

Gerontology Counseling Competency Model: Exploring Model Elements Through the Lens of Experienced Counselors

Nik Nazlan Nik Jaafar, Pau Kee*, & Aslina Ahmad

Faculty of Human Development, Sultan Idris Education University,
35900 Tanjong Malim, Perak, Malaysia
*Email: pau_kee@fpm.upsi.edu.my

Published: 30 December 2024

To cite this article (APA): Nik Jaafar, N. N., Pau Kee, & Ahmad, A. (2024). Gerontology counseling competency model: exploring model elements through the lens of experienced counselors. *EDUCATUM Journal of Social Sciences*, 10(2), 81–89. <https://doi.org/10.37134/ejoss.vol10.2.8.2024>

To link to this article: <https://doi.org/10.37134/ejoss.vol10.2.8.2024>

ABSTRACT

Counselors play a vital role in supporting the mental health and well-being of older adults by recognizing and respecting their unique needs. This research marks a significant milestone in developing a gerontology counseling competency model aimed at enhancing counselors' professional proficiency. In this qualitative phase, interviews were conducted with fifteen counselors registered with the Malaysia Board of Counselors, selected using purposive sampling to identify essential elements for the model. By analyzing detailed narratives from semi-structured interviews, the study seeks to uncover key elements that support effective counseling practices for older adults. These elements, grounded in the counselors' experiences, include a wide range of qualities crucial for managing the complexity of counseling older adults. The data analysis revealed that counselors require several essential elements in their practice, including professional knowledge, counseling skills, techniques and tools, attitude and values, spirituality, and counseling ethics. Upon the culmination of this research, the gerontology counseling competency model is expected to elevate the standards of professionalism among counselors specializing in this field, thereby fostering the mental health and overall well-being of older adults, in alignment with Malaysia's National Policy for Older Persons.

Keywords: Gerontology Counseling, Counseling Competency Model, Counseling Older Adults, Counseling competency, Counseling

INTRODUCTION

The demographic landscape of Malaysia is currently undergoing a significant transformation, with the older adults' population aged 60 and above increased from 3.6 million to 3.8 million or 11.1% to 11.3% of the Malaysia's total population in 2022 to 2023 (Department of Statistic Malaysia, 2023). The significant rise in the percentage of Malaysia's citizens aged 65 and above from 8.1% in 2024 to 14.5% by 2040 will place unprecedented demands on the nations' care system (Department of Statistics Malaysia, 2024). Meanwhile, World Health Organization (2022), emphasizing the growing global trend of aging, highlighted this demographic shift as being in line with a global concern. The impact of aging extends beyond physical health, significantly affecting mental well-being and leading to declines in both physical and mental capabilities in older adults.

Working with older adults involves navigating complex medical, socioeconomic, cognitive, functional, and organizational factors (McNabney et al., 2022). In addressing the challenges associated with aging, there is an increasing emphasis on the mental health of the elderly population. Significant issues in this realm encompass depression, anxiety, feelings of isolation, and loneliness (Lee, et al., 2020). With the elderly population on the rise, there is an escalating sense of urgency in addressing these mental health challenges.

The evolving field of counseling practices has undergone substantial changes to adapt to the needs of an aging society and shifting demographics. This transformation has heightened the demand for specialized counseling services tailored to older adults, reflecting a growing professional imperative. Simultaneously, there has been a notable surge in the utilization of mental health services within this demographic where the increased demand has arisen in the absence of established guidelines or standardized competency assessments in the counseling field (Fullen et al., 2019; Wagner et al., 2019).

The absence of competencies and established guidelines carries far-reaching consequences that extend beyond the quality of care provided to older adults, impacting their families and society at large (Gatchel, Schultz & Ray, 2018). In this context, the counseling profession plays a pivotal role, not only in addressing the mental health needs of older adults but also in actively combating ageism. By promoting a more positive perception of the aging population, counselors can significantly contribute to enhancing the overall well-being and quality of life of older individuals (Fullen, 2018).

Recognizing the intricate challenges and inherent competency issues associated with counseling older adults, this current research embarks on a vital initiative aimed at developing a comprehensive gerontology counseling competency model for counselors. The primary objective is to elevate the level of professionalism among counselors specializing in gerontology counseling as they grapple with a wide array of challenges in their field. The effectiveness of these support services can be enhanced if counselors have a high level of competence in their profession which in return will also benefits older adult clients and their families, and in line with Malaysia's National Policy for Older Persons.

