Original Article

Happiness and Physical Discomfort as Determinants of Quality of Life Among Nursing Home Residents: A Cross-Sectional Study

Anny Rosiana Masithoh[1], Wahyu Rochdiat Murdhiono[2], Rusli Bin Nordin[3], Ashri MaulidaRahmawati[1]

[1] Nursing Departement, Faculty of Health Science, Universitas Muhammadiyah Kudus, Kudus, Central Java, Indonesia
[2] Nursing Departement, Faculty of Health Science, Universitas Respati Yogyakarta, Sleman, Yogyakarta, Indonesia
[3] Faculty of Medicine, Mahsa University, Jenjarom, Selangor, Malaysia

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Correspondence

Anny Rosiana Masithoh; Nursing Departement, Faculty of Health Science, Universitas Muhammadiyah Kudus, Kudus, Central Java, Indonesia

Email:

annyrosiana@umkudus.ac.id

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ABSTRACT

Background: QoL assessment is essential in delivering person-centered care for institutionalized older adults. However, evidence on the combined influence of happiness and physical discomfort on their QoL remains limited. This study aimed to examine the associations between happiness, physical discomfort, and QoL among nursing home residents.

Methods: This cross-sectional study followed the STROBE guideline and was conducted at Nursing Home A in Jepara Regency. Of the 81 elderly residents, 68 participants were selected using Slovin's formula and recruited through purposive sampling. Inclusion criteria were age ≥60 years, permanent residence in the nursing home, willingness to participate, and ability to communicate effectively. The independent variables were happiness and physical discomfort, while QoL was the dependent variable. The questionnaires were administered through face-to-face interviews to ensure comprehension. QoL was assessed using the SF-36, happiness using the Oxford Happiness Questionnaire (OHQ), and physical discomfort using the Visual Analogue Scale (VAS). Associations between variables were analyzed using Spearman's rank correlation test.

Results: The majority of elderly participants reported experiencing severe physical discomfort (33.8%) and demonstrated poor QoL (58.8%). A significant association was identified between physical discomfort and QoL (Spearman's ρ = −0.37, 95% CI −0.56 to −0.14, p = 0.003). In addition, happiness was significantly correlated with QoL (Spearman's ρ = 0.35, 95% CI 0.12 to 0.54, p = 0.004), with most participants who exhibited low happiness scores also reporting poor QoL.

Conclusion: The findings underscore the importance of integrated nursing strategies that address both physical discomfort management and emotional well-being to improve elderly QoL. Routine assessment of discomfort and happiness should be incorporated into daily nursing care and institutional policies within nursing homes.

Keywords: Quality of Life; Happiness; Physical Discomfort; Older Adults; Nursing Homes.

Implications for Practice:

- The findings highlight the need for holistic nursing care that integrates routine physical discomfort assessment with psychosocial support to address both physical and emotional determinants of QoL among older adults.
- Nurses should develop individualized care plans that combine evidence-based physical discomfort management, counseling, and meaningful social activities to enhance residents' well-being and functional independence.
- For LMIC settings, nursing home policies should prioritize low-cost, scalable interventions, such as staff training in geriatric physical discomfort management and community-based emotional support programs to strengthen person-centered elderly care.

Introduction

Aging is not a process that begins abruptly at a specific stage of life; rather, it is a continuous and lifelong phenomenon that commences at birth. Throughout the life course, from infancy and adulthood to older age, individuals experience progressive biological and psychological changes that reflect the natural passage of time. Consequently, aging should be understood not as an isolated event, but as an inevitable and universal phase of the human life cycle that will be experienced by all individuals (Dewanti et al., 2022). Since 2021, Indonesia has officially entered the stage of an aging population structure, characterized by a substantial increase in the proportion of older adults within the population. This condition indicates that approximately one in ten individuals in Indonesia is now classified as elderly. Recent data from the National Socioeconomic Survey (Susenas) conducted in March 2023 further reinforce this trend, showing that 11.75 percent of the total population consists of elderly individuals. Demographic projections also estimate an old-age dependency ratio of 17.08, indicating that for every 100 people of working age, defined as those aged 15 to 59 years, there are about 17 elderly individuals who depend on them for economic, social, and caregiving support. These figures underscore the rapid pace of demographic aging in Indonesia and highlight its potential implications for social welfare systems, healthcare services, and overall economic sustainability (Badan Pusat Statistik, 2023). Central Java Province is among the regions classified as having an aging population, with older adults accounting for 13.07 percent of the total population (Eswanti & Sunarno, 2022).

