

Lived Experiences of Sleep Disturbances and Quality of Life Among Elderly Residing in Selected Old Age Homes in Kerala - A Qualitative Study

Maya Mohan K M¹, Prof. Dr. Rajee Reghunath²

¹PhD Scholar, ²Principal,
Amala College of Nursing, Kerala University of Health Sciences, Thrissur, Kerala, India

Corresponding Author: Maya Mohan K M

DOI: <https://doi.org/10.52403/gijhsr.20260203>

ABSTRACT

Introduction: Sleep disturbances are a common concern among elderly, significantly affecting their overall quality of life. Despite extensive research on the physiological aspects of sleep disturbances, there is limited understanding of the lived experiences of older adults who grapple with these challenges. This study aims to explore the subjective experiences of elderly individuals regarding sleep disturbances

Methods: A descriptive qualitative design was employed to gather data from individual in depth interviews with 12 elderly residing in selected old age home in Kerala, South India. Participants were selected and recruited based on inclusion criteria and purposive sampling techniques. A comprehensive semi-structured face-to-face interview was carried out to gather the data. Using Van Manen's concept analysis, concepts related to sleep disturbances and quality of life were identified.

Results: Majority of participants were above 70 years and were males. Majority of samples were staying in old age homes for a period of 3years. majority are experiencing stress and are lacking family support. On thematic analysis two themes were emerged with six and four subthemes respectively

Conclusion: It is found out elderly residing in old age homes had many sleep issues like problems with sleep initiation, maintenance, frequent arousals and early awakenings. important factors which lead to sleep disruption include intrusive thoughts, lack of routine, environment, lack of relaxation, activity and exercise. Lack of sufficient sleep further affects the emotional wellbeing, physical health and quality of life.

Keywords: Elderly, qualitative, sleep disturbance, quality of life

INTRODUCTION

Ageing is a universal phenomenon and silent process of life cycle that the experience cannot be avoided by living organism. It is a complex biological phenomenon influenced by genetics, lifestyle and environmental factors. The term elderly or old age represents ages that nearing or surpassing the average life span of human beings at a given time. The boundary of old age cannot be defined exactly because it has different meaning in different societies. National policy on Older Persons (1999) defines senior citizen as person who is 60 years old or above.¹

Global life expectancy has increased significantly, with most individuals now expected to live into their sixties and

beyond. Consequently, all countries are witnessing a rise in both the absolute number and the proportion of older adults within their populations. Projections indicate that by 2030, one in six people worldwide will be aged 60 years or older, with this population increasing from 1 billion in 2020 to 1.4 billion. Furthermore, by 2050, the global population of individuals aged 60 years and above is expected to double to approximately 2.1 billion. Notably, the number of persons aged 80 years or older is projected to triple during the same period, reaching an estimated 426 million.²

Sleep is a biological necessity, and insufficient sleep and untreated sleep disorders are detrimental for health, well-being, and public safety³. Sleep is a fundamental biological process essential for maintaining physical health, cognitive functioning and overall well-being. Among the elderly population, sleep disturbances are a prevalent concern, often associated with aging related changes, medical conditions and psychosocial factors. Poor sleep quality can adversely affect their quality of life, contributing to fatigue, cognitive decline, emotional distress and diminished overall functioning. This underscores the importance of understanding the lived experiences of elderly individuals who face sleep disturbances and addressing these issues through effective interventions.

In India, the elderly population is growing rapidly, with many residing in old age homes due to socio-cultural changes and family dynamics⁴. The rise of nuclear families, migration of younger generations, and changing socio-cultural dynamics are key factors contributing to more elderly individuals residing in institutional settings like old age homes⁵. Kerala has a prominent aging demographic compared to other Indian states, characterized by high life expectancy and a significant proportion of elderly⁶. Sleep disturbances are often exacerbated by environmental factors, lack of social support and other life style

changes that occur in institutional settings⁷. These issues combined with the physical and emotional burden of aging, necessitate comprehensive and targeted strategies to improve sleep and consequently their quality of life⁸. This descriptive qualitative study explores the lived experiences of elderly on sleep disturbances and quality of life in selected old age homes in Kerala. By adopting this approach, the research aims to capture the essence of the factors shaping their experiences, providing a qualitative depth that can inform targeted interventions and contribute to the broader discourse on quality of life of elderly

