

A study to determine the effectiveness of cognitive behavioral therapy in reducing depression among elderly patients in selected hospitals

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Abstract

Depression among elderly patients is a growing public health concern worldwide. Aging is often associated with chronic illness, social isolation, reduced independence, and psychological distress, all of which contribute to depressive symptoms among older adults. Cognitive Behavioral Therapy (CBT) is a structured psychotherapeutic intervention that focuses on identifying and modifying negative thoughts and behaviors associated with depression. The present study aimed to determine the effectiveness of Cognitive Behavioral Therapy in reducing depression among elderly patients admitted to selected hospitals. A quantitative pre-experimental one-group pre-test and post-test design was adopted for the study. Sixty elderly patients with mild to moderate depression were selected through purposive sampling. The Geriatric Depression Scale (GDS) was used to assess depression levels before and after the intervention. Structured CBT sessions were conducted over six weeks. The findings revealed a significant reduction in depression scores following CBT intervention. The study concluded that Cognitive Behavioral Therapy is an effective non-pharmacological intervention for reducing depression among elderly patients. The findings emphasize the importance of integrating psychological therapies into geriatric healthcare services to improve emotional well-being and quality of life among older adults.

Keywords: Cognitive Behavioral Therapy, Depression, Elderly Patients, Geriatric Mental Health, Nursing Intervention, Psychological Therapy.

Introduction

Depression is one of the most prevalent psychiatric disorders affecting elderly individuals worldwide and has become a major concern for healthcare systems because of the rapidly increasing aging population and associated psychosocial challenges (Blazer, 2020). Aging is commonly associated with multiple physiological, emotional, social, and economic changes that significantly influence mental health and psychological well-being among older adults (Fiske et al., 2019). Elderly individuals frequently experience chronic diseases such as hypertension, diabetes mellitus, cardiovascular disorders, arthritis, and neurological illnesses, which substantially contribute to depressive symptoms and emotional instability (Luppa et al., 2020). Physical limitations, reduced mobility, frailty, and dependency on caregivers often diminish self-confidence and increase feelings of helplessness among older adults (Pinquart & Duberstein, 2018). Retirement is another major life transition that affects elderly individuals psychologically because it may result in loss of identity, financial insecurity, and reduced social engagement, thereby increasing vulnerability to depression (Patel et al., 2018). Bereavement following the loss of spouses, family members, or close friends is highly common during old age and frequently leads to loneliness, sadness, and emotional distress among elderly populations (Van Orden et al., 2020). Social isolation has been recognized as one of the strongest predictors of geriatric depression because many older adults experience limited social interaction, neglect, and inadequate emotional support from family members (World Health Organization, 2021). Cognitive decline, memory impairment, and fear of dependency further contribute to anxiety and depressive symptoms among elderly individuals (Morimoto et al., 2021). Depression among older adults often remains underdiagnosed because symptoms such as fatigue, sleep disturbances, appetite changes, and reduced concentration are incorrectly perceived as normal

aspects of aging rather than manifestations of psychiatric illness (Jonas et al., 2017). Untreated depression can negatively affect quality of life, impair physical recovery, increase disability, prolong hospitalization, and elevate mortality rates among elderly individuals (Reynolds et al., 2019). Studies have shown that depression among older adults is associated with increased healthcare utilization, poor treatment adherence, cognitive decline, and suicide risk, making it a significant public health concern requiring immediate attention (Alexopoulos, 2019). The growing burden of depression among elderly populations highlights the urgent need for effective and evidence-based psychological interventions that can improve emotional well-being and quality of life (Shah et al., 2021). Cognitive Behavioral Therapy (CBT) has emerged as one of the most effective psychotherapeutic interventions for depression because it focuses on modifying maladaptive thoughts, emotional responses, and behavioral patterns contributing to psychological distress (David et al., 2018). CBT is based on the principle that thoughts, emotions, and behaviors are interconnected, and negative thinking patterns significantly influence emotional instability and depressive symptoms (Beck, 2021). Elderly individuals suffering from depression often develop distorted beliefs related to illness, dependency, hopelessness, aging, and social rejection, which further worsen emotional suffering and reduce coping ability (Bryant et al., 2020). CBT helps patients identify negative automatic thoughts, challenge irrational beliefs, and replace maladaptive cognitive patterns with more realistic and constructive perspectives (Rouleau et al., 2020). Cognitive restructuring techniques encourage elderly individuals to reinterpret stressful situations positively and develop adaptive coping mechanisms for handling daily challenges and emotional stressors (Stanley et al., 2017). Behavioral strategies used in CBT, including activity scheduling, relaxation exercises, social participation, behavioral activation, and problem-solving training, further improve psychological resilience and emotional stability among older adults (Hall et al., 2021). Behavioral activation techniques motivate elderly patients to participate in meaningful activities and social interactions, thereby reducing loneliness and improving mood (Scogin et al., 2018). Relaxation exercises such as deep breathing, guided imagery, and meditation help decrease anxiety and emotional tension among elderly individuals experiencing depression (Thompson et al., 2018). Problem-solving techniques improve confidence, decision-making abilities, and independence among older adults by helping them effectively manage stress and daily life difficulties (Kiosses et al., 2018). Research evidence strongly supports the effectiveness of CBT in reducing depression severity and enhancing emotional well-being among elderly populations across community and hospital settings (Cuijpers et al., 2021). Hospitalized elderly patients are particularly vulnerable to depression because hospitalization increases dependency, fear, uncertainty, and emotional stress associated with illness and disability (Park et al., 2019). As illustrated smoothly in **Figure 1**, depressive symptoms among hospitalized older adults range from mild to severe levels depending on factors such as age, chronic illnesses, social support systems, and functional dependency. Studies have demonstrated that structured CBT interventions significantly improve mood, coping ability, self-esteem, emotional regulation, and quality of life among hospitalized elderly individuals (Lee et al., 2021). CBT is also considered a safer and more holistic alternative to pharmacological treatment because elderly individuals are highly susceptible to adverse drug reactions, medication noncompliance, and complications related to polypharmacy (Kok & Reynolds, 2017). Nurses and healthcare professionals play a vital role in identifying depressive symptoms, providing emotional support, and implementing evidence-based psychological interventions for elderly patients in hospital settings (Yeh et al., 2019). Effective utilization of CBT can significantly improve treatment adherence, emotional resilience, social functioning, and overall mental health outcomes among elderly individuals experiencing depression (Zhang et al., 2020).

