



ORIGINAL

## Quality of life level of older adults at the MIES Gerontological Center

### Nivel de calidad de vida de los adultos mayores en el Centro Gerontológico del MIES

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#### ABSTRACT

**Introduction:** quality of life in older adults is a recurring topic due to the increase in this population segment in recent decades.

**Objective:** to determine the level of quality of life of older adults at the MIES, belonging to the Provincial Directorate of Santo Domingo.

**Method:** research with a quantitative approach, non-experimental, descriptive and cross-sectional design. Universe: 176 older adults, of which a sample of 62 people was considered from a non-probabilistic convenience sampling. The instrument used was the “Whoqol - Bref” questionnaire consisting of 31 questions divided into sociodemographic data, perception, satisfaction and dimensions on quality of life. The values obtained were transcribed in an Excel document; the results of the analysis were presented in contingency tables to facilitate their interpretation.

**Results:** 53 % were male and 46, 8 % female; another important fact was that 87,1 % reported that they currently have some disease. Regarding the quality of life level, 58 % of the older adults at the MIES presented a very good level and 43 % a good level. However, the factors that presented risk percentages were the following: regarding the psychological dimension, 32, 3 % responded that they almost always have negative feelings, which makes their integration with others difficult, since 11, 3 % reported being very dissatisfied with their personal relationships and 16,1 % not very.

**Conclusions:** the quality of life of the older adults at the MIES Gerontological Center in Santo Domingo is generally good, but some risk factors were identified in the psychological, physical and social dimensions that require specific attention.

**Keywords:** Well-Being; Quality of Life; Dependency; Aging; Needs.

#### RESUMEN

**Introducción:** la calidad de vida en el adulto mayor es un tema recurrente debido al aumento de este segmento poblacional en las últimas décadas.

**Objetivo:** determinar el nivel de la calidad de vida de los adultos mayores del MIES, perteneciente a la Dirección Provincial de Santo Domingo.

**Método:** investigación con enfoque cuantitativo, diseño no experimental, descriptiva y de corte transversal. Universo: 176 adultos mayores, de los cuales se consideró una muestra de 62 personas a partir de un muestreo no probabilístico por conveniencia. El instrumento utilizado fue el cuestionario “Whoqol - Bref” conformado por 31 preguntas divididas en datos sociodemográficos, percepción, satisfacción y dimensiones sobre calidad de vida. Los valores obtenidos se transcribieron en un documento Excel, se presentaron los resultados del análisis en tablas de contingencia para facilitar su interpretación.

**Resultados:** el 53 % corresponde al género masculino y el 46,8 % al femenino; otro dato importante fue que el 87,1 % refirió que actualmente presenta alguna enfermedad. Respecto al nivel de calidad de vida el 58 %

de los adultos mayores del MIES presentaron un nivel muy bueno y el 43 % bueno. Sin embargo, los factores que presentaron porcentajes de riesgo fueron los siguientes: en cuanto a dimensión psicológica, el 32,3 % respondieron casi siempre tener sentimientos negativos, lo que dificulta su integración con los demás ya que el 11,3 % refirió estar muy insatisfecho con sus relaciones personales y el 16,1 % poco.

**Conclusiones:** la calidad de vida de los adultos mayores del Centro Gerontológico del MIES en Santo Domingo es generalmente buena, pero se identificaron algunos factores de riesgo en las dimensiones psicológica, física y social que requieren una atención específica.

**Palabras clave:** Bienestar; Calidad de Vida; Dependencia; Envejecimiento; Necesidades.

## INTRODUCTION

The World Health Organization (WHO)<sup>(1)</sup> within the global figures in 2022 mentioned that by 2050, the world population of people aged 60 years and older will have doubled (2 100 million), so life expectancy is increasing, and aging continues at an unprecedented pace.

According to data published by the National Institute of Statistics and Census of Ecuador in 2023<sup>(2)</sup> in the VIII Population Census and VII Housing Census, 1 520 590 people aged 65 years and older. It was identified that there are more older women in Ecuador: 53,6 % (815 136) women than 46,4 % (705 454) men. This percentage of older adults increased from 6,2 % in 2010 to 9 % in 2022.

Regarding the quality of life, no specific figure or information reflects the problems of older adults worldwide, as this may vary according to each population's country, region, and socioeconomic conditions. The WHO<sup>(1)</sup> provides essential data to understand the magnitude of the current global situation, estimating an increase in the world's older adult population between 2015 and 2050 so that the number of people aged 60 years or more has surpassed children under five years, creating a key point of research on the significant global increase of the elderly.

