PROFESIONAL HEALTH JOURNAL
Volume 7, No. 2 (Page. 993-1009)
Available Online at https://www.ojsstikesbanyuwangi.com/index.php/PHJ/index
E-ISSN 2715-6249
DOI: https://doi.org/10.54832/phj.v7i2.1516

Psychological Experiences of Older Adults Living in a Nursing Home: A Phenomenological Study

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ARTICLE INFORMATION

Article history
Received (9 June 2026)
Revised (21 July 2026)
Accepted (31 July 2026)

Keywords
older adults; nursing home; psychological experiences; phenomenology; resilience

ABSTRACT

Background: *Population ageing has led to a growing number of older adults residing in nursing homes, where separation from family, adjustment to institutional living, and age-related changes may profoundly influence psychological well-being. Although psychological problems among institutionalized older adults have been widely documented, less is known about how they interpret and give meaning to these experiences in their everyday lives.*
Objective: *This study explored the lived psychological experiences of older adults residing in a nursing home in Indonesia.*
Methods: *A qualitative study using a descriptive phenomenological approach was conducted at Kasih Ibu Nursing Home, Balongan, Indramayu, Indonesia. Seven older adults were purposively recruited based on predetermined inclusion criteria, and data saturation was achieved after the seventh interview. Data were collected through in-depth semi-structured interviews and analyzed using Colaizzi's phenomenological method. The trustworthiness of the findings was established through credibility, dependability, confirmability, and transferability.*
Results: *Seven interconnected themes emerged from the participants' narratives: loneliness, anxiety, grief, spiritual struggle despite sustained faith, self-acceptance, coping efforts to overcome loneliness, and hope for family reconnection. The participants described institutional living as a continuous process of adapting to emotional separation from family while confronting physical decline, uncertainty, and multiple life losses. Despite experiencing psychological vulnerability, they demonstrated resilience by drawing upon spirituality, acceptance, meaningful daily activities, and enduring hope of reconnecting with their families.*
Conclusions: *Older adults living in nursing homes experience complex psychological challenges that encompass emotional, social, and spiritual dimensions. Their lived experiences reflect an ongoing negotiation between vulnerability and resilience rather than psychological distress alone. These findings underscore the importance of person-centred nursing care that strengthens family connectedness, psychosocial support, opportunities for meaningful social engagement, and spiritual care. As a qualitative phenomenological study conducted within a single institutional setting, the findings are intended to provide an in-depth contextual understanding rather than statistical generalization.*

Introduction

Population ageing has become one of the most significant demographic transformations of the twenty-first century, bringing profound implications for health systems, long-term care services, and social support worldwide. (Gianfredi et al., 2025) The World Health Organization estimates that by 2030 one in every six people globally will be aged 60 years or older, while the number of older adults is projected to increase from approximately 1.1 billion in 2023 to 2.1 billion by 2050. (*Ageing: Global Population*, n.d.) As longevity increases, maintaining psychological well-being has become an essential component of healthy ageing because mental

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health substantially influences functional independence, quality of life, and successful adaptation during later life. (Grigoraș et al., 2025) Loneliness, social isolation, bereavement, and declining functional capacity are recognized as important determinants of psychological distress among older adults, particularly those requiring long-term institutional care. (Cano et al., 2024)

Indonesia is experiencing a similar demographic transition. (Juanita et al., 2022) Recent national statistics indicate a continuous increase in the proportion of older adults, reflecting the country's progression toward an ageing population. (*Ageing and Health*, n.d.) This demographic shift has generated growing demand for long-term care services, including residential nursing homes, particularly for older adults who have limited family support, experience chronic illness, or require continuous assistance in daily living. (Wu et al., 2025) Although family-based care remains the predominant model in Indonesian society, social and demographic changes including urbanisation, migration, declining household size, and changing family structures have gradually increased the need for institutional care for some older adults. (Qibthiyyah & Utomo, 2016)

