



Comprehensive Analysis of Mental Health Issues and Quality of Life among Elderly Nursing Home Residents in the United States: A Qualitative Study in Louisville, Kentucky

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ABSTRACT

Introduction: Depression and loneliness are prevalent yet often overlooked issues among elderly nursing home residents, significantly affecting their mental health and quality of life. Institutional living can lead to social isolation, emotional distress, and reduced autonomy, exacerbating depression and negatively impacting overall well-being. This study explores the lived experiences of an elderly nursing home resident in Louisville, Kentucky, focusing on the psychological, social, and emotional effects of long-term care.

Methods: A qualitative case study approach was employed using a semi-structured interview with a 78-year-old retired government official residing in a nursing home. Purposeful sampling was used to select the participant based on their lived experience with social isolation and institutional care. The interview was transcribed and analyzed using Grounded Theory, identifying key themes related to depression, loneliness, resilience, and quality of life.

Results: Findings revealed that the participant experienced persistent loneliness, emotional distress, and a lack of meaningful engagement in the nursing home environment. Social interactions were described as transactional rather than meaningful, contributing to a sense of disconnection and low life satisfaction. While reading and reminiscing served as coping mechanisms, they were insufficient to fully mitigate feelings of isolation and sadness.

Discussion: The study highlights the need for improved mental health support, social engagement, and personalized interventions in nursing homes. Enhancing staff-resident relationships, increasing social activities, and fostering autonomy could improve residents' emotional well-being.

Conclusion: Addressing depression and loneliness in nursing homes requires a person-centered approach, integrating social, psychological, and emotional support systems to ensure better quality of life and dignity for elderly residents.

Keywords: Depression, Loneliness, Nursing Home, Elderly Care, Quality of Life, Mental Health, Social Isolation, Qualitative Studies, Louisville, Kentucky, United States

Introduction and Background

Depression and loneliness are widespread yet frequently underdiagnosed issues among elderly individuals living in nursing homes. These conditions significantly impact their mental health, quality of life, and overall well-being, often leading to increased physical health complications and diminished life satisfaction. Depression in older adults is characterized by persistent sadness, loss of interest, fatigue, and social withdrawal, often exacerbated by environmental factors such as isolation, lack of autonomy, and limited social interaction. Studies indicate that between 30% and 50% of nursing home residents experience depression, yet it remains underdiagnosed and undertreated, leading to adverse health outcomes [1]. Quality of life (QoL) in elderly populations encompasses physical health, psychological state, social relationships, and environmental factors, all of which are deeply intertwined with mental health. The World Health Organization (WHO) defines quality of life as an individual's perception of their position in life within their cultural and social context, and it is commonly measured through standardized scales such as the Geriatric Depression Scale (GDS) and the World Health Organization Quality of Life (WHOQOL) questionnaire. These assessments provide critical insights into how aging, institutional living, and mental health conditions affect elderly individuals' well-being. The impact of depression on elderly nursing home residents is multifaceted, influencing both psychological and physical health. Depression in this demographic is linked to increased risks of cardiovascular disease, diabetes, cognitive decline, and frailty, making it a significant public health challenge [2]. Moreover, untreated depression is associated with higher medical

service utilization, longer hospital stays, and increased mortality rates, further straining healthcare resources. Additionally, social isolation—often a key contributor to depression—has been found to increase mortality risk by 26% and is associated with a 50% higher risk of developing dementia in older adults [3]. These figures highlight the urgent need for improved mental health care and social interventions in nursing home settings. Addressing depression among the elderly requires a comprehensive approach, incorporating mental health screening, social support systems, personalized care plans, and therapeutic interventions to foster a better quality of life. Loneliness and emotional distress are also critical determinants of quality of life among elderly nursing home residents. Factors such as limited family visits, lack of stimulating activities, and reduced mobility contribute to a gradual decline in emotional well-being. Many residents report experiencing feelings of abandonment, hopelessness, and a lack of purpose, which in turn exacerbate depressive symptoms [4]. Studies suggest that structured social engagement programs, such as intergenerational activities, peer support groups, and recreational therapy, can significantly reduce feelings of isolation and improve mental health outcomes. Additionally, ensuring that elderly residents have access to meaningful activities that align with their past interests and life experiences can help restore a sense of purpose and engagement in daily life [5] [6]. Even, Studies have shown a concerning increase in suicide rates, particularly among senior citizens suffering from Alzheimer's and other neurodegenerative diseases. Factors such as social isolation, economic stress, and lack of access to mental health services are significant contributors to this rise. This trend is observed globally, including in countries like India, Pakistan, and other middle-income nations, where individuals sometimes suffer from hallucinations, delusions, and obsessive disorders, leading to severe depression and self-harm.[7] [8]

Recent efforts to address these challenges have focused on integrating comprehensive mental health assessments into elderly care, ensuring that depression is recognized, monitored, and treated as a core component of nursing home healthcare. Many facilities have begun implementing person-centered care models, emphasizing individualized interventions, social inclusion, and emotional support to promote well-being. Efforts to enhance social connectedness through technology, such as virtual visits with family members and online cognitive engagement programs, are also gaining attention. However, despite these advancements, there remains a significant gap in understanding the personal, lived experiences of elderly nursing home residents, particularly in specific geographic and cultural contexts [9] [10].

This study seeks to bridge that gap by examining the lived experiences of a retired government official residing in a nursing home in Louisville, Kentucky. Louisville's growing geriatric population faces unique socio-economic and health challenges, including limited social engagement opportunities, healthcare accessibility barriers, and shifting family dynamics [11]. Understanding the specific context of elderly individuals in this region is crucial for designing effective interventions that address both mental health and quality of life. Through a qualitative approach, this research aims to capture the deeply personal and emotional aspects of nursing home living, providing insights that can inform policy changes, mental health interventions, and institutional care improvements. Addressing depression and loneliness in elderly nursing home residents is not only a medical and social necessity but also a moral responsibility to ensure that older adults receive the dignity, compassion, and support they deserve.

Literature Review

Depression and loneliness are prevalent yet often overlooked challenges among elderly individuals residing in nursing homes. Extensive research indicates that institutionalized older adults experience significantly higher rates of depression compared to their community-dwelling counterparts, with prevalence rates ranging between 30% and 50% [1]. Contributing factors include social isolation, lack of autonomy, and reduced opportunities for meaningful engagement, all of which deteriorate mental health and overall quality of life [2]. The consequences of untreated depression in this demographic extend beyond emotional distress, manifesting in physical health deterioration, increased medical service utilization, and higher mortality risks (Andersen et al., 2021). Recent research highlights the importance of social integration, mental health assessments, and tailored interventions to mitigate loneliness and enhance well-being among nursing home residents [12]. However, despite a growing emphasis on mental health care for the elderly, existing interventions often fail to address the deeply personal and emotional dimensions of their lived experiences. A critical gap in the current literature is the limited exploration of qualitative perspectives on depression and emotional distress among elderly nursing home residents, particularly in specific geographic and socio-cultural contexts. Most studies in this field rely on quantitative methodologies, which, while effective for measuring prevalence and correlations, do not sufficiently capture the subjective experiences and coping mechanisms of older adults in long-term care [13]. Research on nursing home depression has largely focused on standardized assessments and statistical trends, overlooking how individual life histories, cultural influences, and institutional structures shape the emotional well-being of residents [14]. Furthermore, existing literature lacks a localized focus on elderly individuals in Louisville, Kentucky, despite evidence suggesting that regional socio-economic factors, healthcare accessibility, and social support structures significantly influence mental health outcomes in institutional care [11]. Additionally, while studies acknowledge that nursing home routines contribute to feelings of stagnation and loss of purpose, there is insufficient understanding of how residents perceive and navigate these emotional challenges (Moeyersons et al., 2022).

This study seeks to bridge these gaps by employing a qualitative approach to examine the lived experiences of an elderly retired government official residing in a nursing home in Louisville, Kentucky. Through in-depth interviews and thematic analysis, this research aims to provide a nuanced understanding of how social isolation, depression, and daily institutional routines affect the psychological well-being of elderly residents. Unlike previous studies that primarily quantify depression symptoms, this research prioritizes first-hand narratives to explore the emotional and psychological dimensions of institutionalized aging. Additionally, the study investigates coping mechanisms and resilience strategies that elderly individuals develop in response to their environment, shedding light on potential interventions that could enhance their mental health support systems. By incorporating personal experiences into academic discourse, this research contributes to the development of more holistic and culturally sensitive mental health interventions for elderly nursing home residents. The findings will inform policy recommendations and care strategies that foster a more compassionate, engaging, and supportive environment in long-term care facilities.

