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## **A Study of Community Workers' Use of Biopsychosocial Skills to Improve The Subjective Well-Being of Older Adults**

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**Abstract:** This study explores how community workers in Nan Shuyuan Community, Pingliang City, Gansu Province, apply biopsychosocial (BPS) skills to enhance the subjective well-being of older adults. Using purposive sampling, six experienced community workers participated in focus group discussion. Findings reveal that community workers act as facilitators (social skills), providers (biological skills), and supporters (psychological skills), effectively guiding, supporting, teaching, and serving older adults. Their integrated approach improves older adults' satisfaction with services, promotes healthier lifestyles, and fosters emotional well-being, ultimately enhancing their subjective well-being. Community workers address both material and emotional needs by building supportive networks, offering health education, and responding to psychological challenges. This comprehensive model not only benefits older adults but also supports the professional growth and mental health of community workers. They report increased job satisfaction, improved counseling skills, deeper trust with residents, and stronger community cohesion. The findings highlight the dual value of BPS-informed practices: enhancing the quality of life for older adults while promoting sustainable, fulfilling careers for frontline workers. This study recommends the broader adoption of biopsychosocial approaches in community-based older adults care.

**Keywords:** Older adults; community worker; subjective well-being; biopsychosocial skills

### **Introduction**

With global aging accelerating, promoting subjective well-being (SWB) among older adults has become a critical concern in social policy and community development. The research problem addressed in this study is the lack of empirical understanding of how community workers can effectively use biopsychosocial skills to enhance SWB in older adults within Chinese communities. Despite recognition of the importance of community-based interventions, there is limited evidence on the specific strategies and mechanisms through which these interventions improve physical, psychological, and social outcomes for older adults.

In China, the rapid growth of the aging population presents both challenges and opportunities for improving elder care at the community level. Subjective well-being, defined as individuals' cognitive and affective evaluations of their lives, is increasingly regarded as a key indicator of successful aging (Diener et al., 2018; Diener & Chan, 2011). Recent studies emphasize that community-based interventions are uniquely positioned to foster SWB in older persons, especially through the utilization of biopsychosocial skills by

trained community workers (Saud et al., 2021). The biopsychosocial model, initially proposed by George Engel in 1977, underscores the interdependence of biological, psychological, and social factors in determining health and well-being (Engel, 1977). Biopsychosocial skills refer to the practical application of this model in professional practice, including the ability to assess and address physical health needs (biological skills), manage emotional and cognitive functioning (psychological skills), and facilitate social participation and support networks (social skills) for older adults. These skills enable community workers to provide holistic care that addresses multiple dimensions of well-being simultaneously. This framework has been widely adopted in clinical and community settings, particularly in gerontology and social work, where professionals address not only the physical but also the emotional and social challenges facing older adults (Melchert, 2013). In this context, community workers play a pivotal role as frontline agents, applying biopsychosocial skills to help older persons manage chronic health conditions, emotional distress, and social isolation (Maxwell-Keys et al., 2022).

This study aims to examine how the integration of biopsychosocial skills by community workers can enhance the subjective well-being of older adults. Specifically, it investigates the concrete strategies and intervention models that improve physical health, emotional regulation, and social participation, thereby providing evidence-based insights for the development of effective community-based geriatric services.

## Literature Review

### 1. Biopsychosocial Skills in Working with Older Adults

Biopsychosocial (BPS) skills are increasingly applied in geriatric care to holistically address the physical, emotional, and social needs of older adults. This approach moves beyond the traditional biomedical model by recognizing the complex interactions between biological vulnerability, psychological processes, and social contexts in later life (Hildon et al., 2018). In recent years, community and clinical practitioners have used BPS frameworks to improve assessments, tailor interventions, and deliver comprehensive care to aging populations (Lim, 2017). Evidence shows that BPS-based interventions such as mindfulness training, life review therapy, cognitive-behavioural therapy, and pain management programs are effective in addressing age-related challenges including depression, loneliness, chronic pain, and cognitive decline (Wang, 2025; Sanabria-Mazo, 2023). Furthermore, multidisciplinary programs that integrate physical activity with emotional and social support have proven particularly effective in sustaining both physical function and mental resilience in older adults (Gu, 2025; Zaharia, 2024).

