

Impact of Empty Nest Syndrome on Parental Mental Health: Moderating Role of Coping Styles

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When children leave home, parents may experience Empty Nest Syndrome (ENS), a negative emotional condition that can affect their mental health. Studies highlight the need to examine single and elderly parents living in shelter homes. According to attachment theory, parents' mental health (MH) is strongly influenced by the bond they share with their children. Coping styles play a pivotal role in how older adults adjust to the challenges of ENS and maintain their mental health. Thus, the moderating role of coping styles was examined in the present study. The study employed a cross-sectional survey design. A purposive sample of 200 parents, including single parents, was collected. Participants aged 60 years and above were included. The Empty Nest Syndrome Questionnaire-Indian Form (ENS-IF), Mental Health Inventory (MHI-5), and Simplified Coping Styles Questionnaire, along with a demographic data sheet and a consent form. Data were analyzed using SPSS and Process Macro with correlation, regression, t-test, and moderation analyses. Future researchers can design interventions to strengthen coping styles and enhance the mental health of empty-nest parents.

Keywords: Empty Nest Syndrome, Mental Health, Coping Styles



Introduction:

The stage of life that follows a child's separation from their parents is symbolised by the empty nest. Children go through a cycle known as "launching," where they transition into maturity, set objectives, forge their identities, and gain more independence. Parents must cope with their children's absence when they leave home to start their own families. Children occasionally leave the house to pursue careers or further education, or because they get married [1]. On the other hand, the family grows and shrinks in size over the course of its life cycle, sometimes becoming larger and sometimes smaller. The empty nest phase occurs when there are fewer members in the immediate family [1]. The "empty nest," sometimes referred to as the "later parenting years," is the stage of daily life after all of the kids have matured and settled, and moved out. This stage is typically experienced by parents in their middle years [2][3]. It can affect parents in positive or negative ways [4][5]. Interestingly, this stage has gotten comparatively less attention than the remaining phases of the family life cycle, such as motherhood [6]. This period is viewed as a normal event since parents are mindful that their kids will grow up and ultimately move out [7].

On the other hand, the ENS is a phase where elderly parents help their kids become independent adults by encouraging them to assume adult duties. Mothers/Fathers who goes through feelings of loss, sorrow, distress, failure, difficulties getting used to new roles, and a shift in parental relationships are affected by this psychological illness [1]. When a couple remains together after their children leave, it marks a major transition in a parent's life. ENS typically affects women more, as they spend most of their lives managing household and caregiving responsibilities.

The middle-aged housewife who goes through this transition—known as the "shrinking circle stage"—no longer finds fulfillment in her roles as a mother and wife and tries to compensate for the loss of these obligations by getting involved in community service again [1][8]. A study found that 42% of grieving mothers were at high risk for Empty Nest Syndrome and expressed concern about transitioning to life alone. Empty nest syndrome is a major problem for single parents [9]. Examining the impact of ENS requires considering multiple perspectives, particularly those related to role identity and role modification. According to the role identity perspective, one is better off the more role identities they possess. Psychological problems arise when we lose our roles in life. This leads us to believe that the parents' mental health will decline due to ENS [10][11]. The role change perspective holds that changing one's role, whether it be embracing or relinquishing it, can have detrimental effects on one's physical and emotional well-being [9].

As Pakistan is one of the fifteen nations with the highest number of senior citizens, or those over sixty [12][13]. Currently, older adults make up 7% of the population, a figure projected to rise to 8.5% by 2030. Nonetheless, the country's cultural context accords senior family members high social prestige. However, the aging population and adult migration are claimed to have significant negative effects on the social, economic, psychological, and health aspects of older people's lives [14][15]. The Global Age Watch Index (GAWI) rates various nations and monitors the mental health of the aged. As a result, it placed Pakistan at number 92 out of 96 nations in 2015, just after Iraq. This ranking illustrates the unfavorable circumstances that are currently in place as well as the state's inadequate social security programs. Furthermore, the nation has one of the lowest rates of pension income coverage for the elderly (2.3%) [16].

The present study aimed to investigate the impact of Empty Nest Syndrome on parents' mental health. Additionally, the study looked at how coping skills function as moderators. It was essential to assess the psychometric properties of the scales used for this sample before testing the hypothesis. The Statistical Package for Social Sciences (IBM-SPSS, Version 21) was used to examine the study's data [17][18]. To ascertain the scales' internal

consistency, a reliability analysis was performed using Cronbach's Coefficient Alpha. One-way ANOVA, moderation analysis, independent sample t-tests, correlation, and descriptive statistics were performed.

