

# Quality of Life in Later Years: Perspectives from Residents of Old Age Homes

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## ABSTRACT

**Background:** Quality of life (QoL) in later life is shaped by a complex interaction of physical health, psychological well-being, social relationships, autonomy, and environmental conditions. With the increasing institutionalization of older adults, understanding the factors influencing QoL in old age homes has become a critical public health concern. **Methodology:** A systematic review of literature published between 2000 and 2024 was conducted using databases such as PubMed, Google Scholar, JSTOR, and ResearchGate. Inclusion criteria focused on empirical and theoretical studies involving elderly residents (60+) living in old age homes. Studies were screened based on predefined inclusion and exclusion criteria, and relevant findings were synthesized qualitatively. **Results:** This review synthesized findings from Indian studies conducted across multiple states, encompassing approximately 1,100 elderly participants residing in old age homes. The pooled evidence indicates that nearly 28.8% of institutionalized elderly experience poor overall quality of life, with considerable impairment observed across physical, psychological, social, and environmental domains. Gender differences, cultural context, economic dependency, and the extent of family involvement were found to significantly influence residents' experiences and perceived well-being. **Conclusion:** Enhancing the quality of life of elderly residents in old age homes requires a comprehensive and holistic care approach. Integrating mental health services, strengthening social engagement, promoting autonomy, and adopting person-centered care practices are essential. Such measures can help transform old age homes into supportive environments that preserve dignity, autonomy, and overall well-being in later life

**Key words:** Elderly, Quality of life, old age homes, psychosocial well- being, Mental Health.

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## INTRODUCTION

Population ageing is widely recognized as one of the most significant demographic changes of the 21st century. According to the World Health Organization, the global population aged 60 years and above is expected to double by 2050, reaching approximately 2.1 billion (WHO, 2021). This demographic shift has important implications for health systems, social structures, and living arrangements of older adults. In India, data on institutional elder care remain limited. Available estimates suggest that there are approximately 700–728 old age homes across the country, with detailed information available for 547 facilities. Nearly 46% (approximately 325) of these homes provide services free of cost, while the remainder operate on a pay-and-stay basis. Among the 28 Indian states, Kerala has the highest concentration of old age homes, with 124 facilities reported (HelpAge India, 2019).

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Parallel to population ageing, India is undergoing rapid socio-cultural transitions. Traditional joint family systems are increasingly being replaced by nuclear family structures due to urbanization, migration, and changing socio-economic roles.

The fragmentation of joint families into smaller nuclear units has reduced the availability of informal caregiving support for older adults. Consequently, many elderly individuals are compelled to shift from their own homes to institutional settings such as old age homes, either out of necessity or choice (Doty, 1992; Mishra, 2008; Mudey et al., 2011; Hegde et al., 2012). This demographic transition presents major psychological, social, economic, and health challenges, particularly the need to ensure that increased longevity is accompanied by a satisfactory quality of life (QoL).

Quality of life is a multidimensional concept that includes physical health, psychological well-being, level of independence, social relationships, environmental conditions, and spiritual satisfaction (WHOQOL Group, 1995). In later life, QoL is shaped by the interaction of individual characteristics, availability of social support, and the nature of the care environment. For elderly individuals residing in old age homes, these factors assume particular significance. While institutional care can provide structured routines, access to medical services, and opportunities for peer interaction, it may also be associated with emotional distress, social isolation, and a perceived loss of autonomy, which can negatively affect overall well-being (Khan et al., 2019).

Physical health remains a major determinant of quality of life in later years. Elderly residents of old age homes commonly experience chronic illnesses such as hypertension, diabetes, arthritis, and other age-related conditions that reduce functional independence (Choudhary & Gupta, 2019). Evidence from Indian studies indicates that mental health problems, particularly depression, are highly prevalent among residents of old age homes and often coexist with physical morbidities, further compromising QoL (Kumar et al., 2012). At the same time, institutional settings may offer advantages through structured healthcare services, regular monitoring, and timely medical interventions, which can positively influence health outcomes (Kumar & Sharma, 2020).

