

Phenomenological Experiences of Grief Among Elderly Following Family Loss in Indonesia: A Roy's Adaptation Model-Based Inquiry

Nur Hasanah Maulidina¹, Syaifurrahman Hidayat¹, Nailiy Huzaimah¹, Sri Yunita Suraida Salat², Maulana Widi Andrian²

¹ Department of Nursing, Faculty of Health Sciences, Wiraraja University, Sumenep, East Java, Indonesia

² Department of Midwifery, Faculty of Health Sciences, Wiraraja University, Sumenep, East Java, Indonesia

Correspondence to

Nur Hasanah Maulidina;

nurhasanahmaulidina949@gmail.com

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ABSTRACT

Background: The loss of a family member presents a deeply emotional challenge for older adults, often disrupting their physical, psychological, and social equilibrium. Elderly individuals experiencing grief commonly face intense sorrow, isolation, and alterations in their daily routines. Without effective coping mechanisms, these emotional responses may negatively impact their bodily functions and social relationships. This study aimed to explore the grief experiences of elderly individuals in coping with family loss using the Roy Adaptation Model as a guiding framework.

Methods: A qualitative phenomenological design was employed, underpinned by the Roy Adaptation Model. Participants were selected through purposive sampling, with inclusion criteria consisting of elderly individuals aged 60 or above who had lost a nuclear family member within the past 6 to 12 months. Exclusion criteria included the presence of cognitive, sensory, or severe physical impairments. The study involved seven elderly participants, two family members, and one healthcare provider from Kalianget District in 2025. Data were collected via in-depth interviews and analyzed thematically through open, axial, and selective coding. Data saturation was confirmed after the seventh participant. The research adhered to COREQ reporting standards and received ethical clearance from the Health Research Ethics Committee of Wiraraja University (No: 1234/EC/2025)

Result: Participants experienced grief through crying, withdrawal, and denial. Coping strategies included engaging in religious practices, sharing stories, and staying occupied. Four central themes emerged: grief experience, coping mechanisms, physiological changes, and interdependence

Conclusion: Grief significantly affects the emotional, physical, and social well-being of the elderly. Support from families, healthcare professionals, and communities is vital to promote adaptive coping.

Keywords: Grief; Elderly; Psychological Adaptation; Problem-Coping Skills; Roy's Adaptation Model

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Implications for Research, Practice, or Policy

- A holistic nursing approach based on Roy's Adaptation Model enables nurses to better understand the emotional, physiological, and social responses of older adults, allowing for more targeted interventions and regular monitoring of post-loss physiological and psychosocial changes.
- Strengthening family support and nurses' therapeutic communication skills should be prioritized, as families play a crucial role in helping older adults express grief, preventing social isolation, and supporting a safe adaptation process.
- Integrating spiritual and religious aspects into nursing care can enhance positive coping among older adults, in alignment with the cultural values and beliefs of Indonesian society.

INTRODUCTION

The loss of a family member is one of the most emotionally stressful life events, especially for older adults. In the later stages of development, older adults face various physical, psychological, and social limitations, so the experience of loss can cause deep sadness that has a significant impact on psychological well-being and physical health (Zhang et al., 2023; Gupta & Irudayam, 2021). Older adults who lack adequate coping strategies and adaptive skills are at risk of developing psychological disorders, such as depression, anxiety, and a decline in quality of life (Bennett & Smith, 2022).

With increasing life expectancy and improved health services, the elderly population continues to grow, including in Kalianget District. This increase in the elderly population is accompanied by an increased risk of experiencing the loss of family members, both spouses and children. Without an effective adaptation process to such loss, the elderly become more vulnerable to psychological disorders and declining health. Preliminary

interviews with five elderly people in Marengan Laok Village showed that they felt significant changes in their daily lives, such as deep sadness, loneliness, and a feeling of loss of meaning in life. In fact, three of the five elderly people reported physical complaints after experiencing the loss of a family member.

Globally, the World Health Organization (WHO, 2024) reports that around 30% of elderly people in various countries have experienced the loss of a family member in the last five years. In Indonesia, the number of elderly people aged ≥ 60 years continues to increase, from 25.7 million (9.6%) in 2019 to 30.9 million (11.1%) in 2023, and is projected to reach 65.8 million in 2045 (BPS, 2023). In line with this increase, around 22% of elderly people in Indonesia have reportedly lost family members in recent years (BPS, 2024). In East Java Province, elderly people make up around 14.4% of the total population, while in Sumenep Regency, the number of elderly people reaches around 26% of the total population. In Kalianget District, there are approximately 6,703 elderly people, with

650 elderly people in Marengan Laok Village (Disdukcapil, 2024).

The loss of family members, especially spouses or children, is a major stressor for the elderly that affects their mental and physical health. Elderly people who experience loss often face changes in social roles, increased feelings of loneliness, and reduced social support, which have an impact on the process of adapting to the loss (Smith et al., 2022; Johnson & Miller, 2021). The change in status to widow or widower often triggers feelings of uselessness, emotional distress, and changes in daily routines (Jones et al., 2020; Harris, 2023).

The grieving process in older adults is an important part of responding to loss, which generally includes stages of denial, anger, bargaining, depression, and acceptance. In the early stages, older adults tend to find it difficult to accept the reality of loss, followed by feelings of anger and attempts to change the situation, then deep sadness, until finally reaching the stage of acceptance and beginning to rebuild their lives (Kubler-Ross, 2022; Smith et al., 2023; Zhang et al., 2023; Bennett & Smith, 2022). However, not all elderly people are able to go through the stages of grief adaptively. The inability to undergo a healthy grieving process can increase the risk of psychological disorders, such as depression and anxiety (Wilson, 2023; Nguyen et al., 2023).

In Roy's Adaptation Model, the grieving process due to the loss of a family member is understood as a focal stimulus that requires older adults to undergo a process of adaptation.

Older adults' responses to loss are reflected in Roy's four modes of adaptation, namely physiological, self-concept, role functioning, and interdependence (Roy, 2023). A poorly managed grieving process can lead to maladaptive responses, while effective adaptation allows older adults to develop more positive and constructive coping strategies.

