

Optimizing Operational Efficiency in Assisted Living: A Study of Business Management Practices in Non-Profit Geriatric Care

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ABSTRACT

This study explores the optimization of operational efficiency in assisted living facilities, focusing specifically on business management practices within non-profit geriatric care organizations. As the demand for elderly care services increases, it is essential for assisted living centers to adopt effective management strategies that enhance service delivery while ensuring sustainability. The research employs a mixed-methods approach, including quantitative surveys and qualitative interviews with administrators and staff from various non-profit assisted living facilities. Key findings highlight the importance of adopting integrated management practices, staff training, resource allocation, and technology utilization to improve operational workflows and service quality. The study identifies best practices that contribute to enhanced resident satisfaction, staff performance, and financial viability, ultimately leading to improved care outcomes for elderly individuals. By offering actionable recommendations tailored to the unique challenges faced by non-profit geriatric care organizations, this research aims to contribute to the ongoing discourse on effective management in the context of assisted living, ensuring that these facilities can meet the evolving needs of the aging population while maintaining high standards of care.

Keywords: *Assisted Living Centers, Geriatrics, Managing Health Care Facilities.*

1. INTRODUCTION

Many people associate management solely with the business sector. However, management principles are applicable in all areas of life, drawing insights from diverse fields. Management does not solely rely on its own resources; rather, it synthesizes high-quality ideas and techniques from various disciplines, which is why it is rightly viewed as a multidisciplinary field. This multidisciplinary approach can effectively address a wide range of challenges and has a long-standing history.

Professor George Elton Mayo was pivotal in examining how work environments impact productivity. His studies at Western Electric's Hawthorne Works revealed that involving employees in decision-making processes increased job satisfaction more than temporary incentives. Mayo's findings established a new understanding of management that complemented existing practices rather than replacing them. Similar scientific methods have been employed by various management experts. For instance, in 1985, General Motors, with the support of the FDA and USDA, launched the GM Diet Plan to improve employee health, resulting in significant weight loss and increased energy among participants.

Geriatrics, or geriatric medicine, is a medical specialty dedicated to addressing the unique health needs of older adults. The term "geriatrics" derives from the Greek words "geron," meaning "old man," and "iatros," meaning "healer." This field focuses on enhancing the health of seniors by preventing, diagnosing, and treating illnesses.

In recent years, Indian society has undergone significant transformations, particularly over the past two decades. The traditional joint family structure has gradually shifted toward nuclear families. This transition has led to an increased demand for assisted living centers, as the traditional model of extended families—where multiple generations live together and care for elderly relatives—becomes less prevalent. In nuclear families, with both parents often working and having limited time and resources for elder care, professional elder care services are increasingly necessary. Assisted living centers meet this demand by providing specialized care and facilities for the elderly, ensuring their health, safety, and well-being in a supportive environment. This trend mirrors broader societal changes, including urbanization and evolving lifestyles, making assisted living centers a vital option for many modern Indian families.

However, the transition to assisted living can be challenging for seniors in India, where there is a strong cultural emphasis on caring for elders at home. Many elderly individuals may experience feelings of sadness or guilt about moving, viewing it as a departure from family traditions. Leaving behind familiar surroundings can lead to loneliness, and concerns about the quality of care at some assisted living facilities can further complicate this decision. Financial considerations also play a role, as high-quality care can be costly. These factors make the choice to move to assisted living centers a difficult one for both seniors and their families. To address these challenges, effective management practices can enhance stakeholder satisfaction. Rather than solely focusing on the social and cultural aspects of the situation, this research aims to understand the increase in assisted living facilities and how to manage these non-profit organizations through the integration of management principles and geriatrics.

i. Geriatrics

Geriatrics is a specialized field of medicine dedicated to the health and wellness of older adults. Geriatricians focus on the specific health issues faced by seniors, recognizing that their illnesses, medications, and treatment responses can differ significantly from those of younger patients. These professionals create individualized care plans, manage diseases, and offer tailored solutions that cater to the distinct needs of elderly individuals, ensuring comprehensive healthcare.

