



# Depression among the elderly in the elderly care homes

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**Abstract**

Depression is a common mental disorder presenting itself with signs of feeling of sadness or extremely sad, interest loss in pleasurable activities, energy reduction, low self-worth with life, feeling of guilt all the time, sleep disturbances, low appetite, lowered focus in doing daily activities, feeling of stress or distress, feeling of emptiness or hopelessness. A situation where person feelings are impaired by the environment or the personal changes in life. A lack of motivation to carry out activities of daily living, effects to performance of mental activities.

The aim and purpose of the study was to find out the causes of depression among the elderly population residing in elderly care homes. The purpose of the study was to understand causative factors of depression among the elderly in the elderly care homes.

The method of study used in this research was literature review with the use of content analysis.

The study results established that depression in elderly in care homes is caused by combination of several factors leading to depression among the elderly in care homes. The causative factors were: social life deprivation, change of location to care homes, combination of different illness, reduced or lowered or absence of physical activities at all, marital statue i.e., divorce, personal life conflicts between the previous and the current lifestyle. It was established that the nurses in care homes play positive roles in contribution to the care of depressed elderly in care homes, hence a need to encourage presence among the nurses in the elderly care homes.

**Keywords/tags (subjects)**

Depression, Elderly, Elderly care homes, Nurse, literature review, content analysis.

**Miscellaneous (Confidential information)**

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# 1 Introduction

Depression is a mental disorder that is characterised by the presence of continuous sadness and loss of interest in activities that were rewarding before, a loss of interest in pleasurable activities that a person enjoyed before. It can disturb the sleep and appetite of the affected person, leading to tiredness and reduced concentration. It is seen as one of the main causes of health disability globally and the effects can exist for a long period of time and affects the person's ability to live normally and a satisfying life (WHO, 2021)

The world health organization (WHO) states that depression can result from various complications placed together, for example, social, psychological, and biological factors. Challenging factors and events in life for example, unemployment, a loss of a loved one, traumatic events. Depression can result to more stress developing and may lead to life dysfunction which in turn worsens the life of the person and those around the person. (WHO, 2021). Prevalence of depression globally affects approximately 3.8% of the population which is about 280 million people globally.

Depression is characterized as a mental disorder that is different from the normal usual mood changes in a person. It is one of the fourth leading cause of death globally resulting from suicidal deaths. (WHO, 2021). Depression in the elderly is a common phenomenon that is mostly associated with diminished cognitive ability and might be related to development of incipient dementia (Wiels et al., 2020). Global incidence rate stands at 5.7% of individuals over the age of 60 (WHO, 2021).

As the social life for the elderly people changes with age and time, the factors or activities enjoyed initially might not be as much enjoyed in later ages of life. As depression sets in among the elderly, it brings a lot of drastic changes additionally to the normal changes of the aging life. A need of social and moral support to the elderly is important and crucial to their aging, this may help them to cope with the changes in life and the new locations of movement. (Fiske et al, 2009).

Depression has been found to be a predisposing factor for disability among the elderly and affects meeting of daily functions, including activities of daily living and instrumental activities of daily living (Kioses et al., 2001).

The aim of the study was to find out the causes of depression among the elderly population residing in elderly care homes. The purpose of the study is to understand causative factors of depression among the elderly in the elderly care homes

## 2 Theoretical frame work

### 2.1 Depression

Depression is a state where a person's feelings are impaired by the environment or personal changes in life, a person may feel sad, feeling of stress or distressed, a feeling of hopelessness, low energy to carry out normal physical activities or any mental activities done on daily basis. The feeling of sadness is precedingly followed by lost, lowered, or impaired self-esteem. (Sözeri-Varma, 2012)

Depression refers to a combination of different mental health challenges and problems that are normally characterised by the reduction or lowering of positive effect to life, for example the loss of interest and the enjoyment in normal or ordinary activities and experiences, a low mood usually associated with emotional, cognitive, behavioural symptoms and physical symptoms. (National Collaborating Centre for Mental Health., 2010).

Depression is characterised by the presence of continuous sadness and loss of interest in activities that were rewarding before. It is also characterised by the loss of interest in pleasurable activities that a person enjoyed before. It can disturb the sleep and appetite of the affected person, leading to tiredness and reduced concentration. It was established as one of the main causative factor of health disability globally and the effects can exist for a long period of time and affects the personal ability to live normally and difficulty in finding satisfaction in life. (WHO., 2021).

The early identified symptoms such as insomnia, fatigue, difficulty concentrating, constipation, weight loss, gastrointestinal complaints and pain are often the major causes that make elderly adults seek medical attention. Depression in elderly people might be sometimes difficult to notice due to wide range of differences among the individuals and with combination of many different illnesses of the aged. In some situations, the elderly might not be ready to open up and discuss what is within them or what might be causing them to have such depressive feelings. The early signs and symptoms of depression among the aged in care homes are feeling tired, insomnia, and irritability state. There are associated early signs which shows or correlates to the symptoms and warning signs to depression among the elderly. (Niewiadomska et al.,2019).

The risk factors for depression among the elderly is associated with psychosocial factors, family relations impairments and general impairments, isolation from social life, facing of economic challenges and struggles, struggling with relocations from one place to another, abandoning a family or being forced by circumstances or age to relocate to a nursing home has been associated with depression in the elderly. The feeling of loss of independence, the difficulty in adapting to the new environment, controlled or a restricted social life due to mental incapacity and the low level of physical activities. (Sözeri-Varma, 2012).

## **2.2 Depression and the elderly**

Depression among the elderly has been explained as one of the most common mental disorders among the elderly people. It is one of the challenging elderly mental disorders to be diagnosed, assessed and or treated as it combines with other underlying factors and diseases of the elderly. A mental disorder that is common among the elderly individuals and considered a public health problem due to its association with several chronic diseases, cognitive dysfunction, and functional impairment which eventually causes suffering to the patient and the family. (WHO., 2021).

Depression among the elderly has been illustrated to be a common mental problem that leads to life limited activities and loss of interest in life. It was established to lead to impairment in general life of the elderly and affects in making decisions. Research has established that depression correlates with other illnesses among the elderly people. Elderly depression has been found to cause low quality of life, hence difficulty to carry on basic activities of daily living among the elderly. (Niewiadomska et al., 2019).

Causative agents that increase the prevalence of depression among the elderly and the depression in the care homes are factors such as gender, the marital status of the person, the individual cognition status, engagement in social life or social time, the effectiveness of a person to carry out on the daily activities of living, being divorced, retirement, limited social support life from close relatives, family or friends or people around, the changes and adaptation between the old way of doing things or living to the new ones, impaired physical health, reduced or no physical exercise at all. (Alanen et al., 2019).