Study Aim and Objectives

This study aims to investigate the impact of nursing home residency on the mental health and well-being of elderly individuals, with a particular focus on depression, loneliness, and life satisfaction. The objectives include examining the psychosocial effects of institutional living, analyzing coping mechanisms and resilience strategies, and assessing the effectiveness of existing mental health support systems. The study seeks to inform the development of targeted interventions and policy recommendations to enhance social engagement, psychological well-being, and overall quality of life for older adults in long-term care settings.

Methods

Study Design

This study employs a qualitative research design, utilizing an in-depth case study approach to explore the lived experiences of elderly nursing home residents. Given the study's focus on understanding depression, loneliness, and quality of life in institutionalized care, a semi-structured interview method was selected to allow for rich, detailed narratives. The Grounded Theory approach was used for data analysis, enabling the identification of key themes and patterns emerging directly from participant experiences. [15] The qualitative methodology was chosen over quantitative methods to capture the emotional, psychological, and social dimensions of elderly life in nursing homes, which are often overlooked in statistical analyses.

Data Collection

The study initially aimed to include five elderly nursing home residents as participants to gain a broader understanding of the psychological and emotional impact of institutional living. However, due to various logistical constraints, including participant availability, willingness to engage in an in-depth interview, and ethical considerations, only one full interview was successfully conducted. The interview took place on November 15, 2024, at 11:00 AM within the nursing home premises, ensuring privacy and comfort for the participant. Permission was obtained from the nursing home administration, and written informed consent was secured from the selected participant before conducting the interview (**See Appendix-1**). The interview followed a semi-structured format, incorporating open-ended questions both verbally and in written form to facilitate detailed responses. (**See Appendix- 2,3,4,5 for Interview Section**)

Sample Selection Criteria

The selection process employed purposive sampling to ensure participants had direct experiences relevant to the study's focus on depression, loneliness, and quality of life in nursing homes. Participants had to be aged 65 years or older and have resided in the nursing home for at least five years to ensure sufficient lived experience within institutional care. They needed to be mentally alert and capable of verbal communication to articulate their thoughts, emotions, and experiences effectively, while individuals with severe cognitive impairments were excluded to maintain reliability in responses. Preference was given to residents who had previously led an active lifestyle and could contrast their past experiences with their current nursing home life, providing richer insights. Lastly, only residents who provided voluntary and informed consent were included, ensuring ethical compliance and participant comfort.

Sample Size

Although the study initially sought to engage five nursing home residents, due to challenges such as health limitations, withdrawal of consent, and scheduling difficulties, only one participant was interviewed in depth. The selected participant, a 78-year-old retired postal service official residing at Christians Care Communities, Friendship House in Louisville, Kentucky, met all the inclusion criteria and provided valuable insights into the emotional and psychological challenges of long-term care. Her experiences highlight the contrasts between an independent and socially active past lifestyle and the structured, often isolating environment of institutional living.

Sampling Method

This study utilized a purposeful sampling method, a non-random technique that ensures participants are selected based on their relevance to the research objectives. Purposeful sampling was chosen to identify an elderly individual with direct experience of nursing home living, ensuring the participant could provide insightful, experience-based perspectives on the emotional and psychological impacts of institutional care. This approach was particularly appropriate for qualitative research, as it allows for the selection of individuals who can offer rich, meaningful data rather than broad generalizability. [16] The study prioritized residents who had spent at least five years in the nursing home, had previously led an active lifestyle, and were capable of engaging in an in-depth interview. The semi-structured interview format complemented this method by allowing the participant to openly express personal experiences while maintaining a structured framework to explore specific themes related to depression, loneliness, and quality of life [17] (**See Appendix-4**). The deliberate selection of a participant with relevant experiences ensured that the study's findings were deeply contextualized and reflective of the real challenges faced by elderly residents in long-term care facilities.

Sampling Frame

The sampling frame for this study consisted of elderly residents living in a nursing home setting in Louisville, Kentucky. Participants were drawn from Christians Care Communities, Friendship House, a long-term care facility that accommodates elderly individuals requiring both medical assistance and social support. The study targeted residents aged 65 years and older, who had spent a minimum of five years in the facility to ensure they had

substantial experience with nursing home living. The sampling frame was limited to individuals capable of verbal communication and expressing their experiences, ensuring the validity and reliability of the qualitative data collected.

Sampling Strategy

This study employed a purposive sampling strategy, selecting participants based on predefined criteria relevant to the research objectives. The initial plan was to interview five elderly residents from the nursing home to ensure a diverse representation of experiences. However, due to ethical considerations, participant availability, cognitive limitations, and withdrawal of consent, only one full interview was conducted. The selection process prioritized residents who were 65 years or older and had lived in the nursing home for at least five years, ensuring they had extensive experience with institutional living. Additionally, participants were chosen based on their ability to communicate effectively and articulate their experiences, allowing for the collection of rich, narrative-driven qualitative data. Priority was given to individuals who had previously led socially active lives, as they could provide valuable comparative insights into the transition from independence to nursing home life. The selection also adhered to ethical considerations, as only those who voluntarily consented to participate were included. Although the final sample size was smaller than anticipated, the depth of the qualitative data obtained compensated for the limited number of participants, aligning with the study's objective of exploring lived experiences in a comprehensive manner.

Audio Recording and Transcription: With informed consent, the interview was audio-recorded for accuracy. The precise transcription captured all spoken words, pauses, and tone variations, providing valuable context. Conducted in the nursing home with privacy maintained, the interview ensured transparency and minimized distractions. The verbatim transcription preserved the participant's narrative and emotive tone, with identifying information anonymized for confidentiality. The thematic analysis was based on this complete transcription. (See Appendix-6)

Analysis of Transcribed Interview: The transcribed interview was analyzed using Grounded Theory to gain a deeper understanding of the participant's experiences and perceptions in the nursing home. This method was chosen for its ability to directly extract themes from the data, making it particularly well-suited for exploring the intricate and subjective aspects of mental health, loneliness, and quality of life in an institutionalized care setting. (Tweed & Charmaz, 2011). **Open Coding:** The analysis commenced with open coding, which involves a line-by-line examination of the transcript to identify significant words, phrases, and concepts. The participant's sense of isolation and lack of meaningful engagement was represented by recurring expressions such as "lonely," "no purpose," and "waiting," which were identified as initial codes. This phase facilitated a comprehensive, impartial analysis of the data, effectively capturing the essence of the participant's emotional experiences [18]. **Axial Coding:** During the axial coding phase, the grouping of related codes into broader categories facilitated the emergence of connections between initial concepts. For instance, codes associated with "emotional burden" and "social isolation" were associated with overarching categories, including "emotional strain" and "social seclusion." This stage enabled the analysis to advance beyond individual responses, thereby identifying more profound patterns in the participant's narrative. [19] **Selective Coding:** The final phase, selective coding, refined broader categories into core themes aligned with the research question [18]. Four main themes emerged: *Loneliness and Social Isolation*, *Depression and Emotional Strain*, *Perception of Quality of Life*, and *Coping Strategies and Resilience*. These themes capture the emotional challenges and resilience of living in a nursing home, reflecting the participant's experiences. Memo-writing throughout the process helped deepen the understanding of these themes. This led to a grounded theory framework, providing an evidence-based view of the mental health challenges faced by elderly nursing home residents. The findings highlight the impact of institutional care on mental well-being and suggest ways to improve emotional support and quality of life in nursing homes. (See Appendix-6 for Transcript)

Qualitative Analysis Approach:

Choosing Grounded Theory: Grounded Theory is an ideal qualitative approach for this study, as it allows for a comprehensive examination of depression, loneliness, and quality of life from the perspective of an elderly nursing home resident. [20] In contrast to methods that depend on pre-existing theories, Grounded Theory is particularly effective for comprehending complex and intimate issues in institutional care, as it constructs a theory based on the lived experiences of participants. This method facilitates the organic emergence of significant themes and patterns, resulting in an intricate framework that is a true reflection of the emotional responses, coping strategies, and genuine issues of geriatric residents. [21] The research aims to fill gaps in current knowledge by exploring the daily effects of nursing home living on mental well-being. This will provide valuable insights for enhancing the quality of life and mental health support in elder care settings. (See Appendix-8 for Grounded Theory)

Results

The comprehensive interview with the participant, an elderly retired government official, living in an elderly nursing home in Louisville, Kentucky, uncovered four principal themes: loneliness and social isolation, depression and emotional distress, perception of quality of life, and coping mechanisms and resilience [22]. These themes provide a detailed comprehension of the participant's experiences, emphasizing the psychological effects of isolation, the challenge of sustaining a sense of purpose, and individual strategies for coping with emotional suffering. The results highlight the intricate mental health issues encountered by older population in institutional care and provide areas for improvement in nursing homes to better assist residents' emotional well-being and quality of life [23] (See Appendix-9 for The Themes)

