

Original Article

How Do Older Adults Experience Depression and Social Isolation in Nursing Homes? A Descriptive Phenomenological Study



Lilik Ma'rifatul Azizah¹, Amar Akbar¹, Imam Zainuri¹, Siti Khotijah¹

¹ Universitas Bina Sehat PPNI, Mojokerto, East Java, Indonesia

ARTICLE INFO

Article History

Submit : November 24, 2025
Accepted : March 30, 2026
Published : March 31, 2026

Correspondence

Lilik Ma'rifatul Azizah;
Universitas Bina Sehat PPNI,
Mojokerto, East Java, Indonesia

Email:

lilikazizah@ubs-ppni.ac.id

Citation:

Azizah, L. M. ., Akbar, A., Zainuri, I., & Khotijah, S. . (2026). How Do Older Adults Experience Depression and Social Isolation in Nursing Homes? A Descriptive Phenomenological Study. Journal of Applied Nursing and Health, 8(1), 885–896.
<https://doi.org/10.55018/janh.v8i1.607>

ABSTRACT

Background: Depression and social isolation are common psychosocial problems among older adults living in nursing homes. Institutional living may intensify feelings of loneliness, loss of meaningful roles, and emotional withdrawal, which can negatively affect psychological well-being and quality of life. Understanding the lived experiences of older adults is essential to inform holistic nursing care. This study aimed to explore the lived experiences of depression and social isolation among older adults residing in nursing homes.

Methods: A qualitative study using a descriptive-phenomenological approach and following COREQ guidelines was conducted. Using purposive sampling, 15 potential participants were approached; 12 participants met the inclusion criteria (aged ≥ 60 , residing ≥ 3 months, and GDS score ≥ 5) and completed the study, while 3 declined due to health fatigue. Data were collected through in-depth, face-to-face interviews and analyzed using the Colaizzi method to identify essential themes. Ethical approval was obtained before data collection, and data collection continued until data saturation was achieved at the 12th participant.

Results: Six major themes emerged: Feeling forgotten and abandoned; Living among others yet feeling alone; Loss of role and identity; Emotional withdrawal and silence; Longing for meaningful connection; and Searching for acceptance and inner peace.

Conclusion: Depression and social isolation are deeply rooted in perceived loss and unmet emotional needs. Practical implications include the need for psychosocial nursing interventions that prioritize meaningful interpersonal communication and family engagement strategies.

Keywords: Depression; Social isolation; Older adults; Nursing homes; Phenomenology; Qualitative research.

Implications for Practice:

- Nurses and clinicians should integrate routine psychosocial assessments and person-centered communication strategies into daily care to identify and address depression and social isolation among older adults in nursing homes.
- Health policy should support the development of structured family engagement programs and relational care models that strengthen emotional support systems within long-term care facilities.

Implications for Practice:

- Midwifery and nursing education should incorporate training in psychosocial and culturally sensitive care approaches adaptable to Low- and Middle-Income Countries and other resource-limited settings.

Introduction

Depression and social isolation are common psychosocial problems experienced by older adults, particularly those who reside in nursing homes ([Folorunsho & Okyere, 2025](#)). The transition from living independently to institutional care often involves significant adjustments in daily routines, autonomy, and social relationships ([O'Neill & Ryan, 2023](#)). Many older adults must cope with reduced family contact, limited decision-making power, and changes in personal identity ([McLennan et al., 2025](#)). These circumstances may lead to persistent sadness, emotional withdrawal, and feelings of loneliness. As a result, psychosocial well-being becomes a critical component of geriatric nursing care in institutional settings ([Badawy & Shaban, 2025](#)).

Globally, the prevalence of depression among older adults continues to increase, with higher rates reported in long-term care facilities compared to community settings ([Deng et al., 2026](#)). Social isolation has also been identified as a major public health issue in aging populations, contributing to adverse health outcomes such as cognitive decline, decreased functional ability, and increased mortality risk ([Puyan  et al., 2025](#)). Although nursing homes provide physical care and safety, many residents still report feeling disconnected and emotionally unsupported ([Miura & Kanoya, 2025](#)). This situation reflects a complex interaction between environmental factors and individual psychological responses. Therefore, understanding the emotional realities of older adults in nursing homes is essential for improving the quality of care ([Gurung & Chaudhury, 2025](#)).

