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Resilience in older adults: the role of gender and social support in the transition to long-term care

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Abstract
The transition of older adults to long-term care facilities presents significant psychosocial challenges. This study examines gender-specific resilience mechanisms that influence transitions, focusing on social support, family cohesion, spirituality, and coping strategies. The study aims to understand how these factors contribute to resilience in institutional settings, emphasising gender differences. A mixed-methods approach integrated quantitative data from the Brief Resilience Scale (BRS) and qualitative insights from interviews with ten residents from two long-term care facilities in Slovenia. Quantitative analysis of ten participants (five men and five women) included descriptive statistics and inferential tests, while qualitative data underwent thematic content analysis. The findings revealed that women demonstrated higher resilience levels (M = 3.63) than men (M = 3.10), primarily due to their reliance on social support and communal coping strategies. Men showed greater dependence on individual coping mechanisms, which led to social isolation and difficulties with adaptation. These findings highlight the importance of social engagement and emotional support in facilitating successful transitions to long-term care. Higher resilience levels were associated with smoother transitions and enhanced well-being. This study emphasises the importance of gender-sensitive interventions in long-term care facilities, advocating for personalised support strategies. Future research should focus on developing resilience-building programs tailored to the needs of older adults in institutional settings, emphasising social integration and adaptation strategies.

Keywords: Coping mechanisms; Gender differences; Long-term care; Resilience; Social support

Introduction

The transition of older adults to long-term care facilities is a significant life event that introduces considerable psychological and emotional challenges. This transition often entails a loss of independence, changes in social environments, and the need to adjust to new routines, all of which may profoundly affect well-being (O'Neill et al., 2022). As the global population ages, understanding the factors that facilitate successful adaptation is crucial for developing effective supportive interventions (Fitzpatrick and Tzouvara, 2019). Research indicates that gender influences how older adults cope with this transition, with men and women adopting distinct resilience mechanisms shaped by biological, psychological, and sociocultural factors (Hirani et al., 2016).

Resilience in ageing

Resilience, defined as an individual's ability to recover and adapt following exposure to stress, is increasingly recognised as a crucial factor in ageing (Beihao and Tingting, 2018; MacLeod et al., 2016). Research on ageing populations provides further insights into the challenges associated with later life (Easley and Schaller, 2003). It enables older adults to manage age-related challenges such as declining health, bereavement, and relocation to long-term care facilities. Resilience is shaped by intrinsic factors (e.g., optimism and emotional regulation) and extrinsic factors (e.g., social support and environmental resources) (Bonanno, 2004; Masten, 2001). Studies have emphasised the multidimensional nature of resilience, encompassing personal competence, social support, family cohesion, and spirituality (Guion and Rolland, 2022; Lima et al., 2023). Recent research highlights resilience as a critical component of successful ageing, helping older adults maintain a high quality of life despite adversities (Merchant et al., 2022).

Higher resilience levels are associated with improved physical, mental, and social outcomes (Perez-Rojo et al., 2022). A systematic review identified social support, a sense of purpose, and adaptive coping strategies as crucial factors for resilience among community-dwelling older adults (Górska et al., 2021). Furthermore, resilience slows the progression of frailty in older individuals (Ye et al., 2024), underscoring its protective role in ageing. Although research on resilience has expanded considerably in recent years, studies focusing specifically on resilience among older adults remain comparatively limited.

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The theoretical frameworks of Masten (2001) and Wagnild (2003) provide valuable insights into resilience in ageing. Masten conceptualises resilience as a natural capacity to recover from adversity, while Wagnild emphasises the maintenance of psychological stability and self-concept during transitions. Further research is needed to explore resilience in older adults transitioning to long-term care and develop strategies that foster adaptability and emotional well-being in institutional settings.

