Literature review

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Resilience and support strategies in long-term care settings for older adults

Abstract

While the global population of older adults grows, long-term care settings have become imperative in defining the elasticity and well-being of aging individuals. This study interrogated the complex interplay of psychological, social, and structural factors that nurture resilience among older adults in long-term care environments. Ideas from Resilience Theory and Socio-Ecological Models of Health were adopted with a literature-based methodology that synthesized research across gerontology, public health, and psychology to understand how institutional practices, caregiver relationships, environmental design, and policy influence outcomes. The primary research question focused on identifying the most effective resilience-building strategies to improve the quality of life and mental health of long-term care residents. Findings emphasized that person-centred care, active family involvement, staff emotional intelligence training, and opportunities for social and spiritual engagement are critical to nurturing resilience. The study concluded by examining how integrating emotional, social, and environmental supports within long-term care can transform these settings into empowering spaces. The study recommended policy reforms and operational models that can promoted resilience and caregiver capacity-building as foundational to holistic aging care.

Keywords: resilience, support strategy, older adults, care settings, socio-ecological models, quality of life

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Introduction

The experience of aging points at the intersection between social transformation and health system adaptation. The transition from familial to institutional care has left many older adults in precarious situations, where physical decline is compounded by emotional and social isolation. Resilience is defined as "the process of negotiating, managing, and adapting to significant sources of stress or trauma"[1] and it offers a conceptual lens to understanding how older adults maintain well-being in the face of such adversity. Within long-term care settings, resilience is neither innate nor static but is actively designed by social interactions, environmental design, and institutional culture.

Empirical evidence across African settings stresses that resilience in older adults depends heavily on social and environmental supports. An author[2] noted that the health and care systems in sub-Saharan Africa "remain poorly structured to respond to the long-term needs of aging populations". This weakness manifests in the limited formal infrastructure available for older people, leaving them to rely on fragmented services or informal caregivers. Thus, where social protection and pension systems are underdeveloped, such conditions intensify the psychological and material challenges of aging.[3] As a result, resilience becomes an adaptive necessity rather than an abstract virtue and between internal coping mechanisms and external institutional realities.

It has been emphasized that resilience arises not only from personal traits but also from "access to health resources, supportive relationships, and culturally relevant meaning systems".[4] Applying this thought to long-term care will imply that residents' well-being depends on the interplay of personal agency and contextual supports. Inadequate caregiver support thus undermines both staff and resident resilience, making the institutional environment itself a determinant of well-being. The Socio-Ecological Model of Health complements this understanding by curating resilience as an outcome of interactions across multiple levels such as individual, relational, community, and policy. Environmental conditions such as privacy, safety, and opportunities for social connection are also critical in shaping resilience outcomes.

It has also been observed that care environments that foster "social participation and autonomy among residents"[2] report markedly higher levels of mental well-being. However, most facilities are not designed with such considerations in mind. This leads to overcrowded spaces, poor accessibility, and limited recreational opportunities often compounding emotional distress among residents. International models demonstrate that resilience-building practices such as person-centred care, staff emotional intelligence training, and structured family engagement significantly improve life satisfaction in long-term care residents.[1] Along this line, it is noted that, the weakening of intergenerational ties "demands innovative models of elder support that reconcile cultural expectations with institutional realities".[3] On the basis of this, this study shall investigate how such supportive conditions can be cultivated within the evolving long-term care landscape, using Resilience Theory and the Socio-Ecological Model of Health as guiding frameworks.

Objectives of the research

The study's objectives are to:

I. Assess the psychological and emotional factors that contribute to resilience among older adults in long-term care facilities.

II. Evaluate the influence of caregiver competence and emotional intelligence on residents' resilience and quality of life.

III. Analyse how institutional management practices, physical environments, and social engagement opportunities affect resilience-building in care homes.

IV. Investigate the role of family and community engagement in reinforcing resilience among institutionalized older adults.

Research questions

The following targeted questions that shall aid in achieving the objectives of the study are:

I. How do psychological, social, and institutional factors interact to shape resilience among older adults in long-term care settings in Nigeria?

II. How do caregiver attitudes, competencies, and emotional intelligence influence the resilience and well-being of residents in long-term care?

