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Readiness for implementing a case management based long-term care program for older people

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Abstract

Background: Indonesia faces a rapidly ageing population, with Bali designated as a pilot province for implementing the Case Management Program for Long-Term Care (CMP-LTC). Assessing readiness among nurses and community cadres is crucial to ensure program success and sustainability.

Purpose: To explore the readiness of nurses and community cadres to implement the CMP-LTC program for older people in Bali, Indonesia.

Method: A descriptive qualitative design was applied using focus group discussions involving two nurses and eight community cadres selected purposively. Data were analyzed thematically based on Braun and Clarke's approach while ensuring credibility through triangulation and member checking.

Results: Six major themes emerged: (1) enhanced knowledge and skills after training, (2) the need for continuous and advanced learning, (3) limited resources and unclear legal authority, (4) sociocultural and community challenges, (5) teamwork and collaboration, and (6) increased empathy and motivation.

Conclusion: Readiness for CMP-LTC implementation is multidimensional, encompassing personal competence, structural support, and sociocultural acceptance. Strengthening continuous education, resource provision, legal clarity, and intersectoral collaboration will enhance the effectiveness and sustainability of Indonesia's long-term care services for older people.

Keywords: Case Management; Gerontic Nursing; Long-Term Care; Older People.

INTRODUCTION

Population ageing has emerged as one of the most significant demographic transformations worldwide, posing profound challenges to health systems, social protection, and long-term care (LTC) structures. The World Health Organization (WHO) projects that between 2015 and 2050, the global population of older people will double from 12% to 22%, and one in six people will be aged 60 years or older (Mohammed & Shaban, 2025). This demographic shift increases the demand for sustained health, functional, and psychosocial support to older people, requiring integrated approaches that bridge clinical, social, and community domains (Krueger, 2024). In Indonesia, the ageing

trend is accelerating faster than the expansion of care services. Life expectancy has risen to 71.5 years, and the proportion of adults aged 60 years and over reached 12% in 2024 and is expected to exceed 15% by 2035 (Jane, Muonde, Maduka, Olorunsogo, & Omotayo, 2024). However, LTC systems remain fragmented, mainly relying on informal family caregivers without adequate training or institutional support (Amuthavalli Thiyagarajan, Mikton, Harwood, Gichu, Gaigbe-Togbe, Jhamba, & Diaz, 2022). This mismatch between demographic reality and service readiness calls for urgent innovation and workforce strengthening. Bali presents a unique case within Indonesia's ageing landscape. The province

consistently records one of the highest proportions of older people in the nation. Official data show that the number of residents aged 60 years and above representing approximately 14% of the total provincial population (Braun & Clarke, 2016). Culturally, older people in Bali often live with extended families, maintaining strong intergenerational relationships (Lestari, Stephens, & Morison, 2023). Nevertheless, the increasing prevalence of chronic illness, disability, and the migration of younger family members have eroded traditional caregiving networks, leading to rising vulnerability among older people.

To address these issues, an initiative from the Indonesian government was established since 2022 and identified Bali as one of the pilot sites for the national long-term care initiative for the Case Management Program for Long-Term Care (CMP-LTC). The program aims to develop an evidence-based, community-oriented model that links case management, home-based care, and intersectoral coordination (Putra & Sandhi, 2021). The CMP-LTC initiative introduces a structured case management approach, assigning Case Managers (CMs), registered nurses trained in gerontologic assessment and coordination, and Case Managers Associates (CMAs), community volunteers or cadres who provide basic monitoring, health education, and linkage between families, health, and social facilities. The concept of case management in gerontologic nursing refers to a systematic process of assessing, planning, coordinating, and monitoring individualized care for older people to maintain their independence and quality of life (Finkelman, 2022). Effective case management requires not only technical competence but also interprofessional collaboration and community engagement (Campagna & Lee-Riley, 2025). In Indonesia, the CMP-LTC model represents an adaptation of this framework within a low- and middle-income context, emphasizing empowerment of local cadres under professional supervision.