Psychological well-being is another critical dimension of quality of life among elderly individuals living in institutional care. Studies have shown that residents of old age homes report higher levels of loneliness, anxiety, and depressive symptoms compared to those living with family members (Tiwari & Srivastava, 2018). These psychological challenges are often associated with reduced familial contact, loss of meaningful social roles, and limited personal autonomy. Research suggests that elderly individuals who retain control

over daily routines and personal decisions tend to report better psychological well-being and higher life satisfaction, whereas highly regimented institutional environments may contribute to emotional distress and dissatisfaction (Menezes & Thomas, 2020).

Social support and interpersonal relationships play a vital role in shaping quality of life in institutional settings. Opportunities for peer interaction, group activities, and social engagement within old age homes have been found to enhance emotional well-being and social satisfaction (Khan et al., 2019). However, the loss of close family ties and limited meaningful relationships may lead some residents to experience social withdrawal and emotional isolation, thereby reducing overall QoL (Verma & Sharma, 2021).

The physical and environmental conditions of old age homes also significantly influence residents' quality of life. Factors such as cleanliness, safety, accessibility, privacy, and availability of recreational facilities are closely linked to physical comfort and mental well-being. Supportive and well-maintained environments are associated with better health outcomes and improved life satisfaction among elderly residents (Rajan, 2020).

Gender is an important determinant of quality of life in later years and shapes the lived experiences of elderly individuals in institutional care. Studies have consistently reported that elderly women experience poorer physical health, higher rates of chronic illness, and greater psychological vulnerability than men, largely due to cumulative life-course disadvantages (Dasgupta & Paul, 2017). Older women are also more likely to be widowed, economically dependent, and socially isolated, which increases their risk of emotional distress and reduced QoL (HelpAge India, 2019). Despite these challenges, some evidence suggests that elderly women may demonstrate stronger coping strategies, greater resilience, and higher social engagement within institutional settings, which can partially mitigate the adverse effects of aging (Mehta & Joshi, 2020).

Despite increasing research on quality of life (QoL) among elderly individuals in institutional care, existing studies are largely cross-sectional and fragmented. Limited attention has been given to integrating physical, psychological, social, environmental, and gender dimensions within a unified framework, and residents' subjective experiences remain underrepresented.

The present study aims to assess and synthesize existing literature on the quality of life of elderly residing in old age homes, with particular emphasis on physical, psychological, social, and environmental

domains. By identifying key themes and determinants of QoL, this review seeks to provide a comprehensive understanding of current knowledge and practices in institutional elderly care.

## METHODOLOGY

This review article adopts a qualitative and integrative approach to synthesize findings from existing empirical and theoretical research on the quality of life (QoL) of elderly individuals residing in old age homes. The objective was to identify and evaluate key factors influencing quality of life in elderly, and to provide a comprehensive understanding of current knowledge and practices in institutional elderly care.

### Literature Search Strategy

A systematic search of relevant literature was conducted using databases such as PubMed, Google Scholar, Psyc INFO, Research Gate, and JSTOR. The search was limited to articles published between 2000 and 2024 to ensure relevance to contemporary contexts. Search terms included. Quality of life in old age homes, Elderly in institutional care, Coping mechanisms of elderly, Adjustment in old age homes and psychological well-being in the elderly.

### Eligibility Criteria

A total of 143 research articles, including original research studies, case studies, review articles, reports, and meta-analyses, were initially identified through database searches. At the first level of screening, duplicate records and studies reporting identical or overlapping data were excluded. In the second level of scrutiny, articles that were not aligned with the objectives of the review, focused exclusively on unrelated medical conditions, or lacked relevance to institutional elderly care and quality of life were removed. Studies were considered eligible for inclusion if they were peer-reviewed journal articles, government reports, dissertations, or review articles; focused on elderly individuals aged 60 years and above residing in institutional care settings such as old age homes, nursing homes, or assisted living facilities; were published in the English language; and employed quantitative, qualitative, or mixed-methods research designs. Studies were excluded if they focused solely on non-institutionalized elderly populations living independently or with family members, lacked empirical data or theoretical relevance to quality of life, or were editorials, opinion pieces, commentaries, or articles not available in full text.

After applying these inclusion and exclusion criteria, a total of 36 articles were retained for the final review.

