Proceeding Paper

Impact of Social Care on Elderly Well-Being in Malaysia: A Mediating Role of the *Waqf* Fund [†]

Siti Nurhanis Mohd Fadzil [1]**, Idris Osman** [2,*]**, Shafinar Ismail** [2] **, Maryam Jameelah Mohd Hashim** [3] **and Mohd Rahim Khamis** [3]

[1] Faculty of Business and Management, Universiti Teknologi MARA, Shah Alam Campus, Shah Alam 40450, Malaysia
[2] Faculty of Business and Management, Universiti Teknologi MARA, Cawangan Melaka Kampus Bandaraya Melaka, Melaka 75350, Malaysia
[3] Faculty of Business and Management, Universiti Teknologi MARA, Selangor Branch, Puncak Alam Campus, Puncak Alam 42300, Malaysia
* Correspondence: idris424@uitm.edu.my
[†] Presented at the International Academic Symposium of Social Science 2022, Kota Bharu, Malaysia, 3 July 2022.

Abstract: The aim of this study is to investigate the impact of social care on elderly well-being in Malaysia, and the *waqf* fund acts as a mediating role in this relationship. A total of 150 responses were analyzed, and PLS-SEM was used to validate the research model and hypotheses. The findings revealed that social care and the *waqf* fund were proven to have a considerable impact on the well-being of the elderly. This study provided major contributions by demonstrating that the *waqf* fund has an influence on the well-being of the elderly both directly and indirectly through social care. Social care assistance is an important factor in the elderly citizens' perceptions of their quality of life. The *waqf* fund, as a financial tool infused with charity, social contribution, and mutual collaboration, has considerable potential to be used as a method to safeguard the well-being of the elderly.

Keywords: well-being; elderly; social care; *waqf* fund; Malaysia

1. Introduction

The ageing population happens when 7 percent of the population is 65 years old or older. Statistics have shown that the senior population across the globe is currently growing at a rapid rate, eventually leading to the ageing phenomena [1,2]. In Malaysia, the proportion of elderly people is growing, too, where there were 2.2 million senior individuals in 2019, and the figure is predicted to increase to 3.6 million by 2030. With respect to ageing population, chronic diseases, physical disabilities, mental illnesses, and other co-morbidities are becoming more widespread [3]. Thus, health needs and issues related to the elderly, including social issues and senior mistreatment, cannot be considered in isolation. In addition, psycho-emotional concerns (isolation, mental tension, difficulties staying busy) and financial restraints have a substantial impact on the elderly's quality of life [4,5].

Satisfaction with social care is a crucial determinant for elderly people's general well-being [3]. Older people's care is organised as part of social service delivery in Sweden and Finland, for example, with an increasing emphasis on delivering integrated social and healthcare services [6,7]. Even if they are unable to drive, public transit allows the elderly to access goods, services, occupations, and other activities, allowing them to maintain an active lifestyle [8]. Social needs are one of the most significant human needs for the elderly. When social requirements are not addressed, loneliness and social isolation may develop [9]. Loneliness and social isolation have been shown to be linked to sickness and death [10]. There is a large body of evidence that shows how satisfied social needs can safeguard physical and mental health [11]. It has been proven that meeting social needs

protects against diseases and depression, while also improving self-esteem, life satisfaction and well-being [12].

According to [13], social care can help the elderly feel less depressed and lonely. Improved social care helps to connect the elderly with their environment and almost helps to sustain social care in creating well-being. Earlier studies revealed the factors that contribute to differences in social involvement and loneliness among the elderly, but developing a livable and healthy social care system for them remains a serious challenge. Despite various studies on social care and the elderly, the number of elderly individuals feeling loneliness and abused has been steadily increasing for several years. In addition, maintaining full necessities, amenities, and safety for the elderly requires large resources [14]. As a result, academics advocate for the above-mentioned uses of *waqf* funding. The *waqf* fund may be used to provide additional financial help to the elderly [15]. According to [16–18], the *waqf* fund can also be utilised to cover administrative, maintenance, and service costs. Based on these identified gaps, therefore, this study aims to investigate the impact of social care on elderly well-being and the mediating effect of the *waqf* fund on the relationship between social care and elderly well-being.