An elderly person who already has been diagnosed with depression and other health disabilities can have more implications in life. Further health changes among the elderly may lead to more exposure to other health risks which may further increase the prevalence of the depression among the elderly with increasing age. Depression among the elderly has been established to have more complications combined that increasingly impairs the life of the elderly in care homes. (Chen et al.,2018)

### **2.3 Depression and elderly in care homes**

Care homes or nursing care homes are facilities that are designed made for the elderly who need long term care needs. They are commonly referred to as elderly care homes or old people's homes. The elderly care homes are majorly used by the aged people who do not necessarily need to be in the hospital due to the need of long-term care and long-term illnesses. The care homes have nurses and practical nurses who majorly help and take care of the elderly with the daily living activities and with the medication's intake. The care homes have a whole round clock nursing care to the elderly. (Country court, 2021).

According to Gardiner et al., 2020 and Zhao et al., 2018, Loneliness among the elderly in care homes is a major problem which lead to depression of the elderly in aged care homes, depression resulted to related conditions such as dementia, poor quality of life and feeding disorders. The studies established that loneliness among the elderly in care homes varied between regions and nations for instance 5 and 10% in Australia, northern Europe, and northern America. While 10 and 18% in Southern Europe, and in Asia between 25-30%.

Depression among the elderly in the care homes causes various effects that impairs the functionality of the elderly and affected their overall quality of life (Becker et al., 2018). Understanding the effects of depression among the elderly in care homes helps to trace the causes and prevalence among the elderly. Depression among the elderly was established to have side effects to other aspects of the elderly persons life, their families, and the society. It has also been found out that depression among the elderly in care homes further led to increased suicidal rates among the elderly. (Gleeson et al., 2019; Nie et al., 2020).



A combination of factors have been established to impact on the increase in depression prevalence among the elderly in the care homes, for example environmental factors such as the nature of institution care which are quite different from the home settings, care conditions provided in the care homes varies from one institution to another, environmental change, moving to care homes. In addition to other personal challenges that come with aging life for example, cognitive, affective and the biological factors, and the determinants of the behavior changes and the personal expectations (Utethe., 2013)

Research has established that lack of physical activities had an impact on depression among the elderly in aged care homes, engaging in small physical activities has been found to have benefits in social life and physical health of the elderly in care homes which in return has impact on depression among the elderly in care homes (Harvey et al., 2018).

Depression in care homes has been found to be associated with the deterioration of the physical health and mobility that cause functional impairment challenges and reduced functional ability. Reduced functional ability influences reduced social life participation. The challenge of lowered quality of life, changes in physical and the vocal behaviors which are impaired overtime. The quality and interesting parts of life is seen to decline with time as age progresses. It was established that with aging and existence of chronic illnesses among the elderly in care homes it led to effects of mortality in aged care. (Vasiliadis et al., 2022).

According to Mina., 2017, the nurses play a big role in helping the elderly to live normally and to cope up with the depression of the age as most of the elderly people may not know that they are suffering from depression. Nurses working with the elderly in elderly care homes should make follow up on each of the residents in care homes. This helps to trace those who might be suffering with the depression of the old age. Some of the indications could be though withdrawal responses and reduction of mental promptness or alertness. As a nurse working in elderly care homes, having conversations with the elderly in concern to their life matters for example, their fears of life, desperation and anger helps the elderly to get the right treatment or help that they need, helps them to know how to cope with the conflicts of new changes in their life, talking with them encourages them with life and feel cared for and loved.

Generally, the nurses in care homes have many responsibilities, they also ensure that the elderly people are taken care off and there is smoothness in the care of the care home residents. The nurses are responsible for the interactions with the patients and the families of the patient's when they visit

the care homes or through interaction with the phone calls and report of patient health changes over-time. The nurse-patient interactions and intrapersonal talks are seen to be great influential factors that changes positively and improves the quality of life of the elderly people in care homes. (Neves et al., 2019).

### **3 Aim and Purpose**

The aim of the study was to find out the causes of depression among the elderly population residing in elderly care homes. The purpose of the study was to understand causative factors of depression among the elderly in the elderly care homes

Research question

What are the causes of depression among the elderly in the elderly care homes?

## **4 Method**

### **4.1 Literature review**

Literature review is a research method done and evaluation of available materials and sources researched in the same field in the previous or the current year of the research study. The method of research study covers on the topic the author is writing about. The study covers on the survey's studies, the summaries of study, analysis of data, presentation of available information with reference to the topic of study. (Royal Literary Fund., 2021).

Literature review method uses systematic way by answering a research study. The review of the studies leads to development of new information when each part of the analysed data is combined. According to Aveyard., 2010, Literature review summarizes the information from different articles into one topic and answers to the study question. The use of the study technique enhances the easiness to obtain necessary information from research articles. The method subsequently served in meeting the research questions on finding the possible causes of depression among the elderly in care homes and understanding depression in elderly in care homes. The steps followed in the study

as per Aveyard 2010, were Formulation of data search protocol using key search terms, development of the study question using PICO's table, the study development with the use of inclusion and exclusion criteria, the use of critical appraisal of the screened articles, analysis and presentation of results that answered to the research question and discussion and recommendations of the study.

## **4.2 Data search**

The basic search topics on the similarity of the research study were used to supplement the writing of the research study, that is what is depression, the symptoms of depression, depression in elderly in care homes, depression prevalence among elderly in elderly care homes.

Included articles for this review were selected against the inclusion and exclusion criteria. this was done so that only studies that answered to the research question and met the credibility threshold were included. The studies published with the use of the inclusion criteria Inclusion and exclusion criteria illustrated in table 1. All the required information in the research for supporting the research study were taken into consideration while the rest of the studies not answering to research question were excluded.

The research articles have been critically assessed and graded in nine different stages that is from clustering the nine subtopics in the articles, that is from classification of 1 to 4 grading scaling as illustrated in Appendix 2.

Table 1: Inclusion and Exclusion

Inclusion criteria	Exclusion criteria
The Peer reviewed articles published between 2011 and 2021 Original qualitative and quantitative research analysis Full text available. Research studies in English language. Availability of title and abstracts.	Studies that do not answer to the study ques- tion. Older than ten years of publication Studies that do not support the question study Studies not in English language Absence of titles and abstracts

The PICOS (Population, Intervention, Comparative, Outcome, Study), was used in formulating the study and the study question. This is presented in table 2 below. (Raich & Skelly, 2013).

Table 2: PICOs

PICOS TABLE	
Population	Elderly people aged 65 years and above
Interest	Causes of depression
Context	Elderly care
Study	Inclusion criteria, Literature review years of publication and language and answer to the research question

Data search was conducted in three databases: CINAHL, MEDLINE, and PUBMED. Search terms used in each of the databases resulted in a total of 713 eligible articles before the screening process. Search terms are presented in table 3.

The mode of data collection used different methods to achieve to the needed information. The supplementation of the writing has been drawn from CINAHL, MEDLINE, and PUBMED. The search terms varied between the different search engines. Search term, CINAHL, ( elderly or aged or older or elder or geriatric or elderly people or old people or old people or senior ) AND ( depression or depressive disorder or depressive symptoms or major depressive disorder ) AND ( care homes or residential care or nursing homes or long term care ). From the 237-study material, 8 articles were taken for inclusion in the study.

Total information hits obtained at first were 158 articles from MEDLINE. From the results obtained in total, 5 articles were taken for the reviewing and inclusion in the final study of the research.

