

















Self-care capacity and Quality of life in the elderly in the South of Veracruz

Capacidad de autocuidado y Calidad de vida en el adulto mayor del Sur de Veracruz

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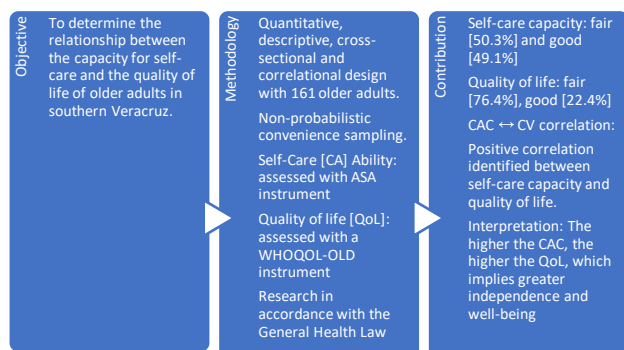
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Abstract

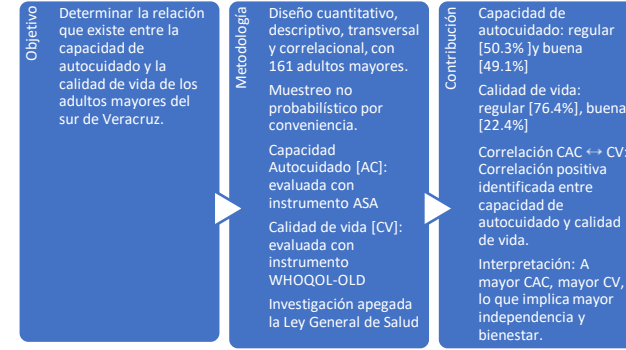
Aging is an irreversible process associated with the accumulation of molecular damage that reduces physiological reserves. Biological, psychosocial factors, and individual experiences influence perceptions of quality of life. This study aimed to determine the association between self-care capacity [SCC] and quality of life [QOL] in older adults [OA]. The study was descriptive, cross-sectional, and correlational. The study included a sample of 161 older adults from southeastern Veracruz, selected by snowball sampling. The ASA and WHOQOL-OLD instruments were used, with analysis using SPSS. The average age was 69.6 years; 76.4% had some pathology. QOL was rated as fair [76.4%] and good [22.4%]; SCC as fair [50.3%] and good [49.1%]. A positive correlation was identified between SCC and QOL. It is concluded that a higher level of self-care promotes a better quality of life, greater independence, and well-being in older adults.



Quality of life, self-care, older adults

Resumen

El envejecimiento es un proceso irreversible asociado a la acumulación de daños moleculares que reducen las reservas fisiológicas. Factores biológicos, psicosociales y experiencias individuales influyen en la percepción de la calidad de vida. Este estudio tuvo como objetivo determinar la asociación entre la capacidad de autocuidado [CAC] y la calidad de vida [CV] en adultos mayores [AM]. De tipo descriptivo, transversal y correlacional con una muestra de 161 AM del sureste de Veracruz, seleccionados por muestreo bola de nieve. Se utilizaron los instrumentos ASA y WHOQOL-OLD, con análisis en SPSS. La edad promedio fue de 69.6 años; el 76.4% tenía alguna patología. La CV fue calificada como regular [76.4%] y buena [22.4%]; la CAC, como regular [50.3%] y buena [49.1%]. Se identificó correlación positiva entre CAC y CV. Se concluye que un mayor nivel de autocuidado favorece una mejor calidad de vida, mayor independencia y bienestar en el AM.



Calidad de vida, autocuidado, adulto mayor

Area: Advocacy and attention to national problems

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Introduction

Population ageing is linked to a country's economic development. According to the Economic Commission for Latin America and the Caribbean [ECLAC], a population is considered moderately aged when older adults make up 10% or more of the total population. Similarly, the World Health Organisation [WHO, 2022] estimates that between 2000 and 2050, the global population over the age of 60 will increase from 11% to 22%.