Therefore, it is essential to understand the factors contributing to a good quality of life among older adults to ensure healthy and fulfilling aging.

Meeting these challenges will require new investments in health and social protection systems and a reassessment of the role of older adults in society and the economy. Maintaining a good quality of life for older adults is mainly positive for the economy because it means lower health expenditures. Healthy aging can help countries meet the challenges if they maximize the number of years that older adults remain healthy and delay the onset of disease or disability. This would enable older people to continue to play productive roles in society and the economy.

Improving the quality of life of older adults can have a significant economic impact. If one analyzes the economic difference between health prevention and cure, there will quickly be a compelling result regarding the choice of the prevention area. Thus, healthy and active aging can reduce the costs associated with health care, social services, and pensions. In addition, older adults who enjoy a good quality of life are more likely to remain active participants in society, which can generate additional economic and social benefits.

There is great importance at the societal level, given the existing deficit of attention on this population, therefore leading to awareness of the reality of the quality of life of older adults could bring significant transformational changes that impact social and economic policies to provide greater active participation of older adults, thus providing contributions to their quality of life.<sup>(3)</sup>

It has been proven that older adults thrive in multidimensional societies where they are visible and participate fully in society, so it is essential to integrate older adults into economic and social life, which is equally important to ensure their welfare without exceptions of any kind.<sup>(3)</sup>

By determining the causes that impede an optimal quality of life for older adults, it will be possible to call on society to validate the rights and needs of this population group, allowing society, in general, to understand the needs and concerns better, promoting inclusion and participation in society.

Based on the elements above, this article aims to determine the quality of life of older adults in the Gerontological Center of the MIES in Santo Domingo de los Tsáchilas, 2023.

## METHOD

The present study was developed using the quantitative approach as a field research with a descriptive scope level and a non-experimental cross-sectional design. The study was carried out in the gerontological center of the Ministry of Economic and Social Inclusion (MIES) of Santo Domingo de los Tsáchilas, with a total population of 176 elderly residents and non-residents, where sufficient information was collected from each older adult registered in the institution's payroll.

To carry out the study and determine the quality of life of older adults, 62 older adults were sampled; non-probabilistic convenience sampling allowed the selection of those accessible cases that were accepted to be

included. In such a way that, in the execution of the questionnaire, the participants came voluntarily and by their own decision in their free time without pressure or interruptions in their answers.

#### **Inclusion criteria**

- Older adults who appear on the payroll submitted by the institution.
- People with preserved cognitive processes in terms of reasoning.
- People with positive predisposition to participate in the study.

#### **Exclusion criteria**

- Patients with altered neurological status that limits their thought process to respond.
- People who did not wish to participate voluntarily in the study.

The variables used in the study were sex, age, level of education, perception of quality of life, level of satisfaction with their state of health, relationships, activities, social support, freedom, safety and environment, economic resources, leisure opportunities, and activities, home, accessibility and transportation, level of quality of life.

#### **Data collection, processing and analysis techniques**

For data collection, the WHOQOL-BREF quality of life questionnaire, a validated evaluation tool used to measure quality of life, was used as a data collection instrument. This questionnaire was designed to evaluate the quality of life in healthy and sick people. It allowed the perception of the dimensions aimed at its application to be received.

The questionnaire consists of 31 questions that are subdivided into five questions about sociodemographic data, one about perception of their quality of life, one about satisfaction with health, and the four dimensions, physical, psychological, social, and environment, where the physical dimension evaluates the person's ability to perform physical activities, pain and discomfort, and perception of health; psychological evaluates emotional well-being, self-control, self-esteem and ability to cope with problems; social relations evaluates satisfaction with social relations, social support and social participation; and environment evaluates satisfaction with the physical environment, social environment and economic environment.

Each question in the questionnaire, starting with question 6, has a point response scale, ranging from "very bad" to "very good," and scores are assigned as follows: Very bad, Very dissatisfied, Never or Not at all: 1, Fair, Somewhat dissatisfied, Little or Rarely: 2, About average or Moderately: 3, Fairly satisfied, Frequently or Quite: 4, Very satisfied, Exactly, Completely or Always: 5.

#### **The plan and processing of the data was developed in 4 stages:**

The questionnaire was applied in a guided way on Google Forms, where the older adults were asked questions, and the researchers wrote down the answers.

