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Psychological Well-Being and Quality of Life among Older Adults in Jakarta Nursing Homes: A Scoping Review

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Abstract: Older adults residing in nursing homes are vulnerable to declines in psychological well-being and quality of life because institutional living may reduce autonomy, limit meaningful social interaction, and weaken opportunities for personal growth. This scoping review mapped the available evidence on psychological well-being and quality of life among older adults in Jakarta nursing homes, identified the main contributing factors, examined the measurement instruments used, and determined research gaps requiring further investigation. The review followed the Joanna Briggs Institute scoping review framework and the PRISMA-ScR reporting approach. Six databases were searched for peer-reviewed publications issued between 2021 and 2026. Of 113 records identified, 26 duplicates were removed, 87 titles and abstracts were screened, 31 full-text articles were assessed, and two studies met the strict Population-Concept-Context criteria. The included studies involved 252 older adults from two public nursing homes in Jakarta. The evidence showed that social support, loneliness, depression, anxiety, and sleep quality were the most prominent determinants. Loneliness had strong negative relationships with psychological well-being and perceived social support, while anxiety emerged as the dominant predictor of poorer quality of life, followed by depression and sleep disturbance. The findings support routine psychosocial screening, structured peer-support activities, and integrated anxiety and depression management in nursing homes. The novelty of this review lies in its specific focus on institutionalized older adults in Jakarta and its identification of a substantial evidence gap: very few studies explicitly assess psychological well-being or quality of life using standardized instruments in this setting.

Keywords: Nursing Homes, Older Adults, Psychological Well-Being, Quality of Life

A. Introduction

Population ageing has become one of the most significant demographic changes of the twenty-first century. Improvements in public health, disease management, nutrition, and access to medical care have extended life expectancy and increased the number of people living into older age. In Indonesia, the proportion of people aged 60 years

and above continues to rise, creating new demands for health services, social protection, long-term care, and psychological support. This demographic transition is not merely a numerical change. It also requires institutions and communities to reconsider how dignity, autonomy, participation, and meaningful living can be protected throughout later life (Clancy et al., 2021; O'Connor et al., 2022).

Family-based care remains the preferred arrangement for many Indonesian older adults, yet social and economic transformation has changed the capacity of families to provide continuous support. Urban migration, smaller household size, women's participation in the workforce, limited housing space, and the increasing complexity of chronic illness have contributed to the growth of institutional care. Nursing homes and public social homes provide accommodation, meals, basic health services, and daily supervision for older adults who cannot receive adequate care in their previous living arrangements. However, moving into an institution can also involve separation from familiar people, roles, routines, and places. These changes may create emotional strain even when physical care is available (Becqué et al., 2021).

Older adults living in nursing homes constitute a psychologically vulnerable population. Institutional routines may be necessary for safety and service coordination, but they can also restrict personal choice, privacy, and spontaneous social interaction. Residents may have limited control over meal times, daily activities, visitors, and use of personal space. They may also experience grief related to the death of a spouse, reduced family contact, declining physical ability, loss of employment identity, and diminished participation in community life. When these experiences accumulate, residents may develop loneliness, anxiety, depression, sleep disturbance, or a reduced sense of purpose. These conditions can influence both psychological functioning and broader perceptions of life quality (Das et al., 2020; Vansteenkiste et al., 2020).

Psychological well-being refers to positive psychological functioning rather than the simple absence of mental disorder. It includes the ability to accept oneself, establish positive relationships, make autonomous decisions, manage environmental demands, maintain a sense of purpose, and continue personal growth. For older adults, psychological well-being may be reflected in the capacity to adapt to physical change, maintain meaningful relationships, participate in valued activities, and retain a sense of contribution. A resident may have chronic illness yet still experience strong psychological well-being when the person feels respected, connected, useful, and able to influence daily life (Amin et al., 2025).

