Unveiling the Challenges Faced by Counsellors in Gerontology Counselling Practice

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Abstract

By 2030, Malaysia is expected to transition into an ageing nation, presenting unique mental health challenges for its elderly population. This demographic shift underscores the urgent need for counsellors to develop specialised competencies that enable them to effectively support older clients. The main objective of this research was to explore the challenges counsellors face when working with older adults. To achieve this, a qualitative research method was employed, using semi-structured interviews with 15 counsellors registered with the Malaysian Board of Counsellors who met specific inclusion criteria. Thematic analysis of the data revealed that counsellors in gerontology counselling face a variety of complex challenges. One significant issue is the difficulty of assisting older adults who find it challenging to adjust to the counselling process. Counsellors must maintain high levels of mental resilience, patience, and empathy, especially as they navigate the intricate dynamics of understanding their clients' attitudes, characteristics, and the impact of physical and cognitive health issues on their mental well-being. Another challenge is the lack of accessible training and exposure to gerontology counselling, which limits counsellors' ability to fully develop the necessary skills to meet the needs of this population. These findings emphasise the critical need for the development of a gerontology counselling competency model. Such a model would provide comprehensive guidelines and valuable references for counsellors, enhancing their ability to meet the mental health needs of older adults. Additionally, it would support Malaysia's 2011 National Policy for Older Persons, highlighting the essential role counsellors play in addressing the growing challenges associated with the ageing population.

Keywords: Older adults, gerontology counselling, competency model, counselling older adults.

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Introduction

The demographic composition of Malaysia is experiencing a notable shift, as forecasts suggest that by 2040, individuals aged 60 and over will make up a significant 14.5% of the total population (Department of Statistics Malaysia, 2016). The World Health Organization (WHO, 2024) emphasises a global trend where ageing is becoming a widespread problem affecting populations on a global scale, which is in line with this demographic change. Ageing not only affects physical health but also holds a central position in influencing mental well-being, contributing to the deterioration of both physical and mental capabilities in older individuals. In the realm of challenges associated with ageing, there is a growing focus on the mental health

of the elderly. Prominent issues in this sphere encompass depression, anxiety, feelings of loneliness, and social isolation (Lee et al., 2020). With the ongoing expansion of the ageing population, the urgency of addressing these mental health issues becomes even more evident.

The changing landscape of counselling practices, which now includes support for individuals throughout their entire lives, is adapting to meet the needs of an ageing society and the demographic changes it brings. This transformation has intensified the professional sense of urgency, leading to a significant rise in the demand for specialised counselling services designed specifically for older adults. Simultaneously, there has been a noticeable uptick in the use of mental health services among this demographic. However, as Fullen et al. (2019) and Wagner et al. (2019) point out, this increased demand has coincided with a lack of clear guidelines and standardised competency assessments within the counselling field.

The absence of well-defined competencies and guidelines carries significant consequences, affecting not just the standard of care delivered to older adults but also their families and society (Gatchel, Schultz & Ray, 2018). Within this framework, the profession of counselling takes on a vital role, not only in tending to the mental health requirements of older adults but also in proactively addressing the adverse effects of ageism. Through fostering a more positive view of the ageing demographic, counsellors can make a substantial contribution to improving the overall well-being and quality of life of older individuals (Fullen, 2018).

Given the urgency of the challenges and the potential for growth in this field, this article embarks on an exploration with the aim of understanding the challenges facing counsellors in gerontology counselling and issues pertaining to competencies. The main aim is to enhance the professionalism of counsellors who specialise in the care of older adults. This undertaking is supported by conducting an in-depth needs analysis, which forms a strong justification for the creation of this model.

Acknowledging the pressing nature of the challenges and the promising opportunities within this field, this article embarks on an investigative journey to comprehend the challenges faced by counsellors in gerontology counselling and the associated competency issues. The primary goal is to enhance the professionalism of counsellors specialising in the care of older adults by crafting a gerontology counselling competency model. A thorough needs analysis supports this effort and offers a solid justification for the model's development.