Table-1: Themes from the Interview:

Theme	Sub-theme	Frequency
Loneliness and Social Isolation		14
	lonely	4
	no purpose	1
	waiting	4
	disconnected	0
	minimal contact	0
	transactional interactions	0
	forgotten	5
Depression and Emotional Strain		8
	persistent sadness	1
	minimal interaction	1
	waiting here	3
	little motivation	1
	hopelessness	1
	exhaustion	1
Perception of Quality of Life		5
	stagnation	1
	dissatisfaction	1
	repetitive routines	1
	time fillers	1
	lack of purpose	1
Coping Strategies and Resilience		5
	reading	5
	reflecting on past memories	0
	quiet contemplation	0

Calculation Process: The calculation process involved several steps to analyze the interview data. First, the interview was transcribed and imported into NVivo, where themes and sub-themes were defined. The frequency of each sub-theme in the transcript was then counted, and these frequencies were summed to determine the total for each theme. The total number of codes was calculated, and the percentage of each theme was determined using the formula: $Percentage\ of\ Theme = (Total\ Frequency\ of\ Theme / Total\ Number\ of\ Codes) * 100$. This method provided a comprehensive understanding of the themes' prevalence within the interview data.

Calculation Formula: The percentage of each theme was calculated using the formula:

Percentage of Theme = (Total Frequency of Theme / Total Number of Codes) * 100

According to formula: Loneliness and Social Isolation: $(14 / 32) * 100 = 43.75\%$

Depression and Emotional Strain: $(8 / 32) * 100 = 25.00\%$

Perception of Quality of Life: $(5 / 32) * 100 = 15.62\%$

Coping Strategies and Resilience: $(5 / 32) * 100 = 15.62\%$

Interpretation of Results: **i. Loneliness and Social Isolation (43.75%):** This theme had the highest frequency, indicating that social disconnection is a significant issue for the participant. The high number of instances related to feeling "*forgotten*" and "*waiting*" highlights the need for improved social support systems in nursing homes. **ii. Depression and Emotional Strain (25.00%):** The frequent mention of "*waiting here*" and "*little motivation*" underscores the emotional challenges faced by the participant. This suggests a critical need for targeted mental health interventions to address persistent sadness and lack of motivation. **iii. Perception of Quality of Life (15.62%):** The discussion around "*stagnation*" and "*dissatisfaction*" reflects the participant's struggle with the nursing home environment. The repetitive routines and lack of purpose contribute to a lower perceived quality of life. **iv. Coping Strategies and Resilience (15.62%):** Despite the challenges, the participant employs various *coping strategies*, such as reading. These strategies provide some relief but are not sufficient to fully address the underlying issues of loneliness and depression.

Reflective Piece: In my capacity as a healthcare professional with experience working with geriatric patients, I acknowledge that my background may introduce biases when investigating themes such as isolation and autonomy loss in nursing homes. Given my familiarity with these matters, it is possible that I may interpret the participant's narrative through a healthcare perspective, which could potentially obscure her distinctive perspective. Furthermore, my inquiries and analyses may have been influenced by my preconceived ideas of nursing homes as restrictive environments. I became dedicated to allowing the participant's narrative to organically steer the study to mitigate these biases. While conducting data collection, I employed neutral, open-ended queries to enable the participant to disclose her experiences without being influenced by my preconceived notions. To foster a participant-centered, well-rounded dialogue, I implemented comprehensive inquiries such as "*How would you characterize your experience?*" Noting any personal reactions that could potentially influence my interpretations, I documented field notes following each session. During the analysis phase, I implemented memo-writing to follow the emergence of themes and guarantee that they were based on the participant's genuine responses [24]. Upon reviewing these memoranda, I verified that the themes of resilience, emotional distress, and loneliness accurately represented the participant's narrative, as opposed to my presumptions. By following these procedures, I was able to maintain an impartial and unbiased stance, which facilitated the expression of the participant's genuine perspective in the study's conclusions.

Influence on Data Collection: During data collection, I used neutral language and open-ended questions to avoid leading prompts that might confirm my assumptions [25]. Instead of asking questions with implied answers like, "*Do you feel lonely here?*" I used open-ended questions such as, "*How would you describe your experience?*" This approach allowed the participant to freely share her perspective, promoting a narrative that emerged independently of my biases. Immediately following each interview, I documented my initial reactions in reflective field notes. **(See Appendix-7 for Field Notes)** This exercise enabled me to foresee the potential impact of my empathy on my interpretation, such as when participants felt "*forgotten*." These notes reminded me to stay neutral and objective during data analysis.

Managing Challenges and Maintaining Professional Boundaries: During this study, I encountered several challenges, particularly in managing my empathetic responses while maintaining professional boundaries. As a healthcare professional experienced in geriatric care, it was challenging to maintain neutrality when participants articulated emotions of loneliness and abandonment. Furthermore, there were instances throughout the interview when the participant seemed confused or struggled to comprehend the study's aim, resulting in repeating inquiries and responses. To mitigate these concerns, I used neutral language and open-ended questions to prevent influencing the participants. I dedicated additional time to explain the study's objective and to assure the participant's comfort. Recording my first responses in reflective field notes immediately after each interview enabled me to identify and address any possible biases. This approach guaranteed that my empathy did not affect the data gathering and analysis, enabling the participants' authentic experiences to inform the study's results.

Influence on Data Analysis: During the analysis phase, I used memo-writing to document my thought process as themes emerged [26]. By reviewing these memos, I traced how themes like loneliness, emotional strain, and resilience developed directly from the participant's words. This approach ensured that the themes were grounded in the participant's actual responses, allowing her unique experience to shape the final analysis [27].

Discussion

The findings of this study highlight the profound impact of nursing home living on the mental health and overall well-being of elderly residents. The interview with the participant revealed that loneliness and social isolation were among the most significant challenges faced in institutional care. Despite the presence of other residents and staff, the participant described a sense of emotional detachment and disconnection, emphasizing that interactions within the facility often felt transactional rather than meaningful. This lack of deep social engagement contributed to persistent feelings of being forgotten and unimportant, which exacerbated emotional distress. The structured routines of nursing home life, while providing stability, appeared to reinforce a sense of monotony and stagnation, further impacting the resident's perception of quality of life [23]. Nursing home residents are particularly vulnerable to several infections, including influenza, chickenpox, and human monkeypox virus [40], which can lead to severe health

complications and increased mortality rates due to their weakened immunity and close living conditions [28]. Additionally, antimicrobial resistance further complicates treatment, making infections more severe for those living in nursing homes. Many older people often have to be admitted to the ICU due to severe infections [41], underscoring the critical need for vigilant healthcare and preventive measures in these settings.

Another critical finding was the psychological burden of depression and emotional strain, which was expressed through descriptions of persistent sadness, lack of motivation, and feelings of hopelessness. The participant noted that before entering the nursing home, life was filled with activities, social engagements, and a sense of purpose. However, after transitioning into institutional care, the loss of autonomy and meaningful interactions contributed to an overwhelming sense of emptiness. The absence of stimulating activities and purposeful engagement within the facility further intensified these feelings. Even though some social and recreational activities were available, they were described as lacking personal significance, often perceived as mere "time-fillers" rather than fulfilling or engaging experiences. Exposure to indoor air pollutants, such as fine particulate matter (PM_{2.5}) and nitrogen dioxide (NO₂), has been linked to an increased incidence of respiratory infections among nursing home residents, exacerbating conditions like asthma and chronic obstructive pulmonary disease (COPD) and leading to severe health complications [29] [30]. The COVID-19 pandemic has significantly exacerbated mental health issues across the globe, including in countries like India, Bangladesh, and other low- and middle-income nations [31]. The psychological impact of quarantine measures, social isolation, and economic stress has led to widespread mental distress [32]. Many individuals have experienced heightened levels of anxiety, depression, and other mental health disorders, highlighting the urgent need for enhanced mental health support and interventions. [33]

