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Physical Care Needs on Psychological Well-being among the Elderly Nuns in Mbarara Archdiocese

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Abstract: *This study examined the influence of physical care needs on the psychological well-being of elderly Catholic nuns in the Mbarara Archdiocese, Uganda. Despite the existence of faith-based care structures and national policy frameworks supporting older persons, many elderly nuns continue to experience age-related physical health challenges that may affect their psychological well-being. The study aimed to assess the influence of physical care needs on psychological well-being among elderly nuns. A convergent mixed-methods design was employed within a post-positivist paradigm. Quantitative data were collected from 213 elderly nuns using structured questionnaires, while qualitative data were obtained through focus group discussions, key informant interviews, and observation checklists. Quantitative data were analyzed using descriptive statistics, Pearson correlation, and linear regression, whereas qualitative data were analyzed thematically. Findings revealed that physical care needs were moderately met ($M = 3.418$, $SD = 0.763$), while psychological well-being was high ($M = 3.710$, $SD = 0.558$). A significant positive relationship existed between physical care needs and psychological well-being ($r = 0.532$, $p < .001$). Physical care needs significantly predicted psychological well-being ($\beta = 0.389$, $p < .001$), explaining 28.3% of its variance ($R^2 = .283$). Qualitative findings indicated adequate access to healthcare, nutrition, and emergency services, although gaps remained in mobility support, age-friendly infrastructure, structured exercise, and caregiving consistency. The study concludes that physical care is a significant determinant of psychological well-being and recommends strengthening geriatric services, age-friendly facilities, and institutional care systems to promote healthy and dignified ageing.*

Keywords: *Physical care needs, psychological well-being, elderly nuns, aging, Catholic religious communities, Mbarara Archdiocese, Uganda.*

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1. Introduction

The global aging population has heightened concern regarding the physical and psychological well-being of older adults, particularly those living in institutional and faith-based settings (Wells et al., 2012; World Health Organization [WHO], 2015). Elderly Catholic nuns constitute a unique population, shaped by lifelong communal living, disciplined routines, and spiritual commitment, yet they increasingly face age-related physical challenges that affect their quality of life and mental health (McManus, 2024).

Physical care needs including nutrition, medical attention, personal hygiene, mobility assistance, and management of chronic illness form the foundation of healthy aging (Maslow, 1943; WHO, 2015). When these needs are unmet, elderly persons are more likely to experience emotional distress, anxiety, depression, and diminished psychological well-being (Rodríguez-Gómez & Vega Molina, 2020). In Uganda, older persons face persistent barriers such as limited access to quality healthcare, insufficient financial resources, and inadequate institutional support systems, all of which compromise physical and psychological health (Gumikiriza-Onoria et al., 2022; Kyomugisha et al., 2025).

Among elderly nuns in the Mbarara Archdiocese, declining physical health often limits participation in communal prayer, ministry, and decision-making, thus

affecting autonomy, self-worth, and psychological stability (Cahill & Diaz-Ponce, 2017). Religious congregations, traditionally responsible for elderly care, are increasingly constrained by financial and human resource limitations, intensifying the vulnerability of aging sisters (Republic of Uganda, 2025).

Despite the recognized importance of physical care in later life, empirical studies focusing on its influence on psychological well-being among elderly nuns in Uganda remain limited. This study therefore examines the influence of physical care needs on psychological well-being among elderly nuns in the Mbarara Archdiocese, with the aim of informing holistic, faith-sensitive elderly care interventions that uphold dignity, autonomy, and well-being in old age.

1.1 Statement of the Problem

Globally and nationally, older persons experience increasing physical vulnerabilities, with more than 65% living with chronic illnesses and 40–50% experiencing mobility limitations that affect independence and psychological well-being (WHO, 2023; UBOS, 2024). These challenges highlight the need for comprehensive physical care systems that promote health, dignity, and well-being in later life.

In Uganda, policy frameworks such as the National Policy for Older Persons and the Social Assistance Grants for Empowerment (SAGE) programme seek to improve healthcare access and physical support for older persons. Nevertheless, over 60% of older persons continue to live with chronic illnesses, while nearly half experience functional limitations that increase vulnerability to psychological distress (MGLSD, 2020; Atim et al., 2022).

These challenges are also evident among elderly Catholic nuns, who are expected to benefit from structured institutional care and faith-based support systems. However, declining physical health, limited access to specialized geriatric services, and inadequate caregiving resources may restrict participation in communal prayer, ministry, and daily activities, thereby affecting psychological well-being. Studies further indicate that over 55% of elderly Catholic nuns report unmet emotional and psychological support needs, while 40–60% experience loneliness or depressive symptoms despite living in religious communities (Brandthill et al., 2001; Mugayehwenkyi, 2004; SLECN, 2023).

In the Mbarara Archdiocese, where more than 635 elderly Catholic nuns reside in designated elderly homes, church-based healthcare and caregiving structures are expected to provide adequate physical care. However, challenges related to chronic illness management, mobility support, and access to specialized healthcare persist, resulting in unmet physical care needs that may affect quality of life and psychological well-being (SLECN, 2023).

Despite existing policies and institutional support systems, significant physical care challenges remain among elderly Catholic nuns. Furthermore, limited empirical evidence exists on the relationship between physical care and psychological well-being among elderly Catholic nuns in Western Uganda. This knowledge gap necessitates research to inform evidence-based and faith-sensitive interventions. Therefore, this study examines the relationship between physical care and psychological well-being among elderly Catholic nuns in the Mbarara Archdiocese.

