

Research Article**The Duality of Cultural Coping: Endurance as Both Resource and Barrier
Among Elderly Residents in Chinese Pension Institutions**Wen Zhang¹, Jamayah Saili²¹Faculty of Cognitive Sciences and Human Development, Universiti Malaysia Sarawak, Kota Samarahan 94300, Malaysia²Faculty of Cognitive Sciences and Human Development, Universiti Malaysia Sarawak, Kota Samarahan 94300, Malaysia***Correspondence:** Jamayah Saili, sjamayah@unimas.my

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Abstract

With the acceleration of population aging in China, the mental health problems of elderly people in pension institutions have become increasingly prominent. However, the existing coping research is dominated by mainstream Western coping theories, without a systematic exploration of the dual function that cultural factors can serve in the coping process. This study aims to explore the dual role of the cultural value of “endurance” (隐忍, yǐn rěn), a Confucian value emphasizing self-restraint and the silent endurance of hardship for the sake of relational harmony, in the psychological adaptation process of elderly people in Jinan pension institutions. Furthermore, it investigates how relational support may influence whether endurance functions as a facilitative or inhibitory coping mechanism. A qualitative study was conducted with elderly people in three pension institutions in Jinan, Shandong Province, China. Using the six-phase thematic analysis developed by Braun and Clarke, the study explored this duality. The study found that the cultural value of endurance served a dual function in the psychological adaptation process, both facilitating accommodative acceptance, meaning reconstruction, and perseverance narratives, and suppressing the expression of emotions and the stigmatization of mental health. Crucially, the presence or absence of relational support determined whether endurance tended to yield adaptive or maladaptive outcomes. The study suggests the need for the supplementation of the Stress and Coping Theory with cultural factors and the development of culturally sensitive psychological services in Chinese pension institutions.

KeywordsPension institution, Elderly mental health, Cultural coping, Endurance, Qualitative research

1. Introduction

China is experiencing the most rapid and extensive population aging process in human history. At the end of 2023, the population aged 60 years old or above constituted 21.1% of the total population (National Bureau of Statistics of China, 2024), signifying China's official entry into a moderately aging society. With the decrease in family size and the change in living arrangements between generations, pension institutions have become a new site for providing care for the elderly. However, the issue of mental health is a serious concern in this context; a systematic review and meta-analysis of 48 studies with a sample size of 28,501 nursing home residents finds a pooled prevalence of depressive mood as high as 53% (Wang et al., 2024), with evidence worldwide confirming that the rate of depression in nursing home residents is far higher than that in the general elderly population (Jalali et al., 2024). Jinan is the capital of Shandong Province and a major site for the origins of Confucian culture. Its elderly population accounts for 24.15% of the total population. This city is a unique site for studying the cultural influences on the psychological adaptation of the elderly due to its cultural significance.

However, in spite of the seriousness of this issue, the current literature remains limited in capturing the ways in which elderly people cope with mental health problems. Most prominent quantitative studies based on factor-outcome approaches have, in effect, assumed elderly people to be passive recipients of environmental factors, not active agents of coping. From a theoretical perspective, the most prominent Stress and Coping Theory, which distinguishes between problem-focused and emotion-focused coping, dominates this field of study (Lazarus & Folkman, 1984). However, this theory is based on individualistic assumptions of mainstream Western coping theories, which emphasize internalized cognitive-behavioral processes of coping. Researchers have pointed out the neglected dimension of relationship-oriented coping in collectivist cultures, in which people cope with stress through their social networks, not individual resources (Kuo, 2013); however, its application in Chinese institutional care studies is still limited. More critically, “endurance” (隐忍), a Confucian value of self-restraint and silent forbearance long esteemed in Chinese culture, but its functional role in coping has not been explored systematically in previous literature. It has been simply viewed from the perspective of its global value as traditional wisdom or its inhibiting effect on help-seeking behaviors, but its functional transformation has not been revealed.

Based on the aforementioned gaps, this qualitative study aims to examine the dual role of endurance in the psychological adaptation of the elderly in Jinan pension institutions, as well as the moderating influence of relational factors on this duality's direction of effect. This study is guided by three research questions. RQ1 is designed to examine the role of endurance

as a psychological coping resource for adaptation. RQ2 is designed to examine the conditions that trigger the role of endurance as a barrier to emotional expression and seeking help. RQ3 is designed to examine the moderating role of support relations in shaping whether endurance functions adaptively or restrictively. This study is grounded in the Stress and Coping Theory (Lazarus & Folkman, 1984) and extended through the incorporation of a cultural coping perspective (Kuo, 2013). This study is important in three ways: the twofold function of endurance together with its moderating relations provides a cultural extension to Western coping theories; it provides evidence for culturally sensitive psychological services that can distinguish between the two functions of endurance; and this is the first qualitative study that examined the culturally dual nature of coping with stress among the elderly in pension institutions in the Jinan region.