In Latin America and the Caribbean, the transition is faster, as in 2020 more than 8% of the population was aged 65 or over, and this percentage is estimated to double by 2050.

In Mexico, the 2022 National Occupation and Employment Survey [ENOEN] estimated that there were 17,958,707 older adults [OA] aged 60 or over, equivalent to 14% of the total population. By age, 56% are between 60 and 69 years old, 30% are between 70 and 79 years old, and 14% are 80 years old and above. In terms of gender, the percentage is slightly higher for men aged 60 to 69 and for women aged 80 and over [National Institute of Statistics and Geography [INEGI], 2022].

At the national level, in 2020, the National Population and Housing Census reported that the adult population aged 60 and over amounted to 15.1 million people [equivalent to 12% of the total population], with the main states being: State of Mexico [1.9 million], Mexico City [1.5 million] and Veracruz [1.3 million] [Kánter Coronel, 2021].

Ageing is a universal and irreversible process, biologically caused by the accumulation of various molecular damages that gradually reduce an individual's physiological reserves.

The combination of biological and psychosocial factors, such as acquired experiences, will determine a positive or negative outlook for the rest of their life. Improving health remains the global priority for this century and is one of the three indicators of sustainable development. That is why it is urgent to take the right approach to self-care and quality of life in the adult population [Martínez et al., 2021; Leitón et al., 2018].

A determining factor in quality of life is self-care, which is defined by the WHO as the ability of individuals, families and communities to promote health, prevent disease, maintain health and cope with illness and disability with or without the support of a healthcare provider. Adults acquiring self-care habits translates into healthy ageing and improved well-being [National Institute of Older Persons [INAPAM], 2022].

Self-care is a fundamental practice carried out by nurses, yet alarmingly, there is a tendency for staff to neglect it, limiting themselves to following the treatment prescribed by medical staff and failing to implement interventions that promote the patient's interest in recovering and caring for their health [Macias et al., 2020].

Regarding the concept of self-care, Dorothea Elizabeth Orem established in 1969 that it is the sum of actions performed that generate exchanges of contributions and benefits for the improvement and maturation of the people who perform them. This theory reiterates that self-care is a human activity intentionally performed by individuals or caregivers on their behalf, with the aim of maintaining life, health and, therefore, well-being [Araújo et al., 2022].

The ageing population poses a challenge for the health systems of different countries: today, the priority is not to improve longevity, but to improve health and well-being. In this sense, specialists from various fields use the term quality of life to refer to an individual's perception of their life, within their cultural context and in relation to their expectations and interests. The WHO, in turn, establishes that quality of life is a subjective and individual perception linked to one's life experiences [Martínez et al., 2016].

Living longer does not mean living better, which is why health professionals need to pay special attention to this age group in order to ensure their well-being. Studies on quality of life in old age reveal that psychological, physiological and social well-being are key factors. It is vital that older adults pay attention to their health behaviour, taking positive measures towards their condition and needs to improve their health and prolong their life, as these variables guarantee healthy ageing.

To correctly understand ageing and its implications for people's lives, it is also essential to address the concept of 'quality of life' which, according to Cáceres-Manrique et al., encompasses different dimensions such as physical health, environmental conditions, personal satisfaction and economic well-being.

The WHO also adds that quality of life will depend not only on one's perception of their context, but also on their level of dependence and beliefs [Martínez et al., 2021]. In the case of older adults, it is hoped that health-related quality of life will be constructed in a favourable way, recognising and experiencing old age as a stage of continuation in a life process and not as a phase of functional decline and social isolation. Older adults experience changes in their mental, social and physical abilities, which can alter their quality of life and their perception of it [WHO, 2022].

The definition of QoL depends on the authors, and Hickey [1999] comments that it is an individual concept because each person perceives it differently due to influences such as personal experiences and expectations. For Cummis, it is a 'universal construct, defined objectively and subjectively, where the objective domains are cultural measures of well-being and the subjective domains refer to personal satisfaction in different dimensions' [Fernández and Rojo, 2005].