1.2 Objectives of the study

To examine the influence of physical care needs on psychological well-being among the elderly Nuns in Mbarara Archdiocese

2. Literature Review

Physical care is a critical component of healthy ageing and plays a significant role in promoting psychological well-being among older persons. As individuals age, they become increasingly vulnerable to chronic illnesses, functional limitations, and dependence on others for daily living activities. Meeting physical care needs through adequate healthcare, nutrition, mobility support, and caregiving services contributes not only to physical health but also to emotional stability, life satisfaction, and overall well-being. Existing literature demonstrates that inadequate physical care may increase the risk of psychological distress, anxiety, depression, and reduced quality of life among older adults. However, the relationship between physical care and psychological well-being is complex and may be influenced by social, institutional, and psychological factors. This section reviews the empirical and theoretical literature on physical care needs and psychological well-being, with particular attention to elderly Catholic nuns and the role of resilience in later life.

2.1 Empirical Literature on Physical Care Needs and Psychological Well-Being

Physical care constitutes a fundamental pillar of well-being in later life, particularly among older adults who experience increasing vulnerability due to chronic illness, functional decline, and dependence on others for daily living activities. The World Health Organization (WHO, 2015; 2023) estimates that more than 60% of older persons globally live with chronic health conditions requiring sustained healthcare, rehabilitation, and

caregiving support. In Uganda, inadequate geriatric healthcare services, resource constraints, and the growing population of older persons further heighten physical vulnerabilities, exposing many elderly individuals to reduced functional capacity and psychological distress (MGLSD, 2020; UBOS, 2024).

Empirical studies consistently demonstrate a strong relationship between physical care and psychological well-being among older persons. Golden (2009) observed that poor physical care contributes to increased anxiety, loneliness, and emotional distress among the elderly. Similarly, Hoban et al. (2011) reported that unmet physical care needs cause older adults to become increasingly preoccupied with health-related concerns, resulting in worry and reduced psychological well-being. Jacobson and Hallberg (2005) further found that inadequate physical care impairs cognitive functioning, emotional stability, and overall quality of life among ageing populations.

Research has also linked poor physical care to adverse lifestyle and health outcomes. Richard et al. (2017) found that inadequate care is associated with reduced physical activity, obesity, poor health behaviours, and declining mental health. Likewise, Killen (1998) reported that many older persons perceive dependence on caregivers as shameful, creating reluctance to seek assistance and thereby worsening both physical and psychological vulnerabilities. Stickley and Koyanagi (2016) further established that inadequate care contributes to depression, stress, cardiovascular illnesses, and suicidal ideation among older adults.

Social relationships have been identified as important factors that mitigate the negative effects of inadequate physical care. Ryan and Willits (2007) observed that positive social relationships enhance both physical health and psychological well-being, while weak social networks increase susceptibility to emotional distress. Similarly, Cacioppo and Hawkley (2003) found that limited social interaction, declining participation in community activities, and weakened social ties negatively affect self-esteem, belongingness, and psychological well-being among older persons. Allen (2008) further noted that limited interpersonal relationships contribute to emotional deprivation, thereby exacerbating the effects of inadequate care.

Studies have also shown that strong social ties can compensate for deficiencies in physical care. Crittenden et al. (2014) reported that supportive relationships improve health outcomes by reducing risks of infections, cardiovascular disease, cognitive decline, and other age-related conditions. Ali et al. (2018) similarly found that social networks provide emotional, psychological, and material support while facilitating access to healthcare services and improving overall well-being.

Among elderly Catholic nuns, physical care assumes particular importance because it directly affects participation in communal prayer, ministry, social interaction, and daily religious activities that constitute central aspects of their identity and vocation. Declining physical health may limit mobility, reduce independence, and increase dependence on caregivers, thereby affecting self-worth and emotional well-being. Cahill and Diaz-Ponce (2017) observed that reduced physical functioning among elderly religious women often results in feelings of dependency, loss of purpose, and diminished life satisfaction. Similarly, Ssensamba et al. (2019) reported that ageing nuns frequently experience challenges related to chronic illness management, access to healthcare, and age-related physical decline despite living in organized religious communities.

Research further indicates that participation in leisure and social activities can buffer the effects of declining physical health. Teopoel (2013) found that involvement in recreational and meaningful activities helps older persons cope with physical limitations and improve psychological well-being. Pettigrew (2007) similarly observed that hobbies, social interaction, and engagement in leisure activities promote emotional well-being and reduce the negative consequences of poor care among older adults. Delle Fave and Bassi (2003) further demonstrated that participation in structured activities contributes to both hedonic and eudaimonic well-being in old age.

Despite growing empirical evidence, most studies have focused on general elderly populations, with limited attention to elderly Catholic nuns whose communal lifestyle, spiritual commitments, and institutional care arrangements differ significantly from those of other older adults (Ssensamba et al., 2019; Mpofu et al., 2025). Furthermore, there remains limited context-specific evidence from Uganda and other Sub-Saharan African settings where elderly care is largely supported through religious institutions, community networks, and informal caregiving systems rather than formal geriatric care structures (Ntozi & Ahimbisibwe, 2014; MGLSD, 2020).

2.2 Theoretical Literature on Physical Care Needs and Psychological Well-Being

The relationship between physical care needs and psychological well-being can be understood through theories of ageing and adaptation that emphasize the role of personal resources in maintaining well-being despite physical decline. Psychological well-being in old age is influenced not only by the availability of physical care but also by an individual's capacity to adapt to health challenges and life transitions.

Emerging literature suggests that resilience functions as a key psychological resource that enables older persons to cope with physical limitations and maintain positive mental health outcomes. Resilience refers to the ability to adapt successfully in the face of adversity, stress, or significant life challenges. Taylor and Carr (2020) argue that resilience helps older adults maintain emotional stability and life satisfaction despite deteriorating physical health. Similarly, Kim et al. (2021) found that resilient individuals are better able to manage age-related health challenges, preserve a sense of purpose, and sustain psychological well-being.

From this perspective, physical care contributes to psychological well-being both directly and indirectly. Adequate healthcare, nutrition, mobility support, and caregiving enhance physical functioning and reduce health-related stressors. At the same time, these forms of care strengthen individuals' capacity to adapt to ageing-related challenges, thereby fostering resilience and positive psychological outcomes.