Nurses play a pivotal role as case managers within this structure. They bridge clinical expertise with community realities, ensuring continuity between hospital-based and home-based services. The success of such programs depends on readiness, both in terms of workforce competence and systemic support (Patton, 2024). Assessing readiness among trained personnel therefore becomes essential before large-scale implementation. Although the pilot CMP-

LTC program in Bali has provided initial training to nurses and cadres, formal evaluation of their preparedness and perceptions remains limited. Prior studies in Indonesia have focused primarily on the burden of informal caregiving but have seldom explored readiness within structured LTC models (Yustisia, Aprilatutini, Utama, & Masdar, 2023). International evidence highlights that readiness involves multidimensional factors, knowledge, confidence, interprofessional collaboration, resource availability, and institutional legitimacy (Compton, Hubbard Murdoch, Press, Lowe, Ottley, Barlow, & Craswell, 2023). Understanding these components in the local setting can inform tailored capacity-building and policy refinement. Furthermore, Indonesia lacks an established national LTC policy framework even though the need of establishing a better LTC system is crucial (Suyasa, Sutini, Kamaryati, & Nuryanto, 2023).

Asian Development Bank highlights that countries transitioning toward ageing populations must invest in formal LTC systems that integrate social and health sectors. For Bali as a pilot site, examining the operational readiness of its workforce provides crucial evidence to guide national scale-up. The CMP-LTC training in Bali was designed to equip both professional nurses and community cadres with essential skills in older people care management, such as screening, functional assessment, communication, and home visit procedures. However, anecdotal feedback suggested varying levels of confidence and understanding among trainees. Some cadres expressed uncertainty about their legal authority to perform basic health checks, while nurses noted limited equipment and unclear role boundaries. These challenges could hinder the sustainability and safety of LTC services if unaddressed. Given this background, evaluating readiness is not merely an academic exercise but a practical necessity to ensure the success of the national LTC roadmap. Findings from this study will support policy makers and local health authorities in refining training content, supervision mechanisms, and policy guidelines.

RESEARCH METHOD

A descriptive qualitative design to explore the readiness of health professionals and community cadres in implementing the Case Management Program for Long-Term Care Services (CMP-LTC) for

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older people in Bali, Indonesia. This approach was chosen to capture participants' real-world experiences and perceptions of competence, role clarity, collaboration, and resource availability within a newly implemented community-based health program. The research was conducted in two pilot districts of Bali Province that represent both rural and urban settings and have a relatively high proportion of older adults (≥ 60 years). The CMP-LTC program involves professional nurses as Case Managers (CMs) and trained community health volunteers as Case Manager Assistants (CMAs). A total of 10 participants were recruited using purposive sampling, comprising two CMs and eight CMAs. Inclusion criteria were completion of CMP-LTC training within the previous six months, active involvement in community or home-based older people care, willingness to participate, and ability to communicate experiences clearly. Sampling continued until data saturation was achieved.

Data were collected between June and July 2022 through two Focus Group Discussions (FGDs) and field observations. One FGD involved CMAs and the other involved CMs, each lasting 90–120 minutes.

Discussions were conducted in Bahasa Indonesia using a semi-structured guide covering training experiences, readiness, role clarity, and expectations for support and collaboration. All sessions were audio-recorded with consent, and field notes were taken to capture contextual and nonverbal information. Data were analyzed using Braun and Clarke's six-step thematic analysis. Transcripts were reviewed repeatedly, coded manually, and organized into themes reflecting readiness, barriers, and enabling factors. To ensure trustworthiness, the study applied credibility, transferability, dependability, and confirmability criteria through member checking, thick description, audit trails, reflexive journaling, and peer debriefing. Source and method triangulation were also applied. Ethical approval was obtained from the Institute of Technology and Health Bali Ethics Committee (Approval No. 04.0466/KEPITEKES-BALI/VII/2022). Written informed consent was secured from all participants, anonymity was ensured using alphanumeric codes, and data were stored securely in accordance with ethical research principles.

RESEARCH RESULTS

Table Characteristics of Participants (N = 10)

Participants	Age (in years)	Gender	Roles	Education
P1	25	Male	Nurse/Case Manager	Nurse Profession
P2	27	Female	Nurse/Case Manager	Nurse Profession
P3	56	Male	Cadre/ Case Manager Associates	Senior High School
P4	62	Male	Cadre/ Case Manager Associates	Bachelor Degree
P5	58	Male	Cadre/ Case Manager Associates	Senior High School
P6	48	Female	Cadre/ Case Manager Associates	Senior High School
P7	42	Female	Cadre/ Case Manager Associates	Senior High School
P8	35	Female	Cadre/ Case Manager Associates	Senior High School
P9	37	Male	Cadre/ Case Manager Associates	Senior High School
P10	42	Female	Cadre/ Case Manager Associates	Diploma III

Data analysis revealed six main themes describing participants' readiness and perceptions regarding the implementation of the CMP-LTC services for older people in Bali. The themes reflected both empowering experiences and structural challenges that shape the preparedness of nurses and community cadres to provide integrated elderly care.