The aging process is commonly accompanied by a gradual decline in physical, psychological, and social functions that were previously performed independently. Advancing age is often associated with reduced mobility, physical strength, and cognitive capacity, as well as a diminished ability to fulfill roles within the family, community, and workplace (Geirdal et al., 2021). These changes tend to increase dependence on others for daily activities, including basic self-care and broader social and emotional support. Although such dependency represents a natural aspect of aging, it may adversely affect an individual's sense of autonomy and self-esteem. Over time, increased reliance on external assistance can contribute to feelings of helplessness and ultimately result in decreased life satisfaction and a lower perceived quality of life (Şahin et al., 2019). The global decline in quality of life among older adults constitutes a complex and dynamic challenge that is closely associated with demographic transitions and changes in contemporary lifestyles. As life expectancy continues to increase and population structures shift toward older age groups, the well-being of the elderly has become a major concern in both developed and developing countries (Xi et al., 2025). This decline is primarily attributed to the physical and psychological changes

inherent in the aging process, including deteriorating physical health, reduced mobility, chronic conditions, and sensory impairments, as well as psychological challenges such as cognitive decline, memory impairment, and heightened susceptibility to stress and depression. Collectively, these age-related changes pose substantial barriers to maintaining independence, fulfilling social roles, and preserving a sense of purpose, thereby contributing to a diminished quality of life among older adults (Rahmawati et al., 2022).

Population aging is accompanied by profound transformations that extend beyond the individual level to influence social norms, cultural values, and institutional structures within society. These changes generate complex challenges that require not only recognition but also comprehensive and forward-looking strategies to address them effectively. Contemporary approaches to elderly care can no longer focus solely on extending life expectancy as the primary indicator of success. Instead, greater emphasis should be placed on enabling older adults to experience their extended lifespan with dignity, well-being, and fulfillment. This approach necessitates attention to physical health, psychological resilience, social engagement, and emotional well-being. Accordingly, the concept of dynamic aging, in which older adults not only live longer but also maintain meaningful, active, and productive lives, should serve as a guiding framework for public health initiatives and social policy development. Such a paradigm shift has the potential to promote healthy aging, reduce dependency, and enhance the overall quality of life among elderly populations (Jazayeri et al., 2023).

A growing body of evidence indicates that elderly individuals residing in nursing homes often receive inadequate psychological and emotional support, as care practices tend to prioritize the fulfillment of basic physiological needs, including nutrition, hydration, and personal hygiene. Although these components are fundamental to daily care, they frequently neglect broader dimensions of well-being that are critical to the overall quality of life (QoL) of older adults. Empirical studies conducted in nursing homes in Indonesia have highlighted this issue, reporting that more than half of residents experience low QoL, thereby underscoring the magnitude of the problem. Supporting evidence from studies examining the association between social interaction and QoL among institutionalized elderly populations further reinforces these findings. One such study reported that 53.8 percent of residents had low QoL, while the remainder exhibited moderate to high levels. Importantly, these studies also emphasize the beneficial role of social engagement, as meaningful and sustained social interactions have been shown to reduce feelings of isolation and loneliness, enhance a sense of belonging, and ultimately contribute to improvements in the QoL of elderly individuals living in nursing home settings. (Daely et al., 2022).