The study also revealed the importance of coping mechanisms and resilience in navigating the emotional challenges of nursing home life. The participant actively sought ways to mitigate feelings of loneliness and depression through personal strategies such as reading and reminiscing about past experiences. These activities provided temporary relief and a means of mental escape from the repetitive nature of daily life. However, despite these efforts, the participant acknowledged that these coping mechanisms were not sufficient to fully overcome the sense of isolation and sadness. The reliance on self-directed coping strategies highlights a critical gap in institutional support systems, suggesting that nursing homes may need to develop more individualized and emotionally enriching interventions to address the psychological well-being of residents. Surprisingly, even medical professionals who serve the nation their whole lives often suffer from psychological issues, depression, and loneliness in the long run. Retired healthcare professionals are experiencing unprecedented levels of stress and burnout due to long-term service and lack of job satisfaction [34]. Many report severe mental health symptoms, yet barriers such as stigma, confidentiality concerns, and lack of time have hindered them from seeking necessary mental health care. This trend is observed globally, including in the United States. Furthermore, the findings emphasize the need for improvements in mental health support and social engagement within nursing homes. While the participant expressed appreciation for the care provided by staff, there was a clear indication that interactions were primarily task-oriented rather than relationship-based. This suggests a need for more structured, meaningful social engagement programs that foster deeper emotional connections among residents and staff. Even, there are several environmental and other factors, leading to worsened health conditions. For instance, microbial resistance significantly impacts older residents in nursing homes, leading to higher rates of infections with multidrug-resistant organisms (MDROs), which are associated with increased mortality, prolonged hospital stays, and greater healthcare costs [35]. Creating opportunities for residents to engage in activities that align with their past interests, skills, and personal histories could enhance their sense of purpose and improve overall well-being. [36] [37] Moreover, people living with HIV often face compounded health challenges, including higher rates of dementia and the use of antipsychotic medications, which can exacerbate their vulnerability to violence and abuse. Additionally, violence among residents and between residents and staff is a significant issue, leading to physical and psychological harm [38] [39]. Older adults in nursing homes often face long-term mental health challenges, primarily due to depression and loneliness [42]. The lack of social interaction and meaningful activities can exacerbate feelings of isolation, leading to a decline in their overall well-being. Addressing these issues through supportive care and community engagement is crucial for improving their quality of life [43] [44].

Overall, the study underscores the necessity of a more holistic and person-centered approach to elderly care in nursing homes. Addressing the emotional and psychological needs of residents requires moving beyond basic care provision to fostering meaningful social interactions, promoting autonomy, and enhancing mental health support. By implementing strategies that prioritize emotional well-being, nursing homes can create environments that not only provide safety and medical care but also nurture the dignity, engagement, and quality of life of elderly individuals.

Ethical Considerations

This study was conducted in full compliance with ethical guidelines to ensure the protection, dignity, and rights of the participant. Ethical approval was obtained from the University of Louisville, School of Public Health under Reference No: PHPB-703-01-4248, and all research activities adhered to established ethical protocols for studies involving human subjects. Informed consent was secured from the participant before the interview, ensuring they fully understood the purpose, procedures, and potential implications of their participation. The participant was informed of their right to withdraw at any stage without any consequences, reinforcing the voluntary nature of participation. To maintain confidentiality and privacy, all identifying information was anonymized, and the interview data was securely stored with restricted access. Additionally, approval and permission to conduct the study were granted by the Nursing Home Authority. Efforts were made to ensure that the participant was comfortable throughout the interview, and emotional support was available if distress was experienced during the discussion.

Conflict of Interest

The author declares that there is no conflict of interest in this study. The research was conducted independently and objectively, without any influence from external organizations, financial incentives, or affiliations that could compromise the integrity of the findings. The primary motivation of the study was to contribute to academic knowledge and inform improvements in mental health support for elderly nursing home residents.

Funding

This study was conducted without any external funding or financial support. All resources, data collection efforts, and analysis were carried out solely by the researcher, ensuring that no external entities influenced the study's design, methodology, or conclusions.

Limitations of the Study

While this study provides valuable insights into the lived experiences of elderly nursing home residents, it has several limitations that must be acknowledged. First, the study is limited by its small sample size, as only one participant was interviewed due to constraints related to availability, consent, and ethical considerations. Although qualitative research prioritizes depth over breadth, a larger sample would have allowed for a broader range of perspectives and experiences. Second, the study focuses on a single nursing home in Louisville, Kentucky, which limits generalizability to other settings, as experiences may vary based on institutional policies, staff-resident relationships, and cultural factors. Third, self-reported data from the participant may be influenced by personal memory, emotions, or social desirability bias, which could affect the full accuracy of responses. Finally, while the qualitative approach provides rich, in-depth narratives, it does not allow for quantitative measurement of depression levels or mental health conditions, which could have strengthened the study by providing statistical validation.

Future Suggestions

To build upon the findings of this study, future research should consider a larger and more diverse sample of elderly nursing home residents to gain broader insights into the psychological impact of institutional living. Expanding the study across multiple nursing homes in different regions would allow for a comparative analysis of institutional environments and their effects on mental health. Additionally, incorporating mixed-method approaches, combining qualitative interviews with quantitative assessments of depression and loneliness, could enhance the study's reliability and validity. Further, research should explore intervention-based studies, implementing and evaluating mental health programs designed to improve social engagement, autonomy, and emotional well-being among elderly residents. Finally, collaboration with policymakers and healthcare providers could help translate research findings into practical improvements in nursing home policies and care standards, ensuring a more holistic and person-centered approach to elderly mental health.

Conclusion

This qualitative analysis provides a comprehensive understanding of the significant impact that nursing home living has on the mental health and overall well-being of elderly residents. The study highlights how factors such as social isolation, loss of autonomy, and routine institutional structures contribute to heightened levels of depression, loneliness, and emotional distress. Through the application of Grounded Theory, key themes emerged, including psychological resilience, emotional strain, and the perception of life satisfaction, offering deeper insights into the subjective experiences of elderly individuals in long-term care. The findings underscore the critical need for a holistic and person-centered approach to elderly care—one that not only addresses medical and physical needs but also prioritizes social connections, emotional well-being, and mental health support. Furthermore, the study emphasizes the importance of implementing meaningful engagement activities, enhancing staff-resident relationships, and fostering an environment that nurtures emotional fulfillment and dignity. These insights contribute to the growing body of research advocating for improved policies and interventions in nursing home settings, ensuring that elderly residents experience not only safety and medical care but also a sense of purpose, belonging, and quality of life.

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Authors' Contributions

Dr. Md Rakibul Hasan contributed to the conceptualization, data collection, and analysis of the study. Dr. Whitney Rogers provided supervision and critically revised the manuscript. Dr. Moryom Akter Muna assisted with data collection and preliminary analysis. Dr. Katey Mason contributed to the

literature review and provided insights on population health. Dr. Saifur Rahman offered expertise in neuroscience and biomedical research, aiding in the interpretation of the findings. All authors have reviewed and approved the final version of this manuscript.

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Appendix:

Appendix-1: Informed Consent Form

Study Title: Exploring Depression and Quality of Life in an Elderly Retired Government Official Living in a Nursing Home, Louisville, Kentucky: A Qualitative Study

Principal Investigator:

Purpose of the Study:

The purpose of this study is to explore how residing in a nursing home affects the mental health and quality of life of elderly residents, with a particular focus on depression, loneliness, and overall life satisfaction. The goal is to develop tailored mental health interventions to enhance their quality of life.

Procedures:

You are being asked to participate in an interview that will take approximately 30 minutes. The interview will be conducted outside the nursing home while maintaining privacy. During the interview, you will be asked questions about your experiences living in the nursing home, your mental health, and your overall quality of life. The interview will be audio-recorded to ensure accuracy in capturing your responses.

Confidentiality:

All information collected during this study will be kept confidential. Your responses will be anonymized, and any identifying information will be removed. The audio recordings and transcripts will be stored securely and only accessible to the research team.

Voluntary Participation:

Your participation in this study is entirely voluntary. You may choose to withdraw from the study at any time without any consequences. You are free to skip any questions or stop the interview at any time.

Risks and Benefits:

There are no known risks associated with participating in this study. While there may not be direct benefits to you, your participation will contribute to a better understanding of the mental health challenges faced by elderly residents in nursing homes and help improve their quality of life.

Contact Information:

If you have any questions or concerns about this study, please contact: **Dr. Md Rakibul Hasan**; Email: rakibul.hasan@nhs.net

Consent:

By signing below, you indicate that you have read and understood the information provided above, and you agree to participate in this study.

