

Aging In Institutional Care Environment: Challenges And Satisfaction Levels Of Elderly People In Old Age Homes

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Abstract:

Aging in an institutional care environment involves the experience of growing older within structured settings such as old age homes, nursing homes, or assisted living facilities. In Old Age Homes, the relevance of elder care has increased globally and is likely to increase more due to this rapid growth in the elderly population of the world. The increasing number of nursing homes across the State, including Manipur, has brought attention to the unique challenges in the traditional society and forms of satisfaction experienced in these institutions. In these backdrops, the study examined the challenges faced by elderly residents in Manipur's old age homes, including psychological, social, health, household, and economic challenges. It evaluated the overall satisfaction levels of the elderly in the environment of Old Age Homes (OAH). The sample was collected from the residents of the ten Old Age Homes in the State. Out of the total inmates, 201 residents of these Old Age Homes were interviewed. One of the significant findings was a high correlation between household and psychological issues, showing emotional struggle brought on by shifting family relations. The study highlights the importance of enhanced family support, integrated social and health care programs, empowered economic conditions, and upgraded infrastructure of Old Age Homes. Further, the study intends to contribute to creating senior care practices that guarantee the dignity, safety, and general well-being of elderly populations in the institutional care environment.

Key-words: Elderly People, Old Age Homes (OAH), Environment, Satisfaction, Manipur, etc.

1. INTRODUCTION

The world's population is aging quickly due to rising life expectancy and falling birth rates, which creates unique challenges for elder care. Old age homes are crucial for supporting aging people as conventional family structures change and the need for specialized senior care increases. These facilities provide a caring atmosphere for senior citizens, frequently with daily care, healthcare, and company. However, residents have unique physical, emotional, and social problems when adjusting to an institutionalized setting, which can have a direct impact on their contentment and quality of life. According to research, several factors, including family involvement, social support, healthcare access, and a sense of autonomy, affect how satisfied the elderly are in old age homes (Chaudhuri and Roy 2019; Ayalon and Green 2019; Morgan and Wu 2022; Sharma and Kumar 2022; etc.). Lack of individualized care, mental isolation, and physical restrictions have all been repeatedly found to be major stresses that lower satisfaction levels. Furthermore, research indicates that specific demographic and cultural elements significantly influence how residents perceive and experience these facilities, indicating that the effect of difficulties on satisfaction may differ depending on the setting. Improving care standards in old age homes requires an understanding of the difficulties faced by senior citizens and the variables affecting their level of satisfaction. In these lines, the relevant literatures are reviewed critically.

2. A Critical Review of Literature on Elderly People

The reviewed literature highlights the multifaceted dimensions of aging and the challenges elderly individuals face in care institutional environment like old age homes, with a particular focus on their satisfaction levels. Bharati and Singh (2018) emphasize the role of healthcare access, hygiene, and social activities in influencing satisfaction, finding that life satisfaction often ranges from moderate to low due to poor health and strained family ties. Chaudhuri and Roy (2019) add that loneliness, depression, and anxiety are prevalent among