PROBLEM STATEMENT

Mental health issues among older adults in Malaysia are on the rise, yet the stigma surrounding mental health remains a substantial barrier to effective counseling interventions (Munawar et al., 2021). Due to these negative perceptions, many older adults are reluctant to seek mental health support, further exacerbating their psychological challenges. Increasing awareness and providing education about mental health can help mitigate this stigma, but these efforts alone are insufficient (Subramaniam et al., 2020).

A critical factor influencing the effectiveness of gerontology counseling is the competence and specialized training of counselors. Proper gerontology training equips counselors with the necessary knowledge and skills to understand the multifaceted aspects of aging, including physical, psychological, and social changes. However, in Malaysia, a notable gap exists in public university programs that offer specialized training in gerontology counseling (Adnan et al., 2020). This lack of structured guidance and defined competencies hinders the ability of counselors to provide high-quality care to older adults, with significant implications for their families and society at large (Gatchel, Schultz, & Ray, 2018).

As the aging population continues to grow, there is an urgent need for a gerontology counseling competency model that supports counselors in addressing the unique mental health needs of older adults. Such a model would empower counselors to better assist older adults in coping with life transitions, promoting independence, improving health outcomes, and enhancing overall well-being for successful aging (Ilgaz & Gozum, 2019; Fullen, 2016). Without this framework, counselors may struggle to deliver comprehensive care, leaving older adults without the full support they need for healthy aging.

OBJECTIVE

The purpose of the current study is to address a specific research objective which is:

To identify the key elements of the gerontology counseling competency model based on insights and experiences of counselors.

METHOD

To develop a gerontology counseling competency model for counselors, this study adopted a Design and Development Research (DDR) approach as outlined by Richie and Klien (2007). The application of DDR involved three phases, modified according to the framework proposed by Saedah et al. (2021), such as need analysis, design and development, and evaluation of the model.

The current study is part of the need analysis phase, which employed a fully qualitative method. This phase utilized semi-structured interviews with fifteen experienced, registered counselors with the Malaysia Board of Counselors. These counselors, each with over 10 years of experience, are actively working with the elderly population. This initial phase, representing the first stage of the study, employed purposive sampling in selecting research participants who met all criteria set for the study. This approach enabled the researchers to gain valuable insights into counselors' perspectives on the essential elements necessary for developing a gerontology counseling competency model. These insights will inform the design and development phase, ultimately contributing to a model that can be applied by counselors in their practices.

The interviews were conducted online via Google Meet. Prior to the actual interviews, the interview protocols were established and validated by three experts in the field, followed by a pilot test with three other participants. With all participants' consent, the interviews were recorded and transcribed verbatim. Participants were then given the opportunity to review and verify the transcriptions before the analysis began. The interviews were conducted in accordance with the approval granted by the UPSI Research Ethics Committee, under reference number 2022-0698-02, dated 1.2.2023. Data from the transcribed interviews were analyzed using ATLAS.ti 23 a qualitative data analysis software. The software facilitated the systematic coding of the transcripts, allowing key concepts to be identified and labeled. These codes were then grouped into larger categories or themes to reveal patterns and trends within the data.

FINDINGS AND DISCUSSIONS

Based on the verbatim transcript analysis, research participants emphasized the critical elements of competencies necessary for the development of the gerontology counseling competence model. These insights stemmed from their first-hand experiences as counselors working with older adult clients, illuminating the unique challenges and dynamics present in gerontology counseling.

Research participants demographic

Fifteen research participants voluntarily took part in the interviews, and all of them hold a master's degree in counseling. The majority of them had over 20 years of working experience and over 40 years old. The demographic information of participants is shown in Table 1.

Table 1: Demographic Information of Participants

Demographic	Characteristics	Frequency (f)
Gender	Male	8
	Female	7
Age	31-40 years old	3
	41-50 years old	4
	51-60 years old	4
	Over 60 years old	4
Highest Qualification	Master's degree in counseling	15
Work Experience	11-15 years	2
	16-20 years	3
	21-25 years	2
	Over 25 years	8
Institution	Hospital / Ministry of Health	3
	Ministry Of education (MOE)	2
	Government Link Company (GLC) / state own	4
	Higher Learning Institution	2
	Private Practice /Free lance	4
Current Workplace Practice	Selangor	3
	Negeri Sembilan	2
	Putra Jaya	1
	Kuala Lumpur	8
	Pahang	1

Note: n=15

Interview data analysis

In this initial phase (Phase 1) of the study, participants were interviewed to understand their viewpoints on the crucial components or fundamental elements that should be incorporated into the proposed model. We transcribed the interviews verbatim and analyzed them based on the participants' statements and viewpoints. This phase lays the groundwork for the subsequent stages, which will further engage experts in the respective field.