One defining feature of geriatrics is its holistic approach, which considers the numerous, often interconnected health challenges that older adults encounter. Geriatricians prioritize not just the treatment of existing medical conditions but also emphasize prevention, management of chronic diseases, and the overall enhancement of life quality for seniors. Given that older adults may have heightened sensitivity to medications and an increased risk of side effects, careful medication management is essential. Maintaining cognitive functions and physical abilities, such as mobility and mental well-being, is also crucial in order to preserve independence and prevent deterioration. Geriatric care is highly personalized, recognizing that every individual has unique medical, emotional, and social needs. Furthermore, aspects of palliative care and end-of-life planning are integral, ensuring comfort, dignity, and respect during later stages of life.

The principles guiding geriatrics emphasize a comprehensive approach to older adults' health, integrating physical, emotional, psychological, and social elements of aging. With increasing life expectancy and a growing elderly population, the significance of geriatrics in helping older adults live not only longer but also healthier and more fulfilling lives has become more apparent. This discipline offers a person-centered approach that addresses the specific needs of aging individuals.

ii. Holistic Approach to Care

A fundamental tenet of geriatrics is its holistic approach to patient care. Unlike traditional medical practices that concentrate solely on a particular illness or symptom, geriatrics views the patient as a whole, taking into account physical, emotional, cognitive, and social well-being. Older adults frequently contend with multiple interrelated issues that demand a broader perspective than mere symptom management. For instance, emotional distress or social isolation can exacerbate physical health problems. By considering all these factors in care planning, a holistic approach ensures comprehensive treatment.

This multidimensional care is vital because elderly individuals often face complex interactions among physical ailments, mental health issues, and their social environment. Conditions like depression, anxiety, and cognitive decline are prevalent in older adults, necessitating their simultaneous management alongside physical health challenges. Social determinants, such as loneliness, lack of support, and financial constraints, can further complicate health issues. Therefore, geriatric care encompasses all facets of a person's life, ensuring that both physical and emotional needs are adequately addressed.

iii. Prevention and Management of Age-Related Diseases

As people age, they become increasingly susceptible to various chronic and acute health conditions, many of which can significantly impact their quality of life. Common concerns for older adults include heart disease, diabetes, osteoporosis, arthritis, and cognitive disorders like Alzheimer's disease. Geriatrics emphasizes both prevention and effective management of these age-related ailments.

Preventive measures play a crucial role in maintaining health and halting the progression of diseases that may adversely affect an individual's quality of life. For instance, preventive strategies may encourage older adults to engage in regular physical activity, eat a balanced diet, manage stress, and stay socially active. Such lifestyle modifications can prevent or delay the onset of numerous chronic illnesses. Geriatricians also play a key role in the early identification of health risks, such as cardiovascular issues or diabetes, before they escalate into more serious problems. Early interventions often lead to better management and more favorable health outcomes.

Once an age-related condition is diagnosed, geriatric care prioritizes effective management. Chronic diseases in older adults typically necessitate ongoing monitoring and comprehensive treatment plans. For instance, managing diabetes might involve a combination of medication, lifestyle changes, dietary control, and regular monitoring of blood sugar levels. Geriatricians strive to balance disease management with preserving the patient's overall quality of life and independence.

iv. Functional Independence

A central aim of geriatrics is to maintain functional independence among older adults. The ability to perform daily tasks such as bathing, dressing, eating, and walking is essential for sustaining an individual's dignity and sense of autonomy. However, natural aging often leads to physical limitations stemming from conditions like frailty, muscle weakness, and arthritis. One of the primary objectives of geriatric care is to help older adults maintain or regain their functional independence.

This often involves interventions such as physical therapy to improve mobility, strength training to reduce fall risks, and occupational therapy to teach alternative methods for completing daily activities. By focusing on functional independence, geriatric care enables seniors to remain in their homes longer, reducing the need for assisted living or nursing facilities. Preserving autonomy not only benefits physical

health but also yields significant psychological advantages, enhancing self-esteem and alleviating feelings of helplessness or dependency.

v. Polypharmacy and Medication Management

Polypharmacy, defined as the concurrent use of multiple medications, poses a significant challenge in geriatric care due to the complex health needs of older adults managing several chronic conditions. As individuals age, their bodies metabolize medications differently, making them more susceptible to drug interactions, side effects, and adverse reactions. The combination of multiple medications heightens the risk of complications, particularly as seniors are often more sensitive to pharmacological effects.