residents, especially those with limited family visits, leading to diminished mental health and well-being. On another study, Goswami and Banerjee (2020) stress that interpersonal relationships and opportunities for social interaction significantly impact happiness among residents. Malhotra and Pathak (2021) reveal that dignity, staff respect, quality meals, and cleanliness are central to elderly satisfaction. Sharma and Kumar (2022) document physical pain, limited mobility, and emotional disconnection as common hurdles affecting quality of life. Autonomy plays a pivotal role, as highlighted by Waghmare and Joshi (2023), who found that residents with control over daily schedules experienced higher satisfaction and self-worth. Nair and Pillai (2023) support this by showing that regular family contact boosts emotional attachment and improves satisfaction levels. Mukherjee and Sen (2024) find that timely medical care significantly reduces anxiety and increases satisfaction, advocating for comprehensive healthcare programs. Likewise, Gupta and Kaur (2019) identify reduced mobility and chronic illnesses as primary causes of dissatisfaction. Patel and Srivastava (2020) focus on emotional concerns like neglect and loneliness, calling for robust counseling and support systems. Hassan and Latif (2021) show that inadequate healthcare, poor hygiene, and unresponsive staffs negatively affect residents' experiences. Social isolation is a recurring theme. Zhang and Lee (2022) note its strong link to dissatisfaction, while Rana and Mehta (2023) emphasize autonomy's mediating role in mitigating physical and emotional challenges. Banerjee and Sharma (2024) confirm that physical health issues lower life satisfaction unless consistent medical care is available. Global insights further support these findings. Ayalon and Green (2019) observe that low staff-to-resident ratios and limited healthcare resources in care facilities across the U.S., U.K., and Israel reduce satisfaction. Chen and Tsai (2020) highlight that regular family involvement or intervention improves mental health and satisfaction in East Asia. Deeken and Schneider (2021) show that in Europe, physical and mental health issues decrease satisfaction, though mental health resources can offset this. Morgan and Wu (2022) affirm that autonomy significantly enhances satisfaction in North America. Rodriguez and Diaz (2023) link social isolation to low satisfaction in Latin America, and Olsson and Bergström (2024) demonstrate that healthcare accessibility improves life satisfaction in Scandinavia. These studies converge on the idea that autonomy, healthcare access, social interaction, and family involvement are critical to elder satisfaction, although their impact varies culturally. The literature collectively underscores that physical and emotional challenges, when not addressed, diminish satisfaction. Yet, these effects can be moderated through improved care, autonomy, and social bonds. Even though there is much study on this subject worldwide, comparatively few studies concentrate on local contexts, where distinct cultural and socioeconomic elements may change how people in senior care settings perceive and react to difficulties. Therefore, the present study builds on these global insights to examine how such factors operate in the socio-cultural context of Manipur, North-East India aiming to offer tailored recommendations for enhancing life satisfaction among the institutionalized elderly in the region by looking at the particular difficulties that the residents of the old age homes face, as well as their satisfaction levels and the connection between these difficulties and satisfaction levels. Besides, the study intends to offer specific recommendations to improve residents' quality of life and well-being by identifying mediating elements, including healthcare access, family participation, and personal autonomy.

3. Statement of the Problem

Aging in a care institutional environment presents a complex interplay of emotional, physical, and socio-cultural dimensions that significantly influence the well-being of elder people. Therefore, it is essential to understand the connection between challenges faced by the residents of the old age homes and their satisfaction levels to design an environment that satisfies their fundamental needs and improves their general quality of life. However, there is still a dearth of studies on the distinct experiences of the elderly living in old age homes, especially in particular local contexts. Furthermore, current research frequently does not adequately examine elements that may moderate the effects of these difficulties, such as personal autonomy, social support, and family participation. Thus, the study seeks to answer the question - What kind of relationship exists between the elderly satisfaction levels and the challenges they encounter in care institutions? Further, the study intends to examine the effects of psychological, social, health, household, and economic challenges.

4. Objectives of the Paper

- i.To identify the challenges faced by elderly residents in the institutional care environment like old age homes, including psychological, social, health, household, and economic challenges.
- ii.To evaluate the overall satisfaction levels of the elderly residing in old age homes, and
- iii.To examine the relationship between specific challenges and the satisfaction levels of elderly residents in old age homes.