Relocation to a nursing home represents a major life transition that extends beyond a change in physical residence. (Arvidsson et al., 2024)(Verspeek et al., 2025) For many older adults, institutionalisation involves separation from familiar environments, disruption of long-established social roles, reduced autonomy, and diminished daily interaction with family members. These changes may trigger complex psychological responses, including loneliness, anxiety, grief, uncertainty, and a perceived loss of identity. (Reynolds et al., 2022)(Rohmah & Ardelia, 2026) Nevertheless, institutional living may also provide opportunities for adaptation, acceptance, social connectedness, and renewed meaning through supportive relationships, spiritual practices, and structured daily activities. (Haim-Litevsky et al., 2023) Consequently, psychological experiences among nursing home residents are dynamic and multidimensional rather than uniformly negative. (Xu et al., 2026)

Previous research has consistently documented high levels of depression, anxiety, loneliness, social isolation, and reduced quality of life among institutionalised older adults. (Luo, 2023)(Silva et al., 2024) Quantitative studies have successfully identified associated risk factors and estimated the prevalence of psychological problems, while qualitative investigations have explored selected aspects of adaptation to institutional life. (Luo, 2023)(Turgut Atak & Bebiş, 2024) However, much of the existing evidence remains focused on discrete psychological outcomes rather than examining how older adults themselves construct meaning from living in a nursing home as an integrated life experience. (Cojocaru et al., 2025) Consequently, the interrelationship among emotional vulnerability, spiritual meaning, adaptive coping, self-acceptance, and enduring attachment to family remains insufficiently understood, particularly within the Indonesian sociocultural context, where filial responsibility and intergenerational connectedness continue to shape expectations regarding later-life care. (Absor, 2020)

Understanding these lived experiences is particularly important because psychological well-being cannot be fully explained through clinical symptoms or standardized assessment scores alone. (Oben, 2020)(Missel et al., 2025) A phenomenological perspective enables researchers to explore how older adults interpret everyday experiences, negotiate personal losses, preserve dignity, and sustain hope while adapting to institutional living. (Taina et al., 2025) Such understanding may provide valuable insights for nurses and other healthcare professionals in developing person-centred interventions that address emotional, social, and spiritual needs alongside physical care. (Dos Santos et al., 2022)

Kasih Ibu Nursing Home, located in Balongan District, Indramayu Regency, West Java, provides residential care for older adults with diverse social, economic, and family backgrounds. Preliminary observations conducted before the study indicated that several residents frequently expressed feelings of loneliness, concerns regarding deteriorating health, limited contact with family members, and difficulties adapting to communal living. At the same time, some residents

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demonstrated remarkable resilience through acceptance of their circumstances, engagement in daily activities, spiritual practices, and supportive interactions with fellow residents. (Howard et al., 2023) These contrasting experiences suggested that psychological adaptation within institutional care is complex, context-dependent, and deeply embedded in individual life histories. (Wang et al., 2025)

Therefore, this study aimed to explore the lived psychological experiences of older adults residing at Kasih Ibu Nursing Home, Balongan, Indramayu, Indonesia, using a descriptive phenomenological approach. By examining participants' subjective meanings and interpretations of institutional living, this study seeks to contribute a more comprehensive understanding of the emotional, social, and spiritual dimensions of psychological adaptation among institutionalised older adults. The findings are expected to provide evidence that informs holistic, person-centred nursing care and psychosocial interventions designed to promote psychological well-being and quality of life in nursing home settings.

Methods

Study Design

This study employed a qualitative descriptive phenomenological design to explore and understand the psychological experiences of older adults residing in a nursing home. A phenomenological approach was selected because it facilitates an in-depth exploration of how individuals perceive, interpret, and assign meaning to their lived experiences. This design enabled the researchers to capture the subjective psychological realities of institutionalized older adults from their own perspectives while preserving the richness and complexity of their narratives.