### 2. Relationship Between Biopsychosocial Skills and Subjective Well-Being

Subjective well-being (SWB) encompasses individuals' emotional states and cognitive evaluations of life satisfaction and fulfilment. Research has consistently linked the application of BPS skills to improved SWB among older adults (Koay & Dillon, 2020). Emotional coping strategies embedded in the BPS model—such as cognitive reappraisal, spiritual coping, and emotional expression—are positively associated with reduced depression and enhanced life satisfaction (Cho et al., 2022). Recent studies have demonstrated that older adults who engage in BPS-informed programs report better emotion regulation, stronger interpersonal relationships, and improved perceptions of purpose in life (Liu & Jiang, 2025; Koay & Dillon, 2020). In particular, group-based leisure activities, such as community gardening and intergenerational volunteering, have shown significant benefits for older adults' emotional well-being and social integration (Scott et al., 2020; Hong, S. I., & Morrow-Howell, N., 2010). These activities address social isolation—a key determinant of SWB in later life—while also promoting physical mobility and cognitive stimulation.

### 3. Role of Community Workers in Delivering Biopsychosocial Care

Community workers serve as essential mediators in the application of BPS skills at the grassroots level. Their multifaceted role encompasses health education, emotional support, crisis response, and coordination of care services (Kennedy et al., 2021). With proper training in the BPS model, community workers can conduct holistic assessments that consider the physical health, emotional state, and environmental context of older adults (Spadoni et al., 2024). Recent research emphasizes the importance of equipping community workers

with emotional intelligence, culturally sensitive communication skills, and interdisciplinary collaboration techniques to implement BPS-informed interventions (Mroué Boustani et al., 2025; Jiménez et al., 2019). By leveraging local resources and support networks, they can design tailored interventions that address chronic illnesses, mitigate social isolation, and enhance coping capacity among older adults (Maxwell-Keys et al., 2022; Saud et al., 2021). Moreover, training programs that integrate BPS theory into social work curricula have been shown to enhance community workers' competencies in mental health promotion, case management, and health advocacy for older populations (Mroué Boustani et al., 2025; Apgar et al., 2021). As the demand for aging care services continues to grow, the integration of BPS skills into community practice is both timely and essential.

## Methodology

### 1. Research Design

The research design of this paper is qualitative, using focus group discussion. Qualitative methods are suitable for exploring complex social phenomena and capturing in-depth perspectives of participants (Creswell & Poth, 2018; Krueger & Casey, 2015). This is because it can provide in-depth insights: through group interactions to stimulate the collision of viewpoints, revealing the deeper attitudes and motives that are difficult to be captured in individual interviews; efficiency enhancement: a single discussion can quickly collect multi-dimensional opinions and reduce the cost of the research; dynamic observation: direct recording of the participants' non-verbal feedback (e.g., facial expressions, body language), which can assist in interpreting the real attitudes; and innovative inspiration: participants inspire each other, which is easy to catalyze new ideas. Thus, it is conducive to solving the research problem. The inclusion and exclusion criteria for participants in this study are presented in Table 1.

Table 1. Criteria for the inclusion and exclusion sampling of qualitative study

Inclusion Criteria	Exclusion Criteria
1. A present for further interviews.	1. Dissent for further interviews.
2. Physical health and emotional stability.	2. Poor physical condition and emotional instability.
3. The respondent works in the Nan Shu yuan community.	3. The respondent are not currently working in the Nan Shu yuan community.
4. Community work experience has been completed for 3 years.	4. Community work experience has not been completed for 3 years.

