

Quality of life as perceived by institutionalized elderly people in cities of the Ñuble region, Chile

Javiera Lillo-Aroca ^a, Yasna Castro-Herrera ^b,
Emilio Espinoza-Flores ^c, Juana Cortés-Recabal ^d

a. Nursing Degree. Adventist University of Chile. ORCID: 0009-0002-5376-9887

b. Nursing Degree. Adventist University of Chile. ORCID: 0009-0000-0872-8563

c. Nursing Degree. Adventist University of Chile. ORCID: 0009-0004-3217-570X

d. Magister in Family. Adventist University of Chile. ORCID: 0000-0003-3805-842X

[DOI: 10.22517/25395203.25614](https://doi.org/10.22517/25395203.25614)

Abstract

Objective: To describe the perceived quality of life of institutionalized elderly people in the municipalities of Chillán and San Carlos.

Methodology: A cross-sectional descriptive quantitative design was used. The WHOQOL-BREF instrument, with a reliability higher than 0.88 Cronbach's alpha, was applied to a sample of 85 institutionalized elderly.

Results: It was observed that the quality of life perceived in general by the elderly is in the "Good" range with an average of 53.8% in the four domains that make up the instrument applied. There was a minimal difference between the genders of the participants, with the male gender predominating in most of the domains.

Conclusion: Most of the participants perceive a good quality of life, with a slight difference between both genders (predominantly male gender).

Keywords: Nursing home, elderly person, perception, quality of life, mental health.

Resumen

describir la calidad de vida percibida en personas mayores (PM) institucionalizadas en las comunas de Chillán y San Carlos.

Metodología: se utilizó el diseño cuantitativo descriptivo y de corte transversal. Se aplicó el instrumento WHOQOL-BREF, con una fiabilidad superior a 0.88 alfa de Cronbach a una muestra de 85 PM institucionalizadas.

Resultados: se observó que la calidad de vida percibida en general por las PM se encuentra en el rango de "Buena" con un 53,8 % promediado en los cuatro dominios que componen el instrumento aplicado. Se evidencia una mínima diferencia entre los géneros de los participantes, en el cual el género masculino predominó en la mayoría de los dominios.

Conclusiones: la mayoría de los participantes perciben una calidad de vida buena, existiendo una leve diferencia entre ambos géneros (predominando el masculino).

Palabras clave: persona mayor, percepción, calidad de vida, salud mental, socialización.

Introduction

The World Health Organization (WHO) defines quality of life (QOL) as a person's perception of his or her existence in the context of his or her culture and the value system in which he or she lives, in relation to his or her goals, expectations, norms and concerns. All this is encompassed by their physical health, psychological state, degree of independence, social relationships, environmental factors and personal beliefs (1).

The model proposed by the WHO, through the WHOQOL group, takes into account 4 dimensions: the first, referring to physical state; the second, to the psychological state; the third, to their relationship with society; and the fourth, to the environment in which they develop. In this regard, during the development of life, older people (OP) experience different changes at the physical, cognitive, emotional and social levels that have a positive or negative impact on their QOL (2).

According to demographic indicators, in Chile there are a total of 3,449,362 older people (60 years and older), which represents 18% of the population (3). At the communal level, according to the National Institute of Statistics (INE by its acronym in Spanish), in the commune of Chillán, 90,777 people are 60 years old, which is equivalent to 18.88% of the total population, and in the commune of San Carlos, 10,378 inhabitants are elderly (4).

The study conducted in Chile in 2011 by Osorio et al. (5) indicates that perceived health and cognitive functioning influence the perception of QOL, showing a positive relationship between QOL, well-being and life satisfaction. Likewise, a good perception of QOL influences behavioral functioning, the will to live and successful aging.

