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Exploring Older Adults' Experiences and Coping Strategies for Loneliness: A Case Study

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Abstract

Background: Older adults are a vulnerable to physical, psychological, and social changes associated with aging, including loneliness. As loneliness can affect their psychological well-being and quality of life, understanding the coping strategies they use is essential.
Objective: This study aims to explore the experiences and coping strategies of an older adult residing in a nursing home in dealing with loneliness in old age.
Methods: This qualitative descriptive case study included one purposively selected older adult living in a nursing home. Data were collected using a semi-structured and non-participant observation through face-to-face interview, transcribed verbatim, and analyzed using thematic analysis by generating codes, grouping them into categories, and developing themes. This study was conducted as part of nursing care while adhering to ethical principles.
Results: The findings identified three themes: feelings of loneliness and helplessness, emotional coping strategies, and social support from the shelter community. Intervies were conducted in Indonesian and Sundanese and subsequently translated into English for this manuscript.
Conclusion: Participants' experiences of loneliness were influenced by limited family interaction, nursing home living conditions, and age-realted physical and social decline. Participants used emotional regulation, self-acceptence, spiritual coping, and solitary behavior to cope with loneliness. Social support from fellow residents, staff, students, and the community helped reduce participants' loneliness by providing emotional support and social interaction. These findings highlight routine psychosocial assessment and psychosocial interventions to reduce loneliness among older adults.

Keywords: Coping strategies, elderly, loneliness, nursing home, social support.

INTRODUCTION

The growing elderly population presents a significant challenge in the field of health, as the aging process causes not only physical changes but also psychological and social changes (1,2). As they age, older adults experience a decline in physiological capacity, reduced organ function, and increased vulnerability to various health problems (3). In addition to physical problems, older adults are also vulnerable to psychosocial issues, one of which is loneliness (4). Loneliness in older adults is a subjective experience that arises when their social relationships do not meet their expectations or needs (5).

Loneliness is a psychological problem commonly found among older adults, particularly among those who have lost a spouse, are separated from their families, have experienced a decline in physical abilities, or face limitations in fulfilling social roles (6). These conditions can impact the psychological well-being and health of older adults (7). Various studies show that loneliness is associated with an increased risk of depression, sleep disorders, cognitive decline, physical health problems, and even increased mortality in older adults (6). Older adults living in nursing homes are known to have a higher risk of experiencing loneliness compared to those living with family or in the community (5).

In coping with loneliness, older adults use various coping strategies to adapt to the changes and losses they experience (8). Coping strategies are an individual's efforts to manage internal and external stressors in order to maintain psychological balance (9). Previous research has shown that older adults may employ various forms of coping—such as emotion-focused coping, problem-focused coping, and religious coping—to deal with feelings of loneliness (8). However, older adults' subjective experiences of loneliness and the coping mechanisms they use can vary from person to person and are influenced by their social context and living environment (10).

Sister Callista Roy's Theory of Adaptation explains that individuals are constantly adapting to various stimuli originating from their internal and external environments. In the context of older adults, loneliness can be viewed as a stimulus that requires an adaptive response so that individuals can maintain their emotional and psychological well-being (11).

Although previous studies have identified various coping strategis used by older adults to manage loneliness, limited research has explored their contextual experiences within Indonesian nursing homes. Based on initial observations and interviews conducted at the nursing home, some older adults experiences loneliness due to limited social interaction, loss of loved ones, and restrictions in daily activities. These conditions promted this study to explore the experiences and coping strategies of older adults in dealing with loneliness, thereby providing a deeper understanding of their psychological well-being and generating evidence to inform gerontological nursing practice and psychological interventions.

METHODS

Study Design

This study employed a qualitative descriptive approach using a case study design to explore te experiences and coping strategies of an adult dealing with loneliness in a nursing home.

Sample

The study involved one participant selected through purposive sampling. The participant was a 78-year-old elderly person residing at the nursing home who met the inclusion criteria and agreed to participate in the study.

Instruments

Data were collected using a semi-structured interviews guide developed based on the study objectives to explore older adults' experiences of loneliness and coping strategies (12). non-participant observation was also conducted to obtain contextual information regarding the participant's emotional expressions, social interactions, and daily activities.

Data Collection

Face-to-face semi-structured interviews and non-participant observation were conducted in Indonesian and Sundanese, audio-recorded with the participant's consent, transcribed verbatim, and translated into English for this manuscript.

Data Analysis

The interview transcripts were analyzed using thematic analysis. The researchers repeatedly reviewd the transcripts, generated initial codes, grouped similar codes into categories, and developed broader themes representing the participant's experiences. The themes were reviewed against the original data ensure concistency and credibility.