Search terms were, ( elderly or aged or older or elder or geriatric or elderly people or old people or old people or senior ) AND ( depression or depressive disorder or depressive symptoms or major depressive disorder ) AND ( long term care or elderly home or institution or nursing home ).

Total of 318 articles were obtained from PUBMED with the search terms, (elderly people ) AND ( depression or depressive symptoms ) AND ( long term care or elderly home or institution or nursing home ). 5 articles were taken for the inclusion in the final studies.

Table 3: Key search terms

Search engines	Key search terms
CINAHL	: (elderly or aged or older or elder or geriatric or elderly people or old people or old people or senior ) AND ( depression or depressive disorder or depressive symptoms or major depressive disorder ) AND ( care homes or residential care or nursing homes or long term care ).
MEDLINE	( elderly or aged or older or elder or geriatric or elderly people or old people or old people or senior ) AND ( depression or depressive disorder or depressive symptoms or major depressive disorder ) AND ( long term care or elderly home or institution or nursing home ).
PUBMED	( elderly people ) AND ( depression or depressive symptoms ) AND ( long term care or elderly home or institution or nursing home )

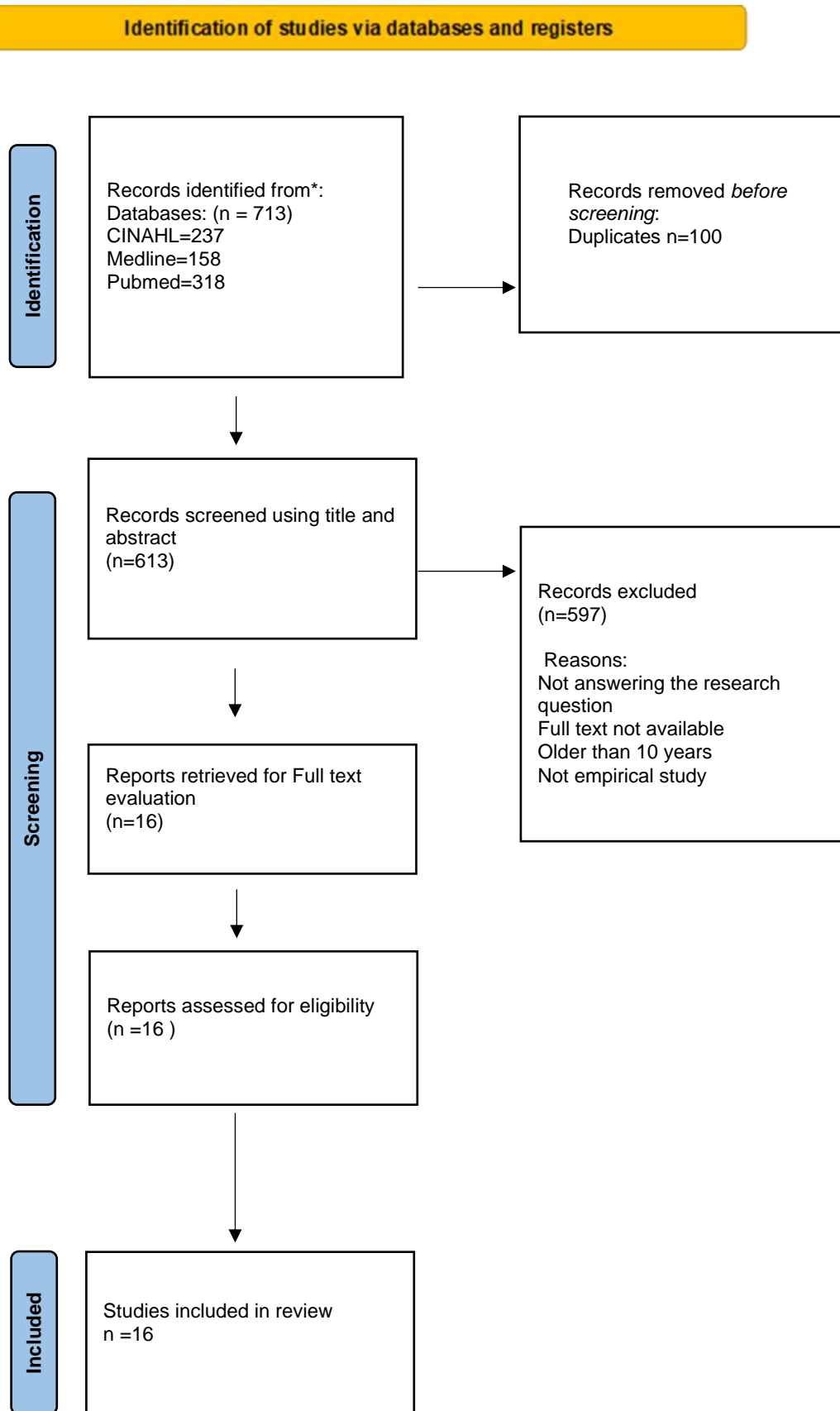


Figure 1: Prisma Chart

### **4.3 critical appraisal**

The research articles have been critically assessed and graded nine different stages, that is from clustering the nine subtopics in the articles, that is from classification of 1 to 4 grading scaling. According to Hawker et al 2002, the studies were assessed and analysed using nine entries, where they were classified and analysed. The critical analysis of data was assessed as 1 very poor, 2 poor, 3 fair and 4 good. The critical appraisal scores illustrate the highest total score to be at 36 points and poor to be 0. Lowest score for the studies was 31 points hence the analysed papers were found to be of high quality. (Hawker et al., 2002).

### **4.4 Data analysis**

Contents analysis method was used to analyze the collected data which enabled description of the study question at the theoretical level. Content analysis has been illustrated as a research method that is used to determine themes and concepts in research. According to Kyngäs et al., 2020, content analysis is applied towards establishing concepts, themes, categories that can be used in description of a phenomena. This literature review applied content analysis towards combining different data in answering to the research question. The analysis followed the three steps elaborated by Kyngäs et al., 2020, Firstly, data reduction which was done during initial analysis phase by reading through the articles and recording relevant information that answered to the research question. Secondly data were grouped by formulating the subcategories and categories. Thirdly, these categories were grouped to formulate main categories representing concepts that answered to the research question.