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Theme 1: Enhanced Knowledge and Skills After Training

Most participants expressed a notable improvement in their knowledge and practical skills following the CMP-LTC training. Both nurses and community cadres acknowledged that the program deepened their understanding of older people's needs, including physical, psychological, and social aspects. Participants felt more confident in performing basic assessments, health education, and communication with families. The training modules, which included geriatric screening, functional evaluation, and communication techniques, were perceived as relevant and applicable to daily practice.

"After the training, I feel more confident to approach older people and understand their problems. Before, I only checked their blood pressure, but now I can identify signs of depression or memory loss." (P3, cadre)

"The program made me realize that caring for older people is not only about illness but also about emotional and social wellbeing." (P1, nurse)

This theme illustrates the initial stage of readiness, where knowledge acquisition translates into self-confidence and motivation to deliver care. However, participants also emphasized the need for continuous learning to maintain competence.

Theme 2: Need for Continued and Advanced Training

Despite positive learning experiences, all participants highlighted the necessity of further and more specialized training. Cadres particularly expressed a desire to master technical skills such as basic wound care, first aid, and early detection of chronic diseases. Nurses requested additional modules on case documentation, ethical considerations, and intersectoral coordination.

"We learned the theory, but sometimes we still feel unsure in real situations. For example, when an older person falls or has high blood sugar, we are afraid to make mistakes." (P5, cadre)

"Advanced training should include more clinical simulation and mentoring from nurses so cadres can act safely." (P7, cadre)

Participants viewed continued education as essential to sustain program quality and reduce the risk of errors during service delivery. This finding underscores that readiness is a dynamic process, requiring ongoing professional development and mentorship.

Theme 3: Limited Resources and Unclear Legal Boundaries

Participants reported significant resource constraints, including inadequate equipment, limited transportation, and insufficient financial support. Several cadres noted that they often shared or borrowed devices such as sphygmomanometers and glucometers from local community health centers. In addition, uncertainty about legal authority emerged as a recurrent concern. Cadres were unsure about the extent of their responsibilities, particularly regarding health checks or interventions, since they were not licensed health professionals.

"Sometimes we have to wait for the Puskesmas to lend us equipment. Without tools, we can only record complaints, not measure vital signs." (P4, cadre)

"I'm not sure if it's legal for us to check blood pressure or blood sugar. We want to help, but we also need clear rules." (P6, cadre)

Nurses also acknowledged this ambiguity, stating that without formal recognition of cadres' roles, supervision could become inconsistent. These challenges reflect systemic limitations that may hinder the scalability and sustainability of the CMP-LTC program.

Theme 4: Social and Cultural Challenges in Implementation

Social acceptance of the CMP-LTC program varied among communities. Some participants encountered skepticism from residents who perceived the program as a bureaucratic initiative rather than a genuine health service. Others reported that certain older people were reluctant to be assessed or mistrusted cadres without medical credentials.

"Some older people refused to be visited because they thought we were collecting data for aid distribution. They said, 'We don't want to be registered again.'" (P2, cadre)

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"People respect nurses, but they sometimes doubt us because we are not from the health sector." (P9, cadre)

These perceptions created emotional strain for cadres, who felt unappreciated despite their voluntary service. Nurses emphasized that community sensitization and public education are critical to building trust. Participants also mentioned cultural norms of modesty and family privacy as barriers to discussing health problems openly. This theme highlights that readiness extends beyond individual capability to include sociocultural legitimacy and acceptance within the community.

Theme 5: Teamwork and Cross-Sectoral Collaboration as Key Strengths

Participants consistently emphasized the importance of collaboration between nurses, cadres, and other stakeholders such as caregivers, village leaders, and health officers. Both nurses and cadres acknowledged that effective teamwork enhanced motivation and efficiency.

"We now understand better how to work as a team. The nurse gives us guidance, and we share updates from the community." (P8, cadre)

"Without coordination among cadres, caregivers, and health officers, we cannot follow up older people effectively." (P1, nurse)

Collaborative relationships also improved communication flow between formal and informal caregivers. Participants valued regular meetings and supervision as opportunities to share feedback and problem-solve collectively. However, they recommended more precise coordination mechanisms and documentation systems to strengthen integration across levels of care.

Theme 6: Increased Empathy, Motivation, and Social Responsibility

Beyond technical competence, participants described the CMP-LTC training as transformative at the personal and emotional level. Many expressed enhanced empathy and a more profound sense of purpose in serving older people. They perceived their involvement in the program not merely as a task but

as a moral and social responsibility toward their communities.