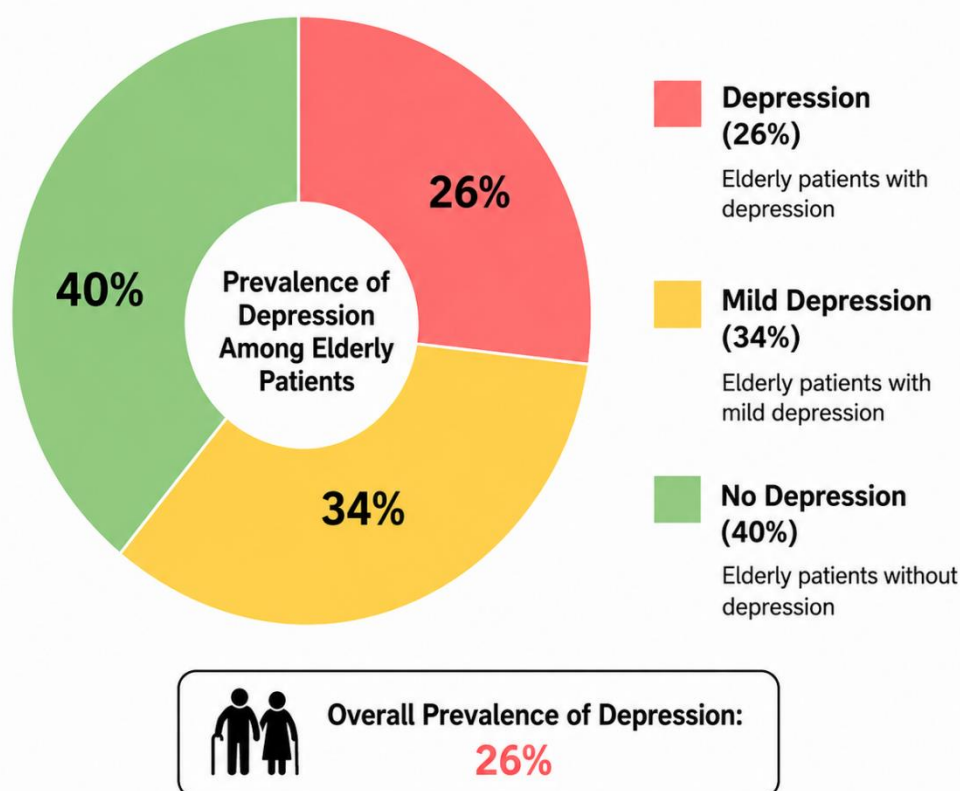


Figure 1. Prevalence of Depression among Elderly Patients

Background of the Study

The global population of elderly individuals is increasing rapidly because of remarkable advancements in healthcare services, improved disease management, better nutrition, and increased life expectancy across developed and developing countries (World Health Organization, 2021). According to international demographic projections, the number of individuals aged 60 years and above is expected to increase substantially by the year 2050, creating major healthcare and social challenges for healthcare systems worldwide (United Nations, 2022). Aging is frequently associated with physiological decline, chronic illness, reduced immunity, and functional limitations that negatively affect both physical and psychological well-being among older adults (Blazer, 2020). Along with physical health problems, mental health disorders among elderly populations have become increasingly prevalent and contribute significantly to disability, reduced quality of life, and healthcare utilization (Fiske et al., 2019). Depression is one of the most common psychiatric disorders among older adults and is considered a leading cause of disability-adjusted life years among elderly populations globally (Patel et al., 2018). Studies have shown that depression among older adults is associated with increased morbidity, poor treatment adherence, prolonged hospitalization, cognitive decline, and higher mortality rates (Reynolds et al., 2019). Elderly individuals frequently experience chronic diseases such as diabetes mellitus, hypertension, arthritis, cardiovascular diseases, respiratory disorders, neurological illnesses, and cancer, all of which contribute significantly to emotional distress and depressive symptoms (Luppa et al., 2020). Chronic pain, physical disability, reduced mobility, and dependency on others for daily activities often lead to frustration, hopelessness, and low self-esteem among elderly patients (Pinquart & Duberstein, 2018). Social isolation, loneliness, retirement, financial insecurity, and loss of social roles further increase psychological vulnerability and emotional instability during old age (Van Orden et al., 2020). Bereavement resulting from the loss of spouses, family members, or close friends is another major contributing factor associated with depression among older adults because it intensifies feelings of sadness, emptiness, and emotional suffering (Alexopoulos, 2019). Hospitalized elderly patients are particularly vulnerable to depression because hospitalization disrupts normal daily routines, increases dependency, and exposes individuals to unfamiliar and stressful environments (Park et al., 2019). Hospital admission often creates fear, uncertainty, and anxiety related to illness prognosis, disability, financial burden, and separation from family support systems (Lee et al., 2021). Elderly patients admitted with chronic illnesses frequently experience reduced autonomy and loss of independence, which significantly affects emotional well-being and mental health status (Morimoto et al., 2021). Physical illnesses such as diabetes mellitus, hypertension, arthritis, cardiovascular disorders, stroke, and cancer further worsen psychological distress because these conditions are often associated with long-term treatment, physical discomfort, and reduced functional ability (Shah et al.,

