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The Experience of Autonomy by Institutionalized Older Adults in Residential Care Settings: Perspectives and Ethical Challenges for Nursing Care

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ABSTRACT

Population aging in Portugal and worldwide has brought major challenges for maintaining the autonomy and dignity of older adults. As life expectancy increases, so does the number of institutionalized elders, demanding new ethical and humanized approaches from nursing teams. This study aimed to understand the experience of autonomy among elderly residents in residential care facilities, identifying factors that promote or restrict it and discussing the ethical implications for nursing care. This is a qualitative case study conducted in two residential care facilities (ERPI) in northern Portugal, involving 14 participants aged between 70 and 94 years. Data were collected through semi-structured interviews and analyzed using Bardin's content analysis method. Results show that autonomy for institutionalized elderly people is relational and dynamic, often limited by institutional routines but strengthened through empathy, dialogue, and nursing care grounded in ethics and respect for individuality. Nursing practice guided by an ethics of care is essential for promoting autonomy and improving the quality of life and active aging among institutionalized older adults.

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INTRODUCTION

Population aging is a global and irreversible phenomenon, with profound impacts on healthcare systems and social structures. According to the World Health Organization (WHO, 2023), the number of people aged over 65 is expected to exceed 1.5 billion by 2050. In Portugal, data from the National Institute of Statistics (INE, 2024) indicate that older adults currently account for approximately 24% of the total population, and this upward trend remains pronounced due to increased longevity and declining birth rates.

This demographic transformation poses new challenges to care systems and, in particular, to nursing, which plays a strategic role in health promotion and in maintaining the functional and emotional autonomy of older adults. Autonomy, as a human value and ethical principle, is central to active and healthy aging; however, its preservation becomes complex in institutional settings, where daily life is often shaped by rigid rules and routines.

The institutionalization of older adults, understood as placement in collective residential care settings—commonly referred to as Residential Structures for Older People (ERPI)—tends to occur when there is loss of family support, physical or cognitive

dependence, or a need for continuous care. Nevertheless, living in these environments may entail significant restrictions on individual freedom, the right to choose, and self-determination (Gomes et al., 2021; Martín Carbonell et al., 2019).

According to Meleis (2010), any change in life context involves a transition process, and institutionalization can be understood as a situational transition in which the older person must adapt to new rules, relationships, and meanings. In this sense, nursing assumes an essential role as a mediator of adaptation and a promoter of autonomy, creating opportunities for older adults to maintain their identity and sense of control.

Roy (2011) emphasizes that adaptation is a dynamic process that requires a balance between dependence and independence. By recognizing the biopsychosocial and spiritual needs of older adults, nurses become facilitators of autonomy, promoting interventions that respect values, life histories, and individual preferences.

The study *"Institutionalization and the (dis)identification of the older population"*, conducted by Simão (2019), shows that when older adults participate freely and consciously in decision-making regarding institutionalization, they adapt more easily. Conversely, when such participation does not occur, acceptance of the new reality is hindered, and institutionalization is not perceived as an improvement in quality of life.

In light of this scenario, the theme of autonomy in the lived experience of older adults gains particular relevance, becoming a crucial starting point for reflection and investigation. The decision to explore the experience of autonomy during the process of institutionalization in residential care settings was motivated by the recognition of the importance of understanding how contextual conditions affect older adults' capacity for choice and self-determination. At the same time, through systematic literature reviews, it was noted that this topic remains underdeveloped in the scientific literature, where the focus is largely on the autonomy of hospitalized individuals.

Accordingly, the choice of this theme was based on the need to explore the role of residential institutions in promoting or restricting the autonomy of older adults. As an increasing number of older people rely on these structures for care, it is imperative to understand how the dynamics of these environments influence individual experiences.

Thus, the purpose of this study is to understand how institutional conditions impact the autonomy of older adults. By analyzing this context from different perspectives—from physical conditions to social interactions—it is possible to identify opportunities for improvement and to provide practical recommendations to promote a more autonomous and satisfying experience for institutionalized older adults. The main research question of this study was: *"How does an older person, institutionalized in a residential structure for older adults in the district of Viana do Castelo, experience their autonomy?"*

Therefore, the general objective of this study was *"to understand the experience of autonomy of older adults institutionalized in a residential structure for older adults in the district of Viana do Castelo."*

METHODOLOGY

This is a qualitative study of an exploratory and descriptive nature, grounded in an interpretative approach to human experience. The qualitative method enables an understanding of the meanings, perceptions, and values attributed by participants to their everyday experiences (Minayo, 2022). The focus was to capture the subjective dimensions of autonomy within institutional daily life, based on the narratives of older adults.

