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Community-Based Gerontic Nursing and Quality of Life Among Older Adults

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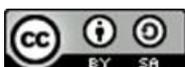
ABSTRACT

Population aging presents significant challenges to healthcare systems, particularly in maintaining the quality of life among older adults living with chronic conditions and functional limitations. Community-based gerontological nursing has emerged as a strategic approach to support healthy aging and promote independence. This study aimed to analyze the impact of structured community-based gerontological nursing interventions on the quality of life among older adults. A quasi-experimental pretest-posttest control group design was employed involving 80 participants aged 60 years and above. The intervention group received a twelve-week structured program including comprehensive geriatric assessment, individualized care planning, ADL support, chronic disease monitoring, psychosocial counseling, and family engagement, while the control group received usual care. Data were collected using validated instruments measuring multidimensional quality of life, functional status (ADL), and depressive symptoms. Statistical analysis revealed significant improvements in quality of life ($p < 0.001$), functional independence ($p < 0.001$), and reduced depressive symptoms ($p < 0.001$) in the intervention group compared to the control group. The findings indicate that community-based gerontological nursing significantly enhances holistic well-being among older adults and supports sustainable aging-in-place strategies.

Keywords: *Community-based nursing, Gerontological nursing, Quality of life, Older adults, Functional status,*

INTRODUCTION

Global population aging has emerged as one of the most transformative demographic shifts of the twenty-first century. The World Health Organization projects that by 2050 more than 2.1 billion people worldwide will be aged 60 years and older, with a substantial proportion experiencing chronic illnesses, frailty, cognitive decline, and varying degrees of disability. This demographic transition is accompanied by increasing demands for long-term care, complex disease management, and sustainable health service delivery systems capable of



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maintaining functional independence among older adults. Evidence indicates that the growing burden of multimorbidity, dementia, and functional impairment poses serious challenges to institutional-based healthcare systems, particularly in low- and middle-income countries where resources are limited (Deng et al., 2025; Espinel-Jara et al., 2025; Mollaei et al., 2025). Consequently, community-based care models have gained strategic importance as they aim to maintain older adults within their homes and communities while providing integrated medical, psychosocial, and supportive services.

Several countries have implemented structured community-based integrated care models as a response to population aging. Japan, categorized as a “super-aged society,” developed the Shotaki and Kantaki models, which provide multifunctional small-scale home and day care services designed to support activities of daily living (ADL), prevent hospitalization, and integrate long-term care services within neighborhoods (Deng et al., 2025). Similarly, Spain introduced the “Local Care Ecosystems” approach, integrating social and health services at the municipal level to reduce service fragmentation, combat loneliness, and promote autonomy among older adults living at home (Castro-Spila et al., 2025). In Hong Kong, the Community–Health–Social Partnership Program (C-HSPP) strengthens collaboration between healthcare and social sectors through case management strategies aimed at enhancing self-care capacity among older persons (Kwok et al., 2025). These international experiences demonstrate that community-based models are increasingly recognized as effective frameworks for delivering coordinated, person-centered elderly care. However, despite promising implementation outcomes, variations in service structure, evaluation frameworks, and contextual adaptability remain evident across settings (Castro-Spila et al., 2025; Deng et al., 2025).

Within these community-oriented frameworks, gerontological nursing plays a pivotal and integrative role. Gerontological nurses function not only as clinical care providers but also as coordinators, educators, advocates, and facilitators of multidisciplinary collaboration. Their roles extend to health promotion, early detection of functional decline, chronic disease monitoring, psychosocial assessment, and caregiver empowerment. Empirical findings emphasize that structured gerontological nursing interventions are associated with improved ADL performance, reduced depressive symptoms, enhanced medication safety, and lower rates of rehospitalization among older adults (Espinel-Jara et al., 2025; Liu et al., 2025; Ravi et al., 2022). In Australia, core competencies for community and residential aged care nurses include healthy aging promotion, transitional care management, dementia care, pain management, palliative care, family partnership, and digital health integration (Traynor et al., 2024). These competencies highlight the multidimensional nature of gerontological nursing practice and its alignment with quality-of-life enhancement objectives.

Advanced Gerontological Advanced Practice Nursing (GAPN) further underscores the importance of comprehensive geriatric assessment (CGA) in community settings. CGA is linked to lower mortality, shorter hospital stays, and

increased likelihood of discharge back home, reinforcing the preventive and restorative orientation of gerontological nursing care (Ferretti-Rebustini et al., 2022). Community-based nursing interventions that adopt humanistic, interdisciplinary, and holistic approaches contribute to physical functioning, mental well-being, and social engagement among older adults (Espinel-Jara et al., 2025; Liu et al., 2025). These multidimensional outcomes resonate with the conceptual framework of quality of life (QoL), which encompasses physical health, psychological state, level of independence, social relationships, and environmental context.