Participant :

Name :

Participant's Signature :

Date:

Appendix-2: Table-2: Detailed interview Procedure:

Step	Description
Determine Objective and Understand Audience	<p>Objective: I clearly defined what I aimed to understand through the interview. For this study, the objective was to explore how living in a nursing home affects the mental health and quality of life of an elderly resident.</p> <p>Audience: I identified and understood the characteristics of my target participants. I researched their background, experiences, and perspectives to ensure my questions were appropriate and to build rapport with my interviewees.</p>
Develop the Instruments	<p>Create Interview Guide: I developed an interview guide with semi-structured, open-ended questions that aligned with my research objectives. I ensured the questions covered all relevant aspects of the participant's experience.</p> <p>Pilot Test: I conducted a pilot test with a small group from my target population to ensure the questions were clear and relevant. Based on the feedback, I refined my questions to improve their effectiveness and ensure they elicited the desired information.</p>
Training Data Collection Team	<p>Training: I ensured that all individuals involved in data collection were thoroughly trained. This included understanding the interview guide, practicing active listening, and being aware of ethical considerations.</p> <p>Consistency: Proper training helped maintain consistency and reliability in the data collected.</p>
Collecting Data	<p>Conduct Interviews: I followed my interview guide to steer the conversation but remained flexible to explore interesting insights that arose. I ensured the interviews were conducted in a private, comfortable setting to encourage openness. In this study, interviews were conducted outside the nursing home while maintaining privacy.</p>

	Recording: I recorded the interviews accurately, whether through notes or audio recordings, to ensure I captured all relevant information.
Analyzing Data	Transcription: I transcribed the interviews verbatim to capture the participant's exact words, including pauses and changes in tone. Coding and Analysis: I used a qualitative analysis method, such as Grounded Theory, to identify themes and patterns in the data. This involved open coding, axial coding, and selective coding to develop a nuanced understanding of the participant's experiences.

Appendix-3: Table-3: "Preliminary Questionnaire Form" created for the Interview process:

Question Number	Question
1	Can you tell me a little about your background and how long you have been living in this nursing home?
2	What was your life like before moving here?
3	How do you feel about your social interactions here?
4	Can you describe any feelings of loneliness or isolation you might experience?
5	How do you cope with these feelings?
6	How would you describe your overall emotional well-being since moving here?
7	Are there any specific activities or support systems that help you maintain your emotional health?
8	How have you adjusted to the routines and environment of the nursing home?
9	What aspects of nursing home life do you find most challenging?
10	Can you walk me through a typical day for you here?
11	How do these routines affect your mental and emotional state?
12	How would you describe your overall mental health since moving here?
13	Have you experienced any changes in your mental health since moving to the nursing home?
14	What kind of support do you receive from the staff and other residents?
15	Are there any specific programs or activities that you find particularly helpful?
16	What changes do you think could improve the quality of life for residents here?
17	Do you have any suggestions for how the staff could better support residents' emotional and psychological needs?
18	Is there anything else you would like to share about your experiences?

Appendix-4: Participant Questionnaire Slip

A questionnaire slip was provided to the participant, which aided in facilitating a semi-structured interview by allowing time for reflection on the questions. This approach promoted better understanding and openness during the interview, helping to capture the participant's own thoughts and feelings. As a result, it led to more comprehensive and insightful responses regarding their mental health, emotional challenges, and overall quality of life in the nursing home setting.

1. Have you been feeling down, depressed, or hopeless in the last two weeks? (Yes/No)
2. Do you find it difficult to get out of bed in the morning? (Yes/No)
3. Have you lost interest in activities you used to enjoy? (Yes/No)

4. Do you feel lonely or isolated? (Yes/No)
5. How would you rate your overall quality of life? (Poor/Fair/Good/Very Good/Excellent)
6. How often do you participate in social activities? (Never/Rarely/Sometimes/Often/Always)
7. Do you feel supported by the nursing home staff? (Yes/No)
8. How do you generally feel about living here? (Very satisfied / Somewhat satisfied / Somewhat dissatisfied / Very dissatisfied)
9. Are there specific activities that help improve your mood? (Yes/No)
10. Have you ever had thoughts of self-harm due to feelings of frustration? (Yes/No)
11. How satisfied are you with the level of social interaction in the nursing home? (Not Satisfied/Slightly Satisfied/Moderately Satisfied/Very Satisfied)
12. Do you have any suggestions for improving the quality of life in the nursing home? (Yes/No)

Appendix-5: Detailed Interview Guide:

Participant Name:

Age:

Date of Interview: 11/15/2024

Location: In the lounge, inside the Nursing Home Facility, Christian Care Communities, Friendship House, Louisville (Privacy Maintained)

Interview Duration: Approximately 30 minutes

Interviewer: Md Rakibul Hasan

Table-4: Interview Guide

Section	Questions	Preparation and Steps Taken
Introduction	<ol style="list-style-type: none"> 1. Greetings and self-introduction. 2. Confirming my identity and role in the study. 3. Explaining the purpose of the study and the interview. 4. Informing about confidentiality and the participant's right to withdraw at any time. 5. Asking if the participant understands English (speaking and writing). 6. Providing the informed consent form and questionnaire. 7. Describing the purpose of recording and the secure handling of data. 8. Informing the participant that recording would last a maximum of 30 minutes and reassured her that she could request to pause or stop the recording at any time or withdraw her participation entirely. 8. Informing the participant that the transcript would be used for the study after ensuring de-identification. 	Explained the study purpose in simple terms to ensure clarity. Provided the participant with an informed consent form and explained its content. Ensured the participant understood the purpose of the interview and recording, confirming that her input would be confidential and only used for research.
Informed Consent and Initial Steps	<ol style="list-style-type: none"> 1. Asked if the participant could read and understand the informed consent form. 2. Provided assistance if needed for understanding the form. 3. Requested the participant to sign the consent 	Ensured that the participant fully understood the consent form. Offered help in case of language or comprehension issues. Verified the participant's comfort level and willingness to proceed. Reassured her about confidentiality and her right to withdraw at any time.

	form, confirming her agreement to participate.	
Background Information	<ol style="list-style-type: none"> 1. What is your name and how old are you? 2. How long have you been living in this nursing home? 3. Can you tell me about your background and what your life was like before moving here? 	Provided a supportive and welcoming environment. Used open-ended questions to allow the participant to share comfortably.
Start of Recording	Confirmed verbal consent for recording after background questions. Clearly explained the purpose of recording, its confidentiality, and how the recording would be securely stored and used for research purposes.	Checked the recording device for functionality. Reassured the participant she could request to stop recording at any time or withdraw her participation without any consequences.
Core Questions	<ol style="list-style-type: none"> 1. How would you describe your overall experience living in the nursing home? 2. What aspects of nursing home life have impacted your mood or mental health? 3. Can you talk about any feelings of loneliness or isolation? 4. How has living here affected your daily activities and enjoyment of life? 5. Have you noticed any changes in your mental health since moving here? 6. How do you feel about the social interactions and engagement in the nursing home? 7. What kind of support do you receive from staff or residents? 	Used neutral and empathetic language to elicit open responses. Paid attention to the participant's comfort and emotional state throughout the session.
Coping Strategies	<ol style="list-style-type: none"> 1. How do you manage feelings of loneliness or depression? 2. Are there any activities or habits that help you maintain your emotional well-being? 	Encouraged the participant to share freely without fear of judgment. Acknowledged her efforts and validated her experiences to ensure she felt heard.
Suggestions for Improvement	<ol style="list-style-type: none"> 1. What changes could improve the quality of life for residents here? 2. How could staff better support residents' emotional and psychological needs? 	Highlighted the value of the participant's feedback, emphasizing that her insights would help improve practices and policies.
Exit Questions	<ol style="list-style-type: none"> 1. Is there anything else you would like to share about your experience? 2. Do you have any questions or concerns about the study? 	Thanked the participant for her time and valuable insights. Stopped recording after confirming the participant had no additional input. Reiterated the confidentiality and proper handling of her information.
Additional Steps	<ul style="list-style-type: none"> - Planned to transcribe the interview accurately, maintaining the confidentiality and de-identification of all information. - Reviewed the transcript for any necessary edits or clarifications. - Informed the participant that the transcript would be used solely for research purposes and reassured her of its secure handling. 	Ensured a thorough review process to uphold ethical standards. Maintained transparency by informing the participant about the study's usage of the transcript and her rights concerning the data.

Description of the interview guide:

A. Introduction with the Participant

"Thank you for agreeing to participate in this study. We are conducting research to better understand the personal experiences of elderly individuals living in nursing homes, specifically how this environment affects their mental health and overall quality of life. Your feedback will help us better understand the challenges faced by residents in nursing homes, and your responses will remain confidential. Please feel free to share as much or as little as you feel comfortable. You are free to skip any question or stop the interview at any time."

B. Demographic and Background Questions

1. Age:
 - *Could you please tell me your age? / Would you mind sharing when your next birthday is and how old you'll be then?*
2. Duration of Stay:
 - *How long have you been living in this nursing home?*
3. Previous Occupation:
 - *Could you tell me a little about your career as a government official and the type of work you did? / Could you tell me a little about your profession you were in before?*
4. Family and Social Connections:
 - *How often do you get to see or communicate with family or friends? Do they visit you here?*

C. Recording

After introducing myself, explaining the study's purpose, and collecting background information, I informed the participant about the recording process. I ensured she understood that the recording would be used solely for research purposes, stored securely, and kept confidential. I also assured her that her responses would be anonymized to protect her identity.

