KESANS: International Journal of Health and Science
2808-7178 / 2808-7380
http://kesans.rifainstitute.com/index.php/kesans/index

Experiences of Older Adults Experiencing Neglect in Darussalam, Aceh Besar District: A Qualitative Descriptive Case Study

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Article Information
Submitted: **04 August 2026**
Accepted: **19 August 2026**
Publish: **24 August 2026**

Keyword: Adaptation; Elderly; Elderly Neglect; Roy's Adaptation Model; Case Study;

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Year: 2026

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Abstract
Introduction: *Elder neglect is a form of passive violence that affects the fulfillment of older adults' physical, psychological, social, and spiritual needs, thereby reducing their adaptive capacity and quality of life. Despite its serious consequences, the lived experiences of neglected older adults remain underexplored, particularly in Indonesia.* ***Objective:*** *This study aimed to explore the experiences of older adults experiencing neglect in the working area of the Darussalam Community Health Center, Aceh Besar district.* ***Methods:*** *This qualitative study employed a descriptive case study design involving three older adults aged 60–69 years who experienced neglect and met the inclusion criteria. Participants were recruited through snowball sampling after screening using the Self-Neglect-37 (SN-37) and cognitive assessment with the Mini-Mental State Examination (MMSE).* ***Data*** *were collected through in-depth interviews and field notes and analyzed using thematic analysis following the six-step approach of Kiger and Varpio (2020). Trustworthiness was established through credibility, dependability, confirmability, and transferability.* ***Results and Discussion:*** *Five themes emerged: needs that are difficult to fulfill, needs that can still be fulfilled, barriers to need fulfillment, motivation to seek help through social interaction, and support for meeting needs. The findings indicate that elder neglect affects older adults' adaptation and limits their ability to meet daily needs despite support from family, the community, and healthcare provider.* ***Conclusion:*** *Older adults experiencing neglect face multidimensional challenges in meeting their daily needs. Nursing interventions based on Roy's Adaptation Model are needed to strengthen adaptive responses, optimize need fulfillment, and improve their quality of life.*

How to Cite **Khairuni Azrah, Dara Febriana, Asniar/Experiences of Older Adults Experiencing Neglect in Darussalam, Aceh Besar District: A Qualitative Descriptive Case Study/Vol. 5, No. 11, 2026**
DOI https://doi.org/10.54543/kesans.v5i11.709
e-ISSN/p-ISSN **2808-7178 / 2808-7380**
Published by **CV. Rifainstitut/KESANS: International Journal of Health and Science**

Introduction

The number of older adults worldwide is rising rapidly as a result of improved healthcare and longer life expectancy; the World Health Organization (WHO) estimates the global population aged 60 and over will reach 2.1 billion by 2050, nearly double the 2020 figure. This demographic shift poses major challenges for health systems, as older adults are more prone to chronic disease, functional dependence, and psychosocial problems requiring continuous care (WHO, 2024); (Qonita et al., 2021); (Wibawa et al., 2025); (Aini Nadilla et al., 2026); (Ikakusumawati & Hashinah, 2026). Elder neglect, a form of passive violence and a significant public health issue, refers to the failure of those responsible for an older adult's care to meet their basic physical, psychological, emotional, and social needs, with consequences ranging from malnutrition and depression to social isolation and increased mortality. Globally, roughly one in six older adults experiences some form of abuse, including neglect, though many cases go unreported due to perceptions of privacy or social stigma (WHO, 2024); (Nurlaily & Tan, 2024); (Pratiwi & Aryati, 2021); (AZARI, 2021)

In Indonesia, rapid population ageing coincides with shifting family structures, urbanization, and growing economic pressures that reduce families' capacity for continuous elder care, heightening neglect risk among older adults with chronic illness, physical limitations, or dependence in daily activities which in turn can impair their ability to meet basic needs and adapt to age-related changes (Ezalina & Alfianur, 2025); (Subanti et al., 2025); (Amalia & Pradana, 2024). From a nursing perspective, Roy's Adaptation Model (RAM) offers a comprehensive framework for understanding how older adults respond to environmental stimuli and adapt to adverse conditions; this study used RAM to guide the exploration of older adults' perceived needs, experiences of neglect, social interactions, and daily coping strategies. Findings were interpreted through RAM's four adaptive modes physiological function, self-concept, role function, and interdependence to better understand these adaptive responses