### 2. Study Location

This study was conducted in Nan Shuyuan community, Pingliang City, Gansu Province. At the end of 2024, the total number of elderly populations aged 60 and above in Gansu Province was 4,930,700, accounting for 20.06% of the total population of the province; of which the number of elderly populations aged 65 and above was 3,350,500, accounting for 13.63% of the total population of the province (Gansu Provincial Bureau of Statistics 2025). At the end of 2024, the total number of elderly people aged 60 and above in Pingliang City, Gansu Province was 367,200, accounting for 20.72% of the total population of the city, of which the total number of people aged 65 and above was 241,400, and the total number of people aged 65 and above was 1,040,000. The total number of people aged 65 and above is 241,400, accounting for 13.62% of the city's total population (China's National Bureau of Statistics 2025).

At the same time, there are more than 1356 communities in Gansu province, and there are 102 communities in Pingliang city, and the aging of Nan Shuyuan community is seriously more than the level of Pingliang city, so the authors chose Nan Shuyuan community of Pingliang city as a representative of the study of aging of the community.

### 3. Research Sampling

The participants of this study were community workers from the Nan Shuyun community. The interviews for this qualitative study were conducted in a semi-structured manner. The sampling technique used was purposive sampling, which means that the objective of selecting the respondents was set, which involved certain reasons for selecting the respondents. A total of six community workers were selected by the researcher for focus group discussions.

### 4. Data Collection Procedure

The researcher interviewed six respondents to find out the community workers their duties and roles in the community. To explore the ways and effects of biopsychosocial skills in services to older adults. The interviews lasted from 60 to 90 minutes and the verbatim transcripts were completed within 24 hours prior to the analysis and the interviews will continue until data saturation.

### 5. Data Analysis

This study employed thematic analysis (Braun & Clarke, 2006) using NVivo 12 (Edhlund, 2011) through a six-step inductive process: Initial data organization was followed by comprehensive transcription of audio/video materials. Researchers then immersed themselves in transcripts to identify patterns, proceeding to Ezzy's (2002) three-phase coding: 1) Open coding generated initial codes/metaphors through line-by-line analysis; 2) Axial coding categorized codes and established relationships; 3) Selective coding integrated core themes/narratives. Emergent themes were refined iteratively without predefined categories, with rigor maintained through systematic code reduction and integration. Synthesized themes formed a coherent "big picture" of the phenomenon. Finally, findings were reported with methodological transparency—detailing thematic frequencies/meanings supported by data extracts—and conclusions directly addressing research questions, enhancing credibility through participant validation (Lincoln & Guba, 1985).

## The Findings

### 1. Background of Respondents

Six Han Chinese community workers met our qualitative research criteria. Five were female and one male. Three held bachelor's degrees, and three held specialist degrees. Four were over 40 years old, and two were 29. All were in good health, enabling them to conduct visits and support older adults residents effectively. Their work experience ranged from 3 to 24 years, with older workers generally having more years of service. All had strong family support, emotional stability, and maintained trusted, harmonious relationships with older community members, contributing to credible and insightful interview data.

Table 2. Personal Information of Community Workers

Items	Personal circumstances					
Name	Liu W	Chen S	Dou D	Liu T	Hang J	Li M
Academic qualifications	Professional training	Professional training	Professional training	Undergraduate	Undergraduate	Undergraduate
Sex	Female	Female	Female	Female	Female	Male
Age	48	48	45	29	41	29
Ethnicity	The Han nationality	The Han nationality	The Han nationality	The Han nationality	The Han nationality	The Han nationality
Health status	Wellness	Wellness	Wellness	Wellness	Wellness	Wellness
Children	1	1	1	0	2	0
Working hours	24	13	9	4	5	3
Marital status	Married	Married	Married	Unmarried	Married	Unmarried

## 2. Reasons for the Integration of Biopsychosocial Skills into Community Work

### *Responsibilities of Community Workers*

*The responsibilities of community workers mainly include management, service, education and supervision functions. In addition, community workers need to have professional knowledge and communication skills to provide accurate help and guidance to users, and are responsible for collecting user feedback and opinions and giving timely feedback to relevant departments. These responsibilities reflect the role of community workers in maintaining community order, purifying the environment, participating in content creation and providing assistance to users in many ways.*