Quality of life is a broader construct that represents how individuals evaluate their position in life across physical, psychological, social, functional, and environmental domains. It includes perceptions of health, independence, social relationships, safety, financial security, access to services, and satisfaction with the living environment. Psychological well-being and quality of life are closely related, but they are not

interchangeable. Psychological well-being emphasizes positive psychological functioning and eudaimonic development, whereas quality of life includes a wider appraisal of living conditions and daily functioning. Measuring both constructs separately provides a more complete understanding of older adults' experiences in institutional care (Flett & Heisel, 2021).

Jakarta provides an important context for examining these issues. The city has a relatively high concentration of public and private nursing homes, including several Panti Sosial Tresna Werdha managed by the provincial government. These facilities serve older adults with diverse histories, health conditions, family relationships, and socioeconomic backgrounds. At the same time, Jakarta's urban environment creates distinctive pressures. High living costs, traffic congestion, rapid social change, limited residential space, and geographic distance from relatives can reduce the frequency and quality of family contact. Institutional residents may therefore receive reliable basic services while still experiencing emotional isolation or reduced personal agency (Pagano et al., 2021; Polacsek & Woolford, 2022).

Existing studies on older adults in Indonesia often examine depression, loneliness, physical health, or general mental health in community samples. Fewer studies explicitly measure psychological well-being or quality of life among residents of Jakarta nursing homes using standardized instruments. This distinction is important because related variables cannot automatically substitute for the target constructs. A study of loneliness may provide valuable information about social disconnection, but it does not necessarily measure the full dimensions of psychological well-being. Similarly, a study of depressive symptoms does not provide a complete assessment of quality of life. Without clear mapping of the available evidence, practitioners and policymakers may overestimate the strength or breadth of knowledge in this field (Gehlbach & Robinson, 2021).

A scoping review is appropriate when the evidence base is heterogeneous, limited, or conceptually broad. Rather than estimating a single pooled effect, this approach identifies the volume and characteristics of available research, clarifies how key concepts have been measured, and highlights gaps in design, population, and setting. It is particularly useful for emerging topics in which the first task is to determine what evidence exists and what remains unknown. In the context of Jakarta nursing homes, a scoping review can distinguish studies that directly assess psychological well-being or quality of life from studies that examine only related psychological symptoms (Roswiyani et al., 2020).

This review was conducted with four objectives. First, it mapped scientific evidence published between 2021 and 2026 on psychological well-being and quality of life among older adults residing in Jakarta nursing homes. Second, it identified psychological and social factors associated with these outcomes. Third, it examined the standardized instruments used in the included studies. Fourth, it identified

research gaps that should guide future observational, longitudinal, and intervention studies. The review was designed to provide an initial evidence base for psychologists, healthcare professionals, nursing-home managers, and public authorities responsible for older-adult services in Jakarta.

Based on the objectives described above, this scoping review addressed the following research questions:

1. What scientific evidence is available regarding psychological well-being and quality of life among older adults residing in Jakarta nursing homes?
2. What psychological and social factors are associated with psychological well-being and quality of life among older adults residing in Jakarta nursing homes?
3. What standardized instruments have been used to measure these constructs?
4. What methodological and empirical gaps remain in the existing literature?

B. Methods

Review Design

This study used a scoping review design based on the methodological framework of the Joanna Briggs Institute. The design was selected because the review aimed to map the extent, characteristics, and limitations of available evidence rather than calculate a pooled intervention effect. Reporting followed the PRISMA extension for scoping reviews to support transparent documentation of identification, screening, eligibility assessment, and final inclusion (Iannizzi et al., 2023; Peters et al., 2021). The review question was structured using the Population-Concept-Context framework. Population referred to adults aged 60 years and above. Concept referred to psychological well-being and/or quality of life measured explicitly with a standardized instrument as a principal study variable. Context referred to nursing homes or public social homes located in Jakarta. The protocol and eligibility criteria were established before the formal search and screening process (Stark et al., 2020).