Study Setting and Participants

The study was conducted at Kasih Ibu Nursing Home, Balongan District, Indramayu Regency, West Java, Indonesia, between February and March 2023. Kasih Ibu Nursing Home provides residential care for older adults from diverse family, social, and economic backgrounds who require long-term support.

Participants were recruited using purposive sampling to ensure that those selected were able to provide rich and relevant information regarding the phenomenon under investigation. Eligible participants were aged 60 years or older, had resided in the nursing home for at least three months, were able to communicate verbally, were physically and cognitively capable of participating in an interview, and voluntarily agreed to participate by providing written informed consent. Older adults who experienced severe physical illness, cognitive impairment that interfered with communication, or emotional distress during the interview process were excluded from further participation.

Recruitment continued until data saturation was achieved. Saturation was reached after interviews with seven participants, as no substantially new meanings or thematic insights emerged from subsequent analysis.

Data Collection

Data were collected through face-to-face semi-structured in-depth interviews conducted in a private room within the nursing home to ensure participant comfort and confidentiality. Each interview lasted approximately 45–60 minutes and was audio-recorded with participants' permission. Field notes were maintained throughout data collection to document non-verbal expressions, emotional responses, environmental context, and researchers' immediate reflections that were not fully captured by audio recordings.

The interviews were conducted by the principal researcher, a nursing lecturer with experience in gerontological nursing and qualitative research. Before commencing data

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collection, the researcher reviewed qualitative interviewing techniques and adopted a reflexive approach to minimise personal assumptions during the interview process. No prior therapeutic or personal relationship existed between the interviewer and participants before recruitment.

Interviews were conducted in Bahasa Indonesia, the language preferred by participants to facilitate open communication. Audio recordings were transcribed verbatim immediately after each interview. Quotations presented in this manuscript were translated into English for publication while preserving their original meaning through careful comparison between the Indonesian transcripts and the translated versions.

An interview guide consisting of open-ended questions was used to encourage participants to describe their experiences freely. Examples of guiding questions included:

- *Can you describe your experience of living in this nursing home?*
- *What feelings do you experience most often while living here?*
- *How do you usually cope when you feel lonely, worried, or sad?*
- *What does your family mean to you at this stage of your life?*
- *What hopes do you still have for the future?*

Additional probing questions were used to clarify participants' responses and to obtain richer descriptions whenever necessary.

Participants were informed that they could decline to answer any question or withdraw from the interview at any time without consequence. If signs of emotional discomfort appeared during the interview, the interview was temporarily paused and resumed only after the participant indicated willingness to continue. No interviews were terminated because of emotional distress.

Data Analysis

Data analysis followed Colaizzi's seven-step phenomenological method. Each transcript was read repeatedly to obtain a holistic understanding of participants' narratives. Significant statements directly related to the psychological experiences of living in the nursing home were identified and extracted. Meanings were then formulated from these statements while remaining faithful to participants' intended perspectives. Similar meanings were subsequently grouped into thematic clusters, from which broader themes describing the essence of the phenomenon were developed inductively.

The analysis was conducted collaboratively by two researchers with experience in qualitative research. Each researcher independently reviewed and coded the interview transcripts before discussing the emerging interpretations. Differences in coding or theme development were resolved through discussion until consensus was achieved. The final thematic structure was refined through repeated comparison with the original transcripts to ensure that the findings accurately reflected participants' lived experiences.

Representative quotations were selected to illustrate each theme while maintaining participant anonymity through the use of participant codes.

Trustworthiness

The rigor of the study was established according to the criteria of credibility, dependability, confirmability, and transferability.

Credibility was enhanced through prolonged engagement during data collection, iterative questioning, and member checking. Participants were invited to verify whether the researchers' interpretations accurately reflected their experiences after preliminary thematic analysis.

Dependability was supported through systematic documentation of the research process, including interview procedures, field notes, coding decisions, and analytical development, thereby creating an audit trail that enhanced transparency and consistency.