The transition to nursing homes can be understood through Erikson's eighth stage of psychosocial development, "Integrity versus Despair," where a failure to achieve integrity leads to despair. Additionally,

Socioemotional Selectivity Theory suggests that as time horizons shrink, older adults prioritize emotionally meaningful goals; thus, the isolation in nursing homes directly conflicts with their developmental needs ([Melici, 2016](#)). Furthermore, the Conceptual Framework of Social Breakdown explains how the loss of social roles in institutional settings leads to a negative self-concept ([Hearn et al., 2012](#)). This gap indicates the need for qualitative research that explores depression and social isolation from the perspective of nursing home residents.

Previous studies have predominantly used quantitative approaches to measure depressive symptoms and identify associated risk factors ([Wu et al., 2025](#)). While such studies provide valuable epidemiological data, they often overlook older adults' subjective experiences. The meanings of loneliness, perceptions of loss, and the internal struggles associated with institutional living remain insufficiently explored ([Gill & Sullivan, 2025](#)). Without capturing these lived experiences, nursing interventions may address symptoms without fully understanding their underlying context. This gap indicates the need for qualitative research that explores depression and social isolation from the perspective of nursing home residents ([Pourmollamirza et al., 2026](#)).

Phenomenology offers a suitable framework for exploring the essence of lived experience. Through this approach, researchers seek to understand how individuals interpret and make meaning of their daily realities. In the context of nursing homes, depression and social isolation are not merely clinical conditions but also deeply personal experiences shaped by loss, identity transformation, and adaptation to a new environment ([Chee, 2025](#)). By examining these experiences, nursing care can be more responsive to emotional and relational needs. A phenomenological perspective allows the voices of older adults

to guide the development of more compassionate care strategies ([Gill & Sullivan, 2025](#)).

Therefore, this study aimed to explore the lived experiences of depression and social isolation among older adults residing in nursing homes. By gaining a deeper understanding of these experiences, this study seeks to contribute to the development of psychosocial nursing interventions that are grounded in the realities of institutional life. The findings are expected to provide insight into how nurses can better support

Methods

Study Design

This study applied a descriptive phenomenological approach rooted in Husserlian philosophy to capture the "essence" of human experience ([Doyle et al., 2020](#)). The phenomenological method was chosen to explore in depth the lived experiences of older adults who experience depression and social isolation while residing in a nursing home. This approach allows researchers to understand how participants interpret and give meaning to their emotional and social experiences within the context of institutional living. The research team consisted of nursing scholars specializing in gerontology. To maintain objectivity, researchers performed 'bracketing' (epoche), setting aside personal preconceptions about nursing homes to ensure the findings reflected only the participants' voices ([Beck, 1994](#)).

Research Team and Reflexivity

The principal investigator was a lecturer from the Department of Mental Health Nursing, Bina Sehat University Mojokerto. The research team had prior experience in conducting qualitative studies using phenomenological approaches. The researchers did not have any prior personal

relationships with the participants before the study began.

To minimize potential bias, the research team engaged in reflective discussions throughout the research process. The principal investigator maintained reflexive notes to monitor assumptions, professional perspectives, and emotional responses during data collection and analysis. Peer debriefing with colleagues experienced in qualitative research was conducted to ensure critical reflection and maintain analytical rigor.

Participants

Participants were recruited via purposive sampling at Panti Werdha Mojokerto. Out of 15 candidates approached, 12 agreed to participate (3 declined due to fatigue). No compensation was provided to ensure voluntary participation. Inclusion criteria included aged ≥ 60 , residency ≥ 3 months, and a Geriatric Depression Scale score \geq .

Exclusion criteria included older adults with severe cognitive impairment, acute psychiatric instability, or communication barriers that prevented meaningful interviews.

A total of 12 older adults participated in this study. Participants ranged in age from 62 to 84 years. Both male and female residents were included. Most participants had been living in the nursing home for more than one year, and several reported limited family visits. All participants had experienced feelings of loneliness, withdrawal from social interaction, or persistent sadness during their stay in the institution.