For elderly Catholic nuns, resilience may be particularly important because it enables them to navigate age-related physical decline while maintaining their spiritual commitments, social engagement, and sense of vocation. Their religious beliefs, communal living arrangements, and support systems may enhance resilience, helping them cope with physical limitations and preserve psychological well-being. Consequently, resilience provides an important theoretical explanation of how physical care can translate into improved psychological outcomes among elderly nuns.

Therefore, while existing literature identifies physical care as a critical determinant of psychological well-being in old age, resilience offers a useful theoretical lens for understanding the mechanisms through which physical care influences well-being. The present study builds on this perspective by examining the influence of physical care on psychological well-being among elderly Catholic nuns in the Mbarara Archdiocese, while recognizing resilience as an important psychological resource in later life.

3. Methodology

3.1 Research Design

The study adopted a mixed-methods approach within an interpretive-pragmatic framework to establish the relationship between spiritual support and psychological well-being among elderly Catholic nuns in the Mbarara Archdiocese, Western Uganda. A convergent mixed-methods design was employed to capture both the measurable dimensions of spiritual support and the subjective spiritual experiences that characterize religious life in old age (Creswell & Creswell, 2018; Patton, 2015). This design enabled the simultaneous collection and analysis of quantitative and qualitative data, thereby providing a comprehensive understanding of the study phenomenon.

3.2 Sampling and Sample Size

The study population comprised 635 elderly Catholic nuns aged 60 years and above residing in the five dioceses of the Mbarara Archdiocese. Using Yamane's (1967) formula, a sample size of 246 respondents was determined for the quantitative component of the study. Simple random sampling was employed to select respondents, ensuring that each eligible nun had an equal chance of participating in the study.

The formula is:

$$n = N / (1 + N(e^2))$$

Where:
- n = desired sample size
- N = estimated population size
- e = level of precision (margin of error), typically 0.05 for a 95% confidence level

Applying Yamane's formula with an estimated population of 635 and a 5% margin of error (e = 0.05), the sample size is calculated as:

$$n = 635 / (1 + 635(0.05)^2) = 246$$
$$= 635 / (1 + 635(0.0025))$$
$$= 635 / (1 + 1.25)$$
$$= 635 / 2.25$$
$$\approx 245.5$$

This sampling technique minimized selection bias and enhanced the representativeness of the sample. A total of 213 completed questionnaires were successfully returned and included in the final analysis. For the qualitative component, purposive sampling was used to identify participants with relevant knowledge and experience concerning elderly care and psychological well-being. The qualitative participants included elderly nuns, caregivers, and community superiors. These participants were selected because of their direct involvement in caregiving and their ability to provide rich and detailed information regarding the physical care experiences of elderly nuns. The combination of probability and non-probability sampling techniques ensured both breadth and depth in data collection.

3.3 Data Collection Tools

Data were collected using questionnaires, interview guides, focus group discussion guides, and observation checklists. Quantitative data were obtained through a structured self-administered questionnaire developed on a five-point Likert scale. The questionnaire measured aspects of physical care needs, including access to healthcare services, nutritional support, personal hygiene, mobility assistance, and support with activities of daily living. It also assessed dimensions of

psychological well-being such as self-acceptance, autonomy, purpose in life, and positive relationships with others.

Qualitative data were collected using in-depth interview guides and focus group discussion guides. These instruments enabled participants to describe their experiences regarding physical care, ageing, dependency, and emotional well-being. Observation checklists were used to assess physical living conditions, availability of healthcare facilities, accessibility of infrastructure, and the general care environment within religious communities. The use of multiple data collection tools facilitated triangulation and enhanced the trustworthiness of the findings.

3.4 Data Collection Procedure

Prior to data collection, ethical approval and authorization were obtained from the relevant institutional authorities and religious leadership. Permission was sought from the administrators of the participating dioceses and religious congregations. Participants were informed about the purpose of the study, the voluntary nature of participation, and their right to withdraw from the study at any stage without any adverse consequences. Written informed consent was obtained before participation.

Quantitative data were collected through the administration of questionnaires to selected respondents. The researcher, with the assistance of trained research assistants, distributed and collected the questionnaires from the selected religious communities. Concurrently, qualitative data were collected through in-depth interviews and focus group discussions involving elderly nuns, caregivers, and community superiors. Observations of care facilities and living environments were also conducted to supplement information gathered through interviews and discussions. The concurrent collection of quantitative and qualitative data enhanced methodological triangulation and strengthened the validity of the study findings.

3.5 Data Analysis

Quantitative data were coded, entered, and analyzed using STATA 18. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize respondents' characteristics and assess levels of physical care needs and psychological well-being. Pearson Product Moment Correlation analysis was conducted to establish the relationship between physical care needs and psychological well-being. Linear regression analysis was further performed to determine the predictive influence of physical care needs on psychological well-being among elderly Catholic nuns.

Qualitative data obtained through interviews, focus group discussions, and observation notes were transcribed, organized, coded, and analyzed thematically using NVivo software. Thematic analysis involved identifying recurring patterns, categories, and themes related to physical care experiences and psychological well-being. The findings from both quantitative and qualitative analyses were subsequently integrated during interpretation to provide a more comprehensive understanding of how physical care needs influence psychological well-being among elderly Catholic nuns.

3.6 Ethical Considerations

The study adhered to established ethical principles throughout the research process. Ethical approval was obtained from the relevant research and institutional authorities before data collection commenced. Participation in the study was voluntary, and informed consent was obtained from all participants after explaining the purpose, procedures, benefits, and potential risks associated with the study.