Table 1. Inclusion and Exclusion Criteria Based on the PCC Framework

PCC Element	Inclusion Criteria	Exclusion Criteria
Population	Older adults aged 60 years or above residing in a nursing home or Panti Sosial Tresna Werdha in Jakarta.	Community-dwelling older adults living independently or with family members.
Concept	Psychological well-being and/or quality of life explicitly measured with a standardized instrument as a main study variable.	Studies measuring only related constructs, such as loneliness, depression, or general mental health, without a standardized PWB or QoL measure.
Context	Institutional older-adult care located within Jakarta.	Nursing homes or social institutions located outside Jakarta.
Study Type	Quantitative or qualitative peer-reviewed full-text articles in Indonesian or English, published from 2021 to 2026.	Opinion pieces, editorials, unindexed proceedings, reports with unclear methods, and publications before 2021.

Eligibility Strategy

Two levels of inclusion were applied to prevent conceptually related studies from being treated as direct evidence. The first and most restrictive level required a study to assess both psychological well-being and quality of life in the same sample of older adults residing in a Jakarta nursing home. No article met this combined criterion. The second level allowed inclusion when a study explicitly measured either psychological well-being or quality of life with a standardized instrument and met all population and context requirements (Savahl et al., 2023). Two studies consistently satisfied this criterion. This two-level strategy maintained conceptual precision while acknowledging the limited evidence base. Articles that examined loneliness, depression, anxiety, or general mental health without a direct measure of psychological well-being or quality of life were excluded from the final evidence set, even when their populations and settings were otherwise relevant.

Information Sources and Search Strategy

A systematic search was conducted in May and June 2026 across Google Scholar, PubMed/MEDLINE, Scopus/Emerald, PsycINFO/APA PsycNet, GARUDA, and DOAJ. Search terms represented the three PCC domains and were adapted to the syntax of each database. Indonesian and English terms were combined with Boolean operators. The publication period was limited to 2021-2026, and only full-text publications in Indonesian or English were considered.

Table 2. Search Concepts and Boolean Operators

Search Domain	Terms Applied Across Databases
Population	("*lansia*" OR "*lanjut usia*" OR "elderly" OR "older adults")
Concept	("psychological well-being" OR "*kesejahteraan psikologis*" OR "quality of life" OR "*kualitas hidup*")
Context	("*panti werdha*" OR "*panti wreda*" OR "*panti sosial*" OR "nursing home") AND ("Jakarta")
Limits	Indonesian or English; publication year 2021-2026

Study Selection and Data Charting

All search results were exported to Mendeley and Microsoft Excel. Duplicate records were removed before screening. Two reviewers independently examined titles and abstracts, followed by full-text eligibility assessment. Differences in judgment were resolved through discussion until consensus was reached. During the full-text stage, one potentially relevant article was excluded because it measured loneliness and depression but did not include a standardized psychological well-being or quality-of-life instrument.

A standardized charting form was used to extract author and year, study design, sample size, sampling method, institutional setting, principal variables, measurement

instruments, statistical analysis, main findings, identified determinants, implications, limitations, and relevance to the review objectives. Data were summarized descriptively and synthesized narratively because the small number of studies and differences in constructs and instruments did not support quantitative pooling (Willoughby et al., 2025).

Critical Appraisal and Ethical Considerations

The methodological quality of included studies was examined using the Joanna Briggs Institute checklist for analytical cross-sectional studies (Eshete et al., 2020; Fan et al., 2022). Appraisal addressed clarity of inclusion criteria, appropriateness of sampling and recruitment, validity of exposure and outcome measurement, identification and management of confounding variables, suitability of statistical analysis, and transparency of reporting. Quality appraisal was used to support interpretation rather than exclude studies because the primary purpose of a scoping review is evidence mapping. This review used information from publicly available publications and did not involve direct contact with human participants, access to identifiable personal data, or modification of clinical records. Formal participant consent was therefore not required for the review process (Rowlands, 2021; Xu et al., 2020). Ethical principles were maintained through accurate reporting, transparent inclusion criteria, and careful distinction between direct evidence and interpretive implications.