Before starting the recording, I sought her explicit verbal consent, confirming her comfort and agreement to proceed. I also explained that the recording would last a maximum of 30 minutes and reassured her that she could request to pause or stop the recording at any time or withdraw her participation entirely. Once she provided her consent, I began the recording, starting with the initial question listed in the de-identified transcript.

D. Core Interview Questions

Section 1: Perceptions of Living in the Nursing Home

1. General Experience:
 - *How would you describe your overall experience living in the nursing home?*
2. Adjustment Process:
 - *What was it like when you first moved here? Was it easy or difficult to adjust, and why?*
3. Daily Routine:
 - *Can you describe a typical day for you here in the nursing home? What activities do you participate in?*

Section 2: Mental Health and Emotional Well-Being

1. Mood and Emotions:
 - *How would you describe your mood most days? Are there specific times of day or situations that affect your mood?*
2. Feelings of Loneliness:
 - *Have you experienced feelings of loneliness while living here? Can you describe those experiences?*
3. Depression Symptoms:
 - *Have there been times when you felt particularly down or depressed? How would you describe those moments?*
4. Social Interactions:

- *How do you feel about the level of social interaction here? Do you feel that you have enough opportunities to connect with others?*

Section 3: Quality of Life and Sense of Purpose

1. Satisfaction with Life Here:
 - *How satisfied are you with the overall quality of life in the nursing home? Are there aspects that you enjoy or find fulfilling?*
2. Activities and Engagement:
 - *What activities, if any, bring you joy or fulfillment here? Are there any hobbies or interests that you've been able to pursue?*
3. Sense of Purpose:
 - *Do you feel that you have a sense of purpose or meaning in your daily life here? What contributes to that feeling, or what do you think is missing?*
4. Comparison to Life Before the Nursing Home:
 - *How would you compare your current quality of life to what it was before moving to the nursing home?*

Section 4: Coping Mechanisms and Mental Health Support

1. Coping Strategies:
 - *Have you developed any strategies or habits to help manage feelings of loneliness or depression? What works best for you?*
2. Support from Staff:
 - *How do you feel about the level of support you receive from the nursing home staff for your mental and emotional well-being?*
3. Support Systems:
 - *Are there people, activities, or resources in the nursing home that help you feel supported?*
4. Suggested Improvements:
 - *In your opinion, what changes or improvements could be made in this nursing home to better support the mental health and well-being of residents?*

E. Exit Questions

1. Additional Thoughts:
 - *Is there anything we didn't discuss that you feel is important to share about your experience here?*
2. Questions for Researcher:
 - *Do you have any questions or concerns about this study?*

F. Closing Statement

"Thank you very much for sharing your experiences and insights with me today. Your perspective is very valuable, and I appreciate your openness. Please remember that if you have any further thoughts or concerns, you can reach out to me. Thank you again for your time and for contributing to this research."

G. Additional Steps

Following the completion of the interview, the recorded audio will be transcribed verbatim to ensure accuracy in capturing the participant's responses. The transcript will be carefully reviewed and edited for any necessary clarifications while maintaining the participant's confidentiality and de-identification.

The participant will be informed about the transcript and its intended use solely for the purpose of this study. I will also ensure that the participant is aware of her right to review, request modifications, or withdraw her input if desired.

Appendix-6: De-identified Interview Transcripts:

Interviewer: Hey! I would like to understand how you're doing in the nursing home and how would you characterize your experience? Could you please share your thoughts on your mental health and daily life here?"

Participant: *[Pauses, looks away]* "Well, Overall, it's manageable, but sometimes it seems challenging. I had high expectations, but the reality has been different. I thought I would adjust to being away from home, but I never fully did. The days are long, and I often feel alone with my thoughts, making it hard to stay positive."

Interviewer: "Oh, I understand. Can you explain more about why it feels unadjustable for you?"

Participant: *[Exhales loudly]* "Before coming here, I was always busy. I had a full schedule, even after retiring. I volunteered, spent time with friends, and attended events. Before, there was always something exciting ahead. Now, it feels like every day is the same. Sometimes, I wake up and think, 'What's the point?' You're just doing the same thing day after day. The food, the routines, the faces – it's all the same. And that wears you down after a while. There's not much to look forward to."

Interviewer: "It sounds like the routine here is affecting your daily life. Has this changed your feelings or emotions as well?"

Participant: *[Nods]* "Absolutely. There are days when I feel okay, but more often, I feel this heavy sense of sadness. I wouldn't say I was depressed before coming here – I was always quite a positive person. But now, I find myself feeling down most of the time. Some days, it takes significant effort just to get out of bed. I no longer feel like myself, as if I've lost my energy."

Interviewer: "I'm sorry to hear that. How do you feel about your social interactions and other activities here?"

Participant: *[Exhaled and remained mute for a while]* "Well! We have activities here and I always join, but they don't feel meaningful. Playing bingo or doing crafts isn't the same as having a real conversation or engaging in something that makes you think. And because I don't have many close friends here, I find I'm spending more time alone. It's so lonely that you don't feel like you have anyone to talk to, which can make you feel like you don't matter."

Interviewer: "That sounds very isolating. Do you have any friends or people you feel close to here?"

Participant: *[Shakes head]* "Not really. There are other residents, and the staff are kind, but it's not the same as having someone you've known for years. Most of the people I knew from before are either busy with their lives or live too far away to visit often. My family comes when they can, but it's not often enough. It's not their fault, of course, but it's hard not to feel forgotten sometimes."

Interviewer: "Thank you for sharing that with me. It sounds like you're going through a lot emotionally. Can you tell me how long you have been living in this nursing home?"

Participant: "I moved into this nursing home about 5 years ago after living independently for most of my life. I had a house where I lived alone after my spouse passed away. My children live in different states, so it was decided that moving into a nursing home would be the best option for me."

Interviewer: "What was your life like before moving here?"

Participant: "Before moving here, my life was quite active and social. I worked on postal service, and I was involved in various community activities as well, and I had a close group of friends. We used to meet regularly for coffee and outings. I also enjoyed gardening and spent a lot of time outdoors."

Interviewer: "How would you describe your overall mental state since moving here?"

Participant: "My mental state has gotten worse since I moved here. I used to always be happy and cheerful, but these days I feel down a lot. My mental health has been weakened by the lack of important tasks and social relationships."

Interviewer: "Can you describe any feelings of loneliness or isolation you might experience?"

Participant: *[Silence for a while]* "I do experience feelings of loneliness and isolation quite often. Even though there are people around, it sometimes feels like I'm alone in a crowd. The lack of close relationships and the repetitive nature of daily interactions contribute to these feelings."

Interviewer: "How have you adjusted to the routines and environment of the nursing home?"

Participant: "It's been tough to adapt to the routine and environment. The structured schedule and lack of variety make the days feel monotonous, and finding a sense of purpose and fulfillment has been difficult."

Interviewer: "What aspects of nursing home life do you find most challenging?"

Participant: *[Seems confused]* "Sorry! I did not get you"

Interviewer: "Sorry! I want to know is there anything else you found most challenging for you?"

Participant: "Oh Alright! Everything seems fine, but the routine is a bit boring and there are not too much meaningful activities. I mean-the days are repetitive. I miss the excitement and surprises of my old life."

Interviewer: " Could you please describe a typical day for you in this nursing home?"

Participant: "A typical day involves waking up early, having meals at set times, and participating in scheduled activities like bingo or crafts. There are also times for rest and personal activities, but the structure remains the same every day. I often spend time reading or sitting by the window, watching the outside world."

Interviewer: "How do these routines affect your mental and emotional state?"

Participant: "The routines contribute to feelings of monotony and sadness. The lack of different and meaningful activities makes it hard to stay positive. It feels like I'm just going through the motions without any real purpose."

Interviewer: "What kind of support do you receive from the staff and other residents?"

Participant: "The staff are kind and attentive, but interactions often feel transactional, like they're focused on the tasks at hand rather than forming meaningful connections. Other residents are friendly, but I haven't developed any close relationships. It feels like everyone is wrapped up in their own worlds."

Interviewer: "How do you cope up with your bad feelings?"

Participant: (*Seems confused*) "Sorry! I did not get you"

Interviewer: "I am Sorry! I mean-are there any specific activities or support that help you maintain your emotional health?"

Participant: (*Smiling*) " Well! I try to keep busy, but it's tough. I read a lot – books have become my escape. Sometimes, I sit by the window and just watch outside. I know it sounds small, but it helps. And I try to remember the good times, things I did before coming here. It's strange – it's like I'm living more in memories than in the present. It's what helps me feel like myself, even just a little."