2. Literature Review

2.1. Stress and Coping Theory and Institutional Elderly Care

The Stress and Coping Theory offers a basic framework for understanding psychological adaptation in pension institutions. The theory's central tenet is that cognitive appraisal of a stressful situation is a determining factor in choosing a coping mechanism, and coping mechanisms are of two types: problem-focused coping, which seeks to alter the stressor; and emotion-focused coping, which aims at modifying emotional reactions (Lazarus & Folkman, 1984). Expanding this model, researchers have proposed assimilative coping, aimed at modifying one's environment in relation to personal goals; and accommodative coping, aimed at modifying personal goals in relation to reality (Brandtstädter & Renner, 1990). The latter is important in relation to institutionalized older adults and their irreversible physical deterioration. It has been proven that older adults are more likely to use emotion-focused and accommodative coping mechanisms due to the low controllability of their stressors (Folkman et al., 1987). Importantly, coping effectiveness is not an intrinsic property of a coping mechanism but is subject to a complex interrelation among a coping mechanism, a stressor, and personal resources (Park & Folkman, 1997). This is particularly true in institutional contexts, in which effective adaptation involves a complex interrelation of acceptance, activity participation, and relationship maintenance (Brownie & Horstmanshof, 2012).

2.2. Cultural Dimensions of Coping in the Chinese Context

The frameworks that have been discussed above are developed primarily within mainstream Western, individualistically oriented coping theories, which conceptualize coping primarily as a cognitive behavioral process within individuals. This has been found as a

challenge in terms of its applicability in collectivistic cultural backgrounds. It has been argued that in collectivistic cultural backgrounds, coping is an integral part of relational networks, where relationship-oriented coping emerges as a third key dimension alongside problem-focused and emotion-focused coping (Kuo, 2013). There are a number of essential values in Chinese culture that have a major impact on elderly coping. Endurance is a cultural construct that considers patience and perseverance as a criterion of maturity and virtue; silently enduring hardship is a common coping mechanism in China. Filial piety has a major impact on the construction of meaning in institutional admission; this can be considered a failure of family care or a decision that does not burden one's children. The cultural construct of "not airing dirty laundry" (家丑不可外扬) has a negative effect on seeking external psychological assistance. Although a few quantitative studies have been conducted in this regard (Gao et al., 2024), standardized scales cannot measure the dual function of cultural coping, that is, how a cultural resource may serve fundamentally different functions under different conditions (Tan et al., 2024).

2.3. Conceptualizing Endurance: A Confucian Coping Construct

Endurance (隐忍, yǐn rěn) requires precise conceptual delineation, since across the coping literature it has been invoked in markedly different senses, appearing variously as a coping strategy, a cultural value, an emotional norm, and a personality orientation. Within the Confucian moral tradition it is best understood as a culturally sanctioned coping orientation of self-restraint and silent forbearance, in which the measured containment of immediate emotional impulses is esteemed as a sign of maturity and virtue. It rests on three interlocking Confucian commitments: self-cultivation through restraint, filial obligation that subordinates personal distress to the wellbeing of the family, and the preservation of interpersonal harmony. The present study therefore treats endurance not as a fixed personality trait nor as a single discrete coping act, but as a culturally embedded coping orientation that organises how older adults appraise adversity and regulate its expression.

Endurance must also be distinguished from several adjacent constructs. Unlike emotional suppression in the affect-regulation literature, which is generally framed as a habitually maladaptive inhibition of feeling, endurance is a value-laden orientation whose outcome is not fixed in advance. Unlike resilience, which foregrounds recovery and rebound, endurance foregrounds the steadfast bearing of an unchangeable reality. Unlike self-compassion, which centres a kind internal stance toward the self, endurance is fundamentally relational and other-oriented. Endurance is also narrower than forbearance in the general sense: where forbearance denotes patient tolerance as such, endurance couples that tolerance with culturally

prescribed silence and relational obligation. It overlaps with accommodative coping (Brandtstädter & Renner, 1990) in adjusting personal goals to reality, yet extends it by specifying the relational conditions under which such adjustment becomes adaptive rather than self-silencing. Building on these distinctions, the present study differentiates two functional forms identified inductively in the data: adaptive endurance, marked by active acceptance, meaning reconstruction, and perseverance through hardship; and suppressive endurance, marked by passive emotional inhibition, stigma-driven avoidance of help-seeking, and progressive social isolation.

