

The Effect of Depression Level on Quality of Life in the Elderly at Nursing Homes

Roihaana Alviatus Zahro*, Zwasta Pribadi Mahardhika, Afrizal Tw, Liko Maryudhiyanto

Universitas YARSI, Indonesia

Emails: alfiatuszahroroihaana@gmail.com*

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ABSTRACT

As individuals age, they experience a natural decline in physical and cognitive function, increasing their vulnerability to various health problems, including depression. This condition may lead to reduced cognitive ability, diminished physical functioning, social withdrawal, poor sleep quality, and an elevated risk of suicide. Depression is more prevalent among older adults residing in nursing homes compared to those living with their families, and has been shown to negatively affect nearly all dimensions of quality of life. In Islamic teachings, caring for the elderly is a moral and spiritual obligation that emphasizes respect, compassion, and the fulfillment of their rights. This study aims to analyze the effect of depression level on the quality of life of older adults living in nursing homes and to examine these findings from an Islamic perspective. A quantitative cross-sectional design was employed, involving 77 respondents selected through simple random sampling. Of these, 16 respondents experienced depression and 5 were identified as having poor quality of life. The chi-square test yielded a *p*-value of 0.000, indicating a statistically significant association between depression level and quality of life. These findings highlight the impact of depression on the well-being of older adults and underscore the importance of providing humane, person-centered care aligned with religious values.

INTRODUCTION

Depression is one of the most common mental disorders experienced by older adults (Devita et al., 2022; Reynolds 3rd et al., 2022). As individuals age, physical and emotional changes alongside declining cognitive function render the elderly increasingly susceptible to this condition. Globally, the prevalence of depression continues to rise, and the disorder has a significant impact on the way individuals think, behave, and function in their daily lives (Ministry of Health of the Republic of Indonesia, 2021; Azari, 2021).

In Indonesia, the elderly currently constitute approximately 11.75% of the total population; however, many still face considerable health challenges. The healthy life expectancy remains at 62.8 years, a figure that reflects the substantial proportion of older adults living with physical and mental limitations (Central Statistics Agency, 2023). Chronic disease, educational attainment, and insufficient social support further increase the risk of depression among this population (Nareswari, 2020).

Older adults residing in nursing homes are particularly vulnerable to depression, as they are separated from their families and familiar social environments. Several studies report that nursing home residents experience depression at higher rates, which adversely affects physical health, social relationships, and the capacity to perform activities of daily living (Novayanti, Adi, & Widyastuti, 2020; Andriani et al., 2023). These conditions underscore the importance

of examining the psychological factors that influence the well-being of institutionalized elderly populations.

Quality of life is a multidimensional concept encompassing physical health, psychological condition, social relationships, and environmental context. Depression has been consistently identified as a major determinant of reduced quality of life among older adults. Individuals experiencing depressive symptoms tend to report lower life satisfaction, decreased functional ability, and poorer social engagement. Understanding the relationship between depression and quality of life is therefore essential for improving elderly care services, particularly in institutional settings.

Despite a growing body of research on depression and quality of life among the elderly, most studies focus primarily on clinical and psychosocial aspects without integrating spiritual or religious perspectives. In the Indonesian context, where religious values play a significant role in daily life, the incorporation of an Islamic perspective in understanding elderly well-being remains limited. Furthermore, previous studies have predominantly examined community-dwelling elderly populations, while research specifically focused on nursing home residents that adopts a combined psychological and spiritual approach remains relatively scarce.

This gap highlights the need for a more comprehensive framework that not only examines the relationship between depression and quality of life but also integrates religious values as a contextual lens. From an Islamic perspective, caring for the elderly is not merely a social responsibility but also a moral and spiritual obligation that emphasizes compassion, respect, and the fulfillment of their rights. Concepts such as gratitude (*syukur*), trust in God (*tawakal*), and contentment (*qana'ah*) are believed to contribute to psychological well-being and resilience among older adults.

The novelty of this study therefore lies in its integrative approach, combining quantitative analysis of the relationship between depression level and quality of life with an Islamic interpretive framework. This study does not merely assess statistical associations but also situates the findings within a spiritual context, offering a more holistic understanding of elderly well-being in nursing home settings.