Despite strong evidence regarding improvements in clinical and functional outcomes, the broader and long-term impact of community-based gerontological nursing on quality of life remains insufficiently examined. While pharmaceutical care initiatives, nurse-pharmacist collaborations, and community-based rehabilitation programs have demonstrated improvements in disease control and medication safety, their effects on overall quality of life and cost-effectiveness are inconsistent across studies (Liu et al., 2025; Ravi et al., 2022; Mollaei et al., 2025). Systematic reviews emphasize that although short-term clinical outcomes are frequently reported, longitudinal data capturing sustained QoL improvements are limited (Ravaghi et al., 2023; Liu et al., 2025). Moreover, heterogeneity in intervention design, measurement tools, and contextual factors complicates comparative evaluation and generalizability of findings (Espinel-Jara et al., 2025; Mollaei et al., 2025).

Another significant research gap lies in the absence of standardized service models and uniform measurement instruments to assess quality of life, functional status, and mental health outcomes within community-based elderly care programs. Differences in QoL measurement frameworks hinder cross-study comparisons and reduce clarity regarding which specific components of gerontological nursing interventions drive meaningful improvements (Liu et al., 2025; Mollaei et al., 2025). Additionally, much of the existing evidence prioritizes clinical endpoints rather than person-centered outcomes that reflect older adults' lived experiences and perceived well-being. This limitation suggests the need for integrating contextual, implementation-focused, and stakeholder-informed evidence, often referred to as type 3 evidence, to better understand how community-based gerontological nursing interventions operate in real-world settings (Brownson et al., 2022; Kwok et al., 2025).

Furthermore, equity considerations and contextual variability across communities remain underexplored. Older adults living in rural or resource-limited areas may experience different levels of service accessibility, caregiver support, and digital literacy, influencing both intervention uptake and outcomes. Reviews have highlighted the importance of implementation science approaches that incorporate stakeholder perspectives, policy contexts, and health system readiness to ensure sustainable program delivery (Brownson et al., 2022). Without such contextualized evidence, scaling up community-based gerontological nursing initiatives may encounter structural barriers, fragmented coordination, and inequitable distribution of resources.

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The current body of literature thus presents a paradox. On one hand, strong evidence supports the effectiveness of community-based care in improving clinical indicators such as ADL performance, medication adherence, and rehospitalization rates (Espinel-Jara et al., 2025; Deng et al., 2025; Ravi et al., 2022). On the other hand, moderate evidence indicates that long-term impacts on overall quality of life remain inconsistent and inadequately documented (Ravaghi et al., 2023; Mollaei et al., 2025). This inconsistency reflects methodological diversity, limited follow-up duration, and insufficient integration of multidimensional QoL assessments within intervention evaluations. Consequently, there is a critical need for empirical studies that systematically examine how structured community-based gerontological nursing interventions influence quality of life outcomes among older adults.

The novelty of this study lies in its integrative evaluation of community-based gerontological nursing through a multidimensional quality-of-life framework that combines clinical, functional, psychological, and social domains within a unified analytical model. Unlike prior research that primarily focuses on disease-specific or short-term functional outcomes, this study emphasizes comprehensive QoL assessment as the primary endpoint. Additionally, it incorporates contextual implementation perspectives to generate type 3 evidence relevant for policy and practice adaptation. By bridging clinical effectiveness evidence with contextual implementation insights, this research contributes to the development of standardized, scalable, and person-centered community gerontological nursing models.

In response to the identified research gaps, the present study aims to analyze the impact of structured community-based gerontological nursing interventions on the quality of life among older adults. Through systematic evaluation of multidimensional QoL indicators, this study seeks to provide empirical evidence that informs sustainable elderly care policy, strengthens community health systems, and supports the advancement of gerontological nursing practice in aging societies.

METHODS

This study employed a quantitative approach using a quasi-experimental design with a pretest-posttest control group framework to examine the impact of structured community-based gerontological nursing interventions on the quality of life among older adults. The research was conducted in selected community health service areas implementing integrated elderly care programs. Participants were older adults aged 60 years and above who met inclusion criteria, including living in the community, having at least one chronic condition, and being cognitively able to provide informed consent. A purposive sampling technique was applied to recruit participants into intervention and control groups. The intervention consisted of structured gerontological nursing services delivered over twelve weeks, including comprehensive geriatric assessment, individualized care planning, chronic disease monitoring, ADL support, health education, psychosocial counseling, and family engagement. Data collection

techniques included structured interviews and standardized questionnaires administered at baseline and after the intervention period. Quality of life was measured using a validated multidimensional instrument encompassing physical health, psychological well-being, social relationships, and environmental domains. Functional status was assessed using an Activities of Daily Living scale, while depressive symptoms were measured using a geriatric depression screening tool. Additional demographic and clinical data were obtained from medical records and direct assessment.