In our interviews, we gathered several notable quotes that highlight key the elements considered core competencies, as follows:

a. Core competency 1: Professional knowledge

All of the interviewed participants of their opinion that knowledge is the most important element to be included in the proposed development of gerontology counseling competency model. Knowledge encompasses both physical health and mental health aspects of older adults. The selected quotes on the important of knowledge in physical health are as follows:

"Elderly individuals, once they've reached an advanced age, often have multiple health issues, such as diabetes, hypertension, and the like, you know.... We need to ask them if they've taken their medication, for example, with something like blood pressure, they can get disoriented" (P1)

"If an elderly person is unwell, feeling uncomfortable, and in poor health, they may not be able to answer our questions effectively. So, any counseling we provide may not be effective" (P2)

".... health factors play a crucial role for counselors to pay attention to. In terms of physical aspects, there are some issues as well, so the service and the place need to be provided for the comfort of the clients." (P11)

"Some knowledge of medical aspects is also essential for counselors to be competent when working with senior citizens. For example, when a client has diabetes, heart issues, or cancer, it's important to be able to plan when to have conversations and how to ask questions. If you are not aware, it can also trigger the client's emotions". (P6)

In addition to understanding physical health, knowledge about mental health-related diseases is also crucial for counselors as part of their competencies in working with older adults. This point is emphasized by the following participants:

"We need to learn about Alzheimer's, dementia, and everything. We need to know the diseases., we have to have knowledge about the diseases and the health of the elderly. This is part of the competency" (P1).

"This elderly person is fine as long as they aren't senile... when they're senile, we talk, and sometimes they forget. Then, how do we determine whether what they are conveying is correct or not? It's not easy for a counselor to handle... but usually, these elderly people don't want their family members to know they're getting counseling." (P2)

Moreover, counselors need to have a specialize knowledge on gerontology, as emphasized by the participant below:

"When we take our degree in counseling, it general and basic, there's no focus on gerontology or geriatric. Therefore, the subject matter expert is a challenge to counselors... to be competent, require experience. (P3)

Based on the participants' opinion, knowledge is a crucial component of gerontology counseling competency. This encompasses understanding common diseases and mental health issues that affect the elderly. Such knowledge is essential for conducting effective counseling sessions. This statement aligns with Sooryanarayana and Sazlina (2020) and Blando (2014), who underscore the importance of knowledge in counseling and reinforcing its critical role.

b. Core Competency 2: Counseling skill

Skills are crucial for counselors working with older adults because they provide effective support for this unique population. This is as expressed by participant below:

"Skills in terms of techniques, or other appropriate approaches related to handling older adults' client. (P3)

"For common interventions, it seems to be not an issue, but geriatrics require specialization. Therefore, skill aspects need to be improved among those who work with elderly clients." (P8)

"You need to have skills, you need to have artistry, in the same skill, but there needs to be art. Like when we cook, the recipe is there, we can just follow it on YouTube, but what's important is the art." (P6)

This perspective corresponds with Blando (2014), who highlights the importance of integrating skills for working with older adults into counseling theories, including those related to mental health. Interestingly, in relation to skill, Schmidt et al. (2022) found that counselors who have been working with older adults over the past year have reported higher levels of competence in this area.

c. Core Competency 3: Technique and tools

Mastering techniques and tools and applying them in gerontology counseling can be useful for counselors working with older adults. The statement is supported by the following quotes:

"...in management of old adults, we tend to be lenience and leisure such in group counseling we use to answer quizzes, or light games that normally entertain older adults, beside we can talk to them" (P8).

"As counselor we should focus and attend to older adults. So, from there, among the techniques suitable or suitable them are mindfulness, breathing techniques, need to know also restructuring techniques" (P9).

"I like to use model and storytelling techniques, or pictures. If older adults like to draw, we encourage them to draw (P10).

