Adequacy of long-term care services to the needs of older persons: A qualitative perspective

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Abstract: The accelerated aging of the population generates increased pressures to ensure long-term care (LTC) services for the persons in need. The aim of this article is to analyse the adequacy of long-term care services to the needs of older persons based on a qualitative approach. A special focus of the article is dedicated to the analysis of the barriers that limit access to care, as well as to explore how these challenges shape the expectations of beneficiaries. Socioeconomic factors, geographical factors, limited supply in terms of LTC services, the quality of services, negative image with regard to long-term care services, especially in case of residential one, are the main barriers that limit the access to long-term care services. The study contributes to a better understanding of the correspondence between policy frameworks and the needs of older adults in Romania. Ultimately, the findings are expected to inform the development of more responsive and person-cantered long-term care models that can effectively meet the demands of an aging population.

Keywords: older persons, long-term care services, adequacy, qualitative methodology

Introduction

Population aging is a societal challenge, with complex implications for public health and social protection systems. In Romania, people over 65 years of age constitute almost a fifth of the total population, and this percentage is continuously increasing by 2050 (Ministerul Muncii și Solidarității Sociale and The World Bank 2022a). Despite recent policy initiatives, including the development of a national strategy for long-term care and active aging, the adequacy of existing LTC services

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remains insufficient to address the growing needs of older adults. Coverage disparities between urban and rural areas, limited availability of specialized personnel, the fragmentation between health and social part of long-term care (LTC) services, and the persistent underfunding of all types of LTC services, create significant barriers to equitable access. The primary objective of the present study is to investigate the perceptions of older persons regarding care needs and expectations of LTC services in order to address adequacy of LTC services. Furthermore, this study aims to identify and to analyse the barriers that limit access to care, as well as to explore how these challenges shape the expectations of beneficiaries.

Ensuring the adequacy of LTC services: Challenges and considerations

The aspect of aging generates ongoing interest in research, particularly in the context of global demographic aging (Nicoară and Rebeleanu 2018). Demographic projections show that the share of the population aged 65 years and over continues to grow, tripling by 2050 to represent 22% of the world's population (Matei et al. 2018). Furthermore, globally, an estimated 142 million older people are unable to meet their basic needs independently, and two out of three older people are likely to need care and support at some point in their lives (World Health Organization 2022). This global issue will generate an increase demand for long-term care, making it difficult for governments to balance financial sustainability with the need to provide effective protection against the financial risks associated with these needs (OECD 2024).

LTC systems are considered adequate if they can provide sufficient and affordable social protection to the needs of LTC (European Commission. Directorate General for Employment, Social Affairs and Inclusion 2018). Across Europe, long-term care systems are challenged to ensure adequate LTC services for the persons in need, as it increases the access to care especially in case of older persons with lower level of income (European Commission. Directorate General for Employment, Social Affairs and Inclusion 2021, 21)

At European level, long-term care is a sector of great interest, in the context of demographic transformations in recent decades, due to the complexity of the services offered under this name, but also due to its importance and implications at the social and individual level (OECD 2025). However, the provision of long-term care is a major challenge

for developed countries and is strongly affected by the increase in longevity and the aging of the baby boom generation (Ariaans, Linden and Wendt 2021). Access to long-term care services is essential in a society experiencing demographic aging, as it can delay and slow down the loss of intrinsic capacity, allowing people to live independently (World Health Organization 2022).

Long-term care is a set of medical, personal care and social assistance services for people in a state of functional, physical or cognitive dependence, who require daily support for a long period (Leichsenring 2013; Ghența and Matei 2024; Ariaans, Linden and Wendt 2021). These personal care services cover both help with basic daily activities (eating, washing, dressing) and instrumental activities such as cooking, shopping or managing finances (OECD 2025; World Health Organization 2022). In addition to personal care services, long-term care also includes help assistance with basic medical services such as wound dressing, pain management, medication, health monitoring, as well as prevention, rehabilitation, or palliative care services (Ariaans, Linden and Wendt 2021).

Long-term care can be provided in various forms: at home, in residential or day centers, but also through community services or special housing arrangements (Government Decision 1492/2022 2022; OECD 2005; Ghența et al. 2022). Care for the elderly can be provided either by formal caregivers (health and social care professionals) or informal caregivers (family members, friends), with the aim of maintaining a level of functionality and autonomy, as well as respecting the human rights and dignity of the beneficiaries (World Health Organization 2022). In Europe, up to 80% of long-term care is provided informally, mainly by family and community, with the remaining 20% provided by formal services. Women dominate both informal care (almost two-thirds of caregivers) and formal care (ratio of almost 9 to 1 compared to men). This reality highlights the need for public investment to support and strengthen the workforce in this field, through training, digitalization and protecting the well-being of caregivers (Ibid.).