Once the questionnaires were collected, they were analyzed, the values obtained were carefully reviewed, and surveys with invalid data were eliminated.

The data obtained were stored for the application of calculations according to the type of response given and the score assigned to determine the perception of quality of life, the level of satisfaction, the factors that impact self-care, and the level of self-care in each respondent.

Percentage analysis of the data obtained and a description of the form were developed through statistical tables.

All the values obtained from the respondents were transcribed in an Excel file, and a final confirmation analysis was carried out later to obtain the exact totals of each dimension based on percentages. Once the results were confirmed, we tabulated the recorded data, and the conclusions were made with their corresponding annotations. The results of the analysis were presented in tables, graphs, and diagrams to facilitate their interpretation and concluded with recommendations based on the results of the analysis.

#### **Ethical aspects**

An informed consent form was used in order to support and inform each participant individually about confidentiality, emphasizing the anonymity of the older adults in the institution where this research was carried out since the establishment has a technical standard that safeguards the rights of the population belonging to and registered in the MIES, Likewise, concerning the right to security and a life free of violence, Article 33 of the LOPAM (2019) emphasizes that "the State shall adopt the necessary measures to prevent, address, punish and redress all types of discrimination, violence, mistreatment, abuse, sexual or other types of exploitation".

## **RESULTS**

The sociodemographic data of the sample surveyed showed that 53,2 % were men and 46,8 % were women; in terms of age, 48,4 % were in the 65-79 age range, and 51,6 % were in the 80 years and over age range

concerning the level of education, 6,5 % had no level of education; 41,9 % had primary education, and 51,6 % had secondary education. Regarding marital status, 61,3 % were single, followed by 21 % widowed, 11,13 % married, and 6,5 % divorced. Regarding whether they were ill, 87,1 % said yes, while 12,9 % said no (table 1).

**Table 1. Sociodemographic Data**

		Indicator	N	%
Sex		Man	33	53,2
		Woman	29	46,8
Age		65 - 79	30	48,4
		80 and over	32	51,6
Level of education		None	4	6,5
		Primary	26	41,9
		Media	32	51,6
		University students	0	0
		Total	62	100

37,1 % indicated having a regular quality of life; 29 % normal; 17,7 % fairly good; 11,3 % very bad, while 4,8 % reported having a very good quality of life (table 2).

**Table 2. Perception of quality of life**

	No	%
Very bad	7	11,3
Regular	23	37,1
Normal	18	29
Good	11	17,7
Quite good	3	4,8
Total	62	100

32,3 % expressed feeling somewhat satisfied; as for the options of normal and fairly satisfied, both obtained the same result 22,6 %; 21 % indicated feeling very dissatisfied and only 1,6 % very satisfied (table 3).

**Table 3. Level of satisfaction with their health status**

	No	%
Very dissatisfied	13	21
Not very satisfied	20	32,3
Normal	14	22,6
Quite satisfied	14	22,6
Very satisfied	1	1,6
Total	62	100

The results obtained in the social dimension are presented about their relationships: 40,3 % are average, 30,6 % are reasonably satisfied, 16,1 % are not very satisfied, 11,3 % are very dissatisfied, and 1,6 % are delighted. Regarding sexual activity, 59,7 % were very dissatisfied, 24,2 % very dissatisfied, 12,9 % normal, 3,2 % quite satisfied. Regarding social support, 43,5 % were average, 41,9 % were quite satisfied, 8,1 % were not very satisfied, and in two indicators, 3,2 % were very dissatisfied and very satisfied (table 4).

**Table 4. Relationships, Activities and Social Support**

	Very dissatisfied		Little		Normal		Quite satisfied		Very satisfied		Total	
	No	%	No	%	No	%	No	%	No	%	No	%
Personal relationships	7	11,3	10	16,1	25	40,3	19	30,6	1	1,6	62	100
Sexual activity	37	59,7	15	24,2	8	12,9	2	3,2	0	0	62	100
Social support	2	3,2	5	8,1	27	43,5	26	41,9	2	3,2	62	100

The results obtained for the environment dimension are described. According to the results about physical freedom and security, 32,3 % were quite satisfied, 30,6 % were at an average level, 24,2 % were not very satisfied, and 12,9 % of the respondents were not satisfied with their level of physical freedom and security. Regarding their physical environment, 43,5 % of the respondents are pretty satisfied, 37,1 % find it normal, while on the one hand, 1,6 % were extremely satisfied, and the other 1,6 % are not satisfied at all (table 5).