C. Results and Discussion

1. Results

Study Selection

The database search identified 113 records. After 26 duplicates were removed, 87 records remained for title and abstract screening. Fifty-six records were excluded because they did not address the target population, concept, or setting. Thirty-one full-text articles were assessed for eligibility. Twenty-nine were excluded because they were conducted outside Jakarta, did not explicitly measure psychological well-being or quality of life, or were not peer-reviewed. Two studies were included in the final review. Together, they represented 252 older adults residing in two public nursing homes in Jakarta.

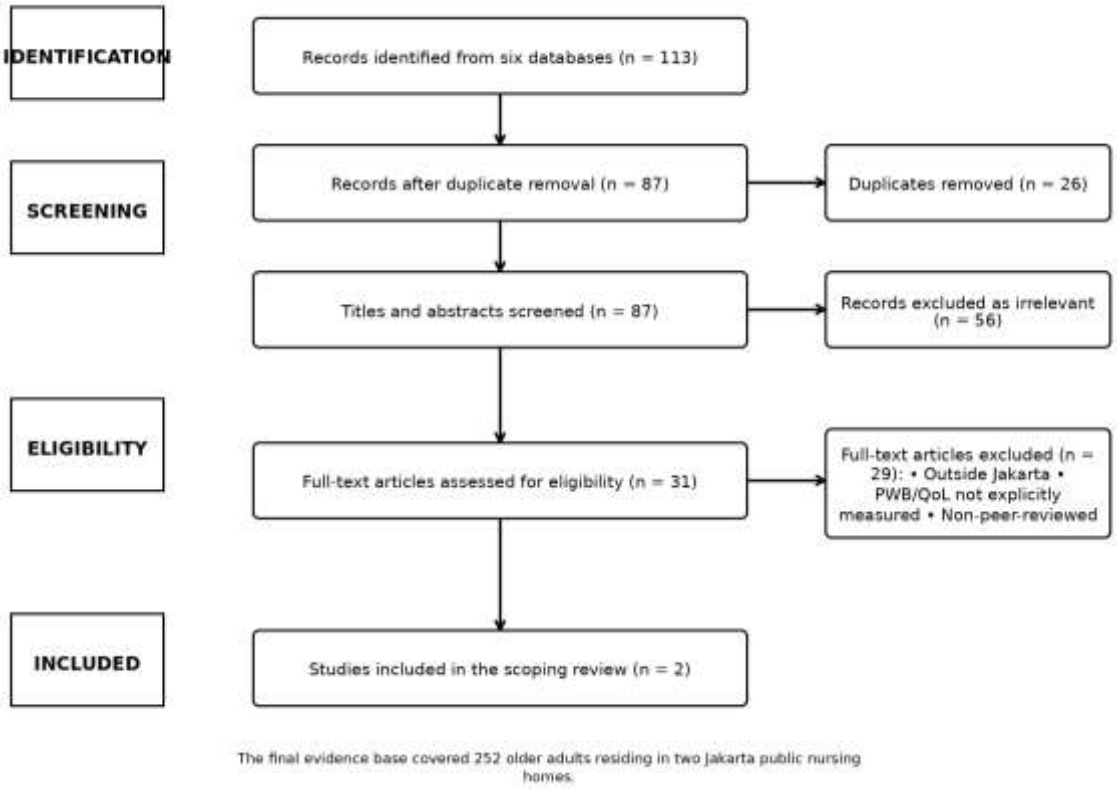

Figure 1. PRISMA-ScR Flow Diagram of Study Identification and Selection

Characteristics of Included Studies

Both included studies used quantitative cross-sectional designs. The first study involved 145 older adults at PSTW Budi Mulia 2 Jakarta and applied total sampling. It assessed quality of life using WHOQOL-OLD and examined depression, anxiety, sleep quality, and suicidal ideation as potential determinants. The second study involved 107 older adults at PSTW Budi Mulia 1 Cipayung, Jakarta, and used purposive sampling. It assessed psychological well-being, perceived social support, and loneliness (Caba Machado et al., 2023).