"Now I feel more patient when dealing with older people. I understand that they need attention, not just medicine." (P10, cadre)

"This training changed my perspective. Caring for the elderly gives meaning to my work and life." (P2, nurse)

This theme demonstrates the psychosocial dimension of readiness, characterized by emotional engagement, altruism, and empowerment. Participants' narratives revealed that their motivation stemmed from seeing tangible improvements in the wellbeing of older people they served. Such intrinsic motivation is crucial for sustaining volunteer participation in community-based programs.

DISCUSSION

Participants reported improved knowledge, confidence, and skills after completing the CMP-LTC training, particularly in understanding the physical, psychological, and social needs of older people. Both nurses and community cadres felt better prepared to conduct basic assessments, provide health education, and communicate with families. The training also enhanced empathy, motivation, and a sense of social responsibility, with participants viewing their roles as meaningful contributions to community wellbeing. Strong teamwork and collaboration among nurses, cadres, caregivers, and local stakeholders were identified as key enablers that supported service delivery and follow-up care. Despite these positive outcomes, several challenges affected implementation readiness. Participants emphasized the need for ongoing and advanced training to ensure safe practice, especially for cadres. Resource limitations, including inadequate equipment, transportation, and financial support, were common concerns. Unclear legal boundaries regarding cadres' roles and varying levels of community acceptance further hindered program implementation. These findings suggest that readiness for CMP-LTC implementation is shaped not only by individual competence but also by structural, legal, and sociocultural factors.

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This study explored the readiness of nurses and community cadres to implement the Case Management Program for Long-Term Care (CMP-LTC) for older people in Bali, Indonesia. The findings revealed six interrelated themes, enhanced knowledge and skills, the need for continuous training, limited resources and legal clarity, social challenges, teamwork and collaboration, and heightened empathy and motivation. Collectively, these themes illustrate that readiness for LTC implementation is multidimensional, encompassing cognitive, structural, social, and emotional elements. Overall, the findings indicate that both nurses and cadres possess foundational readiness derived from training and community engagement. Nevertheless, structural constraints, particularly inadequate resources, role ambiguity, and limited legal authority, remain significant barriers to effective implementation. The participants' high motivation and empathy suggest strong potential for program sustainability, provided that continuous education, supportive supervision, and policy reinforcement are instituted. These results serve as the empirical foundation for the following discussion, which situates the findings within existing global and Indonesian literature on long-term care readiness, case management, and community-based gerontological nursing (Siongco, Nakamura, Seino, Moncater, Tejero, De La Vega, & Canila, 2021).

The concept of readiness in healthcare implementation refers to the extent to which individuals and organizations are prepared to adopt new practices, integrating psychological willingness, resource availability, and institutional support (Weiner, Mettert, Dorsey, Nolen, Stanick, Powell, & Lewis, 2020). In this study, readiness was evident in participants' enthusiasm, competence, and commitment to elderly care following CMP-LTC training. However, readiness also depended on contextual enablers such as tools, supervision, and clear role delineation. This aligns with findings on the Decade of Healthy Ageing, which stresses that LTC systems must balance individual capacity with supportive environments (Yiengprugsawan & Piggott, 2022). A program cannot be sustained by training alone if the structural ecosystem, such as financing, policy, and service integration, is underdeveloped. Therefore, readiness should be seen as an evolving interaction between human capability and systemic capacity.

Participants' reports of improved knowledge and confidence reflect the effectiveness of experiential, context-based training approaches. Adult learners acquire competencies best when learning is self-directed, problem-centered, and relevant to real-life tasks. The CMP-LTC training's focus on geriatric screening, communication, and home visit simulations aligns with this principle (Hartle, 2025). Similar results were observed in community health worker programs in Thailand and the Philippines, where participatory training improved cadres' ability to identify frailty, manage home care, and enhance elderly wellbeing (Hinkaew & Nuntaboot, 2025). In the current study, nurses acted as facilitators who contextualized theory into practical skills, demonstrating the vital role of nurse-led education in capacity building. However, the participants expressed need for refresher courses indicates that competence in LTC is not static. Ongoing continuing professional development (CPD) is essential to maintain skill levels and adapt to new challenges (Mlambo, Silén, & McGrath, 2021; Vázquez-Calatayud, Errasti-Ibarrondo, & Choperena, 2021). The CMP-LTC model could benefit from institutionalizing periodic supervision and refresher training sessions to sustain readiness (Sandelowski, 2020).