The relationship between loss, the adaptation process, and coping strategies is central to this study. The loss of a family member triggers a grieving process that subsequently affects the elderly's ability to adapt. This adaptation process determines the form of coping strategies used, whether adaptive or maladaptive. Support from family, friends, and the social environment plays an important role in helping the elderly undergo the adaptation process and develop effective coping strategies (Jones et al., 2020).

Although various studies have discussed the impact of loss on the psychological condition of the elderly, research that specifically examines the Phenomenological Experience of Grief Among the Elderly After Family Loss is still very limited, especially in the context of rural communities in Indonesia. Therefore, this study aims to explore the grief experiences of older adults in facing the loss of family members based on Roy's Adaptation Model as a basis for understanding the adaptation process and the development of coping strategies among older adults.

METHODS

Study Design

design based on Husserl's paradigm. This approach was chosen because the study aims to explore and describe in depth the lived experiences of older adults in dealing with grief after the loss of a family member, as well as to understand how the adaptation process and coping strategies emerge from the perspective of the older adults themselves. Descriptive

phenomenology allows researchers to reveal the essence of the experience of grief as experienced by participants, by minimizing researcher assumptions through the bracketing process.

The choice of phenomenological design was also based on a research gap, namely the limited number of studies exploring the subjective experience of grief among older adults in the context of Indonesian local culture using a structured phenomenological approach. Most previous studies have emphasized quantitative measurements of depression levels or quality of life, thus failing to describe the adaptation process of the elderly in depth. Therefore, the phenomenological approach is considered most appropriate for answering the research questions and the local socio-cultural context.

This study was conducted in Kalianget District, Sumenep Regency, which has strong social, cultural, and religious characteristics. This context plays an important role in shaping how the elderly interpret loss, express grief, and develop coping strategies. To maintain objectivity and depth of analysis, the researcher was reflexively aware of the potential influence of cultural background and personal experience on the research process, and performed bracketing during data collection and analysis.

The research reporting process was structured with reference to the Consolidated Criteria for Reporting Qualitative Research (COREQ) to ensure transparency, completeness, and credibility in qualitative research reporting. The use of COREQ helped to systematically explain the research context, researcher characteristics, data collection process, and phenomenological data analysis conducted.

Research Team and Reflexivity

The research was conducted by researchers with a background in nursing education who had received formal training covering gerontological nursing theory and practice as well as qualitative interview techniques during

their academic education. This knowledge provided the researchers with adequate preparation for dealing with sensitive topics such as grief in the elderly, using an empathetic and ethical approach. In addition, the researchers have clinical and academic experience in caring for the elderly, enabling them to build warm professional relationships while maintaining objectivity in data collection. In this context, the researcher declares their position as an outsider who has no personal relationship with the participants, but has a professional concern for the issues being studied. Reflexivity during the research process is maintained through regular reflective memo notes after each interview to record personal responses, assumptions that may arise, and potential biases.

Participants

Participants were selected through purposive sampling. Inclusion criteria consisted of elderly individuals aged 60 years and above who had lost a family member within the last 6 to 12 months. Exclusion criteria included severe cognitive, sensory, or physical impairments. Participant recruitment was conducted based on recommendations from health workers and local village officials. A total of 10 potential participants were identified and contacted, consisting of 7 elderly individuals, 2 family members of elderly individuals, and 1 health worker. There were no refusals to participate, and all potential participants who were contacted expressed their willingness to participate in this study.

The sample size was determined based on the principle of data saturation, which is the condition when further interviews no longer produce new information relevant to the research objectives. Data saturation was achieved after interviews with seven elderly participants who had relatively homogeneous demographic characteristics, particularly in

terms of age range, socio-cultural context, and experience of losing a family member within a similar period of time. The involvement of family members and one health worker served as a source of data triangulation to strengthen the understanding of the context and credibility of the findings.

All participation was voluntary without financial incentives or gifts. Prior to data collection, all participants received an explanation of the research objectives and procedures and provided written informed consent.

Data Collection

Data collection was conducted in 2025 in the participants' homes and at the Kalianget Community Health Center. Data was collected through face-to-face in-depth interviews. Each interview lasted 30–45 minutes and was guided by researchers using flexible semi-structured interview guides, allowing for in-depth exploration of participants' experiences in accordance with the descriptive phenomenological approach.

The interview guides were developed based on the research objectives and Roy's Adaptation Model framework, and included several key open-ended questions. Examples of interview questions included:

1. *"Can you describe your experiences after losing a family member?"*
2. *"How did you feel your daily life change after the loss?"*
3. *"What did you do to cope with your feelings of sadness and loss?"*
4. *"How did your family, friends, or community help you through your grief?"*

During the interviews, the researcher also took field notes that included observations of participants' nonverbal expressions, such as changes in voice intonation, emotional pauses, body language, and relevant environmental

situations. These field notes were used as supporting data to enrich the understanding of the context and help interpret the meaning of the participants' experiences.

All interviews were recorded using digital audio devices with the participants' permission. The interview recordings were then transcribed verbatim by the researchers and reviewed by comparing the transcripts with the audio recordings to ensure data accuracy. Participants were given the opportunity to review a summary of the interview results and provide clarification or corrections to their statements (member checking).

To maintain data security and confidentiality, all audio recordings, transcripts, and field notes were stored on password-protected electronic devices and were only accessible to researchers. Data was stored in digital format without including participants' personal identities, and each participant was assigned a unique code during the analysis process.

Data analysis was conducted simultaneously with the data collection process until data saturation was achieved, which is when additional interviews no longer yielded new information or themes relevant to the research objectives. Data saturation was achieved in the last participant interview.

Data Analysis

Data analysis was conducted using thematic analysis following the stages of open coding, axial coding, and selective coding, and referring to Braun and Clarke's approach combined with Husserl's descriptive phenomenology principles. The entire analysis process was conducted manually without using qualitative analysis software. In the open coding stage, interview transcripts were read repeatedly to identify meaning units that represented participants' subjective experiences related to grief and adaptation. The axial coding stage was

carried out by grouping meaning units with similar concepts into broader categories. Furthermore, in the selective coding stage, these categories were synthesized into main themes that reflected the essence of the participants' phenomenological experiences.

