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Gita Doley

Dept. of Human Development and Family Studies, College of Community Science, Assam Agricultural University, Jorhat, Assam, India

Dr. Jyotika Boruah

Dept. of Human Development and Family Studies, College of Community Science, Assam Agricultural University, Jorhat, Assam, India

Dr. L Manizia

Dept. of Human Development and Family Studies, College of Community Science, Assam Agricultural University, Jorhat, Assam, India

Life in institutional care: A multiple-case study of the experiences of elderly residents

Gita Doley¹, Jyotika Boruah², L Manizia³

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ABSTRACT

Institutional care has emerged as an important alternative source of support for some older adults as family structures, caregiving arrangements, health needs and patterns of migration change. The experience of living in an old-age home, however, is not uniform and may involve both supportive and challenging dimensions. The present qualitative multiple-case study explores the experiences of elderly residents living in selected old-age homes in Assam, with particular attention to pathways into institutional care, family relationships, social isolation, companionship, safety, autonomy and satisfaction with institutional living. Six case narratives representing diverse circumstances of institutional residence were examined through within-case and cross-case analysis. The cases indicate that elderly individuals may enter institutional care because of widowhood, health and mobility problems, fear of living alone, changing family caregiving capacities, economic limitations and the absence of dependable caregivers. Family relationships remained important even after institutionalization, although the frequency and nature of contact varied. Institutional living provided several residents with safety, regular care, companionship and opportunities for social participation, while concerns related to loneliness, loss of household roles, privacy and autonomy were also evident. The findings suggest that institutional care should be understood beyond the provision of food, shelter and healthcare and should also address emotional well-being, family connectedness, dignity, autonomy and meaningful ageing. The study highlights the need for elderly-care environments that provide security while preserving personal choice, social relationships and a sense of identity.

Keywords: Elderly, Old-age homes, Institutional care, Case study, Ageing

Introduction

Ageing is a multidimensional process involving changes in physical health, functional ability, social relationships, family roles and participation in community life. The World Health Organization conceptualizes healthy ageing in terms of maintaining functional ability that enables well-being in older age, emphasizing the importance of meeting basic needs, maintaining relationships, making decisions, remaining mobile and contributing to society (World Health Organization, 2021) [1]. Thus, the quality of later life cannot be assessed only through physical health or material care; social, emotional and relational dimensions are equally important.

In India, family has traditionally been an important source of support for older persons. However, changes associated with urbanization, migration, employment patterns, changing household structures and the increasing responsibilities of younger family members may affect the availability of family-based care. Consequently, some older adults may move from their homes into old-age homes or other forms of institutional care. Research in India has identified several social and family factors associated with residence in old-age homes, including inadequate family support, health-related difficulties, financial circumstances and changing family arrangements (Pandian *et al.*, 2024) [2]. In their study of 330 elderly residents in old-age homes in South Chennai, Pandian *et al.* found considerable variation in the sources of care and support received by older persons, including support from children, relatives and friends.

The experience of institutional living is also closely connected with social relationships and loneliness. Social isolation refers broadly to limited social connections, whereas loneliness concerns an individual's subjective experience of lacking meaningful social relationships. These experiences may occur together but are not necessarily identical. Mishra *et al.* (2023) [3], in a study involving 320 elderly residents of old-age homes in India, examined the relationship between social isolation, loneliness and psychological well-being and highlighted the importance of social relationships in the lives of institutionalized older adults. Similarly, research by Gurrapu *et al.* (2024) [4] reported relationships between perceived social support, loneliness and depression among elderly residents of old-age homes, suggesting that social support is an important component of institutional elderly care.

At the same time, institutionalization should not automatically be interpreted as family abandonment. Some older adults may enter residential care because they are unable to safely manage alone, require assistance

Corresponding Author:

Dr. Jyotika Boruah

Dept. of Human Development and Family Studies, College of Community Science, Assam Agricultural University, Jorhat, Assam, India

with daily activities or do not want to become dependent on family members. Others may experience family conflict or have no dependable caregiver. Therefore, understanding the pathway into institutional care requires attention to the individual's own perceptions and circumstances rather than relying on a single explanation.

