depth interviews with individuals from a specific population group to understand their perceptions and experiences related to quality of life. These qualitative data can reveal key themes that are later tested in a quantitative study, where survey questions are designed to address those specific themes (Pluye et al., 2018). This strategy ensures that quantitative measurements are both appropriate and relevant to the studied population, while preserving the nuances of human experience (Huan et al., 2025).

The mixed sequence method also allows for integrated data analysis, where qualitative and quantitative results are interpreted together to provide a more comprehensive understanding of the phenomenon under study. This enables researchers to grasp not only how things happen but also why happen, helping identify barriers and opportunities in standard issues such as health management (Meese et al., 2021).

Another important aspect of this method is its promotion of community engagement and the development of relationships between researchers and the study participants, contributing to responsible and ethical data collection (Ferguson et al., 2017). Fundamentally, this research model supports a deeper understanding of the social and individual dynamics that influence well-being and quality of life, thereby providing a stronger foundation for the development of new policies or practices in public health (Haun et al., 2023). To assess the reliability of instruments such as WHOQOL-Bref and WHOQOL-Old, statistical metric are commonly used to measure consistency and stability. Key metrics include:

Cronach's Alpha: measures internal consistency, i.e., how well the responses to items within a domain correlate with each other. Values above 0.7 are considered acceptable, while values above 0.8 are preferred.

Test-Retest Reliability: assesses the instrument's stability by comparing results from the same test administered at two different time points. This is typically done using Pearson correlation or the Intraclass correlation Coefficient (ICC).

Intraclass correlation Coefficient (ICC): used to measure reliability when variables are continuous and the instrument requires high consistency.

Split-Half reliability: tests whether the first and second half of the questionnaire yield similar results.

Factor Analysis (Exploratory and Confirmatory): used to evaluate the validity and structural integrity of the instrument.

For WHOQOL-Bref, studies have shown strong Cronbach's Alpha values (Typically 0.7) and significant test-retest correlation. WHOQOL-Old has demonstrated similar reliability metric, using Cronbach's Alpha and factor analysis to validate its structure.

Priority is another aspect of mixed method design. A greater prominence may be given to quantitative data or qualitative data, or an equal priority could be given to these two data forms (Creswell, Clark, Gutmann, & Hanson, 2003). In my study, qualitative data were collected first, followed by quantitative data. This approach aligns with certain methodology that prioritize qualitative methods before quantitative ones. However, there are also studies whose methodologies assign equal weight to both qualitative and quantitative data. In exploratory studies, the qualitative method is placed at a higher priority level and conducted first (Kroll, Neri, & Miller, 2025). The moment when I combined the qualitative and quantitative approaches in the methodology is referred to as integration, and it presents a key point especially when researcher has clearly defined research questions. A necessary condition for any studies in that researcher ensures proper integration of both methods, data sets, or research findings.

3.2.1 The preparation phase

In the preparation phase, information related to the study issue was collected, in literature review. Initially, conversations were held with the elderly but a strong point of the study is my participation in the project “Appropriate and Integrated Social and Health Services for Elderly”, within the framework of the functioning of the Social Fund Program, monitored by the Ministry of Health and Social Protection, the Korça District Council together with the Municipality of Korça, Pogradec and Maliq in cooperation with “Emanuel Mission for Development and Integration” implemented the project from 13 February 2024 until 31 December 2024, for a period of 11 months. The reporting period was May – August 2024. This project had its objective the provision of specialized social and health care services for elderly people. (See annexes). This project came as a result of several years of cooperations between the aforementioned actors, which aimed to expand the level of existing social and health care services beneficiaries provided by the Third Age Day Centers at the regional level. This service was initially offered in 4 Day Care Center in Municipality of Korça and further through this project it was expanded to the

Municipality of Pogradec one Center, and Maliq another one Center, so currently 6 Day Care Center for elderly are providing services “Golden Age”. From these conversations, data were identified that relate to the situations of the elderly in the Region of Korça , various aspects of their day live, current and expected problems.

3.2.2 The process of structuring the study

At this stage, the main focus has been on structuring the research. Developing a reliable and valid research framework has been a fundamental task in this study, as the research instrument is essential for the continuation of the study.

The mixed methods approach represents a research strategy that combines qualitative and quantitative methods in a complementary way to address complex research questions. This method is designed to enable an in-depth investigation of a specific topic, beginning with qualitative phase that informs and enhances a subsequent qualitative phase (Diaz et al., 2021). One of the key characteristics of this approach is that the research begins with collection of qualitative data to explore experiences, perspective and context that are essential to the study’s problem. Taking into account other scholarly articles, studies previously conducted by other researchers (Katz & Buoninocontro, 2024; Creswell & Plano Clark, 2017), the literature review and many documents and reports about home care in the Korça region, social policies, national strategies, semi-structural interviews were conducted with the elderly, nurses in Primary Care, key elements in Municipalities and representative of NGO-s and observations with a large number of elderly people to identify the needs of the elderly. Once these data are gathered and analyzed, they are used to formulate the hypotheses or to inform the design of measurement instruments in the later quantitative phase (Berman, 2017). This approach is particularly useful when a deeper understanding of aspects related to quality of life is required, such as in the assessment of WHOQOL-Bref and WHOQOL-Old, as it provides a rich context for interpreting quantitative results (Ahumuza et al., 2022). Subsequently, a questionnaire comprising three instruments was administrated to a sample of 466 elderly people. The instruments included the social support Questionnaire, the World Health Organization Quality of Life-Bref (WHOQOL-Bref), and the World Health Organization Quality of Life – Old (WHOQOL-Old). Two key criteria were considered in structuring the questionnaire. The first criterion determined the level of details required in the questionnaire content to clarify identity the needs of older

adults across several dimension, including health, daily living activities, socio-economic conditions, and emotional well-being. The second criteria focused on the number of sections to be included alongside the standardized WHO questionnaires, which were translated into Albanian language to ensure they were appropriate and accessible for respondents. Questionnaires are widely used in both health and social research and are considered a valuable method for collecting a broad range of information from large samples of participants. Proper preparations and organization of questionnaire sections are essential for the success of the study. Poorly formulated questions, incorrect sequencing, inaccurate scaling, or a flawed questionnaire format can significantly undermine the validity and reliability of the research. The questionnaire designed for this study, aimed at identifying the needs of elderly included several types of questions. Closed-ended questions: binary questions where respondents answered with yes or no; categorical questions with multiple choice options, allowing participants to select several alternatives, and scaled questions where the responses are evaluated on a scale with five options. The Likert scale was used for this type of question. Well-constructed questionnaires are critical to the success of the study so the formulation and sequencing of questions adhered to widely accepted principles established by researches in the social sciences.

- a) Questions flow logically from one to the next.
- b) Answers to a question are not influenced by the previous one.
- c) Questions are ordered from the most general to the most specific.
- d) Questions move the least sensitive to the most sensitive.
- e) Questions are ordered from those of fact and variety to questions of opinion and attitude.
- f) Questions flow from non-auxiliary to auxiliary questions.

3.2.2.1. Questionnaire content

Designed as a questionnaire that will serve several issues, it is divided into 5 sections. **The first section** includes Life History (with basic demographic information such as age, gender, educational level and marital status; on the organization of the family and whether they live alone or not; on the health status of the participants).

The second section includes Economic Status (source of income, financial difficulties, migration of children and economic support that the elderly receive from children and the community).

The third section includes Social Support (emotional and practical). The Social Support Questionnaire is used for measuring subjectively assessed social support across three subscales: Family (4 items), Friends (4 items) and Significant Other items. Each item is rated on a 5-point Likert-type scale ranging from strongly disagree (1) to strongly agree (5) (Sarason, Levine, Basham, et., al, 1983). (For details, see Appendix).

The fourth section includes the standard WHOQOL-BREF Questionnaire (Mental Health Department; World Health Organization, 1996, 1998) is an identity instrument designed to provide a short form of quality of life assessment. It is available in 19 languages including the Albanian language (World Health Organization 1966). The WHOQOL-Bref produces a quality of life profile derived from four domain scores: Physical, Psychological, Social and Environmental. There are also two items that are examined separately; question 1 asks about an individual's overall perception of quality of life and question 26 asks about an individual's overall perception of their health. (For details see Appendix).

The fifth sector includes the WHOQOL-OLD standard questionnaire (power et al., 2005; Wold Health Organization, 2006) is specifically designed for use with older adults. The WHOQOL-Old consists of 24 items scored on a 5-point scale (Power et., al, 2005) assigned to six facets: Sensory Abilities (SAB), Autonomy (AUT), Past, Present, and Future Activities (PPF), Social Participation (sOP), Death and Dying (DAD) and Intimacy (INT). Each of the facets has 4 items, thus for all facets the score of possible values can range from 4 to 20, provided all items of a facets have been completed (see Appendix). The score of these six facets can be combined to produce a general score for quality of life in older adults, denoted as the WHOQOL- Old module total score.

The Albanian version of WHOQOL-Bref was used in this study. The English version of SSQ and WHOQOL-Old were translated into Albanian by the researcher. To ensure language consistency, the instruments were back translated by two native Albanian speakers fluent in English who had not seen the original version. The back translated copy was compared with the original English version to identify language translation. The Albanian translation was adjusted with corrected translation prior to utilization. A pilot study was conducted to assess internal consistency or reliability of the three instruments and make any further changes to the wording that may have been needed.

The questionnaire included open-ended questions (allowing the elderly to express their thoughts freely), closed-ended questions (with pre-determined alternatives) and questions rated on a 5-point Likert scale. Responses to sections D and E were recorded and further transformed to a scale from 1 to 100 according to the guidelines published by WHO.

3.2.2.2 Questionnaire format

The questionnaire was formatted in two ways:

Printed version of the questionnaire

The questionnaire for conducting direct interviews was conceived and formatted on 19 pages of A4 size (210mmx297mm) respecting the logical order of the questions as explained above. Virtual version of the questionnaire.

The virtual interviews were conducted through the Google Forms system.

3.2.2.3 Questionnaire Validity

The definition of validity as the degree to which a measure accurately represents what it is supposed to measure (Hair, Babin, Anderson, & Black, 2019) is very important in any questionnaire. Ensuring validity begins with a clear understanding of what needs to be measured and then making the measurement as correct and precise as possible. However, precision does not ensure validity (Hair et al., 2019). To ensure that the questionnaire achieves the purpose of the study and to increase the degree of validity of the questionnaire, the instruments were reviewed by the scientific director of the study. After confirming the structure of the questionnaire through Confirmatory Factor Analysis, the internal consistency of the questionnaire was first tested using Cronbach's Alpha coefficient, for sections C (Social Support), D (WHOQOL-BREF) and E (WHOQOL-OLD). Since the last two sections of the questionnaire had different scales, their consistency was analyzed for each factor separately. This analysis resulted in most of the factors in the three sections having values above the recommended threshold of 0.70, demonstrating good or very good internal coherence.

The Cronbach's alpha was used to determine the internal consistency of each of the standardized measures included in the questionnaires. The Cronbach alpha for the total score of the SSQ was

0.80. The Cronbach alpha for the total score of WHOQOL- Bref was 0.87 and ranged 0.48 to 0.89 for its four domains. The Cronbach alpha for the total score of WHOQOL-Old was 0.89 and ranged from .778 to 0.89 for its six facets. These scores indicate good internal consistency or very good for all three measures (Hair et al.,2019).

3.2.3 Step Two – Proposal Phase

The tasks in the second step, the proposal phase, include presenting the study proposal, conducting preliminary semi-structured interviews and discussions, completing sampling procedures, and preparing the instrument for the implementation phase. This section covers how the tasks were implemented.

3.2.3.1 *Study proposal*

First, through the project proposal, I expressed my interest in conducting my study on this topic because it was related to my education, experience in teaching the Gerontological Nursing Care course, and my profession. Then, through the reference, the research was presented according to chapters where the co-tutor provided opinions, suggestions, remarks, and advice regarding the research. All these remarks were reflected in the subsequent references and in the final material.

3.2.3.2 *Research Ethics*

Research ethics affects the process of social research, as a result researchers must adhere to ethical rules which are: (1) Participation must be voluntary; (2) research must protect the anonymity and confidentiality of the subject under study; and (3) Research must never cause offense to participants (Neuman & Dickinson 2001).

The participants in this study were volunteers; the nature and purpose of this study was open to the participants. Throughout the study process, ethical principles of scientific research were respected. Participants were clearly informed about the purposes and manner of data use, the right to refuse participation or not to answer some questions was respected, and measures were taken to ensure that their identity remained anonymous and protected.

Information sheets were distributed by the students of the third year and the professional master s degree to all those initially selected for participation about three weeks before the survey began.

They were trained to explain the aims of the study, clarify the meaning of each question in instrument where necessary, and administer the questionnaire on face-to-face basis. Face to face administration of the questionnaire was regarded as the most suitable way to gather information from these participants (Flick, 2020). The students had read the information sheet and understood the ethical issues involved. Photographs have been used with permission. Informed consent forms were obtained from each participant before the questionnaires were administered.

3.2.3.3 The sample

After the study had determined how the primary data will be collected, the next step is to select a sample of interviewees who are representative of the target population (Proctor, 2005). In general, sampling involves collecting several elements (characteristics) from the general population and obtaining information from them. Researchers are not interested in the entire population but rather a segment of it. All this completes the group of elements (people or objects) that have been identified for investigation, based on the objectives of the research project. The sampling plan addresses three questions: 1. who will be studied (the sampling unit), 2. how many will be studied (sample size), and 3. how they will be selected (sampling procedure). Interviewing the correct object in the target population is fundamental to the validity of the study.

The target population for the sample of this study consisted of elderly people over the age of 65, residing in urban and rural areas of Korça District. The sample consisted of 466 people, randomly selected.

Stratified sampling is a method of sample selection in which the population is divided into homogeneous subgroups, called strata, based on shared characteristics such as gender, age, place of residence, education, level, etc. From each stratum individuals are randomly selected, ensuring that every subgroup is fairly represented in the sample. This method helps increase the accuracy and reliability of the study's results.

The sample was constructed using a stratified approach, combining simple random sampling with convenience sampling. This method was chosen due to practice difficulties in covering the entire region area. However, efforts were made to ensure representation from major cities as well

as surrounding villages. The inclusion criteria were age ≥ 65 years, while the exclusion criteria was to provide informed consent to participate.

3.2.4 Implementation phase

An important key element of the mixed method designs used in the study is the implementation sequence which specifies how and when quantitative and qualitative data are collected (Johnson & Onwuegbuzie, 2004). Data collection, as explained above, was done in two main ways: direct interviews were conducted by trained interviewers within various institutions, engaging professionals specialized in relevant fields. Second, structured questionnaires distributed via Google Forms were administrated by trained students who collected responses from elderly individuals in diverse settings, including public spaces, homes (e.b., grandparents), elderly day care centers, hospitals, Primary Healthcare Center. This dual approach ensured a broad and inclusive sample, enhancing the reliability and representativeness of data gathered. Also, the data collection can occur either concurrently or sequentially (Creswell et al., 2004). This means that the implementation sequence relates to whether data was collected first through qualitative means or quantitative ones. In sequential mixed method research, quantitative or qualitative data collection provides a foundation for the next data collection and analysis phase (Creswell et al., 2004). The sequential approach is preferable if the phases of data collection add to each other for the benefit of the study. However, if that is not the case, it is possible to collect both quantitative and qualitative data concurrently not looking at the relationship between them until the analysis of the findings or the interpretation of the results (Creswell et al., 2004). It is important to note that the sequential data collection approach may provide more time to gain more findings when compared with the concurrent approach.

3.2.4.1 Data collection

After compiling the research plan, work was done on data collection. The research process began with the collection of secondary data, which are simpler and faster to collect, and are used before deciding to collect data from primary sources, we focused on their collection first. With the numerous possibilities offered by online information systems, research and familiarization with studies on basic theories or specific studies is easier to find but often more difficult to select reliable and verified knowledge due to the large amount of information available. Careful

selection of reliable sources was one of the main criteria in this phase. Official data from INSTAT, WHO, studies on the analysis of the situation of services for the elderly, publications published in internationally listed and certified scientific journals were used. A database was created with the literature that was used in the study and can also serve for future studies. For the collection of primary data, the objective was to collect around 500 interviews, organized into 466 interviews. The interviewing process took place between January and June 2024. This period of the year can be considered the most important period of study. Due to the sufficient time limits, the students had enough time to decide whether they wanted to conduct these interviews face to face or with Google Forms. They were trained to explain the aim of the study, clarify the meaning of each question in the instruments where necessary and administer the questionnaire on a face-to-face basis. Face-to-face administration of the questionnaire was regarded as the most suitable way to gather information from the participants (de Vaus, 2004). The students had read the information sheets before and understood the ethical issues involved. The participants were informed that they had the right to decline to participate, refuse to answer any question or withdraw from the study at any time. Informational consent forms were obtained from each participant before the questionnaire was administered.

3.2.5 Step Four

The final stage of the work was the analysis of the responses collected. This section includes the coding of the data, the statistical method the study used, and how the study addresses issues of questionnaire reliability.

3.2.5.1 Data Coding

First, the collected data were verified for completeness and correctness. Questionnaires that were not filled out correctly were excluded from further study. The printed questionnaires were coded with numbers to make further processing easier. The questionnaires completed with Google Forms were exported to Excel and together with the questionnaires completed face to face, the primary database was created.

3.2.5.2 Data analysis

Data was analyzed using R Version 4.5.1, with the Lavan package (version 0.6-19). Before analyses, data were screened for missing values and data entry errors. Data was also assessed to ensure that the assumptions of each test used were not violated. To assess the factorial structure of the instruments used in the study, Confirmatory Factor Analysis (CFA) was conducted for both sections of the questionnaire D. WHOQOL-BREF and E. WHOQOL-OLD. Model parameters were estimated using Maximum Likelihood (ML) Method. Model fit was assessed using standard fit indices including: Chi-square (χ^2), Comparative Fit Index (CFI), Tucker–Lewis Index (TLI), Root Mean Square Error of Approximation (RMSEA) with confidence intervals 90%, Standardized Root Mean Square Residual (SRMR), Akaike Information Criterion (AIC) and Bayesian Information Criterion (BIC) were used to for model comparison.

Structural diagrams were created for each model visually representing the latent constructs, their respective factors loadings and the covariances among them. These visualizations provided additional support in interpreting the model outcomes and facilitated a clearer understanding of the relationships within the proposed structures.

Further, the collected data was analyzed using SPSS v.20. Initially, descriptive techniques such as mean, median, frequency, percentage, and standard deviation were used to better understand the distribution of responses in the sample.

Multiple linear regression analysis was then conducted to examine the effect of demographic (e.g., age, gender), economic (e.g., income), social (e.g., support network) and family – related factors on quality of life.

3.3 Representation of the Study Sample

One of the fundamental issues in health science is whether the study sample truly represents the population.

3.4 Reliability Test - Cronbach's Alpha Coefficient

Cronbach's Alpha is a measure of internal consistency reliability (Hair et al., 2019), that ranges from 0 to 1 and assumes equal (unweighted) loadings of the indicators. The alpha coefficient

serves as an indicator for assessing the reliability level of a scale and is designed as a measure of internal stability. The alpha coefficient is measured on the same scale as Pearson's correlation coefficient (r) and typically varies between 0 and 1. As a general rule, the reliability should not fall below 0.8 for testing instrument (Carmin & Zeller, 1979), however, 0.8 is not an absolute threshold in all cases, as a researcher may determine reliability based on an objective of the study (Carmin & Zeller, 1979). The reliability of the study instrument was assessed after the data had been collected and the value of the reliability coefficient was used to determine the level of stability of the questionnaire. Specifically, the alpha coefficient was employed to verify the internal consistency of the tested items.

Internal consistency is reflected through a statistical technique that measures the homogeneity of the scale. Known as Cronbach's Alpha, whose acceptable values generally should not be lower than 0.7, with a maximum possible value of 1. Another method for measuring internal consistency is the so-called Split-Half Reliability. According to this method, internal consistency is first measured for the first half of the items in the measurement instrument, then the same procedure is applied to the second half of the items. Finally, the result from both halves are compared in the form of correlation coefficients (Frashëri, 2017).

However, Cronbach's Alpha is still considered a conservative measure of internal consistency reliability (Hair, 2019). Reliability is the degree to which the result of an instrument or testing procedure yields the same outcome in repeated measurements (Carmin & Zeller, 1979). After confirming the structure of questionnaire through Confirmatory Factor Analysis, the internal consistency of the questionnaire was first tested using Alfa to Cronbach's Alpha coefficient for section C (Social Support), D (WHOQPL-Bref), and E (WHOQOL-Old). Since the last two sections of the questionnaire had different scales, their consistency was analyzed for each factor separately. This analysis showed that most of the factors in three sections had values above the recommended threshold of 0.70, demonstrating good or very good internal consistency. (See the table below.)

		Cronbach's alpha
<i>Social support</i>		$\alpha = 0.800$
OL- BD	$\alpha = 0.873$	<i>Physical</i>
	$\alpha = 0.895$	<i>Psychological</i>

WHOQOL-OLD	$\alpha = 0.486$	<i>Social</i>
	$\alpha = 0.878$	<i>Environmental</i>
	$\alpha = 0.896$	<i>Sensory abilities</i>
	$\alpha = 0.820$	<i>Autonomy</i>
	$\alpha = 0.827$	<i>Past, present and future activities</i>
	$\alpha = 0.801$	<i>Participation in social life</i>
	$\alpha = .918$	<i>Death and thoughts about it</i>
	$\alpha = .778$	<i>Intimacy</i>

3.5 Frequency Report and Descriptive Statistics

Descriptive analysis and frequency reports were used to provide a profile of the study's respondents. The responses for all sections of the study questionnaire were tabulated. A description of the results was provided for all responses. For more questions that were not subject to further processing, an interpretation of their result was also carried out.

3.6 Confirmatory factor Analysis (CFA)

The purpose of factor analysis is to identify which qualities of mental abilities tend to occur together and which are distinct abilities. It has been shown that in general the development and use of psychological tests and questionnaires are highly useful for their identification. Tests used to measure personality, attitudes, intelligence and aptitude are often based on this technique, which helps determine which parts and data from the test should be retained for study. By using factor analysis, it is possible to retain only the most essential data on psychological variables, which is why theorists in the field of psychology widely apply this technique. Factor analysis is a multivariate analysis and a statistical method that identifies a reduced number of factors from a large number of measured variables. A variable is a specific characteristic of an individual or object that can be classified in several ways (Newbold, Carlson & Thorne, 2013). Confirmatory Factor Analysis is a method for testing how well a predefined measurement model comprising measured variables and factors fits the reality captured by the data (Hair et al., 2019). Other authors define CFA as a statistical technique used in structural equation modeling to test the existence of a relationship between observed variables and their underlying (latent) construct, and to assist in estimating measurement error by identifying the common variances

and the covariances among the observed variables (Kline, 2011; Muthen, 2010; Schumacker & Lomax, 2010).