5. Research Methodology

The study employs a descriptive cross-sectional research design to examine the challenges faced by the elderly residing in the ten purposively selected old age homes in the Imphal Valley areas. The sample comprises almost all residents of the ten carefully chosen old age homes. The criteria for selecting the old age homes are the location of the homes in the Imphal Valley, the year of establishment, and their current state of active operation. This selection ensured the relevance and dependability of the data gathered as it included only well-established, operating old age homes with steady resident populations. Data were gathered through structured interviews, incorporating both closed-ended questions on a Likert scale and open-ended questions. This approach allowed for quantitative analysis of the challenges (psychological, social, health, household, and economic) and satisfaction levels while capturing qualitative insights from residents. Descriptive statistics summarized the frequency and types of challenges, while correlation and multiple regression analysis examined the relationship between specific challenges and satisfaction. Ethical protocols included informed consent and strict confidentiality measures, ensuring participants' privacy and autonomy. This methodology provides a comprehensive understanding of the elderly residents' experiences, meeting the study's objectives while respecting participant confidentiality.

6. Analysis:

The sample for this study included 201 elderly residents of old age homes, with females representing the majority. Most residents were between 60 and 80 years old, a demographic that often correlates with increased health and social support needs. The residents were predominantly Hindu or Muslim and came primarily from rural backgrounds, where limited access to resources or support services could affect their adaptation to institutional life. Nuclear family structures were common among the sample, and the majority were widowed, factors which may contribute to their residency in these homes. Furthermore, nearly all residents were illiterate, indicating a potential lack of economic independence and coping resources. These demographic characteristics provide a valuable context for exploring the challenges residents face like social, psychological, and economic and how they may relate to their overall satisfaction within the institutional setting.

6.1. Reliability Test

The internal consistency of the five scales measuring different types of challenges faced by respondents - Psychological Challenges, Health Issues, Social Challenges, Household Challenges, and Economic Challenges (Table 1), was assessed using Cronbach's alpha for reliability analysis. The internal consistency of all scales was excellent, as indicated by the high scale alphas for Household Challenges (.835), Economic Challenges (.956) and Satisfaction (.927, .930, .953, and .940, respectively). The Psychological Challenges and Social Challenges scales demonstrated good reliability, with alphas of .847 and .810, respectively. The Health Issues scale, consisting of 9 items, showed a Cronbach's alpha of $\alpha=.716$, indicating acceptable internal consistency. The standardized alpha was slightly higher at $\alpha=.795$, suggesting a small reliability improvement when items are standardized. Overall, these scales are reliable measures, with varying degrees of internal consistency, for assessing the respective challenges categories among respondents.

Table 1: Nature of Challenges and Reliability Statistics

Challenges	Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
Psychological challenges	.847	.784	12
Health issues	.716	.795	9

Social challenges	.810	.828	9
Household Challenges	.930	.926	7
Economic Challenges	.953	.954	8
Satisfaction	.940	.916	6

6.2. Challenge and Satisfaction Analysis

A descriptive analysis was performed on Likert-scale data to determine the participants' (N = 201) degree of psychological, health, social, household, and economic issues and satisfaction levels. The mean, median, and standard deviation for every variable are shown in Table 2.

Table 2: Descriptive Analysis of Challenges and Satisfaction

Challenges/ Satisfaction	N		Mean	Median	Std. Deviation
	Valid	Missing	-	-	-
Psychological	201	0	3.37	3.42	.445
Health	201	0	3.51	3.56	.354
Social	201	0	3.55	3.56	.403
Household	201	0	3.37	3.50	.633
Economical	201	0	3.35	3.63	.737
Satisfaction Level	201	0	4.15	4.00	.324

6.3. Psychological Challenges (Mean = 3.37, SD = 0.445)

The average score of 3.37 suggests that respondents generally experience moderate levels of psychological challenges. The median of 3.42, being close to the mean, indicates that responses are relatively balanced around this average, suggesting a symmetric distribution. With a standard deviation of 0.445, there is a moderate spread around the mean, meaning there is some variability in psychological challenge experiences, but they are not extremely dispersed.

6.4. Health Challenges (Mean = 3.51, SD = 0.354)

Health challenges average slightly higher at 3.51, indicating that respondents may find health issues slightly more pressing compared to psychological challenges. The median of 3.56 aligns well with the mean, pointing to a symmetric distribution of health challenge ratings. The standard deviation of 0.354 suggests low variability, meaning that most respondents share similar levels of concern regarding health challenges.