## RESULTS

**Overview of Quality of Life in Institutional Elderly Care:** Across the 37 studies reviewed, quality of life (QoL) among elderly individuals residing in old age homes was consistently reported as moderate to low, with marked variation across domains. Most studies demonstrated that psychological and social QoL scores were significantly lower than physical and environmental scores, regardless of geographic location or assessment tool used (Panday et al., 2015; Khan et al., 2019; Singh et al., 2024). Institutional care settings generally ensured basic needs and healthcare access, but frequently failed to address emotional, relational, and autonomy-related needs. Comparative studies between institutionalized elderly and those living in family or community settings showed mixed results. While institutional residents often reported better physical health monitoring and environmental safety, community-dwelling elderly consistently reported higher social satisfaction and emotional well-being (Panday et al., 2015; Singh & Raj, 2021).

**Physical Health and Functional Status:** Physical health emerged as a central determinant of QoL across studies. High prevalence of chronic conditions such as hypertension, diabetes, arthritis, cardiovascular disease, and sensory impairments was reported among institutionalized elderly populations (Choudhary & Gupta, 2019; Kumar & Sharma, 2020). Functional dependence, particularly limitations in activities of daily living (ADL), was strongly associated with lower overall QoL scores. A hospital-linked study from Lucknow reported that over 50% of residents suffered from psychiatric illness, predominantly depression, alongside multiple physical morbidities, highlighting the close interaction between physical and mental health (Kumar et al., 2012). Similar findings were reported in multicentric Indian studies, where multimorbidity significantly predicted reduced physical and psychological QoL (Kumar et al., 2019). Despite the high disease burden, institutional residents benefited from regular medical supervision, medication adherence, and access to healthcare professionals, which contributed to comparatively better physical QoL scores than those reported by elderly living in economically constrained family settings (Kumar & Sharma, 2020; Panday et al., 2015).

**Psychological Well-being and Mental Health Outcomes:** Psychological well-being was the most compromised domain of QoL across nearly all reviewed studies. High prevalence of depression, anxiety, loneliness, hopelessness, and loss of self-

worth was consistently reported among residents of old age homes (Tiwari & Srivastava, 2018; Patel & Bhavsar, 2018). Several studies identified reduced family contact, perceived abandonment, loss of social roles, and limited autonomy as primary contributors to psychological distress (Rajan, 2020; Panday & Kumar, 2017). Elderly residents who reported infrequent family visits demonstrated significantly lower psychological QoL scores than those with regular family interaction (Pandian et al.,

2024). Interventional studies suggested that psychological well-being improved with structured counseling, mindfulness-based interventions, reminiscence therapy, and group-based emotional support programs (Singh & Raj, 2021; Menezes & Thomas, 2020). However, access to mental health professionals within institutional settings remained inconsistent across facilities.

**Status of Quality of Life among Elderly Residents of Old Age Homes in India**

Author(s) and Year	Participants	Findings on Quality of Life
Pandian et al. (2024)	330 elderly in old age homes (urban Tamil Nadu)	Nearly 70% reported minimal family support; poor family involvement linked with lower psychological and social QoL.
Nagisetty, & Anitha (2024)	150 elderly population residing at old age homes (Hyderabad)	Approximately 24.3% of elderly showed poor quality of life across core domains (19% Physical, 21% Psychological and 33% Social).
Damor et al. (2023)	100 elderly living in urban field practice area, Jaipur	46% reported good QoL; 13% poor QoL, and 33% neither good nor poor.
Thresa (2020)	212 elderly of old age homes (106 in OAHs; 106 with families), Tamil Nadu	Good QoL reported by 72.5% of elderly in family settings vs 56.2% in old age homes (OAHs). All four QoL domains showed statistically significant differences, with poorer psychological QoL among OAH residents.
Thakur et al., (2019)	164 elderly (82 in old age homes; 82 living with families), Uttarakhand	Elderly living with families (97.44±8.56) had significantly higher QoL and psychological well-being than those in old age homes (68.47±10.75).
Kengnal et al., (2019)	30 elderly in old age homes, (Karnataka)	Most of the participants at elderly care home leads low quality of life that about 46.7 %
Chaturvedi (2018)	90 elderly residents of old age homes, Punjab	Approximately 30.6% of elderly residents demonstrated poor quality of life across QoL domains (27.8% physical, 28.9% psychological, 30% social, and 35.6% environmental).

**Social Relationships, Family Involvement, and Loneliness:** Social relationships were a strong predictor of QoL across all domains. Studies consistently showed that peer interaction and participation in group activities such as recreational programs, religious gatherings, and cultural events positively influenced emotional well-being and social satisfaction (Khan et al., 2019; Mehta & Joshi, 2020).

