

Sociodemographic Predictors of Emotion Regulation among Nursing Home Residents in Central Java, Indonesia: A Cross-Sectional Study

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ABSTRACT

Background: Emotional challenges may compromise the well-being of older adults in nursing homes. However, research on factors influencing emotion regulation (ER) among institutionalized older adults remains limited, particularly in developing countries such as Indonesia. Identifying relevant sociodemographic predictors is important to support appropriate interventions and improve emotional outcomes among institutionalized older adults. **Methods:** This quantitative cross-sectional study involved 150 older adults recruited via total sampling from nursing homes in Central Java, Indonesia. The data was collected using structured questionnaires assessing participant characteristics and ER using the Emotion Regulation Questionnaire (ERQ). Participant characteristics were summarized using descriptive statistics. Bivariate analysis was conducted using the chi-square test or Fisher's exact test when appropriate. Variables with $p < 0.25$ were included in multivariate logistic regression to identify independent predictors of ER. **Results:** Gender and marital status were significantly associated with ER among nursing home residents. Logistic regression analysis indicated that gender (OR = 0.27; 95% CI: 0.13–0.56; $p < 0.001$) and marital status (OR = 1.36; 95% CI: 1.02–1.81; $p = 0.039$) were significantly associated factors, while other variables were not significantly associated, suggesting that differences in social roles and support systems may contribute to ER variation. The model explained approximately 15.1% of the variance in ER. **Conclusion:** Gender and marital status were identified as significant predictors of ER among older adults living in nursing homes. This suggests that nurses should consider gender and marital status when designing and implementing interventions to improve ER among institutionalized older adults.

Keywords: Emotional Regulation; Nursing Homes; Older Adults; Sociodemographic Factors

INTRODUCTION

Emotion regulation is a fundamental psychological process that enables individuals to monitor, evaluate, and modify emotional responses to adapt to environmental demands (Gross & John, 2003). Effective emotion regulation plays an essential role in maintaining psychological well-being, resilience, and social functioning throughout the lifespan (Dolcos *et al.*, 2021). However, older adults often face multiple life stressors, including declining physical health, loss of independence, bereavement, and reduced social interaction, which may influence their capacity to regulate emotions effectively (Rosell & Vergés, 2023). Consequently, impaired emotion regulation may negatively affect psychological well-being and quality of life in later adulthood.

Population aging is accelerating globally and represents a major demographic transformation (Kim *et al.*, 2023). Indonesia has also entered the early stage of an aging society, with individuals aged 60 years and older accounting for more than 10 percent of the total population in 2020 (Munawaroh *et al.*, 2025). According to data from the Indonesian Central Statistics Agency (DSKR, 2025), several provinces have already reached the aging population threshold, including Yogyakarta, East Java, and Central Java in Indonesia. Along with this demographic shift, the demand for long-term care services for older adults, such as nursing homes, has increased. In the province of Central Java alone, approximately 83 nursing homes accommodated around 3,571

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older residents in 2024 (BPS, 2025). Although nursing homes provide essential care, institutional living may also present emotional challenges due to reduced autonomy, limited family contact, and the loss of previous social roles (Ferreira *et al.*, 2021). As a result, older adults in nursing homes are particularly vulnerable to emotional difficulties such as loneliness, anxiety, and helplessness, which may impair emotion regulation (Rosell & Vergés, 2023).

These challenges may affect their ability to regulate emotions effectively and increase their vulnerability to psychological distress. Previous studies have shown that poor emotion regulation is associated with higher risks of depression, anxiety, and reduced life satisfaction among older adults (Dolcos *et al.*, 2021). Conversely, effective emotion regulation strategies may help older adults adapt to environmental changes and maintain better psychological well-being for their mental health. In institutional settings, the ability to regulate emotions may be particularly important as residents adjust to structured routines, separation from family members, and changes in social identity.