Confidentiality and anonymity were maintained by ensuring that participants' identities were not disclosed in any reports, publications, or presentations arising from the study. Data collected were securely stored and used solely for academic purposes. Participants were assured that they could decline to respond to any question or withdraw from the study at any point without penalty. Respect for participants' dignity, privacy, and well-being was maintained throughout the study, particularly given the advanced age of the respondents. These ethical safeguards ensured the protection of participants' rights and enhanced the integrity and credibility of the research process.

4. Results and Discussion

4.1 Respondent characteristics

This section presents the demographic and background information of the study participants, providing essential context for interpreting the subsequent findings. The respondents were elderly nuns drawn from various dioceses in Western Uganda and represented a wide range of age groups, educational backgrounds, occupational roles, and leadership experiences. Such diversity offers a comprehensive picture of the population under study and helps to explain variations in both physical care needs and psychological well-being.

Table 1:Respondent characteristics

	Freq.	Percent
Age		
60 – 64	78	36.62
65-69	22	10.33
70-74	32	15.02
75-79	30	14.08
80+ Years	51	23.94
Highest level of education		
None	4	1.88
Primary	35	16.43
Secondary	71	33.33
Tertiary	66	30.99
University	37	17.37
Occupation		
Caregiver	24	11.27
Chaplain	7	3.29
Community Member	49	22.97
Community Superior	25	11.73
Counsellor	20	9.39
Medical Personnel	18	8.45
None	23	10.8
Social Worker	47	22.06
Number of years in leadership roles		
21+ Years	42	19.72
16-20 Years	24	11.27
11-15 Years	32	15.02
5-10 Years	64	30.05
Less than 5	51	23.94
Diocese		
Fort Portal	40	18.78
Hoima	34	15.96
Kabale	48	22.54
Kasese	40	18.78
Mbarara	51	23.94

Source: Primary data 2025

The results show that participants were fairly distributed across different age brackets, with the largest proportion aged 60–64 years (36.62%), followed by those aged 80 years and above (23.94%). Their educational attainment varied, ranging from no formal education (1.88%) to university level (17.37%), with the majority having completed secondary (33.33%) or tertiary (30.99%) education. The respondents also engaged in a variety of roles within their religious communities, including caregivers, community members, superiors, chaplains, counsellors, medical personnel, and social workers. In addition, their leadership experience differed considerably, with some having served in leadership roles for over 21 years (19.72%), while others had less than 5 years of experience (23.94%).

Geographically, the participants were drawn from five dioceses, Fort Portal, Hoima, Kabale, Kasese, and Mbarara, ensuring that the perspectives captured in the study reflect the diverse contexts of Western Uganda.

4.2 Perception of physical care needs

This section highlights the key indicators used to assess the physical care needs of elderly nuns in Western Uganda. Physical care needs are conceptualized as the essential supports and services required to maintain health, functional independence, and overall quality of life in later years (World Health Organization, 2017). They encompass assistance with basic activities of daily living (ADLs) such as bathing, dressing, feeding, and mobility, as well as instrumental activities of daily living

(IADLs) including meal preparation, medication management, and access to healthcare services. Physical care needs also include preventive measures and safety interventions, such as fall prevention, regular health monitoring, access to emergency care, proper nutrition, and participation in age-appropriate physical activities. Conceptually, physical care needs represent the interface between an individual's functional capacities and the support systems available to sustain independence, minimize risk, and enhance well-being. By assessing these indicators, the study aims to provide a comprehensive understanding of the level and adequacy of physical support available to elderly nuns, as well as their perceived ability to cope with the physical demands of daily life.

Table 2: Respondents' perception of physical care needs

Physical Care Needs	n	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Std. dev.	Interpretation
PH1. I receive assistance with daily activities (e.g., bathing, feeding , dressing, toilet use, and grooming).	213	13.62%	19.25%	21.60%	24.88%	20.66%	3.197	1.335	Moderate
PH2. I am supported in maintaining physical mobility.	213	10.33%	24.88%	18.78%	27.70%	18.31%	3.188	1.282	Moderate
PH3. Adequate healthcare services are accessible to me.	213	5.63%	10.33%	21.60%	38.03%	24.41%	3.653	1.125	High
PH4. I have regular health check-ups.	213	7.04%	17.37%	22.07%	29.11%	24.41%	3.465	1.230	High
PH5. Physical safety measures help prevent falls or accidents.	213	7.98%	13.62%	20.66%	37.09%	20.66%	3.488	1.192	High
PH6. I receive appropriate nutrition and dietary care.	213	2.82%	7.98%	24.41%	37.09%	27.70%	3.789	1.027	High
PH7. My medications and health needs are regularly monitored.	213	3.29%	16.90%	23.00%	36.15%	20.66%	3.540	1.097	High
PH8. Physical activities are designed for my age and ability.	213	10.33%	18.78%	29.58%	26.76%	14.55%	3.164	1.196	Moderate
PH9. I have access to emergency medical care when needed.	213	7.04%	15.02%	16.90%	36.15%	24.88%	3.568	1.214	High
PH10. I feel my body is strong enough to cope with everyday life.	213	11.74%	17.84%	27.23%	32.39%	10.80%	3.127	1.181	Moderate
Overall	213						3.418	0.763	Moderate

Key: Likert Scale :5= Strongly agree (SA) , 4= Agree (A) , 3= Not sure (NS) , 2= Disagree (D) and 1= Strongly disagree (SD).

Legend: Likert Mean: less 3- Disagreement and greater than 3- Agreement. Legend: Very high (4.24 – 5.00), High (3.43 – 4.23), Moderate (2.62 – 3.42), Low (1.81 – 2. 61), Very Low (1.00 – 1.80)

Source: Primary data 2025

The findings on physical care needs indicate a moderate level of support among elderly Catholic nuns (M = 3.418, SD = 0.763). While several aspects of physical care were positively rated, both the qualitative findings and observational data reveal important gaps in the consistency, adequacy, and organization of physical care services.

