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Care in the Weave: Ageing, Complexity, and Territorial Services - A Qualitative Analysis of how Services, Families, and Communities Co-Construct Care for Older People

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Abstract

As population aging reshapes contemporary societies, healthcare systems must evolve beyond linear, disease-centric models towards integrative and context-sensitive forms of care. This article, grounded in complexity theory and relational pedagogy, explores how community and family nurses, together with older adults and caregivers, co-construct care networks within small mountain municipalities in northern Italy. Based on qualitative research conducted as part of the AGE-IT project, the study analyzes ten in-depth interviews with elderly women and a participatory mapping of the health and social resources of the area. Using The Listening Guide (Gilligan et al., 2003), the analysis highlights the plurality of voices and identities that emerge in later life: women as carers, workers, volunteers and independent citizens. Their narratives reveal the centrality of autonomy, relational proximity and meaningful places in supporting health and well-being. Community nurses appear as pivotal figures, weaving together formal services, families and informal networks, while mapping practices highlight both distributed resources and systemic gaps in remote areas. The results illustrate how aging, care and territory are intertwined within complex adaptive systems, where health depends as much on relationships as on services. The firm supports policies and practices that enhance the voice of

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older adults, strengthen interdisciplinary collaboration, and promote inclusive spaces that foster belonging and participation. In doing so, she reimagines community nursing as a form of caring in texture, a living practice that listens, connects, and evolves with the communities it serves.

Keywords: Territorial services, community and family nurses, aging, complexity theory, healthcare

Introduction

In contemporary healthcare systems, the challenges faced by both social and health services are becoming increasingly complex. As the population ages, the prevalence of chronic diseases rises, and new health threats emerge; these changes put immense pressure on healthcare resources. To effectively respond to these growing demands, solutions must be not only efficient but also flexible enough to work across a variety of healthcare settings, from hospitals and long-term care facilities to community-based services. One of the most urgent needs is for integrated, multisectoral approaches that address the full range of health and social needs, especially for vulnerable groups such as the elderly and those living with chronic conditions. These solutions must be comprehensive, sustainable, and tailored to the unique needs of individuals, ensuring that their care is coordinated and holistic (WHO, 2002).

In this context, community nursing plays a pivotal role in bridging the gap between formal healthcare services and individuals in need. Community nurses are uniquely positioned to provide personalized care within the home environment, offering continuity and improving overall health outcomes for populations that may otherwise struggle to access or navigate traditional healthcare systems. Their work is particularly significant in supporting the elderly, who often require tailored care to manage chronic conditions and maintain autonomy in the community. The involvement of family caregivers further strengthens this support system, creating a collaborative approach to health and wellness that integrates both professional expertise and familial involvement (Alpuente, 2018).

This article explores the centrality of older adults' voices and community nursing in addressing contemporary health challenges, emphasizing the need for comprehensive mapping of healthcare services and the interconnectedness between health, culture, and infrastructure. By focusing on these dynamics, the aim is to highlight the importance of community-based care models in creating more responsive, inclusive, and effective healthcare systems, starting from a systemic approach. The article also discusses practical actions for improving service delivery and fostering a

more sustainable, person-centered approach to healthcare in community settings.

Methods

This reflection arises from my PhD path, specifically in the context of the AGE-IT project. The project is situated in a global context where population aging is one of the most urgent and multifaceted challenges for contemporary societies. With increasing life expectancy and the elderly population, modern societies face the challenge of addressing the health needs, toward the social, psychological, emotional and cultural needs of this growing demographic. Aging is not simply a health issue, but a complex phenomenon that intersects with multiple facets of individual, community and political life.

To address these challenges, it is essential to adopt a perspective that goes beyond the traditional medical model, embracing the systemic interconnections between physical, emotional, social and cultural factors. This research aims to explore ageing in a comprehensive way, integrating the health needs of older people while emphasizing their active participation in society, autonomy and overall well-being.

An interdisciplinary approach is essential, as it considers not only the individual needs of older people, but also the interactions between individuals, communities, and health and social systems. The AGE-IT project aligns itself with a model that recognizes the complexity of aging, where health problems are closely linked to social, psychological, and cultural aspects. Complexity theory, which postulates that different components of an older person's life interact in unpredictable ways, provides the basis for developing more effective and sustainable policies and interventions.