The QOL of older adults is defined as their personal perception of life within their cultural context and the values in which they live.

This perception is related to their goals, expectations, and interests, and is also linked to the satisfaction of basic needs such as income and the quantity and quality of goods at their disposal. Unfortunately, fewer and fewer older adults have an income that allows them a decent standard of living, which puts their survival at risk [Molano and González, 2020; Queirolo et al., 2020].

Assessing QoL in older adults is a challenge for the health systems of countries facing population ageing. The rapid increase in the number of people over the age of 60 calls for urgent adjustments to social, political, economic and legal programmes, which must be modified in order to meet the needs of this population group [Martínez et al., 2016].

It has been shown that quality of life in older adults is related to physical and psychological health. Previous research shows that perceived health and cognitive functioning influence the perception of quality of life. In addition, there is a positive relationship between quality of life, well-being and life satisfaction.

A positive perception of quality of life influences behaviour, the will to live and successful ageing.¹⁴ Furthermore, recent studies have revealed the close relationship between self-care and quality of life, such as rest, sleep, personal development and physical well-being [Alisa et al., 2022; Loredó et al., 2016].

Population ageing is a phenomenon of great relevance in this century with serious health, economic and social repercussions. As the older adult population is more vulnerable to the processes of the life cycle, such as the onset of disease and changes in family, emotional and economic dynamics that affect self-care capacity and quality of life, it is imperative to address both variables by conducting studies that investigate the association between quality of life and self-care in older adults.

Objectives

To determine the relationship between self-care capacity and quality of life among older adults in southern Veracruz.

Methodology

Design and population

A quantitative, descriptive, cross-sectional and correlational design was used. The target population consisted of 161 older adults from the south-eastern region of Veracruz. Between May, June and July 2023, non-probabilistic convenience sampling was used, including adults over 60 years of age of both sexes who agreed to participate voluntarily with informed consent, ensuring anonymity. Approval was previously requested from the

Ethics and Research Committee of the Faculty of Nursing at the University of Veracruz, Minatitlán Campus. Once the request was approved by the study subjects, the instruments were applied, and finally, the participants were thanked [Sampieri et al., 2006].

Data collection

Data collection was carried out using a questionnaire divided into sections to determine the characteristics of the study subjects, covering sociodemographic data, labour participation and comorbidities. Quality of life was measured using the WHOQOL-OLD questionnaire, translated and adapted by the World Health Organization [WHO, 2006], which consists of 33 items that assess six dimensions: sensory capacity, autonomy, past, present and future activities, social participation, death and dying, and intimacy [Gutiérrez et al., 2023].

Self-care capacity was assessed using the Appraisal of Self-care Agency Scale using the modification adapted in Colombia [Manrique & Velandia, 2009], consisting of 24 items that assess the frequency with which self-care activities are performed [Díaz de León et al., 2023].

This research complied with the regulations of the General Health Law on Health Research of 2014, Chapters I and II, including Articles 13, 16, 21, and 22; the Declaration of Helsinki in sections 24, 25, and 26 referring to confidentiality, privacy, and informed consent [Chamber of Deputies of the Honourable Congress of the Union, 2014; World Medical Association, 2014].

Data analysis

Data processing was performed using the Statistical Package for the Social Sciences [SPSS] version 25 for Windows, which provided descriptive statistics such as frequencies, percentages, and measures of central tendency and standard deviation.

The Kolmogorov-Smirnov goodness-of-fit test was performed to corroborate the type of data distribution, obtaining a $p=.200$ for quality of life and $p=.070$ for self-care abilities, thus determining the use of Pearson's Rho parametric tests.