PH1: I receive assistance with daily activities (bathing, feeding, dressing, toilet use, grooming). Most respondents were moderately positive about receiving daily assistance, with 24.88% agreeing and 20.66% strongly agreeing. However, 13.62% strongly disagreed and 19.25% disagreed, while 21.60% were neutral. This suggests that while some elderly nuns receive support, it is not consistently available to all. Qualitative findings confirmed this inconsistency, with one key informant noting that physical care was largely unstructured: "*Nothing specific, all come at random when the need arises or the individual asks*" (KII10). Similarly, observation findings showed that assistance with bathing, dressing, and feeding was available but limited and inconsistent across the facility.

PH2: I am supported in maintaining physical mobility. About 27.70% agreed and 18.31% strongly agreed that they receive help maintaining mobility. Conversely, 10.33% strongly disagreed and 24.88% disagreed, while 18.78% were neutral. This indicates moderate support for physical mobility, with some participants lacking sufficient assistance. The qualitative findings support this observation. One participant explained: "*Physical exercises and massaging is lacking… we don't have sisters who are competent in doing the massage. Sometimes when you feel pain like in your arm, it is difficult to get someone to help you*" (FGD–R1). Observation findings further revealed that mobility support was rarely provided and the use of mobility aids was insufficient.

PH3: Adequate healthcare services are accessible to me. Access to healthcare was rated more positively, with 38.03% agreeing and 24.41% strongly agreeing. Only 5.63% strongly disagreed and 10.33% disagreed, while 21.60% were neutral, showing that healthcare services are generally perceived as accessible. However, observational data indicated that accessibility to healthcare facilities still requires improvement and that some services were not readily available within the institution. Thus, although respondents perceived healthcare access positively, practical barriers continue to exist.

PH4: I have regular health check-ups. Respondents moderately agreed that they receive regular check-ups, with 29.11% agreeing and 24.41% strongly agreeing. A smaller proportion (7.04% strongly disagreed and 17.37% disagreed) indicated irregular monitoring, while 22.07% remained neutral. These findings align with observations showing that regular health check-ups are conducted within the institution. Nevertheless, observation findings also highlighted weaknesses in medication management and follow-up systems, suggesting that monitoring could be strengthened further.

PH5: Physical safety measures help prevent falls or accidents. High agreement was observed, with 37.09% agreeing and 20.66% strongly agreeing. Only 7.98% strongly disagreed and 13.62% disagreed, suggesting that most respondents feel that safety measures are effective in preventing accidents. However, qualitative and observational data painted a less favorable picture. Participants reported age-inappropriate infrastructure, with one elderly nun noting: "*Some of our toilets are quite low and with old age they can't support us*" (FGD–Concluding Reflection). Observation findings also revealed inadequate fall-prevention measures, exposing elderly nuns to increased risk of accidents despite generally positive survey responses.

PH6: I receive appropriate nutrition and dietary care. This item received the highest positive response, with 37.09% agreeing and 27.70% strongly agreeing. Disagreement was very low (2.82% strongly disagreed, 7.98% disagreed), indicating that nutrition and dietary care are generally well provided. This finding was supported by qualitative evidence. One key informant stated: "*We eat foods with a balanced diet. Sisters are always cared for*" (KII3). Nevertheless, observational findings noted that meals often lacked variety and nutritional richness, suggesting that although food provision exists, there is room for improvement in meal quality and diversity.

PH7: My medications and health needs are regularly monitored. About 36.15% agreed and 20.66% strongly agreed that their medications are monitored regularly. Some 3.29% strongly disagreed and 16.90% disagreed, with 23.00% neutral, suggesting generally positive perceptions of medical oversight but with some gaps. Observation findings, however, indicated that medication management practices were not adequately monitored, highlighting a discrepancy between respondents' perceptions and observed institutional practices.

PH8: Physical activities are designed for my age and ability. Moderate agreement was observed, with 26.76% agreeing and 14.55% strongly agreeing. Disagreement was higher than for several other items (10.33% strongly disagreed and 18.78% disagreed), while 29.58% were neutral, suggesting uncertainty regarding age-appropriate physical activities. Qualitative findings strongly reinforced this challenge. One participant remarked: "*There is also a lack of convenience areas where one can do some physical exercises. Like every time, if I am to do a rope, I have to go out to look for a tree where I can put it*" (FGD–R2). Observation findings similarly revealed minimal physical activities and a lack of dedicated exercise facilities, indicating limited promotion of active aging.

PH9: I have access to emergency medical care when needed. A majority of respondents reported access to emergency care, with 36.15% agreeing and 24.88% strongly agreeing. Only 7.04% strongly disagreed and

15.02% disagreed, while 16.90% were neutral, indicating strong but not universal access to urgent medical support. The observation checklist confirmed the presence of emergency medical care services but noted that emergency response systems require strengthening to ensure timely and effective support.

PH10: I feel my body is strong enough to cope with everyday life. Moderate agreement was observed, with 32.39% agreeing and 10.80% strongly agreeing. Disagreement was higher for this item, with 11.74% strongly disagreeing and 17.84% disagreeing, while 27.23% were neutral. These findings suggest that many elderly nuns experience declining physical capacity associated with aging. Qualitative findings support this conclusion, particularly the concerns about chronic pain, lack of exercise support, and inadequate infrastructure. As one participant explained: "*Sometimes when you feel pain like in your arm, it is difficult to get someone to help you*" (FGD–R1).

Overall, the quantitative findings indicate moderate satisfaction with physical care services, particularly in the areas of nutrition, healthcare access, health monitoring, and emergency medical support. However, qualitative and observational findings reveal significant shortcomings in mobility support, structured exercise programmes, adapted infrastructure, medication management, and consistent caregiving. The evidence suggests that physical care for elderly Catholic nuns remains largely reactive rather than preventive, with support often provided only when needs become apparent. As noted by one participant, care often occurs "*when the need arises or the individual asks*" (KII10). These findings underscore the need for a more comprehensive and systematic physical care framework that promotes active aging, safety, independence, and overall psychological wellbeing among elderly Catholic nuns.