Our critical review of the literature on aging, care, and learning has highlighted how complexity theories can deepen our understanding of aging, suggesting an alternative to reductionist and linear models (Formenti, 2024). These theories are essential to see aging as a dynamic process, where health, social, emotional, and cultural dimensions are interconnected and mutually influential, shaping individual well-being.

According to this approach, aging cannot be seen simply as a collection of medical problems, but as a dynamic and non-linear process. This process unfolds through interactions between older adults, caregivers, health workers, and communities. The concepts of self-organization and co-evolution within complexity theory suggest that older adults' well-being is not only influenced by medical care, but also by social support, active participation in community life, and maintenance of autonomy, which includes both the physical and mental spheres.

Complexity theory offers a holistic framework for understanding how daily experiences, social interactions, and environmental factors profoundly

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influence older adults' quality of life. This model requires the integration of various elements: maintenance of physical and mental autonomy, promotion of psychological health, and ensuring access to supportive social networks that foster active, healthy, and participatory aging.

The systemic and interdisciplinary approach of this research seeks to apply the insights derived from complexity theory to real-world situations. The goal is to understand older adults' health desires and needs, and to respond holistically to their social, psychological, and cultural needs. The research project strongly emphasizes the active participation of older people in social life, preserving their autonomy and promoting policies that support their well-being in an inclusive way.

Our WP5 project focuses on the development of territorial networks involving health professionals, local administrators, older people and carers. An important objective is to create shared policies that ensure the well-being of the elderly population. These policies are not univocal, but are adaptable to the specific needs of various regions, responding to local conditions and available resources.

Drawing on my previous experience as a family and community nurse, I propose here a reflection on the role of these professionals in balancing and promoting the challenges of local health services. In territorial health services, community nurses and family carers play a central role in the management of chronic diseases and the integration of older people into their communities. These professionals go beyond the provision of physical care, adopting a holistic approach that integrates medical treatment with psychological, social and emotional support, addressing the multifaceted challenges that older people face in aging.

Community nurses stand out for their ability to offer personalized care that not only meets the clinical needs of patients but also aligns with their social context. Every patient is unique and living conditions, social networks and personal preferences influence the quality of care. A community nurse does not only administer treatments or monitor health status: they recognize that older adults' health is intrinsically linked to their social environment. This allows them to promote healthy lifestyles, prevention and education, encouraging older adults to take care of their health and reduce complications that can lead to hospitalization.

Given the scarcity of healthcare resources, a proactive patient-centered approach is essential to reduce healthcare costs and improve outcomes for older adults. Along with nurses, family caregivers are essential in providing daily support to older adults living with chronic conditions. Their contribution is essential to allow older adults to remain at home and within their community, avoiding institutionalization. However, care can also be physically and emotionally demanding, potentially leading to burnout. In this

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context, the support provided by community nurses is indispensable. Nurses provide caregiver training on medication management and daily care routines, for example, as well as psychological support and counseling to alleviate caregiver stress, improving the quality of care for both caregivers and older adults.

An often overlooked but critical aspect of community nurses' work is providing emotional and social support. Managing chronic diseases, particularly in old age, can lead to feelings of isolation, anxiety and depression, it is necessary to build trust with both older patients and their families by acting as a bridge between individuals and the meso and macro system. This trust promotes a model of care that goes beyond simple physical treatment, promoting socialization, active listening and psychological well-being, which helps prevent social isolation, a major risk factor for depression and cognitive decline.

Coordination between health professionals is an essential component of integrated care. Community nurses do not work in isolation, but as part of an interdisciplinary team that includes general practitioners, specialists, social workers and physiotherapists. This collaboration is essential for managing older patients with complex needs, ensuring that care is coordinated, comprehensive, and personalized to individual circumstances. Nurses serve as a central point of contact, ensuring clear communication between professionals and maintaining continuity of care. They also coordinate local resources such as home care services and social activities, ensuring that older adults receive not only health care, but also the social support needed to participate in the community.