According to the literature on QOL as perceived by institutionalized older people, it is possible to identify areas in which attention and care need

to be improved, as well as aspects related to health, autonomy, socialization, security, and emotional well-being. With this information, appropriate interventions and policies could be implemented to ensure a better QOL for those who are institutionalized (6). Therefore, when assessing QOL in the elderly, it is considered whether they are in the community or institutionalized, because aging in the community allows for greater occupation of time, strengthens interpersonal relationships and reduces depressive symptoms and insomnia (7). On the other hand, residing in an institution represents being under the services and care of the institution, where the prevention of physical and cognitive deterioration is essential to maintain health, stimulate functionality and reinforce their remaining capacities (8). Thus, minimum standards should be established within the institutions, considering the evaluation of the QOL of OP, generating promotion of autonomy, control over the decisions that affect their lives and user satisfaction (6).

In 2020, a study was carried out in Chile (9) on the QOL of institutionalized OPs, focusing on aspects that influence QOL, such as physical and psychological health, social relations and the environment, indicating that PCs inserted in the community have a better perception of QOL than those institutionalized. In view of the above, it is interesting for the researchers to propose as an objective of this study to describe the perceived quality of life of institutionalized older people in the communes of Chillán and San Carlos in 2023.

Methodology

Type of study: quantitative descriptive cross-sectional study.

Study unit: the survey was conducted in long-stay facilities for the elderly (ELEAM) in the municipalities of Chillán and San Carlos. The population of this research consisted of 300 elderly people belonging to ELEAMs in the cities of Chillán and San Carlos. The type of sampling used was non-probabilistic and convenient. The sample size for the survey was calculated according to Equation 1, considering an error of 5 %, a confidence level of 95 % and a population of 300 OP.

$$n \geq \frac{Z_{1-\alpha}^2 * \sigma^2}{e^2}$$

Equation 1

La The total sample was 169 elderly people but was reduced to 85 because of various difficulties that prevented obtaining a larger number of

participants, in addition to the inclusion and exclusion criteria of the study. The inclusion criteria were as follows: participants had to be willing to answer the instrument, be 60 years of age or older, be able to answer the instrument, and reside at least one month ago in ELEAMs in the cities of Chillán and San Carlos. The exclusion criteria to be considered were having a severe mental disability and being bedridden.

Analysis of variables: Perception of quality of life, measured through the four areas that make up the instrument used.

Instrument: The instrument used to measure the quality of life perceived by institutionalized elderly was the WHOQOL-BREF, created by the World Health Organization (WHO) in 1996, and its main objective is to evaluate the quality of life of individuals in a comprehensive and multidimensional manner (10). This instrument has been used as a valuable methodological tool in countries such as Colombia (11), Ecuador (12), Mexico (13) and, at the national level, in cities such as Santiago and Chillán (14). The score was interpreted on a scale from 1 to 100, where 0 to 20 points corresponds to poor quality of life; from 21 to 40 points, moderate; from 41 to 60, good; and, finally, above 61 points, very good quality of life (15).

The reliability and validation of the instrument in older people in Chile in 2011 was good, according to the study "Quality of life and aging, Domeyko-University of Chile", conducted by researchers at the University of Chile. The research project was conducted in various communes of Santiago, obtaining a Cronbach's alpha of 0.88 for the total instrument and, for each of the questions, between 0.87-0.88. This instrument measures four areas: the physical area consists of seven questions; the psychological area, six; social relations, three; and the environment, eight. In addition, there are two questions that evaluate general aspects. Each item of the instrument requires a response on a five-point Likert scale (16), ranging from very dissatisfied to very satisfied or from never to always (10). The duration of the application was approximately 20-25 minutes.

Data collection method: Data collection was carried out by the researchers in person and individually in the different ELEAMs of Chillán and San Carlos. Prior authorization was obtained from the director of the nursing career of the Adventist University of Chile and the informed consent form was requested to be signed in writing or with a fingerprint with a black pad on paper. The records of each ELEAM were obtained through the person in charge of these, the SEREMI of Social Development and Family of Ñuble, by means of a previous appointment obtained by e-mail.