*"Community workers are first and foremost to serve the public, which is one of our most fundamental requirements. Most of our community is older adults, so we are serving older adults in our community." (Liu W)*

*"As a community worker's duty, it is definitely to meet the needs of the public as my most fundamental work for the purpose, community workers serve the residents, there is a part of poverty alleviation work, according to the requirements of the higher level to fulfill the task." (Dou D)*

The study found that when community workers conscientiously perform their duties and embed biopsychosocial skills into these responsibilities, older adults report higher satisfaction with the services received. This satisfaction translates into increased feelings of respect, care, and security, thereby enhancing their subjective well-being.

### *Roles of Community Workers*

The definition of the roles of community workers mainly includes service providers, therapists, administrators, resource mobilizers, policy influencers, researcher, etc. Community workers work together to solve community problems and improve the quality of life of residents.

*"I feel that my role now, policy advocate, service provider, job implementer, we are still the coordinator and most importantly we are the policy implementer. We have a lot of older adults, so we have to spend more time solving problems and providing them with more attentive services. We must put the favorable policies of the state and government into practice to make older adults living in our community happier. " (Liu W)*

*" Community workers are first and foremost people who provide services to their clients, and these services include the provision of material help, labor services, and psychological counseling, as well as the provision of policy information. " (Chen S)*

The results indicated that older adults benefitted most when community workers successfully transitioned between these roles while applying biopsychosocial skills. For example, as resource mobilizers they introduced health programs (biological), as therapists they provided counselling support (psychological), and as facilitators they built platforms for social engagement (social). These role enactments directly contributed to improved life satisfaction and enhanced subjective well-being among older adults.

### *Career Development of Community Workers*

The career development paths of community workers mainly include position promotion and professional skill enhancement. Overall, community workers have clear paths and broad prospects in the process of career development, especially under the modernization of the grassroots governance system and governance capacity, the demand for and importance of community workers are increasing.

*"In terms of position promotion, community workers can gradually advance to deputy director, deputy party secretary, secretary of the Discipline Inspection Commission through accumulated work experience and excellent performance, and eventually to secretary or station chief and other higher positions. Our community workers may be eligible to sit for career examinations geared towards the recruitment of community workers after they have 10 years of work experience. In terms of professional skills upgrading, community workers may enhance*

*their professional abilities and knowledge by attending professional training and obtaining social worker qualifications. Constant expansion and change. So continuous learning and improving professionalism are crucial for community workers." (Dou D)*

*"The state is also paying more attention to our professional development, and community workers' professional development is supported and enhanced in many ways. These can improve our professionalism and treatment." (Liu W)*

The findings showed that continuous professional development focusing on biopsychosocial skills indirectly benefits older adults. For instance, training in basic medicine improves workers' capacity to detect health risks earlier, training in psychological counselling enables more effective emotional support, and training in social facilitation fosters stronger community bonds. These improvements lead to tangible positive outcomes in older adults' physical health, emotional stability, and social participation, which in turn elevate their subjective well-being.

#### *The Sense of Responsibility of Community Workers*

The sense of responsibility of community workers is not only embodied in the love and dedication to their work, but also in how they take practical action to serve the community residents, solve practical problems and promote the development and progress of the community.

*"Our sense of responsibility of community workers are very strong, the first thing is that we are adhering to the people-oriented service concept: we listen to a wide range of community residents, adhere to the people-oriented, strengthen the sense of service. We are mindful of the warmth and coldness of community residents, and we build up a good image." (Chen S)*

*"Our community work is all very positive, and our sense of responsibility inspires us to have new actions, we have a strong sense of mission to fulfill the professional mission. The first is that we are based on the needs of the residents in our community, to stimulate the development potential of the residents, in the process of achieving personal self-realization, so that the residents have a greater sense of well-being and access." (Liu T)*

The study found that such responsibility was reflected in concrete biopsychosocial practices such as mini-classes on health and coping strategies (biological and psychological), proactive community activities (social), and home visits (integrated). Older adults who participated in these activities reported better health awareness, improved emotional regulation, and stronger community connectedness. These outcomes collectively enhanced their subjective well-being.

