Psychosocial factors that affect nursing care of older diabetic patients: A literature review

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Abstract

Background: The functional status of elderly individuals with chronic conditions especially diabetes is a growing public health concern, particularly in developing countries such as Kenya. Understanding how these psychological and social dimensions have effect on functional capacity is essential for guiding patient-centered care, policy interventions, as well as resource allocation. The rising prevalence of diabetes among the elderly population presents not only a physiological challenge but also a significant psychosocial burden, particularly in low and middle-income settings such as sub-Saharan Africa and other developing countries across the world.

Aim: This study examined the influence of psychosocial factors particularly depression, anxiety s well as social support on the functional status of elderly diabetic patients. Functional status, defined as the ability to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs), is a critical determinant of quality of life and independence in older adults.

Method: Through a structured literature review guided by the PEO (Population, Exposure, Outcome) framework, 11 peer-reviewed empirical studies published between 2015 and 2024 were selected and then analysed. By using Krippendorff's content analysis methodology, thematic categories were developed to identify recurring patterns linked to the emotional, cognitive and social dimensions of elderly diabetic care.

Results: The findings showed that depression significantly impairs self-care behaviours, while anxiety contributes to functional decline by reducing physical activity and treatment adherence. On the contrary, social support, whether from family, peers or even from community health systems, was consistently linked to improved health behaviours and greater functional independence. The study highlights the critical need for integrated diabetes care models that comprise routine mental health screening, psychosocial support systems as well as patient-centered educational interventions. In resource-constrained situations, addressing these psychosocial variables might be vital in enhancing not only medical outcomes but also the dignity and autonomy of the aging populations.

Conclusion: These findings therefore call for collaborative efforts among healthcare providers, families and policymakers to adopt holistic strategies that address both the medical and emotional needs of elderly patients living with diabetes.

Keywords/tags (subjects)

Diabetes, Nursing, Older patients, psychosocial factors

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Miscellaneous (Confidential information)

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1 Introduction

As the global population continues to age, chronic illnesses such as diabetes are becoming more and more common among older adults. Living with diabetes in old age is not just about managing the blood sugar level, it usually come with a lot of emotional, physical as well as social challenges. For majority of elderly individuals, especially those receiving home-based care, managing this lifelong condition can truly be overwhelming. The aging reality, together with the day to day demands of diabetes, can significantly affect the ability of the patients to live independently and maintain a good quality of life.

Recent global estimates show that in 2019 over 135 million people who are aged between 65 and 99 years were living with diabetes and this is a figure that is expected to go two-fold by 2045 (Sinclair et al., 2020). In particular, type 2 diabetes makes up about 90% of these cases and usually occur alongside other health problems like heart disease, impaired vision in addition to mobility issues (International Diabetes Federation, 2018). To add on the physical toll, the economic burden is equally substantial, with over one trillion dollars being spent worldwide on diabetes-related care a figure that is worrying.

Thus far, the challenges being faced by elderly adults with diabetes can go beyond their physical health. Emotional wellbeing plays a significant role in how well they cope. The feelings of loneliness, anxiety and depression are a common issue in this age group. This can make it harder for them to follow their treatment plans or even carry out daily activities like cooking, walking or taking a bath. Majority of elderly adults may equally lack the social support they need, whether coming from family, friends or even caregivers. Regrettably, these psychological as well as social aspects are frequently overlooked in the routine diabetes care, notwithstanding the growing evidence that they have a major impact on health outcomes as well as daily functioning (Nanayakkara et al., 2018; Chami & Khaled, 2022).

2 Background

Social support is a multifaceted construct comprising emotional, informational and tangible assistance from social networks (Berkman et al., 2000). For the elderly diabetic patients, a strong social support networks are able to buffer against stress, improve treatment adherence and enhance psychological well-being as well (Uchino, 2006).

Numerous studies have ecorded that elderly people suffering from diabetes who receive sufficient social support usually have better glycemic control in addition to slower rates of functional decline (Gallant, 2003; Gonzalez et al., 2008). In sub-Saharan Africa, the weakening of traditional family structures caused by urbanization and migration has really increased the risk of social isolation amongst aged people (Nyambura et al., 2021). This lack of support is connected with a higher level of dependency and severe health outcomes.

Interventions like peer support groups and community health worker programs have shown promise concerning the improvement of diabetes self-management and psychosocial outcomes in older populace (Heisler et al., 2010; Perry et al., 2014). Tailoring such interventions to the context of the situation in the community may enhance functional status and quality of life for elderly diabetic patients.

Anxiety and Functional Status in Elderly Diabetic Patients

Anxiety syndromes are common among older people with chronic diseases and this can negatively influence functional capacity (Beekman et al., 1998). Anxiety can result to avoidance behaviours, decreased physical activity as well as poor adherence to medical regimens, all of which leads to impairing functional independence (Katon et al., 2007).

As for diabetes, anxiety might aggravate hyperglycemia by physiological stress responses and reduce patients' ability to effectively manage their condition (Lloyd et al., 2012). Evidence posits that anxiety symptoms in older diabetic patients are connected with higher rates of disability as well as poorer health-related quality of life (Hays et al., 2002).