2.4. Research Gap and Study Positioning

Synthesizing the aforementioned literature, this study identifies three important gaps in the field. First, at the methodological level, the dominant quantitative approaches (Gao et al., 2024; Wang et al., 2024) are limited by their inability to delineate the dynamic process through which the functions of endurance change in different contexts. Second, conceptually, the boundary conditions for the positive or negative functions of endurance in the transition from the adaptive resource to the help-seeking barrier are not clarified. Finally, regarding regional focus, the present study identified that the city of Jinan, as one of the core birthplaces of the Confucian culture with evident signs of aging society, lacks qualitative research in the field of cultural coping. The only study that addressed the regional level examined the institutional adaptation services for newly admitted residents (Jiao & Zhou, 2023). The present study is grounded in the qualitative approach precisely to reveal the dual mechanisms of endurance and the conditions for the functional transformation of the latter, an issue that is epistemologically difficult for quantitative methods to interrogate.

3. Methodology

3.1. Research Design

The present study employed a qualitative research design, specifically the use of semi-structured interviews. A qualitative approach was selected as it is particularly suited to exploring individuals' subjective experiences and meaning-making processes, which aligns with the study's aim of understanding coping mechanisms (Creswell & Poth, 2018). In the present study, the analysis of the data was conducted using the six-phase thematic analysis protocol developed by Braun and Clarke (2006).

This study was conducted in accordance with the ethical principles of the Declaration of Helsinki. As a low-risk, non-interventional interview study that collected no biological samples and posed no foreseeable harm beyond that of ordinary conversation, it qualified for

exemption from full ethics committee review under the applicable local regulations governing human-subjects research, and no formal approval number was therefore issued. Permission to approach and interview residents on the premises was obtained in advance from the management of each participating institution. Because institutionalised older adults constitute a potentially vulnerable group, established ethical safeguards were applied in full. Participation was entirely voluntary, and oral informed consent was obtained from every participant before data collection, after each had been told the study's purpose and procedures, the use of audio-recording, and their right to decline any question or to withdraw at any time without any consequence to the care they received. Oral rather than written consent was used in view of the variable literacy of the participants, several of whom had only primary education or below. The capacity of each participant to provide informed consent was confirmed prior to enrolment, and confidentiality was protected through the use of pseudonyms and the secure storage of de-identified transcripts accessible only to the research team.

3.2. Participants and Setting

The participants were recruited through purposive sampling from three pension institutions in Jinan City, Shandong Province, China, whose selection criteria are detailed below. Twenty older adults took part, and their demographic characteristics are presented in Table 1.

Table 1

Participant Demographics (n=20)

Characteristic	Details
Age range	65–85 years (M = 73.7)
Gender	Female: 10; Male: 10
Length of residence	6 months – 12 years
Health status	Moderate: 10; Severe: 10
Education	Elementary or below: 5; Middle school: 7; High school or above: 5; Technical school: 1; Other: 2
Marital status	Widowed: 13; Married: 5; Divorced: 2

Note. Participants (N = 20) were recruited from three pension institutions in Jinan, Shandong Province; cell entries are frequencies unless otherwise indicated, and M denotes mean age in years.

The sample exhibited diversity across age, gender, residence duration, health condition, educational background, and marital status, ensuring a range of perspectives on cultural coping experiences in institutional settings.

The three institutions were purposively selected to maximise variation in ownership and service model, comprising two public-private partnership facilities and one fully private facility, ranging in size from approximately 120 to 480 residential beds and together spanning self-care, assisted-living, and nursing-care service levels, so as to vary the type of care setting. Eligible participants were aged 60 years or above, had resided in the institution for at least three months, and were able to provide informed consent and to sustain an interview. Individuals with severe cognitive impairment were excluded on the basis of a screening with the Chinese version of the Mini-Mental State Examination (MMSE), in which residents scoring below the education-stratified cutoffs established for older Chinese adults (17 for illiterate participants, 20 for those with primary education, and 24 for those with secondary education or above; Zhang et al., 1990) were regarded as having significant cognitive impairment and were not enrolled. With the assistance of facility staff, who introduced the study to residents meeting these criteria, interested residents then met the researcher directly to arrange participation. Recruitment and interviewing proceeded concurrently with analysis, and sampling ceased once the research team judged that successive interviews were yielding no new codes or themes, indicating that data saturation had been reached at twenty participants.