2021). Elderly individuals may develop feelings of hopelessness, helplessness, sadness, fear, anxiety, and emotional exhaustion related to declining health and uncertainty about the future (Jonas et al., 2017). Depression among elderly patients is frequently underdiagnosed because healthcare providers and family members may incorrectly assume depressive symptoms to be normal consequences of aging rather than manifestations of psychiatric illness (Kok & Reynolds, 2017). Untreated depression negatively affects recovery from illness, impairs social interaction, decreases adherence to medical treatment, and significantly reduces overall quality of life among older adults (Cuijpers et al., 2021). Therefore, early identification and effective management of depression among elderly individuals have become essential priorities in geriatric healthcare practice (Bryant et al., 2020). Cognitive Behavioral Therapy (CBT) has demonstrated considerable effectiveness in reducing depression among various age groups, including elderly populations, because it focuses on modifying maladaptive thought patterns and promoting healthier coping strategies (David et al., 2018). CBT is based on the principle that thoughts, emotions, and behaviors are interconnected, and distorted thinking patterns contribute substantially to emotional distress and maladaptive behaviors (Beck, 2021). Elderly patients suffering from depression often develop negative automatic thoughts related to aging, dependency, illness, loneliness, and fear of death, which intensify depressive symptoms and emotional suffering (Rouleau et al., 2020). CBT helps elderly individuals recognize these negative automatic thoughts, identify cognitive distortions, and replace irrational beliefs with realistic and constructive perspectives (Stanley et al., 2017). Cognitive restructuring techniques improve emotional regulation and encourage patients to interpret stressful situations more positively and rationally (Thompson et al., 2018). Behavioral activation strategies used in CBT encourage elderly patients to participate in meaningful activities, maintain social interaction, and engage in enjoyable experiences that improve motivation and emotional well-being (Hall et al., 2021). Problem-solving training and relaxation exercises further strengthen coping abilities and reduce anxiety, stress, and psychological tension among elderly individuals experiencing depression (Kiosses et al., 2018). Research evidence strongly supports the effectiveness of CBT in improving mood, emotional stability, self-esteem, and quality of life among hospitalized elderly patients (Scogin et al., 2018). As illustrated smoothly in **Figure 2**, the CBT framework demonstrates the dynamic interaction between thoughts, emotions, and behaviors, where negative automatic thoughts contribute to emotional distress and maladaptive behavior patterns, while cognitive restructuring and behavioral modification promote healthier coping mechanisms, emotional regulation, and improved psychological functioning among elderly individuals (Zhang et al., 2020). Nurses and healthcare professionals play a critical role in implementing CBT-based interventions because they maintain continuous interaction with elderly patients and are in an ideal position to provide emotional support, counseling, and therapeutic communication within hospital settings (Yeh et al., 2019). Effective integration of Cognitive Behavioral Therapy into geriatric healthcare services can significantly reduce depression severity, improve treatment adherence, enhance coping skills, and promote holistic well-being among elderly populations (Wang et al., 2022).