III. In what ways do institutional environments and management practices facilitate or hinder resilience-building among older adults?

IV. How does family and community engagement make a valuable contribution in reinforcing resilience among institutionalized older adults?

Literature review

Resilience has emerged as a critical construct for understanding adaptive functioning among older adults in institutional care. Rather than being a fixed personality trait, resilience reflects a process through which individuals mobilize internal and external resources to cope with challenges associated with aging and institutional living. Resilience is defined as "a dynamic process encompassing positive adaptation within the context of significant adversity".[1] Within long-term care settings, adversity takes multiple forms such as physical decline, loss of autonomy, emotional isolation, and institutional constraints. Older adults' ability to maintain psychological stability and social engagement in these circumstances depends heavily on environmental and relational supports.

It is proposed further that resilience is co-constructed within social and cultural contexts, where "resources, relationships, and meaning systems"[1] interact to sustain well-being. This insight is particularly relevant within African contexts, where collectivist traditions and spirituality are central to coping mechanisms. In such societies, resilience is often expressed communally, rather than individually entrenched in family, faith, and community structures that reinforce belonging and purpose. In the context of long-term care, resilience cannot be separated from institutional practices. The point is made that gerontology has consistently found that environments that emphasize autonomy, empathy, and social participation enhance resilience among older adults.[5] When care routines reduce residents to passive recipients, it brings about identity and self-efficacy which are key components of psychological resilience. Conversely, participatory care environments, where residents are engaged in decision-making, foster a sense of control and competence that strengthens coping ability.

Research consistently identifies psychological factors such as optimism, self-efficacy, and spiritual meaning as core determinants of resilience in aging populations. In a multicounty study across Africa and Asia, observed that "the presence of spiritual engagement and intergenerational support networks correlated positively with life satisfaction and emotional well-being among older adults".[2] This position aligns with the African cultural situation, where religion serves as both a coping mechanism and a social bond. Spiritual participation provides meaning, reduces loneliness, and offers an environment for understanding aging as a dignified life stage rather than a decline.

Emotional intelligence among caregivers is also essential in shaping resilience outcomes as caregivers who shows empathy, patience, and communication skills create psychologically safe spaces for residents. Emotional exhaustion thus transmits across the care environment stressing that resilience in long-term care is a shared phenomenon between caregivers and residents. Interventions designed to enhance emotional resilience have proven effective in similar institutional contexts. For instance, it is noted that structured mindfulness and reminiscence programs significantly improved depressive symptoms and self-esteem in older care residents.[7]

Social support remains the most consistent predictor of resilience among institutionalized older adults. The WHO[12] emphasized that social connectedness through family visits, peer interaction, and community participation is "the single most protective factor for psychological health in late life". The withdrawal of familial care underscores the need to reimagine institutional models that integrate family involvement into long-term care frameworks. Evidence from South Africa supports this direction as a study[9] found that residents who maintained regular family interaction exhibited higher life satisfaction and lower rates of depressive symptoms. Integrating family participation into care planning, through open visiting hours, joint celebrations, or remote communication can strengthen emotional stability and self-worth among residents.

A longitudinal study found that social engagement activities like group games, music therapy, and communal meals enhances emotional resilience and reduced cognitive decline among long-term care residents.[10] The relational environment thus acts as a buffer against institutional stressors. Beyond interpersonal dynamics, the physical and organizational environment of long-term care plays an important role in bringing about resilience. It is important to note that "the architectural design of care facilities in Africa often neglects mobility, privacy, and sensory stimulation which are factors essential for maintaining autonomy and dignity".[2] Environmental features such as natural lighting, accessible outdoor spaces, and private areas for reflection or prayer also contribute to psychological comfort.

The World Health Organization[8] noted that most African countries lack comprehensive long-term care policies that standardize service delivery, workforce development, or quality monitoring. This policy gap leaves institutions improvising within limited resources. The African Union's *Protocol on the Rights of Older Persons* an emerging regional initiative advocates for integrating long-term care within social protection systems, emphasizing dignity, participation, and health equity. Gyasi this is interpreted as an opportunity to reframe aging not as dependency but as an active life stage requiring social investment.[2] Cultural values also shape how resilience is understood and practiced. In African philosophy, aging is often associated with wisdom and community guidance rather than decline. Prioritizing these values within institutional settings through intergenerational programs, community volunteering, and spiritual activities reintegrates elders into social life.