3.3. Data Collection

Semi-structured interviews were conducted individually with the participants. Each interview was conducted for about 70 to 90 minutes and was audio-recorded. The interviews were transcribed verbatim for analysis. The interview schedule covered three main areas related to the research questions. These areas included the coping mechanisms used in times of difficulty, sources of support, and emotional expressiveness as well as seeking psychological help. To ensure confidentiality, all participants are referred to by pseudonyms.

3.4. Data Analysis

Analysis of the data was carried out through the six-phase thematic analysis approach (Braun & Clarke, 2006), which involved familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and finally generating the report. NVivo software was utilized to facilitate coding process. Several quality assurance procedures were employed throughout the process. Consistent with the collaborative, interpretive orientation of reflexive thematic analysis, a second researcher independently

coded approximately 30% of the transcripts; rather than treating coding as a test of statistical reliability, the two coders compared their interpretations and resolved divergences through dialogue until a shared, well-justified coding frame was reached. Member checking was carried out with five participants to ensure that the analytical results accurately reflected their lived experiences. A complete audit trail was maintained to ensure transparency and dependability. The analysis was focused on coping-related themes with a particular emphasis on endurance and its dual functions as both adaptive and restrictive, in addition to the conditions that support functional transformation.

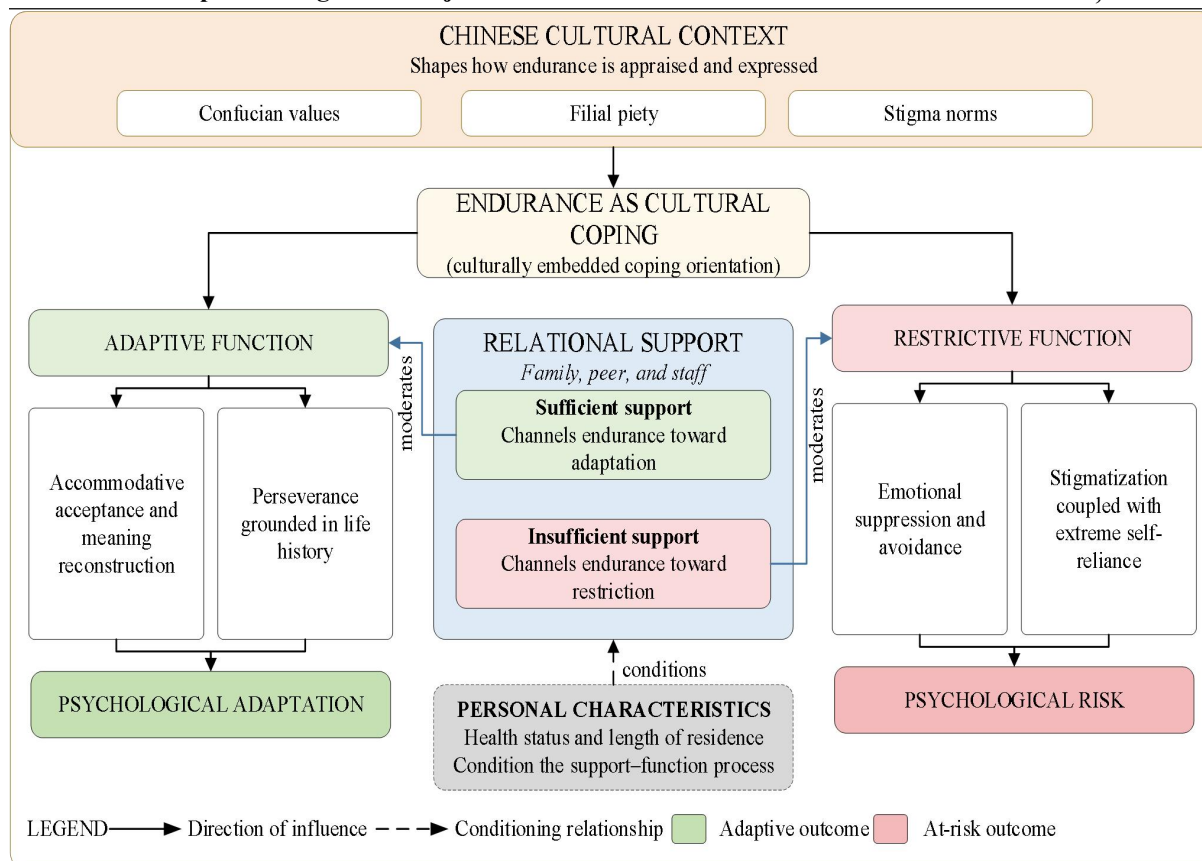
Coding proceeded both deductively and inductively. An initial sensitising framework derived from the Stress and Coping Theory and the cultural-coping perspective (problem-focused, emotion-focused, and relationship-oriented coping) guided early analysis, while codes capturing the culturally specific meanings of endurance were generated inductively from participants' own language. Where the two coders initially diverged, disagreements were resolved through discussion and, where necessary, by returning to the transcript in context until consensus was reached. Feedback from the five member-checking participants was incorporated into the final themes, refining in particular the boundary between acceptance and resignation. Reflexivity was maintained throughout: the interviewing researcher kept a reflexive journal recording how their own background and assumptions might shape data generation and interpretation, and the team revisited these influences during analysis.