Data saturation was achieved after the twelfth interview, as no new themes emerged and participants' experiences began to show recurring patterns.

Data Collection

Data were collected through in-depth, face-to-face interviews conducted in a private and comfortable room within the nursing home to ensure confidentiality and minimize external distractions. Each interview lasted approximately 40–60 minutes.

Semi-structured open-ended questions were used to explore participants' emotional experiences, perceptions of loneliness, changes in social relationships, and their daily life within the institution. Interviews were audio-recorded with participants' consent. Field notes were taken to document non-verbal expressions, pauses, emotional tone, and environmental context.

Data collection continued until data saturation was reached, indicated by repetition of meanings and absence of new significant insights.

Data Analysis

Data were analyzed using the Colaizzi phenomenological method (Beck, 1994). The analysis began with repeated readings of all transcripts to gain a comprehensive understanding of the overall content. Significant statements related to depression and social isolation were then identified and extracted, followed by the formulation of meanings derived from these statements. These meanings were subsequently organized into clusters of themes, which served as the basis for developing an exhaustive description of the phenomenon. To ensure the credibility of the findings, the results were returned to selected participants for validation, confirming that the interpretations accurately reflected their lived experiences. The analysis was conducted manually, with both the principal investigator and an additional reviewer independently examining the data to ensure consistency in the development of themes.

Trustworthiness and Rigor

Trustworthiness was established through credibility, dependability, confirmability, and transferability. Credibility was ensured through member checking and prolonged engagement with participants. Dependability was supported by maintaining a detailed audit trail of research procedures and analytic decisions. Confirmability was strengthened by peer review of transcripts and theme interpretation. Transferability was enhanced by providing rich descriptions of the setting and participants, allowing readers to determine applicability to similar contexts.

Ethical Consideration

Ethical approval was obtained from the Ethics Committee of Bina Sehat University, Mojokerto (Approval Number: No. 47/KEP/UBS-PPNI/VIII/2025).

Participants were informed about the study's purpose, confidentiality procedures, and their right to withdraw at any time without consequences. Written informed consent was obtained before data collection. Participants' identities were protected by using codes instead of real names in transcripts and reports.

Results

A total of 12 older adults participated in this study. Participants ranged in age from 62 to 84 years and had resided in the nursing home for 6 to 7 years. Through phenomenological analysis using the Colaizzi method, six major themes emerged describing the lived experiences of depression and social isolation among older adults in institutional care (**Table 1**).

Semi-structured interviews (45–60 minutes) were guided by questions such as: "Can you describe your daily social life here?" and "How do you feel when family does not visit?" Trustworthiness was ensured through 'member checking,' where

3 participants validated that the transcriptions accurately reflected their experiences.

Data was analyzed using the Colaizzi method (Beck, 1994). The analysis was conducted manually to allow for deep immersion in the Indonesian cultural nuances of the data.

Conceptual Framework: The Social-Emotional Decay. The findings suggest a cycle where Environmental Stressors (rigid schedules) and Cultural Conflict (loss of filial piety) lead to the core experience of "Living in Silence," ultimately resulting in clinical depression (**Table 2**).

Table 1. Characteristics of Participants

Participant	Age (Years)	Gender	Length of Stay (Years)	Marital Status	Education Level	Family Visit Frequency
P1	62	Male	1	Widowed	Elementary School	Rare
P2	68	Female	2	Widowed	Junior High School	Rare
P3	71	Female	3	Widowed	Elementary School	Rare
P4	65	Male	1.5	Married (Separated)	Senior High School	Never
P5	74	Female	4	Widowed	Elementary School	Rare
P6	69	Male	2	Widowed	Junior High School	Occasionally
P7	82	Female	6	Widowed	No Formal Education	Never
P8	77	Male	5	Widowed	Elementary School	Rare
P9	84	Female	7	Widowed	Elementary School	Never
P10	66	Male	1	Married (Separated)	Senior High School	Rare
P11	73	Female	3	Widowed	Junior High School	Occasionally
P12	79	Male	4	Widowed	Elementary School	Rare

Table 2. Theme, Category, and Coding Tree

Theme	Category	Sample Codes
Feeling Forgotten	Perceived Abandonment	Rare family visits; children being busy; feeling discarded
Living Among Others	Superficial Interaction	Surrounded but emotionally alone; not like family; silence
Loss of Identity	Role Transition	Loss of head-of-family status; feeling small; waiting for orders
Emotional Withdrawal	Protective Silence	Staying quiet to avoid crying; keeping things inside

Theme 1: Feeling Forgotten and Abandoned



Most participants expressed a deep sense of being forgotten by their families. Limited visits and reduced communication intensified their perception of abandonment. Although they understood their family members had responsibilities, the emotional impact remained profound.