6.5. Social Challenges (Mean = 3.55, SD = 0.403)

Social challenges also have a moderately high mean of 3.55, suggesting that social issues are perceived as prominent challenges. The median of 3.56 is almost identical to the mean, again implying a balanced response distribution. The standard deviation of 0.403 indicates moderate variability, showing that while social challenges are a common experience, the extent may differ slightly among respondents.

6.6. Household Challenges (Mean = 3.37, SD = 0.633)

With a mean score of 3.37, household challenges are viewed as moderate overall, similar to psychological challenges. However, the slightly higher median of 3.50 suggests a small skew, with more respondents experiencing household challenges on the higher end. The standard deviation of 0.633, higher than other types, indicates that household challenges vary more widely, with significant differences in how respondents experience these issues.

6.7. Economic Challenges (Mean = 3.35, SD = 0.737)

Economic challenges have an average score of 3.35, indicating moderate concern. The median of 3.63, higher than the mean, suggests that many respondents rate economic challenges relatively high, while a few rates them lower, creating a slight skew. This category has the largest variability, with a standard deviation of 0.737, indicating that people's financial challenges differ widely from one another.

6.8. Satisfaction Level (Mean = 4.16, SD = 0.324)

Despite the difficulties respondents encounter, the satisfaction mean of 4.16 indicates a usually high degree of satisfaction. The median of 4.00 is close to the mean, indicating a balanced distribution of responses. The low standard deviation of 0.324 suggests consistency, with most respondents reporting similar satisfaction levels.

To sum up, respondents with psychological, health, social, household, and economic challenges are at moderate levels, with all means falling between 3.35 and 3.55. Economic and household challenges show the most variability (SD = 0.737 and 0.633), suggesting diverse experiences. As for satisfaction, it shows the lowest (SD = 0.324), pointing to consistent satisfaction levels among respondents. Despite facing various challenges, respondents report high satisfaction (Mean = 4.16), indicating that they may find certain aspects of life fulfilling despite difficulties. These findings provide an overview of respondents' experiences, suggesting resilience in satisfaction levels despite challenges, particularly in economic and household domains where individuals' experiences vary more significantly.

6.9. Correlations of the Challenges

The Pearson correlation analysis between the mean scores of various challenges faced by the residents (psychological, health, social, household, and economic) provided insights into the relationships between these factors (see Table 3).

Table 3: Various Challenges and Correlations

		Psychological Challenges	Health Challenges	Social Challenges	Household Challenges	Economic Challenges
Psychological Challenges	Pearson Correlation	1	-.108	.190**	.720**	.504**
	Sig. (2-tailed)		.125	.007	.000	.000
	N	201	201	201	201	201
Health Challenges	Pearson Correlation	-.108	1	.201**	-.164*	-.169*
	Sig. (2-tailed)	.125		.004	.020	.017
	N	201	201	201	201	201
Social Challenges	Pearson Correlation	.190**	.201**	1	.190**	.172*
	Sig. (2-tailed)	.007	.004		.007	.014
	N	201	201	201	201	201
Household Challenges	Pearson Correlation	.720**	-.164*	.190**	1	.569**
	Sig. (2-tailed)	.000	.020	.007		.000
	N	201	201	201	201	201
Economic Challenges	Pearson Correlation	.504**	-.169*	.172*	.569**	1
	Sig. (2-tailed)	.000	.017	.014	.000	
	N	201	201	201	201	201

** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed).

6.10. Psychological Challenges and Other Variables

Psychological challenges and household challenges exhibit a strong positive correlation ($r=.720$, $p<.01$), indicating that individuals experiencing higher psychological difficulties reported significant household challenges. Besides, a moderately positive correlation exists between economic and psychological challenges, $r=.504$, $p<.01$, suggesting that individuals who reported higher psychological challenges may also experience economic challenges. Psychological challenges and health challenges exhibit no significant relationship, $r=-.108$, $p=.125$, or between psychological challenges and social challenges, despite a weak correlation, $r=.190$, $p=.007$.

