


Chapter 3


Comparison for Institutional and Non- Institutional Caregiving for the Older Adults

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ABSTRACT

This comparative study explores institutional and non-institutional caregiving models for older adults, with a focus on quality of care, emotional well-being, and support systems. Institutional care offers structured, 24/7 medical and social support in settings like old age homes and nursing facilities, suitable for those with chronic conditions or family neglect. Non-institutional care is community- or home-based, emphasizing personalized attention and emotional bonds provided by family members and caregivers. The research, conducted in Trichy District, a mixed-method approach to assess caregiving outcomes among 243 participants aged 60 and above. The study highlights the strengths and limitations of both models, emphasizing the need for strategic interventions, caregiver training, and policy reforms. It proposes an integrated, person-centered approach to enhance eldercare

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effectiveness, reduce caregiver burden, and promote sustainable support services. The findings aim to inform healthcare providers, policymakers, and stakeholders for improved eldercare delivery.

INTRODUCTION

The elderly population has increased over the past two decades and needs attention for the prevention of institutionalization. This might increase the importance of age-wise structure details, as it is based on the open-ended age groups involving more than 80 years older adults (Mishra & Sondhi, 2019). The elderly adults are unable to get institutional care and support to address their needs and services. There are a number of factors involved that put pressure to increase institutionalization care and support in residential care and services (Anttonen & Karsio, 2016). Non-institutional care is involved on a family basis, while at the same time institutional care services are commercial-based or paid-basis services for elderly care support and care. There are some non-psychiatric clinics provided for the reduction of the length of progressive support to stay for the older adults (Hilton, 2017). There are a greater number of orthopaedics-affected older adults who face many consequences and health-related complications in the non-institutional care services. The medical aspects that contribute to the geriatric service units affect the healthcare of the elderly adults (Sebastian, 2020).

As per the standard model, it explains clearly the care and protection of older adults in Andersen's healthcare system. The healthcare service explains three dimensions: predisposing factors like age and education for the older adults, and provides the attitudes and willingness to offer care and support for the older adults (Travers et al., 2020). There is family support to provide income support, and this can stimulate or hamper access to the healthcare services. There are various factors involved in poor physical health issues or mental healthcare services for the primary care-related services to enhance the physical and mental health and well-being of older adults (Lazar & Davenport, 2018; Zhao et al., 2025).

As per the UN report (2023) on the care crisis among older adults, the data indicate that 1 in 3 women aged 65 and over may need long-term care support, while 1 in 5 men require such care. There are an estimated 13.6 million people affected due to a deficit of long-term caretaker workers. The majority, around 80%, of long-term care in Europe is provided through informal caregiving support for older adults. The data show that 9 in 10 formal long-term care workers are women, especially in OECD countries. An average of 1.5% of GDP in OECD countries was spent on long-term care support in 2019. This is down from 1.7% in 2017, despite the growing demand. People worldwide are living longer, with babies born in 2022 expected to live an

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