Problem Statements

The global increase in life expectancy presents challenges for social and healthcare systems (Bone et al., 2018). As the older adult population grows, the demand for mental health care surges (Wagner et al., 2019). Age-related stigma negatively affects older adults' physical health, psychological well-being, and self-perception, impacting their access to support networks and community resources (Fullen, 2018; Corrigan et al., 2014). The World Health Organization (2017) estimates that 15% of adults aged 60 and older may experience mental disorders. In Malaysia, 16.5% of the elderly population suffers from mental disorders, including geriatric depression (Vanoh, Shahar, & Hamid, 2016). Loneliness, anxiety, and depression rates among elderly residents in long-term care facilities have risen sharply, necessitating effective care strategies (Ellias, 2018).

Counsellors working with older adults require distinct competencies to address these complex mental health needs (Blando, 2014). However, there remains a gap in therapeutic techniques and care models tailored to this demographic (Beiring, 2019). Essential components include symptom-specific interventions and consideration of pre-existing conditions (Marshall & Hayslett, 2021). A shortage of professionals with the expertise to meet older adults' unique needs exacerbates the situation, highlighting the need for competency evaluations and clear guidelines (Hinrichsen et al., 2018; Gatchel, Schultz, & Ray, 2018). Establishing a gerontology counselling competency model is crucial to empowering counsellors to address the mental health needs of older adults while promoting a more positive view of ageing (Fullen, 2018).

Literature Review

Gerontology counselling involves core functions such as intervention, consultation, addressing professional issues, and providing education tailored to the elderly population (Bar-Tur, 2021). Counsellors with prior experience working with older adults are more likely to pursue continuing education focused on age-related issues, enhancing their perceived competence in gerontology (Schmidt & Steffen, 2022).

This field supports older adults and their families by promoting physical and mental well-being, overcoming challenges, and improving quality of life (Dev & Narayan, 2021). Competency evaluations are critical, as they ensure practitioners have the necessary skills and expertise. The absence of evidence-based standards for these assessments can lead to negative outcomes (Cohen et al., 2018). Therefore, specialised education in geriatric mental health is crucial for providers managing cognitive impairments and depressive symptoms in older adults (Blando, 2014; Segal et al., 2020).

To address the complex needs of older adults, practitioners must possess foundational competencies in geropsychology, including understanding age-related changes, social and cultural influences, and empirically supported therapies (Moye et al., 2019). Additionally, cultural competence is vital in gerontology counselling, as it intersects with multicultural counselling by serving individuals from diverse backgrounds. Counsellors must develop skills to navigate communication challenges and provide high-quality care to clients from varied cultural contexts (Amat et al., 2020; Vasquez & Johnson, 2022).

Methodology

Semi-structured interviews were conducted online via the Google Meet platform, where both researchers and participants activated their cameras, fostering interaction and building rapport. This choice was driven by the diverse geographical locations of the study participants, spanning Sabah, Pahang, Selangor, Kuala Lumpur, Putrajaya, Terengganu, and Negeri Sembilan. This approach aligns with the perspective of De Villiers et al. (2022), who argue that video interviews enable qualitative researchers to engage with diverse and geographically dispersed participants while adhering to interpretive epistemology. The collection of contextual data, its necessity, and importance depend on the researchers' ontological and epistemological

assumptions, shaping the research design decisions (Jenner & Myers, 2019). This study was conducted with the approval of the Research Ethics Committee, under reference number 2022-0698-02, dated 1.2.2023, ensuring adherence to ethical standards throughout the research process.

The increasing acceptance of video communication technologies in both professional and personal contexts supports their use in research (Kinsley, 2014). Bryman (2012) adds that video technology enhances data collection by addressing contextual factors during interviews. Digital methods have proven effective for sensitive topics, vulnerable populations, and remote participants, providing an accessible platform for those facing challenges in participation (Thunberg & Arnell, 2021). Lo Iacono, Symonds, and Brown (2016) argue that rapport can be built as effectively in online interviews as in face-to-face interactions. McCarrick et al. (2016) acknowledge initial challenges in relationship-building online but note that once rapport is established, it is comparable to in-person interactions.