Interviewer: "That sounds like a meaningful way to cope, even if it's difficult. Do you feel that there's anything that could be done to make life here feel more fulfilling for you?"

Participant: [*Thinks for a moment*] "Everything looks okay for me now, but I am thinking maybe if there were more meaningful activities. Things that remind us of our lives outside, or things that feel like they're actually for us, not just something to pass the time. And maybe more chances to connect with others, to talk about our lives, our families, our memories. That would help, I think."

Interviewer: "I appreciate you sharing that. I can see you've given this a lot of thought. Thank you for being so open and honest about your experiences."

Participant: "Thank you for listening to me."

Interviewer: "You Welcome. Sorry, I have just a couple of questions left if you're comfortable. If I ask you to rate your depression and emotional stress level, how would you score them on a scale of 1 to 10?"

Participant: "Well! I do score them 7."

Interviewer: "Thanks much for your answer. If you're comfortable, how would you rate your loneliness and social interactions level here on a scale of 1 to 10?"

Participant: "Well! For loneliness, I'd rate it a 6, and for social interactions, I'd give it a 5."

Interviewer: "I appreciate your answers. My last question I want to know about how you think your quality of life here out of 10?"

Participant: (*Silence for a while*) "I think it's 6"

Interviewer: "Thank you so much. I really appreciate it."

Participant: "It's nice to have someone to talk to, to feel like my feelings matter. It's rare that anyone asks these things."

Interviewer: "It's my pleasure. It was very nice to meet you! Please, take care."

Appendix-7: Field Notes:

Participant Observation:

During the interview, the participant exhibited visible signs of emotional distress when discussing feelings of loneliness and loss. Nonverbal cues, such as prolonged pauses, lowered gaze, and a slumped posture, indicated a deep sense of sadness, especially when describing the isolation experienced in the nursing home. When recalling memories of life before moving into the facility, the participant's voice softened, and she occasionally dabbed at her eyes with a handkerchief, conveying a mix of grief and nostalgia. These physical and verbal responses underscored the emotional toll that nursing home life has taken on her mental well-being.

Reflective Notes:

As the interviewer, I felt a strong empathetic response, particularly when the participant described feeling "*forgotten*" by family and friends. This empathy evoked a natural urge to console, but I reminded myself of the importance of neutrality to avoid influencing the participant's narrative. To

maintain objectivity, I focused on listening attentively and avoided interjecting personal reactions. I also consciously modulated my tone and body language to remain receptive yet neutral, which allowed the participant's experiences to emerge without interference.

Reflections on Researcher Influence:

This experience highlighted the importance of reflexivity in qualitative research. My initial perceptions of nursing home life as isolating may have shaped how I approached the conversation. After the interview, I recorded my emotional responses to acknowledge these biases and considered their potential impact on data interpretation. By documenting my reflections, I was able to separate my personal assumptions from the participant's story, ensuring that her perspective remained central to the analysis.

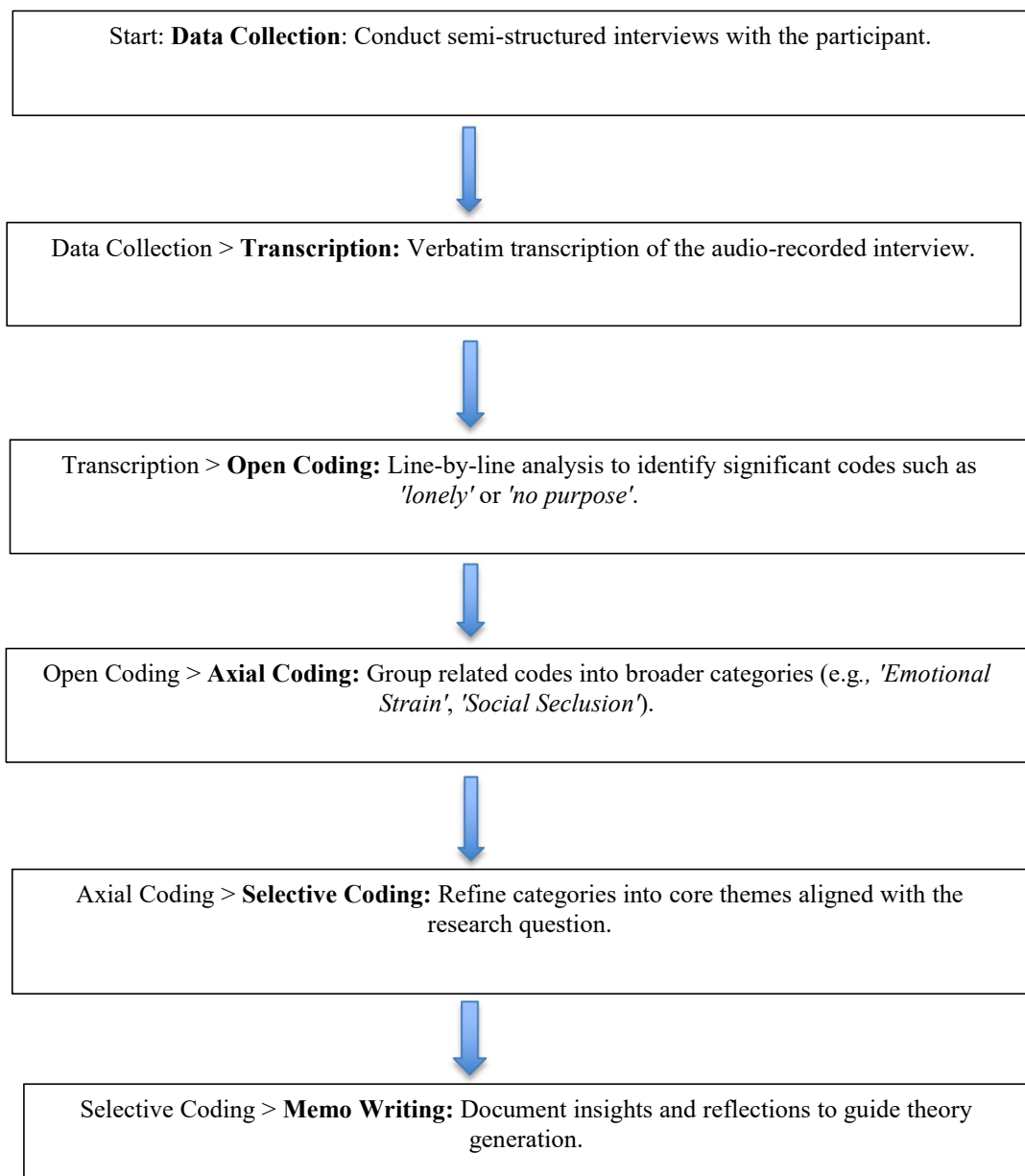
Strategies for Improvement:

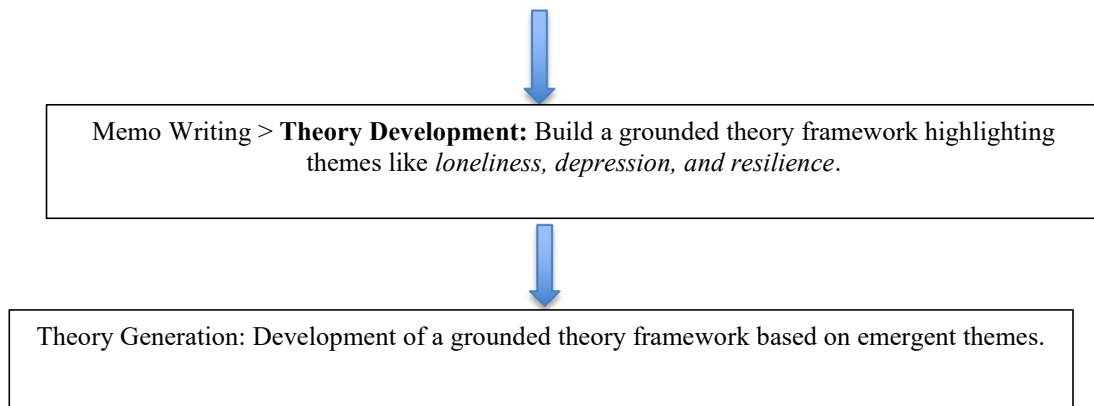
Moving forward, I plan to adopt additional techniques to better manage my empathetic reactions. Briefly pausing to take notes during the interview could help me refocus, while post-interview debriefing with a peer might provide external insights into my approach. These strategies can reinforce objectivity and refine my interview technique, particularly in emotionally sensitive contexts.