Despite this, anxiety remains underdiagnosed and undertreated amongst older diabetic populations, especially in low-income settings (Gum et al., 2009). Integration of mental health screening as well as treatment into routine diabetes care may perhaps improve functional outcomes and reduce healthcare burdens (Chaudhury et al., 2016).

2.1 Diabetes

Diabetes has been stated as a chronic metabolic disorder that is characterized by elevated blood glucose levels resulting from defects in insulin secretion, insulin action or even both ((ADA, 2023) Globally, diabetes poses a significant public health burden especially with increasing prevalence in not only developed but also developing countries. The World Health Organization (WHO, 2023) reported that approximately 537 million adults worldwide were living with diabetes in the year 2021. They noted besides that, projections are estimated to rise to 783 million by 2045. Diabetes complications like cardiovascular disease, nephropathy, neuropathy as well as retinopathy significantly weaken quality of life and increase mortality risk (ADA, 2023). These complications are especially problematic for elderly patients who are every so often managing multiple chronic conditions together with age-related physiological decline (Sinclair et al., 2015).

Chronic hyperglycemia normally leads to progressive organ damage and functional impairment (WHO, 2023). Managing diabetes therefore requires complex self-care, including medication adherence, blood glucose monitoring, lifestyle modifications as well as regular medical follow-ups (Powers et al., 2020). As for older adults, physical limitations, cognitive decline and psychosocial challenges make diabetes management principally difficult (Sinclair et al., 2015). These demographic experiences greater rates of hospitalization and health care utilization associated to diabetes complications (American Geriatrics Society, 2019).

2.2 Type 2 Diabetes Mellitus.

The Type 2 diabetes mellitus (T2DM) is the most common diabetes type. It is accounting for approximately 90-95% of all diagnosed cases of diabetes globally (ADA, 2023). It is usually characterized by insulin resistance together with a relatively deficiency in insulin (DeFronzo, 2009). It contrasts with Type 1 diabetes which is autoimmune and characteristically manifests in youth. On the other hand, T2DM commonly develops in adulthood and is strongly associated with obesity, physical inactivity and aging (Zimmet et al., 2014).

T2DM progression is usually insidious normally with many patients undiagnosed for years, which delays treatment and also increases complication risks (ADA, 2023). Coexisting conditions like hypertension as well ass dyslipidemia complicates management in addition to increasing cardiovascular risk (Cheng et al., 2017). Emotional stress, comprising depression and anxiety is highly widespread among T2DM patients and this often linked to poor glycemic control and increased mortality rate (Gonzalez et al., 2008; Ali et al., 2006). Lifestyle changes as well as urbanization in African countries, have contributed to the rising T2DM prevalence among middle-aged as well as elderly populace (Pastakia et al., 2017).

2.3 Diabetes in Elderly People

Diabetes prevalence among elderly people is rapidly increasing. The International Diabetes Federation (IDF) estimated that in 2019 slightly over 135 million people aged 65-99 years had diabetes and projections indicating that this will grow two-fold by the year 2045 (IDF, 2019). Similarly, according to Sinclair et al. (2015), over 135 million people aged 65 and older were living with diabetes worldwide in 2019. On the other hand, research from Australia found that approximately one-third of elderly diabetic patients experienced between moderate to severe levels of depression and diabetes-related emotional stress which were strongly connected to poor glycemic control in addition to reduced self-care capacity (Nanayakkara et al., 2018). The coexistence of multiple chronic conditions, polypharmacy as well as increased vulnerability to hypoglycemia necessitates individualized care approaches for this vulnerable population (American Geriatrics Society, 2019). Older individuals with diabetes face unique clinical and psychosocial challenges. Age-related decline in renal function, cognitive ability, and physical capacity complicates diabetes management (Sinclair et al., 2015).

Similarly, psychological factors such as depression and anxiety are common among elderly diabetic patients and severely affect treatment adherence as well as the outcomes (Gonzalez et al., 2008). Cognitive impairment which is more prevalent in elderly people with diabetics further compromises self-care capabilities (Biessels et al., 2014). Additionally, social isolation, usually due to loss of spouse or mobility issues, aggravates these challenges through reduction of emotional and practical support (Golden et al., 2009).

In Kenya, the prevalence of diabetes among older people is increasing, though healthcare systems are often unprepared for geriatric-specific diabetes care (Pastakia et al., 2017; Kimani & Wambugu,

2021). Studies show that elderly Kenyans with diabetes commonly face barriers including limited access to healthcare, lack of family support, and inadequate psychosocial services (Kimani & Wambugu, 2021; Nyambura et al., 2021). This is not unique to Kenya alone but is common to many of the sub-Saharan countries and developing and un-developed countries across the world.

2.4 Functional Status in Elderly People with Diabetes

In this context, functional status refers to the ability to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs), which are crucial for independent living (Katz et al., 1963). Diabetes-related complications like neuropathy, vision impairment and cardiovascular disease increase the risk of functional decline in elderly people (Peters et al., 2014). Maintaining functional independence is critical for quality of life since it reduces healthcare costs related with institutional care (Fried et al., 2001).

Psychosocial factors significantly influence the functional status of individuals. Depression s well as anxiety reduce motivation and energy levels in addition to impairing cognition and this can lead to neglect of self-care and further accelerating functional decline (Gonzalez et al., 2008; Katon et al., 2004). On the contrary, social support promotes adherence to treatment regimens and helps in maintaining independence (Berkman et al., 2000).