Data analysis method: The data collected were tabulated in Excel and processed in the Jamovi 2.3.28 program. The results were presented in frequency tables, percentages and graphs.

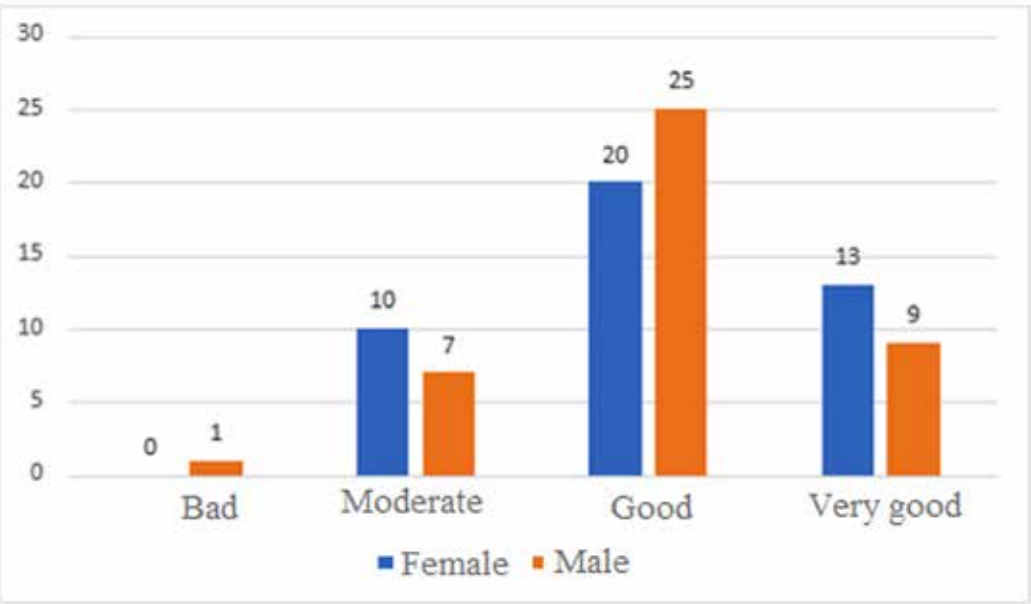
Ethical aspects: The participants' data were protected in accordance with the provisions of Law 19.628 on the protection of privacy. Thus, each survey was anonymous and each older person who chose to participate signed the informed consent form. It should be noted that the present research was authorized by the Scientific Ethical Committee of the Adventist University of Chile to guarantee compliance with the ethical standards established by the institution (Resolution No. 2023-23).

Results

The results of this study indicate that the majority of institutionalized older people perceive their quality of life in the “Good” range (53.8 %), followed by 23.5 % in “Very good”, 20.2 % in “Moderate” and a minority of 9.4 % in “Poor”. There is a minimal difference in the responses according to the gender of the participants.

Regarding the dimensions of the instrument, it is observed that in the domain of physical quality of life 52.9 % of the participants are in the “Good” range, 25.9 % in the “Very good” range, 20 % in the “Moderate” range and only 1.2 % are in the “Bad” range. In relation to the difference by gender, it is noteworthy that the male gender predominates in the “Good” range (See Figure 1).

Figure 1. Description of the perceived physical quality of life in institutionalized older people according to gender in the municipalities of Chillán and San Carlos, 2023



* Source: Own elaboration

Regarding the psychological health dimension, most of the sample (62.4 %) perceives it as “Good” (See Table 1). When identifying the differences by gender, it stands out that 31 % of women and 32 % of men consider it as “Good”, while 14 % of women and 15 % of men classify it as “Very good”. On the other hand, 6% of women and 2% of men perceive it as “Moderate” and, finally, neither gender identified this dimension as “Bad”.