Older adults residing in nursing homes are at increased risk of experiencing declines in well-being and quality of life (QoL). This issue is especially important in Low- and Middle-Income Countries (LMICs), where nursing homes often operate with constrained resources, limited access to comprehensive physical discomfort management, and minimal psychosocial programs. Consequently, the identification of effective strategies to enhance well-being among elderly individuals in institutional care settings is strongly warranted. One such strategy is the Joy of Life philosophy, which emphasizes the fulfillment of spiritual and emotional needs, including the promotion of meaning

in life and the experience of joy (Adhikari et al., 2025; Haugan et al., 2020).

A study conducted in China reported that quality of life (QoL) is influenced by multiple factors, including levels of economic development, cultural context, educational attainment, health status, and access to healthcare services (M. Zhang et al., 2022). Another study highlighted various additional determinants of quality of life, including gender, socioeconomic status, physical and mental well-being, functional ability in daily activities, perceived health status, and health-related behaviors (Song & Lee, 2021). Prior study reported that financial hardship, fatigue, and physical discomfort were the three most frequently cited complaints. These results align with findings from previous research. (Afiyanti et al., 2020).

The biopsychosocial model provides an explicit theoretical framework for understanding QoL, emphasizing that health outcomes are shaped by interactions between biological conditions, psychological well-being, and social environments (Batool & Tanveer, 2024). Contemporary gerontology emphasizes that QoL is multidimensional and shaped by biological, psychological, and social factors, as conceptualized in the biopsychosocial framework. Within this model, physical discomfort represents a biological stressor that may limit functional capacity, while happiness reflects psychological well-being that can buffer the negative impact of illness. These components are assumed to interact dynamically in determining how older people perceive and experience their QoL (Lopez et al., 2024).

Assessing quality of life has become a crucial component in delivering comprehensive care to institutionalized older adults. Such evaluations enable healthcare professionals to effectively monitor and address the well-being of elderly individuals over time. (Kofi et al., 2023). Several previous studies on the quality of life of elderly individuals in nursing homes have primarily focused on factors such as gender, mental health, physical condition, and separation from family, examining their general impact on overall quality of life (Arenas et al., 2021; De Medeiros et al., 2020; Geirdal et al., 2021; Mohebi et al., 2018). However, no research has specifically examined the relationship between happiness and body discomfort in relation to the quality of life of elderly individuals in nursing homes. This study aimed to examine the associations between happiness, physical discomfort, and QoL among older adults living in a nursing home.

Methods

Study Design

This research applied a quantitative study design using a cross-sectional approach, allowing data to be collected at a single point in time to describe the existing conditions of the study population. This study followed the STROBE reporting guideline for cross-sectional studies

Participants

The target population comprised 81 elderly residents of Nursing Home A in Jepara Regency, Indonesia. A purposive sampling method was applied to select participants based on predefined criteria aligned with the study objectives, resulting in a final sample of 68 older adults selected using Slovin's formula. Inclusion criteria required participants to be aged 60 years or older, reside permanently at Nursing Home A in Jepara Regency, and demonstrate both willingness to participate and the ability to communicate effectively. Elderly residents who declined participation or were unable to complete the research procedures were excluded from the study. All recruited participants completed the study, and no respondents were lost to follow-up or excluded from the analysis

Instruments

To gather data, the instruments used in this study, namely the Short Form-36 Health Survey (SF-36), Oxford Happiness Questionnaire (OHQ), and Visual Analogue Scale (VAS). The SF-36 is a widely recognized self reported instrument designed to measure the quality of life in older adults and consists of 36 items grouped into several domains. These domains include 10 items assessing physical functioning, 4 items addressing limitations due to physical health problems, 2 items evaluating bodily pain, 6 items measuring general health perceptions, 4 items assessing vitality and energy, 2 items related to social functioning, 3 items addressing role limitations due to emotional problems, and 5 items measuring mental health status. Each item is rated on a Likert-type scale, and the raw scores are then transformed into a standardized scale ranging from 0 to 100 for each domain. Quality of life was categorized using a common cut-off value: scores ≤50 were classified as poor QoL, while scores >50 were classified as good QoL. Importantly, this instrument has undergone rigorous testing to ensure its validity and reliability, with validity results showing significance levels less than 0.05 and reliability coefficients exceeding 0.70, indicating strong internal consistency and suitability for use in elderly populations (Arofah & Auliya, 2022).