Confirmability was maintained through reflexive journaling and regular discussions among the research team to minimise the influence of personal assumptions during data collection and

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analysis. Before conducting interviews, the researchers consciously reflected on and bracketed their prior beliefs regarding psychological experiences among institutionalized older adults.

Transferability was facilitated by providing detailed descriptions of the research setting, participant characteristics, cultural context, and study procedures, enabling readers to determine the applicability of the findings to similar contexts.

Ethical Considerations

Ethical approval was obtained from the Ethics Committee of STIKes Aksari Indramayu (Approval No. 15/KEP.STIKes Aksari/II/2025). The study adhered to the ethical principles of the Declaration of Helsinki. Before participation, all participants received verbal and written explanations regarding the study objectives, interview procedures, confidentiality, voluntary participation, and their right to withdraw at any time without penalty. Written informed consent was obtained prior to data collection. Participant identities were anonymized throughout transcription, analysis, and reporting to ensure confidentiality.

Results

Participant Characteristics

Seven older adults participated in this study. Participants were purposively selected because they were considered capable of providing rich descriptions of their psychological experiences while residing in the nursing home. They varied in age, gender, marital status, educational background, duration of residence, and health conditions, thereby providing diverse perspectives that enriched the understanding of the phenomenon.

Table 1. Characteristics of Participants

Participant	Age (years)	Sex	Marital Status	Length of Stay	Main Health Condition
P1	65	Female	Widowed	5 years	Hypertension
P2	60	Male	Married	3 years	Diabetes mellitus
P3	60	Female	Widowed	1 year	Osteoarthritis
P4	65	Male	Widowed	2 years	Chronic wound
P5	62	Female	Single	4 years	Hypertension
P6	61	Female	Widowed	5 years	Visual impairment
P7	64	Male	Widowed	3 years	Stroke sequelae

Following Colaizzi's phenomenological analysis, seven interconnected themes emerged that collectively described the psychological experiences of older adults living in the nursing home. Although each theme represents a distinct aspect of participants' experiences, they were closely interwoven and reflected an ongoing process of psychological adaptation to institutional living.

Table 2. Theme Development Using Colaizzi's Phenomenological Analysis

Significant Statement	Formulated Meaning	Theme Cluster	Final Theme
"I miss my children every day."	Emotional separation from family	Family attachment	Loneliness
"I worry about my illness."	Fear of declining health	Future uncertainty	Anxiety

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"Life is no longer the same."	Loss of previous identity	Multiple losses	Grief
"I cannot worship as before."	Physical limitation affects worship	Spiritual adaptation	Spiritual struggle despite sustained faith
"I have accepted my life here."	Acceptance of present condition	Psychological adaptation	Self-acceptance
"I keep myself busy helping others."	Active coping	Meaningful engagement	Coping efforts to overcome loneliness
"I still hope my family visits me."	Hope sustains emotional resilience	Family reconnection	Hope for family reconnection

Theme 1
Loneliness: Losing Daily Family Belonging Rather Than Social Contact

Loneliness emerged as the dominant psychological experience shared by nearly all participants. However, loneliness was not merely described as the absence of social interaction within the nursing home. Rather, participants portrayed loneliness as the loss of emotional belonging that had previously been fulfilled through daily relationships with spouses, children, and other family members. Although they lived alongside other residents, emotional fulfilment remained closely associated with family presence.

One participant expressed:

"I do not have children, and I prefer staying here rather than living with relatives. Sometimes I feel lonely, but I try not to burden anyone." (P5)

Another participant reflected:

"I always hope someone from my family will come. Even a short visit would make me feel remembered." (P2)

These narratives indicate that loneliness was experienced as emotional disconnection rather than physical solitude. Participants continued to long for affection, recognition, and a sense of belonging that institutional care alone could not fully replace.