Previous research on elder neglect has predominantly used quantitative approaches focused on prevalence, associated factors, and health outcomes, offering limited insight into how older adults perceive and adapt to neglect or what coping strategies they employ. Studies within the Indonesian context particularly Aceh remain scarce, with existing evidence inadequately explaining how the region's distinct family structure, Islamic values, and sociocultural norms shape older adults' experiences of neglect and adaptive responses; the application of RAM to elder neglect in Indonesia has likewise received little attention. These gaps indicate that the subjective experiences and adaptation processes of neglected older adults, especially within the Acehnese cultural context, remain insufficiently understood. The working area of the Darussalam Community Health Center, Aceh Besar Regency, offers a relevant setting for this study: it maintains an active elderly healthcare program while undergoing social and economic changes that may affect family caregiving, and although Acehnese society upholds strong family and religious values, these norms do not necessarily prevent neglect and may even contribute to underreporting. Understanding older adults' lived experiences in this context is therefore essential for developing culturally appropriate nursing interventions.

This study addresses these gaps by qualitatively exploring, through Roy's Adaptation Model, how older adults in the Acehnese cultural setting perceive their needs, experience neglect, interact with their social environment, and adapt to unmet needs in daily life. The findings are expected to contribute culturally contextualized evidence for gerontological nursing that can inform interventions to strengthen adaptive capacity,

improve need fulfillment, and enhance the quality of life of older adults experiencing neglect

Method

This qualitative descriptive case study explored the experiences of older adults experiencing neglect within the service area of the Darussalam Community Health Center, Aceh Besar District, chosen to capture participants' experiences in depth within their real-life context. Three older adults aged 60-69 years were recruited through snowball sampling, drawing on referrals from community health center staff, Posyandu Lansia cadres, and village officials; of 14 individuals screened using the Elder Neglect Screening Instrument, three met the inclusion criteria experiencing neglect, able to communicate well, and willing to participate by providing informed consent and agreed to take part. Older adults with severe cognitive impairment, communication disorders, or serious illness precluding interview participation were excluded.

Data were collected from April to June 2026 through in-depth, audio-recorded interviews (conducted after obtaining informed consent) using a semi-structured guide informed by Roy's Adaptation Model (RAM). The guide covered four domains aligned with the study objectives perceived daily living needs, experiences of neglect, social interactions, and strategies for meeting daily needs which were later interpreted through RAM's four adaptive modes (physiological, self-concept, role function, and interdependence) to understand participants' adaptive responses. Interviews took place at locations agreed upon with participants and were supplemented with field notes documenting nonverbal responses and contextual observations.

Data were analyzed using Kiger and Varpio's (2020) six-step thematic analysis repeated reading of transcripts, coding, categorization, theme development, review, and interpretation with RAM applied as an interpretive rather than coding framework. Trustworthiness was established through credibility, dependability, confirmability, and transferability, using member checking, peer debriefing with research supervisors, an audit trail, and a detailed description of the study context. Ethical approval was obtained from the Health Research Ethics Committee, Faculty of Nursing, Syiah Kuala University (No. 112032200126/KEPK/FKep/2026). Participants received an explanation of the study's purpose and benefits, and confidentiality was maintained through coded identification of all research data

Result and Discussions

1. Result

This study involved three elderly participants who experienced neglect in the Darussalam Community Health Center (Puskesmas) area in Aceh Besar Regency. Data analysis, conducted through in-depth interviewsand field notes, yielded five main themes and 14 subthemes describing the elderly's experiences in meeting their daily needs (Table 1).

Table 1
Result Themes and Subthemes

No.	Theme	Subtheme
1.	Needs that are difficult to fulfill	(1) Fulfillment of financial needs; (2) Fulfillment of social interaction needs (preventing loneliness)
	Needs that can still be met	(1) Fulfillment of nutritional needs; (2) Fulfillment of personal hygiene needs; (3) Fulfillment of spiritual needs
2.	Obstacles in fulfilling needs	(1) Physical weakness that hinders daily activities; (2) Limited vision that causes fear of falling; (3) Mobilization limitations that hinder the fulfillment of elimination needs; (4) Pain that interferes with activities to fulfill personal needs; (5) Irregular assistance results in needs not being fully met.
3.	The urge to seek help through social interaction	(1) Loneliness drives to seek friends; (2) Anxiety drives to seek friends
4.	Get support to meet needs	(1) Get help from other people; (2) Seeking loans from village funds