Moreover, emotion regulation processes may be shaped by individual characteristics. Previous studies suggest that sociodemographic factors such as age, gender, marital status, and educational level may influence emotional coping and expression (Kang *et al.*, 2020; Zeabadi *et al.*, 2021). Age-related cognitive and physiological changes may alter emotional processing and coping abilities (Puente-Martínez *et al.*, 2021), while gender differences in emotional socialization may influence how individuals express and manage emotions (Cho & Choi, 2024). Marital status may affect emotional well-being through the availability of emotional support from spouses (Zhai *et al.*, 2019), and educational level may shape cognitive resources and coping strategies that support emotion regulation (Zarling *et al.*, 2024). Health conditions and opportunities for social interaction may also play important roles in emotional adjustment among older adults, particularly in institutional environments. Among these factors, gender and marital status are particularly relevant, as they are closely related to emotional expression, coping strategies, and access to social support in later life.

The relationship between aging and emotional processes can be explained by Socioemotional Selectivity Theory (SST), which suggests that individuals prioritize emotionally meaningful goals and relationships as they perceive time as limited (Zeng & Yeh, 2025). However, nursing homes may restrict opportunities for meaningful social interaction, potentially influencing how older adults regulate their emotions and cope with daily experiences.

Despite the growing body of research on aging and mental health, studies specifically examining emotion regulation among older adults in nursing homes remain limited. Most existing studies have focused on psychological outcomes such as depression, anxiety, or loneliness rather than on the mechanisms of emotion regulation (Ma *et al.*, 2025; Nagel *et al.*, 2024). Furthermore, much of the current evidence has been derived from community-dwelling older adults, whose social environments differ considerably from those of individuals living in institutional care (Nagel *et al.*, 2024). Consequently, empirical evidence examining how sociodemographic characteristics, health conditions, and social interaction factors influence emotion regulation in nursing homes is still limited, particularly in developing countries such as Indonesia (Afriani *et al.*, 2021; Ferreira *et al.*, 2021). To date, no study has comprehensively examined these factors among older adults living in nursing homes in Indonesia.

Although previous international studies have identified several factors associated with emotion regulation in later life, their findings remain inconsistent regarding the influence of gender, marital status, educational attainment, health conditions, and social relationships (Zarling *et al.*, 2024). Moreover, most existing evidence has been generated in Western countries, where cultural norms, family structures, social support systems, and institutional care practices differ substantially from those in Indonesia (Zeabadi *et al.*, 2021). These contextual differences may shape emotional experiences and regulation strategies among older adults, limiting the direct applicability of international findings to Indonesian nursing home residents (Zeabadi *et al.*, 2021). In addition, previous studies have often examined specific determinants of emotional well-being separately, rather than investigating the combined contributions of sociodemographic, health-related, and social interaction factors to emotion regulation within institutional care settings (Nagel *et al.*, 2024). As a result, there remains limited understanding of which factors are most strongly associated with emotion regulation among older adults living in nursing homes, particularly in collectivistic cultural contexts such as

Indonesia (Afriani *et al.*, 2021; Ferreira *et al.*, 2021).

Therefore, the novelty of this study lies not only in its focus on an understudied population of nursing home residents in Indonesia but also in its comprehensive examination of multiple domains of participant characteristics (including sociodemographic factors, health conditions, and social interaction variables) as potential correlates of emotion regulation. By identifying the relative contribution of these factors within an institutional care context, this study extends existing knowledge on emotion regulation in later life and provides evidence that may inform culturally relevant psychosocial and nursing interventions for older adults in developing countries.

This study aims to examine the associations between participant characteristics (including sociodemographic factors, health conditions, and social interaction variables) and emotion regulation among older adults living in nursing homes in Central Java, Indonesia. The findings are expected to inform the development of evidence-based psychosocial and nursing interventions to improve emotional well-being and quality of life among older adults.

METHODOLOGY

Research Design

In this study, a quantitative research design with a cross-sectional approach was employed to examine the association between sociodemographic factors and emotion regulation among older adults living in nursing homes in Central Java, Indonesia (Vikström-Dahl *et al.*, 2024).