Nevertheless, the absence of close familial bonds emerged as a persistent concern. Multiple Indian studies reported that over two-thirds of institutionalized elderly experienced minimal or no family involvement, leading to emotional isolation and reduced life satisfaction (Pandian et al., 2024; Singh et al., 2024). Elderly individuals living with families reported significantly higher social quality

of life despite facing caregiving-related conflicts (Panday et al., 2015). International studies echoed similar patterns, indicating that institutional social networks rarely compensate fully for familial emotional support, particularly in collectivist cultures where family bonds play a central role in identity and well-being.

**Autonomy, Control, and Institutional Routines:** Autonomy emerged as a critical yet often neglected determinant of QoL. Studies consistently demonstrated that elderly residents who retained control over daily routines, personal decisions, and self-care activities reported higher life satisfaction and psychological well-being (Menezes & Thomas, 2020). Conversely, highly regimented institutional environments characterized by rigid schedules, limited



privacy, and lack of decision-making opportunities were associated with reduced autonomy and emotional distress (Panday & Kumar, 2017). Loss of independence was frequently linked to feelings of helplessness and reduced self-esteem, even in physically well-managed institutions.

#### **Environmental Quality and Living Conditions:**

Environmental factors significantly influenced QoL outcomes. Cleanliness, safety, adequate living space, accessibility, privacy, and availability of recreational facilities were positively associated with physical and psychological QoL (Rajan, 2020). Residents in well-maintained facilities reported greater satisfaction and perceived dignity. However, overcrowding, inadequate infrastructure, and limited engagement opportunities were associated with dissatisfaction and poorer QoL outcomes, particularly in resource-limited institutions. Environmental quality emerged as one of the most modifiable determinants of QoL in institutional settings.

**Gender Differences in Quality of Life:** Evidence across studies indicates clear gender-based disparities in quality of life among the elderly. Older women consistently report poorer physical health, higher levels of psychological distress, and greater economic dependence compared to men (Dasgupta & Paul, 2017; HelpAge India, 2019). Factors such as widowhood, limited educational attainment, and financial insecurity further heighten vulnerability among women residing in institutional care settings (Mane & Khandekar, 2016). In the Indian context, women also experience a higher burden of non-communicable diseases, including diabetes, largely due to long-standing social and economic disadvantages that restrict access to healthcare services (Sharma et al., 2020). These structural barriers contribute to poorer health outcomes, a pattern also observed by Katta et al. (2017), who reported greater levels of disability among elderly women, particularly in rural areas, linked to lower literacy and financial dependence.

Despite these challenges, several studies highlight that elderly women often display stronger coping mechanisms, greater social engagement, and more effective emotional expression than men, which may partially buffer psychological distress (Mehta & Joshi, 2020; Panday, 2016). In contrast, older men tend to experience greater difficulty adjusting to dependency and the loss of traditional social roles in later life.

**Coping, Adjustment, and Resilience:** Coping strategies played a significant role in adjustment to institutional life. Studies comparing elderly individuals in old age homes with those living in

family settings found that institutional residents often developed more adaptive coping mechanisms, facilitated by structured routines, counseling access, and peer support (Panday, 2015; Panday & Kumar, 2017). Participation in social, recreational, and spiritual activities was associated with better emotional stability and resilience. Residents with access to psychological support services demonstrated greater adjustment and reduced distress (Menezes & Thomas, 2020).

#### **Challenges and Limitations of Old Age Homes**

**Economic and Resource-Related Constraints:** One of the major challenges affecting quality of life (QoL) in old age homes is limited financial and institutional resources. Many facilities, particularly in low- and middle-income settings, operate with restricted budgets, which constrains the availability of trained mental health professionals, recreational programs, and individualized care (Rajan, 2020). HelpAge India (2019) highlighted that economic dependency among elderly residents, especially women, significantly reduces autonomy and perceived QoL. Limited funding also affects staff–resident ratios, resulting in custodial rather than person-centered care.

**Psychological Care and Mental Health Service Gaps:** Despite a high prevalence of depression, anxiety, and loneliness among institutionalized elderly individuals, mental health services remain inadequate in many old age homes. Studies consistently report under-diagnosis and under-treatment of psychiatric conditions, with psychological care often limited to crisis management rather than preventive or therapeutic interventions (Kumar et al., 2012; Tiwari & Srivastava, 2018). The absence of routine psychological screening and counseling services significantly limits improvements in psychological QoL.