4.3 Perception of psychological well-being

The Psychological Well-Being (PWB) dimension explores the mental and emotional health of elderly nuns, focusing on their autonomy, positive relationships, and self-acceptance. Conceptually, PWB is understood as a multidimensional construct that reflects an individual's ability to realize their potential, maintain meaningful relationships, cope with challenges, and experience life satisfaction (Ryff, 1989).

Autonomy assesses the extent to which individuals feel confident in expressing their opinions, make independent decisions, and evaluate themselves based on personal values rather than external influences. Positive relations examine the quality of social interactions, including trust, affection, and meaningful connections with friends, family, and community members, as well as the sense of purpose derived from social engagement. Self-acceptance evaluates respondents' satisfaction with their life experiences, confidence, and overall perception of their personality and identity.

Together, these indicators provide a comprehensive understanding of the nuns' psychological well-being, highlighting how they perceive their emotional resilience, social connectedness, and overall mental health in later life. By integrating both subjective perceptions and observable social interactions, the study situates PWB as a central framework for evaluating the holistic well-being of ageing nuns.

Table 3: Respondents' perception on psychological well-being

PSYCHOLOGICAL WELL-BEING	n	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Std. dev.	Interpretation
Autonomy									
AUT-01 I am not afraid to voice my opinions, even when they are in opposition to others.	213	4.69%	15.96%	22.54%	37.56%	19.25%	3.507	1.114	High
AUT-02 My decisions are not usually influenced by what everyone else is doing.	213	2.82%	12.68%	27.23%	39.91%	17.37%	3.563	1.010	High
AUT-03 I judge myself by what I think is important, not by the values of others.	213	2.35%	11.27%	21.60%	41.31%	23.47%	3.723	1.020	High
AUT-04 I have confidence in my opinions, even if they differ from the general consensus.	213	1.41%	11.74%	28.64%	47.42%	10.80%	3.545	0.887	High
Positive relations									
PR-01 Most people see me as loving and affectionate.	213	2.82%	7.04%	28.64%	41.78%	19.72%	3.685	0.961	High
PR-02 I enjoy personal and mutual conversations with family members or friends.	213	2.35%	3.29%	17.84%	45.54%	30.99%	3.995	0.914	High
PR-03 I often feel lonely because I have few close friends with whom to share my concerns.	213	10.80%	23.00%	23.47%	30.99%	11.74%	3.099	1.199	Moderate
PR-04 I know that I can trust my friends, and they know they can trust me.	213	1.41%	9.86%	24.41%	46.01%	18.31%	3.700	0.929	High
PR-05 Some people wander aimlessly through life, but I am not one of them.	213	3.29%	3.76%	22.07%	42.25%	28.64%	3.892	0.973	High
Self-Acceptance									
SA-01 When I look at the story of my life, I am pleased with how things have turned out.	213	3.76%	4.23%	18.78%	40.85%	32.39%	3.939	1.010	High
SA-02 I feel confident and positive about myself.	213	1.88%	5.16%	19.25%	47.42%	26.29%	3.911	0.909	High
SA-03 I like most aspects of my personality.	213	0.47%	4.69%	25.82%	42.72%	26.29%	3.897	0.863	High
SA-04 When I compare myself to friends and acquaintances, it makes me feel good about who I am.	213	4.23%	4.69%	24.88%	41.31%	24.88%	3.779	1.011	High
Overall	213						3.710	0.558	High

Key: Likert Scale :5= Strongly agree (SA) , 4= Agree (A) , 3= Not sure (NS) , 2= Disagree (D) and 1= Strongly disagree (SD).

Legend: Likert Mean: less 3- Disagreement and greater than 3- Agreement. Legend: Very high (4.24 – 5.00), High (3.43 – 4.23), Moderate (2.62 – 3.42), Low (1.81 – 2. 61), Very Low (1.00 – 1.80)

Source: Primary data 2025

The findings indicate that elderly Catholic nuns generally experience high levels of psychological wellbeing (M = 3.710, SD = 0.558). The dimensions of autonomy, positive relations, and self-acceptance were all positively rated. Qualitative findings further revealed that psychological wellbeing is strongly rooted in inner peace, self-worth, communal support, and spirituality.

AUT-01: I am not afraid to voice my opinions, even when they are in opposition to others (Mean = 3.507, SD = 1.114). Most respondents agreed (37.56%) or strongly

agreed (19.25%) that they feel comfortable expressing their opinions. About 20.65% disagreed or strongly disagreed, and 22.54% were neutral. This suggests that the majority experience a moderate to high sense of autonomy. The qualitative findings support this observation, as participants described psychological wellbeing as involving self-confidence, openness, and emotional maturity. One participant stated, "*Psychological well-being is most inner peace with oneself. Being tolerant and open to others. Ability to control all the actions and with old age, emotions are less*" (FGD – R5), suggesting confidence in expressing personal views while maintaining harmonious relationships.

AUT-02: My decisions are not usually influenced by what everyone else is doing (Mean = 3.563, SD = 1.010). A majority agreed (39.91%) or strongly agreed (17.37%), while 15.50% disagreed or strongly disagreed and 27.23% were neutral. This indicates moderate to high self-directed decision-making among respondents. Qualitative evidence suggests that this autonomy is reinforced by strong faith and a sense of purpose, enabling elderly nuns to make decisions guided by personal values and spiritual convictions rather than external pressures.