Romania is among the countries experiencing demographic aging, with an increased demand for long-term care services (Ghența and Matei 2024). In 2022, there were approximately 3.7 million older people (aged 65 or older) in Romania, representing approximately 19.2% of the population. The share of the older adult population aged 65 and over is expected to increase further, reaching 27.7%, by 2050.

(Government Decision 1492/2022). Thus, the provision of long-term, good quality, people-centred care services is necessary to ensure a healthy life and well-being in old age (Ghența et. al 2022).

In Romania, social services for the elderly are provided by both public and private social service providers (associations, foundations, legally recognized religious organizations) and are offered on a residential or non-residential basis (Ibid.). Although Romania is one of the member countries of the European Union that has implemented a series of reforms in the field of social assistance in recent years, with the first strategic document on long-term care being adopted in 2015, the field of social services is still underdeveloped, with the number of accredited providers and licensed services being quite small compared to the existing needs. The geographical coverage of these services is uneven, with a higher concentration of providers in urban areas and in more developed counties (Ibid.). Considering that 33.9% (1,221 thousand people) of older people in Romania were at risk of poverty and social exclusion in 2019 (Precupețu et. al. 2021), the existence of a sufficient number of social services is crucial.

The provision of long-term care services relies on the workforce employed in these services, and from this perspective, social workers and professionals from social organizations play an important role. At national level, the unemployment rate in the health and social care sector has consistently been higher than that recorded for all economic activities (between 2012 and 2022) (Ghența and Matei 2025, 24).

Long-term care sector is affected by the difficulties related to sustainable financing, protection and support for informal caregivers, labour shortages and the quality of services provided, as well as by unequal access to services among different vulnerable groups (Ghența and Matei 2024; Spasova et. al. 2018; Cabanero-Garcia et. to 2025).

Inequities in access to healthcare have different causes and barriers, including socioeconomic status, gender, age, geographic location, and historical characteristics. Community and cultural factors also contribute to inequalities. Low levels of education and cultural barriers reduce older people's participation in the health system, while the lack of communication between service providers and communities increases reluctance to use available services. Moreover, government rigidity and the absence of policies adapted to the complexity of the needs of the older population perpetuate these inequalities (Cabanero-Garcia et. al. 2025).

In an increasingly digitized environment, the technological gap represents an additional challenge (Cabanero-Garcia et. al. 2025). On the one hand, digital technologies are a central tool in modernizing and optimizing care. They facilitate access to medical consultations in isolated areas, provide support to informal caregivers through counselling platforms and online groups, allow professionals to remotely monitor the health status of beneficiaries, support coordination between different socio-medical service providers and allow the creation of electronic files of beneficiaries (Ghența and Matei, 2024). On the other hand, older people may find it difficult to adapt to new technologies, and a lack of digital knowledge increases the risk that they will be excluded from the benefits of more effective and personalized care. Thus, investments in digital education, adapting technologies to users' needs and reducing access gaps become essential priorities for the future of long-term care systems (Cabanero-Garcia et. al. 2025).

Methodology

The objective of this study was to identify perceptions regarding the needs of older people with regard to long-term care services and the level of satisfaction in terms of social assistance available in old age, in order to address adequacy of LTC services.

To address this objective, a qualitative methodology was developed, in order to explore and to understand the views, opinions and experiences of older persons. The study was carried out between 22 and 25 July 2025 using the focus group (FG). The focus group method could be applied to identify the feelings and opinions that people have towards certain points of view, to find out the motivations or factors that influence people's behaviour (Markova, 2007). Furthermore, it is considered a method that allow the in-depth understanding of the topic researched, and flexible (Babbie 2013, 356).

Theoretical sampling was used in the selection of participants in the focus group, the main selection criterion being the relevance of the investigation unit for the research objectives. The recruitment of participants was done through:

- direct contact in the field, door-to-door, or in public spaces frequented by the older persons (markets, parks, etc.)
- the snowball method. In this case, the identification was conducted on a network basis, calling teachers, doctors, postmen or other

community leaders who could provide potential respondents who met the required criteria.

The topics addressed in the focus group discussions, were: (1) long-term care services – perspectives on current issues; (2) long-term care services – adequacy to the needs of older people; (3) factors limiting the access to LTC services; (4) expectations of older people regarding LTC services.