The Oxford Happiness Questionnaire (OHQ) is a self-report instrument developed to measure an individual's level of happiness. It was derived from the Oxford Happiness Inventory and refined for broader applicability in research and clinical settings. The questionnaire consists of 29 items. Each item is rated on a 6-point Likert scale, typically ranging from strongly disagree to strongly agree. A score of 25 is classified as very poor, indicating a very low level of happiness. Scores ranging from 26 to 50 fall under the poor category, suggesting below-average emotional well-being. Scores between 51 and 75 are considered good, reflecting a generally positive level of happiness. Finally, scores from 76 to 100 are categorized as very good, indicating a high degree of life satisfaction and emotional well-being. The OHQ demonstrates excellent internal consistency ($\alpha = 0.91$) and strong construct validity, showing significant correlations with life satisfaction ($r = 0.77$), self-esteem ($r = 0.81$), optimism ($r = 0.79$), and the Depression–Happiness Scale ($r = 0.90$). Factor analysis supports a unidimensional structure of psychological well-being (Hills & Argyle, 2002).

The Visual Analogue Scale (VAS) was used to measure physical discomfort, defined as the subjective intensity of physical discomfort experienced by the elderly. The VAS is a self-report instrument consisting of one item presented as a 10-cm horizontal line ranging from “No Pain” to “Worst Possible Pain.” The instrument was administered with interviewer assistance to ensure participants’ understanding, and respondents were asked to indicate the level of discomfort felt during the previous week in a quiet and private setting. Scoring was based on the distance from 0–10 cm, with higher scores indicating greater discomfort; scores were interpreted as No Pain (0), Mild Pain (1–3), Moderate Pain (4–6), Severe Pain (7–9), and Worst Possible Pain (10). The VAS has demonstrated good validity and reliability for assessing pain intensity in older adults, with reported test–retest reliability ranging from 0.71–0.99 and well-established construct validity in international studies (Begum & Hossain, 2019).

Data Collection

The data were collected in January 2026 at Nursing Home A, Jepara, Indonesia. Data collection was conducted directly by

the principal researcher through on-site visits, in accordance with the approved research protocol and ethical procedures. The researcher administered all instruments, provided standardized explanations to participants, and reviewed each questionnaire immediately after completion to ensure data completeness and accuracy. All collected data were recorded using coded participant identifiers and were securely stored in a password-protected electronic database, with hard-copy forms kept in a locked cabinet accessible only to the research team. Quality assurance measures included prior training on instrument administration, the use of standardized operating procedures, double-checking of data entry, and routine verification to minimize errors and inconsistencies.

Data Analysis

Data analysis was performed using the Spearman rank correlation test with SPSS version 22 (IBM Corp., Armonk, NY). This test was applied to examine the relationships between the independent variables (happiness and physical discomfort) and the dependent variable (quality of life). The strength of the associations was reported using effect size in the form of Spearman's rho (ρ) along with corresponding p-values. Prior to analysis, the dataset was checked for completeness; no missing data were identified, therefore all 68 participants were included in the final analysis without the need for imputation or case exclusion.

Ethical Considerations

Ethical approval for this study was obtained from the Health Research Ethics Committee of Universitas Muhammadiyah Kudus (Approval No. 504/Z-7/KEPK/UMKU/I/2026). The study was conducted in full compliance with the Declaration of Helsinki and established ethical standards for research involving human participants. Written informed consent was obtained from all respondents prior to data collection after they received a clear explanation of the study objectives, procedures, potential risks, and benefits. Participants' confidentiality and privacy were strictly maintained, and all data were anonymized and used solely for research purposes.