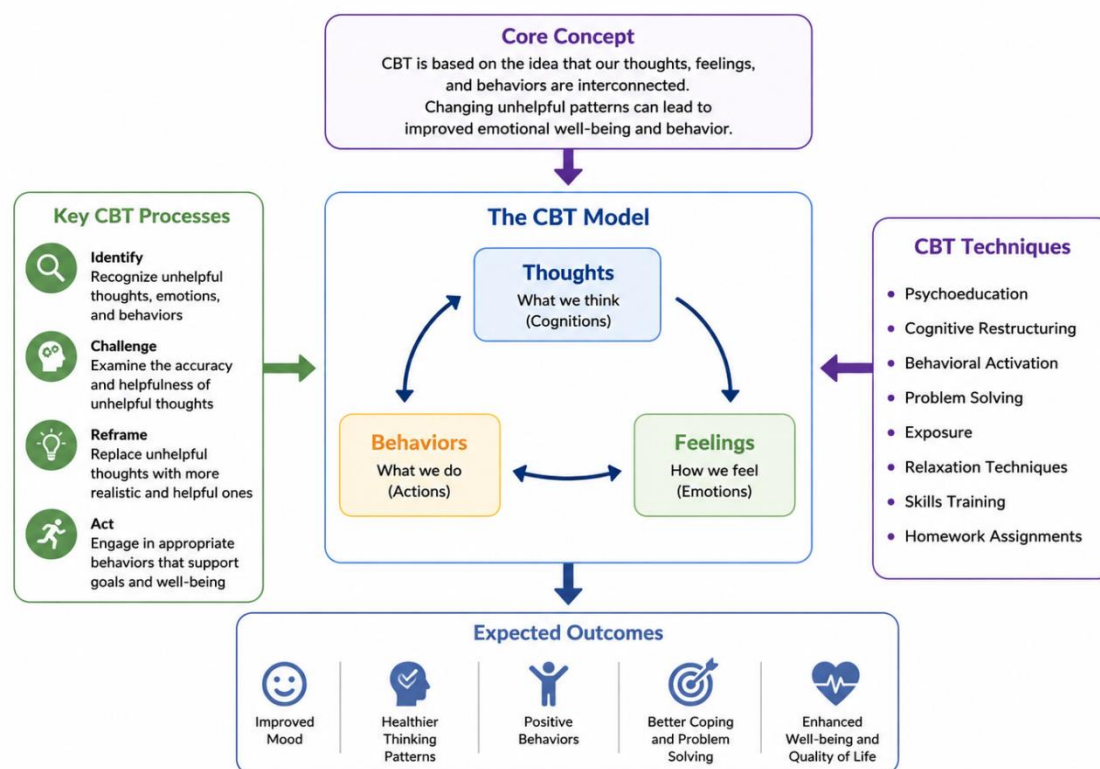


Figure 2. Conceptual Framework of Cognitive Behavioral Therapy

Need for the Study

Depression among elderly individuals often remains untreated despite its severe consequences. Older adults with depression are at increased risk of cognitive decline, poor treatment adherence, prolonged hospitalization, disability, and suicide. Pharmacological therapy alone may not adequately address emotional and behavioral components of depression. In addition, elderly patients are more vulnerable to medication side effects due to polypharmacy and age-related physiological changes. Healthcare professionals, especially nurses, play an essential role in identifying depressive symptoms and providing emotional support to elderly patients. Understanding the effectiveness of CBT can help nurses incorporate evidence-based psychosocial interventions into routine patient care. The study is important because it contributes to geriatric nursing practice, mental health promotion, and holistic healthcare delivery.

Objectives of the Study

1. To assess the level of depression among elderly patients before Cognitive Behavioral Therapy intervention.
2. To determine the effectiveness of Cognitive Behavioral Therapy in reducing depression among elderly patients.
3. To compare pre-test and post-test depression scores among elderly patients.
4. To determine the association between depression levels and selected demographic variables.
5. To improve awareness regarding psychological interventions among healthcare professionals and caregivers.

Hypothesis

H1: There will be a significant reduction in depression scores among elderly patients after Cognitive Behavioral Therapy intervention.

H2: There will be a significant association between depression levels and selected demographic variables such as age, gender, marital status, education, and chronic illness.

Review of Literature

Recent studies strongly support the effectiveness of Cognitive Behavioral Therapy (CBT) in managing depression among elderly populations because it provides a structured and evidence-based approach for improving emotional well-being and psychological functioning among older adults (Cuijpers et al., 2021). Depression among elderly individuals is increasingly recognized as a significant mental health concern due to its association with disability, reduced quality of life, impaired physical recovery, and increased healthcare utilization (Blazer, 2020). Multiple randomized controlled trials and systematic reviews have demonstrated that CBT significantly improves mood, emotional stability, coping ability, and overall quality of life among older adults experiencing depressive symptoms (Bryant et al., 2020). Elderly patients undergoing CBT