6.11. Health Challenges and Other Variables

Health challenges were negatively correlated with household challenges, $r = -.164$, $p < .05$, indicating a slight trend where individuals with significant health challenges reported fewer household challenges, perhaps due to external support or adjustments made within the household to accommodate health issues. A weak negative correlation was also observed between health and economic challenges, $r = -.169$, $p < .05$, which might imply that economic difficulties did not directly escalate with health challenges. However, health challenges were positively correlated with social challenges, $r = .201$, $p < .01$, suggesting that those with more health issues also reported increased social difficulties, possibly related to limitations in social engagement due to health constraints.

6.12. Social Challenges and Other Variables

Social challenges showed a positive correlation with household challenges, $r = .190$, $p < .01$, and economic challenges, $r = .172$, $p < .05$. This suggests that individuals facing social difficulties also tended to report higher household and economic challenges. Additionally, social challenges were positively correlated with psychological challenges, $r = .190$, $p < .01$, indicating that those experiencing social issues were also likely to face psychological difficulties.

6.13. Household Challenges and Other Variables

Household challenges exhibited a strong positive correlation with economic challenges, $r = .569$, $p < .01$, implying that individuals struggling with household responsibilities often reported significant economic difficulties. Household challenges were also strongly positively correlated with psychological challenges, as mentioned earlier, $r = .720$, $p < .01$, reinforcing the close link between psychological and household difficulties.

6.14. Economic Challenges and Other Variables

There was a somewhat positive correlation between economic challenges and psychological challenges ($r = .504$, $p < .01$) and household challenges ($r = .569$, $p < .01$), suggesting that financial difficulties were frequently linked to psychological strain and household obstacles. Furthermore, there was a weak negative correlation between economic challenges and health challenges ($r = -.169$, $p < .05$) and a weak positive correlation between economic and social challenges ($r = .172$, $p < .05$). These findings imply that there was not a direct correlation between financial constraints and health challenges in this sample.

6.15. Challenges and Satisfaction Levels

A multiple regression analysis was conducted to examine the relationship between various challenges faced by elderly residents (psychological, health, social, household, and economic challenges) and their overall satisfaction levels in old age homes.

Table 4: Model Summary and ANOVA Results

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	F	Sig.
1	.225	.051	.026	.320	2.087	.069

Table 5: Challenges and Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	5.045	.323		15.609	.000
	Psychological Challenges	-.087	.074	-.120	-1.172	.243
	Health Challenges	-.131	.067	-.143	-1.948	.053
	Social Challenges	-.082	.059	-.102	-1.388	.167

	Household Challenges	.003	.055	.007	.062	.951
	Economic Challenges	.043	.038	.098	1.124	.262

Dependent Variable: Overall Satisfaction

The model demonstrated a small predictive power, with an R-value of .225 and an R^2 value of .051. This indicates that approximately 5.1% of the variance in overall satisfaction is explained by the combination of psychological, health, social, household, and economic challenges. The adjusted R^2 value (.026) further suggests the limited explanatory strength of this model (see Table 4).

6.16. ANOVA

The overall model was not statistically significant, $F(5,195) = 2.087$, $p = .069$, indicating that the combination of predictors (challenges) did not significantly predict overall satisfaction. This suggests that the combined effect of the predictors on satisfaction is not strong enough to reach statistical significance.