The study was conducted in two Residential Structures for Older People (ERPI), referred to in this study as ERPI A and ERPI B, both located in northern Portugal. ERPI A is a private, faith-based institution with a capacity of 50 residents, predominantly accommodating older adults with mild to moderate dependence.

ERPI B is a public, community-based structure with 60 residents, primarily serving individuals with a limited family support network.

Both institutions provide nursing services, physiotherapy, socio-cultural activities, and hygiene and nutrition care, maintaining structured daily routines. Field observations allowed for an understanding of institutional dynamics, interactions between professionals and residents, and the role of nursing in everyday decision-making processes.

Fourteen older adults (8 women and 6 men), aged between 70 and 94 years, who had been residing in the ERPIs for at least six months, participated in the study.

The inclusion criteria were:

(a) preserved cognitive capacity to respond to interviews;

(b) voluntary agreement to participate;

(c) verbal expression of willingness to contribute to the study.

Individuals with a clinical diagnosis of advanced dementia or severe cognitive impairment were excluded. All participants were identified using alphanumeric codes (e.g., Older Adult 1, Older Adult 2), ensuring anonymity and confidentiality.

Data collection took place between February and May 2024. The interviews were individual, face-to-face, and conducted in private spaces within the institutions, with an average duration of 30 minutes.

The data collection instrument consisted of a semi-structured interview guide addressing topics such as perceptions of autonomy, decision-making, institutional daily life, interpersonal relationships, and the role of nursing in care. The interviews were

audio-recorded with participants' consent and transcribed verbatim. In addition, field notes were recorded regarding the institutional environment, attitudes, and non-verbal expressions.

The testimonies were analyzed using thematic content analysis, according to Bardin (2016), following three stages:

(i) **Pre-analysis** – floating reading of the transcripts to achieve familiarization with the material;

(ii) **Material exploration** – coding of statements and grouping into emerging themes;

(iii) **Treatment and interpretation** – synthesis of categories and articulation with the theoretical framework.

Categories emerged inductively, with peer validation among the researchers and review by the academic supervisor. Scientific rigor was ensured through the criteria of credibility, confirmability, and transferability (Lincoln & Guba, 1985).

The study complied with the principles of the Declaration of Helsinki (2013) and received approval from the Ethics Committee of the School of Health of the Polytechnic Institute of Viana do Castelo. All participants signed an Informed Consent Form, and confidentiality, anonymity, and the right to withdraw at any time were guaranteed.

RESULTS

This section presents the results that address the phenomenon of the lived experience of autonomy among institutionalized older adults residing in a Residential Structure for Older People (ERPI). Initially, results related to the characterization of the study participants are presented.

Sample Characterization:

The participants were characterized in order to contextualize the collected information and provide a better understanding of the results obtained. This section begins with a brief personal and professional characterization of the interviewees.

Table 1. Sociodemographic data of the older adults included in the sample

ID	Sex	Age	Marital Status	Education	Occupation	Length of Institutionalization (months)
E1	F	81	Married	Primary education	Homemaker	48
E2	M	81	Widower	Lower secondary	Catering	36
E3	F	89	Single	None	Farmer	12
E4	F	82	Divorced	Primary education	Farmer	7
E5	F	88	Married	Primary education	Seamstress	7
E6	M	91	Widower	None	Farmer	8
E7	F	83	Single	Primary education	Farmer	156
E8	F	75	Single	Primary education	Homemaker	72
E9	F	76	Single	None	Homemaker	144
E10	M	90	Married	Primary education	Bricklayer	8
E11	F	77	Widow	Primary education	Farmer	60
E12	M	79	Married	Primary education	Farmer	60
E13	F	80	Widow	Literate	Factory worker	36
E14	F	80	Widow	Primary education	Seamstress	36

Fonte: (autores)

A predominance of female participants was observed, all aged over 70 years, with agriculture as the main occupational activity and low levels of formal education.

Based on the content analysis of the interviews conducted with the study participants, it was possible to structure the results into different thematic areas, categories, and subcategories. Tables and figures were used to facilitate readability (Table 2).