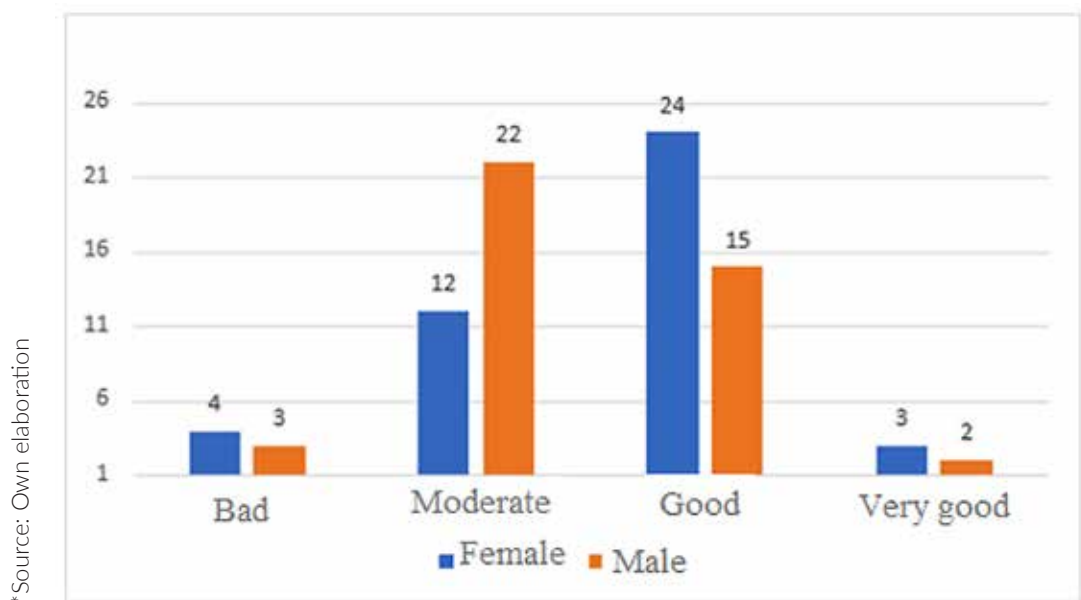
Table 1. Evidence of perceived psychological quality of life in institutionalized older people in the communes of Chillán and San Carlos, 2023

Psychological quality of life	Frequency (n=85)	Percentage (%)
Bad	0	0,0
Moderate	7	8,2
Good	53	62,4
Very good	25	29,4

Source: Own elaboration

It is also observed that, in the dimension of social quality of life, the majority of the sample (45.9 %) was in the “Good” range, followed by 40 % in the “Moderate” range, 8.2 % in the “Bad” category and, finally, the minority (5.9 %) in the “Very good” category. In addition, there are differences between the gender of the participants in the “Moderate” and “Good” options (Figure 2).

Figure 2. Identification of perceived social quality of life in institutionalized older people according to gender in the municipalities of Chillán and San Carlos, 2023.



In the environmental health domain, 54.1 % of the participants were in the “Good” range (Table 2). In terms of gender differentiation, it is observed that 25 % of women and 29 % of men were in the “Good” range. In addition, 18 % of women and 15 % of men were in the “Very good” category, while 7 % of women and 5 % of men were in the “Moderate” category. It is relevant to note that none of the genders were in the “Bad” range”.

Table 2. Determination of the perceived quality of life according to the environment of institutionalized older people in the municipalities of Chillán and San Carlos, 2023

Environmental quality of life	Frequency (n=85)	Percentage (%)
Bad	0	0
Moderate	11	12,9
Good	46	54,1
Very good	28	32,9

*Source: Own elaboration

Discussion

Chile has experienced an accelerated increase in its older people population. It is expected that by 2040, 20% of the population will be over 60 years old and 6% will be over 80 years old. As a result of accelerated aging, the population of OP presents socio-familial changes in today's societies (smaller families and homes, women working outside the home, etc.). In response to the need for OP care, ELEAMs were created.