One of the strongest findings concerned participants' struggles with limited resources and unclear legal mandates. Similar constraints have been documented in other low- and middle-income countries (LMICs), where community-based LTC initiatives often operate without standardized tools, funding, or professional oversight (Glinskaya, Feng, & Suarez, 2022). In Indonesia, cadres play an indispensable role in public health outreach, yet their scope of practice remains loosely defined. Participants' uncertainty about the legality of performing basic health checks mirrors concerns raised in studies of task-shifting programs in Malaysia and Vietnam, where lay health workers experienced anxiety about exceeding their authority (Yow, Kwan, Huang, Lim, Lim, Teo, & Ng, 2024). Without explicit regulation, such ambiguity may discourage initiative and reduce confidence.

To address this, policymakers must establish formal recognition and standard operating procedures (SOPs) for CMP-LTC cadres. Regulatory clarity not only protects the community but also enhances the legitimacy of cadres as integral

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members of the LTC workforce. Ensuring the availability of basic tools and logistical support would further strengthen service reliability and safety. Another critical aspect of readiness is social legitimacy, the community's acceptance of care providers and the perceived credibility of the program. Participants reported mistrust from some residents who misunderstood the CMP-LTC program as a data collection initiative rather than a health service. Such misconceptions highlight the need for comprehensive community engagement strategies. Building public trust may require integrating CMP-LTC activities into existing community rituals, such as Integrated Service Post for the Elderly., religious gatherings, or local cultural events, where older people and their families feel more comfortable. Teamwork also emerged as a powerful facilitator in this study. Both nurses and cadres valued collaboration across roles, highlighting how shared responsibility fosters problem-solving and mutual learning. Interprofessional collaboration is a cornerstone of effective case management, as it allows for continuous communication, referral, and feedback among providers (Guest, Namey, & Chen, 2020). In the CMP-LTC model, nurses serve as case managers who coordinate services, while cadres act as case manager associates providing frontline support. This layered structure resembles international best practices in community-based LTC (Creswell & Poth, 2016). However, integration requires clear reporting lines and digital documentation to prevent fragmentation.

The findings suggest that structured case conferences, joint home visits, and shared monitoring tools could enhance collaboration between nurses, cadres, and local health offices. Collaboration beyond the health sector, particularly with social welfare and village administrations, is equally crucial. Studies from China's LTC (Cui, 2025). Cross-sectoral coordination reduces duplication of services and optimizes resource allocation. For Indonesia, embedding such mechanisms into the CMP-LTC framework will be key to scaling up. The final theme, participants' increased empathy and intrinsic motivation, represents the emotional readiness underpinning LTC sustainability. Emotional engagement transforms technical tasks into meaningful care, fostering compassion and resilience. In gerontic nursing, empathy has been linked to higher quality of care,

reduced burnout, and improved patient satisfaction (Suyasa & Sutini, 2021). The cadres' narratives of compassion and patience reflect the value of transformative learning, where reflection and interaction lead to shifts in worldview and personal growth. Such internal transformation is particularly significant for volunteers who serve without monetary incentives. The results underscore that nurses are pivotal in operationalizing long-term care within Indonesia's evolving health system. As case managers, they not only deliver clinical oversight but also mentor cadres, advocate for resource allocation, and mediate between families and formal health services. Strengthening nurse leadership in LTC requires targeted investments in gerontological nursing education, policy involvement, and interdisciplinary teamwork.

At the policy level, the Ministry of Health can leverage these findings to refine the national LTC roadmap, ensuring that readiness assessments become integral to pilot program evaluations. Developing competency frameworks, standardized supervision systems, and integrated electronic data platforms will enhance quality assurance and accountability. From a broader perspective, this study supports the Integrated Care for Older People (ICOPE) framework promoted by the WHO, which emphasizes functional ability, person-centered care, and community engagement. The CMP-LTC model represents an Indonesian adaptation of this global framework and thus requires continuous alignment with international standards (O'Donnell, Davies, Devaney, Radomska, O'Shea, O'Donoghue, & Shé, 2025).

CONCLUSION

The findings reveal that readiness is a multifaceted process influenced by individual competencies, systemic supports, and sociocultural dynamics. Six key themes emerged: (1) enhanced knowledge and skills after training, (2) the need for continuous and advanced learning, (3) limited resources and legal clarity, (4) sociocultural and community challenges, (5) teamwork and collaboration, and (6) increased empathy and motivation.

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