The quality of institutional life also involves dignity, autonomy, companionship and meaningful participation. An environment may provide adequate food, shelter and healthcare while still leaving residents feeling restricted or disconnected from their previous identities and social roles. Conversely, residents may develop meaningful relationships with peers and staff and may experience institutional care as a source of security and belonging.

In the context of Assam, these issues can be particularly relevant because many older persons have backgrounds associated with rural living, agriculture, traditional occupations and close community relationships. Separation from familiar villages, household roles, neighbours and cultural practices may therefore influence the adjustment to institutional living. The present study consequently focuses on the lived experiences of elderly residents and examines institutional care not simply as a residential arrangement but as a social and emotional environment.

Objectives

- To explore diverse experiences of elderly residents living in an old-age home.
- To identify the circumstances that may lead older adults to enter institutional care.
- To explore relationships between elderly residents and their family members.

Methodology

Research design

A qualitative multiple-case study design was adopted to explore the experiences of elderly residents living in old-age homes. The multiple-case approach was selected because the study sought to understand the individual circumstances, perceptions and experiences of the residents while also identifying similarities and differences across cases.

Each participating elderly resident was treated as an individual case. The analysis therefore consisted of two levels: within-case analysis, which examined each participant's experience separately and cross-case analysis, which compared the experiences of all participants to identify recurring themes.

Study area

The study was conducted in three selected old-age homes in **Assam, India**.

Sample size

A total of **six elderly residents** aged 60 years or above were selected for the study.

Sampling technique

Purposive sampling was used for the selection of the participants. Residents were selected based on their ability to provide detailed information regarding their experiences of institutional living.

Inclusion criteria

Participants were included if they:

1. were 60 years or above;
2. had been residing in the selected old-age home for at least six months;
3. were able to communicate adequately with the researcher;
4. were mentally and physically able to participate in the interview;
5. were willing to share their experiences; and

6. provided informed consent to participate.

Exclusion criteria

Residents were excluded if they:

1. were unwilling to participate;
2. had severe communication difficulties that prevented the interview; and
3. were experiencing an acute health condition at the time of data collection that made participation inappropriate.

Data collection tool

A semi-structured interview schedule was developed for collecting qualitative information.

Ethical consideration

Prior permission and consent was obtained from the authority and persons involved in the study.

Data analysis

The qualitative data were analysed using thematic analysis.

Results

Case 1: "I did not want to become a burden on my daughter"

The participant was a 72-year-old widowed woman who had previously worked as an agricultural labourer in a rural area of Assam. Following the death of her husband, she continued to live independently for some time. Her only daughter was married and living in another district with her husband and children. Although her daughter maintained regular telephone contact, she was unable to provide full-time care because of her own household and childcare responsibilities. The participant explained that her decision to move into the old-age home was not entirely forced. She was concerned that depending completely on her daughter might create difficulties for her daughter's family. During the initial period of institutional residence, she frequently missed her home, particularly during Bihu and other family occasions. She continues to speak with her daughter several times a week and looks forward to occasional visits from her daughter and grandchildren. She appreciates the availability of regular meals, companionship and assistance during periods of illness. However, she sometimes feels that she has lost the household role that previously gave her a sense of usefulness and identity. Her experience reflects a relatively warm but geographically distant family relationship, with moderate feelings of isolation. Overall, she expressed a positive view of the security and companionship provided by the institution, although separation from her daughter and grandchildren remained an important emotional concern.

Case 2: "After my illness, I could not manage alone"

The participant was a 79-year-old widowed man who had previously been engaged in a small scale business. He had lived in a village and managed his household independently after the death of his wife. His circumstances changed following a serious health problem that affected his mobility and ability to perform everyday activities. Cooking, taking medicines regularly and managing household responsibilities became increasingly difficult. His sons were employed outside Assam and were unable to remain with him on a full-time basis. Consequently, arrangements were made for him to move into an old-age home where he could receive regular meals, assistance and access to basic healthcare. During the initial period, he experienced emotional difficulty and felt that his children had effectively sent him away. With time, however, he gradually became accustomed to the institutional routine and developed friendships with other residents. He reported that the presence of other people made him feel safer and less alone, particularly when he was unwell. Nevertheless, limited face-to-face contact with his sons continued to cause sadness. His experience indicates moderate to high emotional isolation despite an affectionate relationship with his children. Institutional care provided

him with healthcare support and companionship, but geographical separation from his family remained his major concern.