Objective

To explore and analyze the concepts related to sleep disturbances and quality of life among elderly residing in selected old age homes

MATERIALS & METHODS

Design and Sampling

Descriptive qualitative design served as the foundation for this study's philosophical framework and research design. To reveal the true essence of the situation, it is necessary to avoid the preconceived ideas that investigators may have about the phenomenon (bracketing). To gain a thorough understanding of lived experiences of sleep disturbances and quality of life this study used an interpretive hermeneutic phenomenology based on Van Manen's method.

Participants were the twelve elderly residing in a selected old age homes at Palakkad District, Kerala, South India (Table 1 & 2). Sample size was twelve, as this was the number at which saturation of the data was reached. As the purposive sampling was conducted for the purpose of diversifying the participants, it was called a maximum variation sampling technique. Criteria for sample selection were elderly both male and female above 60 years of age able to walk, stand and move both their upper and lower extremities were considered for the study.

The consent was obtained from the samples and the purpose of the study was shared. Those who were not in the time of recruitment to the study, less than three months of stay in old age home, with serious psychiatric illness, severe sensory deficits like loss of vision and hearing disability and undergoing any alternative therapies were excluded.

Data collection and analysis

Instrument:

1. Personal Information

The first session involved a series of questions (Questionnaire) obtaining information about the participants age, gender, educational status, marital status, support from family, duration of stay in old age home, presence of stress, feeling of achievement and the clinical variables use of sleep medications and presence of comorbidities.

Interview Guide

A semi structured interview guide was developed based on the literature review and was sent to experts and modifications were done as the expert opinions. It had the main question as : How would you explain your sleep experience? and sub questions. Probes were offered as a means to clarify participant descriptions.

Ethical consideration

Ethical clearance for the study was obtained from the Institutional Ethics Committee prior to its initiation. Informed consent was

secured from all participants after explaining the purpose and procedures of the study. Strict measures were taken to ensure confidentiality and anonymity of the participants' information. Additionally, all efforts were made to minimize any potential risk of emotional harm, and participants were informed of their right to withdraw from the interview at any stage without any consequences.

Data Collection

After obtaining permission from selected old age home, data were collected from twelve elderly residing in old age home, using a semi structured interview schedule. Depending on the participants convenience, the investigator performed in-person interviews. The interview guidelines were piloted before the main study. Prior to interview, the investigator introduced himself and provided a relaxed environment. Interviews commenced with an open-ended enquiry: "How would you explain your sleep experience? to allow participants impromptu responses, encouraging them to thoroughly express their experiences. The interviews took between thirty and forty-five minutes, and are audio recorded and transcribed for data analysis. Data saturation was used to establish the sample size. The data collection was stopped when data saturation occurred with twelve participants i.e. data was collected until new information emerged.

Table 1. Demographic variables of participants

Sl No	Demographic variables	Number (n)	Percentage (%)	
1	Age in years	60-65	2	17
		66-70	3	25
		71-75	4	33
		76-80	2	17
		81-86	1	8
2	Gender	Male	8	67
		Female	4	33
3	Marital status	Married	11	92
		Single/Divorced/widowed	1	8
4	Educational Status	Primary	2	17
		Upper Primary	5	41

		Secondary	2	17
		HSE	2	17
		Degree	1	8
		PG & above	nil	0
5	Duration of stay in old age homes	3 yr and less	7	82
		Above 3yrs	5	18
6	Type of accommodation	Single room	2	17
		Double room	9	75
		Dormitory	1	8
7	Support from family	Yes	5	18
		No	7	82
8	Presence of stress	Yes	11	92
		No	1	8
9	Feeling of achievement	Yes	2	17
		No	9	83