To increase the transparency of the analysis, examples of the coding process from raw data to theme formation are presented in table 2, which illustrates the relationship between participant quotes, meaning units, codes, categories, and themes. This table serves to show the analytical trail (audit trail) of the data interpretation process. The principal investigator performed the initial coding independently, then the coding results and theme development were discussed with the supervisor to ensure the reliability, consistency, and credibility of the analysis. Differences in interpretation were resolved through reflective discussion until consensus was reached.

The hierarchical structure of themes and sub-themes is visualized in figures 1-4, which present a thematic coding tree (hierarchical coding tree). This diagram shows the relationship between categories and main themes as well as the conceptual mapping of the research results to Roy's Adaptation Model framework. The final themes were determined based on recurring patterns of meaning, the depth of participants' narratives, and their relevance to the research objectives. The analysis process was conducted simultaneously with data collection until data saturation was achieved, i.e., when no new significant themes were found.

Trustworthiness and Rigor

Several strategies were implemented to ensure the credibility, dependability, confirmability, and transferability of this study. Credibility was maintained through triangulation of sources, involving elderly people, family members, and health workers to

obtain diverse perspectives on the experience of grief. In addition, member checking was conducted by providing participants with a summary of the interpretation of the interview results to ensure that the meaning was consistent with their intended experience. The validation of findings was also strengthened through direct quotes from participants presented in the results section, allowing readers to assess the relationship between the raw data and the researcher's interpretation.

Dependability and confirmability were ensured through the application of a systematic audit trail. The audit trail includes:

1. Documentation of the participant recruitment process,
2. Field notes during data collection,
3. Verbatim interview transcripts,
4. Coding tables (raw data–meaning units–codes–categories–themes), and
5. Reflective notes by researchers recording analytical decisions and potential biases during the analysis process. All stages of analysis were discussed periodically through peer debriefing with supervisors to review coding consistency and theme development. Differences in interpretation were resolved through discussion until consensus was reached.

Transferability is supported by the presentation of detailed contextual descriptions of participant characteristics, socio-cultural backgrounds, and research settings, so that readers can assess the relevance and applicability of the findings to other similar contexts.

Ethical Consideration

Ethical approval was obtained from the Faculty of Health Sciences, Wiraraja University (019.1/KEP/I/2025). The researchers also

obtained location permission from the Kalianget Community Health Center prior to data collection. Confidentiality and anonymity were maintained by using initials in the transcripts and storing the data securely. All participants provided written consent after receiving a complete explanation of the research objectives and procedures.

RESULTS

The results of the study revealed four themes, namely experiences of sadness, coping mechanisms, physiological functions, and interdependence functions.

Table 1. Characteristics of Participants in Marengan Laok Village, Kalianget District, in 2025

No.	Participant Code	Criteria Participant	Initial	Gender	Age (years)
1	TKES01	Health Worker	Mrs. V	Female	38
2	KLG01	Elderly Husband	Mr. S	Male	70
3	KLG02	Elderly Brother	Mr. A	Male	61
4	LN01	Elderly	Mrs. J	Female	64
5	LN02	Elderly	Mrs. M	Female	70
6	LN03	Elderly	Mrs. K	Female	65
7	LN04	Elderly	Mrs. O	Female	65
8	LN05	Elderly	Mrs. R	Female	67
9	LN06	Elderly	Mr. Y	Male	68
10	LN07	Elderly	Mr. D	Male	62

Table 1 illustrates that a total of 10 participants were involved in this study, consisting of 7 elderly people, 2 family members, and 1 health worker. The elderly participants were aged between 62 and 70 years, with an average age of 65.9 ± 2.8 years. Most of the elderly participants were female ($n=5$), while two were male ($n=2$). The length of time since the loss of a family member ranged from 1 to 3 years. All elderly participants lived in the community and had relatively homogeneous cultural and religious backgrounds.

Phenomenological Experiences of Grief Among Elderly Following Family Loss in Indonesia

The Experience of Grief Among Older Adults After Losing a Family Member

The majority of older adults in this study described experiencing deep grief after losing a close family member, especially a spouse or child. Grief was defined as a feeling of loss of meaning in life, emotional emptiness, and prolonged loneliness. The elderly said that losing the person who had been their main companion in daily life caused significant changes in their emotional and psychological condition. Sadness was often expressed through crying, sleep disturbances, and a lack of enthusiasm for daily activities.

"I feel like I have no zest for life. I often cry alone." (64-year-old woman, lost her spouse)

"I am very sad. My husband was my daily companion. Without him, the

house feels empty.” (70-year-old woman, lost her spouse)

“The sadness is indescribable. My daughter was the closest to me. When she died, I cried every day.” (67-year-old woman, lost her child)

In Roy's Adaptation Theory perspective, the loss of a family member acts as a focal stimulus that affects the regulatory and cognitive systems of the elderly. The emotional responses that arise reflect the elderly's efforts to maintain adaptive balance through various coping mechanisms, both adaptive and maladaptive. Family support, social environment, and health services are important factors that influence the success of the adaptation process. These findings are in line with research by [Fang and Carr \(2024\)](#), which states that grief in the elderly is often interpreted as the loss of a part of oneself, as well as research by [Teichman et al. \(2024\)](#), which emphasizes the importance of social support in helping the elderly through their grief.

The emotional responses shown by the elderly confirm that loss is not just a sad event, but an experience that profoundly changes the way the elderly interpret life. When social support is limited and the expression of grief is inhibited, the psychological burden tends to increase. Therefore, the elderly need empathetic and continuous support from their families, their surroundings, and professionals.

Coping Mechanisms Used by the Elderly After the Loss of a Family Member

The elderly in this study used various coping mechanisms to deal with the sadness caused by the loss of a family member. These coping mechanisms were divided into active and passive strategies. Active strategies generally took the form of religious activities and light activities that provided inner peace, while

passive strategies were demonstrated by withdrawing from the social environment and choosing to be alone.