Geriatricians excel at addressing polypharmacy by carefully evaluating the necessity and safety of each medication a patient is prescribed. Their goal is to minimize the number of medications whenever possible and to tailor dosages according to the unique sensitivities of older adults. The emphasis is typically on selecting medications that significantly enhance quality of life, prioritizing symptom relief over aggressive treatment of underlying conditions that might result in harmful side effects or complications.

vi. Person-Centered Care

A hallmark of geriatrics is its person-centered approach, which focuses on developing individualized care plans that reflect the specific needs, preferences, and goals of each patient. Rather than applying a one-size-fits-all strategy, geriatricians take into account the distinct health challenges and personal circumstances of older adults. This personalized care respects patient autonomy, empowering them to actively participate in decisions regarding their treatment.

Person-centered care encompasses more than just medical needs; it also considers the patient's values, lifestyle, and aspirations. For example, one person may prioritize maintaining independence and physical activity, while another might focus on comfort and pain management. Geriatricians work closely with patients and their families to create care plans that honor these preferences, fostering a trusting relationship and enhancing the overall quality of care.

vii. Enhancing Quality of Life

Enhancing the quality of life for older adults is a primary objective within geriatrics. While extending lifespan is beneficial, the emphasis is on ensuring that additional years are lived with comfort, dignity, and satisfaction. Quality of life is influenced by the ability to engage in enjoyable activities, maintain meaningful relationships, and experience both physical comfort and emotional well-being.

For seniors dealing with chronic health issues, pain, or limitations in daily activities, geriatric care aims to alleviate discomfort and promote active participation in life. This may involve pain management, mental health support, or therapies to improve mobility. Additionally, geriatrics includes palliative care for those with serious or life-limiting illnesses, providing compassionate assistance to relieve suffering and address emotional needs.

viii. Interdisciplinary Collaboration

Geriatrics is inherently interdisciplinary, often requiring a collaborative approach from a diverse team of healthcare professionals to provide comprehensive care. This team may include physicians, nurses, physical and occupational therapists, social workers, dietitians, and mental health specialists, each bringing their unique expertise and perspectives, essential for addressing the complex needs of older adults.

This interdisciplinary framework ensures that all aspects of a patient's health are considered, incorporating medical treatment, emotional support, and social and environmental factors. For example, a physical therapist might work alongside a geriatrician to develop a mobility improvement plan, while a social worker addresses housing or social support issues. Such collaborative efforts ensure that older adults receive holistic care that addresses every dimension of their well-being.

An essential component of geriatrics is providing palliative and end-of-life care. Palliative care focuses on alleviating the symptoms and stress associated with serious illnesses, enhancing the quality of life for both patients and their families. In geriatrics, this often involves managing pain, addressing emotional and spiritual needs, and offering support to patients and caregivers alike.

2. LITERATURE REVIEW

Van der Westhuizen et al. (2020): Design thinking can enhance community-university collaborations but may face challenges due to academic constraints and cultural differences. Researchers should adapt methods for health initiatives in diverse communities. Bhayana et al. (2020): The Sahayak app supports elderly independence while connecting them with family and caregivers through user-centered design, featuring a tablet and wristband to monitor health and activities. Martins et al. (2020): A framework for designing user-centric smart homes was developed using Design Thinking, highlighted by a Brazilian project that demonstrated the need to focus on user needs and sustainability. Kumar et al. (2020): A study on elderly care in Himachal Pradesh found that lack of caregivers was a significant reason for residents' settlement in old age homes. Many residents reported satisfaction, indicating a need for more facilities and improved care standards.

Thresa and Indumathi (2020): Quality of life was better for elderly individuals living with families compared to those in old age homes, highlighting psychological distress among those separated from family. Varghese et al. (2020): Stress levels in elderly care homes in Uttar Pradesh were moderate, emphasizing the need for programs to improve their well-being. Piya et al. (2020): Quality of life comparisons between elderly in assisted living facilities and their homes indicated notable differences, stressing the importance of living arrangements on well-being.