2. Literature Review

A sense of health, happiness, and riches, as well as strong mental health, a high degree of life satisfaction, a sense of meaning or purpose, and the ability to manage with stress, are all considered to be indicators of well-being [19,20]. Individual or community well-being has been described in a variety of ways, including standard of living and quality of life [21]. Effective ageing, according to activity theory, also known as normal ageing theory and public ageing theory, happens when older individuals stay active and retain social ties. As a result, maintaining a healthy well-being that encompasses health, social care, and daily surroundings, as well as the ability to express oneself, is vital [22].

2.1. The Relationship between Social Care and Elderly Well-Being

When defining senior individuals using accessibility terms, previous research has highlighted public transportation [23]. Methods for mapping and assessing elderly people's access to subway stations are proposed by [24]. As people get older, their driving habits change. Furthermore, the most important elements that positively influence the four dimensions of elderly well-being are care services (daily care services and cleaning services) and the environment (space, barrier-free design, fire safety, and support facilities). According to [25], increasing the availability of social services and health facilities in the community is one way of improving the well-being of the elderly. Many ageing issues are caused by unhealthy lifestyles, and various important programs might be investigated [26]. Ref. [27] also advocates for the development of dependable, low-cost, private, easy-to-use, and portable assisted information technology for the elderly. Therefore, it is hypothesized that:

H1. *Social care is positively related to elderly well-being.*

2.2. The Relationship between Social Care and the Waqf Fund

The potential of *waqf* to expand elderly care is undeniable if managed professionally and in accordance with Islamic work culture, and institutions must work together to promote the country's *waqf* fund [28]. *Waqf* of services and expertise is a sort of *waqf* of energy that is allowed to play a role and provide expertise for free under Islamic law. Doctors, for example, provide their time, knowledge, and services to care for the health and nutrition of the old; volunteers donate their time to care for the elderly [29]. Donors' monetary *waqf* can also be used to assist with the construction of geriatric homes, health clinics, and other services for the elderly [30]. As a majority of Malaysian employees have no savings other than the mandated contributions to the Employees Provident Fund (EPF), the ageing population is a worry [18]. Refs. [16,18] propose a *Waqf*-based pension model in

which *waqf* money is used to build community infrastructure such as health care, education, housing, transportation, and religious institutions. Therefore, the following hypothesis is developed:

H2. *Social care and waqf fund are significantly related.*

2.3. The Relationship between the Waqf Fund and Elderly Well-being

The value of *waqf* as a financial tool packed with charity, social responsibility, and cooperation has a significant potential for use as a method to protect the elderly [31]. The Islamic economic system relies heavily on the *waqf* [32]. *Waqf*'s general objective is to provide spiritual reward and humanitarian assistance to those in need, as well as to protect the heirs and descendants of those who suffer poverty and misfortune [1]. This *waqf* has a huge impact on the neighbourhood and the country, since it promotes economic growth, education, and social development [33]. The most successful strategies of accomplishing university development in Malaysia. According to [26] a prior study, most researchers are found to have used *waqf* as an independent variable in their research. Nevertheless, despite *Waqf* being an effective financial instrument for protecting the elderly [18], few studies have used the *waqf* fund as a mediating variable [17,34]. Money granted by the Malaysian government, which is said to have contributed to the growth of *waqf* institutions and various initiatives for the benefit and welfare of the elderly, is evidence of this [28]. *Waqf* institutions provide superior wellness services in the areas of health care, education, social well-being, the environment, and other community-based activities [28,35]. Thus, we hypothesized that:

H3. *Waqf fund and elderly well-being are significantly related;*

H4. *Waqf fund has mediated in the relationship between social care and elderly well-being.*

Herewith, Figure 1 demonstrate the research framework that explicate the relationship between the exogenous, endogenous and mediator variables.
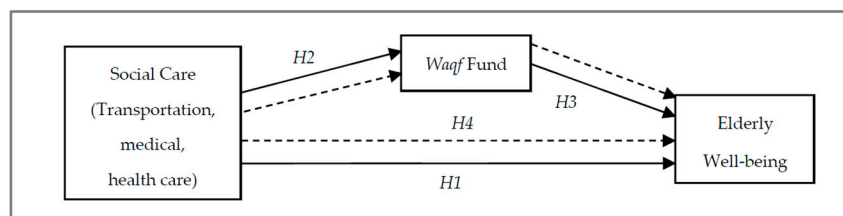

Figure 1. Research Framework.

3. Methodology

Data for the study were obtained from Malaysian seniors aged 60 and above to put the conceptual model to the test. This is the most efficient approach for gathering samples from a big population using the statistical analysis computations in G*Power version 3.1.9.2 [36]. In a senior citizen assistance facility, 200 elderly folks were approached privately. The Department of Statistics Malaysia (DOSM) website, version 2021, provided the list of aged care facilities. The survey was given to 200 senior citizens who had agreed to participate in the study. As a result, 150 questionnaires were completed and made available for use.

Quantitative measurements were adapted using a self-administered survey. The responses were scored on a five-point Likert scale, with 1 being the most strongly disagreed and 5 being the strongly agreed. Five social care items were taken from [28], three *waqf* fund items from [37], and five elderly well-being items from [28]. The hypotheses given in this paper were investigated using PLS-SEM in two stages: (1) measurement model evaluation and (2) structural model evaluation [38]. In addition, the model's route associations were built using a bootstrapping approach, which is a non-parametric PLS test. Ref. [17] defines a bootstrapped model as one in which the original sample is replaced with repeated

random sampling in order to collect standard errors for hypothesis testing and produce a bootstrapped model.

4. Results

Prior to performing the quantitative analysis, the dataset was first inspected and vetted. A reliability test was performed on the total measurement scales, and descriptive statistics were reported using IBM SPSS version 26. To assess whether the data are regularly distributed, a normality test incorporating the metrics of kurtosis and skewness should be performed [38]. In this study, skewness values vary from −0.161 to 1.077, and kurtosis values range from −1.515 to 0.756. The variables were all within acceptable limits. With negative and positive skewness and kurtosis values, all variables were found to be regularly distributed.

4.1. Reflective Measurement Model

To test the hypotheses mentioned in this paper, PLS-SEM was utilised in two steps: (1) measurement model evaluation and (2) structural model evaluation [39]. Table 1 shows that the outer loading ranges from 0.558 to 0.958. Items with an outer loading value of less than 0.4 should normally be rejected due to the lack of explanation provided to the model, and values more than 0.70 should be preferred [40]. The items' internal consistency and accuracy were then assessed using composite reliability, which yielded a score of greater than 0.70 [28]. The composite dependability values ranged from 0.892 to 0.929, showing a high level of internal consistency. The Cronbach's alpha value was also greater than 0.50, which was deemed acceptable and sufficient [41]. The readings were in the range of 0.846 to 0.886, indicating that they were adequate. Figure 2 shows the measurement model of this study.

Table 1. Results of Reflective Measurement Model Assessment.