**Cultural and Social Barriers:** Cultural perceptions of ageing and institutional care pose significant challenges. In the Indian context, old age homes are often viewed as a last resort, leading to feelings of stigma, abandonment, and loss of social identity among residents (Patel & Bhavsar, 2018; Lakshmi Devi & Roopa, 2013). Reduced family involvement and infrequent visits further exacerbate emotional distress and social isolation. Existing institutional models frequently fail to integrate family participation into care planning, limiting social and emotional support.

**Autonomy and Institutional Routines:** Rigid institutional routines and limited opportunities for personal decision-making restrict residents' sense of

control and dignity. Studies indicate that lack of autonomy over daily activities, personal schedules, and social engagement negatively affects psychological well-being and life satisfaction (Menezes & Thomas, 2020; Bruinsma et al., 2021). While safety and efficiency are prioritized, excessive regimentation often undermines residents' independence and self-esteem.

**Gender-Specific Challenges:** Gender disparities represent an additional limitation in institutional elderly care. Elderly women are more likely to be widowed, financially dependent, and socially isolated, contributing to poorer physical and psychological QoL outcomes (Dasgupta & Paul, 2017; Sharma et al., 2020; Katta et al., 2017). Although women often display better coping strategies and social engagement, institutional environments are rarely designed to address gender-specific emotional, economic, and health needs, limiting the effectiveness of care.

**Limited Use of Technology and Innovation:** The potential role of digital technologies in enhancing QoL remains underexplored. Tele-mental health services, virtual social platforms, and digital engagement tools could mitigate loneliness and improve access to psychological care, yet their adoption in old age homes is minimal. Lack of digital infrastructure, staff training, and resident familiarity with technology constrains innovation in care delivery (Singh & Raj, 2021; Marques et al., 2012).

## DISCUSSION

The present review highlights the substantial burden of poor quality of life (QoL) among elderly individuals residing in old age homes in India. Across the reviewed studies, a total of approximately 1,100 elderly participants from institutional care settings were included. The pooled evidence indicates that nearly 28.8% of elderly residents experience poor overall quality of life, with consistently poorer outcomes observed in the psychological and social domains. These findings demonstrate that despite the availability of basic physical care in institutional settings, a significant proportion of elderly individuals continue to experience compromised well-being, underscoring the need for targeted interventions to improve QoL in old age homes. Across the reviewed studies, evidence consistently indicates that approximately one-third of institutionalized elderly experience poor overall QoL, with psychological and social domains being the most adversely affected (Nagisetty & Anitha, 2024; Chaturvedi, 2018). These

findings reinforce concerns that while institutional care may address basic physical needs, it often falls short in meeting emotional, social, and psychological requirements of older adults.

Rapid urbanization, migration, and the shift from joint to nuclear family systems have contributed significantly to the increasing institutionalization of elderly individuals in India (HelpAge India, 2019). However, old age homes frequently lack structured psychosocial interventions and opportunities for meaningful social engagement. Reduced family contact, perceived abandonment, economic dependency, and loss of autonomy have emerged as key determinants of poor QoL among residents (Pandian et al., 2024; Verma & Sharma, 2021). Although some facilities provide relatively better physical and environmental support, these benefits are often outweighed by deficits in social connectedness and emotional well-being.

The review further demonstrates that psychological distress, loneliness, and depression are highly prevalent among elderly residents of old age homes. Multiple Indian studies report a high burden of depressive symptoms, strongly associated with infrequent family visits and limited participation in social or recreational activities (Kumar et al., 2012; Patel & Bhavsar, 2018). Rigid institutional routines and lack of personal decision-making further reduce residents' sense of control and dignity, negatively influencing life satisfaction and mental health (Panday et al., 2015).

Gender differences in QoL were consistently observed across studies. Elderly women, particularly widows and those with low educational and financial independence, reported poorer physical and psychological QoL compared to men (Dasgupta & Paul, 2017; HelpAge India, 2019). At the same time, some evidence suggests that women may demonstrate better coping strategies and social engagement, partially buffering psychological distress (Panday, 2016; Mehta & Joshi, 2020). In contrast, elderly men often experienced greater difficulty adjusting to dependency and loss of traditional social roles, leading to emotional vulnerability in institutional settings.