Instrument and Variables

The independent variables included participant characteristics: age, gender, marital status, educational level, medical history, social interaction, income status, and family visit frequency. Age was categorized into middle age (45–59 years), elderly (60–74 years), old age (75–90 years), and very old age (≥ 90 years). Gender was classified as male or female. Marital status was categorized as unmarried, married, divorced/widowed, or widowed due to the death of a spouse. Educational level was categorized as no formal education, elementary school, middle school, high school, and higher education. Medical history was classified as none or the presence of chronic diseases, including hypertension, arthritis, diabetes mellitus, heart disease, stroke, and other conditions. Social interaction was categorized as always, often, sometimes, or never. Income status was classified as having income/resources or lacking income/resources. Family visit frequency was categorized as never, biweekly, monthly, more than monthly or yearly.

The dependent variable was emotion regulation, measured using the ERQ (Andini *et al.*, 2025; Bjureberg & Gross, 2024). The ERQ consists of 10 items assessing two emotion regulation strategies: cognitive reappraisal (6 items) and expressive suppression (4 items). Responses are rated on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Higher scores indicate greater use of the emotion regulation strategies assessed by the ERQ (Gross & John, 2003).

The ERQ has demonstrated acceptable psychometric properties. Gross and John (2003) reported Cronbach's alpha values of 0.79 for cognitive reappraisal and 0.73 for expressive suppression. In the Indonesian validation study, all items showed satisfactory validity (item–total correlation = 0.496–0.722) and good reliability (Cronbach's alpha = 0.743) (Jannah, 2021).

Participants and Sampling

This study involved 150 residents living in several nursing homes in Central Java, Indonesia. A total sampling technique was used, in which all eligible residents in the participating nursing homes were included in the study. Participants were identified and recruited through coordination with staff at the nursing home. This approach was applied to include all available participants and to reduce the risk of selection bias.

The inclusion criteria were residents aged 45 years and older who resided in the nursing home during the study period, were able to communicate verbally, and were willing to participate, as indicated by their provision of informed consent. The exclusion criteria included residents with severe cognitive impairment, those with a serious illness that prevented participation, and those who declined to participate.

Data Collection

The data were collected between July and August 2025 using structured questionnaires administered through face-to-face interviews in participating nursing homes in Central Java, Indonesia. Eligible participants were approached individually and invited to participate. The questionnaire consisted of two sections: (1) sociodemographic characteristics, including age, gender, marital status, educational level, medical history, social interaction, income status, and frequency of family visits, and (2) emotion regulation assessed using the ERQ.

The data collection was conducted in a quiet and private setting to ensure participant comfort. Each interview lasted approximately 15–25 minutes. For participants who experienced difficulty reading or writing, the researcher read each question aloud in a clear and neutral manner and recorded the responses as provided without interpretation. To ensure data quality, each completed questionnaire was checked for completeness and consistency immediately after data collection. To ensure data quality, each completed questionnaire was checked for completeness and consistency immediately after data collection to identify any missing data or incomplete responses.

Data Analysis

The data were analyzed using Jeffrey's Amazing Statistics Program (JASP) version 0.19.3.0 (Love *et al.*, 2019). Descriptive statistics were used to summarize the participants' characteristics. Emotion regulation scores obtained from the ERQ were categorized into two groups (low and high) based on the sample median score to facilitate categorical analysis and interpretation. Bivariate analysis was conducted using the chi-square test to examine the association between independent variables and emotion regulation. When the expected cell frequencies were less than five, Fisher's exact test was applied as an alternative. Variables with *p*-values less than 0.25 in the bivariate analysis were initially included in the multivariate logistic regression model. A backward elimination method was then applied to obtain the final model. Variables that were not statistically significant were removed stepwise, and only variables that remained significant were retained in the final model. The results are presented as odds ratios (OR) with 95% confidence intervals (CI).

Ethical Consideration

The researcher obtained an ethical clearance from the Ethics Commission of the Faculty of Medicine, Diponegoro University, Indonesia, with reference number 192/EC/KEPK/FK-UNDIP/VII/2025 on 25th July 2025.