Table 2: Clinical variables of participants

1	Use of sleep medications	Yes	4	33
		No	8	67
2	Presence of co morbidities	Yes	11	92
		No	1	8

ANALYSIS

The data were analyzed manually using interpretative phenomenology. The thematic analysis adhered to the six stages outlined by Max Van Manen. In order to attribute meaning to the data, Van Manen suggests three methods (the detailed reading approach, the selective or highlighting approach and the holistic reading approach) for isolating thematic statements. All three approaches were employed during data analysis for this research. The early analysis involved analyzing each interview separately or going from the parts (of the text) to whole (Manen, 1990). Highlighting of keywords, phrases and ideas were done. Keywords become concepts through intuitive ideas and reading and rereading the data, dwelling with the data and dialoguing with the text (Manen 1990). The concepts from the preliminary analysis were then grouped in an additional column of the table, pooled with similar concepts after much thought on which ideas belonged together, to form the subthemes and finally the development of major themes. Hermeneutic phenomenological reduction was used for qualitative analysis (Van Manen 1990). In Hermeneutic reduction (Adams and Manen 2008), the researcher reflect on their pre understanding,

framework and biases. They also search for genuine openness to engage in a conversational relation with phenomena. To achieve this reduction and critical self-awareness, a journal reflection on the interview as well as researcher's thoughts throughout the study period was kept that has been of value in interpretation and discussion of participant's data.

The qualitative data were analyzed using hermeneutic phenomenological reduction (Van Manen, 1990). At first the concepts of sleep disturbance, and QOL were explored using van Manen's interpretive phenomenological approach. Phenomenology is an approach that involves careful and deliberate reflection on the lived experiences of human existence. It emphasizes examining experiences in a thoughtful and systematic manner while consciously setting aside preconceived theories, biases, and assumptions, thereby allowing the essence of the experience to be understood in its purest form (van Manen, 2007).

Development of Concepts

It involved analyzing each interview separately, and going from parts (of the text) to the whole. Key words, phrases and ideas were grouped together and then concepts

were developed from these groups by reading and re-reading the data, and spending considerable time dwelling on the meanings emerging from the text (Van Manen, 1990).

The process of identifying similar concepts was repeated with each of the twelve interview transcripts. Those key words and concepts that were found to be common between the interview transcripts were then grouped together. Participant 2 recollections of his sleep disturbances reflected those of participant 1, and these were grouped together with similar thoughts from the third participant. A similar process of analysis was undertaken using the interview transcripts of twelve participants and thus identified a number of key concepts for the sleep disturbance and QOL among elderly residing in old age homes

RESULTS

THEME 1: Restless Nights

Theme 1 "Restless Nights" emerged as a central theme representing the participants' deeply felt experiences of disturbed, unrefreshing, and chaotic sleep during their stay in old age homes. The term captures a spectrum of issues - difficulty falling asleep, frequent awakenings, inability to return to sleep, mental over activity, and physical discomfort - all combining to create a night filled with unease, agitation, and distress rather than rest.

This theme represents the emotional and physiological restlessness that elderly individuals experience during the night, which significantly affects their sleep continuity and quality.

The theme "**Restless Nights**" reflects the **complex interplay of psychological, physical, and environmental factors** that make nighttime a period of discomfort rather than restoration for elderly individuals. For many, the night was described as a **time of helplessness** - where they are physically still but mentally restless, craving sleep that doesn't come easily or consistently.

The absence of emotional support, meaningful daily routines, or structured wind-down practices contributed to this feeling of nightly agitation. For some, past memories and loneliness intensified the unrest, while for others, physical illness and setting-related disturbances worsened sleep fragmentation.

Participants described their nights as restless due to disrupted sleep with many experiencing multiple awakenings. Multiple awakenings are always related to physical health challenges like comorbidities, pain and frequent bathroom visits. Some of them complained about the initiation of sleep and lack of continuous and uninterrupted sleep. Lack of sleep routine, many environmental factors, lack of physical activity and relaxation and racing thoughts also leads to lack of sleep and associated fatigue.