Regional studies further indicate considerable variability in QoL outcomes across India. While some old age homes showed acceptable environmental conditions, social relationships and emotional support remained consistently inadequate (Theresa, 2020; Kengnal et al., 2019). Socio-demographic factors such as education, income, family support, leisure activities, and access to healthcare services were repeatedly identified as significant predictors of QoL

across domains (Damor et al., 2023; Chaturvedi, 2018).

## FUTURE DIRECTIONS

There are several areas where further research is needed to refine our understanding and improve care practices.

**1. Longitudinal Studies on QoL in Old Age Homes:** Most studies on the QoL of elderly individuals in old age homes have used cross-sectional designs. Future research should consider longitudinal studies to track changes in QoL over time. This would provide a more comprehensive understanding of how QoL evolves as elderly individuals age in institutional settings, and how interventions or changes in care practices influence their well-being over the long term.

**2. Impact of Family Involvement on Adjustment and Coping:** Future studies could examine the role of family dynamics, frequency of visits, and the quality of family interactions in improving psychological and emotional adjustment in old age homes. Understanding these variables would help in developing targeted interventions to enhance the support system for elderly individuals in institutional care.

**3. Exploring Cultural Variations in QoL and Care Needs:** Most studies on the QoL of elderly individuals in old age homes have been conducted in urban settings or in developed countries. Future research should explore how QoL differs among elderly residents in old age homes across different cultural contexts. This could include comparing the QoL of elderly residents in old age homes in rural versus urban areas, or in countries with varying family structures and attitudes toward aging. Such research could provide valuable insights into culturally sensitive approaches to elderly care.

**4. Integrating Technology for Social Engagement:** With advancements in technology, future research could explore the potential of digital platforms to enhance social engagement and emotional well-being among elderly residents in old age homes. Studies could investigate the effectiveness of virtual social interactions, online support groups, or telehealth services in reducing loneliness and fostering emotional connections among residents, especially during times when physical visits may be limited.

**5. Examining the Role of Mental Health Professionals in Institutional Care:** The role of mental health professionals in old age homes is pivotal, yet understudied. Future research could focus

on evaluating the impact of psychological interventions, such as individual counseling, group therapy, or cognitive-behavioral therapy, on the mental health and coping strategies of elderly residents. Understanding the integration of mental health services within the care models of old age homes can lead to improved emotional well-being and adjustment among elderly individuals.

**6. Interventions to Improve Physical and Mental Health Outcomes** Finally, while many old age homes focus on the physical health needs of their residents, there is a growing recognition of the importance of mental and emotional health. Future research could explore comprehensive care models that address both physical and mental health needs simultaneously. Intervention studies could assess the effectiveness of combined physical health programs (e.g., exercise, nutrition) and mental health programs (e.g., counseling, mindfulness) in improving the QoL of elderly individuals in institutional settings.

## IMPLEMENTATION

The findings of this study provide practical insights that can be implemented to improve the QoL of elderly residents in old age homes. Drawing from the study's conclusions, several strategies and interventions can be applied to enhance the physical, psychological, and social well-being of elderly individuals living in institutional settings.

**1. Development of Person-Centered Care Models:** This model focuses on the individual needs, preferences, and rights of each resident, ensuring that their autonomy and dignity are respected. Implementing person-centered care involves-

**(a) Personalized Care Plans:** This could include preferences regarding daily activities, meal choices, and social interactions.

**(b) Active Participation in Care Decisions:** Involving elderly residents in decisions about their care, activities, and treatment plans to promote their sense of control and autonomy.

**(c) Training for Caregivers:** Providing on-going training for caregivers on how to implement person-centered care, including developing communication skills, understanding residents' emotional needs, and fostering respectful relationships. By promoting autonomy and considering individual preferences, person-centered care can significantly improve the residents' QoL, as it aligns the institutional environment with the residents' desires and comfort.

**2. Enhancing Social Engagement and Support Systems:** A key finding from this study is that social isolation and lack of emotional support are common challenges for elderly individuals in old age homes. To address this, institutions should focus on enhancing social engagement through:

**(a) Social Programs and Recreational Activities:** Introducing and expanding group activities, such as arts and crafts, group games, storytelling sessions, and music therapy, can help build social bonds among residents. These activities should be designed to encourage participation and foster interaction among residents, creating a sense of community and belonging.