To assess the validity and appropriateness of the theoretical structure of the instruments used in this study, a Confirmatory Factor Analysis (CFA) was conducted for two sections of the questionnaire: D WHOQOL-BREF and E WHOQOL-OLD. CFA is a statistical technique employed to test whether empirical data fits a predefined theoretical model, verifying whether the items group according to the factors specified in the original structure of the instrument (Hair et al., 2019). In this study, the theoretical model of WHOQOL-BREF (comprising four domains) and WHOQOL-OLD. CFA is a statistical technique employed to test whether empirical data fits a predefined theoretical model, verifying whether the items group according to the factors specified in the original structure of the instrument (Hair et al., 2019). In this study, the theoretical model of WHOQOL-BREF (comprising four domains) and WHOQOL-OLD (comprising six domains) was tested using model fit indices such as the Comparative Fit Index (CFI), the Root Mean Square Error of Approximation (RMSEA), and the Standardized Root Mean Square Residual (SRMR), with the aim of confirming construct validity and ensuring that the instruments consistently measure the intended dimension of quality of life in the studied population (Oliveira et al., 2016; Power et al., 2005). To assess the validity and appropriateness of the theoretical structure of the instruments used in this study, a Confirmatory Factor Analysis (CFA) was conducted for two sections of the questionnaire: D. WHOQOL-BREF and E. WHOQOL-OLD. CFA is a statistical technique employed to test whether empirical data fit a predefined theoretical model, verifying whether the items group according to the factors specified in the original structure of the instrument (Hair et al., 2019). In this study, the theoretical model of WHOQOL-BREF (comprising four domains) and WHOQOL-OLD (comprising six domains) was tested using model fit indices such as the Comparative Fit Index (CFI), the Root Mean Square Error of Approximation (RMSEA), and the Standardized Root Mean Square Residual (SRMR), with the aim of confirming construct validity and ensuring that the instruments consistently measure the intended dimensions of quality of life in the studied population (Oliveira et al., 2016; Power et al., 2005).

3.7 Maximum Likelihood (ML)

This method consists of sequentially extracting groups of factors loadings in such a way that each factor explains as much as possible of the population correlation matrix. The loading obtained for the first factor is then used to compute the residual coefficients in the matrix. A significant test is subsequently applied to determine whether it would be reasonable to extract a second factor. This process is repeated, extracting one factor to another until the significant test fails to reject the null hypothesis (H_0) for the final residual matrix. The product is a matrix of factor loadings. The factor loadings obtained through the Maximum Likelihood method can be interpreted in a manner similar to that described for the centroid method or the principal components method (Kothari & Garg 1999). ML is one of the most widely applied techniques in structural equation modeling (SEM) due to described statistical properties including consistency, efficiency and asymptotic normality, under the assumption of multivariate normality of the data (Kline, 2016). The EL method also facilitates direct comparison of alternative models through information criteria such as AIC and BIC.

Model fit was valuated using a set of widely recommended indices in the SMS literature (Hu & Bentler, 1999; Schumacher & Lomax, 2016), each providing a different perspective on a model adequacy.

Chi – square (χ^2): assesses the overall fit of the model by comparing the observed covariance matrix with the one implied by the model. A non – significant value ($p > 0.05$) indicates good fit. However, this statistic is highly sensitive sample size. For this reason, the χ^2/df ratio is often reported with value ≤ 3 considered acceptable (Kline, 2016).

Comparative Fit Index CFI) evaluates the improvement of the specified model over a baseline model. Values above 0.90 indicate acceptable fit, while values above 0.95 suggest excellent fit (Hu & Bentler, 1999).

At the end of statistical processing multiple linear regression was used, which investigates the relationship between the change in value of the independent variable and the value of the depend variable. Knowing the value of variables in different processes is of great benefit, especially when their values change. Regardless of the examination of one- dimensional, two-dimensional or multidimensional connections, the models of relationship between the main factors that act in the development of various phenomena in nature and society are also determined. Regression represents the average quantitative ratio between two or more mass phenomena, respectively, it represents that mathematical function that expresses the average ratio of two or more observed

phenomena, which is related to the expression of the form of manifestation of the development of two or more events. So the meaning of the word regression means the examination of an event in the past. Regression analysis is the most often use in research on the variability of two phenomena, one of which is presented as an independent variable while the other is presented as a dependent variable (Shala, 2000). To find their relationship or mutual influence, empirical data presented as two-dimensional data are best used. The most frequent relationship between phenomena are relationships between two or more phenomena, the main characteristic of which is their lability to the influence of external factors. Functional relationships are those relationships in which the connection between two or more phenomena is such that a precise change in one unit of the independent variable results in equivalent change in the depended variable. Meanwhile, an empirical relationship refers to a phenomenon that, by its very nature, links the variables together. Determining the shape of the curve that most reliably expresses the form of interconnection and mutual influence between phenomena is one of the primary challenges in regression analysis. Therefore, the regression line that minimizes the distance between the empirical data points-approaching each point in the formed series as closely as possible represents the most appropriate model for the observed phenomena.

CHAPTER FOUR

STUDY RESULT

4.1 Introduction

This chapter summarizes and reflects on all the findings of the study. The study was conducted with the aim of assessing the quality of life of the elderly over the age of 65 in the Korça Region, as well as exploring the feeling of abandonment and the social support they receive. It also aimed to identify the family; social and economic factors related to these life experiences. With aging, an increase in problems related to the reduction of some biological adaptive abilities and the increase in risks to physical and mental health is expected. This means greater needs for health care for this category, which undoubtedly affect the quality of life of the elderly.

Often health problems in the elderly are more serious and are combined with social problems (reduced income and communication) which can lead to a vicious circle, when the elderly are unable to take care of themselves, thus increasing the need for social support. By the needs of the elderly in this report we understand the expressed or assessed demand for help, care and service in physical, psychological or social terms. Measuring needs only through the calculation of the use of existing services will give an incomplete picture of the situation because the felt or self-reported needs are usually higher than the fulfilled needs. In the Korça Region this difference is even more pronounced due to rapid demographic changes which in other countries have occurred over a much longer period of time and have enabled greater adaptation of society and services. The research was based on a combination of qualitative and quantitative methods of data collection and interpretation. Data were collected through a structured questionnaire, which contained several main sections: demographic data, information on family organization, economic situation, child migration, social support and quality of life according to the standard instruments WHOQOL-BREF and WHOQOL-OLD.

For the collection of primary data, the objective was to collect around 500 interviews, organizing them into 466 interviews. The interviewing process took place between March and October 2024. This period of the year can be considered the most important period of study. Due to the sufficient time frames, the students had all the time to decide whether they wanted to conduct these interviews face to face or with Google Forms. From the review of the interviews, it turned out that 20 interviews had shortcomings and were excluded from further review. From the other part that was coded, it resulted that 14 of the interviews, mainly those that were online, had a standard deviation of 0 for all Likert scale questions (i.e. they were all 3, 4 or 5), assessing that the interviewees gave quick answers without considering the statements, so these interviews were removed and the rest of the 466 interviews were taken into consideration and processed. The independent variables of the study include: gender, age, marital status, educational level, residence, living alone or not, social support, feeling of abandonment, economic difficulties and satisfaction with health.

The dependent variables are the dimensions of quality of life measured through WHOQOL-BREF and WHOQOL-OLD.

The questionnaire used in the study was divided into 5 main sections:

- A. Life History (with basic demographic information such as age, gender, educational level and marital status; on the organization of the family and whether they live alone or not; on the health status of the participants).
- B. Economic status (source of income, financial difficulties, migration of children and economic support that the elderly receive from children and the community).
- C. Social support (emotional and practical).
- D. The standard WHOQOL-BREF questionnaire for quality of life (which assesses the physical, psychological, social, environmental domains)
- E. The standard WHOQOL-OLD questionnaire for quality of life in the elderly (which assesses the domains of sensory abilities, autonomy, life activities, social participation, attitude towards death and intimacy).

SSQ is used for measuring social support and has three scales: Family with four items, Friends with four items, significant Others with four items.

The WHOQOL-BREF is a shorter version of the WHOQOL-100. Both were developed by the World Health Organization and published in 1995. The questions stem from multiple statements about quality of life, health and well-being from people with and without disease, and health professionals. The questionnaire has 26 questions on the individual's perceptions of their health and well-being over the two previous weeks. Responses to questions are on scale from 1 - 5 Likert scale where 1 represent disagree or not at all disagree and 5 represents completely agree or extremely. The WHOQOL-BREF cover four domains: Physical (activities of daily living, dependences on medical substances and medical aids, energy and fatigue, mobility, pain and discomfort, sleep and rest, work capacity). Psychological (bodily image and appearance, negative feelings, positive feelings, self-esteem, spiritually/religion/personal beliefs, thinking, learning, memory concentrations). Social relationships (personal relationships, social support, sexual activity). Environment (financial resources, freedom, physical, safety and security, health and social care, home environment, opportunities for acquiring new information and skills, participation in and opportunities for recreation/ leisure activities, physical environment, transport). (The WHOQOL-BREF resources manual and other resources). The WHOQOL-OLD (power et al., 2005; World Health Organization 2005) is designed for older adults and asks for thoughts and feelings about certain aspects of life and addresses issues that may be important for the older adults. This questionnaire has 24 items scored on 5-point

scale (Power et al., 2005) and grouped into six domains: Sensory, Abilities, Autonomy, Past-Present-Future Activities, Social Participation, Death and Dying, Intimacy. Each domain has 4 items, thus for all domains the score can range from 4 to 20. The scores for six domains can be combined to give a general score for quality of life in older adults.

The questions included open-ended questions, allowing older adults to freely express their thought, as well as closed-ended questions with predefined response options, including items rated on 5-point Likert scale. Responses from section and D and E were recoded and subsequently transformed to a scale from 1 to 100, following the guidelines published by the

World Health Organization.

First, I begin by presenting a descriptive analysis of the questionnaire's result. Table 3 displays the findings related to the demographic data respondents. The first section of the questionnaire focused on collecting demographic information from elderly participants. This section consists of 10 questions.

4.2 Results

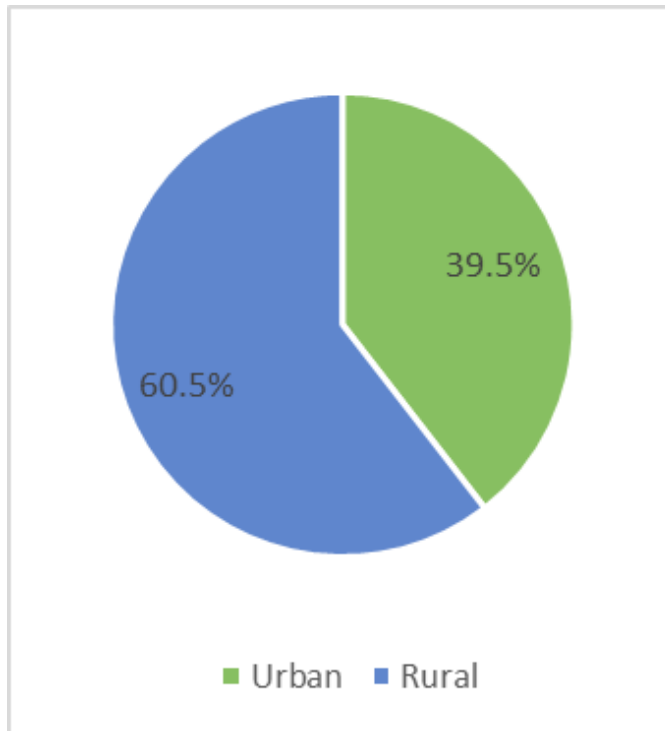
4.2.1 Demographic variables

As can be seen in the Table 4.1 based on the data collected regarding age, the average of the participants was 74.5 years, with a moderate distribution ($SD = 7.16$), ranging from 65 to 97 years old. The majority of participants were female, 279 (59.9 %) and 187 (40.1 %) were male.

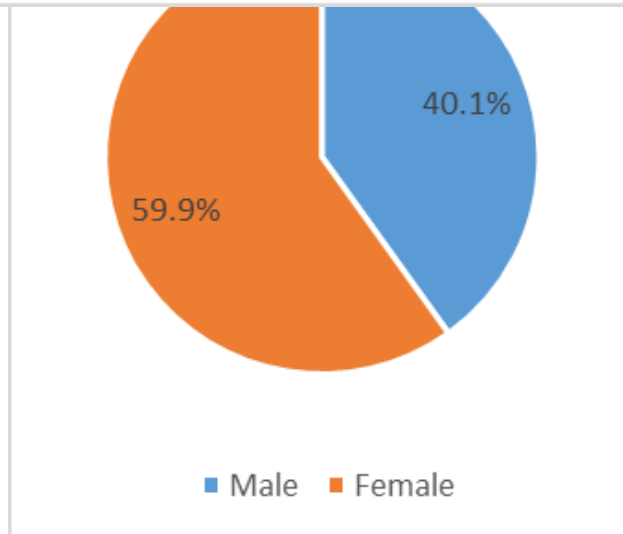
Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Age	466	65	97	74.50	7.160
Valid N (listwise)	466				

Table 4.1

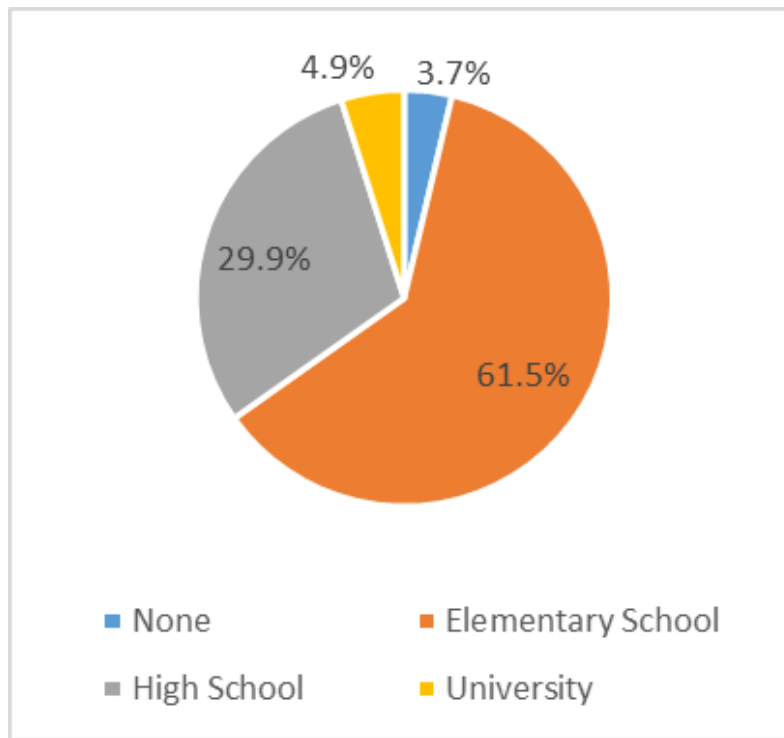


Based on the place where they participants live in (%) and 185 (39.5 %)



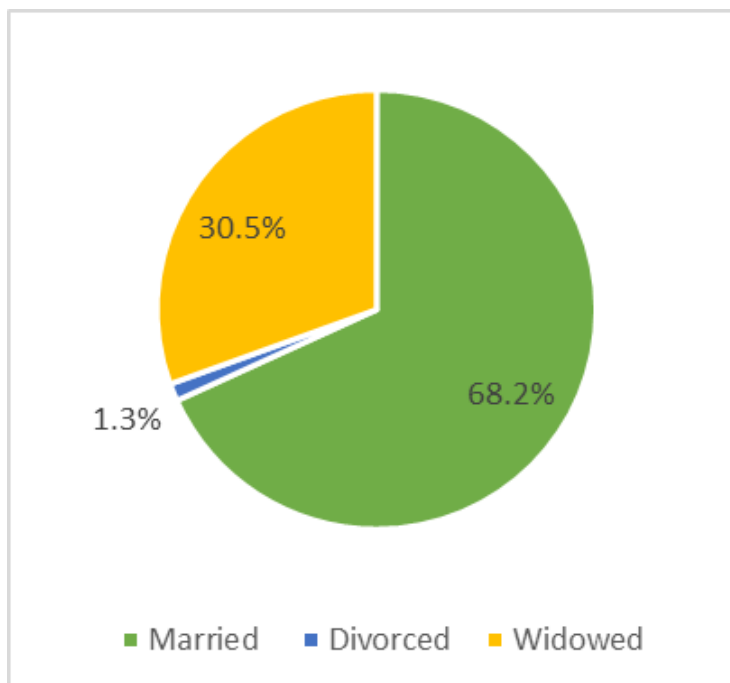
question regarding live, most of urban areas 281 (60.5 live in rural areas.

Regarding
317 were
(68.2 %), 142 were
(30.5 %) and 6 were
(1.3 %).



marital status
married (68.2
widowed (30.5
divorced 1.3 %.

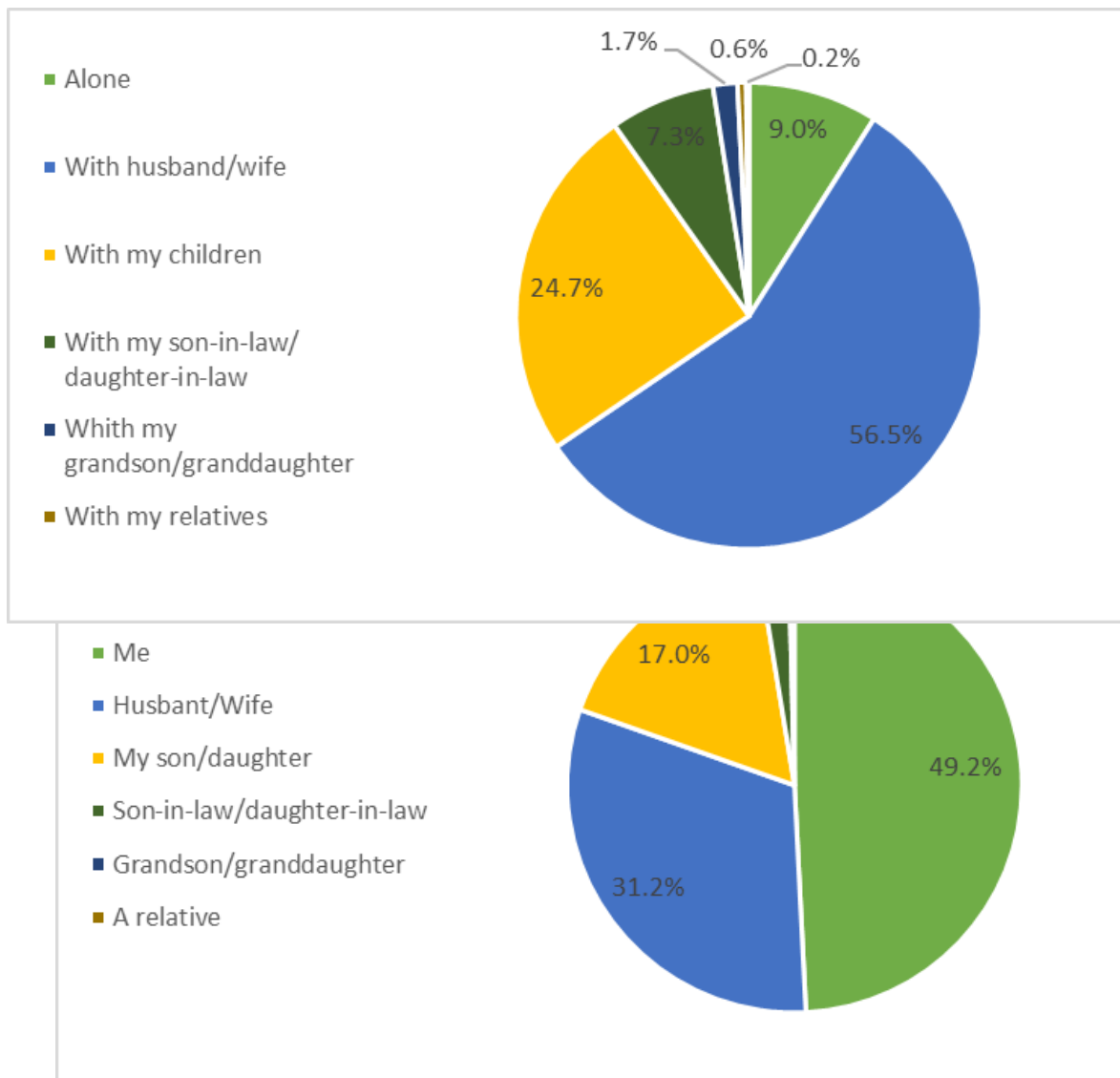
Regarding the question on educational level the most participants had completed primary years only 288 (61.5 %), 138 (29.9 %) had completed secondary education, 23 (4.9 %) had a university degree and 17 (3.7 %) had no formal education.



4.2.2 Who do you
family and who is
(living

live with in your
the household
arrangements)

The question about the role in the family co-residence approximately half 229 (49 %) of the elderly participants in the study reported the head of household (I am), indicating that many

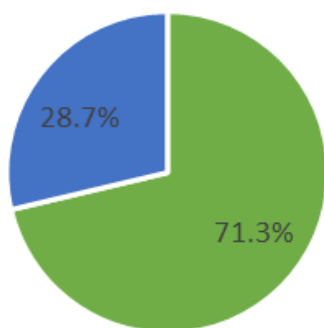


maintain a leadership role in the family. A considerable proportion of 145 (31.4 %) identified their spouse as the head of the household. 79 (17 %) had children the head of household, 11 (2.2 %) the bride/groom, only 1 (0.2 %) the niece/nephew and only 1 (0.2 %) had a relative. Most participant live with their spouse 263 (56.5 %), 115 (24.7 %) with their children, 42 (9 %) live alone, 8 (1.7 %) participants live with bride/groom, 3 (0.6 %) with the niece/nephew and only 1 (0.2 %) live with a relative.

4.2.3 Migration of the children

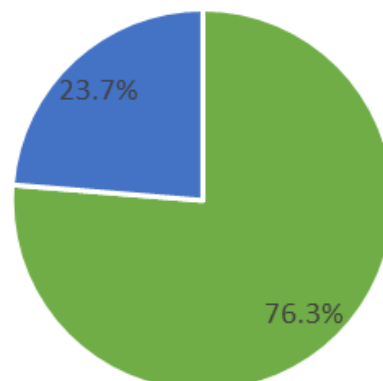
Children's migration, both within the country, work outside their hometown either another city, in capital or abroad is a common phenomenon among elderly people. They declared that 332 (71.3 %) work within the country and 134 work in their hometown (28.7 %). The rapid demographic transition has led to a shrinking of family units and weakening of their traditional role in supporting the elderly. In contrast to the other countries in the region, Albania lacks a historically rooted, integrated system of health and social care for older adults. While the question if they had children who work abroad 356 (76.3 %) stated that they have children working out and 110 (23.7 %) don't have children who work abroad.