Theme 1. Needs That Are Difficult to Fulfill: This theme describes needs older adults could not adequately fulfill while experiencing neglect: financial needs and social interaction (preventing loneliness). *Fulfillment of Financial Needs.* Participants described financial hardship as one of their greatest daily challenges, having lost stable employment as their capacity to work declined with age and health, and depending on social welfare assistance or family members that was often insufficient. One participant explained that the assistance she previously received had been discontinued for several months:

> *"No, there isn't any anymore [looking sad]. Sometimes my son comes and brings something home. It's been several months since I last received any assistance. I used to receive IDR 200,000 each month, but now I haven't received anything for the past three months." (P1W1H1-2B22-2)*

Fulfillment of Social Interaction Needs (Preventing Loneliness). Participants also described limited interaction with family, as busy schedules, infrequent visits, and physical limitations left them spending most of their time alone. One participant described missing a family member who no longer visited regularly:

> *"I keep thinking about him. I miss him... He used to come by himself after school, but I don't know why he hasn't come anymore." (P1W2H12B27; P1W1H6B6-7)*

Theme 2. Needs That Can Still Be Fulfilled: Despite experiencing neglect, participants reported that nutritional, personal hygiene, and spiritual needs could still be met independently or with help from family and neighbors. Fulfillment of Nutritional and Spiritual Needs. Participants prepared meals independently or received food assistance from family or neighbors, adjusting food choices to their financial and health circumstances, while also maintaining regular religious practice. One participant described how these two routines were woven together in her daily life:

> *"Every day I need to buy groceries because I live alone" [smiling]. "My daily routine is cooking and taking care of the house. I also think about whether I'll go out today or tomorrow. Tomorrow I'll attend a Qur'an study group, then another one on Thursday night and Tuesday." (P2W1H1B3-6)*

Another participant described attending a weekly religious gathering (wirit) as part of maintaining this spiritual routine (P3W1H2B18). Fulfillment of Personal Hygiene Needs. Participants maintained hygiene routines according to their physical ability, receiving family help when illness or weakness limited independent self-care. One participant, who frequently experienced discomfort from heat, explained:

> *"Sometimes I bathe three or four times a day. When I feel hot, I bathe at dawn, in the morning, in the afternoon, and sometimes again before the Asr prayer." (P1W2H5B12-14)*

Theme 3. Obstacles in Fulfilling Needs: Five interrelated barriers emerged: physical weakness, visual impairment, mobility limitations affecting elimination needs, pain, and irregular assistance. Physical Weakness. Declining strength made independent daily activity difficult. One participant explained that cooking now required pushing a chair across the kitchen to reach items:

> *"When I want to cook, I first take everything out of the refrigerator, then I push it over there... I use a chair. I keep sliding the chair along as I move." (P1W2H17B16-17; P1W2H17B21-22)*

Visual Impairment. Declining vision reduced confidence and increased fall risk, particularly at night:

> *"My eyesight has become blurry; I can't see clearly anymore… At night, when I go to the bathroom, I have to be very careful because if I fall, it could be dangerous." (P2W1H20B19-20; P2W1H21B1-2)*

Mobility Limitations Affecting Elimination Needs. Reduced mobility, combined with irregular family support, sometimes left basic supplies unavailable. One participant described improvising when adult diapers were not provided:

> *"They didn't buy me adult diapers. Last night I gathered some old cloths, placed them on a waterproof sheet, and sat there to urinate. Only when I was able to stand again did I get up and clean myself." (P1W2H8B7-10)*

The same participant linked this directly to inconsistent family support: sometimes her child forgot, and sometimes lacked the money (P1W1H4B13-17).
Pain. Chronic pain frequently limited daily function, in some cases becoming severe enough to require hospital care:

> *"I couldn't get up or even sit because the pain was unbearable. I cried because every movement hurt... Eventually, my grandchild took me to the hospital because I couldn't bear the pain anymore." (P2W1H21-22B22-2)*

Other participants described similar persistent pain in the leg and lower back.