One participant stated: "My children are busy. They rarely come here. Sometimes I feel like I am no longer needed." (P3)

Another participant shared: "When no one visits, it feels like I have disappeared from their lives." (P7)

These narratives reflect how perceived abandonment contributed significantly to emotional distress and depressive feelings (Figure 1).

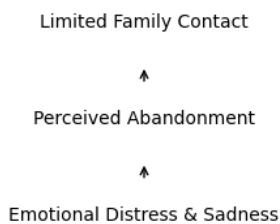


Figure 1. Theme 1: Feeling Forgotten and Abandoned

Theme 2: Living Among Others Yet Feeling Alone

Despite living in a shared environment, many participants described persistent loneliness. Being physically surrounded by other residents did not necessarily translate into meaningful social connection.

One participant explained: "There are many people here, but I still feel alone. Everyone has their own thoughts." (P5)

Another stated: "We talk sometimes, but it is not the same as talking to family." (P9)

This theme highlights the paradox of institutional life—social proximity without emotional closeness (Figure 2).

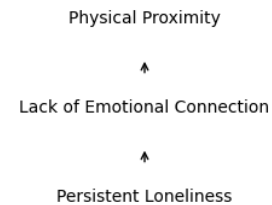


Figure 2. Theme 2: Living Among Others Yet Feeling Alone

Theme 3: Loss of Role and Identity

Participants described a sense of losing their previous roles as parents, workers, or community members. The transition into institutional living was perceived as a shift from being active contributors to becoming passive recipients of care.

A participant expressed: "At home, I was the head of the family. Here, I just wait for someone to tell me what to do." (P1)

Another shared: "I used to be strong and independent. Now I feel small." (P10)

This loss of identity contributed to feelings of helplessness and decreased self-worth (Figure 3).

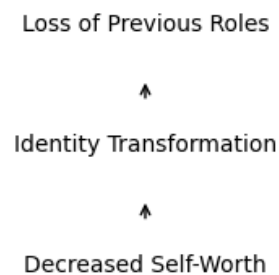


Figure 3. Theme 3: Loss of Role and Identity

Theme 4: Emotional Withdrawal and Silence

Many participants reported withdrawing emotionally as a coping mechanism. They chose silence to avoid conflict, disappointment, or further emotional pain.

One participant stated: "I prefer to stay quiet. If I talk too much, I might cry." (P4)

Another said: "It is better to keep things inside. Nobody really understands anyway." (P11)

Emotional withdrawal became both a protective strategy and a manifestation of depressive symptoms (Figure 4).

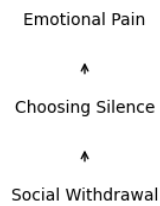


Figure 4. Theme 4: Emotional Withdrawal and Silence

Theme 5: Longing for Meaningful Connection

Beyond general social interaction, participants expressed a desire for deeper emotional connection and meaningful conversation. They longed for someone who would genuinely listen and understand their stories.

A participant explained: "I just want someone to sit with me and talk, not just ask if I have eaten." (P6)

Another shared: "When someone listens to me, I feel alive again." (P2)

This theme emphasizes the importance of relational care and emotional presence in nursing home settings (Figure 5).

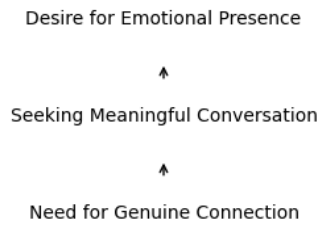


Figure 5. Theme 5: Longing for Meaningful Connection

Theme 6: Searching for Acceptance and Inner Peace

Although participants experienced depression and isolation, some attempted to find acceptance and inner peace. Spiritual reflection, prayer, and adaptation to daily routines were mentioned as coping strategies.