This research uses field interviews and direct listening, a qualitative approach designed to capture the lived experiences and perspectives of older people and their caregivers. These interviews are conducted in specific regions, such as those involved in innovative projects supporting older people. One such project was Montagna Solidale, which focuses on providing care to older people in remote mountain areas. In collaboration with the Local Health Authority and some municipalities in the province of Piacenza, the project supports self-sufficient older people in areas where access to social and health services is limited. The aim of the project is to maintain the autonomy of older people, preventing unnecessary hospital admissions or institutionalization by providing care in their homes.

Multidisciplinary teams, including nurses, physiotherapists, social workers and family doctors, play a crucial role in monitoring and addressing the health and social needs of older people. These teams not only provide direct medical care, but also work to promote social well-being and health, contributing to the prevention of loss of independence and the maintenance of

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autonomy. Montagna Solidale did not only focus on disease treatment, but also emphasizes prevention, social inclusion and active community participation. Its social value of the project aims to ensure that older people can remain in their homes, even in challenging environments such as mountainous regions. These areas, often characterized by limited services and distance from urban centers, pose barriers to access to healthcare. By helping older people to remain in their familiar environments, the project alleviates the psychological and social distress caused by isolation.

The implementation of the project is a direct response to several specific challenges: limited access to healthcare, chronic disease management and social isolation. The territorial health network aims not only to address immediate health problems, but also to promote long-term independence, ensuring that older people feel integrated and supported within their communities. By focusing on personalized care and local engagement, Montagna Solidale promoted a model of care that recognizes the interconnected nature of aging and health.

From a theoretical perspective, the project highlights the importance of applying complexity theories to older adult care. Aging is a dynamic and non-linear process that requires a comprehensive approach, integrating medical, social, emotional and psychological dimensions. The interaction between healthcare professionals, caregivers and older adults forms a complex system in which various personal, social and environmental factors influence individual needs. Montagna Solidale exemplified this systems-based approach by linking healthcare services with local community resources, ensuring that older adults receive both medically sound and socially supportive care.

The research methodology employed in my PhD project in this study is the Listening Guide, a qualitative approach developed by Carol Gilligan. This method allows for the in-depth collection of personal stories and experiences of older people and their carers, enabling a participatory approach that places their voices at the centre of the research process. Through this method, older people can become active participants in the co-construction of knowledge that gives voice to policies and services designed for them. The Listening Guide offers the possibility of analysing the wishes, concerns and hopes of people, in this case older people, thus ensuring that models of care are more relevant to the needs and aspirations of the older population and the territory can respond to them.

The research will continue with focus groups with healthcare professionals and policy makers in order to improve the understanding of the phenomenon. These focus groups will offer insights into the interprofessional dynamics at play and allow for a more nuanced approach to the changing needs of older people's care. In doing so, the research aims to contribute to the

creation of policies that are not only evidence-based, but also sensitive to the unique challenges faced by local communities.

Results

The initial findings focus on key concepts such as ageing, health, reference persons, and emotional and physical places that shape the lives of older people, underscoring the importance of contextualizing research at micro, meso, and macro levels.

A first result concerns plural identities in late life. Through the Listening Guide, women's voices reveal multiple positions - former workers, caregivers, volunteers, friends, citizens. The I-Poem line clarifies a through-voice of agency (*I drive; I manage; I help; I sew; I go to the woods*), while acknowledging fear of dependence or institutionalization. One participant - here anonymized as Bruna - encapsulates this contrapuntal subject: *"I go out every day; I still drive; I manage on my own… I know what it means to care for the elderly."* Her words hold together the child once cared for, the woman who cared, and the independent elder anchored to place.

A second result concerns desires and needs: practical autonomy (mobility, self-management), relational proximity(friends, neighbours, familiar professionals), and meaningful places (kitchen, garden, local bar, woodland paths) that act as health-enabling settings. Needs include clear orientation within services, time-rich encounters, and support for family caregivers (training, respite, counselling). Technology appears useful but secondary to embodied, local connections.