Kimani and Wambugu (2021) found that elderly diabetic patients with a limited family or even community support exhibited lower adherence to medications and monitoring routines, resulting in poor glycemic control and functional impairment. Nyambura et al. (2021) equally reported that social isolation correlates strongly with increased dependence in ADLs among older diabetic patients in Nairobi.

3 Aim, Purpose, and Research Question

The aim of this study is to examine how psychosocial factors like depression, anxiety as well as social support have influence on the functional status of elderly diabetic patients.

The purpose of the study is to generate practical knowledge that can guide nurses, caregivers, healthcare institutions and families of diabetes patients in improving care strategies for elderly patients living with diabetes.

The study research question is: How do psychosocial factors specifically depression, anxiety as well as social support have influence on the functional status of elderly diabetic patients?

4 Methodology

4.1 Literature review

A literature review is a systematic process that is used to not only to identify and to assess but also to interpret relevant academic literature in order to answer a defined research question. It involves locating related studies, evaluating their content in addition to synthesizing their findings in order to inform the current study or highlighting knowledge gaps. According to Torraco (2016), the primary aim of a literature review is basically to provide a comprehensive understanding of existing knowledge and offering direction for future studies. This study reviewed literature focuses on how psychosocial factors that is depression, anxiety as well as social support, influence the functional status of elderly patients living with diabetes.

The review process began by defining the scope and purpose of the study which was centered on elderly populations with chronic conditions, specifically diabetes. The next step was about searching databases such as PubMed, Scopus and Google Scholar using key terms like psychosocial factors, functional status, elderly and diabetes. Studies were only included if they examined psychosocial influences on health-related functionality among elderly adults with diabetes. Articles not focusing on the elderly or that lacked psychosocial components were excluded.

The third step comprised analysis of selected articles. Research shows that depression and anxiety are significantly related with diminished physical function and self-care abilities among elderly diabetic patients. For example, a study by Schmitz et al. (2022) found that elderly individuals with diabetes who reported higher depressive symptoms had poorer performance in basic and instrumental activities of daily living. To the contrary, strong social support was frequently associated to better functional outcomes. This is a clear suggestion that emotional and instrumental support from family and caregivers is able to buffer the negative effects of psychosocial stressors.

Finally, this review equally synthesizes current evidence in order to highlight the need for integrative care that addresses both physical and psychosocial health in elderly diabetic management. It similarly points to a gap in context-specific research, where the aging population is growing and healthcare systems are under strain. The reviewed literature provides a strong foundation for examining the interaction between mental well-being and functional capability among diabetic elderly patients.

4.2 Data and selection

This study has utilized original peer-reviewed scientific articles and journals that focus on the psychosocial features influencing the functional status of older individuals that have diabetes condition. The aim of the selection process was not merely to summarize existing findings, but to synthesize evidence in a manner that identifies knowledge gaps. I was also done in a manner that supports the development of a research agenda contextualized within elderly diabetic care. As stated by Bettany-Saltikov (2012), effective literature selection allows researchers to uncover both well-established facts as well as under-researched aspects of a topic.

To guide the study strategy and ensure the relevance of articles, the PEO (Population, Exposure, Outcome) framework was applied. I was used since it is more suitable for qualitative and psychosocial research questions than the PICO model. According to Khan et al. (2022), the PEO framework helps in narrowing down search terms for the topics that focus on patient experiences, behaviours as well as social contexts.

Table 1: The PEO framework for the study

Component	Description

Population	Elderly patients with diabetes
Exposure	Psychosocial factors (depression, anxiety, social support)
Outcome	Functional status (ability to perform daily activities)

Articles were retrieved from PubMed, PsycINFO, Scopus and ScienceDirect. Keywords and Boolean operators like elderly or aged and diabetes and depression or anxiety or social support and functional status or activities of daily living were used. Medical Subject Headings (MeSH) were equally applied where it was appropriate to ensure precision in search results.

Table 2: Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Peer-reviewed empirical articles (2015–2024)	Articles published before 2015
Articles in English language with full text available	Non-English language publications
Studies focused on elderly populations with diabetes	Articles focused only on younger populations
Articles addressing psychosocial factors and functional status	Studies lacking focus on either psychosocial or functional aspects
Studies conducted in both developed and developing countries	Systematic reviews, meta-analyses, and editorials

4.3 Database search results and screening process

Table 3: Inclusion and Exclusion Criteria

Database	Terms and Limiters
PubMed	(((elderly OR aged OR older adults OR senior citizens) AND (diabetes OR diabetic

	patients OR diabetes mellitus)) AND (depression OR anxiety OR social support OR psychosocial factors)) AND (functional status OR activities of daily living OR ADL OR IADL) Limiters: English, Free Full Text, Past 10 years
PsycINFO	(aged OR elderly OR senior OR geriatric) AND (type 2 diabetes OR diabetes mellitus) AND (depression OR anxiety OR perceived social support OR psychological stress) AND (functional ability OR physical functioning OR daily activity performance) Limiters: Peer-reviewed, Full text, 2015–2024, English
Scopus	(TITLE-ABS-KEY (elderly OR older adults OR geriatrics) AND TITLE-ABS-KEY (diabetes) AND TITLE-ABS-KEY (depression OR anxiety OR social support OR psychosocial)) AND TITLE-ABS-KEY (functional status OR functional ability OR ADL OR IADL) Limiters: Articles, English, Published after 2015
ScienceDirect	(“elderly” OR “aged” OR “older adults”) AND (“diabetes mellitus” OR “diabetic patients”) AND (“depression” OR “anxiety” OR “social support” OR “psychosocial factors”) AND (“functional ability” OR “functional status” OR “activities of daily living”) Limiters: Research Articles, 2015–2024, English