Results

Table 1 presents the distribution of participants' characteristics and study variables. The mean age of the respondents was 68.07 ± 8.76 years, with a median of 67 years and an age range of 60–88 years. The median length of stay in the nursing home was 3 years (mean 3.01 ± 1.79), ranging from 1 to 6 years. Table 1 shows that the majority of participants were female (63.2%) and most had no formal education (45.6%). More than half of the elderly residents were categorized as having poor quality of life (58.8%). Regarding psychological well-being, most respondents demonstrated a poor level of happiness (67.6%). In terms of physical condition, the largest proportion of participants experienced severe physical discomfort (33.8%).

Table 1. Frequency Distribution of Participants' Characteristics and Study Variables (n = 68)

Variable	n (%)	Mean ±SD	Median	Min-Max
Age (years)	-	68,07±8,759	67	60-88
Gender				
Male	25 (36,8))			
Female	43 (63,2)			

Variable	n (%)	Mean ±SD	Median	Min-Max
Educational Level				
No formal education	31 (45,6)			
Primary school	28 (41.2)			
Secondary or higher	7 (10.3)			
Undergraduate	2 (2,9)			
Length of Stay in Nursing Home (years)		3,01±1,791	3	1-6
Quality of Life (SF-36)				
Good	28 (41.2)			
Poor	40 (58.8)			
Happiness Level (OHQ)				
Very poor	15 (22.1)			
Poor	46 (67.6)			
Good	6 (8.8)			
Very good	1 (1.5)			
Physical Discomfort (VAS)				
No pain	14 (20.6)			
Mild pain	18 (26.5)			
Moderate pain	9 (13.2)			
Severe pain	23 (33.8)			
Worst possible pain	4 (5.9)			

Table 2 demonstrates a significant association between physical discomfort and quality of life among elderly residents (ρ = −0.37; 95% CI −0.56 to −0.14; p = 0.003). Crosstabulation showed that poor QoL was most prominent among participants with no pain (19.1%) and mild pain (14.7%), while the severe pain group contributed the largest proportion of good QoL (23.5%) within the discomfort categories, indicating a varied distribution across pain levels. Overall, higher physical discomfort tended to be associated with poorer QoL.

A significant relationship was also identified between happiness and QoL (ρ = 0.35; 95% CI 0.12 to 0.54; p = 0.004). The crosstab revealed that 48.5% of respondents with poor happiness experienced poor QoL, representing the most dominant cell in this section of the table. In contrast, participants with good or very good happiness were more frequently found in the good QoL category. These results suggest that lower happiness and greater physical discomfort are consistently linked with poorer QoL among nursing home residents.

Table 2. Cross-tabulation of Physical Discomfort and Happiness with Quality of Life (n = 68)

Variable	Quality of Life		Total n (%)	p-value	Spearman's ρ (95% CI)
	Good n (%)	Poor n (%)			
Physical Discomfort (VAS)					
No pain	1 (1.5)	13 (19.1)	14 (20.6)	0.003	−0.37 (−0.56 to −0.14)
Mild pain	8 (11.8)	10 (14.7)	18 (26.5)		
Moderate pain	2 (2.9)	7 (10.3)	9 (13.2)		
Severe pain	16 (23.5)	7 (10.3)	23 (33.8)		
Worst possible pain	1 (1.5)	3 (4.4)	4 (5.9)		
Happiness Level (OHQ)					
Very poor	12 (17.6)	3 (4.4)	15 (22.1)	0.004	0.35 (0.12 to 0.54)
Poor	13 (19.1)	33 (48.5)	46 (67.6)		
Good	3 (4.4)	3 (4.4)	6 (8.8)		
Very good	0 (0.0)	1 (1.5)	1 (1.5)		

Statistical analysis was performed using Spearman's rank correlation test; percentages are calculated based on the total sample (n = 68).