Gender differences in resilience

Gender differences significantly influence resilience among older adults. Women tend to rely more on social support networks, fostering emotional well-being and social integration, whereas men often prefer individual coping strategies, emphasising autonomy and self-reliance (Bonanno, 2004; Sneed et al., 2006). These differences highlight the importance of considering gender-specific coping strategies when examining resilience in older adults. Research suggests that women's resilience is bolstered by their ability to maintain close social ties, whereas men's preference for independence can result in social isolation and difficulties in adapting to communal living arrangements (Prus, 2005).

Studies have shown that institutionalisation and psychiatric disorders can further compromise resilience in older adults, highlighting the need for targeted interventions to support mental health and adaptability (Callegari et al., 2016). Moreover, physical activity has been identified as a contributing factor to resilience, with findings indicating a positive association between regular physical activity and higher resilience levels among older adults (Toth et al., 2024). These insights emphasise the importance of tailored interventions that address the unique coping needs of older men and women.

Resilience and the transition to long-term care

The transition to long-term care is influenced by various factors, including the cultural aspects that shape adaptation processes (Sun et al., 2021). Despite increasing research on resilience in older adults, few studies have specifically examined how gender differences influence resilience during the transition to long-term care facilities. These factors highlight the need for gender-sensitive approaches to long-term care interventions. Research suggests that women's resilience is bolstered by their ability to maintain close social relationships. Simultaneously, men's preference for independence can result in social isolation and difficulties adapting to communal living arrangements (Prus, 2005).

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This study aimed to explore gender-specific resilience among older adults transitioning to long-term care facilities, focusing on understanding the role of social support, family cohesion, spirituality, and individual coping mechanisms in their adaptation process. Despite the growing body of literature on resilience in ageing, there is limited research on how gender differences shape coping strategies in institutional settings.

The following objectives guide this study:

- Examine the coping mechanisms across personal competence, social support, family cohesion, spirituality, and individual coping strategies that contribute to resilience in older adults transitioning to long-term care.
- Explore gender differences in resilience levels and adaptation strategies among older adults during the transition to institutional care.
- Assess the impact of resilience on the success of transitioning to long-term care facilities and determine the role of gender in this process.

This research contributes to the growing conversation on resilience in gerontology by emphasising the importance of incorporating gender-sensitive strategies in long-term care. Recognising the different ways men and women adjust to life in institutions can guide the creation of customised interventions that promote well-being, social connection, and a sense of belonging in elderly care environments. The results can assist policymakers and care providers in crafting programs that strengthen the resilience of older individuals, ensuring they experience a dignified and rewarding ageing process in long-term care facilities.

Based on existing research on gender differences in coping and resilience, it was expected that women would demonstrate higher resilience levels due to stronger reliance on social support networks and communal coping strategies. In contrast, men were expected to rely more on individual coping mechanisms. The study therefore explored whether these gender-related patterns would also be reflected in the resilience and adaptation of older adults transitioning to long-term care facilities.

Materials and methods

A mixed-methods approach was employed, integrating qualitative and quantitative approaches to comprehensively explore gender-specific resilience mechanisms among older adults transitioning to long-term care facilities. The combination of these methods provides a holistic understanding of resilience, capturing both statistical trends and rich qualitative insights. The qualitative component sought to uncover the lived experiences and coping strategies of older adults, while the quantitative component provided measurable data on resilience levels using validated, psychometric instruments. This methodological integration ensured the triangulation of the findings, enhancing the validity and depth of the study.

The study was conducted in two long-term care facilities in the Podravska region of Slovenia, which were selected to represent both urban and rural settings. Slovenia provides a relevant context for examining resilience in older adults due to its rapidly ageing population and the growing importance of long-term care services, where social support networks and cultural values may influence adaptation to institutional environments. A purposive sampling strategy was employed to recruit participants who met the following inclusion criteria: individuals aged 65 years or older, who had resided in the nursing home for at least six months, and who were cognitively capable of providing informed consent. Participants were identified in collaboration with facility staff, who helped identify residents that met the inclusion criteria and were willing to participate in the study. Although purposive sampling allowed the selection of participants capable of providing detailed insights into their transition experiences, it may also have in-

troduced selection bias and limit the representativeness of the sample. These limitations were considered when interpreting the results. The final sample consisted of ten participants (five men and five women), allowing for a gender-balanced analysis of resilience and adaptation. Data collection took place over two months, from September to October 2021, and incorporated both semi-structured interviews and self-administered resilience assessments using the Brief Resilience Scale (BRS). Ethical guidelines were strictly followed to ensure the protection and well-being of the participants.