Prior to data collection, all respondents were informed about the purpose of the study and the procedures involved. Participation in this research was voluntary, and informed consent was obtained from each respondent before they completed the questionnaire. Confidentiality and anonymity were ensured, and all data was used solely for research purposes.

RESULTS

Table 1: Frequency Distribution of Emotion Regulation Levels of Older Adults in Nursing Homes (n = 150)

No.	Emotion Regulation Level	Frequency (<i>f</i>)	Percentage (%)
1	Low	76	50.7
2	High	74	49.3
Total		150	100.00

Table 1 shows that out of a total of 150 respondents, 76 older adults (50.7%) had low levels of emotion regulation, while 74 respondents (49.3%) had high levels of emotion regulation. This indicates that a substantial proportion of nursing home residents experienced difficulties regulating their emotions. Emotion regulation scores obtained from the ERQ were categorized into low and high levels based on the total score distribution for analytical purposes.

Table 2: Frequency Distribution of Emotion Regulation Levels of Older Adults in Nursing Homes Based on Characteristics (n = 150)

Demographic Data		Respondent Frequency		Total	Percentage (%)	p-value
		Low Emotion Regulation	High Emotion Regulation			
		f (%)	f (%)			
Age	Middle age	7(4.7)	1(7)	8	5.3	0.064
	Elderly	33(22.0)	33(22.0)	66	44.0	
	Old age	34(22.7)	34(22.7)	68	45.3	
	Very old age	2(1.3)	6(4.0)	8	5.3	
Gender	Male	13(8.7)	33(22.0)	46	30.7	< 0.001*
	Female	63(42.0)	41(27.3)	104	69.3	
Marital Status	Unmarried	26(17.3)	20(13.3)	46	30.7	0.021*
	Married	30(20.0)	22(14.7)	52	34.7	
	Widowed (divorce)	8(5.3)	4(2.7)	12	8.0	
	Widowed (death)	12(8.0)	28(18.7)	40	26.7	
Education	No Formal Education	22(14.7)	12(8.0)	34	22.7	0.156
	Elementary School	25(16.7)	20(13.3)	45	30.0	
	Middle School	9(6.0)	11(7.3)	20	13.3	
	High School	10(6.7)	19(12.7)	29	19.3	
	Higher Education	10(6.7)	12(8.0)	22	14.7	
Medical History	Hypertension	20(13.3)	20(13.3)	40	26.7	0.316
	Arthritis	0(0)	4(2.7)	4	2.7	
	Diabetes Mellitus	1(0.7)	6(4.0)	7	4.7	
	Heart Disease	1(0.7)	2(1.3)	3	2.0	
	Stroke	6(4.0)	5(3.3)	11	7.3	
	Other	15(10)	24(16.0)	39	26.0	
	None	33(22.0)	13(8.7)	46	30.7	
Interaction with Others	Always	34(22.7)	28(18.7)	62	41.3	0.193
	Often	15(10.0)	20(13.3)	35	23.3	
	Sometimes	13(8.7)	19(12.7)	32	21.3	
	Never	14(9.3)	7(4.7)	21	14.0	
Income	Having Money	53(35.3)	61(40.7)	114	76.0	0.069
	No Money	23(15.3)	13(8.7)	36	24.0	
Family Visit	Never	44(29.3)	34(22.7)	78	52.0	0.131
	Biweekly	12(8.0)	6(4.0)	18	12.0	
	Monthly	10(6.7)	15(10.0)	25	16.7	
	> Monthly	3(2.0)	5(3.3)	8	5.3	
	Yearly	7(4.7)	14(9.3)	21	14.0	

Note: *Chi-square test was used when expected cell counts were ≥ 5 ; otherwise, Fisher's exact test was applied

Table 2 presents the associations between participant characteristics and emotion regulation among nursing home residents. Bivariate analysis was conducted using the chi-square test, and Fisher's Exact Test was applied when the expected cell frequency was less than five.