According to the results obtained in this research, it was observed that the overall perceived QOL of the majority of institutionalized OP is in the “Good” range with 53.8% averaged over the four domains that make up the instrument applied. The study shows a minimal difference between the genders of the participants, with the male predominating in most of the domains. Similar results are seen in the study by Celerio and Galizzi (17), where the 558 participants perceived their quality of life as “Good” in all four domains. The same with the study by Rubilar and Medina (14), where the averages obtained on QOL in general and by domain were 75 out of 100, which corresponds to “Good”. Similar results are also evident in the study by Osorio et al (5).

In relation to the perceived QOL in the physical domain, it was observed that 52.9 % were in the “Good” range above the “Very good” and “Mode-

rate” ranges, with minimal differences between genders of the participants. These results differ from the study conducted by Huamani and Ermita (18), with a similar sample of 80 OP, where the medium QOL predominated with 81 %, followed by the high range. As in the study by Alarcón and Bobadilla (19), where 54.3 % were found to have a high level, followed by 30.7 % with a low level and 15.0 % at medium level. In Rubilar and Medina's study, it could be seen that the physical mastery scale obtained 78.79 out of 100, which can be interpreted as a similar score in the “Good” range of the studies mentioned above (14).

In the analysis of QOL according to the psychological domain of the study participants, it was found that 62.4 % perceived a “Good” QOL, followed by the “Very good” and “Moderate” ranges, showing minimal differences between the genders of the participants. These findings differ from those obtained by Huamani and Ermita (18), where the predominant range was “Medium”, with 86 %, followed by the “High” range and as evidenced in this research, the absence of the low range of QOL. Thus, it is important to note that the results of this study do not agree with those obtained by Alarcón and Bobadilla (19), where the predominant level is the “High”, with 45.7 %, followed by the “Low” level, with 32.3 %, and ending with the “Medium” level, with 22 %. Regarding the study conducted by Rubilar and Medina on QOL and frequency of physical activity in older people of community groups in the commune of Chillán, the average score of the psychological domain was 82.78 out of 100, which is interpreted as “Very good” (14).

Regarding the results obtained according to the domain of social relations, it could be seen that 45.9 % perceive a good QOL, followed by moderate, with 40 %, while 8.2 % perceive it as bad and, finally, 5.9 % as very good. Differences by gender are observed in the “Moderate” range, where the male predominates, and in the “Good” range, where the female predominates. These results differ from those reported by Cleto-Rodríguez (20), where “Moderate” QOL predominated with 58%, followed by “Good” and “Very good”, both with 13.6%. As in the study by Huamani and Quispe (18), where 69 % perceived a “Medium” QOL, followed by 16 % in the “High” range and 15 % in the “Low” range. On the other hand, the study of Rubilar and Medina (14) the social relations domain obtained a score of 87.18 out of 100, related to “Very good”.

The results of the environmental health domain show that 54.1 % perceive a “Good” QOL, followed by 32.9 % as “Very good” and, finally, 12.9 %

as “Moderate”, showing a minimal difference between the gender of the participants. These results are similar to those of Mejía-Alegria's study (21), where, of 44 older people who participated, 65.9% perceive their QOL in the domain of social relations as “Good”. These results are also like those of the study by Alarcón and Bobadilla (19), where 64.6 % are in the “Medium” range, 29.1 % in the “Low” range and 6.3 % belong to the “High” range. In the study by Rubilar and Medina (14), the environmental health domain score showed a score of 85.26 out of 100, which is considered “Very good”.

In the light of the results of the study, the general objective set by the researchers was met. It is interesting to continue evaluating the QOL of the OPs in institutions and in the community, incorporating variables such as marital status, pathologies, hobbies, etc. In this way, we can continue to contribute to the line of study of old age. The limitations of the study were several, such as access to the ELEAMs and the reduced sample size. The latter makes it difficult to generalize the results obtained on the perception of the QOL of institutionalized elderly women.

Conclusion

The results obtained reveal that the perception of quality of life in most of the participants was “Good” and “Very good”. This indicates a positive level in the perceived well-being of institutionalized older people in Chillan and San Carlos, Chile. This finding suggests that the interventions and care provided thus far have had a favorable impact on the perceived quality of life of this demographic group.