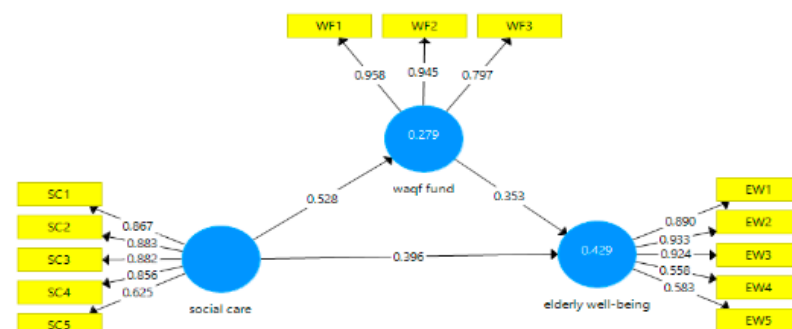| Latent Variables	Indicators	Outer Loadings	Composite Reliability	AVE	Cronbach Alpha
Social Care (SC)	SC1	0.867	0.915	0.686	0.883
	SC2	0.883			
	SC3	0.883			
	SC4	0.859			
	SC5	0.625			
	SC1	0.867			
Waqf Fund (WF)	WF1	0.958	0.929	0.815	0.886
	WF2	0.945			
	WF3	0.797			
Elderly Well-being (EWB)	EW1	0.890	0.892	0.633	0.846
	EW2	0.933			
	EW3	0.924			
	EW4	0.558			
	EW5	0.583			

Figure 2. Measurement Model.

The average variance extracted (AVE) was utilised to determine the convergent validity of each construct. The AVE must be at least 0.5, indicating that there is a large amount of shared variance among multiple items measuring the same variable [39]. AVE values between 0.633 and 0.815 show good convergent validity. To ensure that the constructs were not too closely connected, they were also examined for discriminant validity [40]. Its purpose is to determine how distinct one construct's indicators are from those of another build. This was accomplished using Fornell-Larcker criteria, cross-loadings, and the HTMT criterion.

The HTMT criterion was employed to examine discriminant validity, as recommended by [42]. It calculates the average correlation of the indicator across all constructions. The HTMT values should be less than 0.85, with a more lenient 0.90 criterion [7,43]. As indicated in Table 2, the HTMT findings were all lower than the stricter threshold of 0.639, showing that the respondents understood that all five concepts are distinct.

Table 2. Heterotrait-Monotrait Ratio (HTMT).

	Elderly Well-Being	**Social Care**	*Waqf* **Fund**
Elderly Well-Being			
Social Care	0.625		
Waqf Fund	0.639	0.567	

4.2. Structural Model

The structural model aims to identify which latent constructs influence the values of the model's other latent constructs [38]. SmartPLS 3.3 was used to create a path diagram that depicted the model's different linkages in this investigation. The value of the variance inflation factor (VIF) was determined, and it should be less than 5. Collinearity concerns are indicated by a VIF value greater than 5. All of the results were less than 5, indicating that there was no strong evidence of multicollinearity.

Table 3 shows that the findings demonstrate that social care has a substantial positive link with elderly well-being (β = 0.396; t = 5.062; *p*-value = 0.000). The H2 indicates that social care and the *waqf* fund are linked (β = 0.528; t = 9.235; *p*-value = 0.000). The results of this study support the third hypothesis (H3) that claims a link exists between the *waqf* fund and the well-being of the elderly (β = 0.353; t = 4.033; *p*-value = 0.000). As a result, H3 has a statistical significance and is supported by the research findings.

Table 3. Path Coefficient (β), T-Value and Significance Level.

	Path Coefficient (β)	**T Values**	**p Values**	**Results**
SC → EW	0.396	5.062	0.000	Supported
SC → WF	0.528	9.235	0.000	Supported
WF → EW	0.353	4.033	0.000	Supported