frequently report reduced sadness, hopelessness, anxiety, and emotional distress following structured therapeutic sessions (Reynolds et al., 2019). Research evidence indicates that CBT is highly effective because it targets negative thought patterns and maladaptive behaviors that contribute to depression and emotional instability among elderly individuals (David et al., 2018). Older adults commonly experience irrational beliefs related to loneliness, dependency, illness, aging, and social rejection, which intensify depressive symptoms and negatively influence mental health (Alexopoulos, 2019). CBT interventions help elderly patients identify these distorted cognitive patterns and replace them with more realistic, adaptive, and constructive thoughts that promote emotional resilience and psychological stability (Beck, 2021). Cognitive restructuring techniques used in CBT encourage patients to challenge pessimistic thinking patterns and reinterpret stressful life events more positively and rationally (Rouleau et al., 2020). Behavioral activation strategies further enhance treatment effectiveness by encouraging older adults to engage in pleasurable activities, maintain social interaction, and participate in meaningful daily routines that improve mood and reduce social withdrawal (Hall et al., 2021). Participation in enjoyable and socially engaging activities increases motivation, confidence, and emotional satisfaction among elderly individuals experiencing depression (Scogin et al., 2018). Research findings also indicate that CBT improves self-esteem and social functioning among older adults because therapeutic sessions promote positive self-perception, emotional expression, and healthier interpersonal relationships (Pinquart & Duberstein, 2018). Relaxation techniques such as deep breathing exercises, guided imagery, and mindfulness training used within CBT interventions help reduce stress, anxiety, and emotional tension among elderly patients (Thompson et al., 2018). Problem-solving strategies incorporated into CBT improve decision-making ability and help elderly individuals manage daily stressors, illness-related concerns, and emotional conflicts more effectively (Kiosses et al., 2018). Studies conducted in community and hospital settings consistently demonstrate that elderly patients receiving CBT experience substantial reductions in depressive symptoms and improvements in emotional regulation and coping skills (Stanley et al., 2017). Hospitalized elderly individuals are especially vulnerable to depression because hospitalization often increases dependency, disrupts normal routines, and creates fear related to illness, disability, and uncertainty regarding the future (Park et al., 2019). Chronic illnesses such as cardiovascular disease, arthritis, diabetes mellitus, stroke, and cancer further worsen emotional well-being and contribute to psychological distress among older adults (Luppa et al., 2020). Research conducted in hospital settings has shown that structured CBT interventions significantly improve emotional resilience, reduce depressive symptoms, and enhance treatment adherence among hospitalized elderly patients (Lee et al., 2021). Elderly individuals participating in CBT programs often demonstrate increased confidence, improved communication skills, and greater willingness to engage in social and rehabilitative activities (Morimoto et al., 2021). Nurse-led CBT interventions have also demonstrated positive outcomes in geriatric populations because nurses maintain continuous therapeutic interaction with elderly patients and provide emotional support, counseling, and motivation throughout the treatment process (Yeh et al., 2019). The involvement of nurses in delivering CBT-based interventions improves accessibility and continuity of mental healthcare services for older adults within hospital settings (Shah et al., 2021). Furthermore, telehealth-based CBT programs have significantly expanded access to mental health services among elderly individuals with mobility limitations, chronic illness, or geographical barriers preventing attendance at traditional counseling sessions (Wang et al., 2022). Online and telephonic CBT interventions have shown promising outcomes in reducing depression severity and improving psychological well-being among elderly populations living in remote or underserved areas (Areán & Raue, 2019). Technology-assisted CBT interventions provide flexibility, convenience, and continuity of care while reducing barriers related to transportation, physical disability, and social stigma associated with mental health treatment (Chan et al., 2020). Social isolation and loneliness remain major contributing factors associated with depression among elderly individuals because reduced family interaction, limited social participation, and emotional neglect negatively affect mental health and coping ability (Van Orden et al., 2020). Elderly individuals experiencing reduced social support and loneliness are more vulnerable to psychological distress, emotional instability, and severe depressive symptoms. Research evidence indicates that strong social relationships and emotional support systems significantly improve resilience and mental health outcomes among older adults (World Health Organization, 2021). Therefore, integrating Cognitive Behavioral Therapy into routine geriatric healthcare services can play a crucial role in reducing depression, improving emotional well-being, strengthening coping skills, and enhancing overall quality of life among elderly populations (Zhang et al., 2020).

Research Methodology

A quantitative research approach was used for the present study. The research design adopted was a pre-experimental one-group pre-test and post-test design. The study was conducted in selected hospitals among elderly patients diagnosed with mild to moderate depression.

Research Design

The one-group pre-test and post-test design was used to assess the effectiveness of CBT intervention.

Setting of the Study

The study was conducted in selected hospitals providing geriatric care services.

Population

The target population included elderly patients aged 60 years and above admitted to selected hospitals.

Sample Size

A total of 60 elderly patients participated in the study.

Sampling Technique

Purposive sampling technique was used to select participants who met the inclusion criteria.

Inclusion Criteria

- Elderly patients aged 60 years and above
- Patients diagnosed with mild to moderate depression
- Patients willing to participate
- Patients able to communicate effectively

Exclusion Criteria

- Patients with severe psychiatric disorders
- Patients with cognitive impairment
- Critically ill patients
- Patients unwilling to participate

Table 1. Distribution of Elderly Patients According to Age

Age Group	Frequency	Percentage
60–65 years	18	30%
66–70 years	20	33.3%
71–75 years	14	23.3%
Above 75 years	8	13.4%

The table 1 shows that the majority of participants belonged to the age group of 66–70 years.

Data Collection Tools

The study utilized two major tools for data collection to assess demographic characteristics and depression levels among elderly patients participating in the research. The first tool was a structured demographic questionnaire designed to collect essential background information regarding the participants. This questionnaire included variables such as age, gender, marital status, educational qualification, occupation, chronic illness, and living arrangements. These demographic factors were considered important because they may influence psychological well-being and depression severity among elderly individuals. The collected information helped the researcher understand the socio-demographic profile of the participants and determine possible associations between demographic variables and depression levels. The second tool used in the study was the Geriatric Depression Scale (GDS), which is a standardized and widely accepted instrument specifically developed to assess depression among older adults. The GDS consists of simple and easy-to-understand questions suitable for elderly individuals. It was used to evaluate depression levels before and after the Cognitive Behavioral Therapy (CBT) intervention. Pre-test assessment helped identify the baseline level of depression among participants, while post-test assessment measured the effectiveness of CBT in reducing depressive symptoms and improving emotional well-being among elderly patients.