Research Objectives:

Objectives for the study are as follows:

To study the relationship among empty nest syndrome, mental health, and coping styles in parents.

To study the moderating role of coping styles on the relationship between empty nest syndrome and mental health in parents.

To find out differences in study variables (empty nest syndrome, mental health, coping styles) based on demographic variables (age, gender, marital status, number of children, employment status).

To test statistical assumptions (normality and multicollinearity) before conducting regression and moderation analyses.

Theoretical Background and Review of Previous Studies:

Empty Nest Perspective Theory:

Every stage of life that a person goes through will provide them with fresh and different experiences since every event [19][20]. No matter how positive or negative the event is, it shapes a person's mental health. The empty nest is a normal occurrence for all parents and a major turning point for aging parents, according to the Empty Nest Perspective Theory [21][22]. When a child leaves home, a parent's reaction to an empty nest is influenced by both personal and psychological variables, with psychosocial factors having the most impact. Personal variables include things like age, occupation, income, and way of life; psychosocial elements include things like work environment, marriage status, social integration, and social support. Compared to other parents, those who have good personal and psychological characteristics may be better able to handle these life events. As to the Empty Nest Perspective Theory, parents who possess greater financial stability, are more spiritual, and independent are less likely to feel empty within. [21][23][24]. Furthermore, because it varies from person to person, there is no defined length of time for which parents may suffer the empty nest. When it comes to experiencing the empty nest, no two parents are alike. Different parents respond differently to the departure of their children. Other parents could need two months to get used to their new duties, while others might need more time. Some parents might have symptoms for a longer period of time. [25] Hence, there are several factors that influence mothers and fathers who suffer from empty nest syndrome. Cultural differences, age, parenting techniques, educational attainment, and parent gender are a few of these. For a number of reasons, including marriage, additional education, or employment, a child may leave the home [25][26][27].

Role Identity and Role Modification Theory:

Examining the impact of empty nest syndrome significantly requires taking into account various viewpoints about role identity and role modification. According to the role identity perspective, one is better off the more role identities they possess. Psychological disorders arise when we lose our responsibilities in life [28]. This leads us to believe that the parents' mental health will decline once the children move out. According to the role transition viewpoint, shifting one's role—whether accepting it or letting go of it—can harm one's bodily and mental health [29][30].

Biopsychosocial Model:

Empty nest syndrome cannot be understood just from a psychological perspective; rather, it must be considered from a biopsychosocial one. Therefore, a variety of biological, social, psychological, and genetic factors lead to the emergence of empty nest syndrome. It is further intensified by environmental and marital factors [31][24][32]. Clinicians must treat

patients with empty nest syndrome with the same urgency as they would any other psychiatric issue and acknowledge the reality of this phenomenon. It is also beneficial to have a preventative module in place and to consider psychological readiness for the empty nest syndrome. Long before empty nest syndrome symptoms appear, couples should have a conversation about it and receive coping mechanisms [33][34][35][36].

Previous Studies on the Impact of Empty Nest Syndrome on Parental Mental Health:

According to research, parents who only have one kid may suffer from more severe empty nest syndrome since their whole parenting and attention is focused on that one child. In contrast to parents of many children, who may have a more gradual transition to an empty nest, the shift might feel more substantial. Three hundred elderly residents of the Siti Anna Bangka Belitung Retirement Home served as the research subjects. Purposive sampling is used in the sampling procedure. According to the findings, parents of single children frequently had more intense emotional responses than parents of several children [37][38][4].

Research has been done to look into the connection between parents' mental health and empty nest syndrome. The variables listed were measured using standardized scales. The results showed that empty nest syndrome and mental health were strongly correlated. Examining these connections provides practical methods for helping parents. Especially, mothers in particular get through the difficulties of having an empty nest. Gaining insight into the complex relationships between mothers, empty nest syndrome, social support, and life purpose provided important insights into how to manage their mental health at this critical developmental stage [39].

Parenting was defined by [40] in terms of a number of variables, such as social interactions, role identity, and parent-child connections. Numerous studies examined the loneliness that empty nesters face. The impact of an empty nest on parents' mental health and marital quality was investigated by [6]. She found that there was a notable rise in parental loneliness and a decline in social connections [6]. According to [41], empty nesters experienced higher mental health problems and worse health impacts than non-empty nesters. Their findings were in accordance with a [42] study that revealed the majority of empty nest seniors had significant degrees of loneliness, which was linked to inadequate self-care and an increased risk of loneliness. According to research by [43], these findings corroborated the notion that Chinese empty-nester seniors suffered from severe social isolation and loneliness when their children moved out. An examination of the study literature revealed that empty nesters often experienced loneliness [15].