A comprehensive search was carried and identified 243 articles across the four databases. After applying the inclusion/exclusion criteria, 127 articles were retained based on the relevance of the title. Revie of abstract resulted to a further refinement, leading to 41 articles. After full-text assessment, 21 articles were actually excluded for not addressing the combined relationship between psychosocial variables and functional status. Furthermore, 9 articles were removed because of context mismatch (e.g., hospital-focused rather than community-based research). Eventually, 11 studies were selected for full review and analysis.

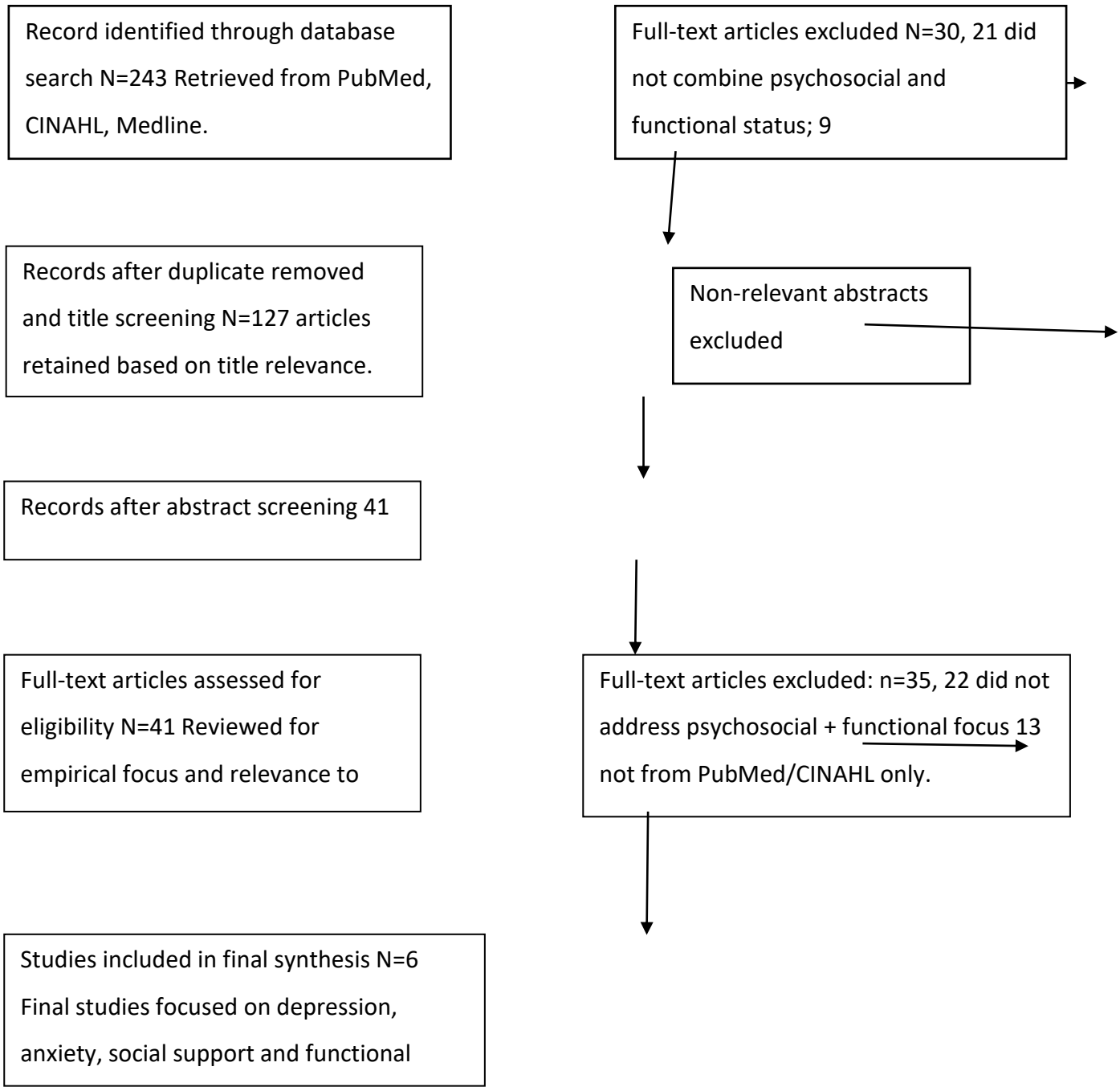

Figure 1: PRISMA Flow Diagram – Article Selection Process

4.4 Critical appraisal

In the context of this study on psychosocial factors and functional status amongst elderly patients with diabetes, critical appraisal was critical in determining the methodological quality, credibility in addition to relevance of the selected literature. Crowe and Sheppard (2011) defines critical appraisal as the process by which research studies are systematically evaluating in order to assess their trustworthiness, rigor and applicability to a certain research objective.