**Table 5. Freedom, Security and Environment**

	Nothing		A Little		Normal		Quite		Extremely		Total	
	No	%	No	%	No	%	No	%	No	%	No	%
Freedom and physical security	8	12,9	15	24,2	19	30,6	20	32,3	0	0	62	100
Physical environment	1	1,6	10	16,1	23	37,1	27	43,5	1	1,6	62	100

According to the results regarding economic resources, 40,3 % responded a little, 35,5 % mentioned not having anything, 21 % referred to the average, and 3,2 % quite a lot. About opportunities and skills, 41,9 % said they obtained the average, 40,3 % said quite a lot, 9,7 % only a little, 6,5 % obtained entirely, and only 1,6 % had no opportunities to acquire new information and skills. Regarding participation and recreation, 33,9 % do quite a lot, 29 % do it usually, 19,4 % do a little, 12,9 % do nothing, and 4,8 % do activities (table 6).

**Table 6. Economic resources, Opportunities and Leisure Activities**

	Nothing		A little		Normal		Quite		Totally		Total	
	No	%	No	%	No	%	No	%	No	%	No	%
Financial Resources	22	35,5	25	40,3	13	21	2	3,2	0	0	62	100
Opportunities and skills	1	1,6	6	9,7	26	41,9	25	40,3	4	6,5	62	100
Participation and recreation	8	12,9	12	19,4	18	29	21	33,9	3	4,8	62	100

It is possible to appreciate the respondents' results in the environment dimension. Fifty percent were quite satisfied with the home environment, 32,3 % were pretty satisfied, 9,7 % were delighted, 4,8 % were very dissatisfied, and 3,2 % were slightly dissatisfied. Regarding access to health services, 46,8 % mentioned having average accessibility and care, 35,5 % were quite satisfied, 11,3 % were not very satisfied, 4,8 % were delighted, and 1,6 % were very dissatisfied. In transportation services, 30,6 % responded to the standard, 25,8 % were quite satisfied, and 19,4 % were obtained in two scales, tiny and very satisfactory. In comparison, 4,8 % responded that they were delighted with the transportation services in their area (table 7).

**Table 7. Home, Accessibility and Transportation**

	Very Dissatisfied		Little		Normal		Quite Satisfied		Very satisfied		Total	
	No	%	No	%	No	%	No	%	No	%	No	%
Home environment	3	4,8	2	3,2	20	32,3	31	50	6	9,7	62	100
Accessibility and care	1	1,6	7	11,3	29	46,8	22	35,5	3	4,8	62	100
Transportation	12	19,4	12	19,4	19	30,6	16	25,8	3	4,8	62	100

The results obtained regarding the quality of life of the 62 older adults surveyed at the Mies Gerontological Center - Santo Domingo are described, with 31 questions that allow the evaluation of the physical, psychological, social, and environmental dimensions. In this study, 58 % of the respondents had a good or excellent quality of life, 34 % had a moderate quality of life, and 8 % had a poor quality of life (table 8).

**Table 8. Quality of Life Level**

	Score	No	%
Good	75-100	36	58
Moderate	50-74	21	34
Mala	25-49	5	8
Very bad	< 25	0	0
Total		62	100

Regarding negative feelings, the same percentage (32,3 %) was obtained in two indicators: moderately and frequently, 24,2 % rarely, and 8,1 % never, while 3,2 % have always had negative feelings, such as sadness, hopelessness, anxiety, or depression. According to the results, 30,6 % have an average level of self-esteem, 29 % are pretty satisfied, 21 % are not very satisfied, and 16,1 % are very dissatisfied. In comparison, 3,2 % are delighted with their level of self-esteem. Regarding image and physical appearance, 33,9 % accept their physical appearance as usual, 25,8 % a little, 24,2 % quite a bit, 11,3 % not at all, while 4,8 % accept their physical appearance.