Table 2. Thematic areas, categories, and subcategories related to the experience of autonomy among institutionalized older adults in an ERPI in Northern Portugal

Thematic Area	Categories	Subcategories
Thematic Area 1: Decision-making regarding institutionalization	The older person	—
	Others	With consente
		Without consente
Thematic Area 2: Reasons for institutionalization	—	Loneliness
		Health frailty
Thematic Area 3: Concept of autonomy among institutionalized older adults	—	Self-determination
		Ability to perform Activities of Daily Living (ADL)
		Unable to define
Thematic Area 4: Attributes of autonomy from the older person's perspective	At admission	Decision-making centered on the self
		Performance of Instrumental Activities of Daily Living (IADL)
		Performance of work-related activities
		Performance of leisure activities
	After admission	Decision-making centered on the self
		Decision-making centered on others
		Performance of Basic Activities of Daily Living (BADL)
		Performance of IADL
		Performance of work-related activities
		Performance of leisure activities
Thematic Area 5: Factors influencing autonomy	Facilitating factors	Support from professionals
		Support from family and friends
		Companionship
		Maintenance of physical and social activities
	Hindering factors	Health-related restrictions
		Restrictive institutional policies
		Absence of Family
Thematic Area 6: Feelings of institutionalized older adults	At admission	Acceptance
		Sadness
		Resignation
	After admission	Satisfaction
		Joy
		Longing
		Resignation
		Fear
		Sadness

Fonte(autores)

Thus, six thematic areas emerged: decision-making regarding institutionalization; reasons for institutionalization; the concept of autonomy among institutionalized older adults; attributes of autonomy from the older adult's perspective; factors influencing autonomy; and feelings experienced by institutionalized older adults.

Decision-Making Regarding Institutionalization

The decision to institutionalize was largely made by family members, generating ambivalent feelings among participants. For some, admission to the ERPI represented safety and support; for others, it signified loss and separation.

"I came here because my children thought it was better. At first it was hard; it felt like they were deciding for me. Now I understand it was the way for me not to be alone." (Older Adult 2)

"When they brought me here, I felt sad, like I had lost my home. But later I realized there are good people here too, and we learn to live in a different way." (Older Adult 8)

These accounts reflect a transition from initial resistance to gradual acceptance. According to Meleis (2010), institutionalization is a situational transition process that requires identity adaptation and the reconfiguration of affective relationships.

Meanings Attributed to Autonomy

Older adults defined autonomy as the ability to make small everyday choices, maintaining control over personal and domestic aspects.

"Being autonomous is being able to decide what time I want to get up or what to wear. Even here, I like to choose what to eat, when they allow it." (Older Adult 4)

"Autonomy is being able to do my own things without having to ask all the time. I like making my bed and taking care of my clothes; it makes me feel useful." (Older Adult 10)

Autonomy therefore assumes both practical and symbolic dimensions. It represents the exercise of freedom as well as the recognition of individuality by others—especially by care professionals. This view aligns with the concept of relational autonomy, which acknowledges interdependence as a constitutive part of human life (Mackenzie & Stoljar, 2021).

Factors That Promote or Limit Autonomy

Factors promoting autonomy included encouragement of self-care, empathetic communication by staff, and family support. Leisure activities, workshops, and social interaction moments were identified as reinforcing feelings of independence.

"I like it when they let us participate in activities, when they ask what we want to do. It makes us feel alive." (Older Adult 7)

"Here we have a physiotherapist who encourages us to walk. When I managed to walk down the corridor on my own, I cried with joy." (Older Adult 1)

Conversely, rigid institutional routines and staff shortages were cited as significant barriers.

"Everything here has a set time. Sometimes I want to stay in bed a bit longer, but they say it's time for a bath. There's no choice." (Older Adult 3)

"The problem is that they have too many people to care for. Sometimes we ask for something simple and it takes a long time." (Older Adult 6)

These statements reveal tensions between safety and freedom. Institutional care models still prioritize standardization and control at the expense of individualized care (Martín Carbonell et al., 2019).

The Role of Nursing and Human Relationships in Care

Participants highlighted the nursing team as the primary mediator of their autonomy. Nurses emerged as figures of trust, listening, and sensitivity.

"The nurses are the ones who listen to us the most. When I talk to them, I feel that someone cares." (Older Adult 9)

"When the nurse asks how I want to take my medication, it seems simple, but I feel respected." (Older Adult 12)

These accounts show that ethical care is expressed through trust-based relationships and the recognition of older adults as active subjects rather than merely patients. This relational dimension of nursing is identified in the literature as fundamental to promoting autonomy and quality of life (Camacho & Santos, 2020; Tronto, 2015).

DISCUSSION

The results of this study demonstrate that the autonomy of institutionalized older adults is a relational, contextual, and dynamic construct, influenced by structural, affective, and ethical factors. It does not translate into absolute independence, but rather into possibilities for choice and recognition within the institutional environment.