6.17. Regression Coefficients

Each type of challenge was examined for its unique contribution to predicting overall satisfaction:

- **Psychological Challenges:** The psychological challenges' coefficient was insignificant ($B = -.087$, $t = -1.172$, $p = .243$), indicating that psychological challenges do not significantly predict satisfaction.
- **Health Challenges:** Health challenges had a marginally significant effect ($B = -.131$, $t = -1.948$, $p = .053$), suggesting a trend where increased health challenges may be associated with slightly lower satisfaction. However, this finding does not meet conventional significance criteria ($p < .05$).
- **Social Challenges:** The effect of social challenges on satisfaction was also insignificant ($B = -.082$, $t = -1.388$, $p = .167$), suggesting that social challenges are not a significant predictor of satisfaction.
- **Household Challenges:** Household challenges showed a non-significant positive effect ($B = .003$, $t = .062$, $p = .951$), indicating no meaningful association with satisfaction.
- **Economic Challenges:** The economic challenges' effect was insignificant ($B = .043$, $t = 1.124$, $p = .262$).

Overall, the regression model suggests that psychological, health, social, household, and economic challenges collectively do not significantly predict satisfaction levels among the elderly residents in this sample. Health challenges showed a marginal effect on satisfaction, but this did not reach statistical significance. These findings suggest that, within this sample, challenges across these domains may not strongly influence overall satisfaction levels. The implications of the challenges faced by elderly residents, as suggested by the findings, indicate limited predictive effects of psychological, social, economic, health, and household challenges on overall satisfaction. While this result may initially seem counterintuitive, it aligns with research that suggests satisfaction among elderly populations can be complex, often influenced by factors beyond immediate personal or social challenges.

7. Findings and Discussion

The findings of the correlation analysis reveal intricate relationships between the challenges faced by elderly individuals—psychological, health-related, social, household, and economic. These challenges are deeply intertwined, reflecting sociological dynamics that significantly influence the well-being of elderly populations. Analyzing these findings through the lens of sociological theories enriches our understanding of aging, family dynamics, social support systems, and the broader social context affecting elderly individuals.

7.1. Psychological and Household Challenges

The strong positive correlation between psychological challenges and household challenges highlights the emotional and relational struggles many elderly individuals face in their domestic environments. This finding resonates with role theory, which posits that transitioning or losing traditional social roles, such as being a

provider or decision-maker, can lead to identity conflicts and stress (Biddle, 1986). For example, in traditional societies where elderly individuals are revered as family heads or wise elders, shifting dynamics due to urbanization, economic pressures, or caregiving demands can result in role reversal. Gergen et al. (2004) explain how dependency on younger generations for care or financial support can evoke feelings of inadequacy or resentment, exacerbating psychological distress. Further, this finding underlines broader societal changes, including the decline of multigenerational households and the erosion of extended family systems, particularly in urbanized settings. Such changes disrupt the familial structures that once supported elderly individuals, leading to feelings of neglect, marginalization, or being a burden to others. Addressing these challenges requires a focus on promoting intergenerational dialogue and redefining familial roles to emphasize mutual respect and support. Community programs that foster understanding and collaboration between generations could mitigate the psychological and household strains identified in this study.

7.2. Psychological and Economic Challenges

The moderate correlation between psychological distress and economic challenges highlights the compound vulnerabilities faced by elderly people. This relationship is well-aligned with social exchange theory, which emphasizes how unbalanced exchanges, such as receiving support without the ability to reciprocate, can lead to helplessness or inadequacy (Homans, 1961). Börsch-Supan (2003) explains how economic insecurity in old age, mainly for individuals with fixed incomes or limited savings, heightens stress and depression. Such individual may experience a "double jeopardy," where financial strain undermines their ability to gain access to mental health support or basic resources, further deepening psychological distress. The finding also aligns with conflict theory, which focuses on systemic inequality that leaves marginalized groups, including the elderly, more vulnerable to economic and psychological challenges (Marx & Engels, 1848). Socioeconomic policy often fails to address the unique vulnerability of the aging population, perpetuating the cycle of financial insecurity and emotional distress. Effective intervention must address economic vulnerabilities alongside mental health support. Policies like universal pensions, subsidized healthcare, and financial literacy programs for the elderly can reduce economic insecurity and its psychological consequences.