This perspective aligns with Shahbo et al. (2014), who suggest that counselors help older adults by using techniques such as exploring their needs, clarifying their feelings, and providing education on abuse. Besides that, the use of tools such as assessment instrument helps to evaluate mental well-being in older adults (Martin et.al., 2020).

d. Core Competency 4: Personal attitudes / values

The fourth important element in developing the competency model for counselors in gerontology counseling is the personal attitudes or values of the counselors. This is illustrated in the following quote:

"For me, the counselor's attitude itself is necessary. The first attitude is the willingness to help... empathy, understanding. In other words, the personal attributes of the counselor." (P5).

"Counselors need to have right attitude and know how to go insight of their clients. Older adults now a day have different level of education and status. (P4).

"Passion, our seriousness to learn and go in depth in the field. For example, myself in psychiatric, once I involve, I will love it and every day I learn new things" (P6).

The opinions of research participants align with Blando's (2014) emphasis on the importance of counselors' attitudes and values, especially their sensitivity towards older adult clients. As Grace et al. (2022) note, a positive attitude and genuine interest in working with older adults can significantly enhance one's profession.

e. Core Competency 5: Spirituality

The fifth element needed for gerontology counseling competency model is spirituality. This is based on the opinion of the participants as follows:

"...for those who tend to be religious, we bring Al Quran, sirah, and relevant books that they read during their young age. This will open a space for them to cooperate" (P10).

"... if you look at older adults for Malay, spiritual and their belief. When come to Chinese, what they feel in their lives, health and financial... for older adults the above factors create their identity and life script. Therefore, counselors need to have this skill (P13).

"Beside knowledge and skills, I think counselors need to also possess spirituality aspect in their practice with their clients of older adults" (P14).

The statement by the participants regarding the need to incorporate spirituality into the counseling competency model aligns with Can Oz et al. (2022), who contend that spirituality may play a crucial role in guiding older adults, helping them clarify the meaning of their lives, and cope with negative circumstances. Thus, the element of spirituality and religion in counseling can bring a positive impact on the mental health and aging process of older adults (Noronha, 2015).

f. Core Competency 6: Counseling ethics

The final element that considered important for the development of gerontology counseling competency model is ethics. This has been highlighted by one participant in the following quote:

“...other than skill and knowledge, other component such as spritual,ethics is also needed (P14).

The significant of ethics in counseling practices and professional conducts, as highlighted by the above participant is consistent with the findings of Syamila and Marjo (2022), Balci (2023), and Sari (2023). The knowledge of ethics among counselors in Malaysia is crucial, emphasizing the inecssity of ethical behavior in practice (Rani et al., 2017).

The condensed results of primary themes from the interview on the model elements are outlined in Table 2.

Table 2: Primary Themes of the Gerontology Competency Model

Participant	Professional Knowledge (a)	Counseling Skill (b)	Technique and tools (c)	Personal attitude/values (d)	Spirituality (e)	Counseling Ethics (f)
P1	✓	✓	✓	✓		
P2	✓	✓				
P3	✓	✓	✓		✓	
P4	✓	✓	✓	✓		
P5	✓	✓	✓	✓		
P6	✓	✓	✓	✓	✓	
P7	✓	✓	✓			
P8	✓	✓	✓			
P9	✓	✓	✓		✓	
P10	✓	✓	✓		✓	
P11	✓	✓	✓			
P12	✓	✓	✓			
P13	✓	✓	✓		✓	
P14	✓	✓			✓	✓
P15	✓	✓				
Participants' Agreement	15/15 @ 100%	15/15 @ 100%	12/15 @ 80%	4/15 % @ 27%	6/15 % @ 67%	1/15 @ 7%

As a summary, research participants emphasized the importance of several key competencies in gerontology counseling. They highlighted the necessity of professional knowledge, including an understanding of gerontology theories and the psychological and social aspects of aging. Essential counseling skills were identified, focusing on techniques and tools for assessing older adult clients. Participants also noted that counselors' personal attitudes and values play a significant role in fostering a strong therapeutic relationship. The integration of spirituality into counseling practices was recognized as vital for addressing the holistic needs of older clients. Lastly, adherence to counseling ethics was deemed fundamental for maintaining professionalism and ensuring client well-being.