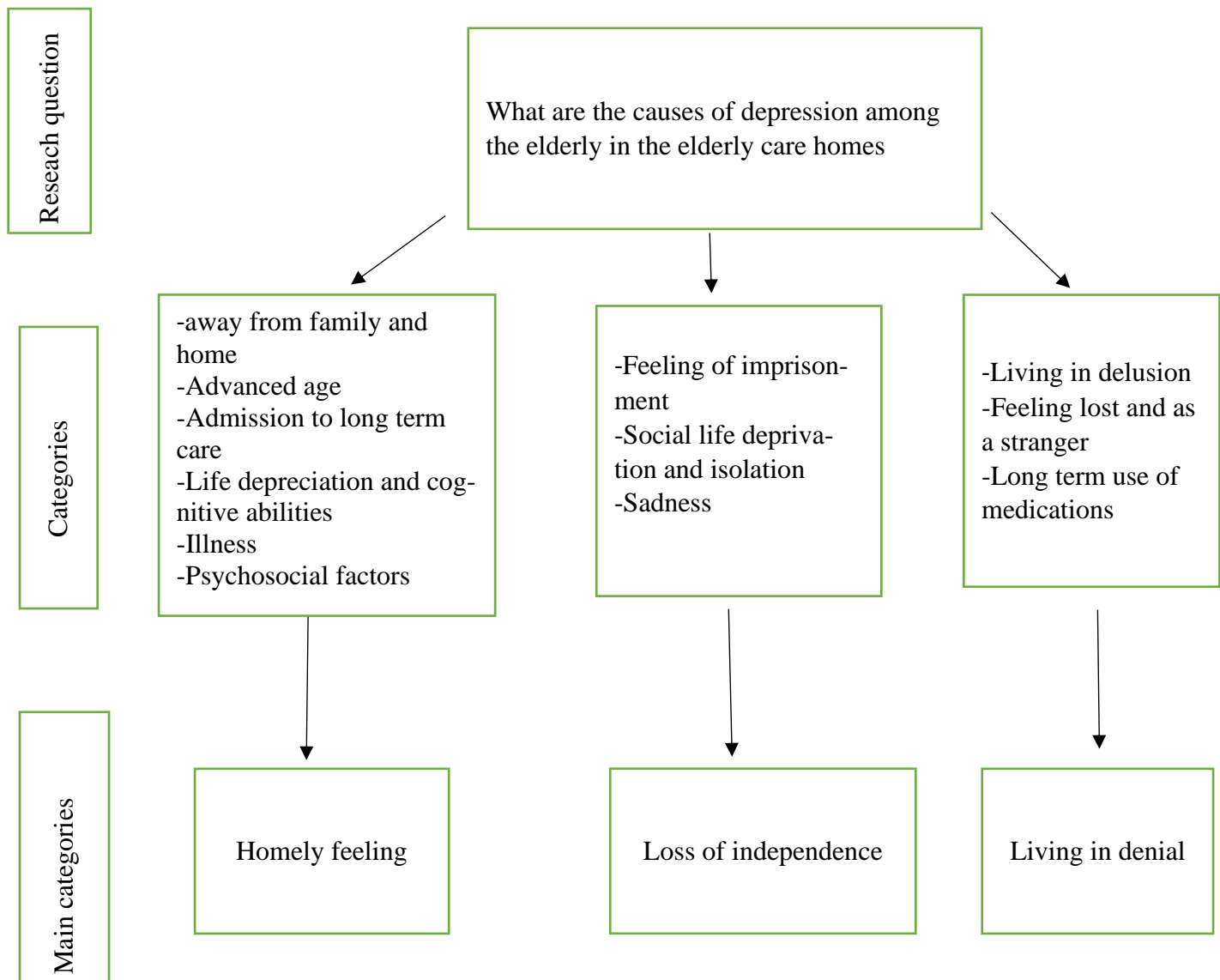


Figure 2. Content analysis results

## 5 Results

Selected and analyzed articles for this review were sixteen and a quantitative and qualitative research approach. Two were published in Finland, two, each were from Canada, Germany Norway, and Sweden. One each were from Taiwan, Colombia, USA, France, Belgium, and Brazil. Year of publication were 2019 (1), 2018(4), 2017(1),2016(2), 2014(4), 2013(1), 2011(1)and 2012(2).



Results highlighting the causes of depression in elderly in care homes are represented in this section. The results have been grouped into 3 main categories and their subcategories.

## **5.1 Homely feeling**

### **Away from family and home**

Depression among the aged in care homes was established to be caused by homely feeling. This is whereby the resident misses own family or own home. Due to the need of institutionalization, the changes that comes with the requirements of the resident to relocate to the home care nursing is devastating. Home has been illustrated as a place where a person feels comfortable and free. Depression is seen to result from the feeling of being taken away from the own family. Leaving the family behind and seeming to start life again in home care was seen to contribute largely to depression among the elderly in care homes. Depression in elderly in care home was established to be caused by being in care homes. In context of the study, the aged who have been married and living with the families or spouses before being institutionalized in the homecare were seen to experience a shock change in their new life and being depressed. (Bogner et al., 2012; Mina, 2017).

### **Advanced age**

According to Bogner et al., 2012, it has been established that aging comes with health and personal life complications. Through aging, there comes combination of life difficulties and challenges, immobility, and other related health factors which have been found to be a contributor of depression among the elderly people in care homes.

### **Admission to long term care and Institutionalization**

Being in care homes led to a feeling of away from home. It led to feeling of homeless. Led to feeling as a visitor or a stranger. Living in care homes resulted in feeling of isolation or unwanted as illustrated by Paque et al., 2018. According to Tuveson et al ., 2018, the continued feeling of mixed reactions in care home elderly resulted to the aged depression in care homes. Living in care homes for long led to feeling sad among the elderly that was further established to result to depression.

It has been established from the study conducted by Kuittinen et al., 2014; Neufeld et al, 2014, that the admission in care home with elderly mixed feelings, affected others not to have good sleep overtime, feeling tiredness during the day and restlessness also was established to play a factor in aged depression care homes.

### **Life depreciation and cognitive abilities**

Correlation of life decline in care homes and having suicidal thoughts due to life health decline led to depression. Body development decline led to body weakness, inability or difficulty perform personal duties, resulted to aged depression in care homes. Body development decline and maintenance of the body system due to age, functional decline, body failure system, body changes overtime and health fluctuations, all combined led to depression in aged care in care homes. (Gebara et al, 2014;Tu vesson et al., 2018; Neufeld et al., 2014; Mina, 2017; Dow et al., 2011).

According to Diegelmann et al., 2018; Dow et al., 2011, the study points out that the general decline in body system functionality leading to life weariness was seen to cause depression in aged in care homes, as due to lack of exercises in home care. Jerez-Roig et al., 2016, illustrated that, the decline in functionality of the aged in care homes, in comparison that the aged who did not participate in any activity or physical activity had more depressed symptoms than exercising residents.

The studies illustrates that The decline in mental health played role in cognitive weakness of the aged, hence depressive episodes in care homes. Inability to perform own duties at home leading to a need of institutionalization, resulted to depression in aged. (Bogner et al., 2012; Tu vesson et al., 2018; Dow et al., 2011; Blackburn et al., 2017; Neufeld et al., 2014).

### **Illness**

The body failure due to illness or sickness comes in with own different challenges. To add on the existing effects in life, the aged in care homes are more prone to the outcomes in care homes and illness, Hörsten et al., 2016. The studies established that the existence of underlying conditions among the aged leads to aged depression in care homes. Examples of highlighted illness that tend to contribute to this are listed as diabetes, stroke, genetic or inherited illness, changes in the biological body system and the psychosocial system and mental health challenge and chronic diseases all are seen to cause depression in care of aged. (Li et al., 2014; Wróblewska et al, 2019; Blackburn et al., 2017).