Qualitative data collection

The qualitative component involved semi-structured interviews conducted in private rooms within the nursing homes to ensure confidentiality and the comfort of the participants. The interview guide was structured around five thematic areas: Personal Competence, covering coping strategies employed to manage stress and life changes; Social Support Networks, focusing on the role of social relationships in resilience; Family Cohesion, addressing the influence of family bonds on emotional stability and adaptation; Spirituality, examining the significance of faith and religious practices in coping; and Transition Experience, exploring perceptions of adjustment to institutional living.

Each interview lasted between 25 minutes to 1.5 hours, allowing participants to share their experiences at their own pace. With informed consent, all interviews were audio-recorded and later transcribed verbatim to ensure accuracy of data analysis.

Quantitative data collection

The quantitative component involved administering the Brief Resilience Scale (BRS), a validated six-item tool designed to measure an individual's ability to recover from stress and adversity. Responses were rated on a five-point Likert scale (1 = strongly disagree, 5 = strongly agree), with resilience scores categorised as follows: low resilience (1.00–2.99), normal resilience (3.00–4.30), and high resilience (4.31–5.00). The BRS was chosen for its strong psychometric properties, ensuring reliable and valid assessments of resilience among older adults. However, given the small sample size (n = 10), the statistical power of the quantitative analysis is limited, and the results should be interpreted cautiously as exploratory indicators that complement the qualitative findings rather than as statistically generalisable conclusions.

The collected data provided a structured measure of resilience levels across gender groups, which were subsequently compared with the qualitative findings.

A systematic and rigorous approach was employed to analyse both qualitative and quantitative data, ensuring consistency and reliability in the findings. The data analysis process consisted of two main phases: thematic analysis of the qualitative data and statistical analysis of the quantitative data.

Qualitative data analysis

The qualitative data were analysed using an inductive coding approach (Corbin and Strauss, 2015; Maykut and Morehouse, 1994), which consisted of the following steps: Data Familiarisation, where transcripts were reviewed multiple times to gain an in-depth understanding of participants' experiences; Open Coding, where key phrases and patterns related to coping mechanisms (e.g., "support from family", "prayer helps", "staying busy") were identified and assigned preliminary codes; Axial Coding, where initial codes were grouped into broader categories by examining relationships and commonalities, and categories such as social support networks, family cohesion, spirituality, and individual coping mechanisms were identified; and Selective Coding, where the final themes were refined and aligned with the study's objectives to ensure clarity and focus.

A separate coding process was applied to assess transition success, where themes such as "feeling at home", "loneliness", "adjustment difficulties", and "supportive environment" were identified. These were systematically grouped into broader categories reflecting successful and challenging transitions. Two independent researchers coded the data separately, achieving an interrater reliability of 92%. Discrepancies were resolved through discussion and consensus.

Quantitative data analysis

Quantitative data from the BRS were analysed using IBM SPSS Statistics (version 21). The analysis involved descriptive statistics, including means and standard deviations, to summarise resilience levels across gender groups; inferential statistical tests, specifically independent-sample t-tests, to examine significant gender differences in resilience scores; and reliability analysis, conducted using Cronbach's alpha to assess the internal consistency of the BRS, which yielded an excellent reliability coefficient of 0.958.