Ethical Considerations

This study was conducted as part of nursing care while adhering to ethical principles.

RESULTS

Table 1. Thematic Categorization

Category	Theme
Theme 1	
Loneliness resulting from the loss of a loved one Lack of social connections and interpersonal interactions Feelings of being abandoned and neglected Helplessness due to physical limitations	Feelings of loneliness and helplessness
Theme 2	
Spiritual approaches as coping mechanisms Acceptance and resignation to one's circumstances Emotional management through distraction	Emotional coping strategies
Theme 3	
Emotional support from residents and staff at the care facility	Social support from the shelter community

In this study, the participant was Mrs. S, a 78-year-old elderly woman who had been living at the nursing home for approximately four years after being brought there by her nephew because she had neither a husband nor children who could care for her at home. The participant has a history of hypertension, gout, and cataracts; she underwent surgery in 2025 and uses a walking cane in her daily activities due to knee pain. The interview results indicate that the participant feels lonely due to her infrequent interactions with family and limited opportunities to spend time with her loved ones. During the interview, the participant rarely made eye contact, often lowered her head, displayed a sad expression, and spoke in a soft voice when recounting her experiences of loneliness.

Based on the analysis of the interview data, three main themes emerged: feelings of loneliness and helplessness, emotional coping strategies, and social support from the shelter community.

The observations made during the data collection process were also supported by the participants' statements, which corroborated these findings, thereby providing a more comprehensive picture of the participants' experiences.

Theme 1. Feelings of Loneliness and Helplessness

The participants' feelings of loneliness were influenced by their personal circumstances and the social environment at the nursing home. The loss of spouses and close family members as sources of emotional support, *"...that's exactly why (my family) hasn't been here in a long time"* and *"of course, I miss (my family)"*, *"hehe, I just want to get together with my family"*, played a role. A tendency to limit social interactions, as well as feelings of helplessness due to the aging process and declining physical abilities: *"...yeah, I limit myself; I just don't want to (socialize)"*, *"Ahhh, these days it's just too hard—I keep slipping and spraining my ankle."* Participants also expressed a perception of their own limitations in adapting to technological advancements: *"They (family) want to give me a cell phone, but I just can't figure out how to use it—I don't even know how to find the colors on the screen; I don't want one,"* as well as in carrying out daily activities, accompanied by comparisons between their current condition and the past when they were still more independent and physically strong, *"...back then, I used to carry a 20-kg sack of rice on my back."*

In addition, the home environment, which was perceived as unsupportive—including residents who were reluctant to interact—further intensified the participants' feelings of loneliness: *"…. It's as quiet as a graveyard"*, "*I feel sad, but I can't even sleep well"*, *"I just don't want to—especially with Yatmi; she's just that kind of person who doesn't want to socialize, and as for Atikah, she's a bit off her rocker."*

Theme 2. Emotional Coping Strategies

The emotional coping strategies used by participants in dealing with feelings of loneliness were demonstrated through efforts to manage

emotions through self-acceptance, *"just let it be; whatever Allah wills"*, emotional regulation "*I feel sad, but not deeply"*, and a spiritual approach *"when I'm sad, I like to serve (worship) Allah".* Participants tended to use religious coping and an attitude of acceptance toward their circumstances as a way to adjust to the emotional situations they faced and to help reduce feelings of loneliness.

***Theme 3*. Social Support from The Shelter Community**

Social support from the shelter environment was one of the key factors in the participants' experiences of loneliness, coming from fellow residents, staff, students, and social activities within the shelter: *"When there are lots of students, playing games, chatting"*, and *"... there are many students, so we can joke around, confide in each other..."* and *"I know them—in fact, the people over there (the neighbors across the way on the left) are all really nice"*. This support is demonstrated through attention, care, verbal encouragement, and opportunities for interaction that help participants feel noticed, accepted, and supported in their daily lives*: "... Everyone is nice, and the staff are nice too ...."* Overall, the presence of social support from the shelter community plays a role in helping participants cope with feelings of loneliness and improve their emotional well-being during their stay at the shelter.

DISCUSSION

Based on the results of the case study, three main themes emerged that describe the participants' experiences of loneliness while living in a nursing home: feelings of loneliness and helplessness, emotional coping strategies, and social support from the shelter community (13). These three themes indicate that older adults' experiences of loneliness are influenced by personal factors, physical conditions, and the quality of social relationships in their living environment (14).