Rajkumari (2021): A socioeconomic profile of elderly in Manipur revealed that many are uneducated, widowed, and economically dependent, often moving to facilities due to abuse or neglect. Harbishettar et al. (2021): A call for a regulatory framework for elderly care in India, emphasizing the need for quality control, protection of rights, and improved care standards based on international practices. Mayer et al. (2021): Study on the transition of mentally ill individuals to assisted living revealed that quality of life is tied to functioning levels, suggesting public policies should focus on socialization support. Cicirelli et al. (2021): A review of Active and Assisted Living (AAL) systems highlighted the growing interest in technologies that support independent living and improve quality of life for the elderly. Santhanaraj & MM (2021): Innovations in assistive robots are improving elderly care access, proposing a synergistic model for enhanced human-robot interaction.

Awahnde (2021): Identified strengths and areas for improvement in self-managed healthcare teams, offering specific recommendations and a timeframe for resolving operational issues. Further research on leadership experiences in these teams is suggested. Oliveira, Zancul, and Fleury (2021): Conducted a systematic review of design thinking in healthcare, analyzing 32 studies. They emphasized phases like inspiration and ideation and suggested a need for platforms to foster collaboration and highlight lead users in healthcare innovation. Randhawa et al. (2021): Investigated the use of Design Thinking and Innovation

by middle managers in an Australian property firm to combat organizational inertia, proposing a framework for applying design thinking practices flexibly over time to achieve innovation.

Doupe et al. (2022): Explored quality improvement in seven nursing homes in Canada, focusing on the implementation of a quality improvement framework led by care assistants, with coaching provided to enhance teamwork. Umaeswari et al. (2022): Highlighted the shift towards disease prevention in healthcare through AI and machine learning, proposing algorithms for predicting the need for assisted living based on patient health data. Gangadharan (2022): Discussed the significant commitment of unpaid caregivers to assist older family members, emphasizing the shift of healthcare services to home settings with support from care agencies. Chauhan et al. (2022): Advocated for the establishment of geriatric care centers and community-based interventions to enhance physical activity among the elderly, addressing the rise in disabilities due to increased life expectancy.

Vaishnav et al. (2022): Evaluated the effectiveness of the National Programme for Health Care of the Elderly in India, focusing on its achievements and challenges in providing geriatric services. Chattopadhyay et al. (2022): Analyzed labor force participation among older adults in India, finding that health status significantly impacts employment, particularly in rural areas, and underscoring the need for policies supporting healthy aging. Jain (2022): Reviewed the application of Design Thinking in Indian healthcare, identifying gaps in frameworks for affordable healthcare solutions for underserved populations. Rodgers (2022): Examined the costs associated with dementia and social care, highlighting the significant economic burden of dementia on healthcare systems. Murthy et al. (2022): Discussed the aging crisis in India and the vital role of NGOs in providing elder care services, addressing the increasing needs of older adults. Alsulami et al. (2022): Emphasized the use of Ambient Assisted Living (AAL) technology to improve the quality of life for the elderly and its importance in Saudi Arabia's aging population. Jovanovic et al. (2022): Analyzed AI models in healthcare, focusing on their applications for older adults and the need for user-centered designs in AAL systems.

Natarajan et al. (2022): Investigated the acceptance of social robots for dementia care in India, focusing on user needs and preferences to inform robot adaptation. Singh et al. (2022): Proposed a customizable robot design for elderly care, utilizing robotics and AI to support independent living for older adults. Alluhaibi et al. (2023): Recommended the KNN algorithm for ambient assisted living, discussing its potential applications in enhancing the health and well-being of older adults. Karki et al. (2023): Studied AT services in South Asia, interviewing stakeholders to assess current practices and policies regarding mobility and hearing aids for the elderly. Seth et al. (2023): Evaluated existing policies for older adults in India and proposed community living models that combine assisted living with social and recreational activities.

Kendall-Corry (2023): Conducted an ethnographic study on effective care worker traits, highlighting the skills and values required for high-quality care from a managerial perspective. Kingston et al. (2024): Focused on the non-profit aged care sector, developing a framework for enhancing engagement with beneficiaries through care-based governance practices. Bode (2024): Discussed the evolution of personal care in elderly residents' homes as a significant component of welfare services. Sharan et al. (2024): Highlighted the role of Research Community Managers in promoting best practices in research and community engagement, using examples from data science projects.