“He became more diligent in praying and reciting the Quran. He also sometimes woke up at night to perform tahajud. He said that was the only thing that made him feel calm.” (Family member, 70 years old, family of an elderly person in mourning)

“I read Surat Yasin. Sometimes I also go to the mosque.” (Elderly man, 62 years old, lost his spouse)

“I just stay quiet in my room.” (Elderly woman, 64 years old, lost her partner)

“Elderly people who have strong faith usually find it easier to accept reality. Religious beliefs also become a place of refuge for them, especially at night or when they feel alone.” (Health worker, 38 years old)

According to Roy's Adaptation Theory, coping mechanisms are the elderly's adaptive responses to external stimuli in the form of loss. Active coping strategies help the elderly maintain emotional balance, while passive strategies have the potential to increase the risk of psychological disorders if they continue in the long term. These findings are in line with [Desmet et al. \(2022\)](#), who stated that positive religious coping plays a role in helping older adults maintain meaning in life, and [Hafsa et al. \(2020\)](#), who emphasized the importance of family support in accelerating emotional adaptation.

Differences in coping mechanisms reflect the diversity of older adults' responses to loss. Active strategies demonstrate older adults' efforts to find peace and new meaning, while passive strategies tend to prolong the grieving

process and reduce social motivation. Therefore, interventions tailored to the psychosocial needs of older adults are essential, with family support and the active role of healthcare professionals.

Changes in the Physiological Functions of Older Adults After the Loss of a Family Member

The loss of a family member also affects the physiological functions of older adults. Older adults report various physical complaints, such as sleep disturbances, changes in eating patterns, psychosomatic symptoms, and changes in vital signs. Emotional instability contributes to a decline in daily activities and social interests.

"I often can't sleep. Sometimes I wake up at 2 a.m., thinking about my husband." (70-year-old woman, lost her spouse)

"I used to not want to eat." (62-year-old man, lost his spouse)

"They often complain of headaches, chest tightness, and body aches, even though when checked, there are no serious illnesses." (Health worker, 38 years old)

"My blood pressure rises more easily when I have a lot on my mind." (Elderly woman, 64 years old, lost her partner)

"I don't feel like cooking. I used to cook every morning." (65-year-old female elderly person who lost her partner)

In Roy's Adaptation Theory, loss disrupts physiological balance as one mode of adaptation. Elderly people with reduced adaptive abilities are more vulnerable to physical disorders caused by emotional

stress. These findings support the research of Harding et al. (2020) and O'Connor et al. (2020), which shows that grief in the elderly is often accompanied by sleep disorders and psychosomatic symptoms, as well as Stahl (2015), who highlights changes in eating patterns and vital signs in grieving elderly people. The results of this study confirm the close relationship between emotional and physical conditions in the elderly. Therefore, the approach to elderly care needs to be holistic, covering physical, psychological, and emotional aspects so that the elderly are able to adapt and maintain their quality of life.

Changes in the Interdependence Function of the Elderly After the Loss of a Family Member

The loss of a family member affects the interdependence function of the elderly, particularly in social relationships and social roles. The elderly show various responses, ranging from withdrawal to attempts to maintain social interaction through family and community support.

"I often visit her house and chat with her. Sometimes I invite her to visit neighbors or just sit on the porch." (Family member, 61 years old)

"I spend more time at home now. I used to be active in religious gatherings." (Elderly woman, 64 years old, lost her spouse)

"My children encourage me. They tell me I have to stay strong." (Elderly woman, 65 years old, lost her spouse)

According to Roy's Adaptation Theory, the interdependence system reflects an individual's ability to build and maintain meaningful relationships. Elderly people who receive emotional support from family and their environment tend to be more socially and emotionally adaptable. These findings are in line with the research by [Nurpajriah et al. \(2025\)](#) and Nuryanti et al. (2019), which emphasizes that social support plays an

important role in preventing social isolation and depression in grieving elderly people.

Maintained interdependence contributes to the emotional recovery of older adults. Conversely, social withdrawal can exacerbate loneliness and increase the risk of depression. Therefore, family and community support are key factors in helping older adults achieve better adaptation after the loss of a family member.

Table 2. Themes, Sub-Themes, Categories, and Keywords (Tree Codes)

No	Theme	Sub Theme	Category	Keywords
1	Experience of Sadness	Emotional Reactions	Crying often	Crying, grief expression, emotional release
			Loss of spirit	Hopelessness, lack of strength, loss of motivation
			Feeling quiet	Loneliness, lack of companionship
			Feeling sad	Deep sorrow, sense of loss
			Feeling confused	Confusion, lack of direction
			Becoming withdrawn	Silence, social withdrawal
			Worry	Anxiety, fear, excessive concern
		Stages of Mourning	Initial confusion then acceptance	Confusion, emotional adaptation
			Initial disbelief then sincerity	Rejection, sincerity, acceptance
			Denial, guilt, acceptance	Denial, guilt, self-acceptance
			Silence followed by acceptance	Withdrawal, gradual acceptance
			Disbelief and self-blame	Anger, inner conflict, peace
		Relationship with the Deceased	Very close	Emotional bond, intimacy
			Caring relationship	Attention, affection, love
			Frequently helping	Support, assistance
			Daily togetherness	Companionship, shared activities
			Under treatment	Caregiving, emotional attachment

No	Theme	Sub Theme	Category	Keywords
			Main interlocutor	Emotional dependence, life support
		Influencing Factors of Sadness	Sudden death	Unexpected loss, shock
			No chance to say goodbye	Regret, unfinished farewell
			Severe illness	Prolonged suffering
			Death due to accident	Disaster, unexpected event
			Feelings of guilt	Regret, self-blame
			Financial dependency	Economic support, family breadwinner
2	Coping Mechanisms	Active Strategies	Worship activities	Prayer, dhikr, spiritual coping
			Reading Al-Fatihah	Qur'anic recitation, religiosity
			Sharing with family	Emotional expression, family communication
			Light household activities	Distraction, daily routine
			Prayers for the deceased	Spiritual connection
			Reading Yasin	Religious ritual
			Light physical activities	Adaptation, daily functioning
		Passive Strategies	Staying alone	Social isolation
			Withdrawing oneself	Avoidance, emotional numbness
			Reluctance to talk	Communication barrier
			Loss of life meaning	Hopelessness, emotional fatigue
		Role of the Family	Accompanied by children/grandchildren	Emotional presence, family support
			Family visits	Social connection
			Invited to talk	Empathy, emotional strengthening
			Bringing food	Instrumental support
			Worship together	Spiritual guidance
			Encouragement	Motivation, psychological reinforcement
		Religious Beliefs	Prayer and night worship	Inner peace, spirituality
			Religious study	Faith strengthening
			Mosque as calming place	Reflection, spiritual comfort
			Increased worship	Spiritual adaptation