Within the country



■ Yes ■ No

Outside the country

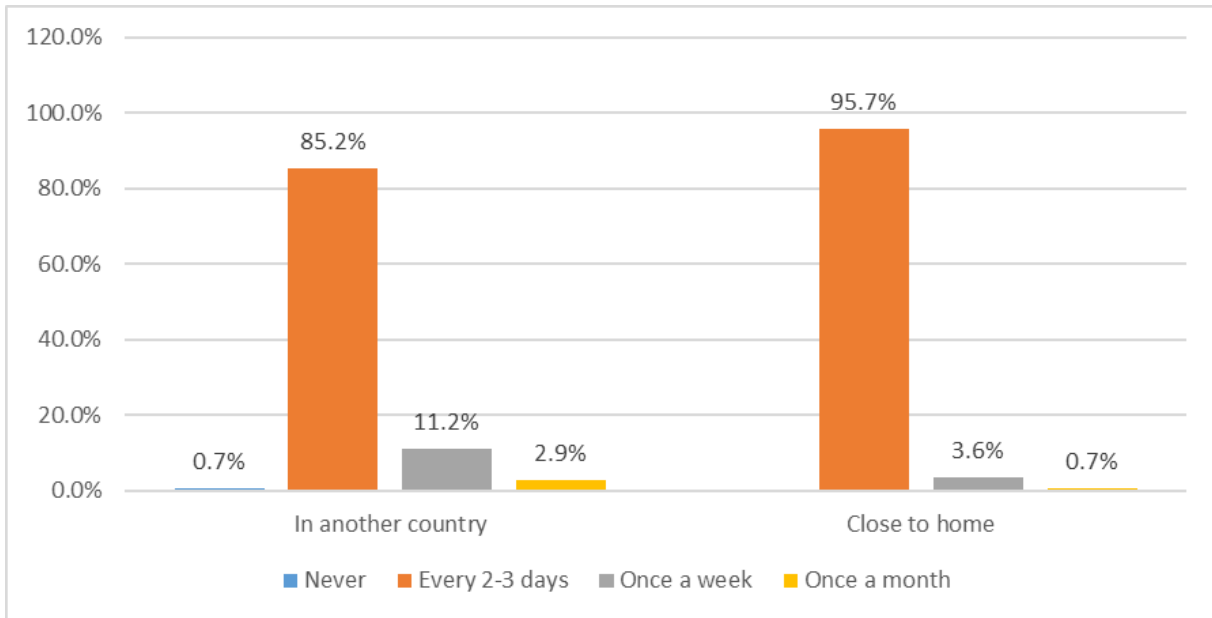


■ Yes ■ No

4.2.4 The frequency of communication with children living abroad

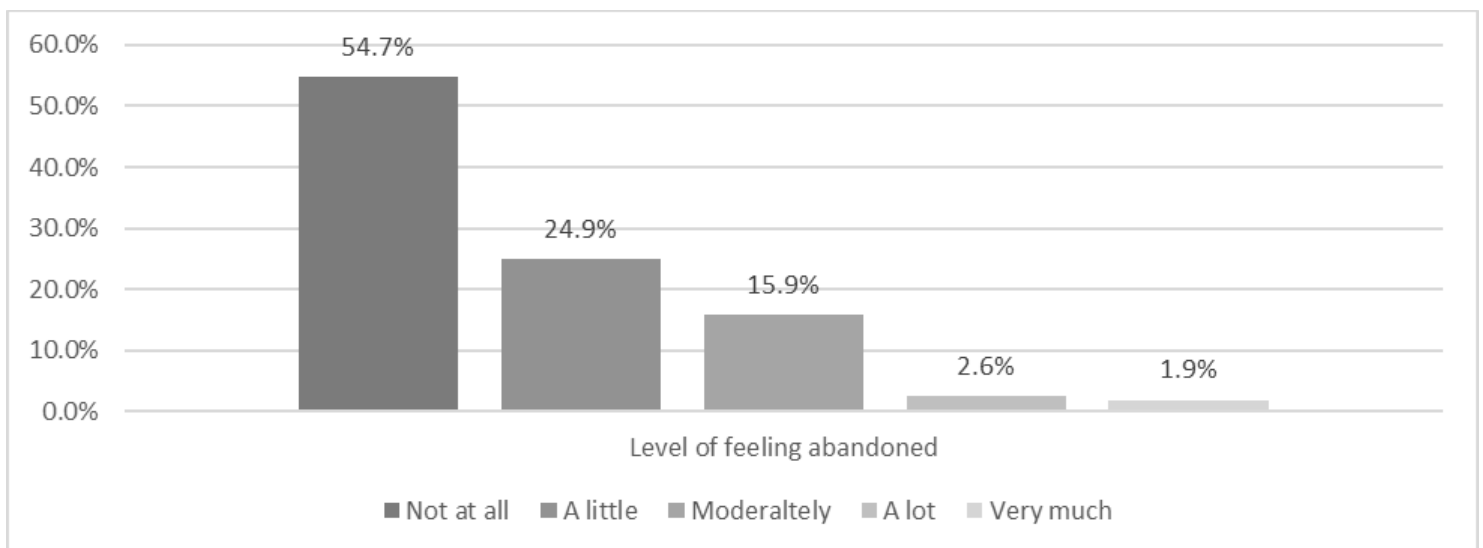
4.2.5

Data shows that elderly individuals who have children living abroad maintain relatively frequent communication with them, with around 397 (85.2 %) reporting contact every 2-3 days and 52



(11.2 %) on a week basis, once a month13 (2.9 %). Only a small minority never communicate at all 0.7%. As for those whose children live nearby, they mostly communicate every 2-3 days 445 (approximately 95.7 %), one a week17 (3.6 %) and while less or never communicate is very rare 0.7 %.

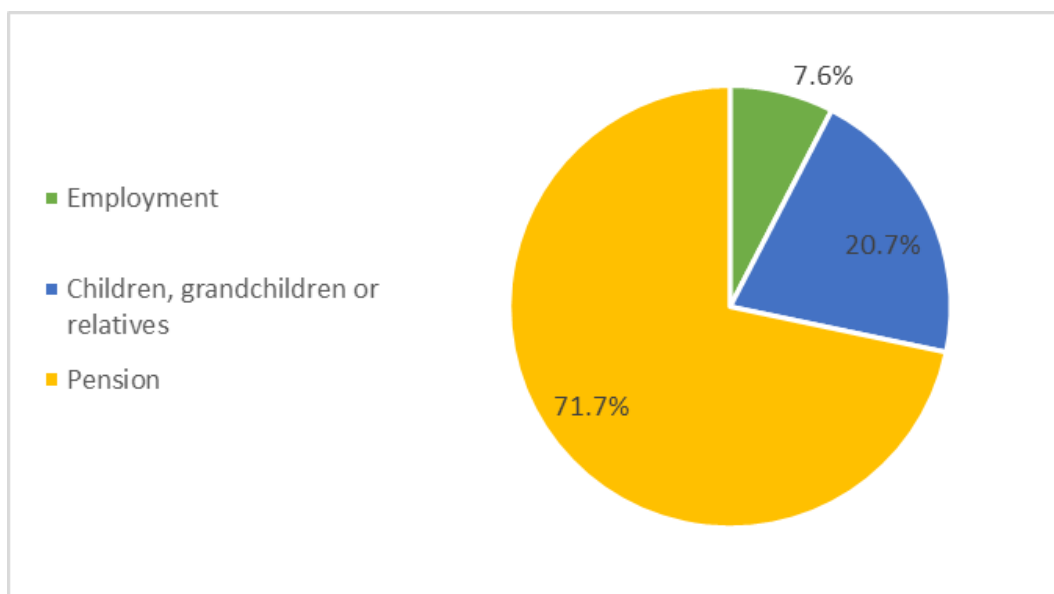
This indicates that, despite this physical distance, most elderly people maintain regular contact with their children and having children close by further increases the frequency of communication. The results show that the majority of the elderly participants in the study do not



feel abandoned by their children, with 255 (54.7 %) stating that they do not feel neglected at all and 116 (24.9 %) feeling slightly abandoned. A smaller portion 74 (15.9 %) feel moderately abandoned, while less than 12 (2.6 %) feel completely abandoned and 9 (1.9 %) feel very abandoned. This indicates that, for most elderly individuals, the relationship with their children is stable and they do not experience strong feelings of abandonment.

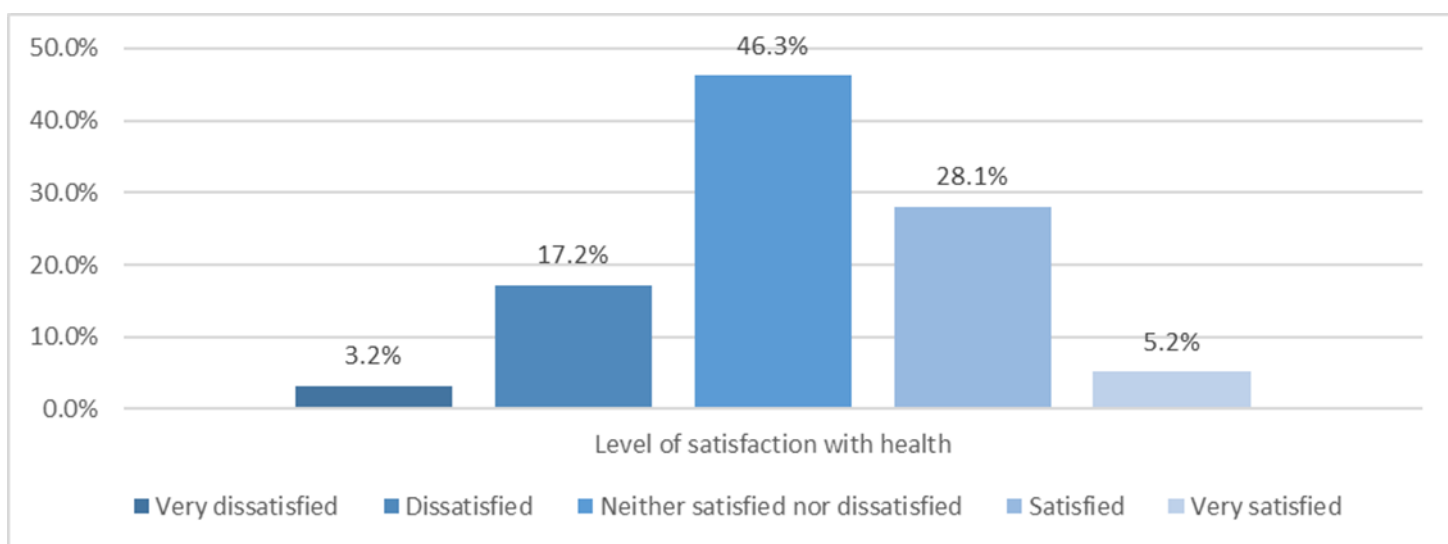
4.2.6 Health condition

Korça Region is one of the four counties with the highest number of people suffering from chronic diseases in Albania, primarily hypertension, diabetes type 2, chronic asthma, cardiovascular diseases, thyroid diseases (Pogradeci), mental disorders (depression and dementia). Due to the complexity of chronic conditions commonly experienced by the elderly participants 303 (65 %) of responded reported having long-term problems or disability. 414 (88.9%) had at least one chronic illness and 52 (11.1 %) did not. Of those who had one ore more disabling conditions, include high blood pressure 326 (70%), vision difficulties 289 (62%), 214 arthritis (46%), hearing loss 182 (39%), 149 diabetes (32%), and heart problems 130 (28%), COPD and asthma 46 (10 %), thyroid disease 37 (8 %), stroke 10 (2,1 %), bowel disorders 140 (30,1 %), hernia 42 (9 %), urinary tract problems and chronic kidney disease 50 (10,8 %), cancer 11 (2.3 %). A significant portion 195 (42%) also experience issues with orientation or memory, indicating the presence of cognitive challenges. Rare illnesses such as epilepsy, or hepatitis are reported by less than 9 (2%). Due to the complexity of chronic condition, when asked about their perception of their health, most elderly individuals expressed moderate satisfaction, with 216 (46.3%) stating they feel neither satisfied nor dissatisfied. A considerable portion, around 131 (28.1%), feel satisfied, while only 24 (5.2%) report being very satisfied. On the other hand, approximately 80 (17.2%) feel dissatisfied and 15 (3.2 %) feel very dissatisfied.



4.2.6 Economic situation

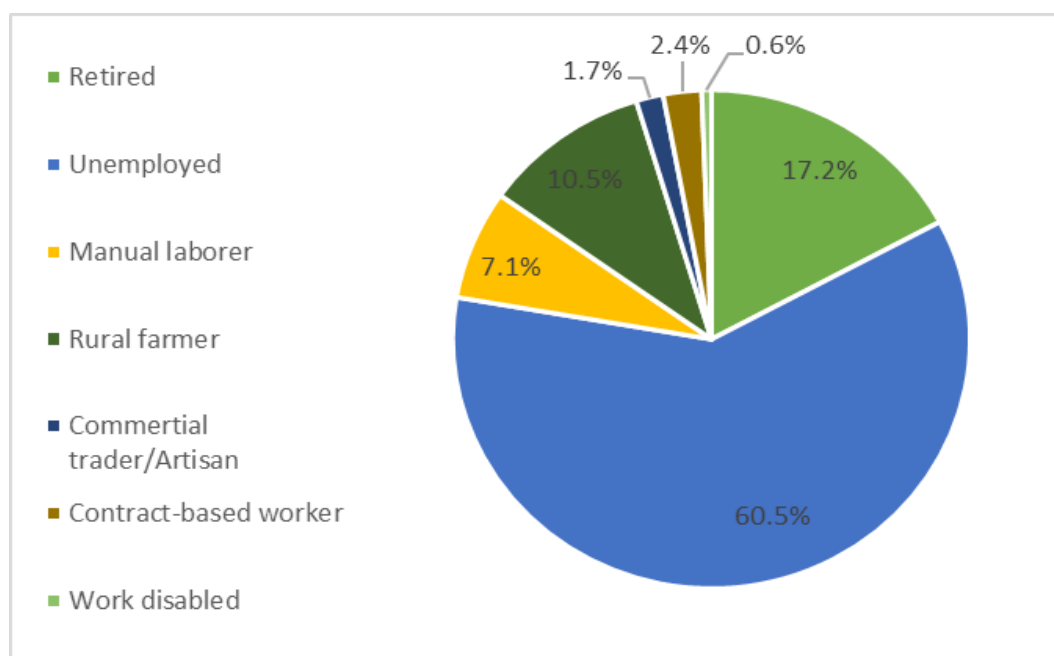
Regarding employment status, 80 (17.2 %) of participants reported being retired. 282 (60.5 %)



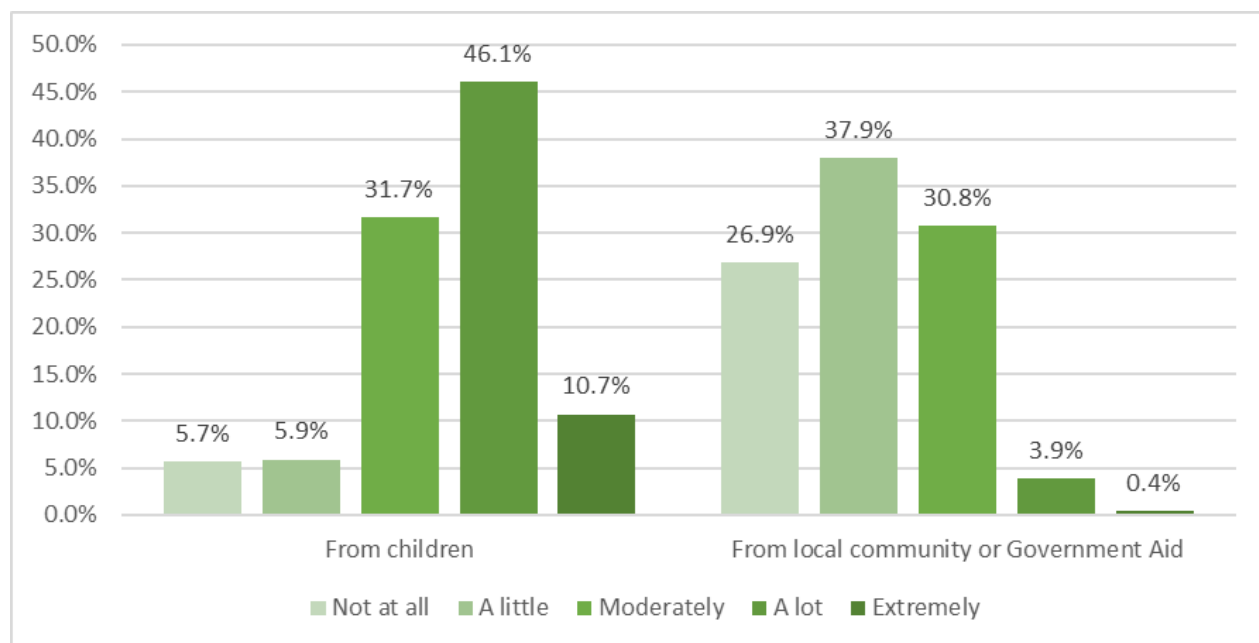
are unemployed (nor active in the labor market), 49 (10.5 %) are rural farmers, and 33 (7.1 %) are engaged in manual labor (likely in simpler or reginal sectors). The remaining participants include traders /artisanal 8 (1.7 %), contract workers 11 (2.4 %), and individuals with work-related disabilities 3 (0.6 %). This indicates that the majority of elderly individuals are not in the labor market, although a significant number continue to work in traditional sectors such as

agriculture and physic labor. The main source of their income is the state pension for 334 (72 %) of respondents, while around 97 (21 %) rely primarily on family support. Only 35 (7.6 %) earn income from active employment.

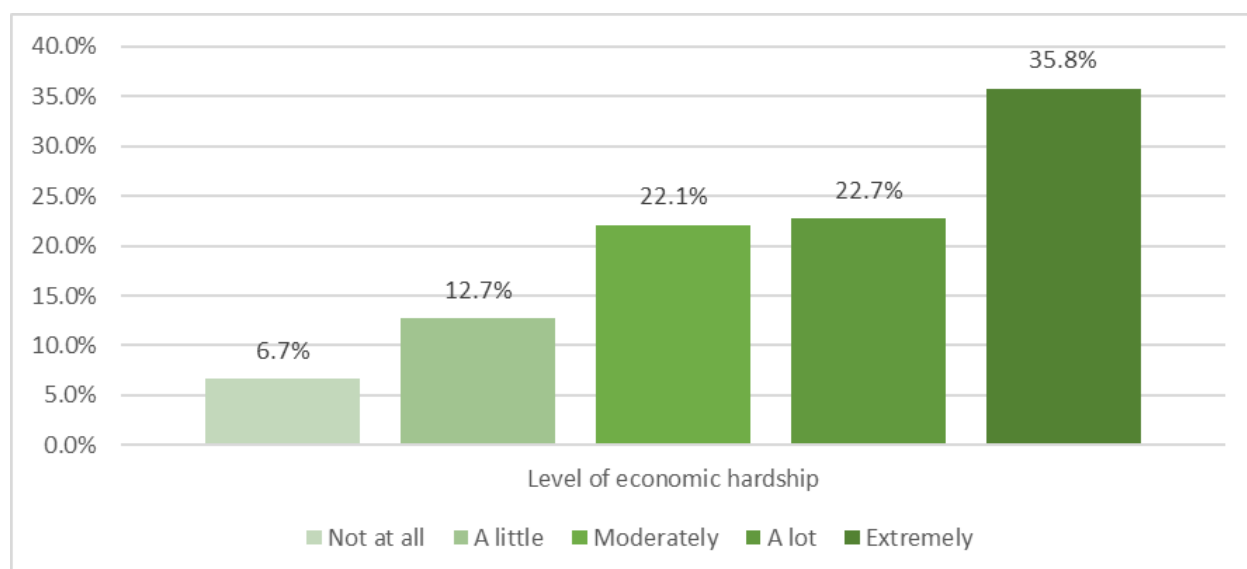
The data show that children are a significant source of economic support for the surveyed elderly, with more than half reporting that they receive substantial or very substantial assistance from their children. They responded that had support from their children very much 215 (46.1 %), a moderate amount 148 (31.7 %), a little 27 (5.9 %) and not at all 26 (5.7 %), an extreme amount 50 (10.7 %)



On the other hand, support from the local community and government aid is relatively limited. The majority of elderly individuals receive a little 177 (37.9 %), a moderate amount 144 (30.8 %), not at all 125 (26.9 %), very much 18 (3.9 %) and an extreme amount 2 (0.4 %)

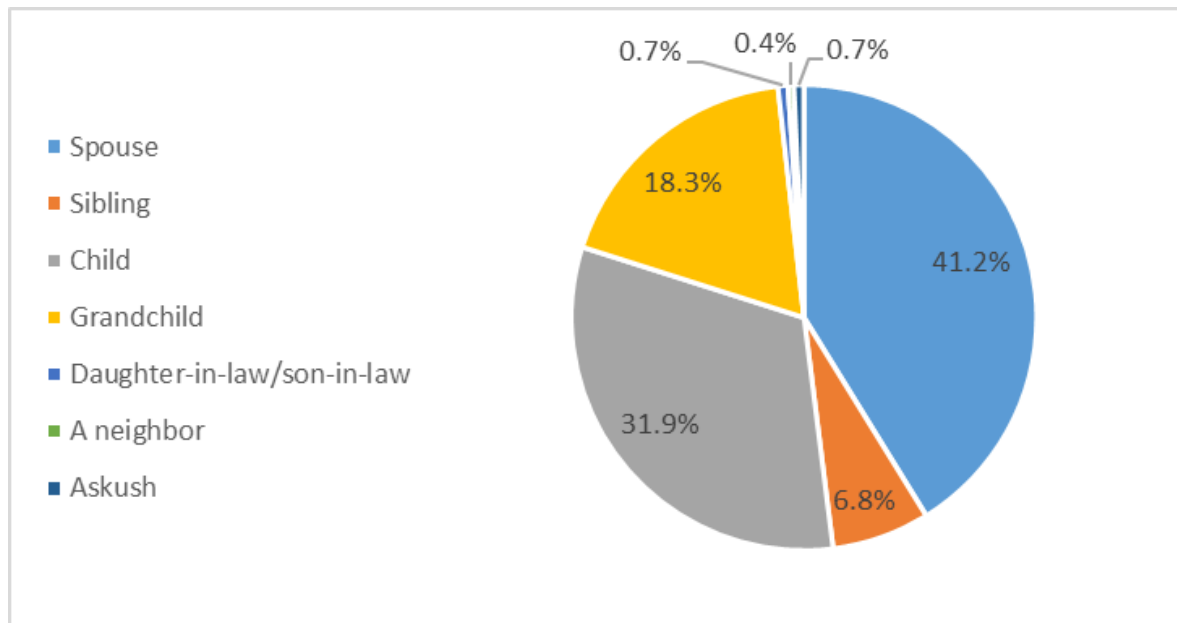


In terms of economic hardships, a significant portion of elderly individuals experience considerable financial difficulties. 167 (35.8 %) report having extreme economic hardship, 106 (22.7 %) very much, a moderate amount 103 (22.1 %), a little 59 (12.7 %) and not at all 31 (6.7 %) financial difficulties. At the end, more than half approximately 273 (58.5 %) face severe or extremely economic hardship, indicating a serious financial issue in their daily life.