7.3. Health and Social Challenges

The positive correlation between health and social challenges reflects how physical health problems limit social participation and increase isolation. This finding aligns with disengagement theory, which posits that aging is marked by a gradual withdrawal from social roles and activities as individuals prepare for the end of life (Cumming & Henry, 1961). However, the theory has been critiqued for its deterministic approach, with activity theory offering an alternative view. Activity theory suggests that maintaining social engagement and pursuing meaningful activities contribute to greater life satisfaction (Havighurst, 1961). For instance, Cohen-Mansfield et al. (2009) highlight how health-related limitations, such as mobility issues, restrict access to social activities, resulting in a diminished sense of purpose and identity. The finding that health challenges are only marginally significant in predicting satisfaction supports Ryff and Keyes' (1995) work, which identifies adaptability and resilience as central to well-being in later life. Elderly individuals often reframe health limitations, focusing on maintaining autonomy and finding joy in achievable activities, as noted by Schwarz and Strack (1999). Addressing social isolation caused by health problems requires creating accessible community spaces and inclusive activities for the elderly. Interventions could include home-based social programs for individuals with mobility issues or chronic conditions.

7.4. Social and Economic Challenges

The positive correlation between social and economic challenges suggests that financial strain limits access to social resources, exacerbating isolation. This finding aligns with conflict theory, which examines how systemic economic inequalities marginalize vulnerable groups (Marx & Engels, 1848). Victor et al. (2000) emphasize that financial hardship often results in exclusion from social and cultural activities. This exclusion disproportionately affects elderly individuals, particularly in societies where social participation depends on financial resources. Economic strain also limits access to transportation or technology, further isolating elderly individuals. Despite these obstacles, research by Antonucci et al. (2010) demonstrates that older people with

access to different social networks, like community or religious groups, frequently express greater pleasure. These results are consistent with symbolic interactionism, which emphasizes how social relationships and meanings shape people's well-being (Blumer, 1969). Seniors' social integration can be enhanced by lowering financial obstacles to social engagement through digital literacy campaigns, community engagement programs, and subsidized transportation

7.5. Economic and Household Challenges

The moderate to strong correlation between economic and household challenges reflects the intersection of financial and domestic stress. Structural-functionalism explains that the family is a key social institution that adapts to economic conditions (Parsons, 1951). Economic hardship can disrupt family roles and caregiving dynamics, leading to role reversals and relational stress. Sutor et al. (2006) describe how economic strain in multigenerational households creates tensions as younger generations take on caregiving responsibilities while elderly individuals struggle with feelings of dependency and guilt. These dynamics often manifest in stress, resentment, and weakened familial bonds. Similarly, Pinquart and Sörensen (2001) argue that in contexts where basic economic needs are met, satisfaction becomes less dependent on material resources and more focused on relational and emotional well-being. This perspective aligns with findings that economic and household challenges did not significantly predict satisfaction in this study. Interventions should alleviate household tensions by providing financial support to caregiving families, offering counselling services, and fostering mutual understanding through intergenerational programs.

7.6. Non-Significant Relationships with Satisfaction

The finding that challenges like psychological, health, and social difficulties did not significantly predict satisfaction highlights the resilience of elderly individuals. This aligns with symbolic interactionism, which emphasizes how individuals construct meaning and maintain self-worth through adaptive strategies (Blumer, 1969). Lachman et al. (2008) and Fiske et al. (2009) note that elderly individuals often reframe difficulties, focusing on strengths and cultivating gratitude, which buffers the impact of challenges on satisfaction. Ryff and Keyes (1995) also emphasize the importance of psychological well-being, resilience, and acceptance in maintaining life satisfaction despite adversity. Strengthening adaptive capacities among the elderly through resilience-building programs, mindfulness practices, and community engagement can enhance satisfaction and well-being.

8. Recommendations

Addressing the complex challenges elderly individuals face requires a multifaceted and collaborative approach involving families, communities, and policymakers. The following points are the key recommendations based on the major findings of the study.