The evidence base was therefore narrow in setting and design. Although the two studies were conducted in different institutions, both involved public nursing homes and neither included a comparison group of community-dwelling older adults. No included study used a longitudinal, experimental, or qualitative design. The studies nevertheless provided complementary information: one focused on broad quality-of-life outcomes and psychological symptoms, while the other focused on psychological well-being, social support, and loneliness (Pearce et al., 2023).

Table 3. Characteristics and Main Findings of Included Studies

Study	Title	Methods	Design and Setting	Population & Setting	Variables and Instruments	Primary Variables and Instruments	Main Findings	Determinant Factors	Implications and Limitations	Relevance to This Scoping Review
(Delvi Kurniani, Kusharisupen, 2026)	Psychological Factors Affecting the Quality of Life of Older Adults: A Study of Depression, Anxiety, Sleep Quality, and Suicidal Ideation in Residential Care Facilities	Quantitative cross-sectional; bivariate (Chi-Square) and multivariate (multiple logistic regression) analyses	Cross-sectional; N=145; total sampling; PSTW Budi Mulia 2, Jakarta.	N=145 older adults (≥60 years); PSTW Budi Mulia 2, Jakarta; predominantly female	QoL: WHOQOL-OLD. Depression: GDS. Anxiety: GAD-7. Sleep: PSQI. Suicidal ideation: SSI.	Primary variable: QoL (WHOQOL-OLD). Independent variables: depression (GDS), anxiety (GAD-7), sleep quality (PSQI), suicidal ideation (SSI)	Depression, anxiety, and sleep quality were significantly associated with QoL. Anxiety was the dominant factor (OR=3.489; 95% CI 1.576-7.724). Suicidal ideation was not significant.	Anxiety was the dominant factor, followed by depression and poor sleep quality.	Supports routine anxiety and depression screening. Limited by one setting, cross-sectional design, and absence of direct PWB measurement.	Explicitly measures QoL using the WHOQOL-OLD in a Jakarta residential care facility; provides comprehensive quantitative evidence on the psychological determinants of quality of life among institutionalized older adults [Included study; N=145]
(Almira Marsha & Tobing Lumban, 2025)	The Association of Social Support and Psychological Well-Being with Loneliness among Older Adults at PSTW Budi Mulia 1, Cipayung, Jakarta	Cross-sectional descriptive-analytical; Spearman correlation test	Cross-sectional; N=107; purposive sampling; PSTW Budi Mulia 1 Cipayung, Jakarta.	N=107 older adults (≥60 years); PSTW Budi Mulia 1, Cipayung, Jakarta; purposive sampling	PWB: PWB-PTCQ. Social support: MSPSS. Loneliness: UCLA Loneliness Scale.	Primary variable: PWB (PWB-PTCQ). Independent variables: social support (MSPSS), loneliness (UCLA Loneliness Scale)	Social support correlated negatively with loneliness (r=-0.764; p=0.001). PWB correlated negatively with loneliness (r=-0.726; p=0.001).	Social support and PWB serve as protective factors against loneliness. Interventions aimed at enhancing social support and strengthening PWB have the potential to significantly reduce loneliness among institutionalized older adults.	Supports social-network and PWB-strengthening programs. Limited by purposive sampling, uncontrolled confounding, one setting, and a brief PWB instrument.	Explicitly measures PWB in a Jakarta residential care facility; provides evidence on the role of social support and its significant associations with PWB and loneliness; supports social relationship-based interventions to address loneliness among institutionalized older adults [Included study; N=107].

Critical Appraisal

The two studies had low-moderate to moderate methodological quality. The quality-of-life study reduced selection bias through total sampling and used several validated instruments. It also reported multivariable analysis and confidence intervals, allowing more precise interpretation of the dominant factor. Its main limitations were the cross-sectional design, single institutional setting, and inability to establish causal direction (Wang & Cheng, 2020). The psychological well-being study used validated measures and an appropriate nonparametric correlation test, but purposive sampling increased selection risk and potential confounding variables were not controlled.