AUT-03: I judge myself by what I think is important, not by the values of others (Mean = 3.723, SD = 1.020). High agreement was reported, with 41.31% agreeing and 23.47% strongly agreeing. Only 13.62% disagreed or strongly disagreed, reflecting strong internal guidance and self-reliance. This finding aligns with the qualitative theme of positive self-regard. As one participant explained, "*I still value myself in the community and I see everything in a very positive way. I have a meaning in life*" (FGD – R1). This demonstrates that many elderly nuns maintain a strong sense of personal worth and meaning despite the challenges associated with aging.

AUT-04: I have confidence in my opinions, even if they differ from the general consensus (Mean = 3.545, SD = 0.887). Respondents moderately agreed (47.42%) or strongly agreed (10.80%), while 13.15% disagreed, indicating generally high confidence in personal opinions. The qualitative findings further suggest that confidence is reinforced by emotional maturity developed through age, religious commitment, and life experience.

PR-01: Most people see me as loving and affectionate (Mean = 3.685, SD = 0.961). High agreement was observed, with 41.78% agreeing and 19.72% strongly agreeing, while only 9.86% disagreed or strongly disagreed. This shows that respondents perceive themselves positively in social interactions. Qualitative findings confirm the importance of interpersonal relationships in sustaining wellbeing. Participants emphasized feelings of acceptance and belonging within their religious communities.

PR-02: I enjoy personal and mutual conversations with family members or friends (Mean = 3.995, SD = 0.914). Strong agreement was evident, with 45.54% agreeing and 30.99% strongly agreeing, and only 5.64% in disagreement, indicating that meaningful social interactions are highly valued. Supporting this finding, one participant stated, "*I feel I am loved and appreciated in my community, they care and support me"* (FGD – R2). This highlights the role of social connectedness and communal solidarity in promoting emotional wellbeing.

PR-03: I often feel lonely because I have few close friends with whom to share my concerns (Mean = 3.099, SD = 1.199). Moderate agreement was reported, with 30.99% agreeing and 11.74% strongly agreeing about experiencing loneliness. In contrast, 33.80% disagreed or strongly disagreed, suggesting that while some respondents feel lonely, most maintain adequate social connections. Qualitative findings provide additional insight into this issue. Although communal support exists, participants noted the absence of structured psychosocial programmes to address emotional difficulties. One key informant observed, "*They are not helped… sometimes it depends on the personality of somebody*" (KII1), suggesting that emotional support is largely informal and may not adequately address loneliness among all elderly nuns.

PR-04: I know that I can trust my friends, and they know they can trust me (Mean = 3.700, SD = 0.929). High agreement, with 46.01% agreeing and 18.31% strongly agreeing, indicates strong mutual trust among respondents. Qualitative findings similarly reveal that feelings of love, care, and acceptance strengthen social trust and emotional security within the community.

PR-05: Some people wander aimlessly through life, but I am not one of them (Mean = 3.892, SD = 0.973). Respondents agreed (42.25%) or strongly agreed (28.64%) that they have a sense of purpose, with only 7.05% disagreeing. This reflects a strong sense of life direction and meaning. The qualitative findings reinforce this observation, with participants consistently expressing purpose and fulfillment. As one elderly nun remarked, "I still value myself in the community and I see everything in a very positive way. I have a meaning in life" (FGD – R1).

SA-01: When I look at the story of my life, I am pleased with how things have turned out (Mean = 3.939, SD = 1.010). High agreement, with 40.85% agreeing and 32.39% strongly agreeing, indicates satisfaction with life achievements and experiences. The qualitative findings suggest that such satisfaction is closely connected to a sense of fulfillment derived from religious vocation and spiritual growth.

SA-02: I feel confident and positive about myself (Mean = 3.911, SD = 0.909). Respondents agreed (47.42%) or strongly agreed (26.29%), with only 7.04% disagreeing, reflecting strong self-confidence. This finding is supported by participants' descriptions of maintaining positive self-regard and a constructive outlook on life despite aging-related limitations.

SA-03: I like most aspects of my personality (Mean = 3.897, SD = 0.863). High agreement, with 42.72% agreeing and 26.29% strongly agreeing, and minimal disagreement (5.16%), indicates positive self-perception and acceptance. Qualitative findings further revealed that many elderly nuns have developed emotional maturity and acceptance of themselves through years of religious life and spiritual reflection.

SA-04: When I compare myself to friends and acquaintances, it makes me feel good about who I am (Mean = 3.779, SD = 1.011). Most respondents agreed (41.31%) or strongly agreed (24.88%), with only 8.92% in disagreement, reflecting healthy self-acceptance and satisfaction with personal identity. These findings correspond with narratives of self-worth, gratitude, and life satisfaction expressed during the interviews.

Overall, the quantitative findings reveal that psychological wellbeing among elderly Catholic nuns is generally high, characterized by autonomy, strong interpersonal relationships, purpose in life, and positive self-acceptance. While some respondents reported loneliness, the majority described meaningful social connections and emotional stability. The qualitative findings further demonstrate that psychological wellbeing is deeply grounded in spiritual faith, communal support, and inner peace. As one participant explained, "*Old age has made us know that everything is in God's hands*" (FGD – R4), while another emphasized that "*Visiting the Blessed Sacrament is the main point. But also going for prayers to calm down in case there are emotions*" (KII3). These findings suggest that prayer, faith, self-acceptance, and supportive relationships serve as important resources for maintaining psychological wellbeing among elderly nuns. However, the absence of structured psychological support systems observed in the qualitative findings indicates a need to complement these strengths with formal psychosocial interventions to further enhance emotional resilience and wellbeing in later life.