As for the physical dimension, about sleep and rest, 32,3 % said they were pretty satisfied with their sleep, and the other 32,3 % were average, 19,4 % were delighted, 11,3 % were not very satisfied, and 4,8 % were not at all satisfied with their sleep and rest. Regarding their satisfaction with their abilities for activities of daily living, 35,5 % mentioned being satisfied the average, 29 % are pretty satisfied, 22,6 % a little, 11,3 % are very dissatisfied, and 1,6 % are delighted with their abilities. Regarding their ability to work, 35,5 % are satisfied as usual, 25,8 % are not very satisfied, 19,4 % are pretty satisfied, 17,7 % are very dissatisfied, and 1,6 % are delighted. Regarding mobility, 32,3 % were quite able to move around, 25,8 % expressed little ability, 22,6 % could move around wholly, 14,5 % could move around normally, and 4,8 % could not. About their energy for daily life, 33,9 % responded that they have little energy, 32,3 % mentioned having an average level of energy, 29 % responded that they have quite a lot of energy, while 4,8 % have no energy at all.

## DISCUSSION

The percentages obtained reveal the importance of improving access to health services, promoting social inclusion, and optimizing the environment to ensure dignified and satisfactory aging for all involved. Serna<sup>(3)</sup> in his study on quality of life in older adults, found that 34,4 % of older adults had a low quality of life, and 54,7 % had an average quality of life.

When contrasting both studies, there are significant differences in the perception of quality of life among older adults. In the MIES Gerontological Center in Santo Domingo 2023, the majority report a good or excellent quality of life, while in Serna's study<sup>(3)</sup> only a smaller percentage could be interpreted as having a positive perception of their quality of life, given that 54,7 % are at a medium level and 34,4 % at a low level.

This suggests that the older adults of the MIES Gerontological Center have a more positive perception of their quality of life compared to Serna's study<sup>(3)</sup> where the majority lean towards a medium or low quality of life, highlighting the urgency of improving access to health services, promoting social inclusion, and adapting environments for older adults, taking into account the context of each group and applying specific strategies to address their particular challenges, seeking to improve their quality of life comprehensively.

About the objective of determining the perception of older adults in the MIES 2023 Gerontological Center about their quality of life, the majority perceived their quality of life as regular (37,1 %) or average (29 %), while a smaller proportion considered it fairly good (17,7 %). It is of concern that (11,3 %) rated it as very bad, and only (4,8 %) reported an excellent quality of life. These results suggest significant variation in how older adults rate their well-being, which may be influenced by health, emotional, and economic support factors. Contrasting these results with the study by Garcia L et al.<sup>(4)</sup> which indicates that most of the older adults evaluated their quality of life at a medium level (55,85 %), it may suggest a general trend towards a moderate perception of quality of life in the older adult population, possibly reflecting a resignation or an ability to adapt in the face of the adversities or limitations inherent in aging.

In conclusion, the perception of the quality of life of older adults in the Gerontological Center of the MIES shows that the majority consider it regular, where the quality of life is also perceived as average. However, the group that rates their quality of life as very poor is of concern, indicating that it is essential to evaluate the quality of life in older adults in order to establish relevant and practical strategies that lead to its improvement, this being a central objective of analysis in primary care, emphasizing patient-centered measures, being a focal issue for the prevention of diseases.<sup>(5)</sup>

Regarding the level of satisfaction of older adults in the Gerontological Center of the MIES with their health status, a high percentage (87,1 %) consider themselves ill, which underlines the importance of having adequate medical and care services. In a study by Ruiz J et al.<sup>(6)</sup> 57,9 % (f= 81) reported health perception as high.

Although the research by Ruiz J et al.<sup>(6)</sup> is from a different context, the comparison shows how the perception of health may vary in different populations of older adults. In the MIES, because of their high perception of illness, a critical need for medical attention and care services may be suggested, whereas, in the study above, the positive perception of health in this sample could be influenced by several factors, such as differences in available health services, wellness programs, and social support, or even cultural differences in the conceptualization of health.

It is essential to consider the context when assessing the health and well-being of older adults, as this may influence the perception of older adults, highlighting the need for policies and programs tailored to the

specific needs of each population to promote healthy aging, taking into account that health perception is a multidimensional and complex indicator that goes beyond the mere absence of disease and that it is essential to address to promote and achieve healthy aging through a continuous process of optimizing opportunities to improve physical and mental health condition, independence and quality of life, thus reducing the high rate of older adults with chronic diseases.<sup>(7)</sup>

About the physical factors that impact the quality of life in older adults in the Gerontological Center of the MIES, pain, affecting 68,7 % of older adults in varying degrees, is the main factor limiting their daily activities. The need for medical treatment is also high, with 41,9 % requiring it significantly. In addition, mobility problems (25,8 %) and low energy (33,9 %) are common concerns, while sleep and rest are less problematic, with 83 % having moderate to high satisfaction.