No	Theme	Sub Theme	Category	Keywords
3	Physiological Function	Professional Help	Not seeking health professionals	Limited access, low trust
			Preferring family support	Informal coping
			No professional assistance	Low awareness of services
		Sleep Disturbance	Frequent night awakening	Insomnia, disrupted sleep
			Difficulty sleeping when remembering	Restless thoughts
		Changes in Diet	Poor sleep quality	Light sleep
			Decreased appetite	Reduced intake
			Nausea	Digestive disturbance
			Weight loss	Nutritional deficit
			Food tasteless	Sensory change
		Psychosomatic Symptoms	Forced eating	Lack of appetite
			Recurrent stomach pain	Gastric discomfort
			Dizziness and weakness	Low energy
			Chest tightness	Stress response
			Palpitations	Anxiety-related symptoms
		Vital Signs	Headache and neck pain	Muscle tension
			Increased blood pressure	Hypertension
Daily Activities	Decreased blood pressure	Hypotension		
	Laziness	Reduced activity		
	Needing assistance	Dependency		
	Loss of motivation	Fatigue		
	Poor household maintenance	Decreased functioning		
4	Interdependence Function	Social Support	Family accompaniment	Emotional support
			Family conversations	Emotional closeness
			Children and grandchildren support	Psychological strengthening
			Family visits	Attention, care
		Changes in Social Roles	Reduced social activity	Role loss
			Not attending gatherings	Social withdrawal
			Reduced community involvement	Limited participation

No	Theme	Sub Theme	Category	Keywords
			Increased household burden	Role change
	Building New Relationships		Talking to relieve emotions	Emotional release
			Conversation as distraction	Coping strategy
			Encouraged to join activities	Social motivation
	Social Withdrawal		Fear of interaction	Social anxiety
			Spending time alone	Isolation
			Staying at home	Avoidance
			Withdrawing oneself	Passive coping
	Social Adaptation		Encouragement from children	Family motivation
			Playing with grandchildren	Positive interaction
			Self-awareness	Emotional resilience
			Family gatherings	Emotional bonding
			Continuous interaction	Adaptive relationships

Table 2 illustrates the thematic coding tree derived from the phenomenological analysis, demonstrating the analytical pathway from raw participant quotations to meaning units, codes, categories, subthemes, and overarching themes. This table provides a transparent audit trail of the data analysis process, showing how elderly participants' narratives of grief were systematically organized into four main themes: experiences of sadness, coping mechanisms, physiological function, and interdependence function. The structure of Table 2 highlights the complexity and multidimensional nature of grief among older adults, while also illustrating the integration of emotional, spiritual, physical, and social responses within the framework of Roy's Adaptation Model. The following is a thematic coding tree of four discussion themes, namely experiences of sadness, coping mechanisms, physiological functions, and interdependence functions.

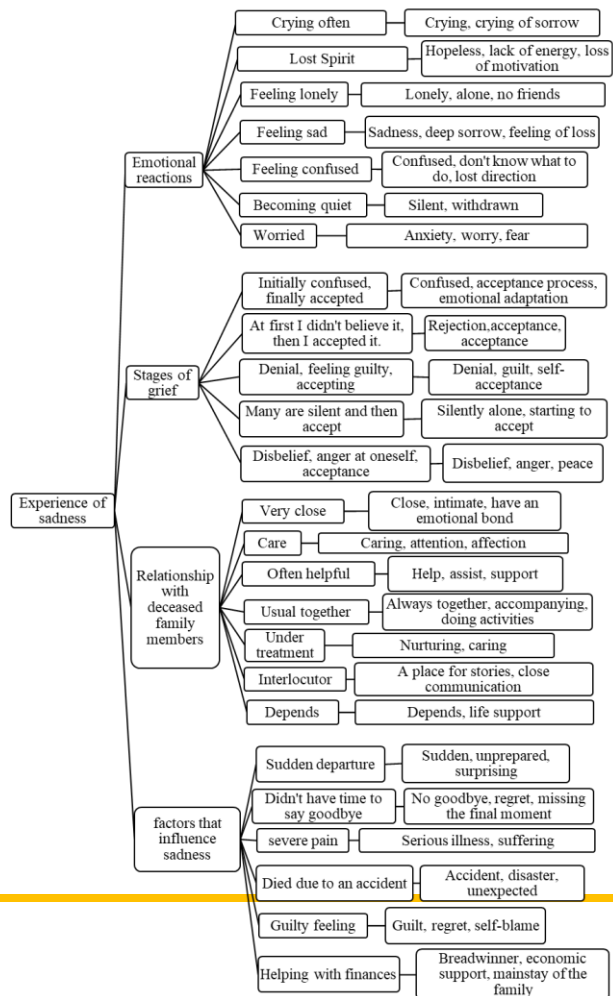


Figure 1. Thematic Coding Tree of Elderly People's Experiences of Sadness

Figure 1 illustrates the thematic coding tree of elderly people's experiences of sadness following the loss of a family member. This figure visually represents how emotional reactions, stages of mourning, attachment to the deceased, and influencing factors of sadness are interconnected and collectively form the core experience of grief. The diagram emphasizes that sadness in bereaved elderly individuals is not a single emotional response but a dynamic process involving confusion, denial, acceptance, loneliness, and anxiety, shaped by the closeness of the relationship with the deceased and the circumstances surrounding the loss.