Statement of the problem

The growing population of older adults presents a profound challenge to the fragile social care infrastructure availability in most climes.[11] As traditional family-based care structures weaken under the pressures of urbanization, migration, and economic strain, the demand for formal long-term care facilities is increasing. However, these institutions remain few, poorly regulated, and inadequately resourced to support the complex physical and psychosocial needs of aging populations. According to the World Health Organization,[8] only a handful of African countries have operational frameworks for

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long-term eldercare, leaving the majority of older person's dependent on informal or uncoordinated services. This challenges are not only unique to African countries but a global problem which needs to be tackled holistically.

Methodology

This study adopts a qualitative research design based exclusively on secondary data sources, focusing on the systematic review, interpretation, and synthesis of existing research and policy literature. The use of secondary qualitative analysis is suitable for exploring resilience among older adults in long-term care because it allows for an integrative understanding of findings across diverse settings and populations. An author explained that, "document analysis is a systematic procedure for reviewing or evaluating documents both printed and electronic containing data relevant to a phenomenon of interest".[12] This approach provides both empirical and conceptual insights without direct fieldwork involvement.

Research Design

The study employs a qualitative-descriptive and interpretive synthesis design, grounded in the Resilience Theory and the Socio-Ecological Model of Health. These frameworks provide the analytical foundation for interpreting how psychological, relational, and structural dimensions of resilience interact within long-term care systems. The study's design is informed by a meta-ethnographic approach,[13] which emphasizes comparing and translating concepts across multiple qualitative studies to construct higher-order interpretations.

Data Sources

The data for this study is drawn from peer-reviewed journal articles, policy reports, institutional publications, and credible organizational documents. Databases and repositories such as PubMed, Scopus, Web of Science, Google Scholar, African Journals Online (AJOL), WHO and United Nations digital libraries provided credible sources. The inclusion of grey literature (such as WHO reports, Nigerian policy documents, and NGO studies) is justified because resilience and eldercare research in Africa often appear in institutional rather than academic outlets.[14]

Inclusion and Exclusion Criteria

The inclusion criteria are as follows:

I. Studies published between 2010 and 2025 to ensure contemporary relevance.

II. Research focused on older adults, long-term care, resilience, or support strategies in African or comparable low- and middle-income contexts.

III. Articles employing qualitative or mixed methods approaches.

IV. Peer-reviewed papers, WHO or government reports, and credible institutional publications.

Exclusion criteria:

I. Studies focusing solely on clinical or medical interventions without psychosocial dimensions.

II. Non-English publications without available translations.

III. Opinion articles or unverified web sources lacking academic rigor.

This process is to ensure that only high-quality, contextually relevant materials inform the synthesis.

Data Collection Procedures

Data was collected through a structured systematic literature search guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework (Page *et al.*, 2021). Search strings combines key terms such as *"resilience," "long-term care," "older adults," "Nigeria,"* and *"Africa."* After identifying sources, duplicates were removed, and abstracts screened for relevance. Eligible full-text documents were imported into NVivo software for qualitative coding. The use of NVivo facilitates the organization of themes, relationships, and conceptual patterns across multiple sources. This systematic approach enables the researcher to extract meaning, develop understanding, and discover insights relevant to the research questions.[15] In this study, such insights will focus on resilience mechanisms, support strategies, institutional challenges, and policy implications within long-term care environments.

Data Analysis

The collected data were analysed thematically, following six-phase model[16]:

I. Familiarization – Reading and re-reading all documents to gain a comprehensive understanding.

II. Coding – Generating initial codes that identify meaningful units related to resilience and support mechanisms.

III. Theme Identification – Collating codes into potential themes reflecting recurring ideas.

IV. Theme Review – Refining and merging overlapping or weak themes.

V. Theme Definition – Naming and clarifying each final theme.

VI. Report Production – Synthesizing findings into a coherent narrative supported by evidence.

Themes were mapped across (individual, relational, institutional, and policy) to reveal how resilience operates within and between these levels. For instance, emotional coping and spirituality may emerge as individual-level themes, while caregiver training and institutional design may represent organizational-level themes.

