

Original Research Article

Assessment of psychological distress and coping strategies among empty nesters in a selected urban community, Coimbatore

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ABSTRACT

Background: Empty nesters are parents whose all children are grown up and left home. Depression, anxiety, and sleep disturbances are major concerns that empty nest elderly people face. The aim of the study was to assess the psychological distress and coping strategies among empty nesters.

Methods: Descriptive research design and purposive sampling technique was used in the study. 60 samples participated in the study. SRQ and Brief COPE tool was used for data collection.

Results: 44 (73.3%) of empty nesters had no psychological distress and 16 (26.7%) had psychological distress. Religion 57 (95%) was the most frequently used whereas humour 47 (78.7%), was least used adaptive coping strategy by empty nesters. Self-distraction 53 (88.3%) was highly used whereas substance use 49 (81.7%) was least used maladaptive coping strategy by empty nesters. 51 (85%) had medium, 8 (13.33%) had high and 1 (1.66%) had low usage of adaptive coping strategies. 33 (55%) had low, 27 (45%) had medium usage of maladaptive coping strategies. A weak positive correlation ($r=0.12$) was found between psychological distress and maladaptive coping strategies. The socio demographic variables such as health problem ($\chi^2=10.25$, $p\leq 0.05$) and occupation ($\chi^2=11.67$, $p\leq 0.05$) had significant association with adaptive coping strategies of empty nesters. The socio demographic variables such as income ($\chi^2=23.46$, $p\leq 0.05$), education ($\chi^2=18.24$, $p\leq 0.05$), occupation ($\chi^2=16.22$, $p\leq 0.05$) had significant association with psychological distress.

Conclusions: Humour, acceptance and active coping were the main adaptive coping strategies and self-distraction was the maladaptive coping strategy commonly used by the empty nesters.

Keywords: Coping strategies, Empty nesters, Psychological distress

INTRODUCTION

The empty nest syndrome is a mental health condition that occurs when children leave their parents and their house and expose both the parents to feelings of loss, grief, and difficulty in adjusting to new roles and transitions in parental relationships. The majority of the parents who have this syndrome are elderly.¹

Empty nesters may experience symptoms such as physical and emotional distress, loneliness, emotional anguish, a sense of loss of purpose, a fear of losing control, sadness, concern, and anxiety. The moment their kids leave home, the parents start crying and start to feel lonely since they realize that their kids aren't living with them anymore. There are many positive and bad mood swings that parents battle with. They can attempt to hide their suffering or repress their melancholy, which will only have harmful effects.

According to a recent survey from 55 Places, 66% of empty nesters suffered empty nest syndrome and 63% grew closer to their spouses as a result of their children moving away. Additionally, 58% of respondents reported getting more closer to their spouse when children leave their home.²

Empty nest syndrome might appear temporarily or permanently. However, after their children go, parents might need to reorganize their roles and go through changes in their family dynamics. Recognize that once children leave the nest, parents' roles are changing and evolving rather than disappearing.

Asian families with one or two children are more likely than other families to experience empty nest syndrome. Once they reach adulthood, they leave their parents alone and either leave home or relocate to the middle east or western countries in search of better opportunities.³

India is dealing with an increasing number of empty nesters who are struggling with their physical and mental health. Depression, anxiety, and sleep disturbances are major concerns when thinking about the mental health issues that empty nest elderly people face. Health and wellbeing, and more specifically depression symptoms among senior empty nesters, can be correlated with the structure of the home, the way people live there, and the level of financial assistance.