Figure 3 shows the structural model of the study. When assessing mediation, the bootstrapping approach is used to determine the significance of indirect effects and their magnitude [38,44]. Instead of utilising *p*-values to test the significance of a hypothesis, Ref. [39] determined that a combination of criteria such as *p*-values, confidence intervals, and effect sizes should be employed. If the confidence interval does not straddle 0, it is assumed that there is a considerable mediation [45]. Before investigating the mediation, the direct effects of H1, H2, and H3 were examined.
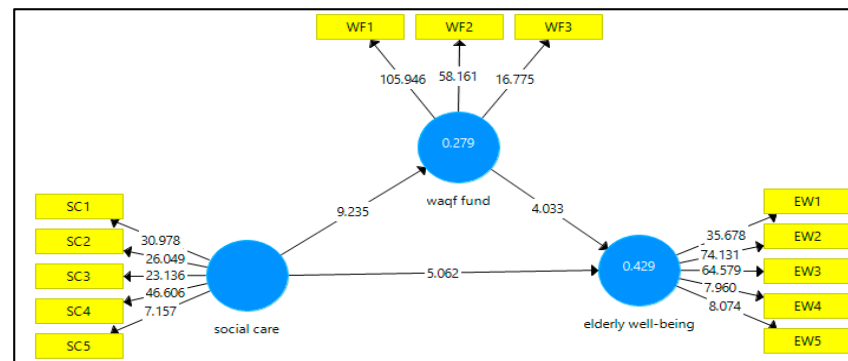
Figure 3. Structural Model.

The relationships between social care and *waqf* fund (β = 0.396, p = 0.000) and between *waqf* fund and social care (β = 0.528, p = 0.000) were both significant factors in elderly well-being, whereas the relationship between *waqf* fund and elderly (β = 0.353, p = 0.000) was also significant. As a result, all the hypotheses were supported as indicated in Table 4.

Table 4. Hypotheses Testing Direct Effect.

Relationships	Std. Beta	Std. Dev.	t-Values	p-Values	BCI LL	BCI UL	f2
SC→ EW	0.396	0.078	5.062	0.000	0.251	0.557	0.198
SC→ WF	0.528	0.057	9.235	0.000	0.417	0.643	0.338
WF→ EW	0.353	0.088	4.033	0.000	0.180	0.518	0.157

This study follows [46] in bootstrapping the indirect effect to evaluate the mediation hypotheses. Table 5 state that social care, the *waqf* fund, and elderly well-being have a substantial mediation connection (β = 0.187, p = 0.000). In the bias-corrected confidence intervals, no intervals crossed zero. As a result, H4 was supported. Social care, the *waqf* fund, and elderly well-being have a substantial mediation connection. In the bias-corrected confidence intervals, no intervals crossed a zero.

Table 5. Hypotheses Testing Indirect Effect.

Relationship	Std. Beta	Std. Dev.	t-Values	p-Values	BCI LL	BCI UL
SC → WF → EW	0.187	0.051	3.628	0.000	0.092	0.294

5. Conclusions

Overall, the current study's findings highlighted the relevance of social care and the *waqf* fund in enhancing the well-being of the elderly. Contentment with social care, according to previous studies, is crucial for older people's overall well-being [3]. According to [47], the *waqf* fund has significant benefits and impacts on the community and country, since it promotes economic growth, education, and social development. This research contributed significantly by establishing that *waqf* funds have a direct and indirect impact on the well-being of the elderly through social care. The impact of social care assistance on senior individuals' perceptions of their quality of life is important.

The variable degree of functioning determines the subjective assessment of functioning in different qualities of life dimensions. Adequate elder care, whether offered by children or by professionals, stops them from feeling lonely and depressed while also providing them with a sense of community and social life which nourishes and energises them. The elderly will benefit from increased service and care. As a result, social care is an important factor in predicting elderly satisfaction. Furthermore, the potential for developing a *waqf* fund as a financial tool infused with compassion, social commitment, and teamwork as a mechanism to safeguard the elderly is enormous.

Additionally, with the implementation of appropriate legislation and regulations, the well-being of Malaysia's senior citizens has the potential to be considerably improved and enhanced. This would subsequently lead towards long-term economic and social benefits, especially when it comes to societal challenges like abuse and neglect. As this research looked into the factors that influence senior well-being in order to contribute to the creation of social and economic values that benefit the aged, the efforts were hampered by a lack of professional help and service barriers, highlighting the reality that many services and care delivery models are still not designed with older people in mind. As a result of these findings, tailoring interventions and support services to the requirements of older persons is crucial.