Pilot Study

Before commencing the real interviews, a pilot study was undertaken with three registered counsellors who are actively engaged in providing counselling services to older persons. These counsellors were picked from the regions of Selangor, Terengganu, and Sabah. The interviews were conducted online, notably using Google Meet. The main objective of this pilot study was to comprehensively evaluate the procedures and findings for any potential limitations, with the aim of improving the overall quality of the research and providing valuable insights for upcoming phases, in accordance with the recommendations proposed by Malmgvist et al. (2019). It is imperative to emphasise that all subjects involved in the pilot study satisfied the predetermined criteria. The primary objective of the pilot study was to evaluate the suitability of the interview questions and provide initial observations regarding the viability of the research. Additionally, the study afforded the researcher significant opportunities to acquire necessary experience in the execution of comprehensive, semi-structured interviews and the establishment of rapport with the study participants (Chin et al., 2023).

Actual Study

The interviews were conducted in Bahasa Malaysia to accomodate the participants' preferences. The individuals involded in this present investigation were selected using purposive sampling, with particular attention to their voluntary participation. The interviews were conducted via the Google Meet platform, with an average duration of 40 minutes for each session. The study employed a semi-structured approach and comprised 15 participants, all of whom were registered counsellors with the Malaysia Board of Counsellors, and met the established inclusion criteria for inclusion in the study.

Following the interviews, the data underwent a comprehensive analysis process. Initially, all interview recordings were transcribed verbatim to ensure accuracy. These transcripts were then imported into the Atlas.ti software for systematic data management and analysis. The analysis process involved a combination of thematic analysis and coding

techniques. Themes and patterns within the data were identified and categorised, and relevant segments were coded accordingly. This rigorous analytical approach allowed for a deeper understanding of the participants' insights and experiences, ultimately contributing to the study's findings and conclusions.

Research Participants

Fifteen participants were carefully selected for semi-structured interviews, with recruitment continuing until data saturation was reached. These participants are recognised for their significant expertise, demonstrated by over 10 years of experience in the counselling profession and extensive work with older adults. To uphold a rigorous standard of professionalism and enhance the credibility of this research, all participants hold a Master's degree in counselling, maintain valid licences as registered counsellors, and possess relevant certifications. This combination of qualifications ensures the dependability of the data and provides a strong foundation for the study's conclusions.

Participants in this study are classified as experts based on established criteria. This aligns with Adler and Ziglo's (1996) assertion that a group of 10 to 15 experts is adequate when there is consensus. Hence, selecting 15 individuals for this phase of the analysis is deemed appropriate. Additionally, the selection meets the criteria outlined by Cohen, Manion, and Morrison (2018) and Sekaran (2016), who define experts as individuals with more than five years of professional experience.

Table 1 provides further demographic details of the participants: 8 are male (53%) and 7 are female (47%). The majority (5 participants) are aged between 41 and 50, while 4 participants each fall within the 51-60 and over-60 age groups. Two participants are in the 31-40 age range. In terms of work experience, 8 participants (53.3%) have over 25 years of experience, while the remaining individuals have between 11 and 25 years of experience.

Table 1 Summary of the Participants' Demographic Data

Demographic	Characteristics	Frequency (f)	Percent (%)
Gender	Male	8	53
	Female	7	47
Age	31-40 years old	2	13.3
	41-50 years old	5	33.3
	51-60 years old	4	26.6
	Over 60 years old	4	26.6
Highest Academic Qualification	Master's degree in counselling	15	100
Working Experience	11-15 years	2	13.3
	16-20 years	3	20.0
	21-25 years	2	13.3
	Over 25 years	8	53.3
Organization / Agency	Hospital / Ministry of Health - 3	3	20.0

	Ministry Of education – 2	2	13.3
	GLC / state own - 4	4	26.6
	Private Higher Learning	2	13.3
	Institution	4	26.3
	Private Practice/Freelance)- 4		
Present Work Setting	Selangor	3	20.0
	Negeri Sembilan	2	13.3
	Putra Jaya	1	6.7
	Kuala Lumpur	8	53.3
	Pahang	1	6.7