Discussion

Correlation Between Physical Discomfort and Elderly Quality of Life in Nursing Home

This study found a significant positive association between happiness and quality of life (QoL) in elderly nursing home residents (Spearman's ρ = 0.35; p = 0.004), indicating that higher levels of happiness are correlated with better QoL. This finding is consistent with the well-being literature, which conceptualizes happiness as an integral component of overall life satisfaction and psychological health, both of which contribute substantially to perceived QoL in older adults. Emotional well-being can enhance resilience, coping ability, and social participation, thereby mitigating the deleterious effects of age-related stressors on daily functioning. Such a relationship aligns with the biopsychosocial framework, where psychological states interact with biological and social domains to shape health outcomes (Rodr et al., 2023).

In Low- and Middle-Income Countries (LMICs), including settings similar to Indonesia, structural limitations like scarce mental health services, stigma around emotional support, and fewer recreational or community engagement opportunities may exacerbate low happiness among institutionalized elderly (Giebel et al., 2022). Studies from LMIC contexts have shown that psychosocial resources, including perceived social support, meaningful engagement, and purpose in life are highly predictive of QoL, often more so than physical health alone. This suggests that improving happiness through culturally appropriate interventions (e.g., peer support groups or activity programs) could be especially impactful in LMICs where clinical infrastructures for physical care may be limited (Lee et al., 2020).

Beyond physical limitations, insufficient care and attention from family members, caregivers, or the broader social environment may further exacerbate declines in quality of life. This lack of support is frequently manifested through unmet physical needs, such as inadequate nutrition and healthcare, as well as insufficient psychological support,

including emotional reassurance, social interaction, and cognitive stimulation (Li et al., 2020; Rahmawati et al., 2023). Moreover, many older adults are inadequately prepared, both emotionally and practically, to cope with these age-related changes, which can intensify feelings of vulnerability, social isolation, and helplessness. Collectively, these factors compromise the ability of elderly individuals to maintain a satisfactory quality of life and underscore the urgent need for more comprehensive, integrated, and holistic approaches to elderly care within institutional settings (Empati et al., 2024).

These findings are consistent with previous research demonstrating that older adults experience significant improvements in quality of life when participating in intervention programs that incorporate individualized exercise prescriptions aimed at reducing physical discomfort, regular progress monitoring, and supportive components such as educational materials or exercise reminders (Chen et al., 2021). Another study reported that disease severity, which manifests as pronounced physical discomfort, represents a critical clinical factor influencing patients' quality of life. Symptoms such as wheezing and shortness of breath were found to be significantly associated with poorer quality of life outcomes (Kharaba et al., 2022).

Correlation Between Happiness and Elderly Quality of Life in Nursing Home

The analysis also revealed a significant negative correlation between physical discomfort and QoL (Spearman's $\rho = -0.37$; $p = 0.003$), suggesting that greater physical discomfort is associated with poorer QoL among elderly nursing home residents. This finding corroborates extensive evidence that physical pain and discomfort reduce functional capacity, impair mobility, and increase dependency, all of which can diminish perceived life quality. Under the biopsychosocial model, physical discomfort is viewed as a biological stressor that can adversely affect both emotional well-being and social participation, ultimately compromising overall QoL (Grassi et al., 2020).

In LMICs, where access to comprehensive physical discomfort management and rehabilitative services may be limited due to workforce shortages, financial constraints, or underdeveloped clinical protocols, the impact of physical discomfort on QoL may be more pronounced. Limited availability of analgesic protocols, insufficient training in geriatric physical discomfort assessment, and cultural tendencies to underreport physical discomfort further complicate efforts to address discomfort effectively. Evidence from LMIC studies supports this, showing that older individuals with unmanaged physical discomfort report lower QoL compared with cohorts in high-income contexts where physical discomfort management is routinely prioritized (Lee et al., 2020; Nutakor et al., 2023).

In this context, happiness may be conceptualized as a multidimensional state of well-being encompassing emotional stability, a positive outlook, and satisfaction with one's life circumstances. Among older adults, happiness often emerges when fundamental needs, including adequate nutrition, healthcare, safety, and opportunities for meaningful social interaction, are sufficiently fulfilled (Fernandez-portero & Amian, 2023). In addition to these physical requirements, happiness is also influenced by the satisfaction of psychological and emotional needs, such as being treated with dignity, maintaining social relationships, and participating in purposeful activities. When these needs are adequately addressed, older adults are more likely to experience higher levels of happiness, which in turn

plays a vital role in maintaining and enhancing their overall quality of life within nursing home settings (Mare & Sukmawati, 2024; Y. Zhang & Sun, 2024).