### 3. The Role of Community Workers in Using Socio-Bio-Psychological Skills to Improve Subjective Well-Being

#### *As Facilitators (in terms of Social Skills)*

Community workers play an extremely important role as facilitators and catalysts, working to enhance older adults' ability to interact socially through the careful use of their own social skills and encouraging them to become more active participants in community life. Such efforts not only help to enhance older adults' social participation, but also play a significant role in contributing to the strengthening of community cohesion and a sense of belonging among its members, which can significantly improve older adults' subjective sense of well-being.

*"One, we organize social activities, regular tea parties, birthday parties, etc. Two, we have volunteer programs. Volunteering: we organize older adults to participate in volunteer services. Intergenerational communication: we organize older people to interact with younger people." (Liu W)*

*"There are two other important things that we community workers do. One is information and resource provision. The second is community participation. We encourage older people to discuss community development and improvement proposals so that older people feel that their views are valued and respected."* (Chen S)

The study found that older adults who engaged in these socially supportive activities showed higher levels of self-confidence, stronger peer connections, and greater perceived social support, which directly contributed to their subjective well-being.

#### *As Providers (in terms of Biology Skills)*

The role of community workers as service providers plays a crucial role in utilizing their professional biology skills. They are not only able to make careful assessments of the physical health of older adults, but also to formulate scientific and reasonable health management plans through these assessments. This all-encompassing attention and care has led to a significant improvement in the quality of life of older adults.

*"The first thing is definitely health management and promotion, including health checks and health talks. We also provide fitness equipment for older adults, and we set up fitness equipment suitable for older adults in the community to facilitate their daily exercise and promote physical health. Lastly, there is nutrition and dietary guidance."* (Liu T)

*"We believe that connecting healthcare services and healthcare resources is crucial for seniors. We have medical service matchmaking and also provide medication management services."* (Hang J)

The results of the study show that through the application of bioskills at the community level, community workers are able to significantly improve the physical health of older people, effectively prevent the onset and progression of disease, and greatly improve their quality of life. This is undoubtedly a major good news for older adults. The results indicated that older adults who received such biological support reported improvements in physical health, better disease prevention, and higher overall quality of life. This improved health status significantly correlated with greater subjective well-being, confirming the effectiveness of biological skills in practice.

#### *As supporters (in terms of Psychological Skills)*

Community workers play a crucial role as supporters when working with older people. They are able to effectively understand and meet the psychological needs of older people through the use of specialized psychological skills such as listening, empathy and communication.

*"As a community worker, in terms of psychological skills, it includes emotional support, listening and caring; and the second one is providing psychological counseling."* (Dou D)

*"There is also stress management that is important, we can teach stress relief techniques: such as deep breathing, meditation, progressive muscle relaxation, etc., to help older people learn to relieve stress and relax."* (Chen S)

The study found that community workers can significantly improve the mental health of older adults' population through the effective use of a range of psychological skills, while enhancing their emotional attachment as well as their sense of social belonging. As a result, in a loving and caring community environment, older people can experience a deeper sense of warmth and understanding, which in turn effectively enhances their overall satisfaction with life. Thus, older adults who received consistent psychological support reported reduced loneliness, improved mood, and stronger emotional resilience. These psychological benefits were strongly linked to higher life satisfaction and overall subjective well-being.

Overall, the findings demonstrate that the biopsychosocial skills applied by community workers have complementary effects on the subjective well-being of older adults. Biological skills primarily improve health conditions and promote disease prevention, which directly enhances life quality and reduces health-related anxiety. Psychological skills strengthen emotional resilience, reduce loneliness, and foster a sense of belonging, leading to more positive emotions and life satisfaction. Social skills expand participation

opportunities, increase social support, and enhance community cohesion, which are crucial for maintaining self-esteem and connectedness. Together, these three dimensions interact dynamically: better health enables more social engagement, stronger social ties buffer psychological stress, and improved emotional states encourage healthier lifestyles. This integrated impact confirms that the biopsychosocial approach is not only theoretically sound but also practically effective in promoting older adults' subjective well-being.