Elderly people in rural areas who are empty-nesters experience higher levels of loneliness and depression than non-empty nesters.^{4,5} According to research, working women with empty nests are generally more resilient than their non-working counterparts.⁶ Spiritual intelligence is regarded as the most important kind of intelligence because it can affect changes in people, society, and culture. This can help people adopt a positive outlook on life and improve their psychological well-being.⁷ A previous study findings shows that, the sample's perceived level of social support and happiness are positively correlated.⁸ Increased attention should be paid to empty nesters who are elderly, single, female, live in rural areas, have minimal interaction with their children, have a low socioeconomic status, and are in poor physical health.⁹⁻¹¹ The association between the empty-nesting elderly's personality and mental health was somewhat mediated by their coping strategy.¹² The coping strategy most used by the empty-nest elderly males is behavioral disengagement venting and planning whereas empty-nest elderly females use emotional support, self-distraction and religion for coping.¹³ The negative psychosocial effects of empty nesters may be avoided or at least lessened if older adults are given better support and care.¹⁴

Aim of the study was to identify psychological distress and coping strategies of empty nesters. Objectives were 1) to identify psychological distress and coping strategies among empty nesters, 2) to correlate between

psychological distress and coping strategies among empty nesters, 3) to associate psychological distress and coping strategies of empty nesters with selected demographic variables of empty nesters.

METHODS

Descriptive research design was used in this study. Research variable was psychological distress and coping strategies among empty nesters. The population of the study was empty nesters in a selected urban community. Non-probability purposive sampling technique was used to select the participants in the study. Sample size consists of 60 empty nesters who resided in selected urban areas of Coimbatore such as Gandhimanagar, Peelamedu and Gandhipuram. The study period was from 01 March 2022 to 30 December 2022.

Sample Size Calculation

$$n \geq \frac{Z_{\alpha}^2 p(1-p)}{e^2}$$

Z α = level of significance= 1.96

P = Prevalence= 10%

e = precision /margin of error= 8%

$$n \geq \frac{(1.96 * 1.96) (0.10) (1 - 0.10)}{0.0064}$$

$$n \geq \frac{3.84 * 0.10 * 0.9}{0.0064}$$

Sample size was N $\geq$ 54 samples.

Sample size

Sample size consisted of 60 empty nesters who resided in selected urban areas of Coimbatore such as Gandhimanagar, Peelamedu and Gandhipuram.

Inclusion criteria

Parents who were aged 40 and above. Parents who could read and write Tamil and English. Empty nesters who belong to middle-class socio-economic status (2-10 lakh). Parents who resided in urban area.

Exclusion criteria

Severe mentally ill. Empty nesters with acute psychotic symptoms. Empty nesters who were not willing to participate

Instruments and tools for data collection

Demographic Performa include age, gender, religion, education, occupation, marital status, health problems,

frequency of parent children interaction, yearly income and source of income.

Self-reporting questionnaire (SRQ) was used for assessing psychological distress. A score of 1 indicates that the symptom was present, and a score of 0 indicates that the symptom was absent during the last month. If the obtained score was below 8 no psychological distress. If the obtained score was 8 or above 8 psychological distress presents.

Coping orientation to problems experienced inventory (Brief- COPE) is a 28 item self-report questionnaire designed to measure effective and ineffective ways to cope with a stressful life event which was invented by Carver in 1997. There are 28 items in brief COPE tool. There are 14 coping scales which is divided into adaptive versus maladaptive coping strategies.

Data collection procedure

Empty nesters were selected based on the willingness and inclusion criteria. Empty nesters were well explained about the study purpose and procedures. The informed consent was obtained. The tools which include demographic Performa, SRQ and Brief-COPE were distributed.

All the empty nesters took nearly 20 minutes to complete the questionnaire. On completion, informational pamphlet was distributed on 'coping strategies' to the empty nesters and explained about it. Ethical approval was obtained for the study.

Data analysis

The data was analysed using descriptive and inferential statistics. Frequency, percentage distribution, Karl Pearson's coefficient of correlation, and Chi square test were the statistical tests used.

RESULTS

Table 1 shows most of the empty nesters 24 (40%) belonged to the age group 61-70 years, 42 (70%) were females, 47 (78.3%) were Hindus, 39 (65%) were primarily educated, 45(75%) had occupation, 37 (61.6%) were married, 33 (55%) had health problems, 23 (38.3%) had often interaction with their children.

Table 2 shows 44 (73.3%) of empty nesters had no psychological distress and 16 (26.7%) had psychological distress.