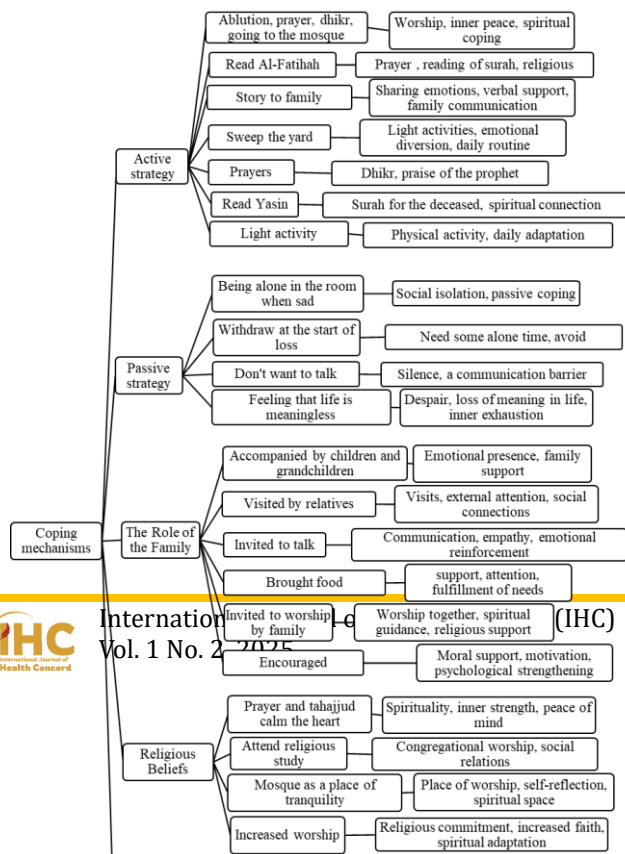
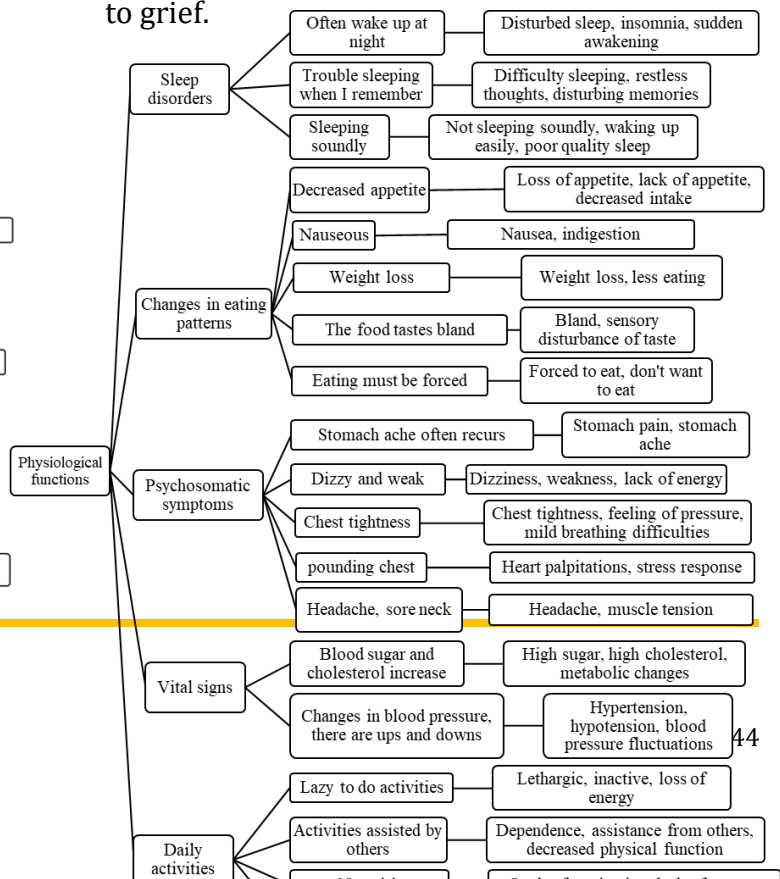


Figure 2. Thematic Coding Tree of Coping Mechanisms in Older Adults

Figure 2 illustrates the thematic coding tree of coping mechanisms used by older adults after experiencing family loss. This figure shows the distinction between active and passive coping strategies, as well as the influential role of family support, religious beliefs, and limited utilization of professional help. The visualization demonstrates that adaptive coping is predominantly rooted in spiritual practices and family interactions, whereas maladaptive coping is characterized by social withdrawal and emotional isolation, reflecting the elderly's efforts to regain emotional balance in response to grief.



play a central role in preventing isolation and facilitating emotional recovery in older adults.

Figure 3. Thematic Coding Tree of Physiological Functions in the Elderly

Figure 3 illustrates the thematic coding tree of physiological functions affected by grief in elderly individuals. This figure highlights the interrelationship between emotional distress and physical responses, including sleep disturbances, changes in dietary patterns, psychosomatic symptoms, alterations in vital signs, and decreased engagement in daily activities. The diagram underscores that grief significantly disrupts physiological adaptation, supporting the notion that emotional stress in older adults manifests not only psychologically but also through measurable physical changes.