Based on this background, this study aims to examine the effect of depression level on the quality of life of older adults in nursing homes. This research is expected to yield several benefits. Theoretically, it contributes to the development of interdisciplinary research by integrating psychological and religious perspectives in the study of elderly well-being. Practically, the findings can serve as a reference for healthcare providers and nursing home administrators in designing interventions that address both the psychological and spiritual needs of older adults. From a policy perspective, this study may inform the development of elderly care programs that are more holistic and culturally relevant. For the broader community, this research also reinforces awareness of the importance of providing compassionate, value-based care for the elderly in accordance with religious teachings.

METHOD

This study employed a quantitative approach with a cross-sectional design. Data collection was conducted on August 2, 25, and 31 across three nursing home facilities: the Tresna Werdha Budi Mulia 1 Jakarta Social Nursing Home, the Tresna Werdha RIA

Pembangunan Nursing Home, and the Hajjah Hasmah Noor Foundation Nursing Home. The study population comprised 345 older adults, and the required sample size was calculated using an ordinal-ordinal correlative formula, yielding a minimum of 56 respondents. Sample selection was conducted through simple random sampling, with inclusion criteria requiring respondents to be between 60 and 75 years of age and capable of verbal communication. Older adults with hearing impairment or dementia were excluded from the study.

Data were collected using two validated instruments: the Geriatric Depression Scale (GDS) and the World Health Organization Quality of Life BREF (WHOQOL-BREF). The GDS is a standardized screening tool specifically developed for use with older adults, consisting of dichotomous ("yes"/"no") response items designed to detect the presence and severity of depressive symptoms and associated behavioral indicators. The WHOQOL-BREF, meanwhile, assesses quality of life across four key domains: physical health, psychological well-being, social relationships, and environmental conditions, with the inclusion of spiritual elements where applicable. Both instruments were selected on the basis of their ease of administration with elderly populations and their capacity to provide a comprehensive assessment of emotional condition and quality of life (Sopiah et al., 2023; Rumawas, 2021). Data analysis was performed using the chi-square test. In the event that the assumptions of the chi-square test were not satisfied, the Kruskal-Wallis test was applied as an alternative non-parametric method (Sulistiyowati et al., 2024; Sari et al., 2024; Fridolin, Musthofa, & Suryoputro, 2022).

RESULT AND DISCUSSION

Frequency distribution based on gender, age, last education and length of stay in the orphanage. The population and sample in the study were 77 elderly people who were found according to the characteristics of the study.

Table 1. Characteristics of respondents

Features	Frequency	Presentase
Gender		
Male	24	31,17%
Women	53	68,83%
Age		
60-65	22	28,75%
66-70	26	33,77%
71-75	29	37,66%
Final education		
Not in school/Not finishing elementary school	5	6,5%
Elementary education	13	16,8%
Secondary Education (Junior High School)	29	37,5%
Higher Education (D3-S3)	30	39,2%
A long stay in a nursing home		
≤ 10 years	68	88%
>10 years	9	12%

Source: Primary data processed by the authors (2026)

Based on table 1 above, it is explained that the characteristics of the majority of respondents are female (68.83%) with an age range of 60-75 years, dominated by the age group of 71-75 years (37.66%). Most have secondary to higher education (76.7%) and have lived in an orphanage ≤ 10 years (88%).

Table 2. Frequency distribution of elderly depression rates

Categories Depression Levels	Frequency	Percentage (%)
Not depressed	61	79,2
Mild depression	9	11,7
Moderate depression	5	6,5
Severe depression	2	2,6
Total	77	100,0

Source: Primary data processed by the authors using Geriatric Depression Scale (GDS) (2026)

Based on table 2 above, it is explained that most of the respondents, namely 79.2% do not experience depression, while only 2.6% experience severe depression.

Table 3. Frequency distribution of the quality of life of the elderly

Quality of Life Category	Frequency	Percentage (%)
High Quality of Life	72	93,5
Moderate Quality of Life	5	6,5
Low Quality of Life	0	0
Total	77	100,0

Source: Primary data processed by the authors using WHOQOL-BREF (2026)

Based on table 3, most of the elderly have a high quality of life (93.5%), while 6.5% are in the medium category and none are low.