4. Findings

Thematic analysis of the 20 interview transcripts showed that there is a dual structure to the coping function of endurance, as well as the relational mechanisms that moderated whether this coping function operated adaptively or restrictively. Figure 1 shows the thematic map of this dual structure. The results are structured around the three research questions: the adaptive function of endurance, the restrictive function of endurance, and the moderating function of relational context.

Figure 1

Thematic Map of Endurance Duality



Note. The map situates endurance within the Chinese cultural context and traces its two functional pathways. Arrows denote the direction of influence; the central panel represents relational support (family, peer, and staff), which acts as the moderator: sufficient support channels endurance toward the adaptive pathway and psychological adaptation, whereas insufficient support channels it toward the restrictive pathway and psychological risk. Personal characteristics (health status and length of residence) condition this process.

4.1. Endurance as Adaptive Resource

This process of analysis resulted in the conclusion that the role of endurance as an adaptive coping resource was constituted through its three interrelated components: accommodative acceptance, meaning reconstruction, and the component of perseverance that was embedded in life history.

Accommodative acceptance was the most dominant adaptive coping component. The participant who was from the rural environment used her knowledge of agriculture to illustrate her accommodative acceptance: “Crops depend on the weather, and so do people, you can’t always be worrying” (EP06). Her way of thinking about her situation in the broader scheme of things served to transform the component of endurance into a positive accommodative acceptance rather than resignation. Another participant with severe arthritis explained her accommodative acceptance as “acceptance without surrender”: “I accept that

arthritis is part of me, but I won't let it define me as useless. Some days I still curse my knees, but after cursing, I keep on living" (EP04).

Thus, reconstructing the meaning of endurance imbued it with greater psychological depth. Indeed, one of the participants made the distinction between "acceptance" and "giving up" as follows: "Acceptance is acknowledging reality but doing your best within that reality; giving up is not even trying anymore" (EP07). Similarly, the reconstruction of the meaning of filial piety was used as a means of coping with the situation of being admitted to an institution: "Let your children be your children, not your nurses; this is reducing their burden" (EP09).

The reconstruction of endurance was also related to the life history of the participants. Indeed, one of the participants used the collective memory of the working class: "Workers' resilience means being able to endure hardship and never giving up. Those times were hard, but we got through them" (EP02). The participants who had longer residence durations better integrated the meaning of endurance as a positive resource. The participants with agricultural and working-class backgrounds were more likely to use the narratives of endurance as a means of adaptation.

The patterning of these accounts is itself sociologically meaningful. Participants from agricultural and working-class backgrounds drew on a shared generational repertoire, framing endurance through the moral vocabulary of labour and seasonal necessity, which lent their acceptance an active and dignified quality rather than passive submission. Endurance in these narratives operated less as an individual trait than as a collectively authored resource, anchoring present hardship within a biography of adversity already survived. The interaction of socioeconomic background with Confucian values thus shaped not only whether endurance was invoked but the particular form it took.

4.2. Endurance as Barrier

The same orientation of endurance, in different conditions, manifested as a barrier in emotional expression and seeking professional help in the form of cultural suppression of emotions, stigmatization of psychological conditions, and the functional transformation that occurred as a result of the deterioration of health conditions.

Intergenerational norms underpinned the emotional suppression. As one participant stated: "People of our generation are used to mulling things over ourselves... actually going to see some psychologist feels strange, as if there's something seriously wrong with us" (EP10). This was particularly true for males: "Us old fellows, talk about feelings? We can't bring ourselves to open our mouths!" (EP11). Thus, endurance functioned as a cultural barrier to the expression of emotions.