Results

Box 1

Table 1

Données sociodémographiques

Age		
Minimum	59	Media 69.60
Maximum	96	
Sex	f	%
Female	106	65.8
Male	55	34.2
Marital Status		
Single	11	6.8
Married	80	49.7
Widowed	55	34.2
Unmarried	6	3.7
Separated	9	5.6
Level of education		
Basic	116	72.1
Higher	29	18
No education	16	9.9
Accompaniment		
With Accompaniment	144	89.4
Unaccompanied	17	10.6

In this research, the sample consisted of 161 older adults with an average age of 69.6 years; they were female [65.8%], married [49.7%], widowed [34.2%]; most of them had basic education, only 18% had a university degree.

Half of the older adults lived accompanied by their partners or their children; it is worth mentioning that 10.6% lived alone.

Box 2

Table 2

Health status.

Comorbidities	f	%
No disease	38	23.6
Hypertension	40	24.8
Diabetes and hypertension	28	17.4
Diabetes	18	11.2
Oncological	10	6.2
Musculoskeletal diseases	6	3.7
Ophthalmological diseases	4	2.5
Endocrine Enf.	5	3.1
Cardiocirculatory diseases	5	3.1
Neurological disease	2	1.2
Others [vertigo]	5	3.1
Nutritional status		
Normal	49	30.4
Overweight	62	38.5
Obese	50	31.1

Own elaboration

Of the most frequently reported diseases, hypertension and type II diabetes and cancer were found, only 23.6% reported being healthy. Regarding nutritional status, a large part of the sample [69.6%] had latent risk factors as they were overweight and obese.

Box 3

Table 3

Quality of life and self-care capacity rating.

Level	Variable			
	Quality of life		AC capacity	
	f	%	f	%
Poor	27	16.8	7	4.3
Fair	90	55.9	108	67.1
Good	44	27.3	46	28.6

With regard to the study variables, it is observed that in both the level of "regular" QoL [55.9%] and QALY [67.1%] predominates, followed by "good", however, it is observed that a minority has a "bad" quality of life, but in the QALY it maintains a perception of "regular" to "good".

Box 4

Table 4

Pearson correlation.

	Promotion of functioning and personal development	Personal interaction	Activity and rest	Social interaction	Food consumption	Score CA Capacity
Autonomy	r .588** p.000	.453** .000	.208** .008	.261** .001	.299** .000	.553** .000
Past, present and future activities	r .525** p.000	.442** .000	.168* .034	.345** .000	.372** .000	.541** .000
Sensory Capacity	r .344** p.000	.244** .002	.053 .501	.170* .031	.142 .073	.293** .000
Social participation	r .580** p.000	.425** .000	.267** .001	.328** .000	.318** .000	.563** .000
Death and agony	r -.140 p.077	-.022 .778	-.283* .000	.025 .751	-.199* .011	-.138 .080
Intimacy	r .362** p.000	.238** .002	.178* .024	.297** .000	.235** .003	.358** .000
Score CV	r .580** p.000	.463** .000	.150 .057	.385** .000	.299** .000	.564** .000

*p<0.05, **p<0.01

Own elaboration based on results obtained using SPSS v.25.

Pearson's Rho correlation showed an overall score between the WHOQOL-OLD and ASA instruments of $r=0.564$, $p=.000$, which is positive with a strong correlation. By dimensions, the significant correlation of the self-care capacity scale was identified as 'promotion of functioning and personal development' with the dimensions of quality of life: "autonomy" [$r=0.588$, $p=.000$], 'past, present and future activities' [$r=0.525$, $p=.000$], 'social participation' [$r=0.542$, $p=.000$], sensory capacity [$r=0.344$, $p=.000$] and 'intimacy' [$r=0.336$, $p=.000$].

It was observed that older adults had the decision-making capacity to carry out their self-care and activities of daily living by themselves, integrating positively into this stage of life. With regard to the Quality of Life dimension, negative correlations were identified in 'death and dying' [$r=-1.40$, $p=.751$]; that is, older adults, being mostly independent, do not perceive a state of imminent death. Meanwhile, in the rest of the dimensions, physical well-being and the ability to perform daily activities were identified, as well as maintaining social and participatory relationships within society.