This study applied the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) framework in guiding the selection and assessment process. To enhance objectivity and consistency in evaluating the quality of diverse studies here, the Mixed Methods Appraisal Tool (MMAT) by Pluye et al. (2009) was utilized. The MMAT provides a structured scoring system ranging from 1 (very poor) to 5 (very good) thereby allowing for the appraisal of qualitative, quantitative as well as mixed-methods research across standardized criteria.

The appraisal has focused on 11 peer-reviewed studies that actually met the inclusion criteria in addition to directly addressing the relationship between psychosocial factors like depression, anxiety plus social support as well as functional status in elderly diabetic populations. These studies were drawn from community-based settings, aligning with the study's prominence on understanding functional outcomes beyond the hospital environment set up.

Each article was carefully reviewed starting with the title and then abstract before evaluating its immediate relevance. Next, the research question, study design, sampling strategy as well as contextual setting were critically assessed. Specific attention was given to how psychosocial variables were measured and whether validated tools were used in the studies. It also analysed how these factors were statistically connected to indicators of functional ability in elderly diabetic persons.

The methodological soundness of each study such as data collection methods, analysis techniques, ethical considerations as well as the interpretation of results, was also evaluated. The scoring process allowed the researchers to identify high-quality research studies that offered strong evidence, and those with methodological limitations that required careful interpretation.

All articles were assigned specific scores across multiple appraisal domains. The total scores and reviewer comments were compiled to determine the overall contribution of each study to the objective of the research. This approach made sure that only methodologically robust and contextually relevant research studies informed this review's conclusions.

The critical appraisal summary table for the 11 studies, plus a detailed scores and evaluative comments is presented in Appendix 2.

4.5 Data analysis

This study applied Krippendorff's (2019) content analysis method in systematically analysing findings from the selected literature reviewed. The process of data analysis involved identifying specific meaning units in each article that directly addressed the objectives of the research study: the influence of depression, anxiety and social support on the functional status of elderly diabetic patients. These meaning units were coded and categorized according to their thematic relevance and frequency.

The content was thereafter broken down into manageable units related to each psychosocial factor. Codes were derived by means of open coding whereby significant phrases and ideas were labelled without pre-imposed categories. As coding progressed, there was emergence of sub-categories which were refined into main categories thereby offering a structured interpretation of the data.

Resulting from Krippendorff's framework, the researcher began by reading all 11 selected articles multiple times to grasp the depth and context of their findings. Vital insights and recurrent patterns were highlighted. Thoughts and reflections were noted after each reading to capture essential elements that resonated with the research objectives. Each coded segment was then grouped into broader categories to allow for a meaningful comparison across studies.

The coding process was guided by the principal research question: *How do psychosocial factors (depression, anxiety and social support) influence the functional status of elderly individuals living with diabetes?* Emerging themes were examined to disclose patterns and discrepancies within and across the research studies.

The analysis produced three main categories as stated below:

1. Emotional Distress and psychological burden,

2. Role of social networks and support systems

3. Functional health outcomes and daily living ability.

These categories encapsulate how psychosocial stressors and supports affect elderly patients' ability to manage daily tasks, maintain independence, and navigate health challenges associated with diabetes.

Table 4: Sample of Data Analysis

Raw Material (from Article)	**Simplified Expression**	**Sub-category**	**Main Category**
"Depression has a major negative impact on the quality of diabetes-related self-care activities." (Popa et al., 2016)	Depression reduces motivation for self-management	Impact of depressive symptoms on self-care	Emotional Distress and Psychological Burden
"Depressive symptoms in the elderly especially with DM comorbidity are linked to a high burden of poor ADL and IADL." (Singh et al., 2023)	Depression linked to functional decline	Depression and physical decline	Emotional Distress and Psychological Burden
"Self-care behaviours in this study were poor. Therefore, it is necessary to develop an	Poor self-care behaviours among elderly	Need for educational	Role of Social Networks and Support

educational intervention based on cognitive theory constructs." (Karimy et al., 2016)	diabetics	interventions	Systems
"Loneliness was found to affect both psychological and physiological health outcomes and health behaviors." (Kobayashi et al., 2024)	Loneliness impacts health outcomes	Influence of loneliness on health	Role of Social Networks and Support Systems
"Loneliness is associated with higher disability scores and slower gait speed." (Look AHEAD Research Group, 2020)	Loneliness linked to decreased mobility	Loneliness and physical function	Functional Health Outcomes and Daily Living Ability
"Older people with diabetes may be less capable of managing the disease due to increased risk of both physical and cognitive impairment." (Woo et al., 2015)	Diabetes linked to cognitive and functional impairments	Diabetes and cognitive decline	Functional Health Outcomes and Daily Living Ability

5 Results and findings

The content analysis of the 11 selected studies produced three main categories that describe how psychosocial factors influence the functional status of older diabetic patients. These categories

emerged consistently across the studies conducted in various countries, using a mix of qualitative and quantitative methodologies.