Case 3: “I came here because I was afraid of living alone”

The participant was a 68-year-old widowed woman who had previously worked as school support staff. She had no children and had lived alone for several years after the death of her husband. Initially, she was able to manage her household and daily activities independently. With increasing age, however, she became concerned about the possibility of falling ill or experiencing an emergency when nobody was nearby to assist her. A nephew remained in contact with her and supported her decision to move into the old-age home. Unlike some residents who entered institutional care because of family conflict or an absence of support, she described her decision as largely voluntary and related primarily to her need for safety and companionship. She initially found the institutional routine unfamiliar but gradually adjusted to the environment. She enjoys talking with other residents, reading and participating in cultural activities. She reported feeling safer because someone was generally available when assistance was required. At the same time, she expressed a desire for greater privacy and personal space. Her case demonstrates that institutional residence is not necessarily associated with family rejection or abandonment and may, in some circumstances, be viewed by an older person as a practical decision to obtain safety and social companionship.

Case 4: “There was no one person to blame; we simply could not manage together”

The participant was a 70-year-old widowed woman who had previously worked as a weaver. Before entering the old-age home, she lived with her son, daughter-in-law and grandchildren. Her son worked for long hours, while her daughter-in-law also had household and employment responsibilities. As the participant's mobility gradually declined, she required increasing assistance with everyday activities. She became concerned that her dependence was placing additional responsibilities on her daughter-in-law and creating difficulties within the household. She did not describe her daughter-in-law as cruel or uncaring; rather, she felt that the family was finding it increasingly difficult to balance employment, childcare, household responsibilities and elderly care. After discussions with her family, she agreed to move into the old-age home. The transition was emotionally difficult because she missed living with her grandchildren and being part of the household. However, she also reported feeling relieved that she no longer had to depend on her daughter-in-law for her daily needs. She continues to maintain contact with her family and receives visits during important occasions. Her experience suggests moderate emotional isolation but a continuing family relationship. Institutional care has reduced the practical burden on the family, although the participant continues to experience a sense of loss associated with her previous household role.

Case 5: “My children are far away, but they have not forgotten me”

The participant was an 81-year-old widowed man and a retired government employee. He had three children who lived away from his previous place of residence because of employment. His children remained financially supportive and maintained regular contact with him, but none of them was able to provide full-time care. He entered the old-age home primarily because of increasing mobility difficulties and fear of falling while living alone. He had experienced several minor falls and became concerned about the consequences of an accident occurring when nobody was nearby. During his initial period in the institution, he found the fixed daily routine somewhat restrictive and felt that residents should have greater opportunity to make decisions about food, activities and personal schedules. Nevertheless, he appreciated the safety of the environment and the availability of assistance when required. He also developed friendships with other residents and occasionally helped them with reading newspapers and

completing simple written tasks. His relationship with his children remained very good, and he did not describe himself as abandoned. His major concern was therefore not family neglect but the perceived reduction in personal autonomy associated with institutional routines. His case demonstrates that strong family support can continue even when an older person resides in an institution.

Case 6: “Nobody from my family comes, but these people have become my family”

The participant was a 73-year-old woman who had never married and had previously worked as a domestic worker. She had limited financial resources and no dependable caregiver. As she grew older, she found it increasingly difficult to manage her living arrangements independently and eventually entered the old-age home. During the first year, she experienced considerable loneliness and found it difficult to adjust to institutional life. She missed having a family of her own and initially felt that she had little control over her circumstances. Over the years, however, her relationship with the other residents and staff gradually changed her experience. She became involved in group activities, cultural programmes and traditional cooking and developed close relationships with several residents and caregivers. She now describes the people in the institution as being similar to a family and feels that she has a sense of belonging within the community. Despite this adjustment, she continues to experience sadness when she observes other residents receiving visits from their children and relatives. Her case demonstrates that companionship within an institution can reduce social isolation but may not completely replace the emotional significance of biological family relationships. Overall, she reported greater satisfaction after adjusting to institutional life, although the absence of family remained an important emotional concern.