Table 4. Critical Appraisal Summary

Appraisal Domain	Criteria	(Delvi Kurniani, Kusharisupeni, 2026)	(Almira Marsha & Tobing Lumban, 2025)
Internal validity	Inclusion criteria, recruitment, measurement validity, and control of confounding.	Total sampling; multiple validated instruments; multivariable analysis. Overall risk: low-moderate.	Purposive sampling; validated instruments; confounding not controlled. Overall risk: moderate.
External validity	Sample representativeness and generalizability beyond the study setting.	Good internal coverage of one institution; limited generalization to other homes.	Generalization limited to homes with similar resident characteristics.
Consistency and precision	Appropriateness of analysis and clarity of effect estimates.	Chi-square and logistic regression; OR, 95% CI, and p-values reported.	Spearman correlation appropriate; coefficients and p-values reported.
Relevance	Alignment with population, concept, and context.	High: directly measures QoL in a Jakarta nursing home.	High: directly measures PWB in a Jakarta nursing home.
Overall quality	Holistic judgment across appraisal domains.	Low-moderate.	Moderate.

Measurement Instruments

The included studies used several standardized instruments. Quality of life was assessed with WHOQOL-OLD, an instrument specifically designed to capture domains relevant to later life. Psychological well-being was assessed with PWB-PTCQ, a shorter instrument that reflects psychological well-being but does not fully represent all six dimensions of the eudaimonic model. The difference between these instruments means that the two studies cannot be directly compared at the level of a single outcome score (Deeks et al., 2019). Other instruments included the Geriatric Depression Scale, Generalized Anxiety Disorder-7, Pittsburgh Sleep Quality Index, Suicidal Score Index, Multidimensional Scale of Perceived Social Support, and UCLA Loneliness Scale. The use of standardized measures strengthened interpretability. However, the variety of instruments also illustrates fragmentation in the evidence base. No study assessed psychological well-being and quality of life simultaneously, and no included study used a full six-dimensional psychological well-being scale (Joshanloo, 2026).

Factors Associated with Psychological Well-Being and Quality of Life

Five prominent factors emerged from the two studies: social support, loneliness, depression, anxiety, and sleep quality. Social support and loneliness were closely connected with psychological well-being. Higher perceived social support was associated with lower loneliness, and higher psychological well-being was also associated with lower loneliness. The magnitude of both correlations was strong, indicating that relational experiences are central to the psychological condition of institutionalized older adults (De Medeiros et al., 2020; Cheng et al., 2010). Depression, anxiety, and sleep quality were significantly associated with quality of life. Anxiety was the most dominant factor in the multivariable model, suggesting that persistent worry, tension, uncertainty, or fear may substantially shape residents' evaluation of their lives. Depression may reduce motivation, pleasure, social participation, and perceived meaning, while disturbed sleep can worsen physical fatigue, emotional regulation, concentration, and engagement in daily activities. Suicidal ideation was measured but did not show a statistically significant association with quality of life in the included sample (Koenig et al., 2023). The results should be interpreted as associations rather than causal relationships. Loneliness may reduce psychological well-being, but low psychological well-being may also make social interaction more difficult. Anxiety and depression may contribute to poorer quality of life, while poor health, limited autonomy, or dissatisfaction with the institutional environment may intensify emotional symptoms. Longitudinal research is necessary to clarify these directions.

2. Discussion

The strongest and most consistent pattern concerns the social environment. Institutional care provides safety and routine, but physical proximity to other residents does not automatically create meaningful connection. Residents may share a building while still experiencing emotional isolation, weak trust, limited intimacy, or difficulty forming friendships. Differences in health status, communication ability, cultural background, and length of stay can influence relationship formation. In addition, interactions with staff may focus primarily on practical care tasks, leaving insufficient time for deeper conversation and emotional support (Lyu et al., 2024). The strong negative relationships between social support, psychological well-being, and loneliness suggest that nursing-home programs should move beyond the simple provision of group activities. Effective support should create repeated opportunities for reciprocal relationships, shared responsibility, and personal contribution. Peer-support groups, resident mentoring, small interest-based communities, family communication schedules, and intergenerational programs may be more meaningful than occasional large events (Avelino et al., 2020).