Research Methodology:

The research design employed in this study was a cross-sectional survey. The technique of purposive sampling was used to collect data. A self-reported questionnaire was used in this study. The objectives of the study were attained through four different steps, which are as under:

Step I: Finalization and Permission of Instruments:

Empty Nest Syndrome Scale-Indian Form [3], Mental Health Inventory [44], University of California Los Angeles (UCLA) loneliness Scale [45] and Simplified Coping Styles Questionnaire [46] were selected to assess empty nest syndrome, mental health, loneliness and coping styles of parents. After taking permission from the relevant authors, these instruments were finalized. Moreover, approval was also taken from the Ethical Review Board of Foundation University School of Science and Technology, so as to conduct this study.

Step II: Pre-testing:

The instruments of the study were assembled in the form of a booklet and were also incorporated into a Google Form. To ensure the understanding and comprehension of the instruments for the sample, it was pre-tested. For this purpose, five parents were selected,

among whom two were single parents. The participants were requested to read the questionnaire carefully and to highlight any ambiguity in their understanding of the items or in the overall concept. All the participants reported that the instruments used in the study were easy for them, and all the items were culturally relevant.

Step III: Pilot Study:

A pilot study was conducted with 30 parents aged over 60 years. All of the research tools, including the University of California, Los Angeles (UCLA) Loneliness Scale, the Empty Nest Syndrome Scale-Indian version [47], the Mental Health Inventory-5 [48], and Simplified Coping Styles Questionnaire [46], were administered. Through analysis, it was found that the research design was providing sufficient knowledge about the participants and that the research was proceeding in the right direction. Therefore, the methodology was not altered for the main study.

Step IV: Main Study:

The current study was mainly concentrated on testing hypotheses on a larger sample (N=200) [49]. The study's primary goals were to determine how empty nest syndrome had an impact on parents' mental health and to look at how coping styles moderated the relationship between empty nest syndrome and parents' mental health.

Sample:

The total sample of the study comprised 200 parents, with men (n=113) and women (n=87). The data was collected from Mardan and Peshawar, KPK. Participants aged over 60 with at least 14 years of education whose children had moved out for education, employment, or marriage were included. Whereas those participants who had a child and had died or never had a biological child but had adopted a child were excluded from the study. The data was gathered through a purposive sampling technique.

Instruments:

In the current study, four instruments were used, which included the Empty Nest Syndrome Scale- Indian Form, the Mental Health Inventory-5, and the Simplified Coping Styles Questionnaire [46].

Empty Nest Syndrome Scale- Indian Form (Jhangiani et al., 2022):

To assess empty nest syndrome among parents Empty Nest Syndrome Scale-Indian Form was used. It was a six-point Likert scale that comprised 50 items and had positive and negative statements. For always score was 5, to never score was 0, for positive statements. Reverse scoring was used for negative statements. Score range is from 24-200. The higher scores on this scale indicated the attachment of parents to the child in an unhealthy manner. Cronbach's alpha for this scale was .91.

Mental Health Inventory-5 (Viet & Ware, 1983):

To assess the mental health of parents Mental Health Inventory-5 was used. This scale consisted of a total of 5 items. It represents four of the five major constructs (emotional ties are not included). It consisted of a six-point Likert scale, with a range of 1-6. The score range for this scale was 5-30. It had a minimum score of 5 and a maximum score of 30. Cronbach's alpha for this scale was .82.

Simplified Coping Styles Questionnaire (Xie, 1998):

To assess the coping styles of parents Simplified Coping Styles Questionnaire was used. It consisted of 20 items with a 4-point Likert scale. It consists of two subscales, i.e., Active Coping Styles (positive coping) and Passive Coping Styles (negative coping). Both the subscales will be used separately. Item 1 to 8 on the scale indicates Active Coping Styles (positive coping), while items 9 to 20 indicate Passive Coping Styles (negative coping). Score range for Active Coping Styles is 8 to 32, while score range for Passive Coping Styles is 8 to 48. Lower scores on these scales indicated lower coping styles, while higher scores on these

scales indicated higher coping styles for both positive and negative coping. Cronbach's alpha was .90 for Active Coping Styles and .86 for Passive Coping Styles [46].