The results show that gender was significantly associated with emotion regulation ($p < 0.001$), indicating that male residents were more likely to demonstrate higher levels of emotion regulation compared with female residents. Marital status was also significantly associated with emotion regulation ($p = 0.021$), which shows that married residents tended to demonstrate better emotion regulation than unmarried or widowed residents.

In contrast, age ($p = 0.064$), educational level ($p = 0.156$), medical history ($p = 0.316$), interaction with others ($p = 0.193$), income status ($p = 0.069$), and family visit frequency ($p = 0.131$) were not significantly associated with emotion regulation among the participants. Variables with p -values less than 0.25 in the

bivariate analysis, including age, education level, social interaction, income status, and family visit frequency, were initially considered for inclusion in the multivariate model. However, after model fitting, only the variables that remained statistically significant—gender and marital status—were retained in the final regression model.

Table 3: Model Summary for the Analysis of Emotion Regulation with Gender and Marital Status in Nursing Homes (n = 150)

Model	Deviance	AIC	BIC	df	ΔX^2	p	McFadden R^2	Nagelkerke R^2	Tjur R^2	Cox & Snell R^2
M ₀	207.917	209.917	212.928	149			0.000		0.000	
M ₁	189.895	195.895	204.927	147	18.022	< 0.001	0.087	0.151	0.116	0.113

Note: Model M₁ includes gender and marital status.

Table 3 shows that the logistic regression model that included gender and marital status (Model M₁) provided a better fit than the baseline model (Model M₀). The reduction in deviance indicates that the inclusion of these variables improved the model's ability to explain variations in emotion regulation among older adults in nursing homes. The model also explained approximately 15.1% of the variance in emotion regulation (Nagelkerke $R^2 = 0.151$), indicating that gender and marital status contributed modestly to the outcome.

Table 4: Results of Regression Analysis of the Relationship between Emotion Regulation and Gender Characteristics and Marital Status in Nursing Homes (n = 150)

Variable	B	SE	OR	95%CI	p-value	Wald χ^2	df
Gender	-1.305	0.389	0.27	0.13–0.56	< 0.001	11.237	1
Marital status	0.311	0.151	1.36	1.02–1.81	0.039	4.274	1

Note: Emotion regulation level “2” was coded as

Table 4 shows that gender and marital status remained significant predictors of emotion regulation among nursing home residents. Gender was significantly associated with emotion regulation (OR = 0.27; 95% CI: 0.13–0.56; $p < 0.001$; Wald $\chi^2 = 11.237$), indicating that female residents were more likely to demonstrate higher levels of emotion regulation than male residents. Marital status was also significantly associated with emotion regulation (OR = 1.36; 95% CI: 1.02–1.81; $p = 0.039$; Wald $\chi^2 = 4.274$), suggesting that married residents were more likely to exhibit better emotion regulation than unmarried residents.

DISCUSSION

This study examined the associations between participant characteristics and emotion regulation among older adults living in nursing homes. The findings indicate that gender and marital status were significant predictors of emotion regulation, highlighting the importance of sociodemographic factors in shaping emotional processes among institutionalized older adults. This study contributes to the limited evidence on emotion regulation among nursing home residents in developing countries.

Gender was found to be significantly associated with emotion regulation, with female residents demonstrating higher levels of emotion regulation than male residents. This finding is consistent with previous research suggesting that women tend to use more adaptive emotional strategies, such as cognitive reappraisal, and are more likely to seek social support when coping with emotional challenges (Cho & Choi, 2024; Dolcos *et al.*, 2021). In contrast, men are more likely to rely on emotional suppression, which is generally considered a less adaptive strategy that may increase psychological distress (Bailly *et al.*, 2023; Sasagawa, 2021). These differences may be explained by gender-based socialization processes that shape emotional expression and coping patterns across the lifespan. From the perspective of SST, gender differences in emotion regulation may also reflect variations in how individuals prioritize emotionally meaningful experiences and relationships in later life (Zeng & Yeh, 2025). In institutional settings such as nursing homes, these differences may become more pronounced due to differences in social interaction patterns and access to emotional support.