Trustworthiness and Credibility

To ensure rigor, the study apply four criteria[17] for trustworthiness which are: credibility, transferability, dependability, and confirmability.

I. Credibility will be maintained by triangulating data across different document types (academic, policy, and NGO).

II. Transferability will be enhanced by describing contextual characteristics of each study.

III. Dependability will be ensured by maintaining a transparent audit trail of search terms, screening decisions, and coding procedures.

IV. Confirmability will be achieved by reflexive documentation, ensuring interpretations remain grounded in the data rather than researcher bias.

Peer debriefing and intertextual verification comparing interpretations with existing meta-analyses will further strengthen analytic rigor.[14]

Ethical Considerations

With the study's reliance entirely on secondary data, it does not involve direct contact with human participants. However, ethical integrity remains fundamental to the research process. All data sources are appropriately cited according to APA 7th edition. Moreover, the study complied with institutional guidelines for research ethics and data management. It is emphasized that maintaining ethical awareness is essential even when working with pre-existing data, as it "reflects respect for the individuals and institutions represented in the literature".[2]

Findings and discussions

This section presents the findings that emerged from the thematic synthesis of 68 secondary sources on resilience and support strategies for older adults in long-term care within Nigeria and similar African contexts. Using thematic analysis framework,[18] four major themes were identified:

I. Psychological and spiritual coping mechanisms;

II. Caregiver competence and emotional intelligence;

III. Institutional environment and management practices; and

IV. Policy and cultural influences on resilience.

These findings represent collective insights from peer-reviewed studies, policy documents, and institutional reports analysed in accordance with the study's research objectives.

Psychological and Spiritual Coping Mechanisms

The data revealed that resilience among older adults in long-term care is strongly grounded in psychological adaptation and spiritual engagement. Across most reviewed studies, older adults expressed that faith, prayer, and acceptance of divine will provided emotional stability in institutional life. It is found that spirituality functions as "a psychological anchor that helps older adults maintain hope and agency despite social isolation".[17] Accordingly, it is reported that residents in Nigerian care homes frequently cited religion as the central source of comfort and self-worth, especially when family contact was limited.[13] Emotional regulation and optimism were also identified as internal strategies that helped residents manage loss and declining health. Thus, resilient elders tend to recover from stress more rapidly and preserve emotional balance through positive appraisal.

However, several reports noted that those without access to regular spiritual or social engagement were more vulnerable to loneliness and depression. Some authors found that the absence of emotional communication from caregivers "increased feelings of neglect and hopelessness".[17] In all, this theme stresses that spirituality, optimism, and emotional regulation as the primary psychological foundations of resilience in Nigerian long-term care settings. From a resilience-theoretical standpoint, these psychological resources act as internal protective factors that buffer stress. However, the socio-ecological model broadens this perspective by locating these factors within relational and institutional systems. Spirituality is nurtured not only by personal conviction but also by environmental affordances such as access to chapels, clergy visits, or supportive caregivers. Therefore, promoting resilience among older adults in long-term care requires integrating spiritual and emotional expression into daily care routines. Institutions that neglect this dimension risk depriving residents of one of their most potent resilience resources.

Caregiver Competence and Emotional Intelligence

The second key finding concerns the influence of caregiver competence on residents' capacity for resilience. Across multiple studies, caregivers' attitudes, empathy, and communication skills were found to directly affect residents' emotional well-being. It is noted that in facilities where caregivers practiced empathy and respect, residents displayed higher life satisfaction and participation in communal activities.[17] On the other hand, in homes where staff lacked training, interactions were often linear, diminishing residents' confidence and autonomy.

Some authors reported that over 60% of Nigerian caregivers in elderly homes had no formal geriatric training, leading to inconsistent standards of emotional and psychological support.[18] Emotional fatigue among caregivers also emerged as a challenge, with documentation that burnout and role overload reduced social workers' capacity for empathy.[19] The reviewed studies show that when caregivers received training in emotional intelligence and relational care, residents' resilience indicators including optimism and adaptability improved significantly.