Theme 4. The Drive to Seek Help Through Social Interaction
Loneliness and anxiety motivated participants to seek support from family, neighbors, and community. *Loneliness.* One participant described the emotional toll of solitude and how she coped with it:

> *"When I'm alone with my thoughts, I cry" (P2W1H22B27)*

But explained that visiting neighbors relieved this distress:

> *"I lock the back door and go sit with my neighbors... Once I'm there, all my worries disappear." (P2W1H22B21-23)*

Anxiety. Concerns about health and unmet needs also drove participants toward social contact, which brought relief:

> *"After that, I don't think about it anymore. I feel calm and happy. It feels like my mind becomes more open." (P2W1H25B21)*

Theme 5. Getting Support to Meet Needs: Support came from multiple, overlapping sources rather than any single provider. Assistance from Others. Family, neighbors, and community members provided food, money, and practical help:

> *"When I don't have money to buy food, sometimes other people give me something. My children sometimes bring home fish or cakes, and occasionally vegetables are delivered to me." (P1W2H6B12-14)*

Seeking Financial Support Through Village Funds. When existing income was insufficient, participants borrowed from village funds as an alternative resource:

> *"I don't borrow from individuals. I ask whether there is money available from the village fund. If there is, I borrow it first and repay it after I receive some money." (P2W1H5B14-15)*

2. Discussion

This study identified five themes describing older adults' experiences of neglect in meeting daily needs. Read together, these five themes do not describe five separate phenomena so much as different stages of a single adaptive cycle: unmet needs (Theme 1) and structural barriers (Theme 3) generate the psychological pressure that drives help-seeking (Theme 4), which succeeds only when support actually materializes (Theme 5) and Theme 2 shows what happens when participants' own remaining resources close that gap without external help arriving at all. Treating the themes as interconnected in this way, rather than as independent findings, is itself the central interpretive contribution of this study beyond simply cataloguing what participants said.

Theme 1. Needs That Are Difficult to Fulfill: Financial hardship and limited social interaction did not occur as separate conditions but reinforced one another: financial constraints increased participants' dependence on others, and when that support was also

limited, both material and emotional needs went unmet simultaneously. This reinforcing cycle resurfaces under a different name in Theme 3's barriers and Theme 5's inconsistent support, suggesting that in this sample neglect functioned less as a list of discrete deficits than as one self-perpetuating cycle in which each unmet need eroded participants' capacity to secure the next. Within the Acehnese cultural context, where family responsibility for elder care remains a strong norm, these findings suggest that social and economic change within families may be eroding that capacity for care. This also exposes a tension specific to the setting: where caregiving is a strong moral expectation rather than a negotiated service, admitting an unmet need can read as a family's failure rather than a systemic gap which may be precisely why, as this study's introduction noted, neglect in Aceh tends to stay hidden rather than reported. Elder neglect should therefore be understood not only as an inability to meet financial needs but as the erosion of the social relationships that sustain psychological well-being and adaptive capacity. According to Roy's Adaptation Model, these conditions function as contextual stimuli acting on the physiological and interdependence modes. Folorunsho and Okyere (2025) similarly found that financial neglect heightens psychological distress, while Wen et al. (2023) and Wang et al. (2024) linked inadequate social support to loneliness and isolation. These studies largely treat financial neglect and social isolation as parallel risk factors; the present data suggest they are better understood as mutually reinforcing within a single adaptive struggle, a distinction that may matter most in collectivist, family-centered societies like Aceh, where financial security is culturally expected to flow through family relationships rather than independent means. Practically, these findings indicate that interventions limited to financial aid alone are unlikely to succeed family support and community-based social engagement need to be addressed concurrently.

Theme 2. Needs That Can Still Be Fulfilled: Participants' ability to independently maintain nutrition, hygiene, and spiritual practice despite neglect reflects an active, ongoing adaptive process rather than passive acceptance of their circumstances. Spiritual practice in particular carried meaning beyond religious obligation, functioning as a source of inner peace and emotional strength. According to Roy's Adaptation Model, these efforts represent adaptive responses maintaining balance in the physiological and self-concept modes, consistent with Nkansah et al. (2021) on coping strategies among neglected older adults, Kim et al. (2021) on the link between ADL performance and health-needs fulfillment, and Allen et al. (2022) on social support and independence. What distinguishes this theme from Themes 1 and 3, however, is that it is the only one in which participants' adaptive capacity appears sufficient on its own, without external support closing the gap. This suggests RAM's adaptive modes are not uniformly resourced within the same individual: the same participants who could not resolve financial or physical barriers unaided nonetheless retained enough self-concept and physiological coping capacity to sustain hygiene, nutrition, and spiritual routines indicating that neglect erodes different adaptive modes unevenly rather than uniformly weakening a person's overall adaptive capacity. Practically, this points to gerontological nursing interventions that identify and reinforce the specific adaptive capacities older adults retain, rather than assuming uniform vulnerability across all needs.