4.2.7 Social support

If we look the chart, result indicate that for elderly participants in the study, the main source of emotional support are their spouse and children. Among those who respond, 192 (41.2 %) reported feeling emotionally closet to their spouse, while 149 (31.9 %) felt closest to their



(18.3 %) reported stronger emotional ties with their grandchildren, whereas

emotional closeness with siblings 32 (6.8 %), 3 (0.7 %) with bride /groom, 3 (0.7 %) with neighbor, and 2 (0.4 %) with other individuals was notably lower.

The overall level of social support, measured through 12 questions rated on a Likert scale from 1to 5 (1 - not at all, 2 – a little, 3- moderately, 4 – very much, 5 – extremely), resulted in an average score 3.55 with a standard deviation of 0.426. This reflects a moderately above – average level of support and relatively low variation among participants. On average, a stable level of social support was reported with the stronger emotional bonds primarily linked to the spouse or children.

Descriptive Statistics

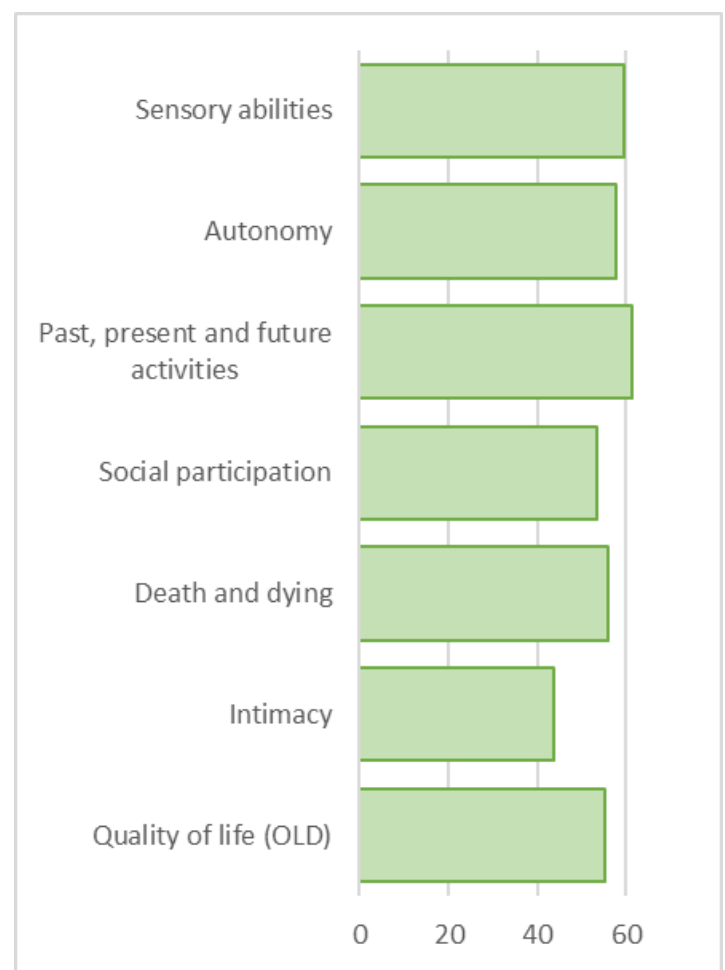
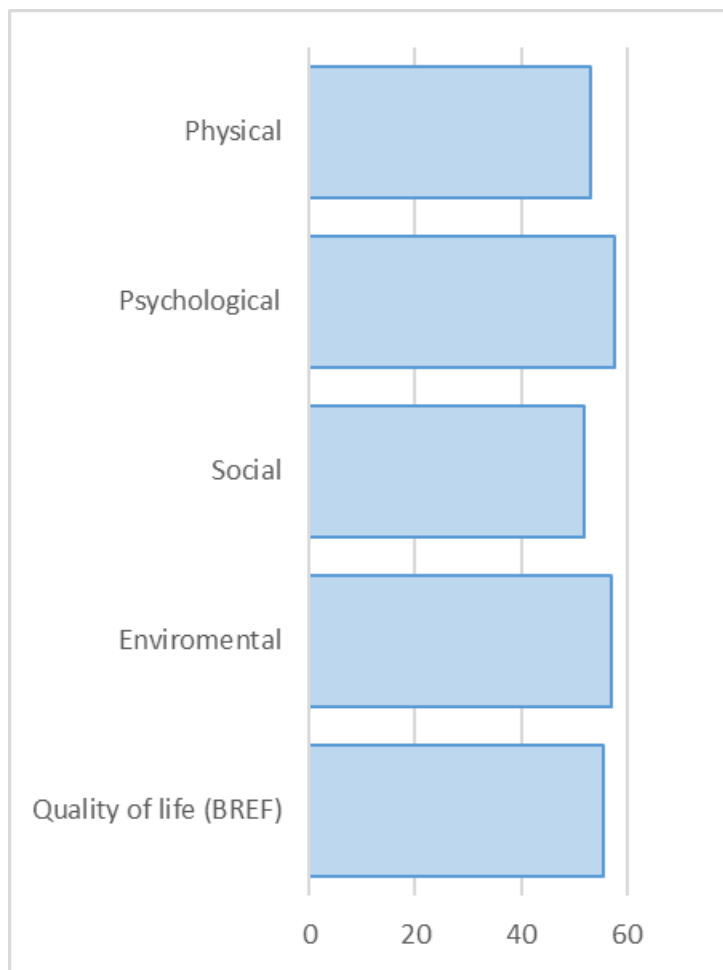
	No.	Minimum	Maximum	Average	Std. Deviation
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Social Care	466				
Valid N (listwise)		2.25	4.67	3.5252	.42584
	466				

4.2.8 Quality of life

To assess the quality of life among elderly, the last two sections of the WHOQOL questionnaires (WHOQOL-BREF and WHOQOL-OLD) were used. Based on the results presented in the table below, the average scores for the WHOQOL-BREF and WHOQOL-OLD domains indicate a moderate level of quality of life among the surveyed elderly population, with mean scores of 55.44 and 55.33 respectively, on a scale from 1 to 100. In the WHOQOL-BREF section, the psychological domain showed the highest average score ($M = 57.67$), suggesting that older adults experience relatively satisfactory mental well-being. The Environmental domain ($M = 57.14$) also scored similarly, indicating moderate satisfaction with living conditions and available services. The Physical ($M = 53.11$) and Social ($M = 51.86$) domains had slightly lower averages, signaling that physical health and social relationships may present greater challenges. Overall, the general quality of life score from the BREF ($M = 55.44$) reflects a moderate level. In both instruments, the wide range of values (from 1 to 100 in some areas) and the relatively high standard deviations, especially in Death and Thoughts about it ($SD = 28.65$) and Sensory abilities ($SD = 22.48$) indicate that the experience of quality of life varies greatly from one elderly individual to another. Some report very high levels of well-being, while others report very low levels. Overall, the data suggests an average quality of life, with strengths in daily activities and sensory perception, but with gaps in Intimacy and certain aspects of social relationships.

	N	Minimum	Maximum	Mean	Std. Deviation
Physical	466	1.00	100.00	53.1116	17.83507
Psychological	466	4.17	95.83	57.6717	14.87735
Social	466	1.00	100.00	51.8598	16.49911
Environmental	466	21.88	93.75	57.1352	13.84757



Quality of Life (BREF)	466	19.79	87.50	55.4363	12.77473
Sensory Abilities	466	1.00	100.00	59.6969	22.48294
Autonomy	466	6.25	100.00	57.8192	15.82632
Past, Present, and Future Activities	466	18.75	100.00	61.4405	14.79476
Participation in Social Life	466	1.00	100.00	53.4603	17.67092
Death and dying	466	1.00	100.00	55.9683	28.65144
Intimacy	466	1.00	87.50	43.6159	18.35330
Quality of Life (OLD)	466	21.88	86.46	55.3335	12.64341
Valid N (listwise)	466				

4.3 Hypothesis

This study analyzed the impact of various demographic, health related, economic and social factors on the quality of life of elderly people. Using multiple regression models, the variables that most significantly influence the physical, psychological, social and environmental domains of quality of life (as measured by the WHOQOL-BREF questionnaire) were identified.

4.3.1 Quality of life according WHOQOL-BREF

The R-squared (R^2) values in the regression models indicate the explanatory power of the included variables across the different domains of quality of life. In the study (R^2) ranged from 0.354 to 0.564, meaning the models explained between 35.4 % and 56.4 % of the various in outcomes across various domains. The highest explanatory power was observed in the Physical domain and overall quality of life according to WHOQOL-BREF, while lower values were recorded for the Environmental and Social domains. This suggests that, although the included factors have significant impact, there are still other unexamined elements that may contribute to determining the quality of life among elderly people.

4.3.2 Physical Dimension

Multiple regression analysis revealed that satisfaction with health is the most influential variable in explaining the physical well-being of the elderly people, contributing positively and in a statistically significant way. Manful, feeling of abandonment and economic difficulties negatively affect this domain, indicating that individuals who feel abandoned or face financial hardship report lower levels of physical well-being. Age also has a small negative effect suggesting a gradual decline in physical condition over time. Social support and other demographic factors did not prove to be significant in this area.

4.3.3 Psychological Dimension

In the Psychological domain, satisfaction with health continues to have a strong positive impact, while educational level shoes a significant positive effect, suggesting that higher education may enhance psychological well-being. The feeling of abandonment is a clearly negative factor, indicating that isolation and sense of being neglected are associated with lower psychological well-being. Demographic variables and social support did not show a statistically significant effect in this area.

4.3.4 Social Dimension

	Physical	Psychological	Social	Environmental	BREF
Constant	45.871***	25.037**	20.380	-20.338*	15.407*
Gender	.362	-.372	.452	-3.284**	-1.026

Social support emerges as the most influential factor in the field of social well-being, highlighting the importance of social networks and interpersonal connections for the elderly. Health also contributes positively, while age has a slightly negative effect. The feeling of abandonment has a negative impact, though not statistically significant. Other demographic factors do not show a significant influence on this age.

4.3.5 Environmental Dimension

In the environmental domain, satisfaction with health and living alone others have a positive effect, suggesting that elderly people who live in a company or are satisfied with their physical health tend to perceive their environment more positively. The feeling of abandonment has a clearly negative impact, indicating that isolation affects the perception of the environment unfavorably. Social support contributes positively, showing that increased social support improves individual perception of their surroundings. Age has a small, but significant positive influence on the environmental domain. This implies that as people age, they may become more tolerant or more satisfied with the environment in which they live. Gender also play an important role in the environmental dimension of quality of life, with men showing a lower perception of environmental conditions compared to women. Other demographic factors do not show a statistically significant un this area.

In overall well-being (according to the WHOQOL BREF) satisfaction with health and social support are the main factors that contribute positively and significantly. The feeling of abandonment has a clearly negative effect, reducing quality of life. Education and cohabitation with others also have a positive impact, while gender, age, marital status and place of residence do not show a significant influence on overall well-being.

Age	-.260**	-.111	-.305**	.224**	-.067
Marital Status	.588	-.197	-.683	.746*	.286
Educational Level	.456	2.870**	1.073	1.680	1.544*
Place of Residence	-1.898	-.909	-.402	2.019	-.158
Lives Alone or With Others	-.572**	4.634*	-1.011	4.410*	2.335
Feeling of Abandonment	-1.880**	-2.641***	-1.047	-2.094**	-2.037***
Economic Difficulties	-1.595**	-.696	-.344	.665	-.460
Health	14.067***	8.293***	7.585***	5.446***	8.940***
Social Support	-2.079	2.473	9.739***	9.103***	4.264***
N	466	466	466	466	466
R-Squared	0.564	0.432	0.370	0.354	0.564
*p<0.05, **p<0.01, ***p<0.001					

4.3 Summary

Health satisfaction is the strongest and most consistent positive factor, influencing all dimensions: Physical ($\beta = 14.067$, $p < 0.001$), Psychological ($\beta = 8.293$, $p < 0.001$), Social ($\beta = 7.585$, $p < 0.001$), Environmental ($\beta = 5.446$, $p < 0.001$) and in overall quality of life according to WHOQOL-BREF ($\beta = 8.940$, $p < 0.001$).

Feeling of abandonment have a clear negative impact, reducing physical abilities ($\beta = -1.880$, $p < 0.01$), psychological well-being ($\beta = -2.641$, $p < 0.001$), Environmental dimension ($\beta = -2.094$, $p < 0.01$) and overall quality of life according to BREF ($\beta = -2.037$, $p < 0.001$). Any form of regular contact from children seems to prevent feelings of abandonment. It is possible that some participants who felt abandoned may have been in conflict with one or more of those they lived with.

Living alone appears as a negative factor in the Physical dimension ($\beta = -0.572$, $p < 0.01$), while living with others improves Psychological dimension ($\beta = 4.634$, $p < 0.05$), Environmental dimension ($\beta = 4.410$, $p < 0.05$) and in the overall assessment of quality of life ($\beta = 2.335$, $p < 0.05$).

0.05).

Social support is another important positive predictor, strengthening Social dimension ($\beta = 9.739$, $p < 0.001$), Environmental dimension ($\beta = 9.103$, $p < 0.001$) and increase the overall quality of life ($\beta = 4.264$, $p < 0.001$).

Economic difficulties negatively affect the physical aspect ($\beta = -1.595$, $p < 0.01$), highlighting the importance of financial stability for well-being.

Age appears as a limiting factor, negatively influencing physical aspect ($\beta = -0.260$, $p < 0.01$) and social ($\beta = -0.305$, $p < 0.01$). it also has a slightly positive impact on the environmental dimension ($\beta = 0.224$, $p < 0.01$).

Gender is a significant factor in the environmental dimension ($\beta = -3.284$, $p < 0.01$) with males having a lower perception of environmental dimension.

Education level improves psychological dimension ($\beta = 2.870$, $p < 0.01$) and overall assessment of the quality of life according to BREF ($\beta = 1.544$, $p < 0.05$).

Marital status has a positive impact only on the environmental dimension ($\beta = 0.746$, $p < 0.05$), suggesting that being in a relationship is associated with a better perception of the living environmental.

4.4 Quality of life according WHOQOL-OLD

The R^2 values indicate the percentage of variance in the dimension of quality of life explained by the variables included in the model. Thus, the model for age overall assessment of quality of life (OLD) explains 45.2 % of the variation in quality of life, demonstrating a strong association. On the other hand, certain specific dimension, such as “death and thought about it”, account for only 8.3 %, suggesting that there may be other external factors beyond the model the model that could have a greater influence.

4.5.1 Sensory Abilities

The results show that age has a negative impact, confirming that increasing age is associated with a decline in the perception of sensory abilities. Feeling of abandonment also has a negative effect, whereas perceived health has a strong positive influence these findings highlight that sensory abilities are closely linked to age, emotional status and self-rated health. Other variables do not have statistically significant impact.

4.5.2 Autonomy

Autonomy is strongly influenced by health and social support, indicating that elderly people with better health and access to social support feel more autonomous. On the other hand, feelings of abandonment have a negative impact. Other variables do not show statistically significant effect.

4.5.3 Past, Present and Future Activities

In this dimension, education level has a significant positive effect, suggesting that elderly people with higher education feel more active and engaged in their daily life and future activities. Living with others also contributes positively, indicating that the presence of companionship enhances the sense of activity and participation. On the other hand, feeling abandonment have a clearly negative effect, showing that elderly people who feel neglected experience lower levels of activity and involvement. Additionally, health satisfactions and social support are positively associated with activities, emphasizing the importance of health status and social resources in maintaining daily and future engagement. Other variables do not show statistically significant effects.

4.5.4 Participation in Social Life

This dimension is strongly influenced by health satisfaction, as well as by the education level and social support. In other words, elderly people with higher education, better health status and support from their social network tend to be more involved in social activities. Other variables do not show statistically significant effects.

4.5.5 Death and Thoughts About It

In this dimension, gender emerges as an important factor, revealing gender difference in perception of death and related thoughts, with women appearing more concerned by such reflections. Feelings of abandonment have negative effect, indicating that elderly people who feel neglected tend to be more troubled by thoughts of death. Additionally, economic difficulties are positively associated with perception of death and related thoughts, suggesting that those facing financial challenges are more concerned about this topic. Other variables do not show

	Sensory Abilities	Autonomy	Past, Present, and Future Activities	Participation in Social Life	Death and Dying	Intimacy	OLD
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statistically significant effect. This model explains only a portion of the variance, indicating that other factors outside the model may play a greater role in this dimension.

4.5.6 Intimacy

Intimacy is positively influenced by education level, living with others, health satisfaction and social support. This means that elderly people with higher education, who live with others and benefit from social support, experience closer and more fulfilling relationships. Marital status has a negative effect, suggesting that those who are not married feel less connected in intimate relationships. Feelings of abandonment also have a negative impact, while other variables do not show statistically significant effect.

The overall assessment of quality of life according to the Old is passively influenced by health satisfaction, social support, educational level and gender. This indicate that elderly male people with better health, social support and higher education experience a higher quality of life. On the other hand, age and feelings of abandonment have negative impact on quality of life, suggesting that elderly individuals and those who feel neglected report a lower quality of life. Other variables did not show statistically significant effects.

Constant	86.518***	28.861*	8.102	9.004	26.018	-17.498	23.501**
Gender	3.718	1.318	-.017	.168	8.134**	1.483	2.468*
Age	-.834***	-.173	.028	-.200	-.325	-.051	-.259***
Marital Status	.827	-.408	-.087	-.068	-.459	-1.536**	-.288
Educational Level	3.143	1.783	3.594***	3.298**	2.241	3.868**	2.988***
Place of Residence	-2.046	.792	.128	1.074	4.740	-2.010	.447
Lives Alone or With Others	4.196	-4.916	5.077*	1.306	-.820	9.039**	2.314
Feeling of Abandonment	-2.758*	-1.428*	-2.758***	-.924	-3.052*	-1.711	-2.105***
Economic Difficulties	-1.052	-.418	-.432	.024	4.180***	-.593	.285
Health	7.747***	4.792***	5.462***	10.612***	3.026	3.415***	5.842***
Social Support	.092	9.575***	6.300***	4.357*	3.641	10.643***	5.768**
N	466	466	466	466	466	466	466
R-Squared	0.256	0.255	0.328	0.400	0.083	0.278	0.452
*p<0.05, **p<0.01, ***p<0.001							

4.5 Summary

Health satisfaction has a strong positive effect across nearly all dimensions, including sensory abilities ($\beta = 7.747$, $p < 0.001$), autonomy ($\beta = 4.792$, $p < 0.001$), participation in social life ($\beta = 10.612$, $p < 0.001$), intimacy ($\beta = 3.415$, $p < 0.001$) and overall OLD index ($\beta = 5.842$). This highlights the importance of physical well-being for the quality of life.

Social support also has a significant impact across multiple dimensions, such as autonomy ($\beta = 9.575$, $p < 0.001$), past, present and future activities ($\beta = 6.300$, $p < 0.001$), participation in social

life ($\beta = 4.357$, $p < 0.05$), intimacy ($\beta = 10.643$, $p < 0.001$) and overall quality of life ($\beta = 5.768$, $p < 0.01$). These findings emphasize that social networks are essential for their well-being. *Feelings of abandonment* show a significant negative effect in sensory abilities ($\beta = -2.758$, $p < 0.05$), autonomy ($\beta = -1.428$, $p < 0.05$), past, present and future activities ($\beta = -2.105$, $p < 0.001$), thoughts about death ($\beta = -3.052$, $p < 0.05$) and overall quality of life ($\beta = -2.105$, $\beta = -1.428$). This indicates that experiencing isolation or neglect has a substantial impact on subjective well-being.

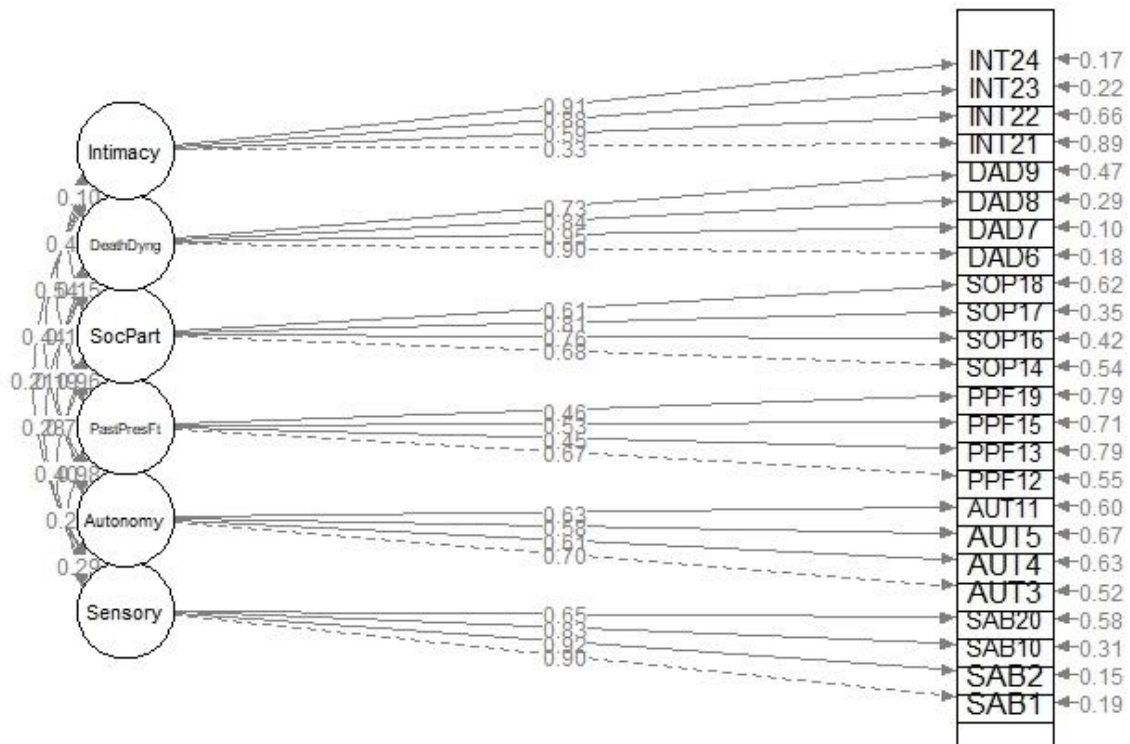
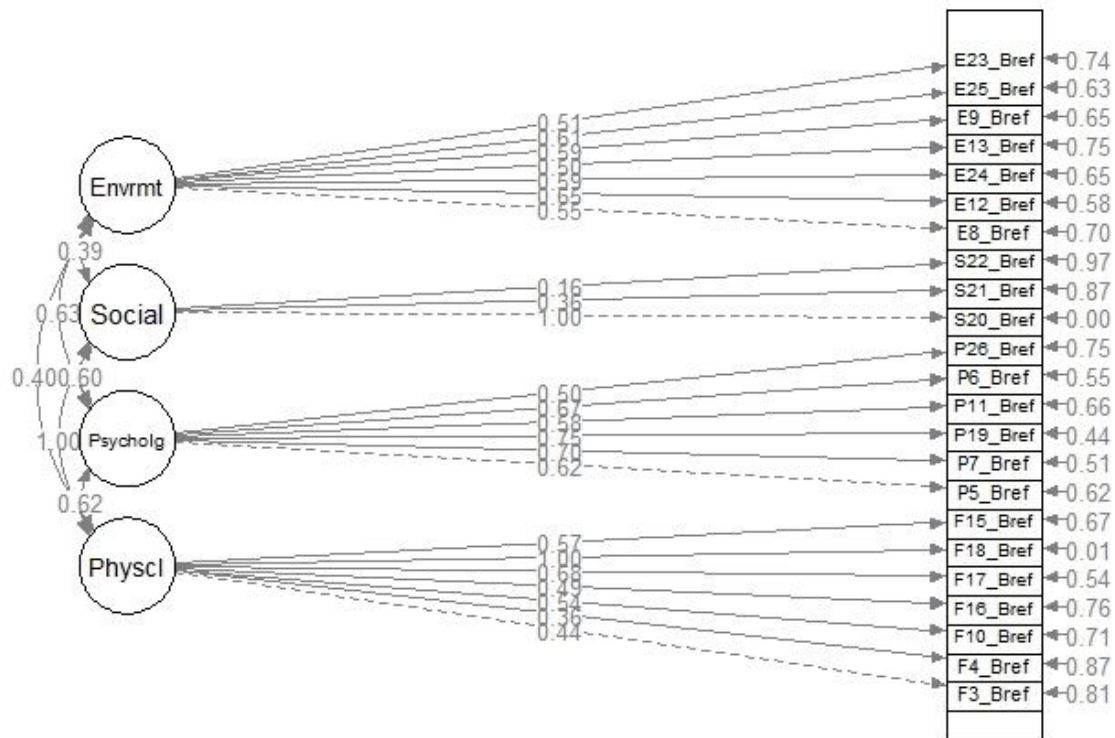
Education level has a positive impact on several dimensions, such as activity ($\beta = 3.594$, $p < 0.001$), participation in social life ($\beta = 3.298$, $p < 0.01$), intimacy ($\beta = 3.868$, $p < 0.01$) and overall, in quality of life ($\beta = 2.988$, $p < 0.001$). This suggests that education contributes to greater engagement, as well as enhanced communication and social adaptation skills.