8.1. Strengthening Family Support Systems

Families play a vital role in ensuring the well-being of elderly individuals. To foster emotional and psychological support, it is essential to promote awareness among families about the unique needs of the elderly. Family counselling programs can help address intergenerational conflicts and strengthen familial bonds, ensuring that older adults feel valued and respected within their households. Encouraging open communication and mutual understanding between family members can mitigate the emotional strain often associated with aging.

8.2. Integrated Health and Social Care Programs

Health challenges among elderly individuals are often intertwined with social isolation. To address this, community-based healthcare services should be developed, focusing on mobility, chronic illnesses, and mental health issues specific to aging populations. In addition, creating accessible social engagement opportunities, such as senior clubs or intergenerational programs, can reduce loneliness and foster a sense of belonging. These initiatives would improve physical health and promote mental and emotional well-being.

8.3. Economic Empowerment Initiatives

Economic vulnerability is a significant concern for many elderly individuals. To alleviate financial hardships, governments and organizations should introduce pension schemes and financial assistance programs tailored to the economically vulnerable elderly. Furthermore, financial literacy programs can equip older adults with the skills to manage their limited resources effectively, enabling them to maintain a sense of independence and dignity.

8.4. Enhancing the Infrastructure of Elderly Homes

The quality of life of elderly inhabitants is greatly influenced by the facilities and services offered in these facilities. It is crucial to make sure that these facilities have sufficient mechanisms for psychological, medical, and recreational support. By focusing on skills, interests, and volunteer opportunities, partnerships between non-profits and assisted living facilities can improve the lives of their residents and provide them with a sense of fulfillment and purpose as they age.

8.5. Advocacy for Policies

Policymakers must address the financial vulnerabilities that older populations experience. Advocating for reasonably priced housing, healthcare, and transportation can improve their quality of life. Furthermore, collaborations between communities and governments can help create initiatives that lessen social and domestic difficulties, guaranteeing that senior citizens get the maximum assistance.

8.6. Interventions with a Holistic Approach

A comprehensive strategy is necessary due to the interconnectedness of the issues that older adults experience. Programs for multifaceted interventions that concurrently address social, household, economic, health and psychological issues must be implemented. Healthy aging awareness campaigns can help create a culture of respect and care for the elderly by fostering an inclusive society that values and incorporates older persons. The well-being of the elderly can be greatly improved by implementing these tactics, guaranteeing that they age with respect, security, and a feeling of direction.

9. Conclusion

This study sheds light on the various issues that senior citizens in old age homes deal with, such as psychological, health, social, domestic, and financial concerns. The results show important connections between these issues, illustrating the intricacy of aging in a contemporary social setting. This study supports the findings of Carstensen et al. (2000), showing that elderly populations often navigate life challenges by focusing on psychosocial and emotional resources. The implications of these findings reinforce the idea that elderly satisfaction may depend more on adaptive mechanisms, social integration, and finding purpose rather than solely on the absence of challenges. While the study provides valuable insights, its findings underline the importance of a holistic approach to elder care. Policies and interventions should address the interconnected nature of challenges faced by the elderly, promoting their physical and mental well-being and social and economic stability. This study contributes to understand the needs for elderly care by examining the relationship between challenges and satisfaction. It also provides information that can guide the development of care practices and policies specifically designed to meet the needs of the aged. The research's findings ultimately direct changes in old age homes, improving their ability to meet the diverse demands of the residents and fostering a better living as they age. However, further research could expand the scope to include comparative studies across different regions or explore longitudinal data to establish causal pathways. Factors such as institutional care quality, staff behaviour, and personal coping strategies, which may significantly affect satisfaction, were not included in the study leaving areas for further studies. Future research could explore how interventions aimed at enhancing these resources, rather than merely mitigating challenges, might further improve satisfaction among elderly residents. By fostering a supportive environment through family, community, and institutional efforts, the quality of life and satisfaction of elderly individuals can be significantly enhanced, ensuring dignity and well-being in their later years.

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