Ethical considerations and limitations

Ethical principles were strictly adhered to throughout the research process. Ethical approval was obtained from the Institutional Review Board (IRB), and written informed consent was obtained from all participants prior to data collection. The following ethical safeguards were implemented: participants were informed of their voluntary participation and their right to withdraw from the study at any time without consequences. Confidentiality and anonymity were guaranteed by removing personally identifiable information from the data. Special care was taken to address potentially distressing topics and ensure a respectful and sensitive interview environment. Given the vulnerability of older adults living in institutional settings, particular attention was paid to minimising potential emotional discomfort during interviews. Participants were informed that they could decline to answer any question and could withdraw from the interview at any time without consequences. Interviews were conducted in private rooms to ensure confidentiality and a comfortable environment. If participants showed signs of fatigue or emotional discomfort, the interview was paused or terminated according to their wishes. No sensitive medical or personal data beyond the scope of the research objectives were collected.

The paper complied with the ethical standards outlined in the World Medical Association (2013), Declaration of Helsinki, ensuring that the dignity and rights of participants were prioritised.

Although this study provides valuable insights, several limitations must be acknowledged. The relatively small sample size (n = 10) limits the generalisability of the findings to a broader population of older adults transitioning to long-term care facilities. Additionally, the regional focus may restrict the applicability of the results across different cultural settings. The self-reported nature of the resilience data introduces the potential for response bias, as participants may under- or overreport their coping abilities. Finally, the cross-sectional design of the study does not allow for an examination of how resilience evolves. Future research should employ larger and more diverse samples, as well as longitudinal designs, to gain deeper insights into resilience processes.

Results

This section presents the findings of this study, providing a comprehensive analysis of gender-specific resilience mechanisms among older adults transitioning to long-term care facilities. The results integrate both quantitative and qualitative analyses to explore resilience across four key dimensions: social support networks, family cohesion, spirituality, and coping mechanisms. Gender differences in resilience and adaptation strategies are highlighted to provide insights into improving support systems in long-term care environments.

Resilience levels among older adults

Participants' resilience levels were assessed using the Brief Resilience Scale (BRS), a widely validated instrument recognised for its reliability in evaluating an individual's capacity to recover from stress and adversity. The BRS scores among the participants ranged from 1.17 to 4.83, with a significant gender disparity observed. Statistical analysis revealed that older women exhibited higher resilience levels (M = 3.63, SD = 1.56, 95% CI [2.78, 4.48]) than older men (M = 3.10, SD = 1.23, 95% CI [2.41, 3.79]), as indicated by an independent samples *t*-test [*t* (8) = 1.71]. Women's resilience scores were more consistent, whereas men's scores displayed a broader range, with a higher proportion classified in the low-resilience category. Chart 1 shows the differences in resilience levels between men and women.

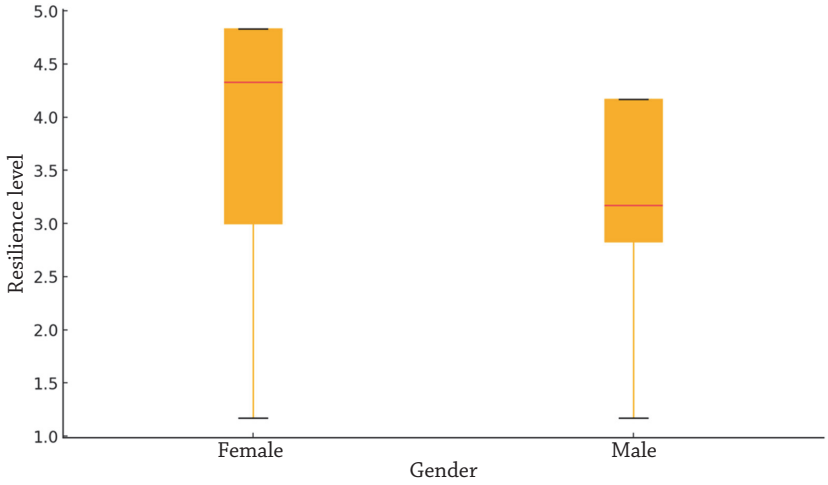

Chart 1. Differences in resilience levels between men and women

These findings suggest that women tend to exhibit greater psychological adaptability, which is likely attributed to their stronger social support networks and communal coping strategies.