Intervention Procedure

Structured Cognitive Behavioral Therapy (CBT) sessions were conducted systematically over a period of six weeks to reduce depression among elderly patients and improve their emotional well-being and coping abilities (Cuijpers et al., 2021). Each CBT session lasted approximately 45–60 minutes and was carefully designed to address the psychological and emotional needs of older adults experiencing depressive symptoms (Bryant et al., 2020). The intervention began with psychoeducation, where elderly patients were educated about depression, its symptoms, causes, and the importance of positive coping strategies for maintaining mental health (David et al., 2018). Psychoeducation helped participants understand the relationship between thoughts, emotions, and behaviors, thereby increasing awareness regarding their emotional responses and behavioral

patterns (Beck, 2021). Cognitive restructuring techniques were then introduced to help elderly patients identify negative automatic thoughts and challenge irrational beliefs associated with aging, illness, dependency, and hopelessness (Rouleau et al., 2020). These techniques encouraged participants to replace maladaptive thought patterns with more realistic and positive perspectives that improved emotional stability and confidence (Stanley et al., 2017). Relaxation techniques such as deep breathing exercises, guided imagery, and meditation were also included in the intervention to reduce stress, anxiety, and emotional tension among participants (Thompson et al., 2018). Behavioral activation strategies motivated elderly individuals to participate in pleasurable and meaningful daily activities that enhanced mood, social interaction, and self-esteem (Hall et al., 2021). Problem-solving training sessions helped participants develop practical coping mechanisms for dealing with daily stressors, interpersonal conflicts, and illness-related challenges more effectively (Kiosses et al., 2018). Homework assignments were provided after each session to encourage continuous practice of learned skills and reinforce positive cognitive and behavioral changes outside the therapeutic environment (Scogin et al., 2018). Social interaction exercises were incorporated to reduce loneliness, improve communication skills, and strengthen emotional support systems among elderly individuals (Van Orden et al., 2020). The overall intervention focused on helping elderly patients recognize negative thoughts, improve emotional regulation, enhance coping ability, and develop healthier behavioral responses to stressful situations (Morimoto et al., 2021). Studies conducted in geriatric populations have consistently demonstrated that structured CBT interventions significantly reduce depressive symptoms and improve quality of life among older adults (Lee et al., 2021). As illustrated smoothly in **Figure 3**, elderly patients showed progressive improvement in mood scores after repeated CBT sessions, indicating enhanced emotional stability, improved coping mechanisms, and greater psychological resilience following the intervention (Zhang et al., 2020).

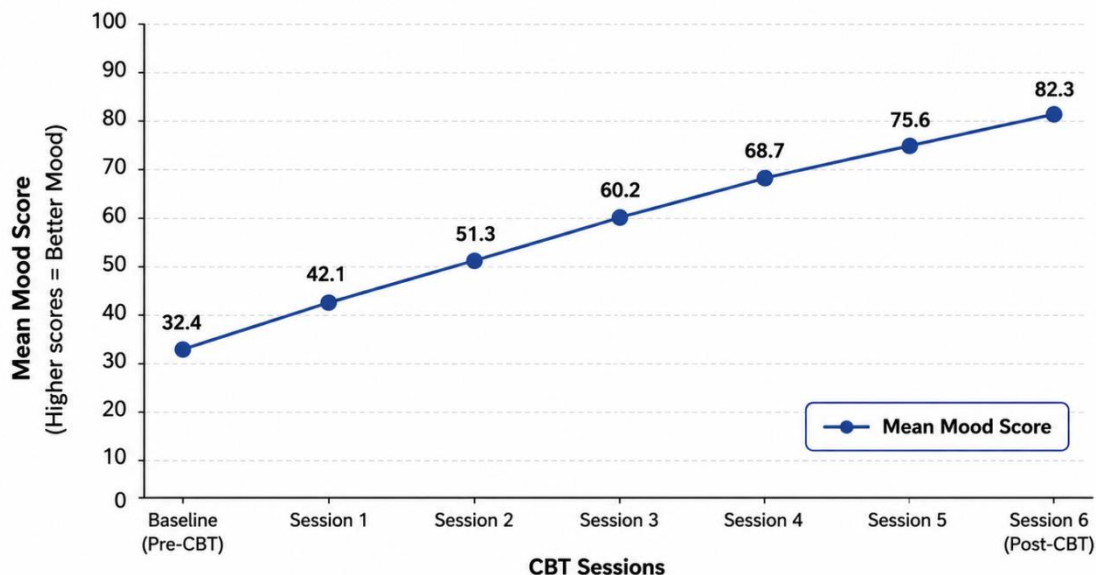


Figure 3. Improvement in Mood Scores Following CBT Sessions

Results

The findings demonstrated a significant reduction in depression scores following CBT intervention. The mean post-test depression score was considerably lower than the pre-test score.