The association between marital status and emotion regulation may reflect the long-term benefits of emotionally meaningful relationships throughout the life course. Marriage often provides opportunities to develop interpersonal trust, emotional sharing, and collaborative coping skills that can strengthen emotional resilience in later life. This finding supports previous studies indicating that marital relationships are important sources of emotional and social support, which can enhance emotional stability and capacity to cope (Szkody & McKinney, 2019; Zhai *et al.*, 2019). The presence of a spouse may provide companionship, emotional reassurance, and a sense of psychological security, all of which contribute to more effective emotion regulation (Visted *et al.*, 2023).

Conversely, the absence of close emotional relationships may increase vulnerability to loneliness and psychological distress among older adults living in nursing homes (Haunch *et al.*, 2021). According to SST, emotionally meaningful relationships play a central role in maintaining well-being in later life (Zeng & Yeh, 2025). Therefore, limited access to such relationships in institutional environments may negatively influence emotion regulation processes.

In contrast, the following variables were not significantly associated with emotion regulation: age, educational level, medical history, social interaction, income status, and family visit frequency. One possible explanation is that emotion regulation in later life may be influenced more strongly by stable psychological coping patterns rather than by sociodemographic or health-related characteristics alone. Previous research suggests that older adults often develop adaptive emotional strategies that allow them to maintain emotional stability despite physical decline or social limitations (Puente-Martínez *et al.*, 2021). Additionally, the relatively homogeneous environment of nursing homes may reduce variability in daily experiences, social interactions, and access to care. As a result, differences in factors such as education, income, or health status may have a limited impact on emotion regulation compared with interpersonal relationships and individual coping mechanisms (Andini *et al.*, 2025).

The findings suggest that emotion regulation should be considered an important component of gerontological nursing care in nursing homes. Routine psychosocial assessment may help identify residents who are at greater risk of emotional difficulties, particularly those with limited social support networks. Nursing interventions should focus on strengthening adaptive coping strategies through structured group activities, emotional expression programs, peer-support initiatives, and individualized counseling. Creating opportunities for meaningful social engagement between residents, caregivers, and family members may further enhance emotional well-being and facilitate successful adaptation to institutional living. Living in a structured setting requires older adults to adapt to routines, shared living spaces, and reduced autonomy, which may pose emotional challenges (Ferreira *et al.*, 2021; Anggraini *et al.*, 2022). In this context, the ability to regulate emotions becomes an important psychological resource that supports adaptation and overall well-being.

Supportive social environments within nursing homes may facilitate better emotion regulation by providing opportunities for social engagement, emotional expression, and interpersonal support (Nagel *et al.*, 2024). Meaningful interactions with caregivers, participation in group activities, and recreational programs may enhance emotional coping and reduce psychological distress (Cabak, 2020; Dolcos *et al.*, 2021). Conversely, limited opportunities for meaningful interaction may increase feelings of loneliness and negatively affect emotional well-being (Uchino & Rook, 2020).

The logistic regression model explained a modest proportion of the variance in emotion regulation, suggesting that other factors not examined in this study may also contribute to emotion regulation among older adults in nursing homes. Previous research has identified psychological factors such as social support, coping style, and mental health status and environmental factors such as caregiving quality and institutional climate as important determinants of emotion regulation (Dolcos *et al.*, 2021; Sani *et al.*, 2023; Tang *et al.*, 2022). These findings indicate that emotion regulation is influenced by multiple interacting factors beyond sociodemographic characteristics alone.