There are certain flaws in this study that can be addressed in future research. The study's initial purpose was to investigate the well-being of the elderly, and it covered topics such as social care and the role of the *waqf* fund as a mediator. Other social elements, such as social relationships and social activities, can be investigated as future sources of happiness and well-being, particularly for elderly people who require social care and assistance. Second, only elderly Malaysians from the states of Johor, Selangor, Kuala Lumpur, and Perak were included in the current sample study. As a result, the findings are not applicable to other regions of Malaysia. Hence, researchers and industry experts are proposed to do research on elderly well-being from various locations (e.g., the Northern Region, the Central Region, the East Coast Region, and Sabah, Sarawak, and Labuan).

References

1. Abdul Hamid, A.R.; Muhamad, N.; Zakaria, R.; Aminuddin, E.; AAlwee, A.A.; Tok, A. The challenges of the ageing population on the Malaysian construction industry. *J. Phys. Conf. Ser.* **2018**, *1049*, 1. [CrossRef]
2. Amarya, S.; Singh, K.; Sabharwal, M. Ageing process and physiological changes. In *Gerontology*; D'Onofrio, G., Greco, A., Sancarlo, D., Eds.; IntechOpen: London, UK, 2018. [CrossRef]
3. Abdi, S.; Spann, A.; Borilovic, J.; de Witte, L.; Hawley, M. Understanding the care and support needs of older people: A scoping review and categorisation using the WHO international classification of functioning, disability and health framework (ICF). *BMC Geriatr.* **2019**, *20*, 23. [CrossRef] [PubMed]
4. Manfredini, F.; Di Rosa, C. Measuring spatial accessibility for elderly: An application to subway stations in Milan. *TeMA J. Land Use, Mobil. Environ.* **2018**, *2018*, 85–94. [CrossRef]
5. Sapuan, M.M.; Mohd Zeni, N.A.; Md Hashim, S.L. Elevation of waqf industry for social wellbeing in Malaysia: Issues and challenges. *Int. J. Adv. Biotechnol. Res.* **2017**, *8*, 312–318.
6. Bäck, M.A.; Calltorp, J. The Norrtaelje model: A unique model for integrated health and social care in Sweden. *Int. J. Integ. Care* **2015**, *15*, e016. [CrossRef]
7. Keller, D.; McGee, M.F.; Goyal, S.; Nobel, T.; Ermlich, B.O.; Cheruvu, V.; Delaney, C. Construct validation and comparison of a novel postoperative quality-of-life metric and the short form-36 in colorectal surgery patients. *Surgery* **2013**, *154*, 690–696. [CrossRef]

8. Sabit, M.T. *An Ideal Mechanism for the Development of Waqf Properties*, 2nd ed.; Universiti Teknologi Malaysia Press: Johor, MA, USA, 2006.

9. Abdul Shukor, S.; Anwar, I.F.; Aziz, S.A.; Sabri, H. Muslim attitude towards participation in cash waqf: Antecedents and consequences. *Int. J. Bus. Soc.* **2017**, *18*, 193–204.

10. Rendón, R.C.; Angulo, Y.L.; Villalobos, M.V.P.; Mujica, A.D. Perceived social support and its effects on changes in the affective and eudaimonic well-being of Chilean University Students. *Front. Psychol.* **2020**, *11*, 590513. [CrossRef]

11. Othman, Y.H.; Abd Latib, M.F.; Ahmad, M.N.; Hasnan, R. The role of Islamic social finance in reviving the economy during COVID-19 pandemic crisis. *Int. J. Muamalat* **2020**, *4*, 147–152. [CrossRef]