Table 2. Comparison of Pre-test and Post-test Depression Levels

Depression Level	Pre-test	Post-test
Mild	15	38
Moderate	35	20
Severe	10	2

The table 2 indicates that severe and moderate depression levels reduced substantially after CBT intervention. The figure 4 graphical comparison of pre-test and post-test depression scores clearly demonstrates the effectiveness of Cognitive Behavioral Therapy in reducing depressive symptoms.

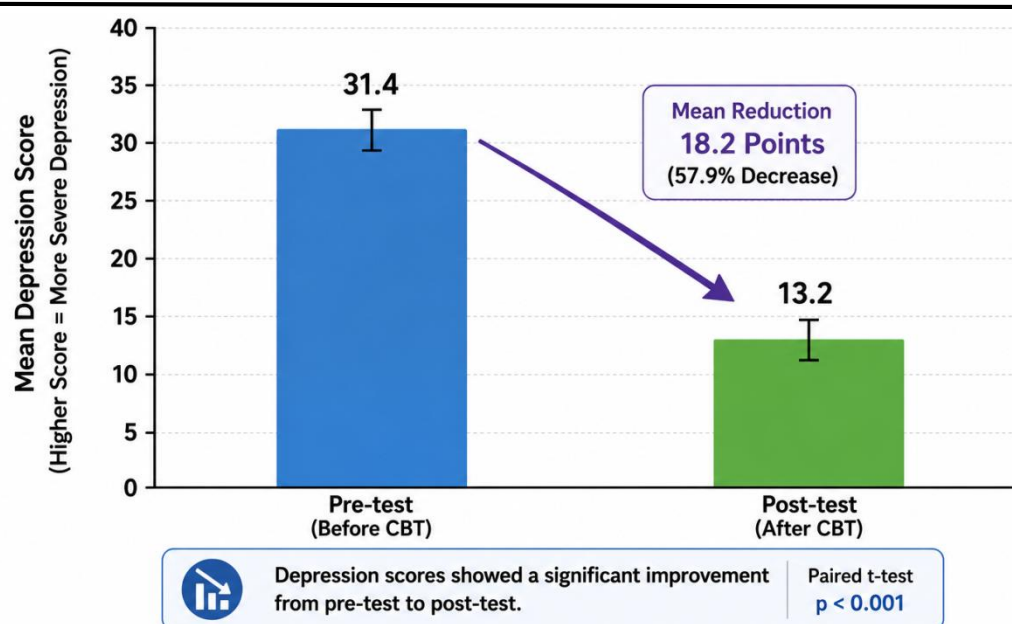


Figure 4. Comparison of Pre-test and Post-test Depression Scores

Discussion

The findings of the present study strongly support the effectiveness of Cognitive Behavioral Therapy (CBT) in reducing depression among elderly patients and improving their overall psychological well-being and quality of life (Cuijpers et al., 2021). The study demonstrated that elderly individuals who participated in structured CBT sessions showed significant reduction in depressive symptoms, emotional distress, and negative thinking patterns following the intervention (Bryant et al., 2020). CBT enabled participants to identify and challenge negative automatic thoughts associated with aging, chronic illness, dependency, loneliness, and hopelessness, which commonly contribute to depression among older adults (David et al., 2018). Cognitive restructuring techniques helped elderly individuals replace irrational beliefs and maladaptive cognitive patterns with healthier and more realistic perspectives, thereby improving emotional regulation and self-confidence (Beck, 2021). Many participants reported that CBT sessions helped them better understand the relationship between thoughts, emotions, and behaviors, allowing them to respond more positively to stressful life situations (Rouleau et al., 2020). Behavioral activation strategies included in the intervention encouraged elderly individuals to participate in meaningful daily activities, maintain social interaction, and engage in pleasurable experiences that improved mood and reduced social withdrawal (Hall et al., 2021). Increased participation in social and recreational activities enhanced emotional satisfaction, self-esteem, and motivation among elderly patients experiencing depression (Scogin et al., 2018). The findings are consistent with previous research studies that identified CBT as an effective psychological intervention for managing geriatric depression and improving coping ability among older adults (Reynolds et al., 2019). Elderly patients who received CBT reported improved mood, greater emotional stability, increased confidence, and reduced anxiety following repeated therapeutic sessions (Stanley et al., 2017). Participants also experienced better sleep patterns, reduced feelings of sadness, and enhanced ability to manage stress and illness-related concerns after the intervention (Thompson et al., 2018). Studies conducted in hospital settings have similarly demonstrated that CBT significantly improves emotional resilience and psychological functioning among elderly individuals admitted with chronic illnesses and physical disabilities (Lee et al., 2021). The present study further revealed that demographic variables such as chronic illness, marital status, social support, and living arrangements significantly influenced depression levels among elderly participants (Luppa et al., 2020). Elderly individuals living alone or lacking adequate family support demonstrated higher depression scores compared to those living with spouses or family members who provided emotional and social assistance (Van Orden et al., 2020). Social isolation and loneliness were identified as major contributors to depressive symptoms because elderly individuals with limited social interaction often experienced feelings of neglect, sadness, and emotional insecurity (World Health Organization, 2021). Chronic illnesses such as diabetes mellitus, hypertension, arthritis, and cardiovascular diseases also increased psychological distress and negatively affected emotional well-being among participants (Morimoto et al., 2021). The study findings emphasize the importance of providing comprehensive psychosocial support and mental health interventions for elderly individuals, particularly those experiencing loneliness, dependency, or chronic health conditions (Shah et al., 2021). As illustrated smoothly in **Figure 5**, behavioral activation strategies encouraged participants to engage in enjoyable and meaningful activities, which significantly improved mood, increased motivation, enhanced