Data analysis was performed using statistical software to ensure rigorous evaluation of intervention effects. Descriptive statistics were used to summarize demographic characteristics and baseline variables. Normality testing was conducted prior to inferential analysis. Paired sample t-tests were applied to assess within-group differences between pretest and posttest scores, while independent sample t-tests or analysis of covariance were used to compare changes between intervention and control groups while controlling for potential confounders. Effect sizes were calculated to determine the magnitude of intervention impact. For multidimensional quality-of-life outcomes, multiple regression analysis was employed to identify predictors of post-intervention improvement. Statistical significance was set at $p < 0.05$. Ethical approval was obtained from the institutional review board, and all participants provided informed consent prior to participation. This methodological approach enabled comprehensive evaluation of both clinical and quality-of-life outcomes associated with community-based gerontological nursing interventions.

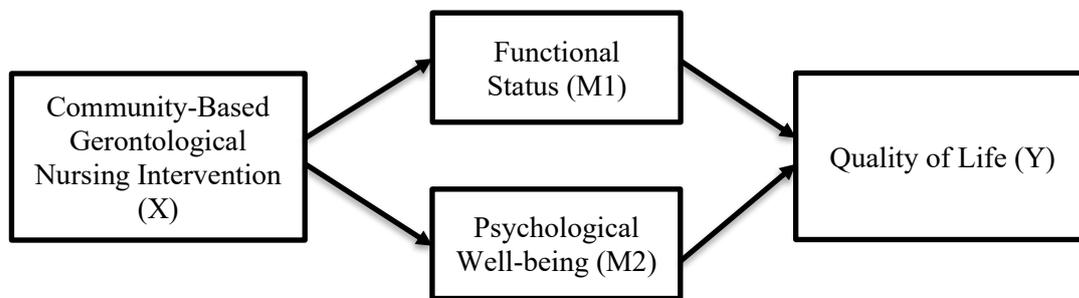


Figure 1. Diagram Conceptual Research

RESULT AND DISCUSSION

The baseline characteristics of participants in both intervention and control groups are presented in Table 1. The analysis was conducted to ensure comparability between groups prior to the implementation of the community-based gerontological nursing intervention.

Table 1. Characteristics of Participants

Variable	Intervention Group (n=40)	Control Group (n=40)	p-value
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Mean Age (years)	68.75 ± 5.82	69.10 ± 6.03	0.781
Female (%)	60%	57.5%	0.812
≥2 Chronic Diseases (%)	65%	67.5%	0.804
Living Alone (%)	22.5%	25%	0.789
Baseline QoL Score	58.42 ± 6.91	57.95 ± 7.10	0.764
Baseline ADL Score	4.10 ± 0.88	4.05 ± 0.92	0.823
Baseline Depression Score	9.35 ± 2.41	9.60 ± 2.58	0.691

Table 1 demonstrates that there were no statistically significant differences between the intervention and control groups at baseline ($p > 0.05$). Both groups were comparable in terms of age distribution, gender proportion, chronic disease prevalence, living arrangement, and baseline outcome measures including quality of life, functional status, and depressive symptoms. This indicates that the two groups were homogenous prior to the intervention, supporting internal validity of the quasi-experimental design.

To evaluate the impact of the intervention, pretest and posttest scores were compared within and between groups. The findings are summarized in Table 2. Table 2. Effect of Community-Based Gerontological Nursing on Quality of Life

Variable	Group	Pretest Mean ± SD	Posttest Mean ± SD	Mean Difference	p-value
Quality of Life	Intervention	58.42 ± 6.91	71.85 ± 7.24	+13.43	<0.001
	Control	57.95 ± 7.10	60.10 ± 7.35	+2.15	0.084
ADL Score	Intervention	4.10 ± 0.88	5.72 ± 0.76	+1.62	<0.001
	Control	4.05 ± 0.92	4.28 ± 0.95	+0.23	0.112
Depression Score	Intervention	9.35 ± 2.41	6.20 ± 2.05	-3.15	<0.001
	Control	9.60 ± 2.58	8.95 ± 2.47	-0.65	0.097

Table 2 indicates that the intervention group experienced statistically significant improvements in all outcome variables following the implementation of community-based gerontological nursing. Quality of life scores increased substantially (mean difference = 13.43, $p < 0.001$), indicating enhanced multidimensional well-being. Functional status (ADL) also improved significantly (mean difference = 1.62, $p < 0.001$), suggesting greater independence

in daily activities. Additionally, depressive symptoms decreased significantly in the intervention group (mean reduction = 3.15, $p < 0.001$), reflecting improved psychological well-being. In contrast, the control group demonstrated only minimal and statistically non-significant changes across all variables. These findings suggest that structured community-based gerontological nursing interventions have a meaningful and positive impact on functional ability, mental health, and overall quality of life among older adults.