Two online focus groups discussion were conducted with older persons aged 65+. For each of the focus groups 12 older persons agreed to participate. However, on the day of the group discussions, some of them did not log in, the main reasons being related to health, limited internet access or non-functioning digital devices (video, microphone, etc.). The final number of participants for each focus-group was 8 older persons.

Each FG session lasted 90-120 min and was conducted by a moderator, being video recorded, with the participant's recorded consent following General Data Protection Regulation (GDPR) rules. All the FGs data were transcribed, and the transcripts were analysed following the principles of thematic analysis.

Perspectives on current situation

Participants demonstrated a good knowledge of the spectrum of LTC services available, and they were able to distinguish between the healthcare and social care components of LTC. The role of LTC services in providing recovery and support in case of diminished functional autonomy is highlighted throughout the discussions, although most of the older participants expressed a preference for the home care services over residential and palliative care. Focus group participants emphasised the structural challenges currently shaping long-term care, particularly with respect to access to public services, financial constraints, and the shortage of qualified personnel. Respondents acknowledged major challenges that are transforming society: the ageing population, structural changes in family dynamics and intergenerational relations, and the migration of young people. The macroeconomic situation is forcing older persons to adapt to a reality that is difficult to manage. In this environment, the access to public services is widely perceived as limited in supply, while private alternatives, although offering superior conditions, are regarded as unaffordable for older people.

Adequacy to the needs of older people

Many participants argued that services are insufficiently adapted to the specific needs of old age, thereby creating a structural dependence on informal support networks. Throughout the discussions, different opinions have been expressed regarding the satisfaction in relation to the LTC services. Most participants reported being more satisfied with the home care services than with the residential care services. At the same time, although healthcare services are essential for recovery and maintaining autonomy, personal services play an even greater role in supporting independent living. Due to the limited availability of home care services, the burden of care falls under the responsibility of descendants.

In any case, long-term care services fail to meet the needs of those who require them due to their limited availability (in case of home care services) and high cost. While residential services are perceived as having a good coverage, the home care services (formal or informal care services) are perceived as scarce. Older people recognize the crucial role of family and the wider community in ensuring basic needs such as shopping, medication management, and financial support, once the loss of autonomy occurred. However, they stressed that these informal resources cannot compensate for the absence of a formal and organised system of care:

"If that person who comes and helps is not paid, you know that he will not come. He does it once, twice, but no more." (F, 69, urban, upper secondary education.)

Quality of care and quality of the workforce are important aspects for older participants to focus groups discussions. Participants expressed the view that staff working in residential care centers demonstrate a lack of empathy, sensitivity, and understanding toward care recipients. Thus, a pronounced discrepancy emerges between quality and accessibility. In addition, participants underlined the importance of the social dimension of care, which is not limited to medical aspects, but also includes opportunities for socialization, essential for maintaining well-being and preventing isolation:

"[…] this aspect, socialization, is very important when you end up in an establishment like this because the collapse actually occurs when you stop socializing." (F, 70, urban, tertiary education)

The analysis reveals notable differences in perceptions of long-term care services according to education attainment and place of residence. Respondents with university education generally adopt a more

reflective and structured approach, focusing on intergenerational responsibility, the role of the community and the importance of professionalism in service provision. One participant observed:

"It depends on our structure as a people […] when they get old, children should take care of their parents, but they live in such a hectic era, […] they don't have as much time as they should for those who are parents, and it practically overwhelms them with other tasks." (F, 68, urban, tertiary education)

By contrast, individuals with secondary or vocational education, especially from rural settings, adopted a more pragmatic perspective, emphasizing material constraints, the difficulty of accessing services, and dependence on family support:

"My opinion is that these elderly people who turn to [long-term care services] have no other support, no other help system... how can I tell you; they are sick, the children have gone elsewhere." (M, 70, rural, professional)

Across all groups, the family was consistently regarded as the primary source of support, though this role was described as increasingly strained by contemporary challenges such as the migration of children, limited resources, and the demands of modern life.

Barriers that hinder the access to LTC services

Several barriers have been identified by the respondents in using LTC services:

- Socioeconomic factors – the level of income (e.g pension), the household composition
- Geographical factors – those that live in rural, remote settings experience more difficulties in using LTC services
- Limited supply in terms of LTC services
- The quality of services
- Negative image regarding LTC services, especially in case of residential one.

The respondents identified sub-groups of older persons that are more vulnerable and prone to access LTC services, namely those that living alone and has no family member to rely on and those that are in rural areas with no available services.