Age has a negative impact, particularly on sensory abilities ($\beta = -0.834$, $p < 0.001$) and overall quality of life ($\beta = -0.259$, $p < 0.001$), indicating that increasing age is associated with a perceived decline in quality of life.

Gender influences thoughts about death ($\beta = 8.134$, $p < 0.01$), with women appearing more concerned about this topic. It also affects overall quality of life ($\beta = 2.468$, $p < 0.05$), where men report greater satisfaction with their general well-being.

Living arrangements in which living alone or with others impact past, present and future activities ($\beta = 5.077$, $p < 0.05$) and intimacy ($\beta = 9.039$, $p < 0.01$), suggesting that cohabitation contributes positively to engagement and close relationships.

Other variables primarily affect specific dimensions, such as marital status in relation to intimacy ($\beta = -1.536$, $p < 0.01$) and economic difficulties in relation to thoughts about death ($\beta = -1.536$, $p < 0.001$).



4.6 Limitations

This study has several limitations that should be considered. First, the representation is limited to the Korça Region and cannot be generalized to the entire country. Second, the data are self-reported and many therefore carry subjective bias. Third, the sample is not stratified to specific urban or rural areas. Moreover, the questionnaire of this study contained several long and complex sentences. The questions required attention, concentration and elderly participants often asked for the questions to be repeated, as they did not understand the first time. Some questions were uncomfortable, especially those related to family relationships, particularly for the elderly participants who were abandoned or felt somewhat abandoned. The questions that presented difficulties in obtaining answers or that the elderly participant refused to answer was questions 73 regarding the sexual domain and the questions related to a romantic relationship, question 96, 97, 98 (see Appendix). The methodology used in this study was both qualitative and quantitative, which means the research may yield results that are not necessarily linked to clearly defined factors. Despite these limitations, the findings identify several useful elements for understanding life, emotions and the sense of abandonment, particularly among elderly individuals who live alone, having children living abroad or face economic hardship. Nevertheless, these results reflect the period during which the study was conducted, and it is possible that the participations may have since changed their opinions and the feelings.

CHAPTER FIVE

CONCLUSIONS, DISCUSSIONS AND RECOMMENDATIONS

This chapter, alongside the analysis of the study's results, there is also a reflection on how professionals from various disciplines such as healthcare, social work and community services approach the care of elderly individuals. Their role in addressing the needs of elderly people is crucial, as these needs directly influence the overall quality of life for this population. This study employed both qualitative and quantitative, allowing for a comprehensive exploration of the health problems, healthcare, the emotional, social and economic dimension of aging, legal aspects and geriatric care priorities. However, it is important to acknowledge that some results may not be directly linked to clearly defined factors, given the complexity of human experience and the subjective nature of emotional responses.

Despite these limitations, the findings highlight several key factors that contribute to understanding the lives of elderly individuals, particularly those who live alone, have children living abroad or face financial hardship. Feelings of abandonment, emotional isolation and unmet needs were recurrent themes, understanding the importance of target support and empathetic service provision.

It is also essential to recognize that these results reflect the specific period during which the study was conducted. The thoughts, emotions and circumstances of the elderly participants may have evolved since then, influenced by changes in their personal lives, health status or social environment.

As outlined in Chapter two, aging is a complex process and requires a multidimensional approach that includes biological, psychological, and social aspects to better understand its challenges and opportunities. Research in these areas can contribute to the development of strategies that support individuals as they age and promote healthy aging.

All study findings lead us toward the development of optimal models of geriatric care, models that directly address the needs of the elderly and as a result contribute to the improvement of their quality of life. The development of geriatric care models is essential to address the complex needs of older adults, integrating a comprehensive understanding of biological, psychological,

and social dimensions into clinical practice. Two notable frameworks in this context are the bio-psycho-social model and the integrated care model. Understanding these models is crucial for improving the quality of care for geriatric populations, fostering collaboration among healthcare professionals, and enhancing patient outcomes.

A key point related to the quality of life for the elderly is to give them an integrated care model. This model centers on the coordination of services and seamless communication across different care providers to ensure continuity of care for older adults. Integrated care for geriatric patients aims to provide comprehensive, centralized management that encompasses the entire health spectrum, including preventive, diagnostic, therapeutic, and rehabilitative services (Kennedy et al., 2022; Engel et al., 2016). Geriatric emergency departments (GEDs) exemplify this approach, incorporating geriatricians and multidisciplinary teams into emergency care settings to improve patient outcomes and reduce hospital readmission rates (Jung et al., 2022; Rashedi et al., 2023). Studies have shown that this model enhances the management of geriatric syndromes and improves care efficiency through coordinated interventions that address physiological, psychological, and social issues (Southerland et al., 2020; Ritchie et al., 2016).

Particularly noteworthy is the implementation of standardized geriatric assessments, which serve as the cornerstone for tailoring care plans in integrated settings (Dimitriadou et al., 2025). These assessments facilitate early identification of frailty and other syndromes prevalent among older adults, allowing for timely interventions and personalized care strategies aimed at maintaining independence and improving quality of life (Losh et al., 2019).

5.1 Summary of findings

In Albania tradition, elderly individuals prefer to remain in their own home with at least one of their children, typically the youngest son, who even after marriage is expected to live with his parents and care for them (Krasniqi, 2010). This is one of the cultural expectations they hold for their children. As previously mentioned, such care provided to parents by their adult children is a kind of respect for what their parents have done for their children. In recent decades, the traditional Albanian family structure has undergone significant transformation. Historically Albanian family were large and extended, often consisting of multiple generation living under the same roof. These units were deeply rooted in class-based systems, where loyalty, collective decision making and respect for elders were central value. This tradition has now changed and

today the nuclear family prevails in Albania. Migration has also a significant impact, especially on the elderly, many of whom are forced to live alone or have been completely abandoned. In this research, from 466 elderly participants, based on data collected regarding age, the average of the participant was 74.5 years, with a moderate distribution ($SD = 7.16$), ranging from 65 to 97 years old, majority of participants were female, 279 (59.9 %) and 187 (39.5 %) were male. The majority of participants live in urban areas, 281 (60.5 %) and 185 (39.5 %) live in rural areas. Regarding marital status 317 were married (68.2 %), 142 were widowed (30.5 %) and 6 were divorced 1.3 %. The most participants had completed primary years only 288 (61.5 %), 138 (29.9 %) had completed secondary education, 23 (4.9 %) had a university degree and 17 (3.7 %) had no formal education. The question about the role in the family co-residence approximately half 229 (49 %) of the elderly participants in the study reported the head of household (I am), indicating that many maintain a leadership role in the family. This suggests that while the Albanian family structure has shrunk, traditional the role and the perceptions of authority persist. A considerable proportion of 145 (31.4 %) identified their spouse as the head of the household. 79 (17 %) had children the head of household, 11 (2.2 %) the bride/groom, only 1 (0.2 %) the niece/nephew and only 1 (0.2 %) had a relative.

These findings provide evidence of changes in the structure of family due to the economic transition, urbanization, especially migration of the young generation and for another important reason that Korça Region is distinguished by its geographical position, as it borders both with Greece and North Macedonia. Only 79 (17 %) had children at the head of households and this change may impact on the traditional family, loss of authority, in decision making when the children take the lead. But in the other hand their children, niece, nephew give them a support and care upon which Albanian elderly depend and impact. The question whether they live better today compared to four years ago, 144 (31%) said they live better, 191 (41 %) reported living worse, 121 (26 %) stated their situation is unchanged and 9 (2 %) were unsure. These results suggest that a significant portion of the elderly participants perceive a decline in their quality of life and the number of elderly people living alone is increasing every day. According to the last census data, in Albania 10 % of the elderly live alone.

Children's migration, both within the country and abroad, is a common phenomenon among elderly people. 356 (76.3 %) have children working out but data shows that elderly individuals who have children living abroad maintain relatively frequent communication with them, with

around 397 (85.2 %) reporting contact every 2-3 days and only a small minority never communicate at all 0.7%. As for those whose children live nearby, they mostly communicate every 2-3 days 445 (approximately 95.7 %) and while less or never communicate is very rare 0.7 %. (See chart 9 This indicates that, despite this physical distance, most elderly people maintain regular contact with their children and having children close by further increases the frequency of communication. The results show that the majority of elderly participants in the study do not feel abandoned by their children. This indicates that, for most elderly individuals, the relationship with their children is stable and they do not experience strong feelings of abandonment. In this research there were significant differences between those who felt abandoned and those who did not. These differences span several key areas including educational level, levels of economic hardship, and the degree to which their children contribute to their financial support. Additionally, significant gaps were observed in living conditions, satisfaction with care provided by family members, frequency of contact with their children and overall family support. Parents perceived certain actions by their children as negative, including conflict between them and their children, inappropriate behavior, lack of regular contact, insufficient support and failure to visit, especially during culturally significant holidays such as Bajram or Christmas Day.

At the end of questionnaire there was a suggestions section where many elderly participants expressed a desire to see their children more often, with around 397 (85.2 %) reporting contact every 2-3 days. The study s findings indicate that frequent contact is one of the expectations parents have, largely due to their deep sense of commitment to their children. When these expectations are not met, the quality of the relationships between parents and their migrant children may deteriorate.

In the study an important factor that impacts the quality of life is health conditions. When asked about their perception of their health, most elderly individuals expressed moderate satisfaction, with 216 (46.3%) stating they feel neither satisfied nor dissatisfied., and approximately 95 (20.42%) feel dissatisfied and feel very dissatisfied (see chart 10). Only 24 (5.2%) report being very satisfied. Health satisfaction has a strong positive effect across nearly all dimensions, including sensory abilities, autonomy, participation in social life, and intimacy. These findings support to extend those of earlier studies, in which it is emphasized that as people age the prevalence of disability increases significantly. Among men aged 65-69, the disability rate stands

at 9%, rising to 12% for those over 85. In the oldest age group, disability affects 40% of men and 47% of women (UNDP, 2015). Hypertension is the most widespread chronic condition, affecting nearly all individuals in this age group and six most commonly reported challenges among elderly include vision impairment, hearing loss, reduced mobility, difficulties with self-care and communications issues. Further analysis shows that 11% of elderly individuals have no one to care for them, and 16% report having no one they can trust or talk to. With lifestyle patterns continuing to evolve, the number of elderly people is expected to rise alongside growing demands for comprehensive social and healthcare support (Kola, 2022). This highlights the importance of physical well-being for the quality of life.

Feeling of abandonment has a clear negative impact, reducing physical abilities, psychological well-being, and environmental dimensions. Any form of regular contact from children seems to prevent feelings of abandonment. It is possible that some participants who felt abandoned may have conflicted with one or more of those they lived with. Living alone appears as a negative factor in the Physical dimension, while living with others improves psychological dimension, Environmental dimension and in the overall assessment of quality of life. Feelings of abandonment show a significant negative effect in sensory abilities, autonomy, past, present and future activities, thoughts about death and overall quality of life. This indicates that experiencing isolation or neglect has a substantial impact on subjective well-being.

Social support is another important positive predictor, strengthening Social dimension, Environmental, and increasing the overall quality of life. Economic difficulties negatively affect the physical aspect, highlighting the importance of financial stability for well-being. Social support also has a significant impact across multiple dimensions, such as autonomy past, present and future activities, participation in social life, intimacy and overall quality of life. These findings emphasize that social networks are essential for their well-being.

Age appears as a limiting factor, negatively influencing physical aspect and social it also has a slightly positive impact on the environmental dimension. Age has a negative impact, particularly on sensory abilities and overall quality of life, indicating that increasing age is associated with a perceived decline in quality of life.

Gender is a significant factor in the environmental dimension with males having a lower perception of environmental dimension. Gender influences thoughts about death, with women

appearing more concerned about this topic. It also affects overall quality of life, where men report greater satisfaction with their general well-being.

Education level improves psychological dimension and overall assessment of the quality of life according to BREF. Education level has a positive impact on several dimensions, such as activity, participation in social life, intimacy and overall in quality of life. This suggests that education contributes to greater engagement, as well as enhanced communication and social adaptation skills.

Marital status has a positive impact only on the environmental dimension, suggesting that being in a relationship is associated with a better perception of the living environment. Living arrangements in which living alone or with others impacts past, present and future activities and intimacy, suggesting that cohabitation contributes positively to engagement and close relationships.

Other variables primarily affect specific dimensions, such as marital status in relation to and economic difficulties in relation to thoughts about death.

As we see, environmental factors also play a crucial role in determining quality of life. Key elements that contribute to maintaining a good standard of living include personal safety, overall living conditions, financial stability, access to healthcare services, access to daily life information, leisure activities, the physical environment and reliable transportation. Individuals who reported feeling abandoned score significantly lower across these indicators compared to those who did not feel abandoned. These findings support and expand upon previous studies (Fuellen et al., 2019). This trend was particularly evident in the context of remote rural areas, where 58.5% reported economic hardship and 65 % reported one or more disabling conditions. Elderly participants identified several barriers to accessing healthcare, including long distance especially Regional Hospital which is the only one in Korça Region, high costs and competing caregiver responsibilities such as caring for grandchildren or sick spouse.

Quality of life is shaped not only by immediate and unpredictable circumstances, but also by factors rooted in the past, present and anticipated future. These include opportunities to build upon life achievements, receive recognition and look forward to continued happiness. Individuals who reported feeling abandoned scored significantly lower across these dimensions compared to those who did not feel abandoned. However, when their outlook is marked by

anticipated negative actions from their children, illness and economic hardship or poverty these elements can substantially diminish the quality of life for those who are aging.

Key factors contributing to a good quality of life among elderly include the ability to carry out daily tasks, the meaningful use of time, and participation in activities particularly those organized within their local communities. Elderly individuals who felt abandoned or neglected score significantly lower in these areas compared to those who reported feeling satisfied. Social participation plays a vital role in enhancing the well-being of elderly participants. In Albania, caregiving responsibilities especially caring for grandchildren are often considered a duty. However, economic hardship and the need to care for a sic spouse can limit opportunities for social engagement. As a result, feelings of abandonment among the elderly in the Korça Region have been identified as a key factor negatively affecting their overall quality of life.

5.2 Discussion

Since health protection for the elderly remains one of the main concerns and priorities, in the National Plan for European Integration approved by the Council of Ministers, the fourth report of Albania on regard of Madrid Plan on Ageing there are much research about the needs of elderly people and the quality of life. The findings of this research were also compared with other recent research on elderly people, which similarly reported insights from qualitative interviews conducted with elderly individuals up to 2024. Moreover, other reports highlight changes in Albania legislation, Albania has made progress in protecting the rights, dignity, and independence of older people, as a national priority for more than 30 years. The Social Security Act was passed in 1993 to support the economic and general welfare of older adults. Then in 2011, the Law “On the Mandatory Provision of the Healthcare in the Republic of Albania” was adopted. It is already accepted that the ageing of society gives health prevention and early detection a decisive role in increasing the quality of life while at the same time containing medical costs. In the same time, there is a clear awareness to include specific services, tasks and recourses to the dedicated care for the elderly such as home services for the elderly, as well as support for family caregiving (Report Implementation of the Madrid Plan of action On Ageing and its Regional Implementation Strategy, 2018-2022). Some findings from the studies support the result of the research, while discrepancies between them help to identify areas for future investigation.

The findings of this study showed similarities with other studies regarding demographic characteristics, particularly in relation to the factors influencing the abandonment of the elderly, family size and the average of participants.

An expectation commonly held by Albanian parents, and not exclusively is the provision of health care by their children, particularly in case of chronic illnesses that may lead to difficulties with daily activities, disabilities, and dependency. This cultural norm is reinforced by findings in Albania, where intergenerational support remains a central pillar of eldercare (Dervishi, 2003; Dule et al., 2014). In this study 95 % of participants had one or more disabling conditions that either required no care or required a certain level of assistance from their children. Nevertheless, elderly parents expected their migrant children to return home and provide care for them, regardless of the severity of their children.

The development of geriatric care models is essential to address the complex needs of older adults, integrating a comprehensive understanding of biological, psychological, and social dimensions into clinical practice. Two notable frameworks in this context are the bio-psycho-social model and the integrated care model. Understanding these models is crucial for improving the quality of care for geriatric populations, fostering collaboration among healthcare professionals, and enhancing patient outcomes.

Albania must now take quick steps to implement both of these systems, bio-psycho-social model is one of the best model because emphasizes the interconnection between biological, psychological, and social factors in understanding and treating older adults' health conditions. At its core, the bio-psycho-social model posits that an individual's health cannot be fully understood without considering biological aspects, including age-related physiological changes, chronic diseases, and genetic predispositions Saha et al. (2019). Psychological factors such as mood, cognitive function, and mental health are equally crucial and can significantly affect treatment outcomes and overall health (Vriendt et al., 2018). Social dimensions, encompassing social support networks, economic status, and community engagement, further influence both the patient's physical and mental health (Chary et al., 2024). Integrating these perspectives facilitates a more holistic approach to care, improving patient engagement and satisfaction while addressing the multifaceted nature of aging (Kennedy et al., 2021). Integrated Care Model centers on the coordination of services and seamless communication across different care providers to ensure continuity of care for older adults. Integrated care for geriatric patients aims

to provide comprehensive, centralized management that encompasses the entire health spectrum, including preventive, diagnostic, therapeutic, and rehabilitative services (Kennedy et al., 2022; Engel et al., 2016). Geriatric emergency departments (GEDs) exemplify this approach, incorporating geriatricians and multidisciplinary teams into emergency care settings to improve patient outcomes and reduce hospital readmission rates (Jung et al., 2022; Rashedi et al., 2023). Studies have shown that this model enhances the management of geriatric syndromes and improves care efficiency through coordinated interventions that address physiological, psychological, and social issues (Southerland et al., 2020; Ritchie et al., 2016).

Particularly noteworthy is the implementation of standardized geriatric assessments, which serve as the cornerstone for tailoring care plans in integrated settings (Dimitriadou et al., 2025). These assessments facilitate early identification of frailty and other syndromes prevalent among older adults, allowing for timely interventions and personalized care strategies aimed at maintaining independence and improving quality of life (Losh et al., 2019). Both the bio-psycho-social and integrated care models play vital roles in the management of geriatric populations. They promote a comprehensive understanding of the needs of older adults and advocate for collaborative, coordinated care approaches that enhance treatment effectiveness and overall health outcomes. Adopting these models can significantly improve the quality of care provided to older adults, ultimately leading to better health trajectories and enriched quality of life for this vulnerable population.

The human rights of elderly individuals are a crucial aspect of their care, encompassing a wide array of ethical, legal, and social considerations. As aging populations increase globally, it becomes imperative to articulate and protect these rights in various care settings to promote dignity, autonomy, and well-being among older adults. This response will explore pertinent dimensions of human rights in geriatric care, including the rights to dignity, autonomy, non-discrimination, and access to appropriate care.

Central to the discourse of human rights in elderly care is the recognition that older adults must be treated with dignity and respect. This extends to their rights to make informed decisions about their own care. Empowering elderly individuals to engage in supported decision-making processes ensures that they can assert their preferences and values, which is particularly vital for those living with conditions like dementia. Studies emphasize the importance of bioethical considerations in supporting the rights of these individuals, advocating for practices that respect

their autonomy while providing necessary support Machado & Garrafa (2023). Providing high-quality care means recognizing each older person's unique identity, experiences, and choices, highlighting the necessity for health professionals to adopt a person-centered approach (Carvalho et al., 2024).

Addressing discriminatory practices against elderly individuals in healthcare settings is paramount. Research indicates that older adults frequently experience discrimination based on age, which can affect their treatment and access to services (Selli et al., 2023). This discrimination can encompass failure to adequately address the healthcare needs of elderly patients or unnecessary use of physical restraints, reflecting a violation of their personal rights (Li et al., 2022). Hence, there is an urgent need for policies to establish frameworks that protect older adults from both direct and indirect discrimination within health systems.

Access to healthcare is another fundamental human right that elderly individuals must enjoy. Unmet health care, particularly in older populations who may be unaware of what services they require remain a significant concern. Factors influencing access include socioeconomic status and geographical barriers, as evidenced in various studies indicating that those in advanced age or isolated areas often face heightened risks for unmet needs (Herr et al., 2013). Such disparities underscore the need for comprehensive health policies that ensure older adults can access necessary medical services without facing financial or logistical barriers. The development of systems that integrate elderly care services can enhance the affordability and accessibility of care, thereby supporting their right to health (Jinrong et al., 2022).