Stigmatization was another factor that further fueled avoidance. For instance, one of the members was stigmatized upon joining the support group: “Is there something wrong with her head?” (EP03). Likewise, a male member who cried due to homesickness was stigmatized as “A grown man being so fragile” (EP05). Such feedback mechanisms collectively created an environment which hindered help-seeking propensity.

A specific set of conditions triggered the transition of the resource to the barrier. For instance, when health was compromised, there was a progressive elimination of the available coping mechanisms: “I couldn’t write anymore; I didn’t have control of my hands” (EP16). However, upon the elimination of the active coping mechanisms, endurance transitioned to being a barrier rather than a buffer. The elderly with poorer health conditions were doubly disadvantaged.

The gendering of these barriers warrants emphasis. For the male participants, the prohibition on emotional disclosure was not merely personal reticence but the enactment of a culturally scripted masculinity in which composure signifies strength. The public shaming of a man who wept (EP05) policed this boundary and illustrates how institutional peer dynamics actively reproduce gendered emotional norms rather than simply reflecting individual preference. Here Confucian self-restraint and gender expectation reinforced one another, narrowing the emotional repertoire available to older men in particular.

4.3. Relational Context as Moderator

These findings lead to a pertinent query: what explains the divergent outcomes of the same endurance orientation? The analysis suggests that the sufficiency of relational support is the key moderator.

When the relational support was sufficient, endurance oriented towards adaptation. One participant explained this as follows: “Family is like oxygen; losing contact is like a sudden power outage in the workshop” (EP02). Family served as an emotional vent for the endurance of everyday life, which prevented forbearance from leading to closure. Another participant arranged fixed video calls with her children once a week (EP09), which served to replenish the emotional reservoir of endurance.

Peer resonance served as another support for forbearance. One of the participants explained institutional friendships as “comrades in hardship - we share the same circumstances, old, away from home, and with ailments. The feelings are more direct” (EP11). Another participant had managed to develop a type of companionship: “We country folk don’t go in for all that chatter; sitting together is friendship enough” (EP06).

When relational support was absent, endurance was inclined to suppression. One participant lived over one year but still felt like an outsider: “Everyone seems friendly on the surface, but the cliques formed long ago” (EP12). In this case, endurance without relational support resulted in isolation. Similarly, another participant avoided all communication for weeks after the death of the spouse (EP15), and endurance without relational support resulted in suppression. This shows that whether endurance runs adaptive or restrictive depends not on endurance itself but on its relational context; relational support directs endurance to its adaptive function, and its absence directs endurance to its suppressing function. Table 2 synthesizes the major evidence of the three sections of findings.

Two deviant cases sharpen this point and indicate that it was the perceived quality of relational support, rather than its mere frequency, that governed which way endurance tipped. Contrary to a simple dose-response expectation, routine contact that lacked genuine emotional resonance did little to redirect endurance toward adaptation, whereas even sparse but emotionally attuned exchanges, such as the wordless companionship described by EP06, helped to replenish it. Institutional social structure mattered as well: where established resident cliques had already formed, newcomers such as EP12 could remain relationally peripheral despite prolonged residence, so that sustained exposure to others did not by itself yield adaptive endurance. These deviant cases refine the core claim by locating the moderator not in the presence or frequency of relationships as such but in their experienced emotional adequacy.

Table 2

Dual Functions of Endurance with Supporting Evidence

Dimension	Manifestation	Representative Quote	Code
Adaptive	Accommodative acceptance	“Crops depend on the weather, and so do people, you can’t always be worrying.”	EP06
	Perseverance through hardship	“Workers’ resilience means being able to endure hardship and never giving up.”	EP02
	Acceptance without surrender	“Acceptance is acknowledging reality but doing your best within that reality.”	EP07
Restrictive	Emotional suppression	“People of our generation are used to mulling things over ourselves.”	EP10
	Stigmatization of psychological issues	“Is there something wrong with her head?” (gossip about a participant joining a support group)	EP03
	Gendered expression barriers	“Us old fellows, talk about feelings? We can’t bring ourselves to open our mouths!”	EP11
Relational moderation	Sufficient support → adaptive	“Family is like oxygen; losing contact is like a sudden power outage.”	EP02

Peer resonance as buffer	“Comrades in hardship... the feelings are more direct.”	EP11
Insufficient support → restrictive	“Everyone seems friendly on the surface, but the cliques formed long ago.”	EP12

Note. The table summarises the two functional forms of endurance and the relational-moderation theme, with one representative quotation and participant code (EP) per manifestation; quotations are translated from Mandarin.