Theme 2
Anxiety: Living With Uncertainty About Health and the Future

Participants frequently described anxiety arising from declining physical health, uncertainty regarding future care, and concerns about becoming increasingly dependent on others. Their worries extended beyond illness itself to fears of facing deterioration without family support.

One participant stated:

"When my illness gets worse, I often wonder who will take care of me." (P4)

Another participant shared:

"Sometimes I think about what will happen if I become completely dependent." (P6)

These experiences illustrate that anxiety reflected anticipation of an uncertain future in which physical decline was closely intertwined with emotional vulnerability.

Theme 3
Grief: Mourning the Loss of Relationships, Roles, and Previous Life

Grief was expressed not only following bereavement but also through the gradual loss of familiar life roles, independence, home, and meaningful social relationships. Participants described grief as an ongoing emotional process accompanying ageing and institutionalisation.

One participant recalled:

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"There is no one responsible for me anymore." (P3)

Another explained:

"Sometimes I remember my old home and wonder how different my life used to be." (P1)

The findings suggest that grief represented cumulative losses rather than a single life event.

Theme 4

Spiritual Struggle Despite Sustained Faith

Although several participants reported declining participation in religious practices because of illness or physical limitations, spirituality remained an enduring source of comfort and hope. Participants acknowledged that while their ability to perform religious rituals had diminished, their faith continued to provide inner strength during difficult times.

One participant stated:

"I cannot pray as often as before, but I still remember God every day." (P7)

Another participant reflected:

"Even when I cannot worship perfectly, I believe God understands my condition." (P2)

These accounts illustrate that spirituality functioned as an adaptive psychological resource rather than merely a religious practice.

Theme 5

Self-Acceptance as Psychological Adaptation

Acceptance gradually developed as participants adjusted to life in the nursing home. Rather than reflecting resignation, self-acceptance represented an active psychological process through which participants reconstructed meaning and acknowledged circumstances beyond their control.

One participant shared:

"I have accepted that this is where I live now. I am grateful because people here care about me." (P1)

Another stated:

"I leave everything to God and try to live peacefully every day." (P6)

Theme 6

Coping Through Meaningful Daily Engagement

Participants employed various coping strategies that enabled them to manage loneliness and emotional distress. Rather than remaining passive, they actively sought meaningful activities, interacted with fellow residents, watched television, participated in communal activities, and helped others.

One participant explained:

"Helping other residents makes me feel useful." (P4)

Another stated:

"Talking with friends here makes the day pass more easily." (P5)

These activities helped restore a sense of purpose and social connectedness despite institutional living.

Theme 7

Hope for Family Reconnection

Despite prolonged residence in the nursing home, participants consistently maintained hope that meaningful relationships with family members could still be restored. Hope became an important psychological resource that enabled participants to endure emotional hardship.

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One participant stated:
"My greatest wish is to see my family again." (P2)
Another participant expressed:
"I still believe my children will visit someday." (P7)
Rather than representing unrealistic expectations, hope reflected participants' continuing search for emotional connection and meaning.

Essence of the Phenomenon

The lived psychological experience of older adults residing in the nursing home was characterised by an ongoing negotiation between emotional vulnerability and adaptive resilience. Institutional living was experienced as more than physical relocation; it represented a profound transition involving separation from family, loss of previous roles, and adjustment to changing health conditions. Nevertheless, participants gradually reconstructed meaning through spirituality, self-acceptance, meaningful daily engagement, supportive relationships within the nursing home, and enduring hope for family reconnection. Their experiences illustrate that psychological adaptation in later life is not a linear movement from distress to acceptance, but a dynamic process in which loneliness, grief, hope, faith, and resilience coexist throughout everyday life.