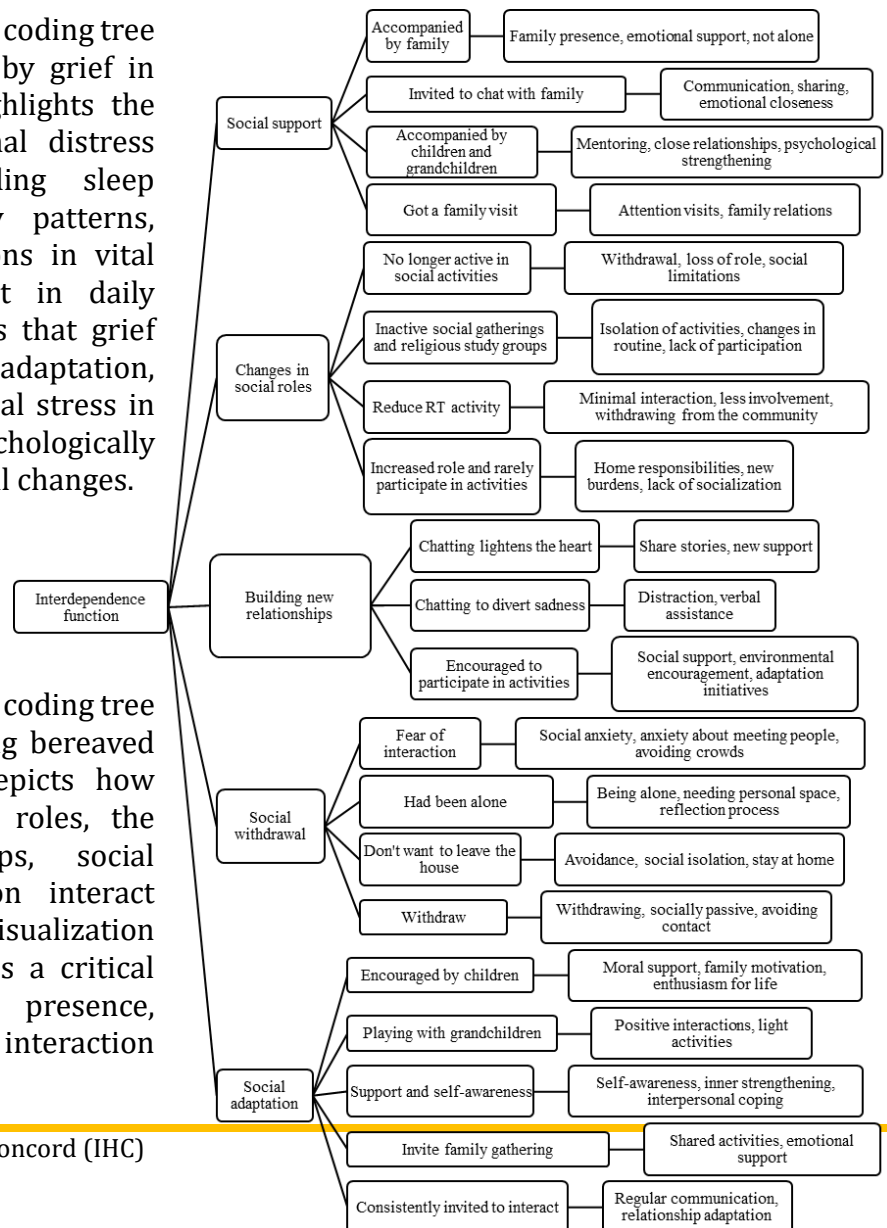


Figure 4 illustrates the thematic coding tree of interdependence functions among bereaved elderly individuals. This figure depicts how social support, changes in social roles, the formation of new relationships, social withdrawal, and social adaptation interact within the grieving process. The visualization emphasizes that interdependence is a critical adaptive mode, where family presence, encouragement, and community interaction

Figure 4. Thematic Coding Tree of Interdependence Functions for the Elderly

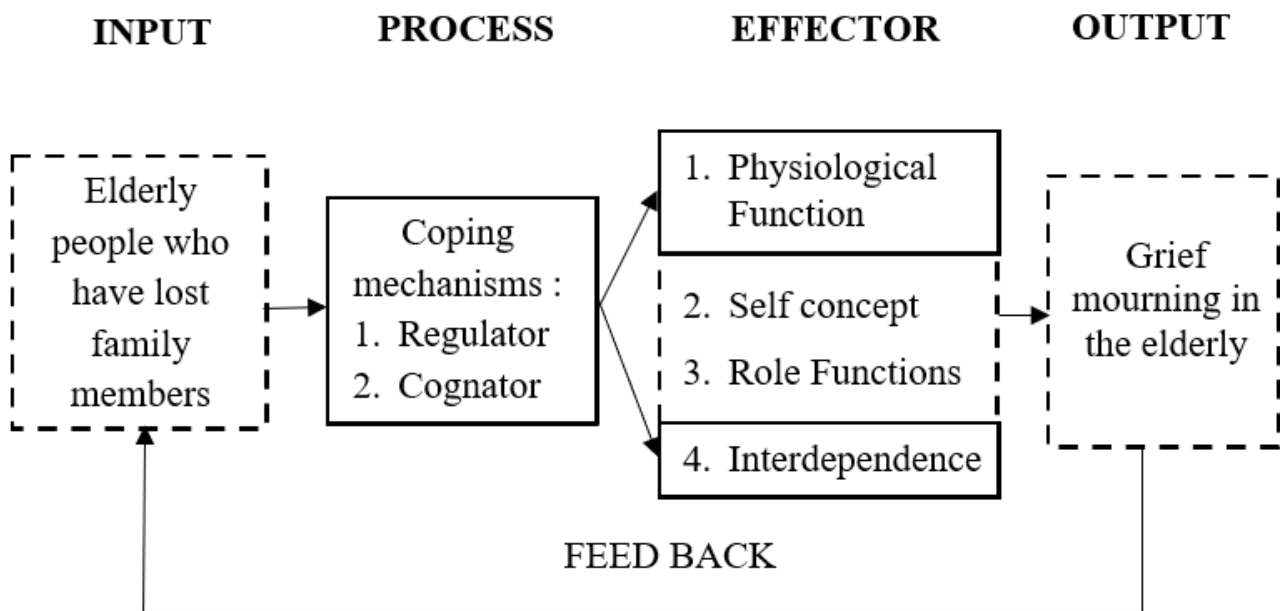


Figure 5. Roy's Conceptual Model of Adaptation in Bereaved Elderly People

Figure 5 illustrates Roy's Conceptual Model of Adaptation as applied to bereaved elderly individuals, integrating the study findings into a comprehensive theoretical framework. This figure demonstrates how the loss of a family member acts as a focal stimulus that triggers coping processes through regulator and cognator mechanisms, influencing physiological function, self-concept, role function, and interdependence. The model highlights the adaptive outcomes and feedback processes, showing that effective coping and social support can lead to positive adaptation,

while inadequate responses may result in maladaptive outcomes in grieving older adults.