Coping mechanisms contributing to resilience

Qualitative data on coping mechanisms were analysed using an inductive coding approach (Corbin and Strauss, 2015; Maykut and Morehouse, 1994). The coding process began with manual coding of the interview transcripts to identify recurring patterns and themes. NVivo software assisted in organising textual data and enhancing consistency and accuracy. Key phrases related to coping mechanisms, such as "support from family", "prayer helps", and "staying busy", were highlighted and categorised into preliminary codes during Initial Open Coding. Axial Coding then grouped these initial codes into broader categories by examining relationships and commonalities, such as merging "family visits" and "friend gatherings" under "Social Support Networks". A coding matrix was used to compare and refine the themes across participants, ensuring consistency and capturing subtle nuances. In the final stage of Selective Coding, overarching themes were finalised, aligning them with the study's objectives. The final categories included Social Support Networks, Family Cohesion, Spirituality, and Individual Coping Mechanisms. The decision to categorise themes was based on their frequency, relevance to resilience, and consistency with existing resilience frameworks in the gerontological literature. Challenges, such as differentiating overlapping themes like "community support" versus "family cohesion", were resolved through consensus discussions and cross-validation with theoretical models. A schematic representation of the coding structure is shown in Fig. 1, illustrating the interconnections between themes and categories.

Older adults transitioning to long-term care employ diverse coping mechanisms to mitigate stress and foster resilience, with notable gender differences in their application.

Social Support Networks emerged as a crucial coping mechanism, particularly among female participants, who emphasised the importance of family, friends, and community interactions, which were mentioned 91 times during the interviews. One participant stated:

"Having someone to talk to every day helps me feel at home here. I do not feel alone."

Another participant emphasised the importance of regular contact with family members:

"When my daughter visits or calls me, it reminds me that I am still connected to my family. That makes living here a little better and easier."

Women emphasised the importance of family visits and community activities in maintaining emotional well-being. In contrast, male participants reported fewer social interactions and a stronger reliance on solitary coping strategies, often resulting in social isolation.

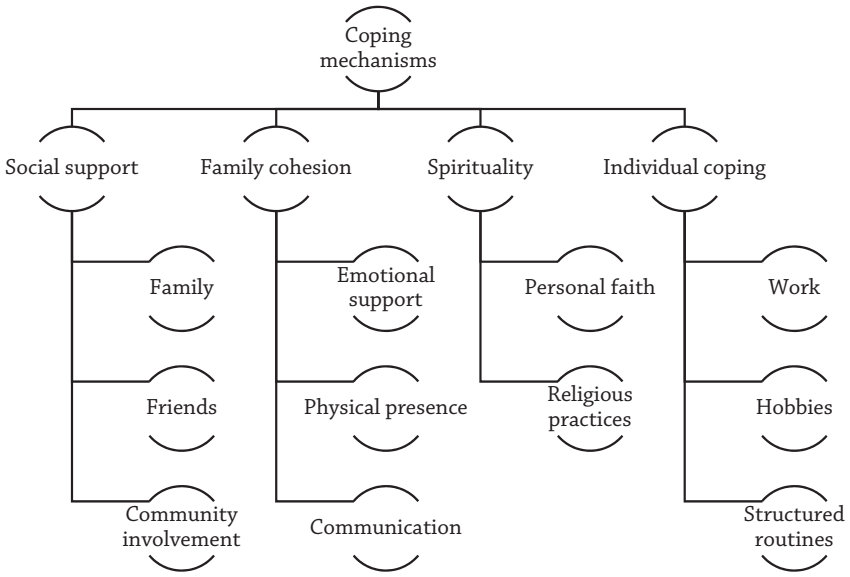

Fig. 1. Schematic representation of coping mechanisms

Family Cohesion plays a pivotal role in facilitating successful adaptation by providing both emotional and physical support. Female participants frequently emphasised their dependence on consistent communication with family members, which reinforced their emotional stability. However, male participants reported more distant familial relationships, leading to increased feelings of loneliness.