These results highlight the importance of addressing pain management and improving access to medical care, as well as promoting activities that increase mobility and energy to improve the quality of life of older adults. In this context, the study by Ruano J *et al.*<sup>(8)</sup> indicated that, among the factors, pain had a significant impact (51,67 %), medical treatment (40 %), and energy (65 %) was low. Only 17,50 % indicated having little movement, and sleep (49,17 %) were not very satisfied.

When comparing the Gerontological Center of the MIES with the study of Ruano Ruano J *et al.*<sup>(8)</sup> it is found that pain and the need for medical treatment are common concerns among older adults, although more pronounced in the MIES. Lack of energy stands out, especially in Ruano's study, while mobility problems are more relevant in the MIES. In contrast, older adults in the MIES report better satisfaction with their sleep.

This information underscores the importance of comprehensive strategies, including pain management, appropriate medical care, and promoting activities that improve mobility and energy. Attention to these factors can significantly improve older adults' well-being and perceived quality of life, helping them lead fuller and more satisfying lives.<sup>(9,10,11,12)</sup>

Concerning the psychological factors that impact the level of quality of life of older adults at the MIES Gerontological Center, negative feelings stand out in a considerable percentage of the population studied, with 32,3 % experiencing them moderately or frequently and 3,2 % constantly, along with 16,1 % of the participants feeling very dissatisfied with their self-esteem, highlighting critical areas of intervention to improve their well-being.

In this regard, the intersection of psychological aspects with quality of life in older adults is a growing interest and concern within the scientific community and society. As we age, mental health is not only affected by the immediate environment and social support networks but also by accumulated experiences and particular challenges throughout life. These elements converge to form a complex picture that can significantly influence older people's emotional and psychological well-being.<sup>(13)</sup>

In addition, disruption of the psychological aspect can trigger depression and suicidal ideation. Depression in older adults is a significant public health issue, which is often underappreciated and, therefore, undertreated. This condition drastically reduces quality of life and can impair the ability to function independently. Furthermore, the presence of suicidal ideation underscores the urgent need for effective interventions that address not only the symptoms but also the underlying causes of psychological distress in this population.<sup>(14)</sup>

On the social factors that impact the level of quality of life of older adults at the MIES Santo Domingo 2023 Gerontological Center, the findings indicate that, while there is a good level of overall satisfaction with personal relationships and social support, sexual activity emerges as an area of significant dissatisfaction, with 59,7 % of older adults very dissatisfied, underlining a frequently underestimated aspect of well-being in the elderly, suggesting the presence of barriers, whether physical, psychological or social, that prevent a satisfactory expression of sexuality among older adults, which may have negative repercussions on self-esteem, emotional well-being and the quality of personal relationships, affecting the overall quality of life. Concerning this, González P *et al.*<sup>(11)</sup> in their study on quality of life in older adults, obtained a result in the area of social relations, 48,2 % being neither satisfied nor dissatisfied, and in their sexual relations, 71 % neither satisfied nor dissatisfied, giving these variable results concerning these two areas.

Contrasting these results, while in MIES Santo Domingo, there is a marked dissatisfaction with sexual life, in the sample of González P *et al.*<sup>(15)</sup> a neutral posture predominates in both social and sexual relationships. This suggests that the older adults in the study by López-Nolasco B *et al.*<sup>(16)</sup> could have different expectations or be more resigned or adapted to their current situation compared to those in the MIES Santo Domingo, where a clear need to improve aspects related to sexuality is identified, concluding that these differences accentuate the importance of understanding and attending to the specific needs of older adults in different contexts, especially about sexual health and personal relationships, to improve their quality of life comprehensively.

Regarding the environmental factors that impact the level of quality of life of older adults in the MIES Gerontological Center, the results show that, although there is satisfaction with the physical environment and access to health services, attention is needed in the economic situation and personal security, given that 35,5 % of older adults indicated having economic problems, which affects their ability to cover basic needs.

In addition, 12,9 % expressed dissatisfaction with their security and freedom, as well as critical aspects of their autonomy and participation in society.