Healthcare providers working in nursing homes should consider sociodemographic characteristics, particularly gender and marital status, when designing psychosocial interventions. Tailored programs that focus

on improving emotion regulation skills, such as cognitive reappraisal training, group-based activities, and emotional support programs, may help enhance emotional well-being among residents (Rompilla *et al.*, 2022; Sasagawa, 2021). Strengthening social support systems within nursing homes is also essential for alleviating emotional distress and promoting adaptive coping strategies (Chen *et al.*, 2023). From a research perspective, this study highlights the need for further investigation into the psychological and environmental factors that influence emotion regulation among institutionalized older adults. Future studies should explore additional variables such as social support, caregiving quality, and institutional climate (Sani *et al.*, 2023; Tang *et al.*, 2022). Longitudinal research designs are also recommended to better understand changes in emotion regulation over time and to establish causal relationships (Burr *et al.*, 2021).

Limitations

This study has several limitations that should be considered when interpreting the findings. The cross-sectional design precludes the establishment of causal relationships between sociodemographic characteristics and emotion regulation. Therefore, the observed associations should be interpreted with caution, as temporal ordering and causality cannot be determined.

Emotion regulation was assessed using self-report measures, which may be susceptible to response bias, including social desirability and recall bias. To reduce these potential biases, data collection was conducted through structured face-to-face interviews in a private and supportive environment, allowing participants to seek clarification when necessary and facilitating a clear understanding of the questionnaire items.

The study population consisted exclusively of older adults residing in nursing homes in Central Java, Indonesia. As a result, the findings may not be generalizable to community-dwelling older adults or residents of other institutional settings and geographical regions. Nevertheless, the use of a total sampling technique enabled the inclusion of all eligible participants within the study setting, thereby minimizing selection bias.

The study focused primarily on sociodemographic characteristics and did not examine other psychological, social, and environmental factors that may influence emotion regulation, such as perceived social support, institutional climate, staff–resident relationships, cognitive functioning, and participation in social activities. Incorporating these variables in future studies may provide a more comprehensive understanding of the factors associated with emotion regulation among older adults. Longitudinal research designs are also recommended to further explore the direction and mechanisms of these relationships.

Future Scope

Future studies should examine additional factors that may influence emotion regulation among older adults in nursing homes, particularly psychosocial and environmental variables such as social support, family relationships, caregiving quality, and health status. Given that the current model explained only a modest proportion of the variance in emotion regulation, identifying other contributing factors may provide a more comprehensive understanding of emotional functioning in institutionalized older adults. Longitudinal studies are recommended to examine changes in emotion regulation over time and to clarify potential causal relationships. Future research should also evaluate the effectiveness of psychosocial and nursing interventions designed to strengthen emotion regulation skills and improve emotional well-being among nursing home residents.

CONCLUSION

This study identified gender and marital status as significant predictors of emotion regulation among older adults living in nursing homes, while age, educational level, medical history, social interaction, income status, and family visit frequency were not significantly associated with emotion regulation. These findings suggest that interpersonal and sociodemographic factors may play a more important role in shaping emotional regulation processes among institutionalized older adults than demographic or health-related characteristics alone.

The scientific contribution of this study lies in extending the evidence on emotion regulation among nursing home residents in a developing-country context, a population that remains underrepresented in the

literature. By applying the perspective of SST, this study provides empirical support for the importance of emotionally meaningful relationships and social roles in maintaining emotional well-being in later life within institutional care settings.

The findings also have important implications for nursing-home practice. Nurses and caregivers should consider residents' gender and marital status when planning psychosocial care and emotional support interventions. Nursing-home programs should incorporate emotion regulation training, opportunities for meaningful social engagement, group-based activities, and individualized emotional support to strengthen adaptive coping strategies and enhance residents' psychological well-being. Developing a supportive institutional environment that promotes interpersonal connection and emotional expression may further contribute to healthy aging and improved quality of life among nursing-home residents.

CRedit Authorship Contribution Statement

A.D.Y: Conceptualization, Methodology, Investigation, Data Curation, Formal Analysis, Writing – original draft. M.D: Supervision, Validation, Methodology, Writing – review and editing. N.S.D: Supervision, Validation, Writing – review and editing.

AI Assistance Declaration

The authors used paperpal during the preparation of this work to enhance the language and readability of this article.

Conflict of Interest

The authors declare no conflicts of interest.

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