Table 1. Descriptive Statistics and Reliability Analysis of Study Variables (N=200)

Variables	k	A	Mean	Range		SD	Skew	Kurtosis
				Potential	Actual			
ENS	50	.89	164.37	82-192	24-200	29.79	-.88	-.42
MH	5	.89	14.23	5-27	5-30	5.89	.54	-.99
A-CS	8	.83	18.02	8-30	8-48	6.04	.45	-1.38
P-CS	12	.74	32.92	14-31	8-48	4.68	-.32	-1.21

Note: ENS= Empty Nest Syndrome, MHI= Mental Health, LN= Loneliness, A-CS= Active Coping Styles, P-CS= Passive Coping Styles

Table 2. Pearson Correlation Among Study Variables (N=200)

Variables	ENS	MH	Loneliness	CS-P	CS-N
ENS	-	-.90**	.86**	-.82**	.82**
MH		-	-.88**	.86**	-.83**
A-CS				-	-.86**
P-CS					-

Note: ENS= Empty Nest Syndrome, MHI= Mental Health, A-CS= Active Coping Styles, P-CS= Passive Coping Styles

Table 3. Moderation Analysis of Active Coping Styles on the Relation Between Empty Nest Syndrome and Mental Health (N=200)

Mental health						95%CI			
Variables	R ²	ΔR ²	F	ΔF	B	t	p	LL	UL
Constant	.86	.00	422.66	3.17	14.92	57.62	.00	14.41	15.43
ENS					-.13	-12.19	.00	-.15	-.14
A-CS					.31	6.85	.00	.22	.40
ENS*A-CS					.003	1.92	.05	.00	.005

Note: ENS= Empty Nest Syndrome; A-CS= Active Coping Styles

Table 4. Moderation Analysis of Passive Coping Styles on the Relation Between Empty Nest Syndrome and Mental Health (N=200)

Mental health						95%CI			
Variables	R ²	ΔR ²	F	ΔF	B	t	p	LL	UL
Constant	.85	.00	379.22	4.02	14.90	59.66	.00	14.41	15.39
ENS					-.14	-13.04	.00	-.17	-.12
P-CS					.30	-4.77	.00	-.42	-.17
ENS*A-CS					.003	-2.00	.04	-.007	.00

Note: ENS= Empty Nest Syndrome; P-CS= Passive Coping Styles

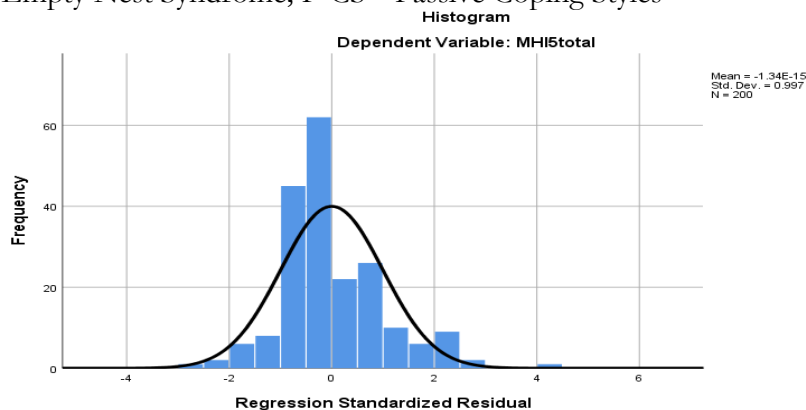


Figure 1. Normality Analysis before Conducting Regression and Moderation Analyses

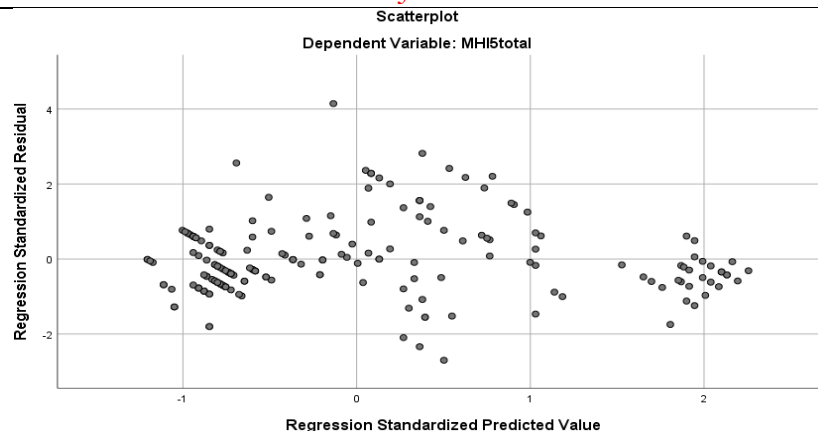


Figure 2. Normality Analysis before Conducting Regression and Moderation Analyses

The majority of the values in the standardized residuals histogram cluster around zero and follow the bell-shaped curve, indicating an approximately normal distribution. Furthermore, homoscedasticity is indicated by the scatterplot of standardized projected values vs residuals, which displays random dispersion devoid of any discernible pattern. As a result, the regression analysis's normality and linearity criteria are satisfied.