These findings highlight the importance of improving economic support and ensuring a safe environment to improve quality of life. However, we face the problem that many need access to the resources necessary for a basic standard of living. Many live on meager incomes, evidencing a significant disparity in access to essential conditions for a dignified life, such as health and education.<sup>(17)</sup>

Optimizing the environment can play a crucial role in expanding opportunities that promote the empowerment of older adults. This improvement not only facilitates access to essential services and recreational activities but will also boost the independence and active participation of the elderly in society. Related to the previous discussion, an adequate physical environment is fundamental to ensure physical freedom and safety and improve the quality of life and overall well-being of older adults Carrera B.<sup>(18)</sup>

In conclusion, the study's results underscore the importance of a holistic approach to improving the quality of life of older adults that not only focuses on medical care and the physical environment but addresses economic and safety needs. Improving economic well-being and a sense of security are crucial steps in ensuring a dignified and fulfilling old age, enabling older adults to live independent and fulfilling lives.

## **CONCLUSIONS**

The results of this research show that the quality of life of older adults in the MIES Gerontological Center in the city of Santo Domingo, Ecuador, is mostly good; the factors that most influence the quality of life of older adults are physical health, social relationships, and economic environment. It is crucial to implement specific strategies to address the needs of those with moderate or poor quality of life to promote active, healthy, and satisfactory aging for all older adults in the center.

Based on the results obtained, the following recommendations are offered: It is strongly recommended to continue and expand research on the quality of life, health, and well-being of older adults. This initiative is not only crucial to deeply understand the specific needs and challenges faced by this growing population but also brings multiple advantages for society as a whole since ongoing research offers the opportunity to identify changes and emerging trends, improve the effectiveness of intervention programs, innovate in care and services for older adults, social awareness, training, and professional development.

Likewise, to implement and strengthen continuous training programs for the multidisciplinary health team, mainly for nurses specifically focused on the care of older adults, given the complexity of the health and wellness needs of this population, nurses must be equipped with updated knowledge and specialized skills that allow them to provide high quality, empathetic and efficient care; thus promoting healthy lifestyles, including physical activity adapted to their abilities and specific nutritional needs, to improve their state of health and energy for daily life.

## **BIBLIOGRAPHIC REFERENCES**

1. Organización Mundial de la Salud. Envejecimiento y salud. Datos y cifras [Internet]. 2022 [citado: 12/04/2023]. Disponible en: <https://www.who.int/es/news-room/fact-sheets/detail/ageing-and-health>
2. Instituto Nacional de Estadística y Censos. Más de 2.700 personas son centenarias en Ecuador según el censo [Internet]. 2023 [citado: 12/04/2023 ]. Disponible en: <https://www.ecuadorencifras.gob.ec/institucional/mas-de-2-700-personas-son-centenarias-en-ecuador-segun-el-censo>
3. Serna-Bravo AR. Factores asociados a la calidad de vida relacionadas a la salud del adulto mayor atendido en el Centro de Salud La Palma Grande julio-agosto 2022. Tesis para optar al título profesional de Médico Cirujano. Universidad Privada San Juan Bautista. Facultad de Ciencias de la Salud. Perú [Internet]. 2022 [citado: 12/04/2023]. Disponible en: <https://repositorio.upsjb.edu.pe/backend/api/core/bitstreams/f0032cf3-aa05-428c-aa8b-94ae85d003f3/content>
4. García L, Quevedo M, La Rosa Y, Leyva A. Calidad de vida percibida por adultos mayores. Revista Electrónica Media May [Internet]. 2020 [citado: 12/04/2023]; 27(1). Disponible en: <https://www.medigraphic.com/cgi-bin/new/resumen.cgi?IDARTICULO=95949>
5. Jané-Llopis E, Gabilondo A. La salud mental de las personas mayores: Documento de consenso. Luxembourg. Comisión Europea [Internet]. 2008 [citado: 12/04/2023]; 35. Disponible: <http://www.ec-mental-health.process.net/>
6. Ruiz J, Llorente Y, Romero I, Herrera J, Durán T, Pérez X. Envejecimiento exitoso y calidad de vida en personas mayores institucionalizadas del norte de Colombia Ciencia y enfermería [Internet]. 2023 [citado: 12/10/2023]; 29. Disponible en: <https://doi.org/http://dx.doi.org/10.29393/ce29-2eejx60002>

7. Maset J. Envejecimiento saludable. Cinfasalud [Internet]. 2023 [citado: 12/10/2023]. Disponible en: <https://cinfasalud.cinfa.com/p/envejecimiento-saludable/>