## **Psychosocial factors**

The studies established that the changes in the psychosocial factors of the elderly leads to the development of the depressive symptoms among the elderly in care homes. The psychosocial effects of depression results to somatic effects among the elderly. The studies established the relationship between the depressive symptoms, depression in aged in care homes, the psychosocial effects played role in causes of depression in elderly in care homes. (Kuittinen et al, 2014).

## **5.2 Loss of independence**

### **Feeling of imprisonment**

The freedom of life and personal freedom at all steps in life is important for the human behavior. In a related study conducted by Gebara et al., 2014; Blackburn et al., 2017, the changes that comes with life and the aged makes life devastating and complicated for the elderly in care homes. A need for home care and being taken care of has been established in the studies to result to depression in aged in care homes. The studies conducted by Hörsten et al., 2016, pointed out that the inability to make own decisions or not being able to carry on own duties resulted to depression in care homes for the aged. Always depending on care of others rendered life meaningless in aged in care homes. Being disabled due to body changes, being in need of care home services, led to feeling of loss of personal decision making in aged in care homes all led to depression in elderly in care homes. A need of use of assistive material such as wheelchairs, walking sticks played another role in independence loss, hence depression in care homes for the aged.

### **Social life deprivation and isolation**

The social life has been illustrated as the human nature and time enjoyed or being spend with a group in doing enjoyable things together, for example participating in playing games together. As established by Diegelmann et al, 2018; Hörsten et al., 2016; Dow et al., 2011, It was illustrated in the studies that social life plays a role in the well-being in human life. Interactions with other people although not always makes life active and seeming positive as a nature of human living. For the elderly people who have been institutionalized in the care homes are seen to face social life challenges. The studies established that social life reduction or absence at all led to depression in elderly

in care homes. The results showed that the less interactions and reduced frequency of contact between the elderly with other residents was relevant for residents' depressive symptoms. A simultaneous study by Blackburn et al., 2017, illustrated that the lack or insufficient social life support in elderly in care homes was established to be a key role player in depression of the elderly in care homes. Not having family member to talk to or anybody who can understand them was seen to be a big contributor to loneliness, leading to depressive episodes among the elderly in care homes.

## **Sadness**

When faced with feeling of not fitting or welcomed in the care homes, a feeling of loss supersedes the normal feeling, feeling of being taken away from daily routine life. Continuous thinking and reflecting of the previous life lived sets in a feeling of loss, sadness and grief. The aged in care homes feel sad of their life in care nursing homes. The studies established that most of the aged in such homes many of the times if not once wished to die at some point in their life during their stay in care homes. A result of less life satisfaction in care homes and meaningless life as perceived by the elderly people. This comes in conjunction to the general life in home care institutions and health and as well as personal life. Such factors as health of the elderly in care homes and the social life play the role towards depression in elderly care in care homes. (Bøen et al., 2012)

## **5.3 Living in denial**

### **Living in delusion**

It was illustrated from the studies, Li et al., 2014; Gebara et al., 2014 that the life attributes towards feeling and living the life is staying in touch with the reality and the current moments. Living one day at a time makes life interesting and blocks the thoughts that might not be relevant at that moment. One of the factors established and identified among the aged in care homes is living life away from reality, being in a delusional world the time. Thinking of life outside homecare which has become their own home.

### **Feeling Lost and as a stranger**

The aged in care homes experienced a life of being in wonderland like. The combination health development and declining health added more to what has been existing in their new life. The existence of body impairments and mental issues led to the aged living life of feeling lost in the care

homes. Experiencing negative thoughts all the time in relation to ageing life was established to result to depression in elderly in care homes. The studies further established that the aged in care homes feel as strangers in relation to the changing of care givers all the time in the care. The studies highlight that one of the key joy of life is a feeling of belonging, either home or work and life in general. The studies established that such effects in care homes resulted to depression among the elderly in elderly care homes. (Jerez-roig et al., 2016).

### **Long term use of medications**

The use of medications in all aspects of life has both the advantages and disadvantages. In every treatment, the focus is to make the situation better. The studies carried out established that the continuous use of certain medications such as antidepressants by the aged resulted to signs of negative impacts to the elderly. This contributed to the mood changes and fluctuations overtime among the aged in care homes, in return resulted to depression in the elderly in nursing care homes. (Blackburn et al., 2017; Neufeld et al., 2014).

## **6 Discussion**

### **6.1 Ethics**

Ethics in research has been illustrated as the application of principles, designing, implementation of research and use of resources and consideration of the consent of information in research, confidentiality, anonymity, and respect. (Wiles, 2013). Taking into consideration inclusion of diverse knowledge, avoidance of plagiarism, avoiding bias and language use and use of informed consent in writing. (Sanjari et al., 2014).

This research study has followed the guidelines and principles for the ethical project writing, the study principles from the articles were applied accordingly without copying of original authors work, citations have been clarified, referencing of the articles were well highlighted without bias of the information, informed consent of writing were followed by mentioning the source and authors of the information where they were drawn from. Information and quality of the data obtained were

well assessed with the use of the critical appraisal as highlighted in the Appendix 2, critical appraisal of the data, the information obtained was enhanced that there was no infringement of information or plagiarising the original authors information.

The use of ethics in this research study was further followed with the use of the clear citations of the original authors, clear following of the research instructions according to Jyväskylä University of Applied Sciences writing guidelines and quoting of the information clearly as they appear in the research articles without any intention of plagiarising of the original authors' work.

## **6.2 Reliability and Validity**

Reliability in research has been established as the repetition of data, the replication, stability of the obtained results and observations. (Brigitte, 2017; Roberts et al., 2010, 167) As illustrated by Brigitte., 2017, the reliability of this literature review was enhanced through the compilation of related study results, and assessing of the related data within the study question. This study incorporated the reliability of data through systematic research writing process that yielded to quality and reliable results, the study followed such factors as use of well-established research procedure, identification and use of the inclusion procedure, and well and full citation of the articles and the authors.

Validity of data research has been incorporated into this study using up-to date, evidence-based information as drawn from the reliable research articles, this was achieved through, Collection of data, analysis and presentation of results (Brigitte, 2017; Roberts et al., 2010, 167).

The study connects well to the research question and the research articles, results and the entire research illustrating validity of this research. Results have been presented in relevance in relation to study question, purpose and aims. Tables and figures were used in the study to illustrate on how the information from research articles and results were arrived at.

## **6.3 Discussion of results**

This study was conducted towards establishing the causes of depression among the elderly population residing in elderly care homes.

As established in the studies, depression is a major concern in the elderly care in care homes. The nurse's knowledge in this area has been illustrated as the main duty of the nurse's role in the care for the elderly in care homes. According to Bogner et al., 2012 and Mina, 2017, depression was established to be caused by feeling of being away from family and being lonely or having lonely feelings and missing own home. Such effects to the elderly in care homes have been found to have an impact on depression. (Singh et al., 2009).

Being of an advanced age was established as a factor leading to aged depression at a certain point in life due to its impacts with other cumulative health challenges. According to Bogner et al., 2012, it shows that aged people being exposed to life health changes become depressed as they may no longer be functional independent. Tuveson et al., 2018 also points out that being of the aged group and need of home care led to aged depression. In correlation to a study done by the American Psychological Association., 2012, it illustrates that being aged results to exposure to many life effects challenges which in turn may lead to aged depression in care homes.