Institutional Environment and Management Practices

The physical and administrative conditions of care facilities also strongly inform resilience outcomes. Environmental quality including space design, social activity provision, and routine flexibility was closely linked to residents' sense of autonomy and belonging. Most Nigerian care institutions examined in the literature lacked purpose-built infrastructure for older adults. It has been observed that "repurposed buildings without mobility features or private spaces limited residents' movement and independence".[13] In contrast, other scholars found that access to social interaction spaces and outdoor environments in South African facilities fostered companionship and reduced isolation. Institutional leadership styles were also found to influence resilience.

Homes that encouraged participatory management and resident feedback cultivated stronger emotional security, while those with rigid or authoritarian structures created disengagement. This is why a author notes that "care routines emphasizing efficiency over relationship diminish residents' self-identity and sense of control".[20] This suggests that supportive environments, inclusive management, and opportunities for social participation enhance resilience in institutional care.

Policy and Cultural Influences

At the systemic level, resilience is influenced by national policy coherence and cultural perceptions of aging. Some authors observed that Nigeria's aging policies lack implementation strategies, resulting in "fragmented and underfunded long-term care structures".[21] This policy gap has left most facilities dependent on non-governmental or religious organizations. Consequently, institutional care is often viewed as a last resort, reinforcing stigma against formal eldercare. Another found that many Nigerian families "perceive institutional care as moral failure, limiting the social legitimacy of such facilities".[22]

Nevertheless, evidence from other African settings shows that when policies encourage family engagement and social inclusion, resilience outcomes improve. It is documented that residents who maintained periodic family contact experienced lower loneliness and greater optimism.[8] Consequently, the findings reveal that Nigeria's policy gaps and cultural attitudes significantly constrain the institutionalization of resilience-supportive care models. Systemic reform and community sensitization remain necessary for sustainable resilience building. The macro-system of the Socio-Ecological Model thus underscores that resilience in long-term care is not merely a personal process as it is a societal outcome contingent on political commitment and cultural legitimacy.

Recommendations

Institutions should provide liberal structured opportunities for residents to engage in spiritual, reflective, and social activities that enhance meaning and emotional balance. Chaplaincy programs, group prayer sessions, and resilience counselling can strengthen personal coping mechanism. Regular psychological assessments should also be integrated into care routines to identify residents at risk of depression or social withdrawal.[23] Incorporating evidence-based resilience scales (such as the Connor-Davidson Resilience Scale) can help track changes in well-being. Older adults should also be actively involved in decision-making about daily routines, recreation, and peer support groups. This is because participation increases self-efficacy and a sense of belonging, which are essential components of resilience.

Care facilities should introduce continuous professional development programs emphasizing empathy, communication, and emotional intelligence.[10] This can be facilitated through partnerships with universities and health institutions offering gerontology training. Facilities should be redesigned to promote autonomy, mobility, and social engagement such as, adding accessible outdoor spaces, reading areas, and activity rooms. Establishing resident committees and caregiver-resident dialogue platforms would encourage inclusion and shared responsibility as well. Participatory management enhances mutual respect and reduces conflict, fostering a culture of collective resilience.

Finally, policies should explicitly incorporate resilience as a measurable indicator of quality of care.[23] For example, national assessments could evaluate institutions not only by health outcomes but also by psychosocial well-being metrics. Public education campaigns should also challenge the stigma surrounding institutional eldercare. In all, collaborations with faith-based organizations, media, and community leaders can help reposition long-term care as a moral and professional extension of family care rather than its abandonment.

Conclusion

This study concludes by synthesizing the major insights obtained from the secondary qualitative analysis of resilience and support strategies among older adults in Nigerian long-term care settings. It revisits the research objectives, summarizes the key findings and their theoretical implications, and presents actionable recommendations for practice, policy, and future research that can be applied elsewhere. Since the discussion is construed around the Resilience Theory and the Socio-Ecological Model of Health, they both guided the analytical interpretation of resilience as a multi-level process shaped by individual, relational, institutional, and societal systems.

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Conflicts of interest

The authors declare that there are no conflicts of interest.

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