Table 3 shows that 51 (85%) had medium, 8 (13.33%) had high and 1 (1.66%) had low usage of adaptive coping strategies. 33 (55%) had low, 27 (45%) had medium usage of maladaptive coping strategies.

Table 1: Demographic variables of empty nesters (n=60).

Demographic variables	N	%
Age (years)		
40-50	0	0
51-60	13	21.6
61-70	24	40
71-80	23	38.3
Gender		
Male	18	30
Female	42	70
Religion		
Hindu	47	78.3
Muslim	1	1.6
Christian	12	20
Other	0	0
Education		
Primary education	39	65
Secondary education	12	20
UG	8	13.3
PG	1	1.6
Occupation		
Yes	15	25
No	45	75
Marital status		
Married	37	61.6
Widow	22	36.6
Widower	1	1.6
Divorce	0	0
Health problems		
Yes	33	55
No	27	45
How often your children interact with you		
Daily	23	38.3
Weekly	20	33.3
Monthly	10	16.6
Half-yearly	7	11.6
Others	0	0
Any financial support from children		
Yes	29	48.3
No	31	51.6

Table 2: Psychological distress of study participants (n=60).

Psychological distress	N	%
Below 8 (no psychological distress)	44	73.3
8 and above 8 (psychological distress present)	16	26.7

Figure 1 depicts that religion 57 (95%), instrumental support 43 (73.7%), and emotional support 41 (61.3%), are most frequently used whereas humour 47 (78.7%), acceptance 29 (48.3) and active coping 28 (46.7%) are least used adaptive coping strategies by empty nesters.

Table 3: Adaptive and maladaptive coping strategies of study (n=60).

Coping Strategies	Low usage		Medium usage		High usage	
	N	%	N	%	N	%
Adaptive coping strategies	1	1.6	51	85	8	13.3
Maladaptive coping strategies	33	55	27	45	0	0

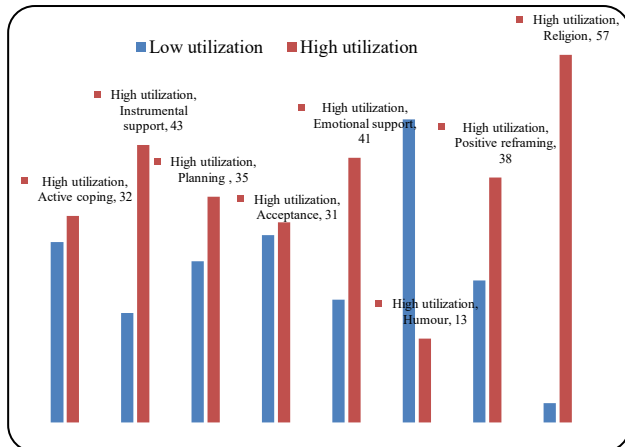
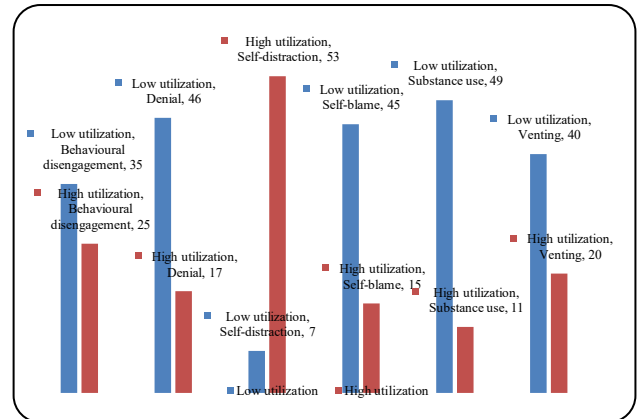
**Figure 1: Subscale wise categorization of adaptive coping strategies of study participants.**

Figure 2 depicts that self-distraction 53 (88.3%), behavioural disengagement 25 (41.7%), venting 20 (33.3%) was highly used whereas substance use 49 (81.7%), denial 46 (76.7%), self-blame 45 (75%), was least used maladaptive coping strategies by empty nesters.