Summary of the interview:

This interview underscored the complex emotional landscape that elderly residents navigate in nursing homes. Observing the participant's responses and reflecting on my own reactions enhanced my understanding of the need for sensitivity and neutrality in qualitative research. I am committed to continuous self-monitoring and skill refinement to ensure that future interviews remain both empathetic and professionally objective.

Appendix-8: Grounded Theory Flowchart





Appendix-9: Detailed Themes from the Interview:

Table-5: NVivo Calculation Process:

Step	Description
Data Preparation	The interview transcript was imported into NVivo. Themes and sub-themes were defined based on the content of the interview.
Frequency Calculation	The frequency of each sub-theme was counted in the transcript using NVivo's coding query feature. The frequencies were summed to get the total for each theme. The total number of codes was calculated. The percentage of each theme was calculated using the formula: <i>Percentage of Theme = (Total Frequency of Theme / Total Number of Codes) * 100</i>
Visualization	A bar chart was created to visually represent the percentages of each theme.

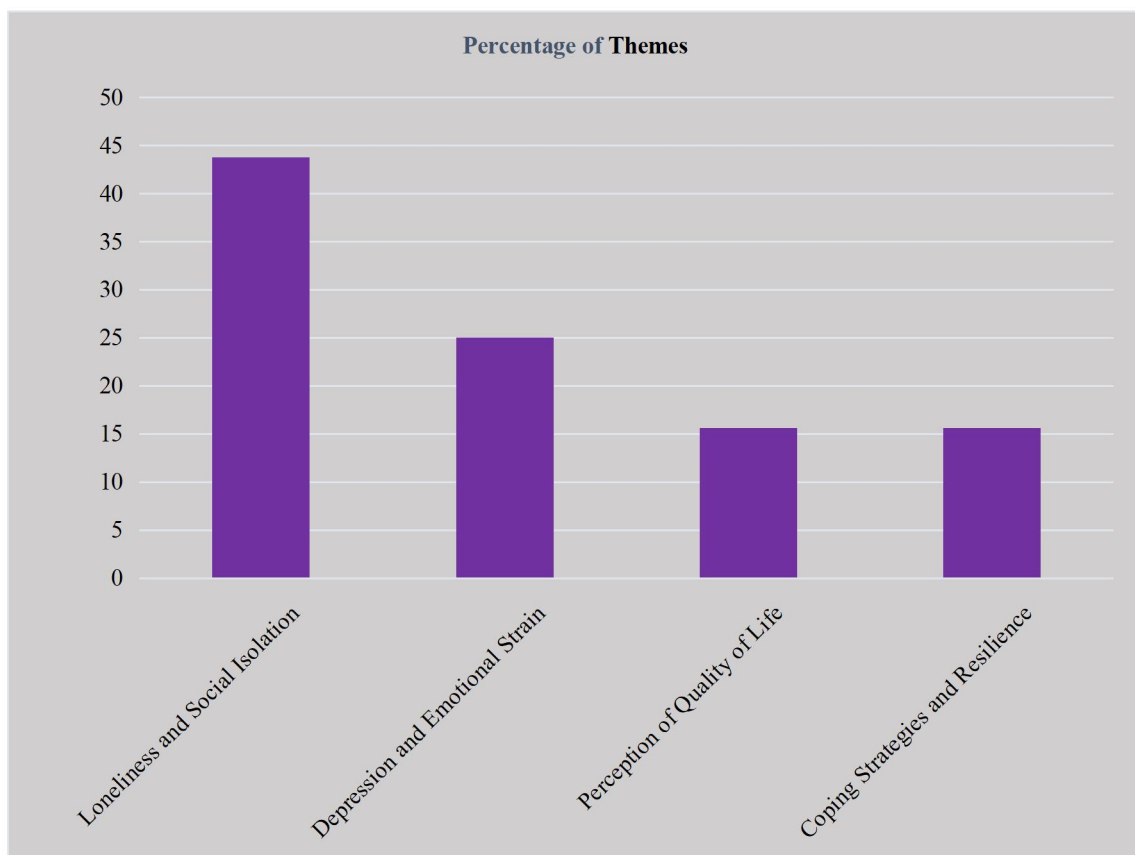


Figure: A bar chart showing the themes obtained from the interview using NVivo

Theme 1: Loneliness and Social Isolation

Participant's Experience	Interpretation
The participant expressed a deep sense of loneliness and isolation. She felt disconnected from family, friends, and her broader community, a sharp contrast to her active social life as a government official. Nursing home staff interactions were described as polite but transactional, lacking personal warmth or depth. Infrequent family visits due to their busy schedules or distance exacerbated her feelings of being "forgotten".	Supports research highlighting the adverse effects of limited social connections on mental health, particularly feelings of abandonment and diminished self-worth (Moeyersons et al., 2022). Calls for strategies to foster social engagement, family interactions, and peer support.

In-Depth Analysis: The participant reflected on the transition from her previous life, which was enriched by regular interactions with colleagues and family, to the isolated environment of the nursing home. The transactional nature of staff interactions, while functional, felt impersonal, leaving her emotionally unfulfilled. The infrequency of family visits amplified her sense of being forgotten and underscored the challenges of maintaining meaningful relationships in institutionalized care. The absence of genuine emotional bonds further deepened her feelings of isolation, highlighting the urgent need for social support systems.

Illustrative Quote:

"It's hard being here alone. I miss the people I used to see every day in my job. Now, there's nobody I really connect with."

Theme 2: Depression and Emotional Strain

Participant's Experience	Interpretation
The participant described persistent sadness and emotional strain, particularly during quiet periods with minimal interaction. She felt a sense of hopelessness and described her daily life as "just waiting here." The restrictive environment and lack of autonomy further contributed to her diminished sense of purpose and exacerbated her emotional burden.	Reflects symptoms of depression commonly experienced by elderly nursing home residents (Grabowski et al., 2010). Highlights the urgent need for mental health interventions, such as counseling and meaningful engagement programs, to improve emotional well-being.

In-Depth Analysis: The participant's narrative revealed a profound sense of emotional strain, characterized by feelings of hopelessness and a lack of motivation. Her description of "just waiting here" reflects the monotony and emotional toll of a restrictive environment that offers limited opportunities for personal growth or stimulation. The absence of autonomy further exacerbated her depressive symptoms, creating a cycle where her isolation intensified her emotional distress. This underscores the critical need for structured mental health programs and interventions tailored to the specific needs of elderly residents, particularly those with previously active lives.

Illustrative Quote:

"Some days, I feel like I'm just waiting here, with nothing to look forward to. It's a lonely life."

Theme 3: Perception of Quality of Life

Participant's Experience	Interpretation
The participant described her quality of life as stagnant and unfulfilling. Daily routines were perceived as repetitive and lacked intellectual or emotional stimulation. Activities were described as "time-fillers" that offered little satisfaction. This was particularly frustrating given her previous career as a government official, where she felt valued and engaged.	Reflects a common issue in nursing homes, where routines often fail to meet residents' diverse needs (Whear et al., 2023). Personalized programs tailored to residents' unique interests and histories are essential for improving quality of life and fostering a sense of purpose.

In-Depth Analysis: The participant expressed dissatisfaction with her daily life, describing it as monotonous and devoid of purpose. Her frustration stemmed from the stark contrast between her previous role as a government official and her current circumstances, where her identity and self-worth felt diminished. She viewed the repetitive activities in the nursing home as lacking meaningful engagement, which further contributed to her sense of stagnation. This theme highlights the pressing need for individualized activity programs that cater to residents' intellectual and emotional needs, fostering a sense of fulfillment and satisfaction.

Illustrative Quote:

"I feel like I'm just passing time here. There's not much to do, and it doesn't feel like living."

Theme 4: Coping Strategies and Resilience

Participant's Experience	Interpretation
Despite her challenges, the participant demonstrated resilience by employing personal coping mechanisms such as reading, quiet reflection, and reminiscing about her past. While these strategies provided temporary comfort and mental retreat, they were insufficient to fully address her loneliness and depression.	Illustrates the resilience commonly observed in elderly individuals in institutional care (Reynolds 3rd et al., 2022). However, personal coping strategies alone are inadequate to address the deeper issues of loneliness and emotional strain. Calls for additional mental health resources and therapeutic interventions.

In-Depth Analysis: The participant's ability to engage in personal coping mechanisms, such as reading and reflecting on her life before the nursing home, demonstrated her resilience in the face of adversity. These activities provided moments of solace and helped her maintain a connection to her past. However, they were insufficient to fully mitigate the emotional toll of isolation and depression. This underscores the importance of supplementing individual resilience with comprehensive mental health support and opportunities for meaningful social interaction.

Illustrative Quote:

"I try to keep myself busy with books or just think about old memories. It's how I get through the days."

How to Cite the Article

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