The competency and training of staff who work with elderly individuals are crucial for the realization of their rights. For instance, studies have shown that healthcare professionals' perceptions significantly influence their recognition of human rights violations against elderly patients (Jang & Kim, 2022). Different training programs and educational resources aimed at enhancing the understanding of human rights and ethical considerations in elderly care are essential for improving care practices and outcomes for older adults (Vriendt et al., 2018). Ensuring that caregivers are well-equipped to recognize and combat neglect or abuse is essential for promoting the health and dignity of elderly individuals who depend on their care. The protection of human rights in elderly care is multifaceted and requires concerted efforts across various sectors and levels of society. By prioritizing dignity, autonomy, non-discrimination, and access to healthcare, society can ensure that older adults are treated with the

respect and rights they inherently deserve. The ongoing development and implementation of supportive policies, educational programs, and integrated care frameworks are integral to fostering environments where older adults can thrive.

The multidimensional needs of older adults encompass physiological, psychological, social, and legal aspects that require integrated approaches to adequately respond to this growing demographic group. A fundamental component of these needs is healthcare. The study "Comprehensive geriatric assessment in primary care: a systematic review" emphasizes the importance of Comprehensive Geriatric Assessment in delivering appropriate care for older adults, considering both physical and mental health (Garrard et al., 2019). Similarly, research on the frailty syndrome highlights the need for a holistic approach to aging, addressing biological, psychological, and social dimensions of vulnerability (Rodrigues et al., 2017). Such an approach is crucial to improve the functional status of older individuals and to manage the complex health conditions they often face.

Social factors also play a critical role in the lives of the elderly. For instance, around 53.15% of older adults in a study conducted in China expressed the need for services that combine healthcare with elder care, underscoring the importance of such integrated services for their overall well-being (Wang et al., 2020). This illustrates the necessity of developing inclusive systems that address the diverse emotional and social needs of older individuals.

Another essential dimension is legal and ethical support. There is a clear need for a strong legal framework to safeguard the rights of older adults, particularly those with cognitive impairments such as dementia. Ensuring their ability to make decisions and have their wishes respected is vital (Dev & Eljo, 2024). A study examining legal and ethical challenges in elderly care emphasizes the importance of educating not only professionals but also families and older adults themselves about their rights and responsibilities (Podgorica et al., 2020).

In addition, economic needs play a significant role in elderly well-being. Studies have shown a link between financial support and the management of multidimensional poverty. Emotional support, alongside financial assistance, helps mitigate spiritual, health-related, and social deprivation (Tan et al., 2023). The importance of education and the inclusion of older adults in community activities also contributes greatly to a sense of well-being and social participation. Addressing the multidimensional needs of older adults requires a comprehensive and coordinated response from healthcare professionals, policymakers, and communities. Integrated care models

that encompass health services, social support, legal protection, and financial assistance are essential to ensure a dignified and healthy life for the elderly.

The health needs of older adults involve a wide range of complex issues, where physical, mental, and social factors interact. One of the primary health concerns is the management of chronic diseases. Conditions such as diabetes, hypertension, and cardiovascular diseases are common and demand continuous care (Ekdahl et al., 2012). A study by Ekdahl et al. shows that older adults with multimorbidity face substantial challenges in accessing adequate care, due to poor integration of health services and excessive specialization. This results in a perceived inability among physicians to provide holistic care for their older patients.

Beyond physical health, mental health needs are also critical. Many older individuals face depression and anxiety, often linked to social isolation and physical health problems (Zhou et al., 2024). A study on information needs related to medications among the elderly found that limited access to reliable information channels contributes to these mental health issues (Zhou et al., 2024). This highlights the importance of developing strategies to ensure older adults have proper access to medication-related information and support.

Limited access to healthcare services presents another major challenge, particularly in rural areas. Legal and economic factors also impact access to health services. Financial assistance and inclusive health insurance policies are crucial to ensure that older adults can afford and access necessary treatments. In the absence of financial guarantees and support, many face increased out-of-pocket health expenditures, which may prevent them from receiving essential care (Tungu et al., 2020; Bahmanziari et al., 2022).

The quality of life is significantly affected by the social needs such as loneliness, social exclusion, and active engagement. These needs have become increasingly significant in the context of population aging and the growing number of individuals living alone, conditions that often exacerbate feelings of isolation and social withdrawal. Loneliness is a common phenomenon among the elderly in Albania and Korça Region. A study by Courtin and Knapp emphasizes that loneliness has significant negative health implications, linking it to a higher risk of chronic diseases, depression, and a decline in overall quality of life (Courtin & Knapp, 2015). Furthermore, my study showed that social support has a strong positive effect on perceived health status among elderly participants, whereas loneliness negatively affects both perceived health and sleep quality (Chow et al., 2021). Social engagement plays a vital role in reducing

loneliness and improving well-being among older individuals. Buedo-Guirado et al. highlight that participation in social activities is one of the main strategies for maintaining psychological well-being and life satisfaction (Buedo-Guirado et al., 2020). Community-based activities such as senior clubs and support groups provide opportunities to connect with others, helping to alleviate feelings of isolation. Participation in social activities not only fosters a sense of inclusion but also strengthens support networks, enabling elderly people to better cope with life challenges and maintain their mental health. Public spaces and shared environments play an essential role in fostering social interaction. In old age, the psychological and emotional needs of individuals become pivotal in shaping their overall well-being and quality of life. As people age, they often encounter various challenges, such as physical health decline, social isolation, and emotional distress, which can profoundly impact their psychological state. The significance of addressing these psychological and emotional needs is underscored by extensive literature emphasizing the necessity for tailored psychosocial interventions that recognize the unique experiences of elderly people.

Moreover, the emotional support provided by family and community plays a critical role in mitigating feelings of loneliness and enhancing overall life satisfaction among older adults. For instance, evidence shows that intergenerational emotional support is more beneficial for the subjective well-being of elderly migrants compared to monetary support (Yang et al., 2022). The specificity of psychosocial needs becomes especially evident in emergency settings. Davison et al. identified that many elderly individuals' psychosocial needs are overlooked during emergency department admissions, as the focus tends to be heavily on physical complaints (Davison et al., 2025). This lack of attention to emotional and social factors can lead to a deterioration of psychosocial well-being among this demographic, thus highlighting the need for comprehensive assessments that include psychosocial evaluations during medical emergencies (Davison et al., 2025). The study showed that in Korça Region the concepts of psychological needs and psychological support have never introduced to the elderly individuals within the healthcare system.

In response to the limitations of public services, private care options have been increasingly developed in the Korça Region. These services typically focus on providing personalized and comprehensive care in both institutional and home settings. Private geriatric care facilities offer an alternative to public institutions, often providing higher standards of care. Research indicates

that utilization of private care can lead to increased patient satisfaction due to shorter wait times and more individualized support.

Moreover, the integration of community-based services in private care models promotes a holistic approach, encompassing not just medical care but also social and psychological support. Private home care agencies may incorporate trained staff who assist with daily living activities while also addressing emotional health needs. This multidimensional approach is crucial, given the aging population's complexity and various health conditions. Community services are vital in complementing public and private care for the elderly. Local initiatives aimed at engaging older adults can foster social connections and reduce isolation, which often afflicts this demographic. Community programs may include senior centers that offer recreational activities, educational workshops, and social gatherings, all of which contribute to enhancing the well-being of older adults.

Furthermore, the integration of community services with healthcare frameworks demonstrates effectiveness in enhancing accessibility and reducing service fragmentation. Continuous engagement with community organizations can mobilize resources for the elderly, leading to improved quality of life.

At this point in the discussions and findings of the study, the focus shifts to the legal aspects that support meeting the needs of the elderly and improving their quality of life in Albania.

5.3 Legal aspects

Albania has made progress in protecting the rights, dignity, and independence of older people, as a national priority for more than 30 years. The Social Security Act was passed in 1993 to support the economic and general welfare of older adults. Then in 2011, the Law “On the Mandatory Provision of the Healthcare in the Republic of Albania” was adopted. It is already accepted that the ageing of society gives health prevention and early detection a decisive role in increasing the quality of life while at the same time containing medical costs. There is a clear awareness to include specific services, tasks and resources to the dedicated care for the elderly. The main actors working on this plan, regard as the Madrid Plan on Ageing, are Minister of Health and Social Protection, with representatives from all relevant actors; and consulted with the elderly associations and the non-governmental organizations operating in the field. These programs continue to form the cornerstones of the Albania system for supporting the health, economic

security, and social wellbeing for elderly individuals with disabilities, and their families. Demographic and health data show that life expectancy of Albanians has continued to rise being among the highest among Western Balkans countries. Additionally, age-standardized mortality from most non-communicable diseases during the last ten years has started to decline.

A good example of it is the mainstreaming of ageing issues into the principal political document of the country such as Strategy for Development and Integration 2015-2020 (under reviewing process, now for the period 2021-2025), as well as, in the new Social Inclusion Policy Document 2021-2025 (under the drafting process), and recently in the National Political Document on Aging, 2020–2024, and its action plan. Other examples are new laws such as Law No. 121/2016 on social care services and Law no. 22/2018 on Social Housing, which includes specifically older people.

The National Focal Point promotes the implementation and the follow-up of the Regional Implementation Strategy through social dialogue and the preparation/implementation of the National Strategy for Old Persons and this point of elderly and aging within the Albania Government is the Ministry of Health and Social Protection, the Social Care Development Program Unit runs the majority of aging issues.

The Albania Government promotes the human rights of elderly persons by calling attention to the needs of older people and how society should react in response to those needs, but also by highlighting the tremendous resource that elderly individuals represent to our communities and society. Elderly people represent a wealth of knowledge and experience and contribute to the continued vitality of every sector of our local, state, and national communities and economies. To ensure quality of life at all ages and to support autonomy, health and well-being, Albania has introduced a series of legal regulations and standardized service packages. In 2014, a new package of services was approved for implementation in all primary health care centers throughout the country. This package was endorsed through a joint between the Minister of Health and the Director of the Compulsory Health Care Insurance Fund. A key component of the package is Section 5 “Health Care for the Elderly”. This section outlines the concept of an elderly friendly health center and mandates that health personnel adapt their skills to meet the specific needs of the elderly over 65 years. The primary goal of these services is to prevent complications and promote the maintenance of good health among elderly people. The package includes 11 diagnostic and follow-up services and 15 prevention and counseling services tailored

for the elderly. For the first time, it introduces interventions such as home and community care, psychological support and monitoring for potential abuse, marking a significant innovation within the Albanian context. However, based on limited data available regarding the implementation of this package, it appears that progress in establishing and consolidating home care for the elderly has been minimal (Gjonça & Burazeri & Ylli, 2021). We must also consider the fact that lonely elderly people face problems such as depression (Ylli, 2017). Social risk factors, biological factors and weak social and family networks also increase the risk that the elderly will face this problem. Such a situation requires concrete measures to implement the above plan.

For the first time, with the financial support from the Social Fund 2021, the provision of home assistance for the elderly in the apartment has been implemented in the Korça Region. The target group includes elderly people without family support with socio-economic needs, which includes health care, food, socio-cultural activities and occupational therapy. The basic principles of home health care are quality, equity, effectiveness, efficiency, and confidentiality. In-home services

aim:

To follow up and maintain a patient with a chronic health condition who needs ongoing monitoring and support.

Rehabilitation for a patient with a stable health condition with the aim of functional rehabilitation; end-of-life care for a patient who is dying and has chosen to spend as much time as possible in their home.

End-of-life care for a patient who is dying and has chosen to spend as much time as possible in their home.

Long-term care for a patient who needs long-term follow-up due to chronic unstable health conditions.

Referral to other disciplines such as social services, specialist doctors and physiotherapists etc.

The residential health care unit consists of a full-time residential health care coordinator, two full-time nurses, who visit the elderly 2 or 3 times a week. This model is an integrated team model.

Another achievement is decision no. 864, dated 24.12.2019, of the Council of Ministers, the National Political Document on Aging, 2020–2024, and its action plan were approved. The Policy Document aims to support a better integration of older people in society, quality services

for all, as well as a long, healthy and productive life for them. Healthy aging continues to be a primary focus of the Albania Government, both through advances to public health, and in increasing the access, affordability, and quality of healthcare for older persons. The Ministry has recently approved the Strategy for the development of primary health care services in Albania 2020-2025, which for the first time provides for the integration of social health service in primary health centers. The role of the nurse in the community is introduced for the first time, who will provide home health assistance, which reduces by 5% the hospitalization of cases with treatable diseases: hypertension, diabetes, asthma and in the Korça Region this service is offered both in the city and in the countryside.

Two new national plans on control of non-communicable diseases and cancers are in final stages of development. They will provide further guarantee for the Ministry of Health and Social Protection to continue with cost-effective programs and sustain the health gains for the elderly people.

During 2014, two important legal regulations were approved by the Council of Ministers of Albania. These regulations have a direct impact on pensioners' access to specialized healthcare. The first VKM (No. 308 dated 21.05.2014) guarantees the provision of a number of hospital care service packages for pensioners. These services can be obtained in public and private hospitals under contract with the health insurance fund at no direct cost to the elderly. Another decision of the Council of Ministers of the same year (No. 955, dated 29.12.2014) exempts pensioners from any direct payment for medicines on the list. The new health card contains a unique individual number and a compulsory insurance number. It is distributed free of charge to the elderly and does not need to be renewed every year. The health card has facilitated the access of the elderly to primary or hospital services by minimizing bureaucracy (Ylli, 2014). Analysis of the Health Insurance Fund for the period 2012-2016 demonstrates that 70% of total prescriptions and 45-50% of the total cost of medicines go to the elderly.

According to Law No. 121/2016 "On Social Care Services in the Republic of Albania", social services for the elderly are organized as follows: Social care services provided in public service centers such as community centers, residential centers, day centers or at home and are financed by the state budget and local budgets of local government bodies. Social care services provided in non-public (profit and non-profit) service centers. On social services in the Republic of Albania, determines that the category "elderly in need" has the right to benefit from monetary

assistance and social services, in other legislations, the elderly are treated like all members of society. While Monetary Assistance is determined on the basis of income, regardless of age, social services can only benefit the elderly identified as individuals in need, for various reasons such as single elderly, elderly without income, elderly without support.

Albania's Aging Plan is in line with the conclusions of the European Union for Life-Long Healthy Aging. It is the EU's Third Health Programme that identifies demographic changes as the key challenge for our region. Through the implementation of this Plan, the Albanian Government aims at achieving one additional year of healthy life expectancy in the country, the halving of poverty in over 65-year-olds and full coverage of health and social care services for the elderly persons that need them. During its implementation, the pension system and access to public transport for thousands of vulnerable elderly people will be improved. Thousands of others will gain from the use of the new day centers and social activities co-organized by the government and the municipalities. There will also be more housing opportunities and residential centers for the elderly with special needs. In addition, tens of thousands of elderly people will have new opportunities for better quality and integrated social and health care services. The policy document was published for consultation on the official website of MoHSP: (www.shendetesia.gov.al).

The Action Plan on Aging was consulted with experts in the field and civil society during the months of June-September 2019. The document was also consulted with donors, representatives of state institutions and representatives of pensioner associations. The issues, such as the minimum living standard, increasing pensions, improving access to transport for the elderly, integration activities at the local level, support to families caring for elderly people with chronic illnesses and housing provisions were raised by the key stakeholders and groups during the consultations. They have asked the government to consider developing the missing legal framework for Long-Term Care and to draft a law on improving the quality of life and addressing the needs of the elderly - setting up the institutional infrastructure and encouraging preparedness of society, while shifting towards a system that promotes independent living and active participation in social and economic life. The government addressed this issue by developing and implementing employment and training incentive schemes, targeted towards the groups of population which evidently faced difficulties in accessing labor market, already foreseen in National Employment and Skills Strategy 2019-2023. The National Plan of Aging

2020-2025 takes into account that the transition from retirement to work becomes more flexible and individuals continue to work depending on personal needs and opportunities, while there are opportunities for lifelong learning, thus maintaining job skills in the long run. To implement this plan training courses will be opened for 1000 seniors across the country.

Law no. 22 “On Social Housing” was approved by the Parliament of Albania on 3 May 2018. The law aims at creating opportunities for adequate and affordable housing for a safe, dignified and peaceful life, relying on the solvency of individuals and families in need of housing and in need of state aid. It intends to provide a tailored approach to the needs of people 9 Social Housing Design and Construction in Albania, a review of the existing norms and proposed guidelines with disabilities, the elderly, children and other groups, by reducing the efforts of these groups to meet their specific housing needs. The law attempts to meet the obligations of harmonization of national and international legislation regarding the right to adequate housing, which in international law is enshrined in several legal instruments. The social housing programs foreseen in the law include the Social Housing Rental Program, program to enhance the conditions of existing dwellings or construction of new ones, the Affordable Dwelling Unit program, the Area Development program for Housing purposes, the Temporary Shelter (accommodation) program, the Specialized Housing program. The law, for the first time, foresees the creation of a specialized housing program, which comprises housing for people with special needs including the elderly, people with disabilities, victims and potential victims of trafficking, victims of family violence. For elderly and people with disabilities these buildings should be provided with the appropriate infrastructure for access, physiotherapy, medical care, first aid, communication, social services and community spaces. The law introduces the concepts of adequate housing which is considered to provide privacy and a safe, peaceful and dignified life for an individual or a family. It should provide sufficient living area, basic services within the house, safety and resistance, access to public services, access to employment, social, health, educational and community services. At the same time, adequate housing provides appropriate access to persons with disabilities, to the elderly by avoiding social segregation.

Five years after the adoption of Law 45/2016 "On Volunteerism", CSOs and institutions responsible for its implementation still face difficulties in its implementation. The main problem identified is the lack of accurate knowledge, understanding and implementation of the law in

practice. Although it is positive that there is a law regulating volunteering, the sub-legal framework is not yet complete and enabling for many CSOs that focus on volunteering. In accordance with the "Law on Volunteering", in 2018 the bylaws regulating volunteering were approved. Order no. 229/2018 "On the format and content of the Volunteer Card" and Order 300/2018 "On the format and content of the Volunteer Contract Register". In 2018, the Council of Ministers approved the "Code of Ethics for Volunteers". Tirana is the first and only city to have established a programme on structured volunteering. The Beyond Barriers Association, with the collaboration of the South Eastern European Youth Network (SEEYN), through the financial support of Instruments for Pre-Accession (IPA) Funds, established the Local Volunteer Service of Tirana. The programme run by Beyond Barriers is the first known form of structured volunteer work that exists in Albania. The Local Action Plan for Youth 2018-2020 in the Municipality of Tirana defines as one of its main priorities the development of culture and volunteerism, the creation of the Youth Corps (Municipality of Tirana, 2020).

The Municipality of Korça has a positive practice with Volunteer Info Point part of the group of volunteers "YOUTH Acting Project". which is funded by Move Albania, a project of the Swiss Agency for Development and Cooperation, SDC and implement by the Youth Act Center. The project aims to encourage, promote support and institutionalize volunteering in for cities of Albania, Korça, Vlora, Shkodra and Kukes. Municipality of Korça which will be in function of the strategy of the functioning of the volunteer network, to guarantee information, continuity and sustainable youth engagement towards. The community and social service delivery center brings a series of very positive and impactful practices. These centers not only understand the value of volunteering, strive to have some procedures and standards in management, but also include volunteers from both the community and the very close cooperation they have built with civil society organizations. And either these centers are subordinated to the municipalities, their approach remains more open to volunteerism due to the nature of the services they provide and the very close connection they have with the community. There were volunteers at the community-based centers at local level. Physiotherapy students from Spain have come to Albania and are attached to a certain organization. They have more than a year to provide the service and help both the physiotherapist and the beneficiaries to get the service better.

The specific Objective 5 of the Policy Document aims to ensure recognition and evaluation from the state of voluntary contributions for a society of all ages. The positive attitudes related to

ageing need to be formed at a young age. It is also important that the focus of the attention is not directed simply at the understanding of the needs of the elderly by young people. The elderly need to be explained the interests of the young people and challenges that they need to face. There is a need to promote voluntarism and intergenerational interaction to preserve the traditional atmosphere of understanding and respect between generations. To overcome this issue, there is a need to target the formal recognition of voluntary activities, especially those of the young people aiding the elderly.

During the last two years, Albania has taken part in the Global Campaign to Combat Ageism, part of the World Health Organization (WHO) through initiatives led by civil society and supported by government. During 2020, AAGG in the frame of MOSHA initiated a campaign against ageism with a focus of ageism in health care. Four focus groups with representatives of elderly people were organized, a leaflet about ageism and its specifics in Albanian society was prepared, 11 health centers were involved, and a number of meetings with policy makers and other actors were carried out. Most concerning issues identified were older people being considered as second-hand clients by health care providers because of their perceived inability to tip for the services, insufficient time dedicated to diagnoses and counseling about multi-pathologies, and poor communication with older people who have hearing problems or health literacy problems. Additionally, leaders from pensioner organizations prepared communications briefings for media representatives and worked to raise awareness about ageism in general society. In June 2021, a campaign was organized by pension organizations in the international day against elderly abuse. It was carried out in collaboration with social care services, local government, MOSHA network, UNFPA, and other stakeholders. The campaign was used to present data about ageism and elderly abuse in Albania, as well as addressing of these issues in the new National Plan of Ageing. Albania participates in the UN OEWG-A, with its civil society organizations (AAGG is registered as participant for two years) and central government representatives from MHSP. The national policies that ensure protection of the human rights of older people are as follows: 2020-2024 National Plan of Ageing, 2015-2020 Development and Integration Strategy (under revision), 2015-2023 National Social Protection Strategy, 2015-2020 Policy Document on Social Inclusion (under revision), 2020-2025 Primary Health Care Strategy, 2021-2030 Health Care Strategy (ongoing drafting process). An analysis of the existing laws and decisions shows that

“the elderly” are not treated as an excluded group or a group in need, especially “according to the criteria of the need for healthcare and social services”.

The most important policy achievement during the last 20 years is to contribute to empowering individuals to realize their potential for physical, mental and social well-being throughout their lives and to participate in and contribute to society and this is made possible by a series legal provision currently in effect.

- The 2020-2024 national policy document on aging and the national action plan for its implementation was adopted.
- The social pension reform is one of the best reforms in the world, precisely what was needed for a country that aspires to achieve EU integration, evaluated by World Bank expert mission (2017).
- For the first time the law on voluntarism was adopted by the Albania Parliament.
- The social program on social housing was launched, in 2018, accompanied with some special subsidy schemes.
- The government's plan for the elderly provides or certain more vulnerable older people categories to have free access in public transport through a special public subsidy scheme for transport companies.
- The apparent improvement during recent years, under Urban Renaissance Program of urban infrastructure are providing numerous towns and villages in Albania with better places to live for older people, with better sidewalks, pedestrian areas and public parks.
- The new social care services reform is expected to increase access to good quality social care services for elderly.
- Albania has mainstreaming ageing issues into the principal political document of the country such as strategy for development and integration 2015-2020 (under revision and extension period), the Social Protection Strategy 2015-2023, as well as, in the Social Inclusion Policy Document 2016-2020 (under revision and extension period).