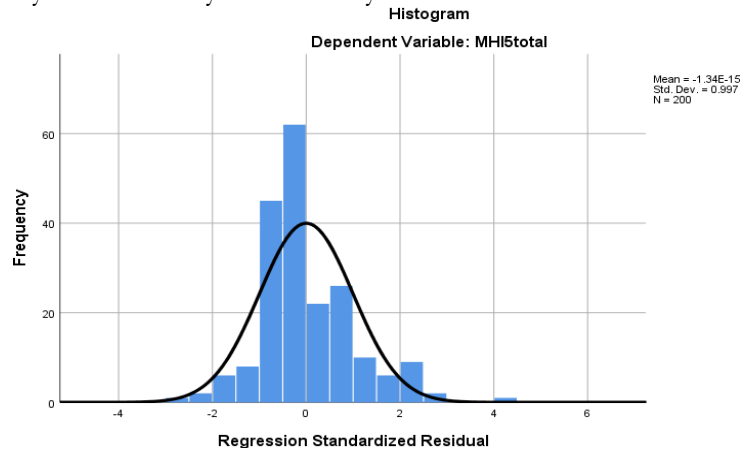


Figure 3. Multicollinearity Analysis before Conducting Regression and Moderation Analyses

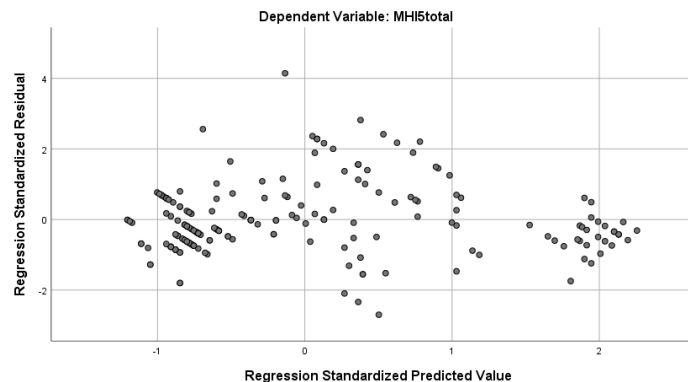


Figure 4. Multicollinearity Analysis before Conducting Regression and Moderation Analyses

The standardized residuals histogram indicates that the residuals are roughly normally distributed, with the bell-shaped curve and the majority of values clustering around zero. This suggests that the regression's normality condition is satisfied. The scatterplot of standardized residuals against standardized predicted values showed no discernible pattern, and the points were dispersed randomly, indicating that the linearity and homoscedasticity assumptions are also met.

Conclusion:

The purpose of this study was to examine how empty nest syndrome affects parents' mental health and whether coping styles can moderate the relationship between empty nest syndrome and parents' mental health. Coping style subscales were employed. The mental health of older parents was higher for those with high active coping style scores and lower for those with high passive coping style scores. Additionally, the study revealed variations in empty nest syndrome among participants based on gender, marital status, employment position, and number of children. Lastly, the relationship between empty nest syndrome and mental health was moderated by coping styles.

Limitations:

In this study, there were several limitations. First of all, it was incredibly challenging to collect the data because some of the old age homes were not allowing outsiders. Secondly, time was very limited for data collection as it required travelling to different cities. Thirdly, the sample size was modest. Another limitation was that this study targeted a relatively homogeneous sample. Most of the participants were of a similar regional background. These similarities in the sample may have contributed to rendering somewhat homogeneous responses.

Recommendations and Future Directions:

We can better grasp how empty nest syndrome affects parents' mental health thanks to this new study. Additionally, this study will deepen our understanding of the need for neighbors, friends, and other community-based organization to care for and assist these parents. Additionally, mental health practitioners should raise knowledge about empty nest syndrome and how counselling can assist in coping with this stage.

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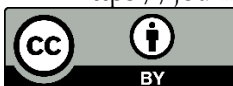
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