One participant reflected: "Maybe this is my path now. I try to accept it and pray." (P8)

Another stated: "If I think too much, I become sad. So I try to focus on today." (P12)

While depressive feelings persisted, efforts to find meaning and acceptance indicated adaptive coping among several participants (Figure 6).

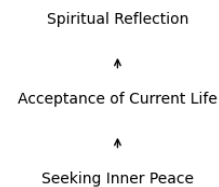


Figure 6. Theme 6: Searching for Acceptance and Inner Peace

The six themes illustrate that depression and social isolation among nursing home residents are rooted in



perceived abandonment, loss of identity, emotional withdrawal, and unmet relational needs. At the same time, some older adults attempt to cope through acceptance and spiritual reflection. These findings reveal the complexity of emotional life in institutional settings and underscore the importance of psychosocial nursing care that addresses both emotional and relational dimensions.

Discussion

This study explored the lived experiences of depression and social isolation among older adults residing in a nursing home. The findings revealed six major themes: feeling forgotten and abandoned, living among others yet feeling alone, loss of role and identity, emotional withdrawal and silence, longing for meaningful connection, and searching for acceptance and inner peace. These themes reflect the complex emotional and social challenges experienced by older adults in institutional settings.

The first theme, feeling forgotten and abandoned, highlights the emotional impact of limited family contact. Participants expressed sadness and disappointment due to infrequent visits and communication from family members. Similar findings have been reported in previous studies indicating that reduced family interaction contributes significantly to depressive symptoms among nursing home residents (Kaur & Kaur, 2025). Emotional neglect, whether perceived or actual, may intensify feelings of worthlessness and increase vulnerability to psychological distress. In institutional contexts, family presence often symbolizes emotional security, and its absence may lead to a sense of abandonment.

The second theme, living among others yet feeling alone, illustrates the paradox of institutional living. Although participants were surrounded by other residents, they

continued to experience loneliness. This finding is consistent with research showing that physical proximity does not necessarily ensure emotional connection (Kolk et al., 2026). Social isolation in nursing homes is often characterized by superficial interaction without meaningful engagement. The absence of deep interpersonal relationships may result in persistent feelings of loneliness despite shared living spaces (Gill & Sullivan, 2025).

Loss of role and identity emerged as another important theme. Many participants described a decline in their sense of purpose after entering the nursing home. The transition from being active family members or community contributors to becoming care recipients affected their self-concept. Previous studies suggest that role loss is strongly associated with depressive symptoms in older adults. Identity transformation in later life, particularly when accompanied by institutionalization, may create feelings of helplessness and reduced self-esteem (Pourmollamirza et al., 2026).

Emotional withdrawal and silence were described as coping strategies used to protect oneself from further emotional pain. Participants chose to remain silent rather than express disappointment or sadness. This finding aligns with literature indicating that older adults may internalize emotional distress instead of seeking help (Kolk et al., 2026). Emotional suppression may reduce conflict but can also deepen depressive symptoms. In nursing practice, emotional withdrawal may be misinterpreted as acceptance rather than a sign of psychological distress.

The theme longing for meaningful connection emphasizes the importance of relational care. Participants expressed a desire for someone who would genuinely listen and engage in meaningful conversation. Research has shown that supportive communication and emotional

presence can significantly reduce feelings of loneliness and depression among institutionalized older adults ([Sukenova et al., 2026](#)). The findings suggest that psychosocial nursing care should prioritize not only routine care activities but also meaningful interpersonal interaction.

The "Loss of role" observed reflects a shift toward despair in Erikson's framework (Chee, 2025). In the Indonesian context, this is exacerbated by the expectation of "Filial Piety"; being in a Panti Werdha is often seen as a failure of family care, intensifying abandonment. Unlike studies in developed countries, nursing home placement in Indonesia carries a heavy stigma of neglect ([Zhang et al., 2023](#)), explaining why participants use "Emotional withdrawal" as a protective mechanism ([Choi et al., 2008](#)).