The dominance of anxiety as a predictor of poorer quality of life deserves particular attention. Older residents may worry about illness, disability, dependency, death,

family problems, finances, or uncertainty regarding future care. Institutional rules may also create anxiety when residents do not understand decisions or feel unable to influence them. Because anxiety can present through physical complaints, restlessness, irritability, sleep disturbance, or repeated reassurance-seeking, it may be overlooked when services focus mainly on medical diagnoses (Shafiee et al., 2025). Depression can similarly remain undetected when sadness is interpreted as a normal part of ageing. Reduced appetite, social withdrawal, low energy, sleep changes, and loss of interest may be attributed to physical ageing rather than emotional distress. Routine screening can help staff differentiate expected adjustment from clinically important symptoms. Screening should be linked to a clear response pathway involving psychological assessment, medical review, supportive counseling, social intervention, and referral when necessary (Wang & Cheng, 2020). Screening without follow-up would provide little practical benefit. Sleep quality connects psychological and physical domains. Noise, shared rooms, nighttime care routines, pain, medication effects, inactivity, and anxiety can disrupt sleep in institutional settings. Poor sleep can intensify emotional symptoms and reduce daytime participation, creating a reinforcing cycle. Sleep improvement should therefore include both individual assessment and environmental changes, such as reducing nighttime disruption, increasing daytime activity, reviewing medication, managing pain, and providing relaxation-based interventions.

The review reinforces the importance of distinguishing psychological well-being from quality of life. The two constructs overlap but answer different questions. Quality-of-life instruments capture broad perceptions of health, independence, social participation, intimacy, and environmental conditions. Psychological well-being instruments examine positive functioning, purpose, self-acceptance, autonomy, environmental mastery, relationships, and personal growth. A resident could report adequate physical care but still experience low purpose or autonomy. Conversely, a resident with physical limitations could maintain psychological well-being through meaningful relationships and valued activities (Kim et al., 2021). Future studies should measure both constructs in the same sample to examine their unique and shared determinants. A full multidimensional psychological well-being scale would clarify which dimensions are most affected by institutional living. For example, autonomy may be influenced by rigid routines, environmental mastery by accessibility and staff responsiveness, positive relationships by social-program quality, purpose in life by meaningful roles, and personal growth by opportunities for learning or contribution. Measurement should also include culturally appropriate language and evidence of reliability and validity among Indonesian older adults (Al Hayyan et al., 2023).

The findings support the development of a minimum psychological-care standard for Jakarta nursing homes. Such a standard could include periodic screening of psychological well-being, quality of life, loneliness, anxiety, depression, and sleep quality; documented follow-up procedures; access to psychological consultation; staff

training in recognizing emotional symptoms; structured family-contact programs; and regular review of resident participation and autonomy. Assessment should be used to guide individualized care rather than merely fulfill administrative requirements (Ringel et al., 2025). Programs should also address the institutional environment. Residents need opportunities to make choices about daily routines, personal activities, social participation, and use of space. Small changes in autonomy may have substantial psychological value. Resident councils, preference-based activity planning, private communication areas, accessible complaint mechanisms, and involvement in service evaluation can strengthen environmental mastery and dignity. Collaboration among psychologists, nurses, physicians, social workers, activity coordinators, caregivers, families, and community volunteers is necessary because the determinants identified in this review cross professional boundaries (Nooteboom et al., 2021). At the policy level, the provincial government could support standardized assessment tools, workforce development, referral partnerships, and cross-institutional monitoring. Data from multiple homes would allow identification of facilities or resident groups requiring additional support. Quality indicators should include psychosocial outcomes, not only accommodation, nutrition, and physical safety. A nursing home can meet material standards while residents continue to experience loneliness, anxiety, or loss of meaning (Nygaard et al., 2022).