5. Discussion

This duality of endurance as a cultural coping strategy is the main theoretical implication, which challenges the classical dichotomy proposed in the Stress and Coping Theory. Traditionally, coping strategies have been divided into problem-focused coping and emotion-focused coping (Lazarus & Folkman, 1984). Endurance, however, with its dual nature, transcends this binary classification. More importantly, it has critical implications for coping theories that whether this coping strategy proves adaptive or maladaptive is unrelated to the strategy employed; rather, it is contingent on the relational support available. This is a critical extension of accommodative coping (Brandtstädter & Renner, 1990) that specifies the conditions under which accommodative acceptance turns into passive suppression. This study also provides support to the relationship-oriented coping theory (Kuo, 2013) that confirms the relational nature of Chinese elderly coping.

This conditional duality also clarifies how endurance relates to, yet differs from, neighbouring constructs. Whereas the classic model treats coping responses as relatively stable in their adaptive value, the present findings show that a single culturally grounded orientation can occupy either pole depending on relational conditions, a possibility that the problem-focused versus emotion-focused dichotomy (Lazarus & Folkman, 1984) does not anticipate. The findings extend Kuo’s (2013) relationship-oriented coping by demonstrating that relational ties function not merely as an additional coping channel but as the mechanism that sets the valence of an apparently intrapersonal strategy. Endurance is thereby differentiated from habitual emotional suppression, from resilience, and from self-compassion: it is neither inherently defensive nor inherently restorative, but a relationally contingent orientation.

Situating the findings within the broader scholarly discourse, the emotional burden of the institutionalized elderly is well-documented in international literature (Jalali et al., 2024; Wang et al., 2024). Quantitative studies have also confirmed self-compassion as a protective factor (Gao et al., 2024), while this current qualitative study also showed similar cognitive restructuring mechanisms, such as “dependence means reasonably obtaining support”.

However, this mechanism is framed not through the concept of self-compassion, but through culturally embedded narratives of endurance. It is also noteworthy that much of the mainstream Western literature suggests that help-seeking is a positive factor (Aldwin & Revenson, 1987), but the current study showed restraint and relationship-focused coping to have similar adaptive value in specific relationship conditions. At the regional level, this study adds to the limited existing literature from Jinan (Jiao & Zhou, 2023) by documenting the cultural coping mechanisms from the residents' own perspective.

These dynamics resonate with cognate cultural coping ideals elsewhere in East Asia, such as the Japanese valorisation of *gaman* (我慢) and Korean norms of emotional restraint, where the psychological value of restraining emotional expression has likewise been shown to depend on cultural context rather than being uniformly maladaptive (Soto et al., 2011). This convergence suggests that the relational-contingency model of endurance proposed here may extend to other Confucian-influenced societies and invites systematic comparative investigation.

These findings provide concrete directions for practice. The key challenge is to differentiate adaptive from suppressive endurance, such as the inapplicability of certain mainstream Western intervention models, as evidenced by the participant's rejection of "imagining pain as a naughty puppy" (EP04). With regard to destigmatization, the metaphor provided by the participant, such as the need for psychological support as "oiling a machine that's been running too long; it's maintenance, not malfunction" (EP11), provides a culturally appropriate approach. Similarly, the emergence of informal "men's workshops," where conversations unfold alongside shared practical tasks, demonstrates a mode of emotional expression that respects culturally sanctioned boundaries for masculinity. However, the essential prerequisite for all the above is the improvement of the relational infrastructure, such as soundproof communication rooms, flexible visiting arrangements, and stable peer pairings, as relational support is the primary moderator of whether endurance runs adaptive or restrictive, more so than the increase of social activities.

Translating these insights into practice suggests coordinated action at three levels. At the institutional level, facilities should protect the relational infrastructure that sustains adaptive endurance by providing soundproofed rooms for private family contact, scheduling flexible visiting hours, supporting regular video calls, and deliberately pairing newly admitted residents with established peers to prevent relational marginalisation. At the clinical level, mental-health staff should be trained to distinguish adaptive from suppressive endurance, to screen for the latter when declining health removes avenues for active coping, and to adopt culturally congruent low-stigma formats, such as task-based companionship for men and

maintenance metaphors for psychological support, rather than direct verbal emotional disclosure of the kind common in Western therapy. At the policy level, staffing standards and quality metrics for elderly-care institutions should incorporate explicit indicators of relational and psychological support, so that the relational conditions identified here as decisive are resourced rather than presumed.