Note: *n=15*

Research Findings

In the study, all 15 participants emphasised the importance of having a gerontology counselling competency model during their interviews. This shared perspective stemmed from the numerous challenges they encountered while working with older adult clients. The themes of these challenges, along with verbatim transcriptions, are presented below:

1. Adaptation to Counselling Sessions:

Participant P1 highlighted the challenge of elderly clients adapting to counselling sessions, noting potential difficulties, particularly in the early stages: "Elderly individuals find it difficult to make self-adjustments. So, when they come for the first session, they are still very awkward, and it takes two or three sessions for them to adapt". (P1)

2. Mental Resilience and Flexibility:

Participant P2 emphasized the importance of counsellors having strong mental resilience and flexibility in their approach when addressing the challenges presented by elderly clients.

> "... the challenge as a counsellor is, you really need to be mentally strong yourself. To handle, to understand these things. And you can't always be rigid... you must understand their needs, their mental needs, their physiological needs, their physical needs. Sometimes during a session, they need to use the restroom, for example. They want to go, and it can be frustrating. There are times when they fall asleep, which is normal for elderly individuals, but for us, that's our test. Sometimes they get upset, don't show up for a week." (P2)

3.   Passion and Resilience:

Participant P5 stressed the importance of counsellors being both passionate and resilient, particularly in maintaining composure when navigating the emotional challenges presented by elderly clients.

> "The challenge is to be passion. Passion in staying calm, patient when the client becomes highly emotional. Sometimes, we ourselves may feel anxious when dealing with the elderly, especially when they suddenly become angry. We have to quickly calm them down, call the nurse, have the doctor come in for a brief check, so that's how it goes." (P5)

4.   Remaining Calm in Emotional Situations:

Participants P3 and P10 highlighted the necessity for counsellors to remain calm, especially when working with overly emotional elderly clients, reinforcing a recurring theme of emotional challenges.

> "When dealing with people like this, we can't panic. We must use the knowledge we have, learn how to handle it. But we have to do it quickly." (P3)

> "The challenge is how we can control ourselves, our own state as counsellors, when we are facing elderly clients who are too emotional, who are crying." (P10)

5.   Knowledge and Skills:

Participant P5 identified the challenge counsellors face when they lack the necessary knowledge and skills, particularly in addressing both the emotional and physical needs of elderly clients.

> "The first challenge for counsellors is knowledge, specifically knowledge about older adults, their emotions, and physical well-being. ... The second is skills, because without the necessary skills, things will go off course"(P5).

6.   Understanding Specific Attitudes and Characteristics:

Participant P6 highlighted the challenge of understanding the unique attitudes and characteristics of elderly individuals, especially those with conditions such as paranoia or dementia.

> "So, the main challenge is how to understand the elderly with their attitudes and characteristics. That's for the normal ones, but when it's not normal, when there's paranoia or dementia, there are even more obstacles we encounter." (P6)

7. Cognitive Aspects and Physical Illnesses:

Participant P9 expressed challenges related to the cognitive decline and physical illnesses common among the elderly, indicating a multifaceted challenge for counsellors.

> "The challenge we know, as people age, one of the physical aspects that becomes problematic is cognitive, like memory issues and other things, the physiological problems, illnesses that come with old age, they all come together. So when clients come to us, there's a part where they can't stay long due to their health issues, and if they have dementia, Alzheimer's, you name it, we have to know how to look for the signs." (P9)

8. Specialized Training:

Participants P7 and P8 expressed challenges related to specialized training for counsellors working with the elderly, indicating a need for targeted education even for those already involved in the field.