CONCLUSION

The interviews conducted in this current study aimed to capture the perspectives of experienced counselors in Malaysia regarding the essential competency elements for the gerontology counseling competency model currently under development. These registered counselors, each possessing extensive practical experience in working with older adults, identified several key elements crucial for inclusion in the model. Their insights reflect not only direct encounters with the challenges faced by older older adult clients but also the evolving landscape of gerontology counseling as a discipline.

To ensure a comprehensive and robust model, elements that were not explicitly mentioned during the interviews will be supplemented by findings from a thorough literature review. This review will explore existing frameworks, best practices, and emerging trends in gerontology counseling. Furthermore, these findings will undergo validation by experts in the field during the subsequent design and development phase. This two-pronged approach, gathering first-hand insights from practitioners and grounding them in scholarly research, aims to create a well-rounded competency model that addresses the complexities of counseling older adults.

This study is aligned with the Policy for Older Persons 2011, which emphasizes the need for appropriate support and services tailored to the unique requirements of the elderly population. By focusing on the competencies needed for effective gerontology counseling, this research supports Malaysia's preparations for its aging population, which is projected to reach significant levels by the year 2040. This demographic shift underscores the urgency of developing effective counseling strategies that are not only responsive but also proactive in meeting the challenges posed by an increasing number of older adults.

Moreover, the research highlights the importance of integrating practical insights with policy frameworks to effectively address the diverse needs of this growing demographic. By bridging the gap between theoretical knowledge and practical application, the competency model aims to empower counselors with the skills necessary to provide high-quality care. This alignment of research with policy initiatives not only fosters a culture of excellence within the counseling profession but also contributes to the broader goal of enhancing the overall well-being and quality of life for older adults in Malaysia. Ultimately, the development of this gerontology counseling competency model is a critical step toward equipping counselors with the necessary tools to navigate the multifaceted challenges of working with older populations, ensuring that they can deliver effective, empathetic, and culturally sensitive support.

REFERENCES

- Balcı, S. (2023). Importance of ethics for counseling profession: Metaphorical perceptions of candidate counselors. *Elektronik Sosyal Bilimler Dergisi*, 22(88), 2099-2116. <https://doi.org/10.17755/esosder.1309789>
- Can Oz, Y., Duran, S., & Dogan, K. (2022). The meaning and role of spirituality for older adults: A qualitative study. *Journal of Religion and Health*, 61(2), 1490-1504. <https://doi.org/10.1007/s10943-021-01258-x>
- Department of Statistic Malaysia. (n.d.). Current population estimates Malaysia – 2023. Retrieved June 11, 2024, from [https://www.dosm.gov.my/portal-main/release-content/current-population-estimates-malaysia----](https://www.dosm.gov.my/portal-main/release-content/current-population-estimates-malaysia----2023) 2023
- Department of Statistics Malaysia. (n.d.). Population projection. Retrieved June 11, 2024, from <https://www.dosm.gov.my/portal-main/release-content/population-projection-revised-malaysia-2010-2040>
- Fullen, M. C. (2018). Ageism and the counseling profession: Causes, consequences, and methods for counteraction. *The Professional Counselor*, 8(2), 104-115. <https://doi.org/10.15241/mcf.8.2.104>
- Fullen, M. C. (2016). Counseling for wellness with older adults. *Adultspan Journal*, 15, 109-123. <https://doi.org/10.1002/adsp.12025>
- Gatchel, R. J., Schultz, I. Z., & Ray, C. T. (Eds.). (2018). *Handbook of rehabilitation in older adults* (Handbooks in Health, Work, and Disability). Springer.
- Grace, I. L. C., Sutton, M. C., & Voelkner, A. (2022). Clinical and counseling psychology doctoral trainees' attitudes toward and interest in working with older adult clients. *Gerontology & Geriatrics Education*. <https://doi.org/10.1080/02701960.2022.2160978>