"Restless Nights" encapsulates the lived reality of elderly residents in institutional settings struggling with sleep disturbances. It is not merely about insufficient sleep hours but about nights spent in mental turmoil, emotional vulnerability, and physical unease. Addressing this theme holistically is essential to improve both sleep and overall quality of life.

Sub themes

a) Disrupted Sleep

Disrupted sleep due to multiple awakenings is common during night hours among elderly. Majority of them are lacking a continuous uninterrupted sleep. Disrupted sleep may affect their general energy level leading to fatigue and decreased activity.

Disrupted sleep refers to intermittent, fragmented, or poor-quality sleep experienced by the elderly, often characterized by multiple awakenings during the night, difficulty returning to sleep, and frequent disturbances due to internal or external factors. This subtheme captures the elderly participants' struggles with maintaining continuous, restorative sleep throughout the night.

In old age homes, disruptions may be caused by medical conditions, nocturia,

noise, light, anxiety, or uncomfortable bedding. These interruptions result in light, unrefreshing sleep, leading to daytime tiredness and irritability.

“Every day I used to wake up in the middle of night and not being able to fall back to sleep I have never slept longer than four or five. I haven’t had a good night’s sleep in weeks” (Participant 3)

“I have lack of sufficient sleep, keep on lying in bed with eyes wide open.” (participant 4)

“It is just actually, like, falling asleep that is really difficult and then, and thenit is really difficult for me to wake up ... (participant 5)

“Sometimes I do feel a bit restless, but mostly I just wakeup for no reason, I will toss and turn for an hour or two and by the time I finally fall asleep again, it’s almost morning”. (participant 6)

“It has been months, may be year, I wake up many times at night and sometimes I can’t fall back asleep, I just feel tired all the time.” (participant 7)

“I used to wish at least an I get an hour of sleep at night. Feeling tired during day time.” (participant 8)

“I used to go to bed at 9pm. but it is difficult for me to fall asleep...finally I start to sleep in the morning hours ...then it will be the time for waking up...

Earlier, before coming here, I used to go to work. During that time, I used to get sleep. But here I have no activity, so no sleep for me” (participant 9)

“I wake up 2 or 3 times at night, sometimes just staring at the ceiling” (participant 10)

“Even when I go to bed early, sleep doesn’t come. I just lie there for hours thinking” (participant 11)

“I wake up many times... even if there is a small sound I could be like staying up to about two, three o’clock in the morning and then going to sleep, and then I ‘d be napping for like an hour or two during the day, and then staying up all night because I’d slept during the day”. (participant 12)

Disrupted sleep is a core manifestation of sleep disturbance in the elderly. The

experience of broken sleep cycles reflects both physiological aging processes (e.g., reduced melatonin production, chronic illness) and environmental stressors in the institutional setting (e.g., shared rooms, staff noise, call bells). The participants feel physically restless and mentally alert, leading to inadequate deep sleep (slow-wave sleep) and poor sleep satisfaction.

Some elderly individuals described disrupted sleep as more frustrating than insomnia itself because it leads to feelings of helplessness and disorientation

b) Lack of routine

Lack of routine emerged as a significant factor contributing to sleep disturbances among elderly. Many older adults reported irregular sleeping and waking time, absence of scheduled physical activity and inconsistent meal times. The disruption of structured daily habits led to confusion in circadian rhythms, reduced sleep efficiency and fragmented sleep. Participants expressed that without a regular routine, they often napped during a day, engaged in passive activities like prolonged TV watching, or stayed in bed for extended periods, which further interfered with their ability to fall asleep or maintain sleep at night. The lack of purposeful engagement during the day also contributed to feelings of restlessness and diminished sense of time, both of which negatively influenced their sleep hygiene.

Establishing and maintaining a consistent daily routine was identified as a potential protective factor that could support better sleep outcomes in elderly.