Spirituality was identified as a significant source of strength by 80% of the participants. Participants found solace in both personal reflection and communal worship, with prayer emerging as a vital coping strategy. Female participants demonstrated a preference for communal religious practices, whereas male participants engaged more in private spiritual reflection. One female participant remarked:

"Faith gives me the strength to face each day, even in this new environment."

Individual Coping Mechanisms, such as engaging in personal routines and hobbies, were predominantly used by male participants. They reported a greater reliance on solitary activities, such as reading and gardening, as the primary means of managing stress and adapting to their new environment. Over time, participants transitioned to more serene activities, such as listening to music and watching television. Male participants also identified sports as a beneficial outlet, with four out of five men acknowledging its role in stress relief.

Transition success

Qualitative data from the interviews were analysed using an inductive coding approach to assess the success of the transition to long-term care. The coding process identified themes and categories related to the participants' experiences during the transition. The initial open coding stage involved manually coding interview transcripts to highlight recurring themes such as "feeling at home", "loneliness", "adaptation difficulties", and "supportive environment". NVivo software was used to organise the textual data, ensuring consistency and accuracy. These initial codes were then grouped into broader categories by examining their relationships and commonalities. For example, references to "supportive staff" and "community activities" were merged under the broader category of "Supportive Environment". In the final stage, overarching themes representing successful and challenging transitions were established. Themes such as "engagement in social activities", "emotional coping", and "self-perceived adjustment" were associated with successful transition. The final categories of "successful transition" and "unsuccessful transition" highlighted differences in experiences based on participants' perceptions of their transitions.

The results revealed that seven out of ten participants experienced a successful transition to long-term care, feeling at home, and supported by staff and community activities. However, three participants faced challenges, feeling lonely and struggling to adjust to their new surroundings. One participant said: *"I feel at home here; the staff are very supportive, and I enjoy the community activities,"* illustrating a successful transition to the new home. In contrast, another participant noted: *"I feel lonely and have trouble adjusting; it is hard to feel at home,"* highlighting the challenges of this transition.

A schematic representation of the coding structure for transition success (Fig. 2) illustrates the interconnections between themes and categories.

The impact of resilience on transition success

A significant correlation was observed between resilience levels, measured using the Brief Resilience Scale (BRS), and the success of the transition to long-term care. Participants with higher BRS scores exhibited greater capacity to navigate the emotional, social, and practical challenges associated with relocation. In contrast, individuals with lower BRS scores struggled more with adaptation, often experiencing heightened isolation, loss of autonomy and emotional distress.

Participants with higher resilience scores generally experienced more successful transitions. For example, all five participants with high resilience scores (BRS scores of 4.31–5.00) reported positive transition experiences. In contrast, participants with low resilience scores (BRS scores of 1.00–2.99) frequently encountered difficulties adapting to the new environment. Participants with higher resilience scores reported smoother transitions, with women exhibiting greater success rates (four out of five) compared to men (three out of five). Seven of the ten participants were categorised as having successfully adapted to the nursing home environment (Table 1).