For many respondents, low pensions represent a structural barrier. Although private services are generally considered qualitative, their costs exceed the financial possibilities of most pensioners:

"The palliative care centres in our country... are private ones that cost a lot. I, for example, couldn't go there with my pension, I couldn't cover it..." (F, 68, urban, university studies)
"There are very few state-run ones, and you can't go because you don't have enough connections, and the others, over 5,000 lei, are private" (F, 69, urban, high school)

The costs of services, when compared to modest pensions, severely restricts accessibility and fosters the perception that quality care is reserved only for those with significant financial resources:
"For example, private care - you can afford very, very little [...] For example, at day care at home, they come, they take care of you, but they take all your pension because you have to pay that caregiver." (M, 65, rural, professional)

Positive experiences were reported primarily in connection with the private sector, which remains inaccessible to most pensioners:
"I have a sister who is 79 years old […] she was admitted to a nursing home […] She pays 5,300 lei per month, she has this pension and it is enough for her […] the conditions are very good, she is well looked after, she has good food, good linen, there are four of us in a room and they have a TV, they are very well looked after." (F, 71, urban, high school)

Distrust towards state institutions is reinforced by negative personal experiences or media reports:
"[…] and I didn't like the idea that as soon as I took him there, the staff there told us: 'Don't come to visit him for a week'. I didn't understand why, anyway, after 4 days he called me to say that my brother has died. And so, the idea was induced that some of these palliative care centres for chronically ill patients and seriously, it's the last resort, you take him, and you can't bring him back." (F, 71, urban, university studies)
"[…] until the story about the asylum was shown on TV... I used to tell them, let the children take me to the asylum so that the poor don't take care of me and I don't know what, but now seeing how we are treated in Romania, I don't even want to hear about asylum anymore." (F, 69, urban, high school)

Respondents with higher education in urban areas placed greater emphasis on social principles and collective responsibility, while those with lower levels of education, particularly in rural contexts, underscored financial limitations, restricted access to services, and reliance on family. This contrast delineates both a reflective, socially

oriented outlook and a pragmatic, critical account of the realities of elderly care.

Expectations of older people regarding LTC services

Adequacy in long-term care services must ensure comprehensiveness of these services which must cover all identified physical and mental functional decline needs, coordinated with other social and welfare support. The expectations of the older persons participating in the focus groups cover the development of home care services, perceived as lacking in numbers.

"They only get involved in home care very little [the state], I don't know, I don't know why. For example, I need it [informal care] because I have reduced mobility." (F, 71, urban, tertiary education)

Expectations related to affordability of LTC services bring up issues related to the high cost of quality services in most of the collected opinions. Even if according to the principle of affordability care must be accessible without causing poverty or social exclusion, ensuring a decent standard of living for the beneficiary, some of the participants in the focus group discussions express opinions that question the respect for this principle.

"The palliative care centers in our country... are private ones where it costs a lot. For example, I couldn't go there with my pension, I couldn't cover it... but I wouldn't want to end up there, I pray to God, when it happens, maybe it will take me in one piece, and I won't make it there." (F, 68, urban, tertiary education)

When discussing adequacy in long-term care services, an important aspect is related to the dignity principle. The LCT system should respect and protect the individual's dignity throughout the care process. The aspect is noted in discussions with focus group participants, highlighting its importance from the perspective of beneficiaries of long-term care services.

"What can I tell you, my health problems are, in general, locomotor, knees. Three and a half years ago I put a prosthesis on my left knee, a month and a half ago I put a prosthesis on my right knee. The problem is that, like everyone who has worked for years and years and contributed to the health fund, I have not been able to benefit from the prostheses. I had to buy them myself. And I am very disappointed that that thing, I have contributed for so long and in the end, I still had to buy what I needed." (M, 66, urban, tertiary education)

The LTC system would require, in the opinion of focus group participants, increased care given to those with low incomes. The involvement of older people who do not have health problems in providing support for an older person who requires long-term care is viewed with great openness, as it is assumed that there is greater understanding on the part of an older person for older people with such problems.

"It should be organized in such a way that access is available to people who have problems but cannot support themselves due to low income". (F, 68, urban, tertiary education)

"[…] someone closer to the age of the person in need understands the problem, but the financial side intervenes. I know half of what the patient asks for, there would be enough to help without the person being taken to the centers and the old man could also be taken out to socialize, in the park. […]" (M, 66, urban, tertiary education)

Discussion

Our study highlights the perceptions of older persons regarding the adequacy of long-term care services, the factors that limit access to LTC services, and their expectations concerning future LTC provision.