> ".... those skills themselves, the specific skills. Because most psychologists or counsellors, they are exposed to the elderly, but there is no specific training on how to conduct counselling specifically for the elderly." (P7)

> "For novice counsellors or those who are just starting to explore the field of counseling and have limited exposure to the elderly population, it can indeed pose a challenge and be difficult." (P8)

9. Sensitivity to Clients:

Participant P10 reiterated the importance of counsellors being sensitive to the unique needs and sensitivities of elderly clients, emphasizing the potential challenges in achieving this understanding.

> "We need to understand their sensitivities. Secondly, sometimes we need to be transparent. Maybe it's something sensitive, but it's something they must go through. For example, it might relate to their spirituality, their worship, unfinished business that they need to resolve." (P10)

10. Health-related Challenges:

Participant P12 pointed out the challenges counsellors face in maintaining scheduled counselling sessions due to health issues, highlighting a crucial factor that can hinder the achievement of counseling goals.

"Health factors are also a challenge for me. In the first session, they might attend, but in the second session, they don't show up, they don't follow the appointments. So, we can't achieve our goals because they don't come to the appointments. They often don't show up, and sometimes they come back after a month. So far, attitude and health issues are the challenges for me in handling the elderly." (P12)

11.   Lack of Undergraduate Courses:

Participant P13 addressed the challenge posed by the lack of structured undergraduate courses in gerontology counselling, advocating for early exposure and training in this area.

"We need to follow the model of developed countries. I think what universities are doing is okay, but for me, there is no problem in adapting theories and techniques, but it needs to be complemented by professional bodies, their training." (P13)

12.   Spiritual Aspects:

Participant P15 emphasized the challenge counsellors encounter in understanding and integrating spiritual aspects when working with elderly clients, underscoring the need for comprehensive knowledge in this area.

"It's valuable. As a counsellor, one must have extensive knowledge. As an Islamic counselor, you must ground yourself in Islamic knowledge. If the client is not a Muslim, although I have never encountered it, we present ourselves to non-Muslim clients with good behavioral models. Or through good actions or values. Or if there are short stories with moral elements to discourage them from engaging in undesirable behaviors." (P15)

13.   Cultural perspective

Participant P15 stressed the importance of considering cultural perspectives and the challenges counsellors face in understanding the differing lifestyles between the current generation and the elderly.

"The challenge is in understanding them because of their different culture and lifestyle. If you want to follow the current situation, they won't understand. Since technology came along, they're the earliest generation; when you mention technology, they may not be very clear about it. But they are rich in experience. Today's kids haven't gone through that. That's the challenge for counsellors, to understand these elderly individuals." (P14)

Based on the interview findings, it can be concluded that all study participants acknowledged the challenges of conducting gerontology counselling. This conclusion is supported by their experiences in the counselling profession and their engagement with elderly clients.

Discussion

The interviews provided significant insights into the demanding nature of counselling older adults and the specific competency-related concerns faced by counsellors in this field. These challenges are multifaceted, encompassing both positive and negative aspects that require considerable effort and skill. Moreover, the issues encountered tend to be complex, necessitating dedicated attention and resolution. Often, these challenges carry a problematic connotation, highlighting the intricacies inherent in counselling older individuals.

The findings indicate a consensus among all study participants regarding the need to develop a gerontology competency model to guide counsellors in enhancing their practice in elderly counselling. This perspective aligns with the views of Nik Jaafar, Pau Kee, and Aslina (2023), who emphasize the necessity for counsellors to equip themselves with specific knowledge and skills to promote the overall well-being and quality of life of the elderly in their care. In summary, this research highlights the unique challenges and competency-related issues counsellors face when working with the elderly population.

Conclusion

The primary objective of this study was to delve into the challenges that counsellors face and the competency-related issues they encounter when working with elderly clients. The study's findings serve to confirm the imperative need for a specialized model designed for counsellors in this context. This model is intended to promote the active, healthy, and engaged participation of older individuals in society by addressing their physical and mental well-being. It is anticipated that this envisioned model will significantly elevate the professionalism of counsellors in their interactions with the elderly, further emphasizing the growing importance of counsellors in actively enhancing the well-being of older adults. This alignment with the principles outlined in the 2011 National Policy for Older Persons underscores its relevance and significance.

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