5.1. Limitations

Several limitations of this study should be acknowledged. The data were collected from pension institutions located within urban areas of Jinan and were limited to individuals without severe cognitive impairment. Therefore, the findings should be generalized with caution to other cultural areas and to individuals within rural areas. The cross-sectional design of this study limits the ability to observe dynamic changes in functional evolution. The research was completed in Mandarin and translated for analysis; however, it must be acknowledged that translation may result in subtle losses of cultural information.

Several further limitations bear on interpretation. Because facility staff assisted with recruitment, institutional gatekeeping may have skewed the sample toward residents regarded as cooperative or well-adjusted. The face-to-face interview format, combined with cultural norms favouring the presentation of a composed self, may have introduced social-desirability bias, particularly in male participants' accounts of emotional experience. The identity and presence of the interviewer will also have shaped what participants felt able to disclose. These considerations qualify rather than negate the findings, and point to the value of triangulated and longitudinal designs in future work.

6. Conclusion

This research investigated the coping experiences of 20 elderly individuals within three pension facilities in Jinan via a qualitative method and found related results to address the three research questions. In terms of RQ1, endurance served as an adaptive coping resource via three mechanisms: accommodative acceptance, meaning reconstruction, and perseverance narratives. This enabled older adults to preserve their psychological stability and continuity in the face of irreversible physical degeneration and environmental limitations. Regarding RQ2, when endurance combined with intergenerational norms of suppressed emotional expression, stigmatization of psychological distress, and cultural valorization of extreme self-reliance, it shifted to serve as a barrier to emotional expression and professional help-seeking; this was especially evident when health degeneration eliminated avenues for active coping. Concerning RQ3, the adequacy of relational support was found to be the primary moderator

of the functional direction of endurance; family ties, peer identification, and staff courtesy kept endurance on the adaptive path when adequate and shifted it to suppression when inadequate.

These findings are significant at three levels. First, the elucidated dual nature of endurance and the moderating role of relational support advance cross-cultural coping research. They underscore the necessity of treating culture not merely as a background variable, but as an independent and dynamic factor shaping coping processes. Second, this two-sided character of endurance offers a theoretical foundation for informing culturally sensitive psychological services in Chinese pension institutions. Finally, this study addresses the qualitative research gap by exploring cultural coping among institutionalized older adults in Jinan, a core region of Confucianism. Future studies on the dynamic evolution of the function of endurance, especially the transformation trajectory from adaptive endurance to suppressive endurance at different stages of residence, are necessary. More importantly, the translation of the theoretical notion of “distinguishing two forms of endurance” into practical service tools is the next step from the present theoretical exploration. Older adults in institutions are not just passive recipients of care, but as active agents who navigate the challenge using cultural resources. This is the primary point of departure for the development of person-centered elderly care services in China.

Acknowledgments

The authors thank the older residents who took part in this study for generously sharing their experiences, and the management and staff of the three participating institutions in Jinan for their assistance with recruitment.

Author contributions

Conceptualization, W.Z. and J.S.; methodology, W.Z. and J.S.; formal analysis, W.Z.; investigation, W.Z.; data curation, W.Z.; writing—original draft preparation, W.Z.; writing—review and editing, J.S.; visualization, W.Z.; supervision, J.S.; project administration, J.S. All authors have read and agreed to the published version of the manuscript.

Funding

This research received no external funding.

Data availability

The interview transcripts generated during the current study are not publicly available because they contain information that could compromise the privacy of the participants, who

consented only to the use of de-identified excerpts. De-identified data are available from the corresponding author on reasonable request.

Declarations**Conflict of interest**

The authors declare that there is no conflict of interest.

Ethics approval

The study was conducted in accordance with the Declaration of Helsinki. As a low-risk, non-interventional interview study, it qualified for exemption from full ethics committee review under the applicable local regulations governing human-subjects research, and no approval number was therefore issued. Permission to approach and interview residents was obtained in advance from the management of each participating institution.

Consent to participate

Oral informed consent was obtained from all individual participants before data collection. Oral rather than written consent was used in view of the variable literacy of the participants.

Consent for publication

All authors have given their consent.

Additional information

Received: 11 May 2026

Accepted: 27 July 2026

Published online: 31 August 2026

Publisher's Note

Wisdom Academic Press Ltd. remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

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