## Discussion

The definition of community workers in the country includes not only those who are professionally trained and certified social workers, but also other people who play an important role in community service and management work. (Ministry of Human Resources and Social Security of the People's Republic of China, 2010). From the perspective of older people, community workers play a vital role in their lives. Community workers are not only service providers, but also supporters and partners in the lives of older people. Community workers can significantly enhance the subjective well-being of older people through the integrated use of biopsychosocial skills. These skills include health management, psychological support, and social support, which can comprehensively meet the physical, psychological, and social needs of older adults. The following details the role of community workers in the lives of older people from a number of perspectives:

From the level of biological skills. Past research community workers are health managers of older people, community workers conduct health education and provide regular health talks to older people to popularize the importance of disease prevention, nutrition and exercise (Wiles & Jayasinha, 2013). Community workers organize regular health check-ups to help older people identify and manage health problems in a timely manner (Holt-Lunstad, Smith & Layton, 2010). Rehabilitation training and health guidance are provided to older people in need to help them recover and maintain physical function. Community workers also pay attention to the mental health of older people and help them understand the importance of mental health and learn how to cope with mental stress and emotional problems by organizing activities such as mental health lectures and emotional support groups. These activities not only improve the mental health of older people but also enhance their ability to self-regulate (Nieboer, A.P. & Cramm, J.M., 2022). In the community of this study, they have a special social responsibility for older adults: first, they provide free services such as haircuts, movies, and chats four times a month to the "three noes", low-income, and special-needs elderly people in the district, and they provide free visits once a month to older adult's people (90 years old and above). Second, for other older persons, low-cost services are provided for a certain number of haircuts per month, movie-watching and chatting with them, as well as for the cleaning of one set of outerwear and the removal and washing of one quilt cover per season. Thirdly, in conjunction with community-based home care organizations, in accordance with market prices, they provide paid services for older adults, such as life care, housekeeping and maintenance, cultural recreation, rehabilitation and nursing care, health and wellness, tourism, rights counseling, and so on. This is consistent.

From the level of psychological skills. Past research community workers are emotional supporters of older adults, and community workers often have in-depth communication with older adults, listening to their stories, concerns and needs. This listening is not only information acquisition, but also emotional exchange. Older people receive understanding and recognition in the process of confiding, and their emotions are relieved. Many older people may lack adequate emotional support due to changes in family structure, and the listening and understanding of community workers is particularly important to them (Levasseur, M. et al., 2020). Community workers help older people release negative emotions and build a positive mindset through professional psychological counselling. Regular activities such as mental health talks and emotional support groups provide a safe environment where older people feel cared for and supported (Michael et al., 2006). Community workers in this study helped older people cope with psychological stress and emotional distress in their lives by providing individual counselling and group counselling to enhance their mental health and well-being. Community workers provide psychological care for older adults through regular visits, telephone greetings and organizing mental health seminars to enhance their psychological security and sense of well-being. Community workers help older adults to tide over their psychological difficulties and enhance their psychological health and sense of well-being through timely detection and intervention of their psychological crises, such as depression and suicidal tendency. This is also consistent.