Finally, searching for acceptance and inner peace reflects adaptive coping mechanisms among some participants. Spiritual reflection and efforts to accept current circumstances were described as strategies to maintain emotional stability. This finding supports previous research suggesting that spirituality and acceptance may function as protective factors against severe depression in older adults ([Puustinen et al., 2026](#)). Although depressive feelings persisted, participants who practiced acceptance appeared to demonstrate greater emotional resilience.

Overall, this study highlights that depression and social isolation among nursing home residents are multidimensional experiences shaped by relational loss, identity transformation, and unmet emotional needs. Understanding these lived experiences provides valuable insight for nurses and healthcare providers in designing psychosocial interventions that address both emotional and social dimensions of care ([Puustinen et al., 2026](#)). The findings reinforce the importance of person-centered approaches that foster

meaningful relationships and emotional support in long-term care settings.

Implications and limitations

The findings of this study provide important conceptual contributions to geriatric nursing, particularly in understanding depression and social isolation as lived and relational experiences rather than merely clinical conditions. The six themes identified in this study illustrate that emotional distress among nursing home residents is closely linked to perceived abandonment, loss of identity, and unmet relational needs. These findings reinforce the importance of incorporating psychosocial perspectives into long-term care models. By highlighting the subjective meaning of depression and isolation, this study contributes to a deeper understanding of emotional well-being in institutional settings and supports the development of more person-centered approaches in nursing science.

However, several limitations should be acknowledged. This study was conducted in a single nursing home, which may limit the transferability of findings to other institutional contexts. Although twelve participants provided rich descriptions of their experiences, the sample may not fully represent the diversity of older adults living in long-term care facilities. Additionally, participants' narratives may have been influenced by individual emotional states at the time of interview. Despite these limitations, the study offers meaningful insight into the psychosocial realities of nursing home residents.

Relevance to Practice

The findings of this study highlight the need for nurses to prioritize psychosocial assessment and relational care in nursing homes. Nurses should recognize signs of emotional withdrawal, loneliness, and perceived abandonment as indicators of

deeper psychological distress. Interventions that encourage meaningful conversation, active listening, and social engagement may help reduce depressive feelings and social isolation. Nursing home management should consider structured psychosocial programs that promote family involvement and peer interaction. By integrating emotional support into routine care, nurses can enhance the quality of life and psychological well-being of older adults in institutional settings.

Conclusion

This study revealed that depression and social isolation among older adults in nursing homes are deeply connected to feelings of abandonment, loss of identity, emotional withdrawal, and unmet relational needs. Although some residents demonstrate adaptive coping strategies, many continue to experience persistent loneliness and sadness. Understanding these lived experiences is essential for developing psychosocial nursing interventions that are compassionate and person-centered. Addressing emotional and social dimensions of care may improve overall well-being and support healthier aging within institutional environments.

Funding

This research received no external funding.

CrediT Authorship Contributions Statement

Lilik Ma'rifatul Azizah: Conceptualization, Methodology, Investigation, Data Curation, Formal Analysis, Writing – Original Draft.

Amar Akbar: Supervision, Validation, Writing – Review & Editing.

Imam Zainuri: Methodology Support, Data Analysis Consultation, Writing – Review & Editing.

Siti Khotijah: Investigation, Data Collection, Project Administration

Conflicts of Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgments

The authors would like to express their sincere appreciation to the management and staff of Panti Werdha Mojokerto for facilitating the research process. The authors also extend their gratitude to all older adults who generously shared their experiences and perspectives in this study.

References

- Badawy, W., & Shaban, M. (2025). Exploring geriatric nurses' perspectives on the adoption of AI in elderly care a qualitative study. *Geriatric Nursing, 61*, 41-49.
- Beck, C. T. (1994). Phenomenology: Its use in nursing research. *International journal of nursing studies, 31*(6), 499-510.
- Chee, S. Y. (2025). 'Be a part or apart?': A phenomenological study on older adults' resident retention and continued stay in senior living facilities. *International Journal of Hospitality Management, 126*, 104078.
- Choi, N. G., Ransom, S., & Wyllie, R. J. (2008). Depression in older nursing home residents: The influence of nursing home environmental stressors, coping, and acceptance of group and individual therapy. *Aging and Mental health, 12*(5), 536-547.