The first main category was on “Emotional Distress and Psychological Burden” which captures how depression and anxiety negatively influence motivation, self-management as well as physical function among elderly diabetes patients. Research consistently indicated that unmanaged emotional stress is linked to limited mobility, poor glycemic control and increased dependence among the patients.

The second category was on the “Role of Social Networks and Support Systems” which represents how family, community and emotional support act as protective factors that improve adherence, mental resilience as well as functional independence. Supportive environments were identified to reduce feelings of isolation in addition to promoting proactive health behaviours.

The third and last category was on “Functional Health Outcomes and Daily Living Ability,” which in this case focuses on how psychosocial factors translate into tangible changes in older patients’ ability to carry out daily tasks, maintain independence and sustain quality of life. Psychosocial support was consistently linked with better functional outcomes, including mobility, cognition as well as daily routine maintenance.

These three categories collectively underscore the intricate interplay between mental health, social environment, and functional independence in elderly diabetic populations, reinforcing the need for holistic, multidimensional interventions.

Table 5: Main Categories and Sub-Categories

Main Categories	**Sub-Categories**
Emotional Distress and Psychological Burden	• Impact of depressive symptoms on self-care • Depression and physical decline
Role of Social Networks and Support	• Need for educational interventions

Systems	Influence of loneliness on health
Functional Health Outcomes and Daily Living Ability	• Loneliness and physical function Diabetes and cognitive decline

5.1 Emotional distress and pyschological burden

5.1.1 Impact of depressive symptoms on self care

Depression remains a profound barrier to self-management among elderly individuals with diabetes, diminishing both the willingness and capacity to engage in critical self-care behaviours. Popa et al. (2016) asserts that depressive symptoms significantly undermine motivation, leading to reduced adherence to diabetes-related routines such as medication use, physical activity and dietary control. This finding is echoed by Singh et al. (2023) who indicated that the emotional weight of comorbid depression in older diabetic patients correlates with a sharp decline in activities of daily living (ADLs). The convergence of emotional distress and chronic illness not only impairs disease management but creates a feedback loop where poor self-care exacerbates both physical and psychological deterioration.

The association between depression and functional inefficacy is particularly evident in elderly populace where emotional vulnerability often coexists with physical frailty. Singh et al. (2023) emphasized that depressive symptoms contribute to higher functional dependence as reflected in both ADL and instrumental ADL (IADL) scores. Emotional fatigue on the other hand compounded by age-related stressors and chronic disease burden usually creates a scenario where even basic daily tasks become overwhelming. This highlights the need to integrate mental health screening and treatment into chronic care models for elderly diabetes patients where depression is not merely a comorbidity but a determinant of functional outcome.

5.1.2 Depression and physical decline

The physical implications of depression extend beyond self-care deficits to a measurable functional impairment. Singh et al. (2023) associates depressive symptoms to deteriorating

physical health markers, including slower gait speed in addition to increased difficulty in performing routine tasks. Look AHEAD Research Group (2020) supports this assertion by showing how psychological isolation, often rooted in depressive states, manifests in reduced mobility. In elderly diabetes patients, such physical deteriorations not only wear down independence but also increase the risk of injury, hospitalization as well as early institutionalization. Therefore, depression is not just a simple a mental health issue but rather a driver of physical regression, making emotional well-being central to any intervention that is aimed at preserving functionality.

5.2 Role of social network and support system

5.2.1 Need for educational interventions

Poor self-care amongst elderly diabetics, as reported by Karimy et al. (2016), more often stems not only from emotional or physical limitations but also from gaps in knowledge and cognitive capacity. Their research work calls for educational interventions rooted in cognitive theory to empower elderly patients with the skills and understanding required for disease management. Such interventions do more than transfer information, they create agency, foster positive attitudes and equally promote behavioural change. When complemented by family and community support, educational strategies can bridge cognitive gaps besides improving functional autonomy.

The success of educational programs, however, hangs on their ability to connect with the elderly in a contextual and a meaningful way. As Popa et al. (2016) and Singh et al. (2023) indicate, interventions should be sensitive to the psychosocial realities of aging, loneliness, fear of dependency s well as stigma around mental illness. Education must not occur in isolation; it needs to be part of a broader social support system that includes caregivers, peers and health professionals who reinforce learning and encourage consistent application of self-care principles.

5.2.2 Influence of loneliness on health

Social disconnection is a recurring theme across various researches, more often acting as a silent driver of poor health outcomes among the elderly. Kobayashi et al. (2024) underscore that loneliness is more than an emotional state; it is a significant predictor of adverse psychological and physiological outcomes. It impairs health behaviours and weakens immune responses. It also

increases susceptibility to depression of which further compromise disease management. Look AHEAD Research Group (2020) further notes that individuals reporting higher levels of loneliness exhibited slower gait and higher disability scores, linking social isolation to functional decline.

The compounded effects of loneliness and diabetes become particularly concerning in aging populations where support systems may be eroding due to widowhood, reduced mobility or generational disconnection. Woo et al. (2015) also highlight that social isolation can aggravate both physical and cognitive impairments thereby rendering elderly individuals less capable of managing their condition. This underlines the importance of integrating social interventions like peer support groups, home visits plus community networks into diabetic care models to improve psychosocial resilience and functional independence.