- Ilgaz, A., & Gözü, S. (2019). Advancing well-being and health of elderly with integrative nursing principles. *Florence Nightingale Journal of Nursing*, 27(2), 201-210. <https://doi.org/10.26650/FNJJN437700>
- Blando, J. (2014). *Counseling older adults*. Routledge.
- Lee, H., Hasenbein, W., & Gibson, P. (2020). Mental health and older adults. In *Encyclopedia of Social Work*. Oxford University Press. Retrieved from <https://oxfordre.com/socialwork/view/10.1093/acrefore/9780199975839.001.0001/acrefore9780199975839-e-1355>
- Martín-María, N., Lara, E., Cresswell-Smith, J., Forsman, A. K., Kalseth, J., Donisi, V., Amaddeo, F., Wahlbeck, K., & Miret, M. (2020). Instruments to evaluate mental well-being in old age: A systematic review. *Aging & Mental Health*, 25, 1191-1205. <https://doi.org/10.1080/13607863.2020.1774742>
- McNabney, M., Green, A.R., Burke, M., Le, S., Butler, D., Chun, A., Elliott, D.P., Fulton, A.T., Hyer, K., Setters, B., & Shega, J.W. (2022). Complexities of care: Common components of models of care in geriatrics. *Journal of the American Geriatrics Society*, 70, 1960 - 1972.
- Munawar, K., Mukhtar, F., Choudhry, F. R., & Ng, A. L. O. (2022). Mental health literacy: A systematic review of knowledge and beliefs about mental disorders in Malaysia. *Asia Pacific Psychiatry*, 14(1), e12475. <https://doi.org/10.1111/appy.12475>
- Noronha, K. (2015). Impact of religion and spirituality on older adulthood. *Journal of Religion, Spirituality & Aging*, 27(1), 16-33. <https://doi.org/10.1080/15528030.2014.963907>
- Rani, N. H. M., Jaafar, W. M. W., Noah, S. M., Ghazali, M., & Izwan, M. (2017). The ethics knowledge among counsellors in Malaysia. *International Research Journal of Education and Sciences (IRJES)*, 52.
- Richey, R. C., & Klein, J. (2007). *Design and development research: Methods, strategies and issues*. Routledge.
- Siraj, S., Ridhuan, M., & Rozkee, R. M. (2021). *Pendekatan penyelidikan rekabentuk dan pembangunan: Aplikasi kepada pendidikan*. Penerbit Universiti Pendidikan Sultan Idris.
- Sari, M. (2023). The urgency of counselor ethics in providing services to counselees. *Jurnal Bimbingan dan Konseling Terapan*, 7(2), 166-176. <https://doi.org/10.30598/jbkt.v7i2.1748>
- Schmidt, N. E., Cottone, R. R., & Steffen, A. M. (2022). Working with older adults impacts training preferences of counselors. *Gerontology & Geriatrics Education*, 45(1), 86–91. <https://doi.org/10.1080/02701960.2022.2139693>
- Shahbo, G. M. A. E. M., Bharathi, B., & Daoala, A. (2014). Study to assess the effect of counselling on elder abuse among elders and their caregivers. *IOSR Journal of Nursing and Health Science*, 3(2), 20-32.
- Sooryanarayana, R., & Sazlina, S. (2020). The Malaysian National Health and Morbidity Survey (NHMS) 2018: Older persons' health in Malaysia. *Geriatrics & Gerontology International*, 20, 5-6. <https://doi.org/10.1111/ggi.14112>
- Subramaniam, M., Shahwan, S., Abidin, E., Goh, C. M. J., Ong, W. J., Tan, G. T. H., Baig, N., Samari, E., Kwok, K. W., & Chong, S. A. (2020). Advancing research to eliminate mental illness stigma: The design and evaluation of a single-arm intervention among university students in Singapore. *Frontiers in Psychology*, 11, 1151. <https://doi.org/10.3389/fpsyg.2020.01151>
- Syamila, D., & Marjo, H. K. (2022). Etika profesi bimbingan dan konseling: Konseling kelompok online dan asas kerahasiaan. *Jurnal Paedagogy*, 9(1), 116-123. <https://doi.org/10.33394/jp.v9i1.4527>
- Wagner, N. J., Mullen, P. R., & Sims, R. A. (2019). Professional counselors' interest in counseling older adults. *Adultspan Journal*, 18(2), 70-84. <https://doi.org/10.1002/adsp.12078>
- World Health Organization. (2022). Aging and health. Retrieved June 11, 2024, from <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
- Yusof, H. M., Daud, N. A. M., Ahmad, N., Jalal, F. H., Saad, F., Abdullah, C. A. C., & Idris, M. N. (2022). A proposed training module on gerontological counselling in preparing volunteers to work with the elderly. *International Journal of Academic Research in Business and Social Sciences*, 12(9), 395-404. <https://doi.org/10.6007/IJARBSS/v12-i9/14848>