- Deng, Y., Cai, W., Chen, Q., Yang, X., Yang, H., Hu, Y., Zhao, Y., Chen, H., Li, G., & Yuan, K. (2026). Global, regional, and national burdens of anxiety disorders among older adults, 1990-2021: A systematic analysis for the Global Burden of Diseases Study 2021. *Social Psychiatry and Psychiatric Epidemiology*, 1-15.
- Doyle, L., McCabe, C., Keogh, B., Brady, A., & McCann, M. (2020). An overview of the qualitative descriptive design within nursing research. *Journal of research in nursing*, 25(5), 443-455.
- Folorunsho, S., & Okyere, M. (2025). The impact of neglect, physical, and financial abuse on mental health among older adults: a systematic review. *Aging & mental health*, 29(4), 567-577.
- Gill, A. S., & Sullivan, S. S. (2025). Resonances of Feeling Alone: A Systematic Review Unveiling Older Persons' Loneliness and Its Mechanisms in Residential Care Facilities. *Journal of advanced nursing*, 81(10), 6183-6198.
- Gurung, S., & Chaudhury, H. (2025). Relationship-centered care for older adults in long-term care homes: A scoping review. *Journal of Applied Gerontology*, 44(9), 1513-1532.
- Hearn, S., Saulnier, G., Strayer, J., Glenham, M., Koopman, R., & Marcia, J. E. (2012). Between integrity and despair: Toward construct validation of Erikson's eighth stage. *Journal of Adult Development*, 19(1), 1-20.
- Kaur, R., & Kaur, L. (2025). Nurses' Attitudes towards the Elderly Care in Nursing Homes: A Descriptive Literature Review.
- Kolk, D. v. d., Andringa, G., de Korne, D., & Huijsman, R. (2026). A scoping review of influencing factors associated with loneliness in nursing home settings. *Aging & mental health*, 30(2), 311-324.
- McLennan, S., Meyer, L., Wangmo, T., Gaab, J., Elger, B., & Seaward, H. (2025). Psychological stressors of imprisonment and coping of older incarcerated persons: a qualitative interview study. *BMC Public Health*, 25(1), 328.
- Melici, B. (2016). *Ego integrity and resilience: The human experience across the life span delineated by Erikson's eighth stage of psychosocial development*. The Chicago School of Professional Psychology.
- Miura, T., & Kanoya, Y. (2025). Fall risk assessment and prevention strategies in nursing homes: A narrative review. *Healthcare*,
- O'Neill, M., & Ryan, A. (2023). Experiences and perceptions of older people making the transition to living in a care home: an integrative literature review. *International Journal of Research in Nursing*, 14(1), 1-18.
- Pourmollamirza, A., Valizaeh, L., Navab, E., Matlabi, H., & Zamanzadeh, V. (2026). Elderly Perceived Challenges of the Intergenerational Gap: A Qualitative Study. *Iranian Journal of Ageing*, 21(1), 0-0.
- Puustinen, J., Turjamaa, R., & Kangasniemi, M. (2026). Individuality in delivering older people's home care and services: An integrative review. *Geriatric Nursing*, 68, 103833.
- Puyané, M., Chabrera, C., Camón, E., & Cabrera, E. (2025). Uncovering the impact of loneliness in ageing populations: a comprehensive scoping review. *BMC geriatrics*, 25(1), 244.
- Sukenova, D., Nikolic, D., Izenkova, A., Nurbakyt, A., Izenkova, A., & Macijauskiene, J. (2026). Ageing and Quality of Life in Older Adults: Updates and Perspectives of Psychosocial and Advanced

Technological Interventions.
Healthcare,

Wu, Y., Cornally, N., O'Donovan, A., Kilty, C., Li, A., & Wills, T. (2025). Prevalence and factors associated with depression and depressive symptoms among Chinese older persons: an integrative review. *International Journal of Mental Health Nursing*, 34(1), e13484.

Zhang, D., Lu, Q., Li, L., Wang, X., Yan, H., & Sun, Z. (2023). Loneliness in nursing homes: A qualitative meta-synthesis of older people's experiences. *Journal of Clinical Nursing*, 32(19-20), 7062-7075.