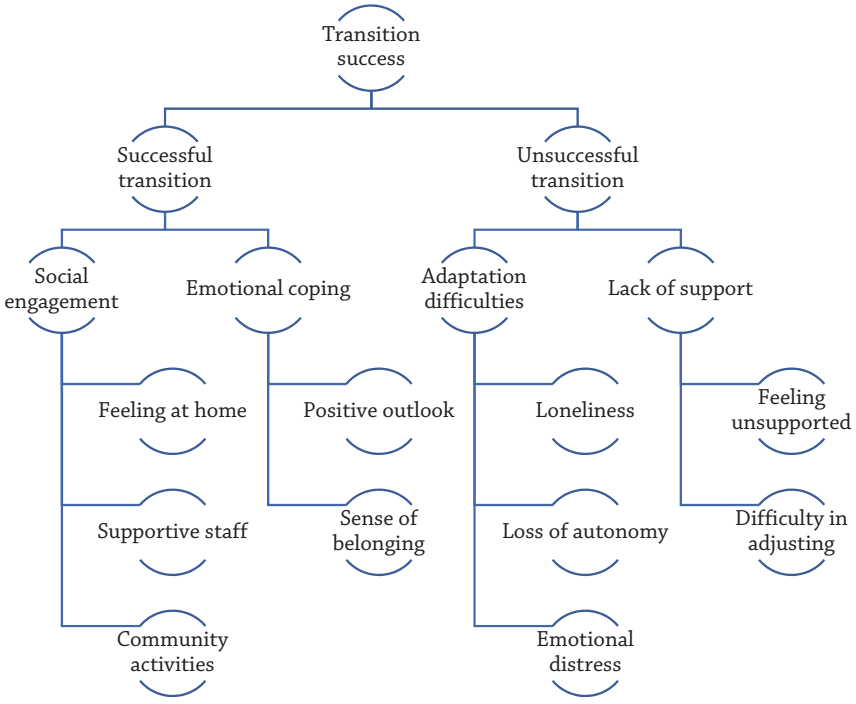

Fig. 2. Schematic representation of transition success

Table 1. Transition success based on resilience levels

Resilience level	Successful transition	Unsuccessful transition
Low	1	2
Normal	3	1
High	3	0

These findings highlight the crucial role of resilience in facilitating successful adaptation to long-term care settings, underscoring the need for targeted interventions that promote resilience-enhancing factors such as social support and meaningful engagement.

Discussion

This study explores gender-specific resilience mechanisms influencing the adaptation of older adults transitioning to long-term care facilities. The findings revealed that resilience is a dynamic and multifaceted process shaped by individual characteristics and external support systems. Gender differences emerged as significant, with women demonstrating higher resilience than men. These differences suggest that gender-specific coping strategies should be considered when designing interventions to support older adults in long-term care.

These findings align with existing research emphasising the role of social networks, emotional regulation, and self-efficacy in fostering resilience among older adults (Resnick et al., 2011; Rutter, 2007). The observed tendency of male participants to rely more strongly on individual coping strategies may also be influenced by psychological and socio-cultural factors. Traditional gender roles often emphasise independence, self-reliance, and emotional restraint among men, which may reduce their likelihood of seeking social support in institutional settings (Hirani et al., 2016). In contrast, women are generally socialised to maintain interpersonal relationships and express emotional needs more openly, which may strengthen their reliance on social support networks (Sneed et al., 2006). These differences may help explain why women in this study relied more strongly on social networks and communal coping strategies during the transition to long-term care.

From a theoretical perspective, the study contributes to existing resilience frameworks by identifying gender-specific mechanisms that influence adaptation to long-term care environments. Although the study draws on methodological principles of grounded theory, the aim was not to develop a formal grounded theory model but to generate empirically grounded insights into the processes shaping resilience among institutionalised older adults. The findings suggest that resilience in long-term care settings is influenced by the interaction of social support networks, family cohesion, spirituality, and individual coping strategies, with gender shaping how these mechanisms are mobilised. This perspective extends current resilience research by emphasising the contextual and gender-sensitive dimensions of resilience in institutional care environments.

However, this study extends prior knowledge by providing gender-specific insights into resilience, highlighting that women benefit more from external support structures, whereas men emphasise autonomy and independence. Studies by (Fitzpatrick and Tzouvara, 2019; O'Neill et al., 2022) also support the observation that fostering a sense of "home" and belonging is critical for successful transitions.

Resilience has also been identified as a protective factor against the progression of frailty in older adults (Ye et al., 2024). This study contributes to the understanding of its practical application in long-term care environments. The role of physical activity in resilience building, as highlighted by Toth et al. (2024), further corroborates the findings that promoting

structured activities enhances adaptation and psychological well-being.