A third result concerns mapping services and networks. The mapping process proves essential to understand resource distribution, identify service gaps, and strengthen support networks around patients. In mountain municipalities, assets are distributed (volunteering, neighbourliness, pharmacies as micro-hubs), while gaps are predictable: transport, digital access, and reliance on a few key actors. Mapping enables anticipatory coordination and targeted links (home care with community organizations and informal carers), improving access and continuity.

Finally, participants' narratives highlight negative transitions - health decline, bereavement, social isolation - as early-warning signals that require timely, integrated responses. When community nurses, primary care, social services, and families converge around these thresholds, risks of hospitalization and institutionalization decrease and autonomy can be prolonged.

Discussion

The findings highlight the fundamental role of community nurses and family carers in promoting autonomy and well-being, while reducing the risk

of hospitalization and institutionalisation. This integrated care model, which combines holistic nursing practices with active family support, is essential for managing chronic conditions and keeping older adults socially integrated. The findings are in line with experiences of community diagnosis (Alpuente et al., 2018), in which health is addressed as a multifaceted phenomenon, and with the social determinants of health perspective (Marmot, 2005), which emphasizes the intersection of networks, cohesion and cultural practices in shaping outcomes.

Our analysis supports WHO's (2002, 2007) emphasis on linking health services with broader community structures (community centres, local organisations, informal networks). Such networks, where present, are flexible and reactive but potentially precarious; they therefore require formal systems to stabilize and integrate them. Service mapping emerges as both a knowledge practice and a practical intervention: it reveals critical gaps and latent connectors, particularly in remote and mountainous areas. The presence of shared spaces - physical and emotional - creates opportunities for socialization, health promotion and access to care, reducing isolation and encouraging participation; This echoes the WHO (2007) call for age-friendly environments that support aging in place.

Our findings also suggest that interdisciplinary collaboration with stakeholders – including professionals from nursing, social work, anthropology, sociology and education – can improve the quality of community health interventions, while preparing a workforce capable of tackling complex and interconnected challenges. Future studies could explore how hands-on field education in community settings shapes professional development and improves responses to multifaceted needs.

Limitations include the intentionally small sample (ten older women) and the specific geographic focus on mountain municipalities in one Italian province. While relevant to other rural and underserved areas, transferability to urban or resource-rich settings should be examined. Longitudinal studies could evaluate the long-term impacts of integrated community nursing models on autonomy, quality of life and use of health services.

Overall, the study reinforces the importance of integrated, community-based models that link formal systems and informal support, guided by elder voices and responsive to place. From a complexity perspective, care appears as a coevolutionary system in which learning, adaptation and coordination are continuous.

Conclusions

This study highlights the importance of adopting a holistic and integrated care model for older adults, addressing not only medical needs but also the emotional, social and psychological aspects of aging. Fundamental to

this approach are community nurses and family health workers, who provide continuous and comprehensive support. Community nurses, in particular, are instrumental in supporting family caregivers by offering education, counseling and respite care, thereby reducing caregiver burden and improving quality.

A key finding is the importance of local health mapping. Mapping helps identify service gaps, optimize existing resources and ensure that vulnerable populations, particularly older adults in mountain areas, have access to the care they need. An in-depth knowledge of the territorial landscape allows targeted interventions and a better allocation of resources.

Furthermore, the promotion of inclusive and shared spaces, both physical and virtual, promotes social connections and reduces isolation. Community centres, public parks and accessible places enable social participation and safe access to essential services, supporting independence and well-being, especially for people with reduced mobility.

The study also highlights the importance of strong interdisciplinary networks. Collaboration between professionals, family caregivers and community members ensures comprehensive and continuous care that addresses medical, emotional and social challenges. Strengthening these networks, through better communication, training and resource sharing, builds resilient communities.

Finally, education and interdisciplinary collaboration are critical to the success of these models. Hands-on, hands-on learning, where practitioners from different disciplines tackle real-world spatial challenges, can build a workforce equipped to address the complexities of aging and community health. Integrating formal services with community-based supports, mapping resources, promoting inclusive spaces and encouraging interdisciplinary networks will help health systems become more responsive, equitable and adaptive, ensuring older adults remain active, engaged and valued members of society.

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