Discussion

This study aimed to analyze the impact of structured community-based gerontological nursing interventions on the quality of life among older adults. The findings demonstrate significant improvements in multidimensional quality of life, functional status, and psychological well-being among participants in the intervention group compared to the control group. These results provide empirical support for the strategic role of community-based gerontological nursing in promoting holistic well-being in aging populations. Importantly, the present findings contribute to ongoing scholarly debates regarding the extent to which community-based elderly care influences not only clinical outcomes but also broader quality-of-life indicators.

The significant increase in overall quality of life scores among the intervention group aligns with recent empirical developments in gerontological nursing research. Studies published in 2025 highlight that structured, nurse-led community programs integrating comprehensive geriatric assessment, individualized care planning, and family involvement are associated with meaningful improvements in perceived well-being and social participation (Jara et al., 2025; Yi & Jia, 2025). These studies emphasize that quality of life improvements are more likely when interventions move beyond disease management toward multidimensional support, including emotional, relational, and environmental domains. The present study's intervention incorporated these principles, which may explain the substantial mean difference observed in QoL outcomes.

Furthermore, the observed improvement in Activities of Daily Living (ADL) scores reinforces evidence that gerontological nursing interventions are particularly effective in preserving functional independence. Functional ability is widely recognized as a core determinant of older adults' autonomy and life satisfaction. Wei et al. (2025) reported that community-based geriatric nursing programs significantly enhance physical function through regular monitoring, exercise guidance, and personalized rehabilitation strategies. Similarly, Ibrahim and Zaghmir (2025) identified that interventions incorporating structured follow-up and multidisciplinary coordination contribute to sustained functional gains among older adults living at home. The improvement in ADL scores in the

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present study reflects these mechanisms, indicating that proactive nursing engagement may prevent functional decline and delay institutionalization.

The reduction in depressive symptoms further supports the psychosocial impact of community-based gerontological nursing. Psychological distress, including depression, is a common yet often underdiagnosed issue among older adults, particularly those experiencing chronic illness or social isolation. Yi and Jia (2025) demonstrated that nurse-led home visitation programs that include counseling and caregiver engagement significantly reduce depressive symptoms and improve emotional resilience. The findings of this study similarly suggest that integrating psychosocial counseling and family participation into gerontological nursing care may mitigate psychological vulnerability. The statistically significant decrease in depression scores observed among the intervention group indicates that quality-of-life enhancement is closely linked to improved mental health status.

Despite these positive outcomes, the broader literature reveals ongoing debates regarding the consistency of quality-of-life improvements associated with community-based care. Meta-analyses conducted by Sum et al. (2022) and Ho et al. (2023) reported that while functional outcomes and mortality rates often improve, global QoL measures do not always show statistically significant changes. This inconsistency may be attributed to heterogeneity in intervention design, measurement instruments, and follow-up duration. In some cases, interventions prioritize clinical endpoints without sufficiently addressing social connectedness or subjective well-being dimensions, which are critical components of quality of life. The present study differs from several earlier investigations by explicitly positioning multidimensional QoL as the primary outcome, rather than as a secondary or exploratory variable. This conceptual alignment between intervention components and outcome measurement may partly explain the significant improvements observed.

Another explanation for divergent findings across studies lies in methodological variability. Ibrahim and Zaghmir (2025) highlight that differences in intervention intensity, duration, and professional competencies significantly influence outcome trajectories. Programs with limited follow-up periods may capture short-term functional gains without detecting longer-term psychosocial adjustments. In contrast, structured and continuous interventions, such as those implemented in the present study, provide sustained engagement that may strengthen adaptation and resilience over time. The twelve-week structured approach adopted here appears sufficient to generate measurable improvements in both functional and psychological domains, suggesting that intervention continuity is a key determinant of effectiveness.