4.4 Correlation and regression analysis

Table 4:Correlational analysis showing the relationship between physical care needs and psychological well-being among the elderly nuns in western Uganda

Variable	1	2
1. Physical Care Needs	1.000	
2. Psychological Well-Being	0.5319 (0.0000)	1.000

Source: Primary data 2025

Table 6 presents the results of the correlational analysis examining the relationship between physical care needs and psychological well-being among elderly nuns in Western Uganda. The analysis shows a positive correlation of r = 0.532 between physical care needs and psychological well-being, indicating a moderate and statistically significant relationship ($p < 0.001$). The statistically significant correlation underscores the interconnectedness of physical and mental health in later life, highlighting that addressing physical care needs is not only essential for functional independence but also plays a critical role in enhancing emotional resilience, life satisfaction, and overall quality of life. These results reinforce the necessity of implementing structured physical care programs, improving access to healthcare services, and ensuring consistent support within congregational settings to promote holistic well-being among ageing nuns.

Table 5:Regression analysis showing the relationship between physical care needs and psychological well-being among the elderly nuns in western Uganda

Predictor	B	SE	t	p	95% CI for B
Physical Care Needs	0.389	0.043	9.12	< .001	[0.305, 0.473]
Constant	2.380	0.149	15.94	< .001	[2.086, 2.675]

$F(1, 211) = 83.25$, $p < .001$, $R^2 = .283$, Adjusted $R^2 = .280$, RMSE = 0.474.
Source: Primary data, 2025.

Table 7 presents the results of the regression analysis examining the effect of physical care needs on psychological well-being among elderly nuns in Western Uganda. The model shows that physical care needs significantly predict psychological well-being **(**$\beta = 0.389$, $p < 0.001$), indicating that for every one-unit increase in physical care support, psychological well-being increases by 0.389 units. The model explains approximately 28.3% of the variance in psychological well-being **(**$R^2 = 0.283$, Adjusted $R^2 = 0.280$**),** and the overall model is statistically significant **(**$F(1, 211) = 83.25$, $p < 0.001$**).** The results suggest that elderly nuns

who receive adequate physical support experience higher autonomy, self-acceptance, and positive social relations, reflecting better emotional resilience and life satisfaction.

4.5 Discussion

This aligns with recent research showing that person-centered physical care and supportive environments significantly enhance psychological well-being in older adults (Agbangla et al., 2023; Lin et al., 2025; Lorber et al., 2025). The findings indicate that addressing physical care needs is not only crucial for maintaining functional independence but also plays a pivotal role in promoting holistic well-being by reducing vulnerability, supporting mental health, and enhancing overall quality of life.

Overall, the interpretation underscores the importance of implementing structured, comprehensive, and consistent physical care interventions within congregational settings to strengthen both the physical and psychological resilience of elderly nuns, highlighting the interconnectedness of physical support and mental health in later life.

4.6 Hypothesis testing

Based on the regression results presented in Table7 , the null hypothesis that there is no statistically significant influence of physical care needs on psychological well-being among elderly nuns in Western Uganda is rejected. The alternative hypothesis is supported, as physical care needs significantly predict psychological well-being ($\beta = 0.389$, $p < 0.001$). This indicates that for every one-unit increase in physical care support, psychological well-being increases by 0.389 units. The model explains approximately 28.3% of the variance in psychological well-being ($R^2 = 0.283$, Adjusted $R^2 = 0.280$), and the overall model is statistically significant ($F(1, 211) = 83.25$, $p < 0.001$). These findings demonstrate that providing adequate physical care is a key determinant of enhanced psychological well-being among the elderly nuns. Overall, the chapter underscores the critical role of physical care in promoting holistic well-being and emotional resilience in later life. The findings highlight the need for comprehensive care policies, adequate staffing, and resource allocation within congregational settings to ensure that elderly nuns receive consistent support that addresses both their physical and psychological needs. This evidence provides a strong foundation for developing interventions and strategies aimed at improving quality of life, mental health, and functional independence among ageing religious populations

5.Conclusion and Recommendations

5.1 Conclusion

This study examined the influence of physical care needs on psychological well-being among elderly nuns in Mbarara Archdiocese and established a strong and statistically significant relationship between the two variables. The findings demonstrate that access to quality healthcare services, adequate nutrition, safe and age-friendly housing, and assistance with activities of daily living are fundamental determinants of psychological well-being in later life. Elderly nuns whose physical care needs were adequately met reported lower levels of stress, anxiety, and emotional distress, alongside higher levels of life satisfaction, self-esteem, emotional stability, and perceived dignity.

The study confirms that physical care is not merely a biological necessity but a psychological safeguard that confers a sense of security, comfort, and worth. Where physical care was inadequate or inconsistent, elderly nuns experienced heightened vulnerability to psychological distress, including feelings of neglect, dependence, and fear of illness. The findings thus reinforce the premise that physical care constitutes the foundational pillar upon which psychological well-being in old age is built, particularly within communal and faith-based environments.

In conclusion, ensuring consistent, age-sensitive, and dignified physical care is indispensable for promoting psychological well-being among elderly nuns in Mbarara Archdiocese. Sustainable elderly care must therefore prioritize physical care as a core intervention in enhancing mental and emotional health in religious aging populations.

5.2 Recommendations

Based on the findings of this study, physical care needs significantly influence the psychological well-being of elderly Catholic nuns. Therefore, the following recommendations are proposed:

1. **The Ministry of Health (MoH) of Uganda** should develop and operationalize faith-responsive geriatric healthcare guidelines that include routine health screening, chronic disease management, mental health support, and referral systems tailored to elderly Catholic nuns living in religious communities. The Ministry should also integrate convents and retirement homes into community-based health outreach programs.
2. **Religious congregations and diocesan authorities** should strengthen physical care services by investing in age-friendly infrastructure, mobility aids, adequate nutrition,

routine medical care, and safe recreational facilities. Such interventions would enhance physical functioning, independence, and psychological well-being among elderly nuns.

3. **Religious communities and caregivers** should establish structured and consistent caregiving programs that include regular physical exercise, health monitoring, psychosocial support, and caregiver training in geriatric care. These measures would promote healthy ageing, improve quality of life, and sustain the psychological well-being of elderly Catholic nuns.

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