From a nursing perspective, these results underscore the importance of continuing and strengthening care practices focused on wellness and quality of life in institutional settings for older people. Nursing care focused on improving quality of life can contribute significantly to residents' overall satisfaction and well-being.

For future research, these findings suggest the need to delve deeper into specific aspects that contribute to positive perceptions of quality of life in institutionalized older people. Investigating specific factors, interventions, and care practices that are more closely related to a favorable perception of quality of life could guide the development of more effective strategies to improve care and promote well-being in this demographic group.

Acknowledgments:

To our professor Juana Cortés, we are deeply grateful for her commitment and for generously sharing her knowledge, contributing significantly to the

development and improvement of this work.

Conflicts of interest: None

Financing: None.

Electronic correspondence: juany.cortes.recabal@gmail.com,

References

1. The World Health Organization quality of life assessment (WHOQOL): Position paper from the World Health Organization. *Soc Sci Med* 1995;41(10):1403-1409.
2. Cancino M, Rehbein-Felmer L, Ortiz MS. Funcionamiento cognitivo en adultos mayores: Rol de la reserva cognitiva, apoyo social y depresión. *Rev. Méd. Chile*. 2018;146(3):315-22. doi: 10.4067/s0034-98872018000300315
3. Vera L. Informe de asesoría externa: adultos Mayores en Ñuble. [Internet]. Santiago, Chile: Senado [acceso 17 de junio de 2023]. Disponible en: <https://www.senado.cl/appsenado/index.php?mo=transparencia&ac=doctoInformeAsesoria&id=18701>
4. Instituto nacional de estadística e informática. Situación de la población adulta mayor. Lima, Perú: Instituto nacional de estadística e informática; 2018. Informe Nro. 2.
5. Osorio Parraguez P, Torrejón MJ, Anigstein MS. Calidad de vida en personas mayores en Chile. *MAD* [Internet]. 25 de junio de 2011 [citado 30 de julio de 2024];(24):61-75. Disponible en: <https://revistamad.uchile.cl/index.php/RMAD/article/view/13531>
6. Sarabia Cobo CM. Envejecimiento exitoso y calidad de vida: Su papel en las teorías del envejecimiento. *Gerokomos* [Internet]. 2009 [citado 2023 Nov 04];20(4):172-4. Disponible en: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1134-928X2009000400005&lng=es.
7. Gálvez Olivares M, Aravena Monsalvez C, Aranda Pincheira H, Ávalos Fredes C, López-Alegría F. Salud mental y calidad de vida en adultos mayores: revisión sistémica. *Rev. Chil. Neuro-Psiquiatr*. 2020;58(4):384-99. doi: 10.4067/S0717-92272020000400384.
8. Rodríguez Tapia JC, Russo Namias MA, Carrasco Gorman, MP. Salud es lo que más impacta la calidad de vida de los adultos mayores [Internet]. Santiago, Chile: Pontificia Universidad Católica de Chile [Acceso 17 jun 2023]. Disponible en: <https://politicaspUBLICAS.uc.cl/noticia/salud>
9. Ávila A, Errázuriz MP, Holloway I, Ibáñez A, Zúñiga J. Calidad de vida de adultos mayores que residen en establecimientos de larga estadía. *Rev. Conflu* [Internet]. 30 de diciembre de 2020 [citado 30 de julio de 2024];3(2):96-101. Disponible en: <https://revistas.udd.cl/index.php/confluencia/article/view/470>
10. Espinoza I, Osorio P, Torrejón MJ, Lucas-Carrasco R, Bunout D. Validación del cuestionario de calidad de vida (WHOQOL-BREF) en adultos mayores chilenos. *Rev. Méd. Chil*. 2011;139(5):579-86. doi: 10.4067/S0034-98872011000500003.
11. Rojas-Gualdrón DF, Gordon PD, Ortégón DPJ, Ortiz MEO, Ruiz JC, Marín A del PG. Análisis Rasch del Whoqol-Bref en adultos mayores de Bucaramanga y Manizales. *Psicol. Caribe*. 2018 ;35(3):183-96. doi.org/10.14482/psdc.35.3.153
12. Calispa Novoa, CG, Castillo Chacón, JM. Evaluación de la calidad de vida mediante la escala Whoqol-Bref en personas con amputación en la Fundación Hermano Miguel [Tesis de pregrado]. Quito (Ecuador): Universidad Central del Ecuador; 2020 [citado 18 dic 2023]. Disponible en: <https://www.dspace.uce.edu.ec/server/api/core/bitstreams/4a98b96d-f9e6-414f-bd6e-6ad4d3762709/content>
13. Sumano Salazar U. Percepción de la calidad de vida en adultos mayores institucionalizados basado en el cuestionario Whoqol-Bref dentro del centro nacional modelo de atención, investigación y capacitación gerontológica "Arturo Mundet" [Tesis de posgrado]. Ciudad de