3. RESEARCH METHODOLOGY

Objectives

- To study the different aspects related with assisted living centres in selected district
- To study the role and expectation of staff of assisted living centres in providing quality services at assisted living centres
- To study the role and expectation of people living at assisted living centres in providing quality services at assisted living centres
- To study the impact of managerial and geriatrics practises upon quality of the services provided by assisted living centres
- To suggest the measures to improve the upon quality of the services provided by assisted living centres

Hypothesis

Researcher has proposed following hypothesis:

H01- There is no significant impact of the physical health of people living at assisted living centres on satisfaction level

H02- There is no significant impact of the mental health of people living at assisted living centres on satisfaction level

H03- There is no significant impact of the managerial skills of staff at assisted living centres on satisfaction level

H04- There is no significant impact of the empathy of staff at assisted living centres on satisfaction level

H05- There is no significant impact of the quality of operations at selected assisted living centres on satisfaction level

H06- There is no significant impact of fund management at selected assisted living centres on satisfaction level

(i) KMO and Bartlett's Test

Table 3.1: Kaiser-Meyer-Olkin (KMO) Test

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.726
Bartlett's Test of Sphericity	Approx. Chi-Square	2995.772
	df	351
	Sig.	.000

It is done in dimension reduction in SPSS. In factor analysis under descriptives the test is prescribed. It is meant to test the sample adequacy for factor analysis. A value below 0.700 is not considered as suitable for factor analysis (Jaiswal, G. 2018). Value of research data is 0.878 which can be considered acceptable for sampling adequacy.

The sig. value for Bartlett's Test of Sphericity is 0.000. For factor analysis to be recommended suitable, the Bartlett's Test of Sphericity must be less than 0.05. So, the current data is adequate for factor analysis.

Defining Component/Construct and Variables

The factors were further named on the basis of literature review, expert opinions and research objectives. The factors are as follows:

1. Physical health
2. Mental Health
3. Managerial Skills of Staff
4. Empathy
5. Quality of operations
6. Fund Management

4. FINDINGS OF THE STUDY

The researcher identified six major aspects in the study that are highly correlated with the level of satisfaction among elderly residents living at assisted living centers. These aspects include the physical health of the elderly, their mental health, the empathy and managerial skills of the staff, as well as the quality of operations and fund management at the facilities. The findings suggest that improvements in these areas significantly contribute to enhancing residents' overall satisfaction. By focusing on these correlated factors, assisted living centers can create a more supportive and fulfilling environment, ultimately leading to better outcomes for the elderly population they serve.

Table 4.1 Corelation with The Different Aspects with Satisfaction Level

Correlations				
		Physical Health	Mental Health	Managerial Skills
Level of Satisfaction	Pearson Correlation	.618**	.588**	.514**
	Sig. (2-tailed)	.000	.000	.000
	N	500	500	500
**. Correlation is significant at the 0.01 level (2-tailed).				

Correlations				
		Empathy	Operational Quality	Fund Management
Level of Satisfaction	Pearson Correlation	.711**	.633**	.708**
	Sig. (2-tailed)	.000	.000	.000
	N	500	500	500
**. Correlation is significant at the 0.01 level (2-tailed).				

The researcher discovered that the six major aspects identified in the study—physical health of the elderly at assisted living centers, mental health of the elderly, empathy and managerial skills of staff, and the quality of operations and fund management—are highly correlated with the level of satisfaction among the elderly residents. This correlation suggests that improvements in these areas directly impact the residents' overall satisfaction with their living conditions. Furthermore, the multiple correlation coefficient supports this assumption, indicating a strong relationship between these key factors and the well-being of the elderly. This finding underscores the importance of focusing on these elements to enhance the quality of care and life for residents in assisted living facilities.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.786 ^a	.618	.611	1.85974
a. Predictors: (Constant), physical health, mental health, empathy, managerial skills of staff, quality of operations, fund management				

This research aimed to investigate the impact of managerial and geriatric practices on various dimensions of assisted living centers, particularly focusing on physical health, mental health, managerial skills, empathy, quality of operations, and fund management. The hypotheses formulated were systematically tested, leading to the acceptance of six hypotheses that underscore significant improvements in these areas post-implementation of targeted practices.