The most important finding of this review is the scarcity of direct evidence. Only two of 113 identified records met the strict inclusion criteria. Both were cross-sectional, involved one institution each, and used different principal outcomes. No study assessed psychological well-being and quality of life together. No included study used a longitudinal design, qualitative exploration, controlled intervention, or multi-institution sample. The available evidence should therefore be viewed as an initial map rather than a comprehensive representation of all Jakarta nursing-home residents (Pradana et al., 2023). Future research should recruit participants from multiple public, private, and foundation-managed nursing homes. Stratified or probability-based sampling would improve representativeness. Longitudinal studies could examine how psychological well-being and quality of life change during admission, adaptation, illness progression, family-contact changes, or participation in new programs. Qualitative studies could explore residents' own definitions of meaningful life, autonomy, belonging, and dignity. Mixed-method designs would be especially useful because standardized scores can identify patterns while interviews explain how those patterns are experienced (Nilstomt et al., 2024; Varghese et al., 2023). Intervention studies are also needed. Potential targets include peer-support programs, life-review therapy, behavioral activation, anxiety-management training, sleep improvement, family-contact interventions, spiritual or meaning-centered activities, digital communication support, and resident-led social programs. Resilience should be examined as a potential protective factor because it may help residents adapt to loss, illness, and institutional transition. Studies should report implementation fidelity, acceptability, adverse events, and sustainability in addition to outcome change (Klaic et al., 2022; Moore et al., 2022).

This review has several limitations. The search was restricted to publications from 2021 to 2026 and to Indonesian- or English-language full texts. The strict requirement for an explicit standardized psychological well-being or quality-of-life measure excluded studies of related constructs that may still offer useful contextual information. Only two studies were included, limiting generalization and preventing quantitative synthesis. Both studies used cross-sectional designs and represented only two public nursing homes. Database indexing and terminology differences may also have affected retrieval, particularly because Indonesian institutions use several terms for residential older-adult care (He & Tang, 2021; Pradana et al., 2023). Despite these limitations, the review applied a transparent search and selection process, clearly distinguished direct from indirect evidence, and used structured critical appraisal. Its value lies in demonstrating that the apparent volume of literature on older-adult mental health does not translate into a strong evidence base specifically addressing psychological well-being and quality of life in Jakarta nursing homes.

D. Conclusions

This scoping review mapped evidence on psychological well-being and quality of life among older adults residing in Jakarta nursing homes. From 113 records identified across six databases, only two studies met the strict Population-Concept-Context criteria, representing 252 residents from two public institutions. The limited number of eligible studies demonstrates that direct evidence in this setting remains scarce. The available findings nevertheless show a coherent pattern: psychological well-being and quality of life are shaped by interconnected social, emotional, and behavioral conditions. Perceived social support and psychological well-being were strongly associated with lower loneliness, while anxiety, depression, and poor sleep were associated with poorer quality of life. Anxiety emerged as the most dominant factor in the quality-of-life model. These results indicate that adequate accommodation and physical care alone are insufficient to ensure positive ageing in institutional settings. Residents also need meaningful relationships, emotional security, personal choice, purposeful activity, and timely access to mental-health support. Nursing homes should therefore integrate routine psychosocial screening with clear intervention and referral pathways, strengthen peer and family support, protect resident autonomy, and provide activities that support purpose and personal growth. At the policy level, Jakarta requires minimum psychological-care standards and cross-institutional monitoring that include psychosocial outcomes. Future research should use multi-home samples, full multidimensional psychological well-being measures, simultaneous assessment of psychological well-being and quality of life, and longitudinal or intervention designs. Resilience, institutional climate, family contact, and meaningful participation should be prioritized as potential protective factors. The present review provides an initial foundation for evidence-based psychological services while emphasizing that stronger and more diverse research is urgently required.

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