Table 4 shows a weak positive correlation between psychological distress and adaptive and maladaptive coping strategies.

**Figure 2: Subscale wise categorization of maladaptive coping strategies of study participants****Table 4: Correlation between psychological distress and coping strategies of empty nesters (n=60).**

Items	Correlation coefficient 'r'
Psychological distress and adaptive coping strategies	r=0.18
Psychological distress and maladaptive coping strategies	r=0.12

Table 5 shows that the socio demographic variables such as income ($\chi^2=23.46$, $p \leq 0.05$), education ($\chi^2=18.24$, $p \leq 0.05$), occupation ($\chi^2=16.22$, $p \leq 0.05$) had significant association with psychological distress.

Table 5: Association of selected demographic variables with psychological distress of empty nesters (n=60).

Demographic variables	Psychological distress of study participants				DF	Calculated Chi-square value	Table value
	<8		≥8				
	N	%	N	%			
Age (years)							
40-50	0	0	0	0	3	$\chi^2=3.11$	7.82
51-60	8	13.3	5	8.3			
61-70	13	21.6	11	18.3			
71-80	16	26.6	7	11.6			
Gender							
Male	15	25	2	3.3	3	$\chi^2=3.75$	7.82
Female	27	45	16	26.6			
Religion							
Hindu	35	58.3	13	21.6	9	$\chi^2=0.95$	16.92
Muslim	0	0	0	0			
Christian	7	11.6	5	8.3			
Others	0	0	0	0			
Education							
Primary	25	41.6	14	23.3	9	$\chi^2=18.24$ S*	16.92
Secondary	10	16.6	2	3.3			
UG	4	6.6	4	6.6			
PG	0	0	1	1.6			

Continued.

Demographic variables	Psychological distress of study participants				DF	Calculated Chi-square value	Table value
	<8		≥8				
	N	%	N	%			
Occupation							
Yes	11	18.3	5	8.3	3	$\chi^2=16.22$ S*	7.82
No	31	51.6	13	21.6			
Marital status							
Married	25	41.6	9	15	9	$\chi^2=0.45$	16.92
Widow	17	28.3	9	15			
Widower	0	0	0	0			
Divorced	0	0	0	0			
Health problem							
Yes	20	33.3	14	23.3	3	$\chi^2=4.6$	7.82
No	22	36.6	4	6.6			
Interaction							
Daily	14	23.3	3	5	12	$\chi^2=4.95$	21.03
Weekly	14	23.3	6	10			
Monthly	8	13.3	4	6.6			
Half yearly	4	6.6	4	6.6			
Other	2	3.3	1	1.6			
Income							
Yes	23	38.3	6	10	3	$\chi^2=23.46$ S*	7.82
No	20	33.3	11	18.3			
P≤0.05, variables such as income, education, occupation had significant association with psychological distress.							

P≤0.05, variables such as income, education, occupation had significant association with psychological distress.

Table 6: Association of selected demographic variables with coping strategies of study participants n=60.