DISCUSSION

The findings of this study indicate that the experience of grief in older adults after the loss of a family member is multidimensional, involving emotional responses, physiological changes, and adaptation processes that are strongly influenced by family support, religious values, and cultural norms. These findings are consistent with Roy's Adaptation Model, which emphasizes that an individual's response to stressors is influenced by internal and external

coping mechanisms that work simultaneously. Previous studies have also reported that older adults express grief through a combination of emotional, spiritual, and social responses, especially in the early stages of loss.

The experience of grief in older adults is a multidimensional process that encompasses emotional, spiritual, social, and physiological responses. Older adults often show high variability in coping with loss, and their coping mechanisms are greatly influenced by natural social support from family and the surrounding community. Stroebe (2010) asserts that “naturally occurring family and community supports are the more useful coping resources” for older adults experiencing uncomplicated grief, while professional intervention is only necessary for cases with prolonged duration or intense emotional distress (Stroebe, 2010). In line with this, Cabana et al. (2019) emphasize the importance of the social environment and emotional support from family in preventing psychological complications during the grieving process (Cabana, García-Caballero, & Mateos, 2019). In a collectivist cultural context, community and religious support are stronger coping resources than professional services. Studies in South Africa describe how grieving individuals rely on the philosophy of ubuntu as the basis for social and spiritual solidarity in coping with loss, where the community functions as an “emotional support network” that maintains psychological balance after the death of a spouse (Thomas, 2021).

This study reveals important differences compared to international studies, particularly those conducted in Western countries. Most Western literature emphasizes individual coping, emotional independence, and the use of professional services as the main responses to grief. In contrast, the findings of this study show that in the Indonesian context, family and community support are the dominant sources of coping, while professional help is relatively

rarely utilized. Older adults interpret loss not merely as a personal experience, but as a collective event experienced together with family and the social environment.

In the context of middle-income countries such as Indonesia, religiosity and collective social structures play a dominant role in shaping how older adults interpret and adapt to loss. McNeil et al. (2020) state that in lower-middle-income countries, “grief and bereavement support must be understood within cultural, social, and religious contexts,” because communities rely more on community-based support mechanisms than formal psychosocial services (McNeil, Namisango, Hunt, Powell, & Baker, 2020). Research among elderly Chinese immigrants also shows that cultural rituals and spiritual practices are key means of constructing meaning and managing loss (Wang, Walsh, & Tong, 2023). Similarly, Spreadbury (2011) found that religious rituals and daily spiritual experiences play a significant role in reducing levels of sadness and depression after the loss of a spouse (Spreadbury, 2011). These cross-cultural findings confirm that the individualistic paradigm that dominates Western literature does not fully reflect the dynamics of grief in collectivistic societies, thus requiring a locally-based cultural approach to understand the process of grief adaptation among older adults in middle-income countries (Hilberdink et al., 2023).

This difference can be understood through the lens of the context of lower-middle-income countries (LMICs), where extended family structures, social attachments, and the role of religion are still very strong in the daily lives of older adults. In this context, religion and culture function not only as belief systems but also as coping mechanisms integrated into social life. These findings expand the international literature by showing that the process of grief adaptation among older adults in LMICs cannot

be fully explained using the individualistic paradigm that dominates Western research.

This study contributes new knowledge by showing that older adults' adaptation to grief does not occur in isolation, but rather is formed through dynamic interactions between emotional, spiritual, and social aspects. Unlike adaptation approaches that emphasize intrapersonal mechanisms, these findings highlight that interdependence is a very prominent mode of adaptation among older adults in Indonesia.

Specifically, this study enriches the application of Roy's Adaptation Model by placing religious factors and family relationships as contextual stimuli that strongly influence the adaptive responses of older adults. These findings confirm that grief in older adults is an experience that is greatly influenced by the socio-cultural context, so that understanding adaptation needs to take into account the values of collectivism that are characteristic of Indonesian society and other LMIC countries.

Practical Applications of the Findings

The findings of this study highlight the importance of integrating cultural and religious contexts into nursing and community-based interventions for older adults experiencing grief. Nurses and community health workers can apply Roy's Adaptation Model by incorporating family involvement and spiritual support to enhance adaptive responses, particularly in physiological and interdependence domains. In practice, grief support should be delivered through family- and community-centered approaches rather than solely individual-focused care. These findings also suggest the value of ongoing assessment of older adults' adaptive processes within their social environments to support more culturally responsive and sustainable care.

Limitations

This study has several limitations. The relatively small sample size and the limitation of the research location to one subdistrict limit the generalizability of the findings. The use of purposive sampling has the potential to cause selection bias, as it only involves elderly people who are willing and able to communicate. In addition, interviews were conducted at a single point in time, so the dynamics of long-term grief adaptation are not fully described. The cultural homogeneity of the participants also limits the transferability of the results to different social contexts.

CONCLUSION

The loss of a family member represents a complex and multidimensional experience for older adults, affecting emotional, physiological, and social functioning. This study found that older adults commonly experience profound sadness, emotional emptiness, frequent crying, sleep disturbances, and changes in appetite. Coping responses vary, encompassing active strategies such as increased religious and spiritual practices, as well as passive strategies including social withdrawal. Loss also influences physiological function and interdependence, reflected in physical complaints and changes in social roles. Family support emerges as a central resource in facilitating adaptation, alongside the supportive roles of health professionals and the broader social environment. These findings underscore the importance of a holistic, culturally sensitive nursing approach grounded in Roy's Adaptation Model to support optimal adaptation among grieving older adults and highlight the need for collaborative, cross-sectoral efforts in addressing grief in later life.

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Contributors

Nur Hasanah Maulidina: Conceptualization, Methodology, Investigation, Formal analysis, Writing – original draft.

Syaifurrahman Hidayat: Investigation, Data curation, Writing – review & editing.

Nailiy Huzaimah: Investigation, Data curation, Writing – review & editing.

Sri Yunita Suraida Salat: Supervision, Validation, Writing – review & editing.

Maulana Widi Andrian: Supervision, Validation, Writing – review & editing.

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Not declared.

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