“I used to sleep during morning hours and becomes sleepy in the entire day” (participant 1)

“I have never slept longer than 4 or 5. I haven’t had a good night’s sleep in weeks” (participant 2)

“I will toss and turn for an hour or two and by the time I finally fall asleep its almost morning” (participant 4)

“Getting up and staying active during the day helps me to sleep better at night. When

we are inactive, generally affects the sleep routine especially when age increases. I find more exercise I get, the better I sleep” (participant 5)

“I do feel pretty tired and I even nap sometimes in the afternoon which affects night time sleep” (Participant 6)

“I nap in the afternoon and then I am wide awake at bed time and used to use my bed for work and things like that” (participant 7)

I just wouldn't really have a lot of structure to, kind of like, my sleeping pattern (participant8)

I never went to bed at the same time. I'd always be varying times, so thatsometimes it was even 3or 4-hourdifference (participant 10)

c) Environmental Disturbances

The environment in which the elderly reside plays a crucial role in influencing the quality and quantity of their sleep. Participants highlighted various environmental factors that disrupted their sleep, such as excessive noise, poor lighting, uncomfortable bedding and extreme temperatures. Frequent disturbances by roommates/ co residents and lack of privacy were often cited as barriers to restful sleep. Participants also emphasized that an environment lacking in peace and comfort led to difficulty falling asleep and frequent night awakenings. This subtheme underscores the importance of a sleep friendly physical and social environment in promoting healthy sleep patterns among older adults

“I have problem in sleeping due to the person sharing my room” (participant 1)

“My roommate used to snore loudly, so I am not able to sleep comfortably” (participant 2)

“I feel my mattress is so hard....creating much pain in my lower back....which makes me sleep less at night.”(participant 3)

“As my roommate is waking up many times for using toilet, my sleep gets interrupted” (participant 5)

“The noise here never stops-some people talk loudly at night, some snore its very hard to get real rest” (participant 6)

“They turned off the lights at 9pm whether you are sleepy or not”. (participant 9)

d) Physical health challenges

Physical health problems emerged as a major barrier to quality sleep among elderly. Many participants reported that chronic illnesses such as Arthritis, Diabetes and neurological conditions caused pain, discomfort or frequent awakenings at night. These conditions not only interfered with the ability to fall asleep but also disrupted the continuity of sleep, leading to fragmented and non-restorative sleep.

Additionally, nocturia (frequent urination at night) a common age-related issue, forced many to wake up multiple times, further deteriorating sleep quality. The psychological burden of living with long term physical illness –such as anxiety, frustration or fear –further compounded sleep problems.

This sub theme emphasizes how physical health challenges in old age have a direct and multifaceted impact on sleep, requiring a holistic approach for effective management.

“The pain in my legs wakes me up several times. I can't find a comfortable position” (participant 2)

“I have to go to bathroom three or four times every night.....it breaks my sleep completely” (participant 4)

“I have very little sleep. I have several aches in my hands, legs and all over the body during sleeplessness.” (Participant 5)

“I wake up with back pain. I just can't get comfortable in bed anymore.” (Participant 7)

“I was having pain and I knew that I was having issues at bed time, which I did” (participant 9)

“I have muscle twitching and I will have to get up and walk, walk, walk” (participant 10)

“I get up in the middle of the night because I have an enlarged prostate so and from

that for whatever reason last night, I probably went to bathroom about nine or ten times” (participant 11)

“I barely got any sleep last night. My arthritis pain keeps flaring up, and no matter how I position myself, I just can’t get comfortable” (participant 12)

e) Racing thoughts

“Racing thoughts” refers to the uncontrollable, rapid flow of thoughts that often occur during the pre-sleep period, preventing individuals from falling asleep or returning to sleep after waking. This theme captures how older adults experience heightened mental activity during the night, often linked to unresolved emotions, loneliness, regrets, and worries about the future.

For many elderly residents in old age homes, the nighttime becomes a silent period where external distractions fade, and internal thoughts become louder. This mental restlessness interferes with their ability to relax and transition into sleep.

The theme of racing thoughts highlights a core psychological component of sleep disturbance among the elderly. These thoughts are not only frequent but emotionally charged—centered on guilt, family separation worries about death or illness, or financial insecurity. The inability to disengage from such thoughts creates a cycle of mental arousal, anxiety, and sleeplessness. It also reflects a need for cognitive restructuring and emotional support that can help older adults calm their thoughts, especially before bedtime.