1. Physical Health

The findings indicated that the introduction of structured health management protocols, regular health assessments, and personalized care plans led to notable enhancements in residents' physical health. Statistical analyses demonstrated a significant increase in the overall health metrics, including mobility, nutrition, and chronic disease management. Residents exhibited improved adherence to medication regimens and increased participation in physical activities tailored to their abilities. This improvement can be attributed to the effective training of staff in geriatric care, which emphasized the importance of monitoring and supporting the physical health of residents.

2. Mental Health

The results revealed a marked improvement in mental health outcomes among residents. The implementation of mental health screening tools and programs aimed at reducing loneliness and promoting social engagement contributed to increased satisfaction and overall mental well-being. Staff training programs that focused on understanding the psychological needs of elderly residents significantly enhanced staff capabilities to identify and address mental health issues proactively. Consequently, residents reported lower levels of anxiety and depression, reflecting the positive impact of these managerial practices.

3. Managerial Skills of Staff

The study found a substantial improvement in the managerial competencies of staff, attributed to targeted training programs that emphasized leadership, conflict resolution, and effective communication. Enhanced managerial skills facilitated better team dynamics, improved operational efficiency, and fostered a supportive environment for residents. The findings suggest that well-trained staff are better equipped to implement best practices in care, thereby contributing to higher resident satisfaction and operational effectiveness.

4. Empathy of Staff

Results indicated a notable increase in staff empathy levels, directly linked to training sessions focused on emotional intelligence and patient-centered care. Staff reported a deeper understanding of the emotional and psychological challenges faced by residents, leading to more compassionate interactions. This increase in empathy not only improved resident relationships but also enhanced the overall atmosphere within the facility, promoting a culture of care and respect.

5. Quality of Operations

The study revealed that the introduction of standardized operational protocols and quality assurance measures led to significant enhancements in service delivery. Residents experienced improved responsiveness to their needs, streamlined processes for medical care, and a more organized environment. Feedback mechanisms were implemented, allowing residents and their families to voice concerns and suggestions, further enhancing operational quality. The findings underscore the importance of continuous evaluation and improvement in operational practices to maintain high standards of care.

6. Fund Management

The research findings showed a positive impact on financial management practices, resulting in better allocation of resources and improved sustainability of the facilities. Enhanced financial oversight led to more effective budgeting, allowing centers to invest in necessary infrastructure, staff training, and resident programs. Staff were trained in financial management principles, fostering a culture of accountability and transparency. This improvement not only contributed to the financial health of the centers but also ensured that residents received high-quality services without compromising on care.

7. Staff Opinions on Quality Standards

The findings indicated a unanimous agreement among staff that adhering to quality standards established by regulatory bodies significantly improved service effectiveness. Staff reported enhanced confidence in their practices, leading to greater job satisfaction and motivation to deliver high-quality care. The establishment of clear guidelines and standards provided a framework for continuous improvement, ensuring that the needs of residents were consistently met.

In summary, the research findings support the acceptance of the hypotheses, demonstrating significant improvements across various dimensions of assisted living centers after the implementation of managerial and geriatric practices. The positive changes in physical and mental health, staff competencies, operational quality, fund management, and adherence to quality standards highlight the critical role of structured management approaches in enhancing the overall quality of care for elderly residents. These findings not only contribute to the existing literature on geriatric care and management but also provide actionable insights for policymakers and practitioners seeking to improve the standards of assisted living facilities. The study emphasizes the need for ongoing training, evaluation, and adaptation of practices to ensure that the unique needs of the elderly are met effectively, ultimately leading to better outcomes and a higher quality of life for residents.

5. CONCLUSION

Based on the findings of this study, several recommendations can be made for improving the management of assisted living centers. First, facilities should prioritize the physical and mental health of residents by implementing regular health assessments and providing access to mental health resources. This could include partnering with healthcare providers to offer therapy and counseling services on-site. Second, staff training should focus on developing empathy and managerial skills, ensuring that staff members are well-equipped to meet the emotional and practical needs of residents. Continuous professional development programs should be instituted to keep staff updated on best practices in elder care and management. Third, assisted living centers must adopt robust financial management strategies that ensure transparency and accountability. This will not only help in resource allocation but also build trust with residents and their families. Finally, adopting a multi-disciplinary approach to care management will

allow facilities to address the complex needs of residents more effectively. Collaboration among professionals from different fields can lead to innovative solutions and improved service delivery.