12. Shrestha, P.; Millonig, A.; Hounsell, N.B.; McDonald, M. Review of public transport needs of older people in European context. *Popul. Ageing* **2017**, *10*, 343–361. [CrossRef]

13. Chen, L.; Alston, M.; Guo, W. The influence of social support on loneliness and depression among older elderly people in China: Coping styles as mediators. *J. Community Psychol.* **2019**, *47*, 1235–1245. [CrossRef] [PubMed]

14. Thielke, S.; Harniss, M.; Thompson, H.; Patel, S.; Demiris, G.; Johnson, K. Maslow's hierarchy of human needs and the adoption of health-related technologies for older adults. *Ageing Int.* **2017**, *37*, 470–488. [CrossRef]

15. Ab Rahman, F.; Abd Murad, F.A.H.; Abdullah Thaidi, H.A.; Ab Rahman, A. Role of waqf institution in the sustainable management of senior citizens in Malaysia. *Perdana Int. J. Acad. Res.* **2020**, *8*, 20–29.

16. Folk, Y.; Beh, L.S.; Baranovich, D.L. Financial education: Determinant of retirement planning in Malaysia. *J. Bus. Manag. Econ.* **2012**, *3*, 069–078.

17. Hair, J.F.; Ringle, C.M.; Sarstedt, M. PLS-SEM: Indeed, a Silver Bullet. *J. Mark. Theory Pract.* **2011**, *18*, 139–152. [CrossRef]

18. Steverink, N.; Lindenberg, S. Which social needs are important for subjective well-being? What happens to them with aging? Am. *Psychol. Assoc.* **2006**, *21*, 281–290. [CrossRef]

19. Davis, S. What Is Well-Being? Definition, Types, and Well-Being Skills. Available online: https://www.psychologytoday.com/us/blog/click-here-happiness/201901/what-is-well-beingdefinition-types-and-well-being-skills (accessed on 1 August 2019).

20. Taber, K. The use of cronbach's alpha when developing research instruments in science education. *Res. Sci. Educ.* **2017**, *48*, 1–24. [CrossRef]

21. Hubley, A.M. Discriminant validity. In *Encyclopedia of Quality of Life and Well-Being Research*; Michalos, A.C., Ed.; Springer: Dordrecht, The Netherlands, 2014.

22. Paivi, N.; Seppänen, M.; Begum, S. (Eds.) *Ageing, Wellbeing and Climate Change in the Arctic: An Interdisciplinary Analysis*; Routledge: England, UK, 2015; p. 274.

23. Minhat, H.S. Social Care for Older Persons in Malaysia. Universiti Putra Malaysia. 2018. Available online: https://www.agediversity.org/wp-content/uploads/2018/09/halima-minhat-upm.pdf (accessed on 15 December 2020).

24. Kline, R.B. *Principles and Practice of Structural Equation Modelling*; Guilford Press: New York, NY, USA, 2011.

25. McCombes, S. How to Create a Research Design. Available online: https://www.scribbr.com/research-process/research-design (accessed on 1 August 2019).

26. Eliasi, L.G.; Rasi, H.A.; Tavakoli, A. Factors affecting quality of life among elderly population in Iran. *Humanit. Soc. Sci.* **2017**, *5*, 26–30. [CrossRef]

27. Ng, S.T.; Tey, N.P.; Asadullah, M.N. What matters for life satisfaction among the oldestold? Evidence from China. *PLoS ONE* **2017**, *12*, e0171799. [CrossRef]

28. Preacher, K.J.; Hayes, A.F. SPSS and SAS procedures for estimating indirect effects in simple mediation models. *Behav. Res. Methods Instrum. Comput.* **2004**, *36*, 717–731. [CrossRef]

29. Ab Rahman, F.; Amanullah, M. Challenges and problems facing the application of temporary waqf in selected states of Malaysia: New issues and their guiding rules. *J. King Abdulaziz Univ. Islamic Econ.* **2017**, *30*, 291–314. [CrossRef]

30. Hassan, T.; Yusoff, A.; Ahmad Asnawi, A.W.; Adnan, I.S. Takaful, zakat and waqf instruments in ensuring holistic senior citizens program development in Malaysia. *J. Islamic Financ.* **2020**, *9*, 79–88.