Discussion

The findings demonstrate that institutional care among older adults is a complex experience influenced by health, family relationships, caregiving capacity, safety, economic circumstances and personal preferences. The diversity observed across the cases is consistent with Indian research showing that elderly people may enter old-age homes for multiple social and family-related reasons rather than through a single pathway. Pandian *et al.* (2024) [2], for example, identified several dimensions of family and social support among elderly residents and highlighted the importance of continued contact with children, relatives and friends.

An important finding of the present case analysis is that institutionalization should not automatically be equated with abandonment. Some participants continued to receive telephone calls, visits and financial support from their children even when they could not live together. This distinction is important in understanding changing patterns of family caregiving. The fifth case particularly illustrates that an older person may live in an institution while maintaining a strong and supportive relationship with children who live elsewhere.

The findings concerning loneliness and social relationships are also consistent with previous Indian researches. Mishra *et al.* (2023) [3] demonstrated the importance of social isolation and loneliness in understanding the psychological well-being of older adults living in old-age homes. Similarly, Gurrapu *et al.* (2024) [4] reported an association between perceived social support, loneliness and depression among elderly residents, emphasizing the importance of supportive social environments. The present cases add a qualitative dimension to these observations by showing how loneliness may be experienced in everyday life, particularly through missing children, grandchildren, familiar homes and previous social roles. The cases also suggest that physical proximity to other people does not necessarily eliminate loneliness. A participant may live among many residents yet continue to miss family members. Conversely, an individual with limited family contact may develop strong peer relationships and experience a sense of belonging. This distinction highlights the importance of meaningful relationships rather than simply the number of people surrounding an older adult.

Safety emerged as another important dimension of institutional care. Participants who had difficulty with mobility or feared living alone perceived the institution as providing greater security. This is consistent with the broader healthy-ageing approach promoted by WHO, which emphasizes functional ability, mobility, relationships, decision-making and access to appropriate care as interconnected aspects of well-being in later life.

However, the findings also indicate that physical security alone is insufficient. Some participants expressed concerns regarding privacy, fixed schedules and limited decision-making. This suggests a potential tension between institutional routines and individual autonomy. Older adults may require assistance while still wishing to retain control over everyday decisions. Therefore, person-centred elderly care should seek to provide necessary support without unnecessarily reducing autonomy.

Meaningful activities also appeared to influence adjustment. Reading, cultural activities, traditional cooking, helping other residents and social interaction allowed participants to retain aspects of their identity and usefulness. These experiences support the broader understanding of healthy ageing in which older people should have opportunities not only to receive care but also to maintain relationships, make decisions and participate meaningfully in their environment. The Assam context adds another dimension to these experiences. For older adults whose earlier lives were connected with agriculture, village communities, weaving, household responsibilities and cultural traditions, movement into an institutional environment may involve a transition away from familiar roles and surroundings. The cases involving agricultural work, weaving, rural residence and festival-related homesickness indicate that cultural and occupational identity may remain important even after institutionalization.

Overall, the findings suggest that assessment of old-age homes should extend beyond infrastructure and basic services. Family contact, emotional support, peer relationships, privacy, autonomy, meaningful activity and cultural continuity should also be considered when assessing the quality of institutional care.

Conclusion

The study demonstrates that the experience of elderly residents in institutional care is diverse and multidimensional. Older adults may enter old-age homes because of widowhood, health and mobility problems, fear of living alone, changing family caregiving capacities, economic difficulties or the absence of dependable caregivers. Institutionalization therefore cannot be interpreted solely as evidence

of family abandonment. The cases further demonstrate that family relationships often continue after institutionalization through telephone communication, visits and financial or emotional support. At the same time, some residents experience loneliness and homesickness, particularly when they are separated from children, grandchildren and familiar community environments. Companionship provided by other residents and staff can help reduce social isolation and create a sense of belonging. Institutional care also offers important benefits, particularly safety, regular meals, healthcare assistance and opportunities for social interaction. However, these benefits need to be accompanied by respect for privacy, autonomy, dignity and personal choice. Meaningful activities and opportunities to contribute can help older adults maintain a sense of identity and usefulness. The study therefore emphasizes the need for a person-centred approach to institutional elderly care, in which physical safety and healthcare are combined with emotional support, family connectedness, social participation, autonomy and dignity. For the Assam context, culturally meaningful activities, continued family interaction and opportunities to maintain familiar skills and identities may further support adjustment and well-being among elderly residents.

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