There are several measures implemented to recognize and exploit the potential of older workers and to develop labor market strategies to promote maximum participation opportunities for workers of all ages, in line with commitments 3, 4, 5, 6, 8 and 10 of the RIS and the goals of the Lisbon Declaration, promoting lifelong learning opportunities, fight unemployment at all ages, reducing financial inequalities and poverty, taking up measures to reduce the gender pay gap,

encouraging employers to value the experience of, and to retain and hire, older workers, providing incentives for longer working life opportunities and more flexible retirement choices, planning and implementing pension reforms, that take into account the increasing longevity and the extension of working lives, facilitating the reconciliation of employment and care work. Upgrading workers' skills is a key element in improving their employment perspectives. Older people will be more likely to find a job or retain their jobs and extend their working lives. To this end, training programs are implemented for older age groups of the labor force. The specific objective 4 of Ageing National Policy Document 2020-2024 aimed to provide a motivating environment at work for the individuals before their retirement and to stimulate the long-life learning process.

The immediate termination of work relations creates the potential of an economic, social and health crisis for the elderly person. The elderly is among one of the most endangered groups in the labor market, especially when there is an accumulation of factors, such as low education, disability, insufficient adaptation in the new conditions. Often the concept of long-life learning combines education with work activities and assists in the flexibility of the elderly individual towards the labor market or the adaptation towards the technological changes. The long-life learning process creates the conditions for qualification and social self-sufficiency according to the individual interests outside of the traditional school system. It is necessary for the transition from work to retirement to become more flexible and that the individuals carry on working depending on the needs and personal opportunities, while there are opportunities for long life education by preserving this way the work skills for a long time. The amount of contributions determines the system of benefits and is financed by them, the number of contributors evidences the indicator of coverage with elements of social insurance, both of the current labor force and of the elderly population in the future, being a key element of avoidance or old age poverty reduction.

Active ageing policy is an important part of the Europe strategy aiming inter alia at creating more job opportunities for the elderly citizens of the European Union. The Government of Albania taking into account the objectives of Europe Strategy, has foreseen implementing a wide package of policies in order to achieve active ageing by increasing employment rates of older people, such as, policies to boost labor demand for these people, policies to boost labor supply

for this age group and continuing vocational training and life long learning policies for older workers or unemployed persons. (Refer to Ageing Action Document).

The Albanian government has made a several laws with other actors to protecting older persons, enjoyment of all human rights and dignity, promoting their autonomy, self-determination and participation in society, and making sure that no law, policy or programme leaves room for discrimination of any kind along RIS commitments 7, 8, 9 and 10 and the goals of the Lisbon Declaration. Some of the key points include supporting the necessary infrastructure and assistance to prevent all types of abuse and violence against older persons, fostering the development of innovative methods and services as well as user- and age-friendly technology and products, raising quality standards for integrated social and long-term care and health services and continuously adapting the status, training and working conditions of professional care workers, supporting research on individual and population ageing processes to better address emerging needs in ageing societies, promoting the participation of both persons with dementia and/or mental and behavioral disorders and their informal caregivers in social and community life, respecting the self-determination, independence and dignity of older persons, especially, but not limited to, towards the end of life.

Usually, upon retirement, there is an increased risk of the disruption of the social connections of the elderly and a decrease in their involvement in social, cultural and economic activities. These constitute important danger factors in terms of the health and welfare of the elderly. On the other hand, isolation reduces the contribution of the elderly in society. The municipalities are at the right governmental level that may provide a series of social activities that would promote the participation of the elderly in society, that would avoid the isolation for many of them and would increase their contribution in community life. To ensure for wider participation of the elderly in the community life to reduce the level of loneliness and social isolation among them, the local government should include, in drafting of local plans, policies in support of the elderly, especially of women, in the decision-making process.

The social system responsible for care provision to elderly people is represented by an insignificant number of public and private institutions providing institutionalized care for the elderly, mainly for those living in Tirana and in a few other major cities. The Albanian culture is based on strong family links with the elderly being cared for by the close family, however, the

current models promote working further away from home and town or abroad which starts to pose a challenge for families and their elders.

The social care services sector has undergone a reform which is almost being finalized since there is a National Social Protection Strategy (2020-2023) defining the development directions of this sector, an almost complete legal framework including the Law 121/2016 on Social Care Services in the Republic of Albania and its bylaws regulating the scope, tasks, responsibilities, procedures and financing modalities of the sector, a set of tools and mechanisms for the implementation of the policy and legal framework, such as guidelines for establishing social care plans and the social fund, and practices or models of implementation of these policies and pieces of legislation. The Law defines as “Family-based services are social care services that are provided in the family to elderly persons with disabilities, for whom it is impossible to receive daily community or residential services, and who are incapable of taking care of themselves and cannot be helped by family members or caregiver or personal assistant”. The services in family include rehabilitation services, development psychological or legal counseling, as the case may be, distribution of ready meals at home, provision of medicines, according to the prescription of the doctor or other services of a medical nature, personal hygiene, fulfilling other daily needs, according to the case assessment, on a case-by-case basis.

The focus should be primarily on developing the comprehensive model of the horizontally integrated home care services for elderly people dependent people. These demographic changes have triggered government efforts to develop the long-term care system. In Albania, there is no official definition of long-term care. Provisions on long-term care can be found in different laws, such as those related to healthcare, social care and social insurance.

The establishment of this Integrated Health & Social Care Services Network is based on the fulfillment of two major strategic objectives, the decentralization of health services through the extension and enrichment of the existing network of services closer to the community and the deinstitutionalization, by reducing the number of hospital beds and the establishment and strengthen of rehabilitation community health and social care services ensuring independent living. Integration of social and health care into the Ministry of Health provides an excellent opportunity to take a step further inpatient support and care integration. The recent approval of the Strategy on Development of Primary Health Care Services, covering the period 2020-2025, was the home-based care services not yet available nationally but expanding steadily. Currently,

home healthcare services for the elderly are offered in 131 Health Centers across Albania. According to the Ministry of Health the goal is to extend this service to all health centers in the country.

The new National Health Strategy 2021-2030 foreseen specific objectives with their actions and interventions, generated by all care providers within the framework of a person's life as a strengthen community care, strengthen integrated long-term care, strengthen and expand rehabilitation services. Rehabilitation describes specialized health and social care dedicated to improving, maintaining or restoring physical strength, cognition and mobility with maximized results. Typically, rehabilitation helps people gain greater independence after illness. The preparation of the National report for MIPAA, and the instrument have triggered interest in involving formally Albania in the WHO Decade of Healthy Ageing 2020 – 2030. Contacts with WHO country office have started and ideas are being discussed for a national action plan in line with the new National Plan of Ageing.

5.4 Geriatric care priorities. "It appears that policymakers failed to foresee the inevitability of aging, despite its certainty."

The increasing demographic trends in the population over 65 years of age in Albania show the similar development trend as that in the member of the European Union. To determine the prospect of geriatric care in Korça Region it is essential to first understand that this care is closely linked to the demographic trend of aging in Albania, particularly in Korça Region, where the total number of the elderly individuals is 173,091, with approximately 3000 living alone and 1400 elderly people were identified last year as being in need of care. Their needs ranged from basic services such as grocery shopping, administrative procedures in e-Albania to more specialized support, including medical services and psychosocial care. Loneliness, lack of access to healthcare, economic hardship, emigration and the absence of comprehensive social policies are factors that exacerbate their condition.

Health experts in our country are emphasizing every day more and more on a medical specialty that is lacking in Albania and is becoming indispensable. It is about Geriatrics, the medical specialty dedicated exclusively to providing high-quality care centered on the elderly patient. In our country, even though the number of elderly people is constantly increasing, the medical staff is not educated for services to the elderly, “geriatrics”, a branch of nursing dedicated to this age.

Based on the 2023 CENSUS data, Albania has 35% more elderly people than in 2011 and over 667,000 Albanians are over 60 years old. The dependency ratio of young people has decreased, while that of the elderly has increased. According to the 2023 CENSUS, one in five individuals (19.7 %) are 65 years of age or older, compared to one in nine individuals (11.3 %) in the 2011 CENSUS, or with the 2001 Census which was 7.5 %. It is estimated that 46 % of the population aged 65 and older, about 200,000 people, live in rural areas. Moreover, due to the migration of younger family members, elderly people who live alone predominate in many villages. The number of elderly people living alone is increasing every day. The latest census data shows that 10.8% of elderly people live alone. The Southeast is one of the regions where the number of lonely elderly people in need of care is considerable.

According to experts, 19 % of them have various disabilities. With increasing age, the disability rate also increases, if for the age group 65-69 years the disability rate for men is 9 % and 12 % for women after the age of 85, we see that the disability rate affects 40 % of men and 47% of women. It turns out that more than 64,000 people live alone due to the emigration of children or their abandonment. 11% have no one to take care of them, while 16% have no one they can trust and talk to. Projections developed by experts indicate that the number of elderly individuals will increase from 90 900 in 2020 to 130,400 in 2030 and is expected to reach 161,100 by 2050. Meanwhile, Albania suffer from the lack of a sustainable system to support the elderly population. An analysis of the relevant legislation and accompanying implementation decision reveals that “the elderly” are not explicitly treated as a marginalized group or as individuals with special needs, especially, particularly when assessed through the lens of care and health services requirements. However, existing evidence on the needs of elderly people indicates that they should not only be recognized as a vulnerable group, but that the broader social factors contributing to their vulnerability must also be taken into account. Equally important is the need for through monitoring and evaluation of how the elderly care package is being implemented by health centers and family doctors. The family doctor who covers this age group offers limited service, and in some villages, there is a total lack of them, or they are present no more than three-four days a week. According to experts, there are less than 1000 family doctors in all of Albania. After the age of 60, healthcare related living expenses rise significantly, especially for those in their 70s and 80s, who often require intensive and specialized care. This trend underscores the growing demand for medical professionals, especially doctors and nurses, trained in geriatrics.

The organization of healthcare in Albania is mainly focused on hospital care, which results in high rates of avoidable hospitalizations, especially in terms of hospitalizations for reasons that can be treated in Primary Health Care and at the community care level.

5.4.1 Current State of Geriatric Services

The organization of geriatric care depends on a country's level of development. These structures often reflect both the standards of development and society's mindset towards the elderly, an age group that represents everyone's future whose well-being should be shaped through collective contribution. Along with the situation naturally created by the biological process of aging, the elderly face a series of problems and challenges that are still not addressed by institutions. In Albania, according to INSTAT, about 40 % of the elderly suffer from chronic diseases and live in poverty, exacerbating their health challenges. The needs for continuous care for the elderly are growing rapidly in Albania, but, on the other hand, it seems that the concern has not yet reached the ears of the government and the Ministry of Health and Social Protection, which have done little to address these needs. The complexity of chronic diseases suffered by the elderly, such as diabetes, high blood pressure, heart disease, respiratory problems, etc., requires continuous health assistance. The Albanian Gerontology Association reports that 60 % of people aged 65 and over have one or more chronic diseases and 30 % to 40 % percent of medications are used by this age group.

The initial classification of services was made according to their typology, in accordance with VKM 518, namely services: Pre-social, Residential, Community, Family, Specialized, Counseling, Emergency, Alternative care. In Albania, a total of 50 social services for the elderly are available, through both public and non-public providers. These services are delivered by 43 institutions, respectively 19 public and 24 non-public. Public institutions account for 42 % of total, while non -public institutions represent 58 %.

Pre-social services are considered community services and are provided by: Special Social Service structures within the meaning of the law on social care services. Residential services are services provided in residential centers and, in any case, include at least 24-hour and long-term care services for individuals in need. Community services are half-day or full-day services, provided in day centers, according to the category of beneficiaries.

Family services are social care services provided in the family for the elderly and people with disabilities, who are unable to receive community or residential day services. Specialized services are services provided at the national, regional or municipal level by professionals specialized in certain fields. Counseling service is a service provided by professionals in certain fields to individuals in need.

The 72-hour emergency service is provided to individuals who need immediate assistance due to a situation that threatens their life and health, who are provided with at least immediate accommodation, food and a protected environment.

The alternative care service ensures the development, education, health and well-being of the child and is provided to the child when it is not in his or her best interest to remain in a specific family environment, as defined by the legislation in force.

Primary Health Care, the structure of a geriatric assessment should be adapted to the local conditions of the health system, including the population served each health center, the availability of medical and nursing staff and the community-based services that support elderly people. In developed countries these primary care structures often serve as the initial point of medical assistance for elderly people. The organization of health care in Albania is mainly focused on hospital care, which results in high rates of avoidable hospitalizations, especially in terms of hospitalizations for reasons that can be treated in Primary Health Centers and at the community care level. Despite its uneven distribution in the country, the network of family doctors and nurses in Primary Health Centers represents the main pillar for the provision of affordable basic services to the population, and especially to the most vulnerable citizens. The social system responsible for the provision of care to the elderly is represented by a small number of state and public institutions that provide institutionalized care for the elderly, mainly for those living in Korça Region and some of the larger cities. Korça is the second Region in Albania that benefits from more social services 15 % after Tirana Region. Health Centers often lack specialized equipment and trained personnel capable of addressing the complex needs of elderly people, particularly those with chronic conditions or disabilities.

There is now a new statute for health centers through which a better rationalization of human resources is guaranteed, unification of health services in Primary Care, increasing the range of health services that will be offered to citizens close to their residence, strengthening the role and profile of the nurse, including a psychologist or social worker as part of the structures of health

centers to offer for the first time a new service; that of socio-health. New protocols have been approved for the treatment of non-communicable diseases in primary care, mental health protocols, and the provision of care in the home. With the establishment of Family Medicine Centers offering 24-hour service and integrated socio-health care, a key pillar of the ongoing Primary Care reform, a more cohesive and effective Public Health system is being realized. This reform, currently being piloted in 20 centers this year, ensures the delivery of high quality accessible and safe health care services, particularly for vulnerable groups such as elderly, and individuals with disabilities.

Day care centers are spaces designed for self-sufficient seniors to spend their free time in enriching and culturally engaging ways. These centers offer a range of services such as psycho-social services: Social workers develop individual plans for each elderly person, following their problems and organizing group meetings to identify needs and provide support. Medical services: The centers offer medical visits, health consultations, blood pressure measurements, injections and medications. Each elderly person has a personal medical record. Food and sanitary care, offering breakfast and lunch according to a weekly menu designed with the suggestions of doctors and the elderly. The premises are equipped with lighting, running water and heating. Cultural and social activities, parties, walks, concerts with students, exhibitions of works by the elderly, games such as dominoes and backgammon, and local championships are organized. Intergenerational approach, the centers aim to create bridges of cooperation between generations through community and educational activities.

5.4.1.1 Day Care Center in Korça Region

The Day Centers for the elderly have been operating for many years, providing social care services for the elderly in the Municipality of Korçë. Initially, these services were funded by foreign donors and later supported by the Municipality of Korçë, the Emanuel Mission, and the Korçë Regional Council. Through this project, the aim is to expand and strengthen support for this category, including the Municipalities of Pogradec and Maliq, with the long-term goal of extending services to the Municipalities of Kolonjë, Devoll, and Pustec, covering not only urban but also rural areas. The objective of the project is to integrate this category into the social

services network, improving the quality and access to services, which are designed to enhance living conditions and encourage active participation in community activities. The project reflects the commitment of the Korçë Regional Council to address diverse social needs and provide broader support for this group, aiming for continuous improvement in quality of life. The information and data collected by social workers in the field will be highly valuable, enabling the service to extend not only within the day centers but also further, by bringing isolated individuals to the centers and including them in various social activities. Following the identification of the needs of the elderly, the next step will involve specifying the needs of isolated elderly individuals, strengthening in-home services, and eventually developing residential services.

There are 6 Day Care Center in Korça Region and with the collaboration of Emanuel Mission was implemented the project “Appropriate and integrated social and health services for the elderly”. Within the framework of the implementation of the project “Community Center for the Elderly”, several activities have been carried out across all centers, 6 in the city of Korçë, 1 in Pogradec, and 1 center in Maliq. Total beneficiaries (entire project period) were 300 (regular users of the day centers) elderly. Most of the time there were 185 elderly people, of whom 45 were women and 50 lived alone, 24 were Rome, 41 were Egyptian and 1 was with disabilities. Daily Services: every day, the day centers for the elderly provide daily services from 8:00 a.m. to 2:00 p.m., and in the afternoon until 7:00 p.m. from Monday to Friday. The afternoon schedule is facilitated by the elderly themselves, who are selected by the members of the senior centers. These services include coffee, tea, biscuits, soft drinks, etc. These activities allow for good communication among the participants and create opportunities to establish new acquaintances. Social and Psychological Counseling Activities: Social consultations and counseling: the project staff organizes activities/meetings with the elderly in the centers where various social topics are addressed. Every week, social workers have organized individual and group meetings with the elderly on various social problems. Meetings are held several times a month in 6 elderly centers in the Korça Region (4 in the Municipality of Korça, 1 in the Municipality of Maliq and 1 in the Municipality of Pogradec). The elderly have had the opportunity to express their problems and emotions. At the same time, social workers have also visited the homes of the elderly to get to know their problems up close, but also to have a warm conversation with them. A social report is being completed for each elderly person by the social workers of the centers in order to have

more details about the problems of the elderly, on the basis of which an action plan can be created to help everyone according to their needs.

Health Hour with Information and Advice on Health: the staff of the elderly centers in Korçë organized individual and group meetings with the elderly, covering health topics and providing valuable health advice. A total of 170 regular attendees of the day centers participated in these meetings. Topics discussed during the sessions included: risks of smoking, body and skin hydration, healthy eating, alcohol and its impact on health, use of medicinal plants and their importance, the importance of blood glucose control. During this activity, blood glucose was measured by the project staff. Other topics were problems with allergies and the measures that should be taken for their treatment, hypertension and the damage they cause. During this activity, blood pressure was also measured for all elderly people as part of the activity. Physical activity in which the elderly were informed about the benefits of performing physical activities. How many hours should they perform physical activity and some exercises that can be performed very simply by them when they get up in the morning were demonstrated. This activity gives the elderly the opportunity to be informed about various health issues, in which they themselves are interested. They also have the opportunity to express their opinions or questions regarding various health problems.

During the meetings, the elderly also had the opportunity to communicate with each other and the staff about their health and social issues. This activity contributes to improving the quality of their health and social life.

Organization of Other Activities: during this period, several entertainment activities were held in the 6-day centers, organized by the staff of each center in cooperation with the children's day centers, as well as by groups of foreign visitors. They held various games with the elderly, including 'Bingo', the elderly had hours of entertainment and friendship with Dutch youth. Several activities were held in the Pogradec Day Center in cooperation with the Pogradec Municipality. Music Day and a lunch for the elderly attending the centers were the two activities in this center. About 40 elderly regular attendees of the center benefited from this activity. The elderly had the opportunity to sing and have fun. The children of the center with disabilities gave emotions with their artistic performances in the center's premises.

Young volunteers also organized festive days in the day centers of the city of Korça, they served a meal for 45 elderly people, this activity was also accompanied by music and dancing for the

elderly present. The elderly had the opportunity to get to know them close and spend a pleasant afternoon.

Another fun activity, again in collaboration with the children of the day centers, was planting flowers together with the elderly and staff, promoting and increasing interaction between generations, which is very important and productive. The project staff also organized a festive day with the elderly with songs and dances where the elderly rejoiced and celebrated together. A different day for the elderly attending the centers was realized through an excursion to Pogradec. Registration and Assessment of the Needs of the Elderly in Korçë, Pogradec, and Maliq: social workers and nurses in the field conducted the registration and needs assessment of the elderly. They were trained on how to work in the field and on how to fill out the assessment form to evaluate the needs of the elderly. Initially, approximately 15–20 elderly individuals were interviewed per day by each social worker, and nurse, a number that gradually increased to 40–48 elderly individuals per day per social worker. The needs assessment form for the elderly was developed in cooperation with the Regional Directorate of Social Services Korçë, the Directorate of Social Care, the Municipality of Korçë, as well as with field experts.

A total of 6816 elderly individuals were interviewed at home (specifically: 4857 in the Municipality of Korçë, 819 in the Municipality of Maliq – Libonik, Drithas, Vloçisht, Pojan – and 1140 in the Municipality of Pogradec) in urban areas, with the aim of including rural areas as well.

This process is now approaching completion. (see Appendix).

Assistance from the center staff in the use of technology (social networks and the e-Albania platform as well as the services it offers). The project staff has organized meetings with all the elderly attending the day centers. In these meetings, the importance of using the e-Albania platform, the services it offers, etc. was explained. The project staff has facilitated the elderly for several services such as the transfer of old-age pension and the issuance of family and personal certificates. This activity comes to the aid of the elderly as they find it difficult to use this platform due to their age.

The Korça Region has 2 Socio-Health Centers, Health Center No. 2 Korça and Pogradec, one non-public residential center (Kenedy Residence), 4 Community Centers for the Third Age, Free transportation (Pensioner Card). Financed by the Municipality and Donors. The Municipality of Maliq in cooperation with NGOs identifies and manages cases of elderly people in need and

seeks to establish a day center for the elderly in the future. Financed by the Municipality. The Multifunctional Center in Devoll is nearing completion, which will also serve as a day center for the elderly in need. Medical equipment (wheelchairs, physiotherapy sessions. Funded under the Standard Agreement between the United Nations Program, “Improvement of Social Protection Services in Municipalities”, thanks to the call for “Grants for integrated health and social services”. Municipality of Kolonje has basic community social and health services. Municipality of Pogradec has Physiotherapy Service, food packages, funded by UNDP. Municipality of Pustec has counseling, information services, and food packages for the elderly. Funded by the Emanuel Foundation, Korça.

Creation of the comprehensive database containing update information on all individuals over the age 65 who live alone, including assessments of their conditions and needs, as well as the full range of services they will benefit from through the project (process finalized). The expansion of the project to rural areas and the other two municipalities is the goal in the future, complementing the regional approach in terms of providing services for this category.

Geriatric Wards and Geriatric Hospitals dedicated to geriatrics do not exist as separate structures. Care for the elderly is provided mainly in general Wards within regional and university hospitals, without specialized staff in geriatrics.

5.4.2 Living conditions and security within the community

Albanian culture is deeply rooted in strong family bonds, where caring for the elderly has traditionally been a family responsibility. However, modern lifestyle marked by migration to urban areas or abroad for work has created challenges for families in maintaining this care, leaving many elderly individuals without the support they once relied on.