The availability of long-term care services remains limited, especially in rural areas and similar results have emerged in previous research that has linked the poor access to both supply (geographical factors) and demand (socio-economic factors) (Cabañero-Garcia et al. 2025, 10). In our study, functional autonomy, the lack of high quality LTC services and the lack of family support increase fears of dependency among the most vulnerable older persons.

A preference for home care services, especially for personal services, emerged during discussions. Several studies confirm that Romania is among the countries with the lowest proportion of home care services in the European Union (EU) (2.9% compared to the EU average of 8.4% in 2019), indicating an unmet demand and a need to develop this sector (Ministerul Muncii și Solidarității Sociale and The World Bank 2022b, 9). This preference for home care can be attributed to older people's desire to remain in their familiar environment, but it may also result from exposure to negative cases of residential care (Ghența and Matei 2024, 35; Panzaru and Gravina 2024, 4).

This research demonstrates that the barriers limiting the access to LTC services for older persons are mainly socioeconomic and cultural. For example, the socioeconomic factors relate to the low level of

available income, the difficulties in covering the costs related to health care and long-term care, the characteristics of the residential environment and the composition of family. These results are in line with other studies that identified the family caregiver's age and gender and the older person's income, as barriers to LTC (Santini et al. 2025, 7). Cultural barriers concern the type of care – residential versus home care and lie in the traditions of caring for older persons at home, by family members and the negative perception regarding residential care in old age. These barriers could be eliminated through social policies addressed to the persons in need and through education. As suggested within the literature, to effectively address access to healthcare, both the demand and supply sides should be considered (O'Donnell 2007) and this approach could be transferred to long-term care services, as these services are at the border between social and healthcare services (Leichsenring 2013, 20).

During the group discussions, participants expressed different levels of acceptance related to the societal changes – migration, ageing phenomenon, and the macroeconomic situation. They expect policies and programs to address socioeconomic challenges and to ensure better access to long-term care, as Cabañero-Garcia et al. (2025, 10) also concluded in their study. Some of the participants (those with higher education, from urban areas) expressed a preference to remain in their home as long as possible, even when the functional decline is significant. These views are aligned with the current national trends in LTC provisions that favour de development of system designed around an aging in place model, that incorporate home environment adjustments, continuity of formal and informal care, interdisciplinary care etc. Similar results emerged in the study conducted by Bosch-Farré et al. (2020), Marek et al. (2012) and Chaulagain (2025). Residential care has been identified as a solution especially in case of lonely older persons or in case of persons with no supporting network.

In terms of expectations, our study confirms that a well-functioning and comprehensive LTC system is of indispensable importance to current societies (Beard et al. 2016). Dignity in long-term care services requires recognizing its need within public policies but also monitoring the realities regarding compliance with this principle (Wachholz and Giacomin 2023, 6).

Strengths and limitations

This study has several strengths and limitations. First, the use of group discussion provided in-depth understanding of older people's perceptions with regard to the adequacy of LTC services to their needs and expectations in terms of services provision. At the same time, several limitations should be acknowledged. The main limitation is related to the availability of older persons to participate in qualitative research conducted online. Secondly, the online discussions lead to the exclusion of certain sub-groups of older persons, namely those with limited digital literacy, poor internet connectivity, or non-functioning devices. Another limitation is derived from the tendency of certain participants to emphasize personal experience and individual problems, which occasionally diverted the discussions from the flow of questions.

Conclusion

This study shows that care in old age is an important aspect for older persons that require a life course approach. The study highlights that the availability of long-term care services remains limited, especially in rural areas, and this situation reflects an under provision of care, caused by both supply-side factors (geographical distribution of services) and demand-side factors (poor socio-economic conditions).

A multitude of factors constitutes barriers that influence the usage of LTC services, mainly socio-economic and cultural barriers. Economic factors include low-income levels, difficulties in covering health and care costs, isolation of the residential environment and lack of family support. On the other hand, cultural barriers are related to traditional values regarding family care in old age and the negative image of residential centers. Eliminating these obstacles requires interventions through social and educational policies, targeting both individuals in need and communities.

This study provides an image of the alignment between the existing policy framework and the specific needs of older adults in Romania. By highlighting the perspectives of older persons concerning the LTC system and the barriers encountered during the usage of such services, the research contributes to a more comprehensive understanding of how long-term care services should be improved. The findings may guide the development of more responsive, inclusive, and person-centered long-term care models that address the medical and social needs of an aging population.

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