5.3 Functional Health Outcomes and Daily Living Ability

5.3.1 Loneliness and physical function

The impact of loneliness extends into the physical realm thereby influencing mobility, strength and coordination. The Look AHEAD Research Group (2020) provides compelling evidence that socially isolated elderly individuals with diabetes usually tend to experience a slower walking speed as well as reduced functional mobility. This not only diminishes their ability to perform daily tasks but also increases their risk of falling and prolonging recovery times. Kobayashi et al. (2024) equally observe that loneliness compromises both physical and psychological health, illustrating the dual burden faced by socially isolated elders.

Remarkably, the loss of physical functionality often leads to deeper isolation, forming a vicious cycle. An elderly person who is struggling to walk unassisted or managing household tasks may begin to withdraw socially and this in turn amplifies loneliness in addition to deepening functional decline. These findings suggest that addressing social factors is not just peripheral but an essential element to preventing physical deterioration in diabetic elderly populations.

5.3.2 Diabetes and cognitive decline

The interplay between diabetes and cognitive decline is another vital dimension of functional health. Woo et al. (2015) demonstrate that older individuals with diabetes are mostly susceptible to both cognitive and physical impairments. These impairments may include memory lapses, decreased processing speed and difficulties in planning and executing tasks. All these of which are

vital for effective disease self-management. When cognitive functioning is compromised, even the best-designed care plans may falter due to forgetfulness, misunderstanding or inability to follow through.

Cognitive decline equally correlates with poorer physical outcomes, as evidenced in studies by both Woo et al. (2015) and Look AHEAD Research Group (2020). For instance, executive dysfunction may prevent individuals from planning meals or even remembering appointments, whereas slower processing speeds may impair reaction times in addition to increasing falling risk. Therefore, cognitive assessments should be regarded as a routine part of elderly diabetes management. This should be done with an equal measure of interventions aimed at both cognitive stimulation and physical function preservation.

6 Discussion

6.1 Discussion of results

This study investigated the influence of psychosocial factors particularly depression, anxiety and social support on the functional status of elderly diabetic patients. The findings underscore that emotional well-being and social networks are critical determinants of physical independence as well as overall health outcomes in this population, consistent with recent literature emphasizing the complexity of managing diabetes in elederly adults.

6.1.1 Emotional Distress and Psychological Burden

Depression and anxiety significantly impair the functional status of elderly diabetics thereby confirming their role as key psychological stressors that undermine self-care and disease management (Gonzalez et al., 2016; Singh et al., 2023). The presence of depression reduces motivation and energy necessary for routine diabetes tasks such as medication adherence, blood glucose monitoring, and lifestyle modifications (Powers et al., 2020; Sinclair et al., 2015). These finding matches those of Gonzalez et al. (2016) who reported that emotional distress is associated with poor glycemic control and increased risk of complications in type 2 diabetes patients.

Consequently, Sinclair et al. (2015) highlighted that age-related cognitive and physical decline, combined with emotional distress, further complicates diabetes self-management among the elderly. These factors often coexist, creating a vicious cycle where depression exacerbates functional impairment and vice versa. Recent evidence from Singh et al. (2023) reinforces that

untreated psychological distress can hasten disability and increase the likelihood of hospitalization rates among elderly adults with diabetes. This study's research findings stresses the necessity of integrating mental health assessments and interventions into standard diabetes care for the elderly in order to improve functional outcomes and quality of life (American Geriatrics Society, 2019; Powers et al., 2020).

6.1.2 Role of Social Support and Networks

From the findings, social support emerged as a protective factor mitigating the adverse effects of psychological distress and functional decline. This aligns well with Kobayashi et al. (2024) who demonstrated that loneliness and social isolation are strongly associated with poorer health outcomes and increased functional disability among elderly populations with diabetes. Correspondingly, Golden et al. (2019) disclosed that social connectedness promotes adherence to treatment regimens and enhances psychological resilience in diabetic patients.

In the Kenyan context, Kimani and Wambugu (2021) found that elderly diabetic patients with limited family or community support experienced decreased medication adherence and poorer glycemic control, leading to increased functional impairment. Nyambura et al. (2021) further emphasized that social isolation correlates with higher dependency in activities of daily living among elderly diabetics in Nairobi.

Berkman et al. (2015) conceptualize social support as a vital determinant of health behaviours, underscoring the importance of family and community engagement in chronic disease management. These converging in the findings suggests that diabetes care programs must incorporate strategies to enhance social integration and reduce loneliness, especially in aging populations vulnerable to isolation.

6.1.3 Functional status and daily living ability

Functional status, reflecting the ability to perform basic and instrumental activities of daily living, is a vital marker of health and independence in elderly diabetic patients (Katz et al., 2015). Consistent with Peters et al. (2014) and Biessels et al. (2017), this study established that depression, anxiety and social isolation significantly contribute to decline in functional status by reducing physical and cognitive capacities necessary for self-care.