The quality of living conditions for older people is an important prerequisite for prolonging healthy age. The elderly people who lack sufficient monthly income are often constrained to make savings in terms of their household utilities, which affects the maintenance of healthy life habits, and thus, the prevention of acute and chronic diseases. While several-member families do not have high household costs per member, these costs significantly increase for single-member households. Taking into account the trend of independent living among the elderly, the costs per person in such households are rarely high compared to their total income. This occurs more often in rural areas where income per household member is much lower than in urban areas.

Elderly people with disability, or impaired walking capacity, face the problem of buildings without elevators, which complicate their social inclusion preventing the access to and exit from the apartments. Elderly people are also affected by planned robberies due to the estimated low level of self-defense they can have for the attacker. In rural areas, the main problem lies in the access to assistance services provided by the community (police, health and social protection) which are much more accessible in urban areas. This is particularly present in rural areas where houses are very remote and where such services either do not exist at all or are very rare.

Social housing is based on Law no. 22 “On Social Housing” was approved by the Parliament of Albania on 3 May 2018. The law aims at creating opportunities for adequate and affordable housing for a safe, dignified and peaceful life, relying on the solvency of individuals and families in need of housing and in need of state aid. It intends to provide a tailored approach to the needs of people 9 Social Housing Design and Construction in Albania, a review of the existing norms and proposed guidelines with disabilities, the elderly, children and other groups, by reducing the efforts of these groups to meet their specific housing needs. The law attempts to meet the obligations of harmonization of national and international legislation regarding the right to adequate housing, which in international law is enshrined in several legal instruments. The social housing programs foreseen in the law include the Social Housing Rental Program, program to enhance the conditions of existing dwellings or construction of new ones, the Affordable Dwelling Unit program, the Area Development program for Housing purposes, the Temporary Shelter (accommodation) program, and the Specialized Housing program. The law, for the first time, foresees the creation of a specialized housing program, which comprises housing for people with special needs including the elderly, people with disabilities, victims and potential victims of trafficking, victims of family violence, children without parental care or in state protection and who are prepared to move to independent life. For elderly people and with disabilities these buildings should be provided with the appropriate infrastructure for access, physiotherapy, medical care, first aid, communication, social services and community spaces.

The law introduces the concepts of adequate housing which is considered to provide privacy and a safe, peaceful and dignified life for an individual or a family. It should provide sufficient living area, basic services within the house, safety and resistance, access to public services, access to employment, social, health, educational and community services. At the same time, adequate housing provides appropriate access to persons with disabilities, to the elderly and to children, by

avoiding social segregation. This program allows Local Government Units to compete with each other aiming to obtain funds from the state budget in order to transform buildings they own in social houses or to improve the conditions of existing houses. In specific cases, when it is not possible or it is too expensive to improve the existing building conditions, new constructions are also possible. This program refers mainly to buildings with high structural risk or buildings in need of necessary improvements.

One of the most important types of Social Housing Programs is Rental Housing. The public social houses are built or bought by the Local Government Units. They can also derive from the housing area transferred to the Social Housing Fund by private investors. The status of Social Owner can be obtained both from public or private entities that fulfil the requirements of this law. The annual social rent cannot exceed the average market rent, the 3% of the construction cost or the market value of the house. The rent subsidy amount can be up to 100% of the average rental value in the housing market. The maximum subsidy value is determined annually from the Local Government Units. The elderly is prioritizing as one of categories to benefit from rent subventions.

In conclusion, it is evident that the elderly in the Korça region and beyond experience a limited social life and low levels of welfare within their communities. While comprehensive social policies for elderly do exist, they often require individuals to advocate for themselves which is especially challenging for those living alone or in rural areas. The fragmentation of health services frequently results in a lack of proper care. Moreover, the absence of integration among social, psychological and healthcare systems forces the elderly to navigate multiple institutions in an uncoordinated manner, leading to inefficient service delivery and unmet needs. Therefore, we remain far from achieving truly holistic geriatric care.

5.4.3 Opportunities for Development and Innovation

Geriatric care is facing many difficulties despite the legal framework which is in line with the European Community directives but there are good opportunities for development which could change the picture of geriatric care in Albania. Primary care is the key point where geriatric care can be best integrated and where medical staff can undertake more active care, personalized care in accordance with the needs of each individual but above all preventives. According to World

Health Organization, the main goal in health care for the elderly is not diagnosis and cure (despite the fact that chronic diseases should be diagnosed and treated according to the best and most up-to-date guidelines available) but the optimization of individual capacities and functional abilities in each elderly person. In addition, on the other hand, trained specialists are required, especially in the geriatric and gerontological fields, with the aim that medical staff are able to meet the needs of the elderly. In primary care, the medical visit should be focused on the patient and not only on diagnosis and treatment. Albanian culture is deeply rooted in strong family bonds, where caring for the elderly has traditionally been a family responsibility. However, modern lifestyle marked by migration to urban areas or abroad for work has created challenges for families in maintaining this care, leaving many elderly individuals without the support they once relied on, so technology is very important nowadays.

The use of technology such as telemedicine, various mobile health applications and assistive devices can increase access to medical services. Especially for the elderly living in remote areas where in some cases the service is non-existent. These tools not only provide quick consultations and medical monitoring but also increase the opportunities for the elderly to be independent and reduce the burden on their caregivers. Albania can benefit from adapting international models and especially within the European Community in geriatrics to the local context. Some countries have consolidated systems that offer valuable lessons in community-based care, the provision of integrated services and a system of laws and policies that promote aging with dignity. Always by adapting these models to the Albanian reality we can build a comprehensive and facilitating system for the elderly

5.5 Conclusions

Meeting the needs of the elderly and providing an integrated service is supported by the legal framework, but there is a limited focus, both on service approaches and their development. While it is determined that in the future, the focus will be even greater on the elderly, which will improve the quality of life, including the provision of services in the home. Social plan and health care plan in are recognized by the participants in the study. The participants state that the human resources to provide quality service to the elderly are there, but they need support. The services are provided by a multidisciplinary team, but there is a lack of compatibility between the function and the training of the employee. In home health care service is considered challenging

due to the limited number of nurses and doctors in Primary Health Care, which falls short of meeting the needs of the elderly population.

The Basic Package of Service that Health Care Centers are expected to provide in a specialized and detailed model for elderly individuals, particularly those facing challenges that prevent them from visiting the centers is not being delivered in a sustainable manner. Achieving this requires the strategic allocation of both human and financial resources, along with a commitment to long-term planning and accountability. Without such measures, the health and dignity of this vulnerable population remain at risk.

Every Health center should have a dedicated specialist responsible for addressing elderly people's health issues. However, the high volume of requests and the diverse needs of elderly patients have led to service overload, significantly reducing the effectiveness and quality of care provided to this population. Not all elderly people have access to health center services or are familiar with in-home services from doctors and nurses.

The perception of the services provided by Health Centers is often negative. However, collaboration with NGOs to further develop family-based services for the elderly is widely appreciated, as these services are considered essential though financially demanding. During crisis situations for the elderly has relied heavily on the allocation of funds and assistance from NGOs or individuals engaged in charitable efforts.

The current provision of residential services is predominantly medical in nature, with an emphasis on emergency care rather than planned, long-term services for elderly patients or those living with chronic diseases.

Human resources are not being utilized effectively in terms of the full range of services they are expected to provide. In many cases there is a lack of adequate knowledge and skills resulting in low performance particularly among nurses, whose role in health education, health promotion, preventive care, chronic disease management and basic home nursing care remains insufficiently developed.

Nurses primarily carry out specialized, fragmented tasks, often under the supervision of family doctors in health within health centers. In-home assessments and interventions are rarely conducted. By contrast, nurses working in nurse-led outpatient clinics tend to engage in more

hands-on and autonomous practices. However, despite the broad scope of their work, the services provided remain due to limitations in equipment and infrastructure.

Additionally, a significant number of trained nurses remain unemployed and often resort to working unofficially as home caretakers in order to earn an income. Residential caregivers are not yet formally recognized as professional care providers within the official job classification system, and no specialized training programs currently exist for this role.

Horizontal and vertical inter institutional cooperation and integration remain weak, although there are clear opportunities for these collaborative efforts to be strengthened and developed.

5.6 Recommendations and Future Actions

To meet the evolving needs of Albania's ageing population, a comprehensive and visionary policy framework is essential. First and foremost, the development of a National Strategy for Active and Healthy Ageing would provide a structured approach to promote well-being among elderly people, emphasizing prevention, autonomy and social inclusion. Regional implementation, especially in areas such as Korça, where demographic ageing is most pronounced, should be prioritized to ensure equitable access to services.

The establishment of multidisciplinary geriatric centers at the regional level would enable the provision of integrated care, combining medical, psychological and social support under one roof. These centers could serve as hubs for both direct service provision and professional training, helping to build a skilled workforce in geriatrics and gerontology.

Support for informal caregivers, who often carry the burden of care without formal recognition or assistance, is also critical. Financial assistance, training programs, and respite services would not only improve the quality of care but also reduce caregiver burnout. Finally, policies should promote preventive and rehabilitative care, shifting the focus from reactive treatment to proactive health management. This includes regular check-ups, community wellness programs, and home-based care models that preserve dignity and independence.

Elderly individuals in Albania should not be treated as a homogeneous part of society but rather as a distinct group with specific needs for care and health services. While financial assistance is typically determined based on income, access to social services is reserved for those identified as vulnerable such as elderly who are living alone, without income or lacking family support. It is

essential to regularly monitor and assess the availability and delivery of service packages by health centers or the family doctor and nurse to ensure that these needs are being met effectively.

5.6.1 Adjustments in the Health System

To effectively address the growing needs of Albania's aging population, the health system needs must undergo targeted structural reforms. A key priority is the reorganization of healthcare services to become more patient-centered and responsive to the unique challenges of aging. This involves developing tailored care pathways for chronic conditions that commonly affect elderly people, such as cardiovascular diseases, diabetes, and neurodegenerative disorders. Establishing specialized protocols for geriatric assessment and treatment will help ensure that elderly patients receive appropriate, coordinated care across all levels of the health system. Furthermore, integrating multidisciplinary teams including doctors, nurses, social workers and psychologists – is essential to address the complex intersection of medical and social needs among elderly people. Health centers must be equipped not only with clinical resources but also with tools for psychosocial support and rehabilitation. Equally important is the active involvement of elderly people in decisions related to their care. Empowering them to express preferences and participate in care planning fosters dignity and autonomy, while also enhancing health outcomes. These reforms require sustained investment, strong political commitment and capacity building to ensure the health system evolves in line with demographic trends and best international practices.

Appendices

```
> fit_Bref <- cfa(model_Bref, data = df)
> summary(fit_Bref, fit.measures = TRUE, standardized = TRUE)
```

lavaan 0.6-19 ended normally after 151 iterations

Estimator	ML	
Optimization method		NLMINB
Number of model parameters		52
Number of observations		466
Model	Test	User Model
Test statistic		1291.326
Degrees of freedom		224
P-value (Chi-square)	0.000	
Model Test Baseline Model:		
Test statistic		6009.902
Degrees of freedom		253
P-value	0.000	
User Model	versus	Baseline Model:
Comparative Fit Index (CFI)		0.815
Tucker-Lewis Index (TLI)	0.791	
Loglikelihood and Information Criteria:		
Loglikelihood user model (H0)		-11551.883
Loglikelihood unrestricted model (H1)		-10906.220
Akaike (AIC)		23207.766
Bayesian (BIC)		23423.264
Sample-size adjusted Bayesian (SABIC)	23258.227	
Root Mean Square Error of Approximation:		
RMSEA		0.101
90 Percent confidence interval - lower		0.096
90 Percent confidence interval - upper		0.107
P-value H_0: RMSEA <= 0.050		0.000
P-value H_0: RMSEA >= 0.080	1.000	

Standardized Root Mean Square Residual:

SRMR

0.112

Parameter Estimates:

Standard errors

Standard

Information

Expected

Information saturated (h1) model Structured

Latent Variables:

	Estimate	Std.Err	z-value	P(> z)	Std.lv	Std.all
Physical =~						
F3_Bref	1.000			0.408	0.437	
F4_Bref	0.873	0.135	6.472	0.000	0.356	0.357
F10_Bref	1.145	0.138	8.313	0.000	0.467	0.536
F16_Bref	1.248	0.157	7.966	0.000	0.509	0.495
F17_Bref	1.475	0.159	9.259	0.000	0.601	0.677
F18_Bref	2.365	0.226	10.460	0.000	0.964	0.996
F15_Bref	1.309	0.152	8.608	0.000	0.534	0.574
Psychological =~						
P5_Bref	1.000			0.495	0.618	
P7_Bref	1.100	0.093	11.835	0.000	0.545	0.699
P19_Bref	1.248	0.101	12.381	0.000	0.618	0.747
P11_Bref	1.269	0.123	10.288	0.000	0.628	0.580
P6_Bref	1.155	0.101	11.469	0.000	0.572	0.669
P26_Bref	0.678	0.075	9.072	0.000	0.336	0.497
Social =~						
S20_Bref	1.000			0.973	0.999	
S21_Bref	0.356	0.043	8.365	0.000	0.347	0.363
S22_Bref	0.149	0.042	3.570	0.000	0.145	0.163
Environment =~						
E8_Bref	1.000			0.463	0.550	
E12_Bref	1.284	0.133	9.661	0.000	0.594	0.645

E24_Bref	1.016	0.110	9.204	0.000	0.470	0.595
E13_Bref	0.945	0.116	8.137	0.000	0.437	0.496
E9_Bref	0.975	0.107	9.139	0.000	0.451	0.588
E25_Bref	1.247	0.133	9.342	0.000	0.577	0.610
E23_Bref	0.970	0.118	8.249	0.000	0.449	0.505

Covariances:

	Estimate	Std.Err	z-value	P(> z)	Std.lv	Std.all
Physical ~~						
Psychological	0.124	0.018	6.756	0.000	0.617	0.617
Social	0.396	0.046	8.631	0.000	0.999	0.999
Environment	0.075	0.014	5.364	0.000	0.396	0.396
Psychological ~~						
Social	0.290	0.033	8.740	0.000	0.602	0.602
Environment	0.144	0.020	7.043	0.000	0.627	0.627
Social ~~						
Environment	0.174	0.028	6.156	0.000	0.387	0.387

Variances:

	Estimate	Std.Err	z-value	P(> z)	Std.lv	Std.all
.F3_Bref	0.705	0.046	15.255	0.000	0.705	0.809
.F4_Bref	0.869	0.057	15.258	0.000	0.869	0.873
.F10_Bref	0.542	0.036	15.248	0.000	0.542	0.713
.F16_Bref	0.798	0.052	15.251	0.000	0.798	0.755
.F17_Bref	0.427	0.028	15.229	0.000	0.427	0.542
.F18_Bref	0.007	0.003	2.244	0.025	0.007	0.007
.F15_Bref	0.579	0.038	15.244	0.000	0.579	0.670
.P5_Bref	0.396	0.029	13.535	0.000	0.396	0.618
.P7_Bref	0.311	0.025	12.585	0.000	0.311	0.512
.P19_Bref	0.302	0.026	11.701	0.000	0.302	0.441
.P11_Bref	0.780	0.056	13.854	0.000	0.780	0.664
.P6_Bref	0.405	0.031	12.998	0.000	0.405	0.553
.P26_Bref	0.343	0.024	14.353	0.000	0.343	0.753

.S20_Bref	0.002	0.011	0.153	0.878	0.002	0.002
.S21_Bref	0.793	0.052	15.258	0.000	0.793	0.868
.S22_Bref	0.761	0.050	15.264	0.000	0.761	0.973
.E8_Bref	0.494	0.036	13.584	0.000	0.494	0.697
.E12_Bref	0.495	0.040	12.493	0.000	0.495	0.584
.E24_Bref	0.403	0.031	13.139	0.000	0.403	0.646
.E13_Bref	0.587	0.042	14.007	0.000	0.587	0.754
.E9_Bref	0.385	0.029	13.212	0.000	0.385	0.654
.E25_Bref	0.564	0.043	12.970	0.000	0.564	0.628
.E23_Bref	0.589	0.042	13.941	0.000	0.589	0.745
Physical	0.166	0.034	4.952	0.000	1.000	1.000
Psychological	0.245	0.036	6.869	0.000	1.000	1.000
Social	0.946	0.063	14.998	0.000	1.000	1.000
Environment	0.214	0.037	5.769	0.000	1.000	1.000

```
> fit_OLd <- cfa(model_OLD, data = df)
```

```
> summary(fit_OLd, fit.measures = TRUE, standardized = TRUE)
```

lavaan 0.6-19 ended normally after 70 iterations

Estimator	ML
Optimization method	NLMINB
Number of model parameters	63
Number of observations	466

Model Test User Model:

Test statistic	804.930
Degrees of freedom	237
P-value (Chi-square)	0.000

Model Test Baseline Model:

Test statistic	6127.619
Degrees of freedom	276
P-value	0.000

User Model versus Baseline Model:

Comparative Fit Index (CFI)	0.903						
Tucker-Lewis Index (TLI)	0.887						
Loglikelihood	and	Information				Criteria:	
Loglikelihood user model (H0)							-12807.109
Loglikelihood unrestricted model (H1)							-12404.644
Akaike (AIC)							25740.218
Bayesian (BIC)	26001.302						
Sample-size adjusted Bayesian (SABIC)	25801.354						
Root Mean Square Error of Approximation:							
RMSEA							0.072
90 Percent confidence interval - lower							0.066
90 Percent confidence interval - upper							0.077
P-value H_0: RMSEA <= 0.050							0.000
P-value H_0: RMSEA >= 0.080							0.006
Standardized Root Mean Square							Residual:
SRMR	0.073						
Parameter Estimates:							
Standard errors							Standard
Information							Expected
Information saturated (h1) model	Structured						
Latent Variables:							
	Estimate	Std.Err	z-value	P(> z)	Std.lv	Std.azl	
Sensory =~							
SAB1	1.000				0.926	0.901	
SAB2	1.084	0.036	29.715	0.000	1.003	0.924	
SAB10	0.977	0.040	24.385	0.000	0.904	0.829	
SAB20	0.636	0.039	16.344	0.000	0.589	0.652	
Autonomy =~							
AUT3	1.000				0.611	0.695	
AUT4	0.857	0.076	11.280	0.000	0.524	0.608	
AUT5	0.770	0.071	10.801	0.000	0.471	0.579	

AUT11	0.904	0.077	11.689	0.000	0.553	0.633
PastPresentFuture =~						
PPF12	1.000			0.618	0.669	
PPF13	0.672	0.071	9.401	0.000	0.416	0.455
PPF15	0.693	0.063	10.960	0.000	0.428	0.535
PPF19	0.594	0.062	9.573	0.000	0.367	0.463
SocialParticipation =~						
SOP14	1.000			0.591	0.681	
SOP16	1.084	0.076	14.198	0.000	0.641	0.760
SOP17	1.264	0.085	14.865	0.000	0.748	0.807
SOP18	0.963	0.082	11.796	0.000	0.570	0.614
DeathDying =~						
DAD6	1.000			1.141	0.905	
DAD7	1.051	0.031	33.386	0.000	1.199	0.950
DAD8	0.987	0.038	26.138	0.000	1.126	0.845
DAD9	0.802	0.041	19.769	0.000	0.915	0.728
Intimacy =~						
INT21	1.000			0.285	0.331	
INT22	1.951	0.302	6.451	0.000	0.557	0.585
INT23	3.044	0.434	7.016	0.000	0.869	0.883
INT24	3.128	0.446	7.020	0.000	0.893	0.910
Covariances:						
	Estimate	Std.Err	z-value	P(> z)	Std.lv	Std.all
Sensory ~~						
Autonomy	0.163	0.034	4.849	0.000	0.289	0.289
PastPresentFtr	0.160	0.036	4.434	0.000	0.279	0.279
SocialPartcptn	0.217	0.033	6.626	0.000	0.397	0.397
DeathDying	0.295	0.055	5.391	0.000	0.279	0.279
Intimacy	0.057	0.016	3.590	0.000	0.214	0.214
Autonomy ~~						
PastPresentFtr	0.372	0.038	9.803	0.000	0.984	0.984

SocialPartcptn	0.260	0.030	8.604	0.000	0.719	0.719
DeathDying	0.135	0.040	3.378	0.001	0.194	0.194
Intimacy	0.077	0.015	4.985	0.000	0.440	0.440
PastPresentFuture ~~						
SocialPartcptn	0.350	0.036	9.737	0.000	0.958	0.958
DeathDying	0.078	0.042	1.834	0.067	0.110	0.110
Intimacy	0.096	0.018	5.300	0.000	0.542	0.542
SocialParticipation ~~						
DeathDying	0.100	0.036	2.777	0.005	0.149	0.149
Intimacy	0.074	0.015	5.076	0.000	0.439	0.439
DeathDying ~~						
Intimacy	0.033	0.017	1.931	0.053	0.101	0.101

Variances:

	Estimate	Std.Err	z-value	P(> z)	Std.lv	Std.all
.SAB1	0.198	0.021	9.548	0.000	0.198	0.187
.SAB2	0.172	0.022	7.888	0.000	0.172	0.146
.SAB10	0.372	0.030	12.590	0.000	0.372	0.313
.SAB20	0.470	0.033	14.404	0.000	0.470	0.575
.AUT3	0.400	0.033	11.965	0.000	0.400	0.517
.AUT4	0.469	0.035	13.255	0.000	0.469	0.631
.AUT5	0.440	0.032	13.546	0.000	0.440	0.665
.AUT11	0.457	0.035	12.956	0.000	0.457	0.600
.PPF12	0.473	0.036	13.074	0.000	0.473	0.553
.PPF13	0.663	0.044	14.908	0.000	0.663	0.793
.PPF15	0.458	0.031	14.557	0.000	0.458	0.714
.PPF19	0.493	0.033	14.880	0.000	0.493	0.785
.SOP14	0.403	0.031	13.204	0.000	0.403	0.536
.SOP16	0.300	0.025	11.967	0.000	0.300	0.422
.SOP17	0.300	0.028	10.738	0.000	0.300	0.349
.SOP18	0.536	0.039	13.835	0.000	0.536	0.623
.DAD6	0.289	0.028	10.414	0.000	0.289	0.182

.DAD7	0.157	0.024	6.523	0.000	0.157	0.098
.DAD8	0.509	0.040	12.844	0.000	0.509	0.286
.DAD9	0.740	0.052	14.229	0.000	0.740	0.470
.INT21	0.663	0.044	15.060	0.000	0.663	0.891
.INT22	0.595	0.041	14.376	0.000	0.595	0.657
.INT23	0.213	0.030	7.037	0.000	0.213	0.220
.INT24	0.166	0.030	5.499	0.000	0.166	0.173
Sensory	0.857	0.070	12.285	0.000	1.000	1.000
Autonomy	0.374	0.048	7.773	0.000	1.000	1.000
PastPresentFtr	0.383	0.050	7.608	0.000	1.000	1.000
SocialPartcptn	0.350	0.044	7.878	0.000	1.000	1.000
DeathDying	1.301	0.104	12.461	0.000	1.000	1.000
Intimacy	0.081	0.023	3.493	0.000	1.000	1.000

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