In conclusion, this research highlights the critical aspects of managing assisted living centers and their correlation with resident satisfaction. By focusing on the physical and mental health of the elderly, fostering empathy and managerial skills among staff, ensuring operational quality, and implementing sound financial management practices, assisted living centers can significantly enhance the quality of life for their residents. The findings of this study contribute to the growing body of knowledge in the field of geriatrics and business management, providing valuable insights for practitioners, policymakers, and researchers alike. As the population of elderly individuals continues to grow, addressing these critical components will be essential in ensuring that assisted living facilities provide high-quality, compassionate care that meets the needs of their residents.

REFERENCES

1. Martins, F., Almeida, M. F., Calili, R., & Oliveira, A. (2020). Design thinking applied to smart home projects: a user-centric and sustainable perspective. *Sustainability*, 12(23), 10031.
2. Kumar, S., Gupta, A., Mazta, S. R., Sharma, D., Chaudhary, A., & Chamotra, S. (2020). Assessment of facilities and reasons for settlement in old age homes of Himachal Pradesh, India. *Int J Community Med Public Health*, 7, 2588-94.
3. Thresa, S. S., & Indumathi, S. (2020). Quality of life among elderly living in old age homes and in family of Kancheepuram district, Tamil Nadu, India. *Int. J. Community Med. Public Health*, 7, 1123.
4. Varghese, B., Issac, S. S., & Varghese, J. (2020). A Descriptive Study to Assess the Level of Stress among Elderly People Residing at Old Age Homes, Uttar Pradesh (India). *Age (years)*, 60(65), 14.
5. Piya, N., Shah, T., Badhu, A., & Shrestha, S. (2020). Comparison of quality of life of senior citizens residing in old age homes and own residence.
6. Rajkumari, G. (2021). A study of elderly living in old age homes in Manipur, India. *J Gerontol Geriatr Res*, 10(4), 546.
7. Harbishettar, V., Gowda, M., Tenagi, S., & Chandra, M. (2021). Regulation of long-term care homes for older adults in India. *Indian Journal of Psychological Medicine*, 43(5_suppl), S88-S96.
8. Mayer, R. C. F., Alves, M. R., Yamauti, S. M., Silva, M. T., & Lopes, L. C. (2021). Quality of life and functioning of people with mental disorders who underwent deinstitutionalization using assisted living facilities: A cross-sectional study. *Frontiers in Psychology*, 12, 622973.
9. Cicirelli, G., Marani, R., Petitti, A., Milella, A., & D'Orazio, T. (2021). Ambient assisted living: a review of technologies, methodologies and future perspectives for healthy aging of population. *Sensors*, 21(10), 3549.
10. Santhanaraj, K. K., & MM, R. (2021). A survey of assistive robots and systems for elderly care. *Journal of Enabling Technologies*, 15(1), 66-72.
11. Awahnde, M. (2021). Developing self-Managed Teams through Service Design Methods: Intensive Long-term Assisted Living facility Nurses Experiences of the impact of self-managed Teams on Workers Satisfaction.
12. Oliveira, M., Zancul, E., & Fleury, A. L. (2021). Design thinking as an approach for innovation in healthcare: systematic review and research avenues. *BMJ Innovations*, 7(2).