8. Ruano J, Reasco Y. Calidad de vida del adulto mayor en situación de vulnerabilidad y pobreza acogidos por el MIES en el cantón Sucumbíos 2023. Trabajo de Investigación previo a la obtención del Título Magister en Salud Pública con Mención en Enfermería Familiar y Comunitaria. Universidad Técnica del Norte, Ibarra [Internet]. 2023 [citado: 12/10/2023]. Disponible en: <http://repositorio.utn.edu.ec/bitstream/123456789/15420/2/Pg%201728%20TRABAJO%20GRADO.pdf>

9. Asencios Trujillo L, Asencios Trujillo L, La Rosa Longobardi C, Gallegos Espinoza D, Piñas Rivera L. Level of caregiver overload in patients diagnosed with stroke in a specialized hospital institution in Metropolitan Lima. *Health Leadership and Quality of Life*. 2023; 2:25. <https://doi.org/10.56294/hl202325>

10. Flores A, Hellin D. Impact on the quality of life perceived by older adults participating in the MAS Self-reliant Older Adults program: A Preliminary Study. *Health Leadership and Quality of Life*. 2024; 3:73. <https://doi.org/10.56294/hl2024.73>

11. Iriarte de Vega RE, Duarte Segovia NA, Rojas Ruíz GC, Espinosa Aguilar A, Oria Saavedra M. Systematization of care for the primary caregiver of older adults with Alzheimer's. *Health Leadership and Quality of Life*. 2024;3:50. <https://doi.org/10.56294/hl202450>

12. Salluca Vasquez C, Salluca Vasquez EK, Salluca Vasquez E, Salluca Vasquez A, Munive Viscarra C. Psychosocial factors associated with the subjective well-being of older adults. *Health Leadership and Quality of Life [Internet]*. 2024; 3:38. <https://doi.org/10.56294/hl2024.38>

13. Organización Mundial de la Salud. Salud mental de los adultos mayores [Internet]. 2023 [citado: 12/10/2023]. Disponible en: <https://www.who.int/es/news-room/fact-sheets/detail/mental-health-of-older-adults>

14. Zambrano-Calozuma P, Estrada-Cherre J. Salud mental en el adulto mayor. *Dialnet [Internet]*. 2020 [citado: 12/10/2023]; 5(2). Disponible en: <https://dialnet.unirioja.es/servlet/articulo?codigo=7435297>

15. González P, López K. Calidad de vida en adultos mayores atendidos en un centro de salud de la provincia de Santa Cruz 2022. Tesis para optar al título de licenciado en psicología. Universidad Católica Santo Toribio de Mogrovejo, Chiclayo [Internet]. 2023 [citado: 12/10/2023]. Disponible en: [https://tesis.usat.edu.pe/bitstream/20.500.12423/6198/1/TL\\_GonzalezDiazPatricia.pdf](https://tesis.usat.edu.pe/bitstream/20.500.12423/6198/1/TL_GonzalezDiazPatricia.pdf)

16. López-Nolasco B, Álvarez I, Ruíz Z, Vázquez L, Maya A, Cano E. Nivel de calidad de vida del adulto mayor del Centro Gerontológico de Tetepango Hidalgo Pre y Post intervenciones lúdicas. *XIKUA Boletín Científico de la Escuela Superior de Tlahuelilpan [Internet]*. 2020 [citado: 12/10/2023]; 8(15). Disponible en: <https://doi.org/https://doi.org/10.29057/xikua.v8i15.5148>

17. Ministerio de Inclusión Económica y Social. Norma técnica para la implementación y prestación de servicios de atención y cuidado. Ecuador: Editora Nacional [Internet]. 2019 [citado: 12/10/2023]. Disponible en: [https://www.inclusion.gob.ec/wp-content/uploads/2019/07/LIBRO-NORMAS-TECNICAS-final\\_COM.pdf](https://www.inclusion.gob.ec/wp-content/uploads/2019/07/LIBRO-NORMAS-TECNICAS-final_COM.pdf)

18. Carrera B. Ambiente y vejez. Oportunidades de empoderamiento desde una perspectiva ambientalmente sustentable. *Universidad Pedagógica Experimental Libertador [Internet]*. 2019 [citado: 12/10/2023]; 43(98). Disponible en: <https://www.redalyc.org/journal/3761/376168604010/html/#:-:text=%C2%B7%20La%20mejora%20del%20ambiente%20f%C3%ADsicocon%20su%20empoderamiento%20e%20independencia.>

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None.

#### **CONFLICT OF INTEREST**

The authors declare that there is no conflict of interest.

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