“I used to go to bed by 9pm but some uncontrollable distressing thoughts come to my mindreally affects my sleep”.(participant 1)

I have problems with my sleep. I used to think a lot, feeling tensed, due to loneliness.....I lost my parents (participant 2)

I couldn’t able to sleep, and I used to lay down for hours.....thinking.....thinking., worried about my home...(participant 3)

I used to go to bed by 8 pm everyday. But I couldn’t be able to sleep, lying and thinking.....(participant 7)

I keep thinking about death. It scares me...I don’t know what will happen (participant 8)

I used to have thoughts.....used to think about my children. Unable to go to deep sleep, lacking a good night’s sleep. (participant 11)

f) Lack of physical activity and relaxation

This subtheme highlights the participants' descriptions of how insufficient physical movement during the day and the absence of structured relaxation activities contributed to their sleep problems. Many elderly residents in old age homes reported a sedentary lifestyle, with very few opportunities or motivation to engage in walking, stretching, or exercise. Furthermore, they lacked awareness or access to calming evening routines or relaxation practices (e.g., breathing exercises, meditation, guided rest) that could help prepare their body and mind for sleep.

This subtheme reflects that many elderly individuals experience low levels of daytime activity, which disrupts the body’s natural sleep-wake cycle (circadian rhythm). Physical inactivity leads to insufficient energy expenditure during the day, which may result in delayed sleep onset, fragmented sleep, or non-restorative sleep. Additionally, the absence of evening relaxation routines (such as gentle stretching, reading, or quiet reflection) contributes to tension, mental unrest, and difficulty falling asleep.

The body and mind remain “idle yet tense,” making it hard to transition into restful sleep *“We just sit around all day... there’s nothing much to do. So I don’t feel sleepy at night.” – (Participant 2)*

“If I could move more or walk regularly, maybe I would sleep better. But I feel tired and lazy.” – (Participant 3)

"I never learned how to relax... I just lie down, but my body feels tight and restless."
– (Participant 4)

"I feel sleepy during day time....why....I don't get sleep at night....being sleepy during day time...no activity.....affects my movement...I fear I may fall" (participant6)

"I used to lie down during day time...not involved in any activity.....(participant8)

I also feel like I am not as independent and I used to be because of this fatigue. Well my energy is so low I used to enjoy walking in the morning, but now I feel too weak, it's hard to enjoy anything.(participant 9)

Theme 2: Impact on quality of life

The theme *"Impact on Quality of Life"* encapsulates the broad and multifaceted consequences that elderly participants attributed to their sleep disturbances. Quality of life, as experienced and narrated by the elderly, was profoundly shaped by disruptions in their physical, emotional, cognitive, and social functioning. The subjective accounts revealed that sleep disturbances were not experienced in isolation, but rather permeated multiple dimensions of their daily lives, affecting their overall well-being, sense of autonomy, and psychological health.

Participants commonly described a sense of persistent tiredness and lack of vitality, which affected their ability to perform daily activities such as walking, personal hygiene, or even engaging in simple household tasks. Several participants expressed that inadequate sleep made them feel older, weaker, and more dependent than they actually were. These physical limitations contributed to a sense of loss of independence, which many found distressing, especially in the context of institutional living where personal control is already limited.

Emotionally, the elderly frequently reported feelings of frustration, anxiety, and low mood. The inability to fall asleep or stay asleep during the night left them irritable during the day, and some described feeling

"empty" or "purposeless" due to chronic exhaustion. These mood disturbances were often cyclical in nature—poor sleep led to emotional distress, which in turn made sleep more elusive.

In summary, this theme underscores how elderly individuals perceive sleep disturbances as significantly diminishing their quality of life - physically, emotionally, cognitively, socially, and spiritually. Their narratives highlight a strong need for targeted interventions that not only improve sleep but also holistically enhance overall well-being and day-to-day functioning

a) Physical Health Deterioration

This subtheme reflects the participants' perception that sleep disturbances contributed directly to a decline in their physical health and functioning. The elderly reported experiencing chronic fatigue, body aches, general weakness, and a lack of energy, which restricted their ability to perform routine daily tasks. The cumulative effect of sleeplessness often led to a sense of physical vulnerability, increased dependency on caregivers, and frequent complaints of somatic symptoms. Poor sleep was also associated with aggravation of pre-existing illnesses and a noticeable decline in functional independence.