From the social skills level. Past research community workers are facilitators of social interactions for older adults, community workers facilitate older adults' interactions with others and enhance their social networks by organizing various community activities. These activities not only let older people feel the festive atmosphere, but also provide an opportunity to socialize and make them less lonely during the holidays (Litwin, H., & Attias-Donfut, C., 2009). Community workers organize volunteers to provide various kinds of assistance to older adults, such as companionship, shopping and home repairs. Volunteers not only help older adults solve practical problems in their lives, but also provide emotional support and increase socialization opportunities for older adults (Nygqvist et al., 2013). Community workers are resource linkers for older people, providing information to provide older people with information and counseling on welfare, medical services, legal aid, and so on. For example, community workers regularly publish information on various policies, such as pension insurance and medical subsidies, to help older people understand and apply for relevant benefits (Putnam, 2000). Coordinate various community resources to help older people access the services and support they need, such as nursing homes, care services, etc. Community workers will contact relevant organizations to provide professional services to older adults according to their specific needs (Phillipson, 2007). This study introduces common fraudulent methods and preventive measures to older adults by distributing publicity materials and organizing lectures to enhance their self-protection ability. This is also consistent.

From the perspective of older people, community workers are indispensable supporters and partners in their lives. Community workers not only provide emotional support and health management, but also help older adults improve their quality of life and enhance their subjective sense of well-being and sense of belonging by organizing social activities, linking up resources, and providing education and training as well as living services. Through multi-faceted support and assistance, community workers play multiple roles in the lives of older adults, meeting their needs in the areas of emotion, health, socialization, resources, education, life and law, so that they can enjoy all-round care and support in their later years and live peacefully in their old age.

## Conclusion

The functions of community workers were analysed in terms of biological, psychological and social dimensions. The results showed that community workers' roles as facilitators (social skills), providers (biological skills), and supporters (psychological skills) in their actual worker roles to support, guide, teach, and serve older adults not only increased older adults' satisfaction with their community workers, but also increased older adults' satisfaction with their lives, which, in turn, increased older adults' subjective well-being.

Community workers deeply understand and grasp the rich connotations and interactions of the three roles of facilitator, provider and supporter, and skilful integrate them together, so as to comprehensively enhance the quality of life and subjective well-being of older adults in all aspects. They not only pay attention to the material life of older adults, such as diet, living environment, etc., but also to their spiritual life, such as emotional needs, psychological state and so on. Through social skills, community workers actively build a communication platform for older adults, so that they can maintain good interaction with the outside world, share the joys of life and share their sorrows. Through biological skills, they pay attention to the health status of older adults, provide health counselling and guidance, and guide them to develop healthy living habits. At the same time, through psychological skills, they also delve into the inner world of older adults, understand their emotional needs, and help them deal with psychological problems so that they can maintain a good psychological state. This kind of comprehensive care and support from community workers enables older adults to feel care and respect from society in their later years, so that they can enjoy life better and enhance their quality of life and subjective well-being. This kind of care and support comes not only from community workers, but also from every corner of society, so that older adults can really feel the warmth and care everywhere. The functions of community workers were analysed from three dimensions: biological, psychological and social. The results show that community workers support, guide, teach and serve older people as facilitators (social skills), providers (biological skills) and supporters (psychological skills) in their actual worker roles, which not only increases older adults' satisfaction with community workers, but also increases older adults' satisfaction with their lives, which in turn increases older adults' subjective well-being.

We therefore suggest that the use of biopsychosocial skills in the work of community workers can enhance the emotional regulation and coping skills of older people and improve their subjective well-being, as well as benefiting themselves. First, they gain professional fulfilment by seeing tangible positive outcomes. Second, their skills in counselling and support improve through practice. Third, stronger trust forms with older adults, enhancing work relationships. Fourth, community cohesion grows through improved mutual support. Fifth, witnessing positive change improves workers' own mental health and reduces burnout. Lastly, effective outcomes may attract more policy and resource support, advancing their career development. However, this study has several limitations. The sample was drawn from a single community context, which may restrict the generalizability of the findings to other regions or cultural settings. In addition, the reliance on self-reported perceptions may have introduced response bias. Future studies could adopt a multi-site design, integrate longitudinal tracking to capture dynamic changes in older adults' subjective well-being, and employ mixed methods to triangulate quantitative outcomes with richer qualitative insights. It is also recommended that future research examine policy-level interventions and training programmes that can further strengthen community workers' biopsychosocial skills, ensuring more sustainable improvements in the subjective well-being of older adults.

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