On the other hand, cognitive impairment, common in elderly diabetics (Biessels et al., 2017), compromises the ability to manage complex treatment regimens and recognize symptoms requiring medical attention. These impairments increase risks for falling sick, hospitalizations, as well as loss of independence (Woo et al., 2015). Furthermore, the cyclical interaction between declining physical function and social isolation intensifies vulnerability as limited mobility restricts social engagement which in turn worsens emotional health status (Golden et al., 2019; Look AHEAD Research Group, 2020). Systemic challenges such as inadequate geriatric healthcare services and limited psychosocial support exacerbate functional decline in elderly diabetics especially in Kenya (Kimani & Wambugu, 2021; Nyambura et al., 2021). Addressing these structural barriers alongside individual psychosocial factors is very crucial for improving outcomes.

6.1.4 Clinical and policy implications

The integrated findings indicate that managing diabetes in elderly people requires a holistic and patient-centered approach that addresses psychological well-being, social support and functional capacity simultaneously (Sinclair et al., 2015; American Geriatrics Society, 2019). Routine screening for depression, anxiety and cognitive impairment should be institutionalized within diabetes care protocols to improve detection and solving the adverse effect.

Healthcare providers equally need training on psychosocial risk factor identification and multidisciplinary care coordination and incorporating mental health services, physical rehabilitation and social work (Powers et al., 2020; Kimani & Wambugu, 2021). On a policy level, investment in community-based programs that foster social engagement, caregiver support as well as education for elderly diabetics will be vital in resource-limited settings like undeveloped or developing countries (Pastakia et al., 2017; Nyambura et al., 2021).

6.2 Ethical considerations

This study was guided by fundamental ethical principles throughout its development and execution. As the research was conducted through a literature review, no direct contact with human subjects occurred. All articles included in the review were selected through a transparent and unbiased process, based on relevance to the study objectives and inclusion criteria. The

author ensured that studies referenced had received ethical clearance from the appropriate ethics boards or institutional review committees, as reported by the original authors.

In conducting this review, the researcher remained committed to fairness and integrity, ensuring that all selected studies were interpreted objectively and analyzed accurately without misrepresentation. The databases used to source literature included reputable academic platforms accessible to the public and university-affiliated users. Care was taken to ensure that no study involving sensitive personal data was exploited or used irresponsibly; where studies involved personal or patient information, the review respected the confidentiality frameworks set by the original researchers.

The researcher recognizes the ethical duty to acknowledge the intellectual contributions of others. Accordingly, every effort was made to appropriately cite all sources in accordance with the APA 7th edition referencing guidelines. This ensured that all original authors received due recognition, and that academic honesty and citation standards were upheld.

The study also adhered to the ethical principles outlined by the National Commission for Science, Technology and Innovation (NACOSTI) and respected institutional policies governing responsible academic research. While the study itself did not require formal ethical clearance due to its non-invasive and secondary nature, the researcher remained conscious of ethical expectations in scholarly work.

Regarding validity and transparency, the researcher ensured that the methodology used in literature selection, analysis, and reporting was clearly documented. The approach adopted can be replicated by other researchers aiming to assess similar psychosocial influences in different contexts or populations. Articles were selected from 2015 onwards to ensure the data was current and relevant, and the review included research from both global and regional perspectives. However, the author acknowledges that had more local studies been available or had non-English databases been considered, the review could have offered even deeper insights, particularly within the, sub-Saharan African context or developing countries that are usually seriously affected.

6.3 Conclusions

This study investigated how psychosocial factors, specifically depression, social support and anxiety, influence the functional status of elderly individuals living with diabetes. Through a thorough review of relevant literature and analysis of findings, it became clear that psychosocial

wellbeing plays a significant role in the capability of elderly diabetes patients to maintain independence and perform their daily activities.

Elderly patients with diabetes face unique challenges, not only from the physiological complications of the disease but also from emotional and psychological pressures that often accompany aging. The study found that depression significantly lowers functional capacity. Feelings of hopelessness, low self-esteem, and emotional exhaustion frequently interfere with the patients' willingness or ability to manage their health effectively, impacting their mobility, nutrition, and overall well-being. This highlights the urgent need for early detection of depressive symptoms and mental health support as part of routine diabetes care.

On the other hand, social support emerged as a powerful enabler of improved functional outcomes. When elderly patients felt supported by family, friends, or community caregivers, they were more engaged in self-care and adhered better to treatment plans. Social connectedness provided emotional comfort, practical help, and encouragement, all of which contributed to better quality of life. These findings suggest that interventions aimed at strengthening social support networks can be as vital as medical treatment in diabetes care.

Anxiety was another critical psychosocial factor influencing functional status. Persistent worry about complications, medication, or the future often left patients feeling overwhelmed and less capable of managing their health. Anxiety not only affected sleep and appetite but also reduced motivation and increased dependence. The study recommends integrated care approaches that include stress management and mental health education as key components of diabetic care for older adults.

In general, the study reaffirms that managing diabetes in the elderly requires more than medication and diet control, it calls for a holistic and compassionate approach that includes psychological assessment and emotional support. Healthcare workers, families, and community health systems must collaborate to provide comprehensive care. The study also recognizes the need for more training among caregivers and professionals in identifying and responding to psychosocial issues among the elderly. Future research might explore how cultural beliefs influence the emotional response to chronic illness in older populations, or assess the long-term effects of psychosocial interventions on functional health outcomes in diabetic patients.

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Appendices

Appendix 1. Title of the Appendix

Appendix 2. Title of the Appendix