México (México): Universidad Nacional Autónoma de México (UNAM); 2020.

14. Rubilar Sepúlveda M, Medina Giacomozzi AI. Calidad de vida y frecuencia de actividad física en adultos mayores de agrupaciones comunitarias, comuna Chillán, Chile. Rev. Médica Risaralda [Internet]. 15 de diciembre de 2020 [citado 30 de julio de 2024];26(2). Disponible en: <https://revistas.utp.edu.co/index.php/revistamedica/article/view/22981>
15. Hadning I. An Analysis of Health Workers' Quality of Life in Indonesia During COVID-19 Pandemic. Atlantis Press. 2020;33. doi: 10.2991/ahsr.k.210115.085
16. Mcleod, S. Likert Scale Questionnaire: Meaning, Examples & Analysis [página web]. Londres, Inglaterra: Simply Psychology [Acceso 17 jun 2023], Disponible en: <https://www.simplypsychology.org/likert-scale.html>
17. Celeiro, T., Galizzi, M.P. Calidad de vida en adultos mayores entre 70 a 85 años institucionalizados y no institucionalizados de la ciudad de Nogoyá [Tesis de licenciatura]. Buenos Aires (Argentina): Pontificia Universidad Católica Argentina;2019 [citado 18 dic 2023]. Disponible en: <https://repositorio.uca.edu.ar/handle/123456789/9721>
18. Huamani Cuba D, Quispe Hernández S. Calidad de vida del adulto mayor del Asentamiento Humano 3 de mayo San Martín de Porres [Tesis de pregrado]. Lima (Perú): Universidad de Ciencias y Humanidades UCH; 2018 [citado 18 dic 2023]. Disponible en: <https://repositorio.uch.edu.pe/handle/uch/517>
19. Bobadilla Carmona SP, Alarcón Pérez E. Calidad de vida del adulto mayor que acude a un puesto de salud en Carabayllo [Tesis pregrado]. Lima (Perú): Universidad María Auxiliadora;2022 2018 [citado 18 dic 2023]. Disponible en: <https://repositorio.uma.edu.pe/bitstream/handle/20.500.12970/908/TESIS.pdf?sequence=1&isAllowed=y>
20. Cleto Rodríguez J. Impacto de un programa de actividad física sobre la calidad de vida de los adultos mayores. [Tesis de pregrado]. Toluca de Lerdo (México): Universidad Autónoma del Estado de México;2014 [citado 18 dic 2023]. Disponible en: <http://ri.uaemex.mx/handle/20.500.11799/31082>.
21. Mejía Alegría R. Calidad de vida percibida por los adultos mayores de un establecimiento de salud [Tesis de pregrado]. Lima (Perú): Universidad Mayor De San Marcos;2020 [citado 18 dic 2023]. Disponible en: <https://hdl.handle.net/20.500.12672/11710>