Theme 3. Obstacles in Fulfilling Needs: Physial decline, chronic pain, visual impairment, mobility limitation, economic hardship, and inconsistent family support did not act independently but compounded one another, cumulatively increasing participants' vulnerability. According to Roy's Adaptation Model, physical decline, pain, and mobility limitation function as focal stimuli acting directly on need fulfillment, while economic hardship and limited family support act as contextual stimuli weakening adaptive capacity more broadly. Huang et al. (2024) similarly linked ADL/IADL limitation to reduced quality of life, Röttger et al. (2022) identified economic factors as a primary driver of unmet healthcare needs, and Aghaie et al. (2023) linked inadequate social support to elder neglect risk. A pattern worth noting across this study's barriers, though, is that most were not purely physical: the diaper-substitution account, for instance, was not simply a mobility problem but a mobility limitation compounded by a family unable or unwilling to consistently provide supplies the same focal stimulus (reduced mobility) produced very different consequences depending on whether contextual support was present. This suggests barriers in this population are better assessed as combinations of physical and relational stimuli than as physical deficits alone, reinforcing the need for comprehensive gerontological assessment covering physical health, functional ability, and socioeconomic and family context together.

Theme 4. The Drive to Seek Help Through Social Interaction: Loneiness and anxiety were not simply unpleasant states but functioned as active drivers of help-seeking: participants used interaction with family, neighbors, and community to obtain reassurance and emotional relief. According to Roy's Adaptation Model, this help-seeking represents an adaptive response within the interdependence mode. Bruggencate et al. (2018) identify social relationships as a fundamental need for older adults, the World Health Organization (2021) emphasizes community-based services in healthy ageing, and Santini et al. (2020) link positive social relationships to reduced depression and loneliness risk. Read against Theme 1, this help-seeking behavior appears less like a free choice and more like a response to the same deficit already documented as difficult to resolve participants were, in effect, actively trying to solve the very problem (social isolation) that Theme 1 found they could not fully solve alone. Whether that effort succeeded depended on what Theme 5 shows next: the actual availability of a responsive network, indicating that community and religious activity participation should be actively facilitated, not left to individual initiative alone.

Theme 5. Getting Support to Meet Needs: Support did not come from a single source but from a combination of family, neighbors, community members, and, when necessary, village funds; when family support proved insufficient, these alternative sources became essential. According to Roy's Adaptation Model, social support functions as a positive stimulus strengthening coping mechanisms. Aghaie et al. (2023) associate family support with lower neglect risk, Bruggencate et al. (2018) link community support to belonging and well-being, and the World Health Organization (2021) underscores community-based healthcare's role in quality of life. This theme effectively closes the loop opened in Theme 4, help-seeking only translated into met needs when a responsive source existed, and Theme 1's finding of discontinued formal assistance suggests that responsiveness was inconsistent even where it existed. The village-fund borrowing pattern in particular indicates that participants had learned to route around unreliable primary support (family, formal aid) toward more dependable informal safety nets underscoring the need for

integrated interventions that formally involve families, community health volunteers, village authorities, and primary care services together, rather than treating each as an independent, substitutable source of support

Conclusion

This study identified five main themes that describe the experiences of elderly people who experience neglect in meeting their daily needs, namely: (1) needs that are difficult to meet, (2) needs that can still be met, (3) obstacles in meeting needs, (4) encouragement to seek help through social interaction, and (5) getting support to meet needs. The findings indicate that neglect affects the ability of elderly people to meet their physical, psychological, social, and spiritual needs. However, some elderly people are still able to adapt through independence, coping strategies, and support from family, community, and health workers. Social support plays an important role in increasing the ability to adapt, maintain independence, and improve the quality of life of elderly people. Therefore, it is necessary to strengthen the role of the family, empower the community, and optimize community nursing services and primary health services to prevent neglect and meet the needs of elderly people comprehensively.

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