Demographic variables	Maladaptive				Chi-square value	Adaptive						Chi-square value
	Low usage		Medium usage			Low usage		Medium usage		High usage		
	N	%	N	%		N	%	N	%	N	%	
Age (years)												
40-50	1	1.6	0	0	$\chi^2=3.35$ T= 16.92 DF=9	-	-	-	-	-	-	$\chi^2=11.09$ T=16.92 DF=9
51-60	4	6.6	9	15		-	-	10	16.6	1	1.6	
61-70	14	23.3	10	16.7		1	1.6	19	31.6	6	10	
71-80	12	20	11	18.3		-	-	19	31.6	4	6.6	
Gender												
Male	8	13.3	10	16.7	$\chi^2=1.66$ T=7.82 DF=3	-	-	16	26.6	2	3.3	$\chi^2=0.33$ T=7.82 DF=3
Female	24	40	18	30		-	-	35	58.3	7	11.6	
Religion												
Hindu	21	35	26	43.3	$\chi^2=6.75$ T=16.92 DF=9	-	-	40	66.6	5	8.3	$\chi^2=1.15$ T=16.92 DF=9
Muslim	0	0	1	1.7		-	-	1	1.6	-	-	
Christian	10	16.7	2	3.3		-	-	11	18.3	3	5	
Others	0	0	0	0		-	-	-	-	-	-	
Education												
Primary	19	31.7	21	35	$\chi^2=6.43$ T=16.92 DF=9	1	1.6	33	55	3	5	$\chi^2=4.35$ T=16.92 DF=9
Secondary	6	10	3	5		-	-	13	21.6	3	5	
UG	4	6.7	4	6.7		-	-	5	8.3	-	-	
PG	2	3.3	1	1.6		-	-	1	1.6	1	1.6	
Occupation												
Yes	6	10	8	13.3	$\chi^2=0.54$ T=7.82 DF=3	1	1.6	2	3.3	3	5	$\chi^2=11.67$ T=7.82 DF= 3
No	25	41.7	21	35		1	1.6	37	61.6	6	10	

P≤0.05, variables such as health problem and occupation had significant association with adaptive coping strategies of empty nesters.

Table 6 shows that, socio demographic variables such as health problem ($\chi^2=10.25$, $p\leq 0.05$) and occupation ($\chi^2=11.67$, $p\leq 0.05$) had significant association with adaptive coping strategies of empty nesters whereas none of the demographic variables had significant association with maladaptive coping strategies.

DISCUSSION

In this study, majority of the empty nesters belonged to the age group 61-70 years, were females, were primarily educated, had occupation, had health problems, had good interaction with their children. In the present study, 44 (73.3%) had psychological distress.

51 (85%) had low usage of adaptive coping strategies. Adaptive strategies shows that religion, instrumental support and emotional support were most frequently used by empty nesters. Maladaptive strategies shows that self-distraction, behavioural disengagement, venting, was highly used strategies by empty nesters.

Similar studies were conducted to assess the adaptive and maladaptive coping strategies. The results show that out of 406, 325 participants, 325 (80%) said they engaged in some form of religious practice or had some form of religious belief that assisted them in managing their symptoms, inconveniences, and challenges. Worshipping God and attending religious services were the two most popular forms of religious practice.¹⁵ The most common coping methods employed by empty-nest older males were found to be behavioural disengagement (57.9%), venting (57.9%), planning (50%), humour (44.7%), and denial (42.1%). Additionally, the older females with empty nests were more likely to use emotional support (59.3%), self-distraction (51.9%), religion (51.9%), self-blame (48.1%), and instrumental support (46.3%) as coping mechanisms.¹⁶

The socio demographic variables such as income, education, occupation of empty nesters had significant association with psychological distress. Socio demographic variables such as health problems and occupation had significant association with coping strategies.

A similar study conducted shows that according to multivariable logistic regression analysis, empty nesters who were female, lived in rural areas, had a lower frequency of children's visits, had lower socioeconomic status and had worse physical health conditions were significantly associated to depressive symptoms. The findings showed an association between income, social participation, of empty nesters in China. Additionally, social participation was significantly associated with background characteristics such as marital status, urban residence, higher educational level, with a total of 3863 participants and a mean age of 60.4 years included in the study.¹⁷

The study was limited to 60 empty nesters residing in urban areas of Gandhinagar, Peelamedu and Gandhipuram

CONCLUSION

The study concludes that majority of empty nesters had psychological distress. Religion, was most frequently used positive coping strategy whereas self-distraction was highly used maladaptive coping strategy. Variables such as income, education, occupation had significant association with psychological distress. Health problem, occupation had significant association with coping strategies of empty nesters.

Recommendations

Mental health literacy programs on managing depression and loneliness can be conducted. Cognitive behavioural therapy for managing depression can be done among empty nesters.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee PSG Institute of Medical and Research on 6th June 2022

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