**(b) Family Involvement:** Institutions could create more opportunities for family members to engage with residents, such as scheduled family days or virtual communication platforms. A study conducted by Pandian et al. (2024) reported that only 20.6% of elderly residents received financial support from children and 18.5% had a pension, while nearly 70% were left unattended by friends and family. Care through calls, letters, and visits showed that 27.3% received support from children, whereas 33.6% received no support at all. Regular visits and meaningful time spent by family members, friends, and relatives can improve emotional bonding and positively impact mental health. Awareness of aging and geriatric issues should be promoted by making visits to old age homes mandatory for schools and colleges. Singh et al. (2024) found that elderly individuals living with family members are happier than those living in old age homes, highlighting that parents are a responsibility, not a burden, and families should play a proactive and supportive role in the later life of the elderly.

**(c) Volunteer Programs:** Implementing volunteer programs where community members or younger generations engage with residents can provide additional social support. Volunteers can assist with activities, companionship, and emotional support, helping to reduce feelings of isolation. Fostering a sense of community and connectedness can improve residents' emotional health, reduce loneliness, and enhance their overall quality of life.

**3. Psychological and Mental Health Support-** Implementing regular mental health screenings and providing psychological interventions will be key to supporting elderly residents in old age homes. These strategies can include:

**(a) On-Site Counseling Services:** Offering regular access to counselors or psychologists who can address

issues such as depression, anxiety, and grief. Group therapy sessions and individual counseling could be incorporated into the care routine.

**(b) Mindfulness and Stress Reduction Programs:** Introducing programs that focus on relaxation techniques, mindfulness, meditation, and stress management can improve residents' emotional well-being and help them cope with the challenges of aging.

**(c) Training for Caregivers on Mental Health:** Providing caregivers with mental health training, focusing on recognizing early signs of depression or anxiety, and understanding the psychological needs of elderly residents.

**4. Improving Physical Health and Wellness Programs-** Implementing a comprehensive wellness program that includes:

**(a) Exercise and Mobility Programs:** Creating accessible physical exercise routines tailored to the abilities of elderly residents. Activities such as gentle yoga, walking groups, or strength training can improve physical health, enhance mobility, and reduce the risks of chronic illnesses.

**(b) Nutrition and Healthy Eating:** Ensuring that residents receive balanced and nutritious meals tailored to their health needs.

**(c) Regular Health Check-Ups:** Instituting regular medical assessments to monitor physical health and detect potential health issues early, ensuring prompt intervention when needed.

**5. Technological Integration for Social Connectivity:** To address the challenges of social isolation, especially in the context of global health crises like pandemics, integrating technology can be a powerful tool.

**(a) Telehealth Services:** Offering telehealth services for consultations with doctors or therapists can ensure residents receive timely medical care and psychological support without needing to leave the facility. By incorporating technology, old age homes can bridge the gap in communication and enhance the emotional well-being of elderly residents.

**(b) Virtual Communication Tools:** Providing residents with easy access to digital devices such as tablets or smartphones for video calls with family members, friends, or healthcare professionals can help combat loneliness and improve social connectivity.



**6. Promoting Staff Well-Being and Training:** The quality of care provided to elderly residents is deeply influenced by the well-being and training of staff. Implementing comprehensive staff training programs that focus on:

**(a) Elderly Care Best Practices:** Ensuring caregivers are trained in best practices for elderly care, including understanding the physical and emotional needs of elderly residents.

**(b) Cultural Competence and Sensitivity:** Providing training on cultural sensitivity to ensure that the diverse needs of residents are respected, including religious, linguistic, and cultural differences.

## CONCLUSION

The QoL of elderly individuals living in old age homes is shaped by a combination of factors, including physical health, psychological well-being, social support, and environmental conditions. Therefore holistic approach is required, which includes improving social engagement through more meaningful recreational activities, increasing family involvement, and providing greater psychological support to address issues of loneliness, depression, anxiety, other mental and physical morbidities. The old age homes should focus on creating environments that promote autonomy and respect the dignity of elderly residents. Mental health professionals and caregivers play a pivotal role in ensuring the psychological and emotional well-being of elderly residents. A multidisciplinary approach that involves healthcare providers, social workers, and family members is essential to improve the overall quality of life for elderly individuals in old age homes.

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