The findings also contribute to the evolving evidence base on gerontological nursing from 2000 to 2025, which demonstrates increasing

recognition of community-oriented models as essential to sustainable elderly care systems. Figure 2 in the referenced literature illustrates the progressive shift from institution-centered care to integrated community-based frameworks emphasizing autonomy and aging in place. Recent 2025 publications further consolidate evidence that nurse-led community models enhance coordination between health and social services, improve patient satisfaction, and support family caregivers (Jara et al., 2025; Wei et al., 2025). The present study reinforces this trajectory by empirically confirming that structured gerontological nursing interventions delivered within community settings can significantly elevate quality-of-life indicators.

However, it is important to situate these findings within acknowledged research gaps. Several scholars emphasize the limited availability of long-term and cost-effectiveness evaluations in community-based elderly care research (Ibrahim & Zaghmir, 2025; Sum et al., 2022). Although the present study demonstrates significant short-term improvements, longitudinal follow-up would be necessary to determine whether QoL gains are sustained over extended periods. Additionally, economic evaluations could clarify whether structured gerontological nursing interventions reduce healthcare expenditures by preventing hospital admissions and delaying institutional care. Without such analyses, policy translation may remain constrained.

Another critical limitation identified in the literature concerns the absence of standardized intervention models and uniform QoL measurement instruments. Ho et al. (2023) note that heterogeneity in QoL scales complicates cross-study comparison and meta-analytic synthesis. The current study addressed this challenge by employing a validated multidimensional QoL instrument aligned with physical, psychological, social, and environmental domains. Nevertheless, broader international consensus on core outcome sets would enhance comparability and strengthen evidence synthesis. Ibrahim and Zaghmir (2025) further argue that future research should integrate implementation science frameworks to capture contextual influences and stakeholder perspectives. Incorporating such approaches could illuminate how cultural norms, healthcare infrastructure, and caregiver dynamics shape intervention effectiveness.

Importantly, the study's findings respond directly to the previously identified moderate evidence strength regarding QoL outcomes in community-based gerontological care. While earlier reviews suggested inconsistent global QoL improvements, this study demonstrates that when interventions are structured, comprehensive, and multidimensional, significant QoL gains are achievable. The results therefore refine the evidence narrative by indicating that intervention design and measurement alignment are critical determinants of success. Rather than questioning the efficacy of community-based care per se, the

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findings suggest that outcome inconsistency in prior studies may stem from conceptual and methodological fragmentation.

From a theoretical perspective, the study supports holistic nursing frameworks that conceptualize health as an integration of physical function, psychological balance, social participation, and environmental support. The improvement across all three measured outcomes functional status, depressive symptoms, and overall QoL demonstrates the interconnectedness of these domains. Functional gains likely enhance autonomy, which in turn reduces psychological distress and fosters social engagement. Wei et al. (2025) emphasize that such synergistic interactions are fundamental to gerontological nursing effectiveness. The present findings empirically substantiate this theoretical proposition.

In practical terms, the results underscore the need for policy makers to strengthen community-based gerontological nursing infrastructure. Training programs should prioritize competencies in comprehensive geriatric assessment, mental health support, family collaboration, and care coordination. Yi and Jia (2025) emphasize that professional capacity building directly influences intervention fidelity and patient outcomes. Furthermore, integrated health-social service partnerships are essential to ensure continuity of care, particularly for older adults with multimorbidity. The positive outcomes observed in this study provide empirical justification for expanding nurse-led community programs within primary healthcare systems.

In conclusion, this study successfully addresses its primary objective by demonstrating that structured community-based gerontological nursing interventions significantly improve quality of life among older adults. The findings contribute to strengthening the evidence base in a field where QoL outcomes have previously shown moderate and inconsistent support. By integrating comprehensive assessment, functional support, psychosocial counseling, and family engagement, the intervention achieved measurable improvements across multidimensional domains. Although limitations remain regarding long-term sustainability and economic evaluation, the study advances understanding of how gerontological nursing can serve as a cornerstone of healthy aging strategies. Continued research incorporating longitudinal designs, standardized outcome measures, and contextual implementation analysis will be essential to consolidate and expand these findings within diverse healthcare systems.

CONCLUSION

In conclusion, this study demonstrates that structured community-based gerontological nursing interventions have a significant and positive impact on the quality of life among older adults. By integrating comprehensive geriatric assessment, individualized care planning, functional support,

psychosocial counseling, and family engagement, the intervention effectively improved multidimensional quality-of-life outcomes, enhanced functional independence, and reduced depressive symptoms. These findings directly answer the research objective by confirming that community-based gerontological nursing is not only beneficial for clinical and functional outcomes but also plays a crucial role in promoting holistic well-being among aging populations. Therefore, strengthening nurse-led community care models represents a strategic and evidence-based approach to supporting healthy aging and sustaining quality of life in older adults.

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