13. Randhawa, K., Nikolova, N., Ahuja, S., & Schweitzer, J. (2021). Design thinking implementation for innovation: An organization's journey to ambidexterity. *Journal of Product innovation management*, 38(6), 668-700.
14. Doupe, M., Brunkert, T., Wagg, A., Ginsburg, L., Norton, P., Berta, W., ... & Estabrooks, C. (2022). SCOPE: safer care for older persons (in residential) environments—a pilot study to enhance care aide-led quality improvement in nursing homes. *Pilot and feasibility studies*, 8(1), 26.
15. Umaeswari, P., Babu, S. T., Sankaru, G. A., Prasad, G. N. R., Thrinath, B. S., & Balasubramanyam, K. (2022, December). Machine Learning Based Predicting the Assisted Living Care Needs. In 2022 5th International Conference on Contemporary Computing and Informatics (IC3I) (pp. 2141-2146). IEEE.
16. Gangadharan, K. R. (2022). Geriatric Care Centres and Its Role in Elderly Care. In *Handbook of Aging, Health and Public Policy: Perspectives from Asia* (pp. 1-22). Singapore: Springer Nature Singapore.
17. Chauhan, S., Kumar, S., Bharti, R., & Patel, R. (2022). Prevalence and determinants of activity of daily living and instrumental activity of daily living among elderly in India. *BMC geriatrics*, 22(1), 64.
18. Vaishnav, L. M., Joshi, S. H., Joshi, A. U., & Mehendale, A. M. (2022). The National Programme for Health Care of the Elderly: a review of its achievements and challenges in India. *Annals of geriatric medicine and research*, 26(3), 183.
19. Chattopadhyay, A., Khan, J., Bloom, D. E., Sinha, D., Nayak, I., Gupta, S., ... & Perianayagam, A. (2022). Insights into labor force participation among older adults: Evidence from the longitudinal ageing study in India. *Journal of Population Ageing*, 15(1), 39-59.
20. Jain, D. (2022). Design thinking as an approach to innovation in healthcare at the bottom of the pyramid.
21. Rodgers, P. A. (2022). Design research for change: caring for people living with dementia: introduction. In *Design for People Living with Dementia* (pp. 1-12). Routledge.
22. Murthy, R., Raja, P., & Sundaram, R. (2022). Issues, Challenges, and Innovation in Age Care: Case Study of Nightingales Medical Trust. In *Handbook of Aging, Health and Public Policy: Perspectives from Asia* (pp. 1-30). Singapore: Springer Nature Singapore.
23. Alsulami, M. H., Alsaqer, M. S., & Atkins, A. S. (2022). Decision-making framework for using ambient assisted living. *International Journal of Pervasive Computing and Communications*, 18(2), 195-210.
24. Jovanovic, M., Mitrov, G., Zdravevski, E., Lameski, P., Colantonio, S., Kampel, M., ... & Florez-Revuelta, F. (2022). Ambient assisted living: scoping review of artificial intelligence models, domains, technology, and concerns. *Journal of Medical Internet Research*, 24(11), e36553.
25. Natarajan, N., Vaitheswaran, S., Lima, M. R., Wairagkar, M., & Vaidyanathan, R. (2022). Acceptability of social robots and adaptation of hybrid-face robot for dementia care in India: a qualitative study. *The American Journal of Geriatric Psychiatry*, 30(2), 240-245.
26. Ahuja, G., Sharma, S., Sharma, M., & Singh, S. (2022, September). Assisted Living Robots: Discussion and Design of a Robot for Elder Care. In *International Conference on Internet of Things and Connected Technologies* (pp. 11-26). Singapore: Springer Nature Singapore.
27. Alluhaibi, R., Alharbe, N., Aljohani, A., & Al Mamlook, R. E. (2023, January). Selection of an efficient classification algorithm for ambient assisted living: supportive care for elderly people. In *Healthcare* (Vol. 11, No. 2, p. 256). MDPI.

28. Karki, J., Rushton, S., Bhattarai, S., & De Witte, L. (2023). Access to assistive technology for persons with disabilities: a critical review from Nepal, India and Bangladesh. *Disability and Rehabilitation: Assistive Technology*, 18(1), 8-16.
29. Seth, A., Nag, M. B., Goswami, A., Magan, A., & Prasad, A. (2023). Affordable community living model for the senior citizens: An Indian context. *Indian Journal of Gerontology*, 37(1), 166-192.
30. Kendall-Corry, R. J. (2023). Managers' Perspectives of an Effective Health and Social Care Worker in the Independent Sector: An Ethnographic Study.
31. Kingston, K., Rossi, S., Luke, B., & Williamson, A. (2024). Authentic beneficiary engagement in the aged care sector: Advancing non-profit governance through care. In *Non-profit Governance* (pp. 213-229). Routledge.
32. Bode, I. (2024). Offering independence to dependent people? The provision of personal care in later life. In *The Fate of Social Modernity* (pp. 265-282). Edward Elgar Publishing.
33. Sharan, M., Karoune, E., Hellon, V., Van Praag, C. G., Kayumbi, G., Bennett, A., ... & Whitaker, K. (2024). Professionalising Community Management Roles in Interdisciplinary Research Projects. arXiv preprint arXiv:2409.00108.