The first theme, feelings of loneliness and helplessness, describes the participants' experiences in coping with limited interaction with family, the loss of a primary source of emotional support, and changes in physical condition due to the aging process (15). Participants showed a tendency to limit social interaction and felt restricted in performing daily activities (16). Perceptions of an inability to use communication technology and a decline in physical capacity reinforced the feelings of helplessness they experienced (17,18). Participants also compared their current condition to the past when they still had greater physical strength. These findings align with research indicating that loneliness among older adults is influenced by psychological, situational, and spiritual factors, as well as changes in family support patterns (19). Furthermore, physical limitations are known to reduce mobility and social engagement and increase the risk of loneliness among older adults (20,21). A nursing home environment perceived as unsupportive—such as limited quality of relationships with fellow residents—also contributes to the participants' experience of loneliness. These conditions align with research showing that older adults in nursing homes are more vulnerable to loneliness due to limited family interaction and less meaningful social relationships (22). Roy's adaption theory about loneliness can be viewed as focal stimulus that challenges older adults' adaptive capacity. The participant's feeling helpleness reflected an ineffective adaptive response, as physical decline and limited family interaction reduces the ability to maintain psychosocial integrity (23).

The second theme, emotional coping strategies, indicates that participants employed various forms of coping to deal with loneliness, particularly through emotion regulation, acceptance, and religious approaches (24). According to Roy's adaption theory, emotional regulation, acceptence, and spiritual coping represent adaptive responses that help older adults cope with loneliness (23). Participants expressed feelings of sadness but tended to try to control or not dwell too much on the emotions they felt. In addition, spiritual approaches through worship and an attitude of acceptance became strategies used to maintain emotional balance. These findings are consistent with research indicating that emotional coping can be achieved through positive reinterpretation, emotional regulation, or other forms of adaptation when facing stressful situations (25). Other studies also explain that acceptance and religious coping strategies are mechanisms commonly used by individuals when facing unchangeable circumstances (24).

The third theme, social support from the shelter community, revealed that social relationships within the nursing home environment play a

significant role in the participants' emotional experiences. Support came from staff, fellow residents, students, and social activities taking place within the nursing home (26). Within Roy's framework, social support represents an environmental contextual stimulus tat facilities adaption (23). The forms of support received included emotional attention, verbal support, instrumental assistance, and opportunities to interact and share stories. The presence of shared activities also served as a source of social engagement that helped reduce the participants' feelings of isolation. These findings support research (27) showing that social support has a negative correlation with levels of loneliness among older adults. Other studies have also indicated that social support contributes to the well-being, motivation, and quality of life of older adults (28).

The results of this case study indicate that experiences of loneliness among older adults in social care facilities are influenced by various interrelated factors, including personal circumstances, coping strategies, the quality of social support, and limited family relationships. These findings have implications for gerontological nursing practice regarding the importance of a comprehensive assessment of psychosocial aspects, particularly those related to feelings of loneliness, coping mechanisms, and social support among older adults living in nursing homes. This study is limited by its single-case design involving one participants, which provides an in-depth understanding of an individual experience but limits the transferability of the findings to other settings. Future studies involving multiple participants across different nursing homes are recommended to strengthen the applicability of the findings.

CONCLUSION

The results of a case study conducted through in-depth interviews show that the experience of loneliness among older adults in nursing homes is influenced by various factors, including limited interaction with family, living conditions, and physical and psychological changes resulting from the aging process. The feelings of loneliness experienced by the participants were accompanied by feelings of helplessness resulting from a decline in physical abilities, limited mobility, and reduced social engagement in daily life.

In coping with these conditions, participants employed emotional coping strategies such as emotional regulation, acceptance, and spiritual approaches through worship, as well as choosing to rest or spend time alone as a way to deal with feelings of loneliness. In addition, social support from the nursing home environment—including staff, fellow residents, students, and social activities—played a role in providing emotional attention, opportunities for interaction, and helping to reduce feelings of isolation. These findings indicate that experiences of loneliness among older adults are influenced not only by personal circumstances but also by the coping mechanisms they employ and the quality of social support available in their living environment.

These findings emphasize the importance of psychosocial assessment and structured social support in gerontological nursing practice. Future studies involving multiple participants and different care settings are needed to improve the transferability of the findings.

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Conflict of Interest

The author declares that there are no conflicts of interest, whether personal, financial, or professional that could influence the reporting of the research results.

Author Contribution

Study conception and design: JS
Data collection: JS
Data analysis and interpretation: JS, ID
Drafting of the article: JS
Critical revision of the article: ID
All authors have read and agreed to the published version of the manuscript.

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