Discussion

Psychological Experiences as a Dynamic Process of Vulnerability and Resilience

This study explored the lived psychological experiences of older adults residing in a nursing home and revealed that institutional living was experienced as a continuous process of negotiating emotional vulnerability and adaptive resilience. Although participants encountered loneliness, anxiety, grief, and spiritual challenges, these experiences were not interpreted as isolated psychological conditions. Instead, they formed interconnected responses to ageing, separation from family, declining physical health, and adaptation to a new living environment. At the same time, participants demonstrated resilience through self-acceptance, spirituality, meaningful daily activities, and enduring hope for family reconnection. These findings suggest that psychological well-being among institutionalized older adults is dynamic, with emotional distress and psychological adaptation coexisting throughout everyday life. (Rodrigues et al., 2023)(Fang et al., 2025)

Rather than portraying nursing home residence solely as a source of psychological suffering, the findings indicate that institutional living also creates opportunities for adaptation and meaning-making. (Rijnaard et al., 2016)(Blackler et al., 2023) This perspective extends previous studies that primarily describe institutionalization as a risk factor for depression, anxiety, or reduced quality of life by illustrating how older adults actively reconstruct meaning despite experiencing multiple losses. (Silva et al., 2024) Such findings reinforce the importance of understanding older adults as active agents in their own psychological adaptation rather than passive recipients of care. (Briede Westermeyer et al., 2025)

Loneliness Reflects the Loss of Emotional Belonging Rather Than Social Isolation Alone

Loneliness emerged as the dominant psychological experience among participants. However, participants did not simply describe being alone; instead, they described losing emotional connectedness with family members who had previously represented affection, identity, and security. Living alongside other residents did not completely compensate for the absence of meaningful family relationships, indicating that emotional belonging remained central to psychological well-being.

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This finding is consistent with previous qualitative and quantitative studies reporting that loneliness among nursing home residents is more closely associated with perceived relationship quality than with the frequency of social interaction. (Lim et al., 2023)(Rautiainen et al., 2026) Emotional attachment to family continues to shape older adults' sense of identity even after institutionalization. (Patterson & Margolis, 2023) Within the Indonesian cultural context, where filial responsibility and family cohesion are deeply embedded social values, separation from family may be experienced not only as physical distance but also as emotional disconnection. (Setiyani & Windsor, 2019) Consequently, feelings of loneliness may become intensified because institutional care differs from traditional cultural expectations regarding family caregiving. (Huertas-Domingo et al., 2021)

These findings suggest that interventions designed to reduce loneliness should move beyond increasing recreational activities alone. Nursing interventions should also facilitate meaningful communication with family members, strengthen emotional relationships, and create opportunities for sustained family involvement in residents' daily lives. (Gardiner et al., 2018)(Resna et al., 2022)

Anxiety Originated From Uncertainty Rather Than Physical Illness Alone

Participants described anxiety primarily as uncertainty regarding their future rather than merely concern about current illness. Worries about progressive physical decline, dependence on others, and the possibility of facing illness without family support were repeatedly expressed during interviews. This finding indicates that anxiety among institutionalized older adults reflects existential uncertainty as much as medical concerns. (Paramitha et al., 2026)

Previous studies have similarly identified declining functional ability and fear of dependency as important contributors to anxiety during later life. (Goodarzi et al., 2024) However, the present findings suggest that these concerns become more pronounced when older adults perceive limited emotional support from family members. (Song et al., 2026) Therefore, psychological distress cannot be separated from the broader social context in which ageing occurs. (Herdian et al., 2022)

From a nursing perspective, addressing anxiety requires more than symptom management. Comprehensive gerontological nursing should incorporate emotional reassurance, future care planning, and communication that strengthens older adults' perceptions of safety and support within institutional settings. (Akyirem et al., 2022)

Grief Represents Multiple Losses Across the Ageing Process

The findings demonstrated that grief extended beyond bereavement and reflected cumulative losses experienced throughout ageing. Participants mourned the loss of spouses, family relationships, independence, previous social roles, familiar environments, and personal identity. Institutionalization therefore represented not only relocation but also a profound life transition involving multiple forms of psychological loss. (Ismayilova et al., 2023)