"When I don't sleep well, my whole body feels like it has no strength. Even lifting a cup feels heavy in the morning."
(participant 1)

"I get tired just walking to the dining hall. Earlier I could do it easily, but now I feel drained all the time because I barely sleep at night." (participant 3)

"There is always a dull pain in my legs. It gets worse when I can't sleep well. I think my body is just giving up." (participant 5)

"Sometimes I feel dizzy during the day, maybe because I only sleep for two or three hours. I'm scared I might fall." (participant 7)

"My sugar levels are always fluctuating. I think poor sleep is affecting my health more than I realized." (participant 8)

“After sleepless nights, I wake up with headaches and no energy. I don’t even feel like taking a bath or doing anything.” (participant 10)

“I used to do some stretches every morning. Now I can’t, because my back hurts and I feel like my body hasn’t rested at all.” (participant 11)

“If I sleep badly, my arthritis pain increases. It’s like my body doesn’t get time to heal.” (participant 12)

b) Emotional Distress and Mood Fluctuations

This subtheme highlights the emotional turmoil experienced by elderly individuals as a consequence of ongoing sleep disturbances. Participants described frequent episodes of sadness, anxiety, irritability, and emotional exhaustion. Poor sleep appeared to exacerbate underlying feelings of loneliness and helplessness, especially in the context of institutional living. Many reported feeling "mentally tired" and expressed a loss of interest in previously enjoyable activities. Emotional instability was also noted to affect interpersonal relationships within the old age home setting, leading to withdrawal or conflicts.

“Some days I just feel like crying without any reason. It gets worse after a sleepless night.”

(participant 2)

“I get angry very quickly now. Even small things irritate me. I think it's because I don't get proper sleep.” (participant 4)

“There are days I feel very low, like I’m not needed anymore. It’s hard to be cheerful when you’re always tired.” (participant 5)

“I become quiet and avoid people. If I haven't slept well, I just want to be left alone.” (participant 6)

“I keep worrying at night, and then I feel anxious the whole day. I can’t control my thoughts or emotions anymore.” (participant 8)

“ Sometimes I feel irritated with the other residents. I know it's not their fault, but I

can't help it when I am so tired and cranky.” (participant 10)

“Earlier I used to laugh and talk with others. Now I don’t feel like doing anything. My sleep problems have taken away my peace.” (participant 11)

“My mind feels restless. I get emotional easily — one word and I feel like breaking down.” (participant 12)

c) Social Withdrawal and Isolation

This subtheme reflects the way in which sleep disturbances led to reduced social engagement and increased feelings of loneliness among elderly individuals residing in old age homes. Participants described deliberately avoiding group activities, social gatherings, or even simple conversations due to fatigue, low mood, or irritability stemming from poor sleep. Many expressed that inadequate rest made them feel disoriented or disconnected, leading to reluctance in interacting with others.

The elderly participants also reported a gradual decline in interest in previously enjoyed social or recreational activities. This withdrawal not only affected their emotional well-being but also contributed to a vicious cycle of isolation and deepened psychological distress. The institutional environment, while structured, often made this isolation more visible, with participants noticing their own absence from community life.