The change of environment among the aged and a need of institutionalization was established to be linked with aging depression in care homes. Feeling of loss, abandonment and being forced to new life. Paque et al., 2018 and Tuveson et al., 2018, illustrated that living in care homes resulted to depression among the elderly. Also, Kuittinen et al., 2014 and Neufeld et al., 2014 established that being institutionalized resulted to unwanted thoughts among the aged or overthinking, feeling abandoned which led to depression in aged care. This has been illustrated in a similar study done by Hoben et al., 2019 and Chau et al., 2021, that being institutionalized resulted to depression in aged people.

The decline in the life of the aged has been illustrated to lead to elderly depression among the elderly in the care homes (Gebara et al. 2014; Tuveson et al., 2018; Neufeld et al., 2014; Mina, 2017; Dow et al., 2011) Further decline in body development and maintenance with age has been illustrated to fuel depression in age( Diegelmann et al., 2018; Jerez-roig et al., 2016). In a study done on the same, the resultant factors were illustrated to relate with life depreciation and depression in elderly people in the care homes. (Lin et al., 2014).

Depression in aged care in elderly care homes has been illustrated in the study as caused by the cognition impairments changes among aged in care homes. It has been illustrated by Bogner et al., 2012; Tuveson et al., 2018; Dow et al., 2011; Blackburn et al., 2017 and Neufeld et al, that the

cognitive decline in aged resulting to need of care with personal duties all the time effected the elderly, in return resulted to depression in aged in care homes. According to Morimoto et al., 2013, it illustrates that the deficiency in the cognitive health in aged in care homes resulted to depression. Muhammad et al., 2021 also illustrates that there is a close relationship between aged depression in care homes and decline changes in cognitive ability among the age in care homes.

Existence of illness or chronic diseases among the elderly in aged care homes was established to result to elderly depression. Horsten et al., 2016; Li et al., 2014; Wrowbleska et al., 2019; Blackburn et al., 2017. In a correlated study done by Noël et al., 2004, it was established that the existence of the certain comorbid illnesses in age in elderly care homes impacted on the effects of depression in the aged. This illustrated that the illness and body system weakness and functionality decline resulted to depression in the elderly people in the care homes.

According to Kuittinen et al., 2014, the studies illustrated that the decline in psychosocial effects changes in the aged in care homes resulted to depressive symptoms and depression in elderly in care institutions. A subsequential study done by Sum et al., 2019, illustrated that life unsatisfaction and psychosocial relationship effects to the elderly resulted to the aged depression among the elderly.

According to the studies done by Gebara et al., 2014; Blabkburn et al., 2017; Hörsten et al., 2016; Utethe, 2013; Mina, 2017 feeling of imprisonment among the aged and lack of control over personal life maters were established to lead to aged depression in care homes. This has been related well in conjunction to a similar study researched on by Bao et al., 2019, the study shows that lack of personal control in life to do own duties resulted to depression in aged care in care homes.

The lack of social life or decreased social life in aged care in care homes were illustrated to lead to depression in care homes in aged people. (Diegelmann et al., 2018; Mina, 2017; Hörsetn et al., 2016; Dow et al., 2011; Blackburn et al., 2017; Utethe, 2013). A similar study justified that social life deprivation in aged care in care homes was seen to result to depression in elderly people According to Singh et al., 2009.

Sadness was related to cause aged depression in care homes. (Boen et al., 2012). In relation to the similar study by the National Institute of Aging 2019, whereby the continuous feeling of sadness and grief led to depression in care homes among the elderly.



Being institutionalized among the elderly people was seen to result to aged people perceiving life from a different world. Living a life of denial, not accepting the reality of being in care homes by the elderly was a factor seen to result to depression in care homes. (Li et al., 2014; Gebara et al., 2014; Wrowbleska et al., 2019). This has been illustrated in a similar study in relation to aged depression in care homes. (Gournellis., et al 2001).

According to Feeling of being lost as illustrated by Jerez-Roig et al., 2016 was established to result to depression in elderly in care homes. A further illustration of feeling of not belonging in the group in care homes, perceiving as being seen as a stranger in the care homes has been illustrated to result to depression as well in care institutions as established from the studies done by the studies United Kingdom Nation Institute for Health Research, 2021, the studies illustrate a close link of feeling of being lost, feeling of loneliness and its relationship and predisposing factors linked to depression in aged care in care homes.

The long-term use of medications among the elderly for different illnesses were illustrated to have resulted to depression in the long term. The use of medications for treatment were identified to play side effects that led to depression aged care and change of mental moods all the time. (Blackburn et al., 2017; Neufeld et al., 2014). In a related study, it has been justified that such use of medications impaired with mental health of aged as well. This has been illustrated in a study conducted by Giovanniniet al., 2020.

## **7 Conclusion and recommendations**

The study aimed at finding out the causes of depression in the elderly in elderly care homes. Finding out the factors that cause or relates to depression in the aged in elderly care homes. In conclusion, the study established that depression was caused by relative factors both personally related to the lifestyle of the elderly in care homes and as well in relation to being institutionalized.

A need of more support from the nurses and other caregivers in the aged care homes is seen to help the in coping up with home care environment, and with less reduced psychological problems. Availability or a provision of the social support to the elderly people and the aging people in the society

and the institutionalized patients helps to reduce the depressive episodes or symptoms among the elderly people. In provision of the care to the elderly people in the care homes, the care givers have the role of observing the symptoms or signs related to depression in the elderly. A follow up of the care to the elderly helps in tracking of causes of depression and other effects of depression to the elderly and as well as the prevalence of depression to the elderly.

In the final summation, the author analysed that the nurses need to understand more of depression in aged care in the care homes and the early warning signs of depression in the elderly. Understanding the situation early enables the elderly in the care homes to be attended on timely when the depressive episodes are still in early stages. The study established that in spite of the challenges faced by the nurses in the care of the elderly in elder care homes, the study suggests paying more attention and being closer to the aged in the care institutions. Through such plans and knowledge of nurses in the care towards depression of the elderly, it helps to save the situation at hand and improve the quality of life of the elderly in care homes.

The study further established that providing guidance to the nurses and motivation at work as this might vary with different institutions, this will play a key role towards nurse's roles in the care for the elder in care homes, such includes ensuring in the institution acre that there are enough care givers in a shift in relation and proportional to the residents each nurse is taking care of. With the availability of enough care givers in shift, the workload is lesser, and the elderly will be taken care more of. To aid more of healthy life to the elderly in these homes, a good favorable and friendly environment for the motivation of the caregivers. With the availability of enough nurses in the care homes, the workload will be less and quality of services and life to the elderly in the care homes will be improved. The author recommends further studies on how the elderly in care home can be given more quality life through motivation of nurses besides the normal everyday life at work. More research in the field following the reliable sources and documented evidence will boost the care givers perception to understand more on depression in aged care in care homes, hence leading to the good service care and depression of the elderly in care homes management.