This interpretation supports contemporary gerontological perspectives that describe ageing as a process involving repeated adaptation to cumulative life changes. (Menassa et al., 2023)(Gaviano et al., 2024) Participants' narratives illustrated that grief remained an ongoing emotional process rather than a discrete event. Their experiences further emphasize the importance of recognising grief responses even when they are unrelated to recent bereavement. (Tey & Lee, 2025)

Accordingly, nursing care should acknowledge grief as a normal psychological response and provide opportunities for emotional expression, life review, and supportive counselling to facilitate healthy adaptation. (Gautam, 2023)

Spirituality Functioned as an Enduring Psychological Resource

Although physical limitations reduced participants' ability to perform religious practices, spirituality remained a significant source of psychological strength. Participants distinguished

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between the inability to perform religious rituals and the preservation of personal faith, suggesting that spirituality extended beyond observable religious activities. (Murphy, 2017)(Kokorelias et al., 2026)

Within Indonesian society, spirituality often constitutes an integral component of psychological adaptation during later life. (Khuzaimah et al., 2023) Participants frequently interpreted acceptance, gratitude, and hope through spiritual beliefs, allowing them to find meaning despite declining health and family separation. This finding indicates that spiritual well-being should be understood as an important psychological resource rather than solely a religious practice. (Bożek et al., 2020)

Consequently, nursing homes should facilitate opportunities for worship, spiritual counselling, and culturally appropriate religious activities that respect residents' beliefs while accommodating physical limitations. (Cameron et al., 2024)

Self-Acceptance Facilitated Psychological Adaptation

Acceptance emerged as a gradual adaptive process through which participants reconstructed meaning after experiencing substantial life changes. Rather than reflecting resignation or helplessness, acceptance enabled participants to reinterpret their current circumstances more positively and continue engaging in everyday life. (Li et al., 2025)(Brik et al., 2026)

The present findings support psychological theories suggesting that successful ageing involves adaptive meaning-making rather than the absence of adversity. (Trică et al., 2024) Participants who expressed greater acceptance also appeared more capable of maintaining emotional stability despite continuing experiences of loneliness and grief. This observation illustrates that resilience does not eliminate emotional suffering but instead enables individuals to continue functioning despite persistent challenges. (Mauss, 2025)

These findings highlight the importance of nursing interventions that encourage self-reflection, emotional support, and strengths-based approaches capable of fostering psychological resilience among institutionalized older adults. (Han & Yeun, 2024)

Meaningful Activities Reduced Emotional Distress

Participants actively engaged in various daily activities, including social interaction, helping fellow residents, and participating in communal routines. These activities provided opportunities to maintain social roles, preserve self-worth, and reduce emotional distress. Helping others, in particular, appeared to restore participants' sense of usefulness despite age-related limitations.

This finding reinforces previous evidence demonstrating that meaningful engagement contributes positively to psychological well-being among older adults. (Lorber et al., 2025) More importantly, participants' narratives suggest that the psychological value of these activities lies not in occupying time but in preserving dignity, purpose, and interpersonal connection. (Mellado et al., 2024)

Therefore, recreational programmes within nursing homes should emphasize meaningful participation rather than passive entertainment alone. (Zhang et al., 2025)

Hope Sustained Psychological Resilience

Hope for family reconnection remained remarkably strong despite prolonged institutionalization. Participants continued believing that meaningful relationships with family members could still be restored, and this expectation appeared to sustain emotional resilience throughout daily life.