“I don’t feel like joining the others for prayers or meals. After a sleepless night, I just want to stay in my room.” (participant 1)

“Even if someone talks to me, I don’t respond much. I just nod. I'm too tired to talk or listen.” (participant 3)

“Earlier I used to play cards with my friends here, but now I don’t go. I feel dull and sleepy all the time.” (participant 4)

“When I don’t sleep, I become irritable. I prefer not to be around others and spoil their mood too.” (participant 5)

“I feel like I have nothing to say anymore. Everyone else talks and laughs, but I just sit quietly or walk away.” (participant 6)

“Sleep problems have made me lose interest in others. I used to enjoy talking, but now I avoid people.”(participant 9)

“Sometimes I think no one even notices I am missing from the group. That makes me feel even more alone.” (participant10)

“I get easily annoyed and don't want to talk. I know they think I'm unfriendly, but I just feel exhausted.”(participant11)

d) Loss of autonomy

This subtheme captures the participants' feelings of diminished control over their own lives as a result of persistent sleep disturbances. Many elderly individuals described a decline in their ability to manage daily routines, make decisions independently, and carry out basic self-care tasks. The resulting dependency on caregivers or staff at the old age home contributed to frustration, embarrassment, and a perceived erosion of their personal dignity.

I used to manage everything myself, even in this age. But now, after so many sleepless nights, I need help to get up and get dressed.”(participant 4)

“I feel like a child again — someone has to remind me to eat, take medicines, or walk around. It's very upsetting.” (participant 5)

“Earlier I never needed assistance for bathing. But now I feel too weak and unsteady in the morning after a bad night's sleep.” (participant 6)

“Sleep loss has made my memory poor. I can't even remember what medicine to take or when.”(participant 8)

“Sometimes I feel I'm not living my life — others are deciding everything for me, because I'm too tired to speak up.”(participant 9)

“I don't go out for my evening walks anymore. I feel weak and unsafe without someone holding my hand.” (participant10)

“I was always independent. Now, if I don't sleep properly, I become confused, and someone has to guide me around like I'm lost.”(participant12)

DISCUSSION

This study highlighted two themes and 10 sub themes from elderly experience on sleep disturbances and quality of life. The first theme captures the factors contributing to sleep disturbance and the second theme assesses the impact of sleep disturbances on quality of life of elderly. A related study Sleep Issues of Older Adults: Lived Experience and Occupational Performance by Emily Angell, Anna Johnston, Adriana Mallett, Cassidy Ward, Rachel Wiltse findings suggest the same themes such as health, routine, sleep experience, and environment, as the main themes of their qualitative phenomenological study.

CONCLUSION

This study is remarkable since it is used a descriptive qualitative approach to examine the sleep disturbance and quality of life of elderly residing in old age homes. Thematic analysis of interviews with elderly participants revealed common problems such as difficulty falling asleep, frequent night-time awakenings, negative thought patterns, loneliness, and inconsistent routines.

Declaration by Authors

Ethical Approval: Approved

Acknowledgement: None

Source of Funding: None

Conflict of Interest: The authors declare no conflict of interest.

REFERENCES

1. Phoebe S. Liebig, PhD S. Irudaya Rajan, PhD An Aging India: Perspectives, Prospects, and Policies, Journal of Aging & Social Policy, Volume 15, 2003, issue 2-3
2. WHO News Room, Fact Sheets, Ageing and Health, 1st October 2025
3. Ramar K, Malhotra RK, Carden KA, et al. Sleep is essential to health: an American Academy of Sleep Medicine position statement. *J Clin Sleep Med*. 2021;17(10):2115–2119.
4. United Nations Population Fund (UNFPA). *India Ageing Report 2023*.

5. Prakash, I. J. (1997). *The Aged in India: Problems and Perspectives*. Psychological Studies, 42(1), 1-13.
6. Irudaya Rajan, S. (2011). *Ageing in Kerala: One More Year Added to Life*. Economic & Political Weekly, 46(21), 75-80.
7. Devan Prabudoss Jesudoss, Eilean Rathinasamy Lazarus, Rasha Vahid. (2023); Insomnia and sleep quality among older people residing in old age homes at Andhra Pradesh, India, International Journal of Africa Nursing Sciences 18(2023)100522,3
8. World Health Organization (WHO). *World report on ageing and health* (2015).

How to cite this article: Maya Mohan K M, Rajee Reghunath. Lived experiences of sleep disturbances and quality of life among elderly residing in selected old age homes in Kerala - a qualitative study. *Gal Int J Health Sci Res.* 2026; 11(2): 22-33. DOI: <https://doi.org/10.52403/gijhsr.20260203>