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## Appendices

### Appendix 1. Research articles review analysis

Total critical appraisal of the research study results have been obtained from appendix 2 in articles critical appraisal section.

As illustrated from Hawker et al., 2002, the research articles have been analysed and evaluated according to the appendix 1 table below.

Author(s)/year	Article title	Study aim	Research method,Data collection, analysis	Study results(Only those that answer to the study question)	Final results findings comments	Articles critical appraisal
Bogner et al, 2012. USA	Prognostic factors, course, and outcome of depression among older primary care patients: The PROSPECT study	To examine whether there are patterns of evolving depression symptoms among older primary care patients that are related to prognostic factors and long-term clinical outcomes.	Longitudinal analysis for a period of 12 months to examine 599 adults aged over 60 years meeting criteria for major depression or clinical depression.	Major depressive diagnosis were identified from existence of residents with high and persistent depression symptoms.	Caregivers understood the early symptoms of aging depression. The needed care was provided at early studies in benefit of the long term care to the residents.	34
Diegelmann et al, 2018. Germany	Does a physical activity program in the nursing home impact on depressive symptoms? A generalized linear mixed-model approach	To examine the effect of a whole-ecology PA intervention program on NH residents' depressive symptoms using generalized linear mixed-models (GLMMs).	Use of longitudinal data from residents of two German NHs who were included without any pre-selection regarding physical and mental functioning (n = 163, M <sub>age</sub> = 83.1, 53-100 years; 72% female) and assessed on four occasions each three months apart. Residents willing	Lack or reduced physical exercise resulted to depression among the elderly residents.	The residents were explained the importance of small physical exercises i.e walking abit outside, participating in arranged exercises in home care	32

			to participate received a 12-week PA training program. Afterwards, the training was implemented in weekly activity schedules by NH staff.			
Diegelmann et al 2018, Germany	Understanding depressive symptoms in nursing home residents: the role of frequency and enjoyability of different expanded everyday activities relevant to the nursing home setting	Understanding how associations with depressive symptoms vary for different EEAs, namely contact with co-residents and staff and participation in organized in-home activities	Longitudinal data from 160 residents ( $M_{age} = 83.1$ years, $SD = 9.8$ years, 73% female) of two German NHs, assessed across four measurement occasions each 3 months apart, were analyzed	Reduction of interaction effects with other residents led to depression. Effect of contact interaction with enjoyability reduced depressive symptoms among residents.	Care givers understood the need for interaction improvement among the residents. Played the key role in helping the depressed residents in home care nursing.	36
Drageset et al 2013, Norway	Anxiety and depression among nursing home residents without cognitive impairment	To investigate the prevalence of the diagnosis and symptoms of depression and anxiety and their combination, the use of antidepressant and anxiolytic drugs in nursing home residents without cognitive impairment and how attachment, nurturance, reassurance of worth and social integration are associated with anxiety and depression symptom scores.	A cross-sectional observation study of 227 residents 65–102 years old with $\geq 6$ months' residence in 30 nursing homes. All had a Clinical Dementia Rating $\leq 0.5$ and could converse. The Hospital Anxiety and Depression Scale and Social Provision Scale were used in face-to-face interviews.	Anxiety and early symptoms of depression led to major causes of depression among the home care residents.	Nurses and care givers understood the depressive symptoms among residents. Assisted the residents in overcoming fears of aging. Assurance of care.	31
Jerez-Roig et al, 2016. Brazil	Depressive Symptoms and Associated Factors	To determine the prevalence of depressive symptoms and identify	A cross-sectional study is presented herein, carried out in 10 nursing	Depressive symptoms were prevalent among the	Care gives aided in care for the aged residents in	31

	in Institutionalized Elderly	its associated factors in institutionalized elderly.	homes of the municipality of Natal (Northeast Brazil). All individuals over the age of 60 were included. The Geriatric Depression Scale (GDS-15) was applied to verify the depressive symptoms	residents. Functional impairment was noticed. Confidence was affected due to depression.	carrying out activities of daily living for the residents in care homes.	
Neufeld et al, 2014. Canada	When the Golden Years Are Blue”: Changes in Depressive Symptoms Over Time Among Older Adults Newly Admitted to Long-Term Care Facilities	investigated the prevalence of depressive symptoms and diagnoses among older adults newly admitted to long-term care facilities	anonymous cross-sectional and longitudinal Minimum Data Set 2.0 (MDS 2.0)	Depressive symptoms were present in 54.3 cases per 100 residents at initial assessment, increasing to 60.8 cases per 100 residents by follow-up.	Depressive symptoms were understood by care givers, supported the residents on their daily living.	33
Paque et al, 2018a, Belgium	Living in a nursing home: a phenomenological study exploring residents’ loneliness and other feelings	To explore general feelings among nursing home residents, with a specific interest in loneliness in order to develop strategies for support and relief.	This phenomenological study used an interview guide with open-ended questions to ensure focused in-depth data collection. Data were obtained through face-to-face interviews (n = 11).	Loss of self-determination due to institutionalization. Resulted to loneliness and caused strong emotions, such as grief.	Care givers aided in care provision to the residents. Being present in care reduced the feeling of loneliness.	32
Turesson et al, 2018. Sweden	Life weariness and suicidal thoughts in late life: a national study in Sweden	investigating the point prevalence of life weariness and suicidal thoughts and their relationship with socio-demographic characteristics in a population of older adults in Sweden.	Data from 7913 individuals aged 60 years and older were drawn from the Swedish National Study on Aging and Care, a collaborative study in Sweden	Living in urban and semi-urban areas, being of advanced age, being divorced and having lower educational levels were related to life weariness. -Living in a residential care facility, being widowed or unmarried, being born in a non-Nordic Eu-	Presence of care-givers enabled the residents feel cared for and lowered the feeling of life weariness.	34

				ropean country and experiencing financial difficulties were related to both life weariness and suicidal thoughts.		
Bøen et al, 2012. Norway	A randomized controlled trial of a senior centre group programme for increasing social support and preventing depression in elderly people living at home in Norway	To examine the effect of a preventive senior centre group programme consisting of weekly meetings, on social support, depression and quality of life.	A questionnaire was sent to a random sample of 4,000 persons over 65 in Oslo, and a total of 2,387 completed questionnaires were obtained. These subjects served as a basis for recruitment of participants for a trial, with scores on HSCL-10 being used as a main inclusion criterion.	The level of depression was seen to increase in both genders with increase in age overtime. This was seen in both groups, but more so in the control than the intervention group	The nurses understood the need for equal care provision for all the residents without bias of care.	33
Wróblewska et al, 2019. France	Pain and symptoms of depression: international comparative study on selected factors affecting the quality of life of elderly people residing in institutions in Europe	to perform a comparative analysis of pain and depression symptoms in elderly people living in nursing homes in France, Germany, and Poland.	The research carried out in years 2014–2016 involved female residents of nursing homes in France, Germany, and Poland: 190 women from each country, aged over 65 years and not previously diagnosed with advanced dementia, were included. Collection of medical, demographic, and anthropomorphic data from medical documentation was followed by interviews with each senior and her caregiver.	The main health complaints of nursing homes' residents were constipation, diarrhea, back pain and dizziness. -Complain of pain, sleeping problems, were assessed as a result due to depression.	Nurses and caregivers understood the need for holistic care, hence residents received care in regards to depression management of the aged.	35