Rather than representing unrealistic optimism, hope functioned as a psychological resource that enabled participants to tolerate loneliness, uncertainty, and grief. (Jurišová et al., 2023)(Wielgopolan et al., 2023) Maintaining hope also preserved participants' motivation to engage with everyday life and strengthened their sense of future possibility despite adverse circumstances. (Laranjeira & Querido, 2022)(Saripah & Asiah, 2023)

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These findings emphasize that nursing professionals should support opportunities for maintaining family relationships while recognizing hope as an essential component of psychological well-being. (Barbosa et al., 2026)

Implications for Nursing Practice

The findings underscore the need for holistic, person-centred nursing care that addresses emotional, social, and spiritual dimensions alongside physical health needs. Routine psychological assessment should be integrated into long-term care to identify loneliness, grief, anxiety, and spiritual concerns at an early stage. Family-centred interventions that encourage regular communication and meaningful involvement of relatives may strengthen emotional connectedness and reduce psychological distress. In addition, structured social activities, peer-support programmes, opportunities for spiritual expression, and counselling services should be incorporated into routine nursing home care to promote resilience and psychological well-being among residents.

Study Limitations

Several limitations should be acknowledged when interpreting these findings. First, the study was conducted in a single nursing home, and participants were recruited purposively; therefore, the findings reflect the experiences of a specific group of older adults within a particular sociocultural context and are not intended for statistical generalization. Second, although data saturation was achieved, the relatively small number of participants may not capture the full diversity of psychological experiences among institutionalized older adults in other settings. Finally, participants' narratives were influenced by their individual life histories and health conditions, which may differ across nursing homes with varying organisational and cultural characteristics. Future qualitative studies involving multiple institutions and diverse cultural settings may further enrich understanding of psychological adaptation among older adults receiving long-term residential care.

Conclusion

This phenomenological study provides an in-depth understanding of the psychological experiences of older adults residing in a nursing home. The findings demonstrate that institutional living is experienced as a dynamic process in which emotional vulnerability and adaptive resilience coexist. Participants encountered loneliness, anxiety, grief, spiritual challenges, self-acceptance, adaptive coping, and hope for family reconnection as interconnected dimensions of their everyday lives. Rather than representing isolated psychological responses, these experiences reflected continuous efforts to adapt to ageing, separation from family, declining health, and institutional living while preserving personal meaning and emotional well-being.

The findings highlight the importance of delivering holistic, person-centred nursing care that addresses emotional, social, and spiritual needs alongside physical health. Nursing interventions should strengthen family involvement, facilitate meaningful social engagement, promote spiritual support, and provide opportunities for psychological expression and adaptive coping. Such approaches may enhance psychological well-being and improve the quality of life of older adults residing in long-term care facilities.

Because this study was conducted within a single nursing home using a qualitative phenomenological approach, the findings are intended to provide contextual and experiential insights rather than statistical generalization. Future qualitative studies involving multiple residential care settings and diverse sociocultural contexts are recommended to further expand

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understanding of psychological adaptation among institutionalized older adults and to inform the development of evidence-based psychosocial and nursing interventions.

Ethics Approval And Consent To Participate

This study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki. Ethical approval was obtained from the Ethics Committee of STIKes Aksari Indramayu (Approval No. 15/KEP.STIKes Aksari/II/2025). Before participation, all participants received verbal and written explanations regarding the study objectives, interview procedures, confidentiality, voluntary participation, and their right to withdraw from the study at any time without consequence. Written informed consent was obtained from all participants prior to data collection. To protect participants' privacy, all identifying information was removed from interview transcripts, and participant anonymity was maintained throughout data analysis and reporting.

Acknowledgments

The authors sincerely thank STIKes Aksari Indramayu for supporting this study. The authors are also grateful to the management and staff of Kasih Ibu Nursing Home, Balongan, Indramayu, for facilitating the research process and creating a supportive environment for data collection. Most importantly, the authors express their deepest appreciation to all older adults who generously shared their personal experiences and trusted the researchers with their life stories. Their valuable contributions made this study possible.

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Available Online at https://www.ojsstikesbanyuwangi.com/index.php/PHJ/index
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DOI: https://doi.org/10.54832/phj.v7i2.1516

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