31. Oladeji, D. Family care, social services, and living arrangements factors influencing psychosocial well-being of elderly from selected households in Ibadan, Nigeria. *Edu. Res. Int.* **2011**, *2011*, 421898. [CrossRef]

32. Budiman, M.A. The significance of waqf for economic development. *Equilibrium* **2014**, *2*, 19–34. [CrossRef]

33. Ubaidillah, M.A.; Ismail Mohd Noor, M.A. The waqf integrated financial instrument of pension model in Malaysian social security: A conceptual proposition. *JMIFR* **2020**, *17*, 33–55. [CrossRef]

34. Amiruddin, M.M.; Shamad, Y. Waqf conflict resolution through mediation (Islamic and Bugis norm perspective). *Li Falah-J. Studi Ekon. Dan Bisnis Islam* **2019**, *4*, 79–95. [CrossRef]

35. Shahriar, S.M.; Alam, M.M.; Said, J.; Monzur-E-Elahi, M. Waqf as a tool for rendering social welfare services in the social entrepreneurship context. *Glob. J. Al-Thaqafah* **2019**, 87–98. [CrossRef]

36. Kroger, T.; Leinonen, A. Transformation by stealth: The retargeting of home care services in Finland. *Health Soc. Care Community* **2012**, *20*, 319–327. [CrossRef]

37. Schönfelder, W.; Eggebø, H.; Munkejord, M.C. Social care for older people–a blind spot in the Norwegian care system. *Soc. Work Health Care* **2020**, *59*, 631–649. [CrossRef]

38. Hair, J.F.; Black, W.; Babin, B.J.; Anderson, R.E. *Multivariate Data Analysis: A Global Perspective*, 7th ed.; Pearson: London, UK, 2010.

39. Hahn, E.D.; Ang, S.H. From the editors: New directions in the reporting of statistical results in the Journal of World Business. *J. World Bus.* **2017**, *52*, 125–126. [CrossRef]

40. Hinton, P.R.; Brownlow, C.; McMurray, I.; Cozens, B. *SPSS Explained*; Routledge: London, UK, 2004. [CrossRef]

41. Shrivastava, S.R.B.L.; Shrivastava, P.S.; Ramasamy, J. Health-care of elderly: Determinants, needs and services. *Int. J. Prev. Med.* **2013**, *4*, 1224–1225. [PubMed]

42. Henseler, J.; Ringle, C.M.; Sinkovics, R.R. The use of partial least squares path modeling in international marketing. *Adv. Int. Mark.* **2009**, *20*, 277–320.

43. Gold, A.; Malhotra, A.; Segars, A. Knowledge management: An organizational capabilities perspective. *J. Manag. Inf. Syst.* **2001**, *18*, 185–214. [CrossRef]

44. Cepeda, G.; Nitzl, C.; Roldán, M.J.L. *Mediation Analyses in Partial Least Squares Structural Equation Modeling: Guidelines and Empirical Examples*; Springer: Berlin/Heidelberg, Germany, 2018.

45. Cohen, J. *Statistical Power Analysis for the Behavioral Sciences*, 2nd ed.; Lawrence Erlbaum Associates: Hillsdale, NJ, USA, 1988.

46. Poudel, A.; Gurung, B.; Khanal, G.P. Perceived social support and psychological wellbeing among Nepalese adolescents: The mediating role of self-esteem. *BMC Psychol.* **2020**, *8*, 43. [CrossRef]

47. Yakubu, A.; Abdul Aziz, A.H. The role of waqf in economic sustainability and poverty reduction. *Int. J. Acad. Res. Bus. Soc. Sci.* **2019**, *9*, 708–714.