social interaction, and reduced depressive symptoms among elderly individuals receiving CBT intervention (Zhang et al., 2020). Nurse-led CBT interventions also played a crucial role in improving therapeutic outcomes because nurses maintained regular interaction with elderly patients and provided emotional support, encouragement, and counseling throughout the intervention period (Yeh et al., 2019). The overall findings of the study clearly indicate that Cognitive Behavioral Therapy is an effective, evidence-based, and non-pharmacological intervention for reducing depression and promoting emotional well-being among elderly populations in hospital settings (Wang et al., 2022).

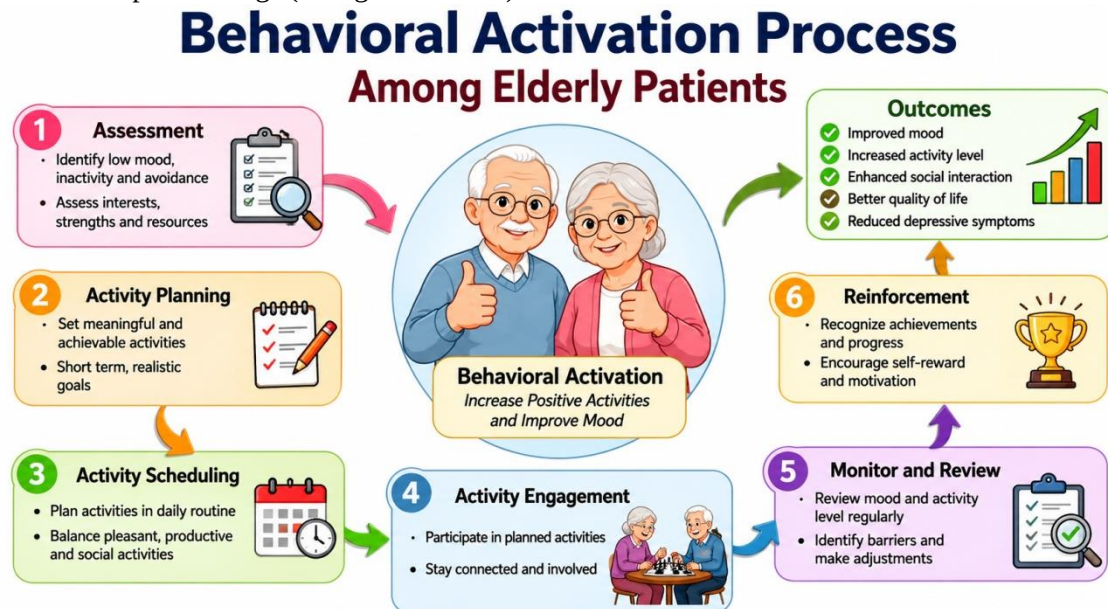


Figure 5. Behavioral Activation Process Among Elderly Patients

Nursing Implications

Nursing Practice

Nurses should incorporate psychological assessment and counseling into routine geriatric care. CBT-based interventions can improve emotional well-being among elderly patients.

Nursing Education

Nursing curricula should include training related to mental health assessment, CBT techniques, and geriatric counseling.

Nursing Administration

Hospital administrators should establish structured counseling services and mental health promotion programs for elderly patients.

Nursing Research

Further research should be conducted to evaluate long-term effectiveness of CBT and develop innovative approaches such as telehealth-based CBT interventions.

Conclusion

Depression among elderly patients is a significant public health problem that affects emotional well-being, physical health, social functioning, and overall quality of life. Elderly individuals often experience chronic illness, loneliness, dependency, social isolation, and emotional stress, which increase their vulnerability to depression. The present study demonstrated that Cognitive Behavioral Therapy (CBT) is highly effective in reducing depression among elderly patients admitted to selected hospitals. The intervention helped participants recognize negative thoughts, improve emotional regulation, and develop positive coping strategies for managing stress and psychological distress. CBT also improved self-esteem, confidence, social interaction, motivation, and emotional stability among elderly individuals. Behavioral activation strategies encouraged participants to engage in meaningful and enjoyable activities, thereby reducing loneliness and depressive symptoms. The findings highlight the importance of integrating psychological interventions into routine geriatric healthcare services. Healthcare professionals, especially nurses, play a crucial role in early identification, counseling, emotional support, and management of depression among elderly patients. Incorporating CBT into routine nursing care can significantly improve mental health outcomes and enhance the quality of life among older adults. Future research should focus on multicenter studies, long-term follow-up, family-centered approaches, and digital CBT interventions for sustainable mental health improvement.

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