This study has several limitations. First, the small sample size and regional focus (Podravska region of Slovenia) may limit the generalisability of the findings. Due to the limited sample size (n = 10), the quantitative analysis should be interpreted primarily as descriptive rather than inferential. The statistical results provide preliminary insights that support the qualitative findings rather than definitive statistical conclusions. Future research should include larger and more diverse samples to effectively capture cultural and socioeconomic variations. Second, the cross-sectional nature of the study limits our understanding of the long-term adaptation process. Longitudinal research designs could provide deeper insight into how resilience evolves over time and how adaptation to long-term care develops among different groups of older adults (Sun et al., 2021; Ye et al., 2024). Additionally, the participants' reluctance to share deeply personal experiences may have influenced the qualitative findings. Alternative methods, such as observational studies or self-reflection journals, could enhance the richness of the data.

Based on these findings, several practical recommendations can be made to enhance resilience among older adults in long-term care. Institutions should implement gender-sensitive programs that address the specific needs of male and female residents. For female residents, social engagement initiatives that encourage group activities and peer interactions should be prioritised to enhance emotional well-being (Fitzpatrick and Tzouvara, 2019). For male residents, interventions should focus on structured activities that promote autonomy while encouraging gradual social integration (O'Neill et al., 2022).

Healthcare providers should receive specialised training to recognise gender differences in coping strategies and provide tailored support accordingly. Policymakers should consider incorporating resilience-building interventions such as physical activity programs (Toth et al., 2024) and spiritual support services (Resnick, 2020) to enhance emotional resilience and overall well-being. Finally, interventions should foster a sense of "home" within care facilities to ease the transition process and promote adaptation (O'Neill et al., 2022).

Conclusion

This study highlights gender-specific resilience mechanisms that influence the adaptation of older adults transitioning to long-term care facilities. The findings demonstrate that social support, family cohesion, spirituality, and individual coping mechanisms are pivotal in shaping resilience. Women exhibited higher resilience levels, primarily because of their reliance on social and familial support networks. In contrast, men preferred individual coping strategies, which, while promoting autonomy, often resulted in increased social isolation. These findings highlight the importance of gender-sensitive support strategies in long-term care environments.

This study provides practical recommendations for enhancing resilience in institutional settings. Implementing gender-sensitive programs that encourage social participation among women and promote structured, autonomy-driven activities for men can facilitate smoother transitions and foster emotional well-being. Additionally, incorporating holistic approaches, such as physical activity programs, spiritual support services, and fostering a sense of "home" within care environments, can further support the development of resilience among residents. These insights provide valuable guidance for long-term care providers seeking to improve the overall quality of life for older adults.

Despite the contributions of this study, several challenges remain unresolved. The findings are limited by the small sample size and regional focus, which may affect the generalisability of the results. Future research should include larger, more diverse samples to account for cultural and socioeconomic differences and assess how resilience evolves over time. Longitudinal studies can provide further insights into how resilience-building interventions influence long-term adaptation. Moreover, exploring the role of digital interventions and community-based support programs could offer innovative solutions to address social isolation and promote resilience among older adults.

From a broader perspective, understanding resilience in ageing populations is crucial for policymakers, healthcare professionals, and caregivers to develop evidence-based interventions that ensure a dignified and fulfilling ageing experience. By adopting gender-sensitive and multidimensional strategies, long-term care facilities can foster environments that enhance resilience and facilitate successful transitions for older adults, ultimately improving their psychological and emotional well-being.

To enhance practical application, long-term care facilities should provide staff training focused on recognising and supporting gender-specific resilience needs, ensuring personalised care approaches. Establishing peer support groups can facilitate social engagement, especially for women, while offering individualised activity plans can help men maintain autonomy and reduce isolation. Regular assessment of residents' coping strategies and emotional well-being will enable timely interventions. Collaboration with family members and community organisations can further strengthen support networks and holistic care delivery.

Conflict of interest
The authors have no conflict of interest to declare.

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