In light of Meleis' Transition Theory (2010), institutionalization can be understood as an adaptive process in which nurses act as facilitators of transition and mediators of new meanings. Adaptation, as highlighted by Roy (2011), represents a continuous balance between dependence and independence—a balance that is clearly reflected in participants' narratives, as they seek to preserve gestures of freedom even within regulated contexts.

Similar findings have been reported regarding the involvement of older adults in the decision to live in an ERPI. Institutionalized older adults state that they "had no involvement whatsoever, with the decision to enter the residential facility being made by family members, who prepared all the logistics without the older adults themselves being aware of the situation" (António, 2023, p. 55).

In the present study, it was found that the majority of the interviewed older adults were institutionalized against their will, corroborating the studies mentioned above. In cases where older adults consented to the institutionalization process—despite it not being their preference—it was possible to observe that the autonomy experienced at the moment of decision-making was influenced by external factors.

This can be understood in light of the concept of relational autonomy (Mackenzie & Stoljar, 2000). That is, freedom of choice is not exercised in isolation, but within a system of relationships in which the older person recognizes the limits of their functional capacity or the legitimacy of others' decisions, accepting them as reasonable. Conversely, testimonies from some older adults (E4, E6, E7, E11, and E13) clearly reflect an absence of freedom of choice.

"As observed, clarity in integration and acceptance of institutional living largely depends on the degree of cooperation the individual had in the decision-making process regarding institutionalization" (Batista, 2021, p. 72). As can be noted, in the initial phase of institutionalization, the freedom of choice of more than half of the institutionalized older adults was not considered. In most cases, the decision to institutionalize against the older person's will was made by children or significant others.

These situations reveal violations of individual autonomy and indicate processes of non-consensual or insufficiently communicated institutionalization. The older person is treated as an object of decision rather than as a participating subject. Such situations may compromise psychological well-being, sense of dignity, and adjustment to institutional life, as discussed above.

Furthermore, the accounts of older adults whose autonomy was not respected point to unilateral decisions, without adequate sharing of information or respect for the time needed by the older person to process and mature the decision. This type of approach contradicts the good practices recommended by the World Health Organization (WHO, 2015), which emphasize the importance of informed consent and person-centered decision-making in all matters that affect individuals.

The findings also reinforce the importance of relational autonomy (Mackenzie & Stoljar, 2021), which considers interdependence between people and contexts as an essential part of the human experience. Autonomy is therefore co-constructed among the older person, professionals, family members, and the institution.

Statements expressing the rigidity of institutional routines reveal the need for a paradigm shift—from practices centered on efficiency and control to practices centered on the person. This transition requires investment in ethical training, improvement of working conditions, and expansion of staffing levels, so that care can truly be individualized.

The Directorate-General of Health (2022) and the World Health Organization (2023) emphasize autonomy as one of the pillars of active aging. However, policies still face challenges in their operationalization within ERPIs. Nurses, as reference professionals, can play a leading role in implementing practices of shared responsibility and resident participation.

Therefore, discussing autonomy in old age also means discussing social justice, dignity, and citizenship. Autonomy, even when limited, should be cultivated as an ethical and relational value that sustains the identity and sense of meaning in the lives of older adults.

Another point to be emphasized is the lack of family contact observed. The absence of family and community ties can significantly reduce perceived autonomy, as it weakens emotional support, sense of belonging, and the capacity for advocacy among older adults. Family abandonment, or even involuntary physical distance, promotes loneliness, affective dependence on the institution, and loss of social identity (Teixeira et al., 2017).

FINAL CONSIDERATIONS

The experience of autonomy among institutionalized older adults is complex, multifactorial, and deeply ethical. The results show that although institutions provide safety and basic care, there are still significant limitations in promoting freedom and self-determination.

The findings revealed that most decisions regarding institutionalization were made by significant others, with the majority occurring without the explicit consent of the older adults. The main reasons identified for institutionalization were situations of loneliness and health-related frailty.

The concept of autonomy proved difficult for participants to define, emerging as a complex notion with multiple dimensions and interpretations dependent on individual experience and the institutional context. Nevertheless, it was possible to observe that prior to institutionalization, older adults experienced autonomy more freely, particularly in the work-related context.

After institutionalization, this experience changed, becoming directed mainly toward leisure activities, often proposed by the institution. Relationships with healthcare professionals and family members, as well as the continuity of meaningful activities, were identified as factors that enhance autonomy.

Conversely, the absence of support and involvement was perceived as limiting. It is noteworthy that most participants reported a positive evolution of their feelings over time during their stay in the ERPI.

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