Discussion

This research was conducted on 161 older adults in southern Veracruz to determine the association between self-care ability and quality of life. With regard to the descriptive characteristics of the population, the following findings were obtained: with regard to age, an average age of 69 years was reported, with a predominance of females [65.8%] and married individuals [49.7%], which is consistent with Villarreal, Pérez, and Usta [2022], where 71.1% of participants belonged to the 60-69 age group, 63% were women, and 36% were married. On the other hand, it differs from the findings reported by de Alisa, Cano, and Maldonado in 2022, where 56.9% of the population were men with an average age of 70.89 years.

With regard to the variables Self-Care Capacity [67.1%] and Quality of Life [55.9%], they showed a 'fair' perception, similar results to those of Villarreal, Pérez, and Usta [2022], who reported a 'fair' level in QOL [56%] and SCC [45%]; they coincide with data found by Alisa et al. [2022], where 43.1% obtained a partially adequate level of self-care, and differs from the Quality of Life variable, where 44.4% reported it as 'poor'.

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By dimension, we agree with the same authors in having strong significant correlations in the dimension of quality of life with promotion of functioning and personal development [.580**], while Alisa et al. reported personal development [.225 *].

However, we differ with the results of the dimension with the highest correlation, which for this study is promotion of functioning and personal development with: autonomy, past, present and future activities, sensory capacity, social participation and intimacy, all dimensions with $p < 0.05$, and for Alisa et al., rest and sleep with: emotional well-being, interpersonal relationships, personal development, physical well-being, self-determination and social inclusion [$p < 0.05$].

Conclusion

The research yielded relevant data by exploring the group of older adults and investigating the relationship between the level of self-care and their quality of life. When searching for scientific evidence, little literature was found that addresses these two variables in different populations and conditions; therefore, these variables need to be studied together in this population group.

Promoting self-care and healthy habits in the young population guarantees the quality of life of older adults, with nursing professionals playing a leading role in this task by promoting health in the young population and, of course, in those who reach 60 years of age and above. It is necessary to strengthen and promote, through education and interventions, the tools necessary for older adults to cope with and experience successful ageing.

Although the results show that older adults have a good level of independence, they also reflect the need to ensure their protection so that this status is maintained as far as possible, especially because this stage of life makes them susceptible to losing their health status in the face of any change in their daily habits and activities.

Finally, the two study variables showed that older adults had a lower proportion of quality of life [16%] and self-care actions [4.3%] in a “poor” classification, which indicates that they do not take adequate care of themselves and there is a deficit in self-care.

Declarations

Conflict of interest

None of the authors had a conflict of interest for this research.

Author contribution

González-De la Cruz, Patricia: Contributed to the conceptualisation of the study, writing of the original draft, statistical analysis, and final editing of the manuscript.

Lara-Hernández, Janeth: Participated in data collection and systematisation, literature review, and preparation of tables and figures.

Jiménez-Zúñiga, Esther: Collaborated in the general supervision of the project, validation of results, and critical correction of intellectual content.

Santiago-Mijangos, Alma: Contributed to the methodological design, formulation of objectives, and final review of the manuscript for publication.

All authors approved the final version of the manuscript and are responsible for its content.

Availability of data and materials

The articles analysed in this research can be found in the Web of Science, Scopus, and Google Scholar databases.

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Abbreviations

AM	Older Adult
ASA	Assessment Scale for Self-Care Ability
CAC	Self-Care Ability
ECLAC	Economic Commission for Latin America and the Caribbean
QoL	Quality of Life
ENOEN	National Occupation and Employment Survey, New Edition
INAPAM	National Institute for Older Adults

Article

INEGI	National Institute of Statistics and Geography
WHO	World Health Organisation
SPSS	Statistical Package for the Social Sciences
WHOQOL-OLD	Questionnaire on the quality of life of older adults

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Background

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