Kuittinen et al, 2014. Finland	Depressive Symptoms and Their Psychosocial Correlates Among Older Somali Refugees and Native Finns	To analyze the manifestation of somatic-affective and cognitive depressive symptoms among older Somali refugees and native Finns	The participants were examined with the Beck Depression Inventory (BDI) for depressive symptoms, the Symptom Checklist-90-Revised (SCL-90-R) for somatization, Toronto Alexithymia Scale (TAS-20) for alexithymia, and the Sense of Coherence (SOC-13) concept for SOC.	-Somatic affective symptoms were identified from the study. -Cognitive symptoms were identified also from the study.	Care givers understood the need to understand and listen to the residents and explain to them keenly and clear on what was happening around them and where they were. This aided in depression management among the residents and good care provision to the residents in these homes.	32
Blackburn et al, 2017. Colombia	depression in older adults: diagnosis and management	To find diagnosis and management of depression in aged population	An affective approach	Unfavorable functional, social and medical impairments were noticed due to aging depression among the residents in home care.	Functional abilities were understood by care givers as to reduce with age, hence assisting the aged with maximum daily care needed.	33
Hörsten et al, 2016. Sweden, Finland	The prevalence of stroke and depression and factors associated with depression in elderly people with and without stroke	to investigate the prevalence of stroke and depression and to compare the factors associated with depression in people with and without stroke	A postal mail survey was sent to 65-, 70-, 75- and 80-year-olds in northern Sweden and Finland in 2010 ( $n = 6098$ ).	The overall depression prevalence was seen to increase overtime with age.	Aging depression was well understood in care homes. Residents were treated with good care.	32
Gebara et, 2014. Canada	Depression, Antidepressants, and Bone Health in Older Adults: A Systematic Review	To examine the association between depression, antidepressant use, and bone health in	Systematic review.	depressive symptoms were associated with a decrease of body functionality.	Body functionality was understood by nurses.	31

		older adults and the implications for treatment.			Care givers practised sufficient care in collaboration with nutritionists in the resident home care	
Li et al, 2014. Taiwan	The effects of depressive symptoms on quality of life among institutionalized older adults in Taiwan	to explore the effect of physical health status and depressive symptoms on quality of life (QOL) and to examine whether depressive symptoms mediate the effect of physical health status on the physical and mental components of QOL among institutionalized older adults.	A cross-sectional study was used to assess 306 residents from 73 long-term care facilities in Taipei, Taiwan.	The depressive symptoms showed the relationship between the chronic diseases and activities of daily living and physical components. -as well as between the number of chronic diseases and mental components.	Activities of daily living were fully assisted to the residents. This enabled in management of depression among residents. Feeling of presence and the moment.	35
Dow et al., 2011	Depression in older people living in residential homes	prevalence, etiology, detection and screening, treatment and outcomes	Use of qualitative analysis in examined 74 studies on prevalence of psychiatric disorders in nursing homes, including 26 on depression	Depression in residential homes is linked to poor physical health, decreased functional and cognitive abilities, pain, and poor nutrition, low levels of social engagement	depression remains a significant problem for older people living in residential homes, Study shows that care staffs do not have enough knowledge in understanding of depression in elderly, many see it as a normal phenomenon for elderly people	31



## Appendix 2. Articles critical appraisal

<b>Author(s)</b>	<b>Title and abstract</b>	<b>Study aim and introduction</b>	<b>Data collection method used</b>	<b>Sampling</b>	<b>Analysis of data</b>	<b>Ethics and bias</b>	<b>Results</b>	<b>Generalization</b>	<b>Usefulness</b>	<b>Totals</b>
Bogner et al, 2012. USA	4	4	4	4	4	4	4	4	4	36
Diegelmann et al, 2018. Germany	4	4	3	3	4	3	3	4	4	32
Diegelmann et al 2018, Germany	3	4	4	4	3	4	4	3	4	33
Drageset et al 2013, Norway	3	4	3	3	4	3	4	4	3	31
Jerez-Roig et al, 2016. Brazil	4	3	4	3	3	4	3	3	4	31
Neufeld et al, 2014. Canada	4	4	3	4	3	3	4	4	4	33

Paque et al, 2018a, Belgium	3	3	4	4	3	4	3	4	4	32
Turesson et al, 2018. Sweden	4	4	3	4	4	4	4	3	4	34
Bøen et al, 2012. Norway	3	3	4	4	4	4	4	3	4	33
Wróblewska et al, 2019. France	4	4	3	4	4	4	4	4	4	35
Kuittinen et al, 2014. Finland	4	4	3	4	3	4	3	4	3	32
Blackburn et al, 2017. Colombia	4	4	3	4	3	4	4	3	4	33
James, 2013 Finland	4	4	4	4	4	3	4	3	4	34
Mina, 2017 Finland	4	3	4	4	4	3	4	4	4	34
Hörsten et al, 2016. Sweden, Finland	4	3	4	4	4	4	3	4	3	32
Gebara et, 2014. Canada	4	3	3	4	3	4	3	4	3	31
Li et al, 2014. Taiwan	4	4	4	3	4	4	4	4	4	35
Dow et al., 2011	4	3	3	4	4	3	4	3	3	31

### Appendix 3. Analysis of results

Articles reviewed	Subcategories	Main categories
Bogner et al., 2012; Mina, 2017.	Away from family and home	<b>Homely feeling</b>
Bogner et al., 2012; Tuveesson., 2018	Advanced age	
Paque et al., 2018; Tuveesson et al., 2018; Kuittinen et al., 2014; Neufeld., 2014	Admission to long term care	
Gebara et al., 2014; Tuveesson et al., 2018; Nefueld et al., 2014; Mina, 2017; Dow et al., 2011; Diegelmann et al., 2018; Jerez-roig et al., 2016; Bogner et al., 2012; Blackburn et al., 2017;	Life depreciation and cognitive abilities	
Hörsten et al., 2016; Utethe 2013; Li et al., 2014; Wrowbleska et al., 2019; Blackburn et al., 2017.	Illness	
Kuittinen et al., 2014	Psychosocial factors	
		<b>Loss of independence</b>
Gebara et al., 2014; Blackburn et al., 2017; Hörsten et al., 2016; Utethe, 2013; Mina, 2017	Feeling of imprisonment	

Diegelmann et al., 2018; Mina, 2017; Hörsetn et al., 2016; Dow et al., 2011; Blackburn et al., 2017; Utethe, 2013;	Social deprivation and isolation	
Boen et al., 2012	Sadness	
		<b>Living in denial</b>
Li et al., 2014; Gebara et al., 2014; Wroblecka et al., 2019	Living in delusion	
Jerez-roig et al., 2016; Haugan et al., 2016	Feeling lost and as a stranger	
Blackburn et al., 2017; Neufeld et al., 2014	Long term use of medications	