Table 4. Frequency distribution of elderly depression rates

		WHOQOL-BREF		Total
		High Quality of Life	Medium & Low Quality of Life	
Geriatric Depression Scale	Not depressed	60	1	61
	Mild depression	8	1	9
	Moderate & severe depression	4	3	7
	Total	72	5	77

Source: Primary data processed by the authors (2026)

Based on table 4, it is known that the elderly with higher levels of depression tend to have a lower quality of life. The results of the Chi-Square test showed a p-value = 0.000, which means that there is a meaningful relationship between the level of depression and the quality of life of the elderly. The Mann-Whitney test yielded a value of p= 0.000, indicating a significant difference between the level of depression and the quality of life of the elderly.

The results of the study show that the elderly in social institutions are dominated by women aged 71-75 years with secondary to high education levels. This pattern is in line with

the findings of Septianawati et al., (2022) Elsiandi et al., (2024) who stated that age, gender, and education factors are related to the psychological condition and quality of life of the elderly. Women and the elderly with low education are reported to be more prone to depression and decreased well-being. In addition, increasing age and limited social support are also known to worsen mental conditions.

In this study, most of the respondents did not experience depression and had a relatively good quality of life. This shows that the majority of the elderly in nursing homes are in a relatively stable psychological condition, in line with the findings of Salsabila et al., (2024) and Fajari et al., (2025), which state that spiritual support and regular mentoring activities can help maintain the mental health of the elderly. However, Nugraha & Aprillia's (2020) research showed different results, where the elderly living in orphanages tended to have a lower quality of life, especially in terms of mobility and independence, which may be influenced by differences in facilities and social environment. In this study, the available social activities as well as the relatively short stay seemed to have a positive impact on the emotional state of the respondents. These findings suggest that the quality of life of the elderly in nursing homes is generally good, although increased psychological and social support is still needed.

Statistical analysis shows a relationship between depression rates and quality of life. The elderly without depression almost all have a high quality of life, while the elderly with moderate-severe depression have decreased drastically. Thus, the level of depression has been proven to affect the quality of life of the elderly in nursing homes. These findings are in line with Pramesona & Taneepanichskul (2018) and Yehya et al., (2023), who assert that depression has a direct impact on a decline in quality of life. The study of Fajari et al., (2025) also shows that even mild depressive symptoms can affect several aspects of well-being. However, the study of Bahtiar et al., (2025) found that the relationship was inconsistent in the community environment, so risk factors seemed to influence the results.

Although it provides an important picture of the relationship between depression rates and the quality of life of the elderly in social institutions, this study still has limitations. The limited number of respondents and the differences in characteristics between orphanages have not been fully accumulated, so the results cannot yet describe the entire elderly population in social institutions. In addition, the cross-sectional design limits the assessment to changes in psychological conditions over time. Nevertheless, the findings of this study remain an important basis for understanding the role of depression in determining the quality of life of the elderly and can serve as a basis for future research with wider scope and stronger design.

In general, this understanding of the effects of depression and quality of life is in line with the spiritual values in Islam. Gratitude, *tawakal*, and *qana'ah* are known to help maintain the inner peace of the elderly, while depression (*al-huzn*) can reduce their ability to enjoy life, this is in accordance with what is stated in the Qur'an Surah Al Hadid Verse 23 (Syifaullah & Alif, 2025). Social support also plays an important role, creating a sense of security and lowering the risk of depression (Saputri & Indrawati, 2011; Santoso, 2019), in line with the commandment to honor the elderly with love, as commanded in the Qur'an surah Al-Isra verse 24. This whole principle is in line with the concept of *hayatan thayyibah* that the quality of life includes physical and mental well-being, as explained in the Qur'an surah An-Nahl verse 97 (Syifaullah & Alif, 2025). Thus, psychosocial and spiritual approaches can be an important part of efforts to improve the quality of life of the elderly in nursing homes.

CONCLUSION

This study shows that depression is significantly related to the quality of life of the elderly in social institutions, the more severe the depression, the lower the reported quality of life. Although most of the elderly are in good psychological condition, the decline in quality of life is evident in those with moderate to severe depression. Respondents' characteristics and spiritual values also affect their mental state. These findings confirm the importance of early detection of depression and strengthening psychosocial support for the elderly in social institutions. Based on these findings, it is recommended that nursing home managers and healthcare providers implement early screening and regular monitoring of depression among elderly residents. Furthermore, integrating psychosocial support programs and spiritually oriented interventions such as counseling, social activities, and religious guidance can help improve the quality of life of the elderly. Future research is suggested to involve larger samples and longitudinal designs to better understand changes in depression and quality of life over time.

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