The findings of this study are consistent with previous research demonstrating that individuals who achieve higher scores across key dimensions of quality of life tend to report greater levels of happiness. Life satisfaction represents a subjective appraisal of overall quality of life and is widely recognized as a central indicator of subjective well-being, which is often used interchangeably with happiness to describe how individuals perceive and evaluate their lives. Happiness is closely related to multiple dimensions through which quality of life is expressed, particularly those associated with the work and living environment (López-Ruiz et al., 2021).

Another consequence of the aging process is a potential decline in happiness. Factors that may be preserved or strengthened to enhance happiness among older adults residing in nursing homes include participation in leisure activities and the capacity to accept and adapt to age-related changes. Individuals with a positive and optimistic disposition are more likely to perceive adverse events as temporary, context-specific, and unlikely to influence other aspects of life. Moreover, happier individuals tend to experience more positive outcomes by recognizing and valuing their own abilities. They also demonstrate greater competence in making decisions related to their future, as they are more inclined to employ adaptive strategies such as actively seeking information about potential safety risks (Hazratian & Motaghi, 2022).

Implications and limitations

This study contributes conceptually to elderly QoL research by applying a biopsychosocial perspective that integrates physical discomfort and happiness as interrelated determinants of quality of life among institutionalized older adults. The findings extend existing knowledge by demonstrating that psychological well-being may buffer the negative influence of physical discomfort on QoL, highlighting the need for multidimensional geriatric care models.

Nevertheless, several limitations should be acknowledged. The study was conducted in a single nursing home, which may limit the generalizability of the results to other institutional or community settings, and the use of self-reported instruments may introduce response and recall bias. Additionally, the cross-sectional design prevents causal inferences between the variables. Future studies involving multiple sites and community-dwelling older adults, as well as longitudinal or experimental designs, are needed to strengthen theoretical understanding and to develop more evidence-based interventions targeting both physical and psychological dimensions of aging.

Relevance to Practice

This study underscores the need for routine assessment of physical discomfort and happiness as key components of elderly care. Nurses should implement standardized physical discomfort screening, individualized physical discomfort management, and structured psychosocial activities to address both physical and emotional needs. At the institutional level, the development of multidisciplinary and person-centered care programs is essential to improve the overall quality of life of nursing home residents.

Conclusion

This study confirms significant relationships between physical discomfort, happiness, and quality of life among nursing home residents, underscoring that effective physical discomfort management and

emotional well-being are equally vital for healthy aging. The novelty of this research lies in integrating these physical and psychological dimensions within a single biopsychosocial perspective in an LMIC institutional setting. The findings call for holistic, person-centered nursing care that addresses physical discomfort and emotional needs simultaneously rather than in isolation. Future research should involve larger, more diverse populations and apply longitudinal or experimental designs to clarify causal pathways and evaluate targeted interventions. Such efforts will help ensure that extended longevity is accompanied by dignity, comfort, and meaningful quality of life.

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CrediT Authorship Contributions Statement

Anny Rosiana Masithoh: conceived and designed the correlative study, conducted data collection, performed data analysis, and drafted the original manuscript

Wahyu Rochdiat Murdhiono: the study design, assisted in data analysis and interpretation, and critically revised the manuscript for important intellectual content

Rusli Bin Nordin: methodological guidance, supervised the research process, and reviewed and approved the final version of the manuscript

Ashri Maulida Rahmawati: instrument development, supported data interpretation, and contributed to manuscript review and editing

Conflicts of Interest

There is no conflict of interest.

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Supplementary Materials

Supplementary File S1: Research Instrument contains the full questionnaire used for data collection.

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