

Global self-esteem and quality of life related with the health perceived by older adults

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Abstract

Objective: determine the level of self-esteem and health-related quality of life (HRQoL) in people enrolled in the Institutional Program for the Adult and Older Adults at the University of Costa Rica (PIAM-UCR). Methods: Descriptive-correlational, cross-sectional study of a quantitative approach in a population of 256 people from PIAM-UCR. An sociodemographic questionnaire, Rosenberg Global Self-Esteem Scale (RGSS) and HRQoL SF-12 were used. Throughout the research, international bioethical principles were respected. Results: the participants reported a high perception of self-esteem and HRQoL, and both variables presented statistically significant relationships ($p \leq 0.05$). Conclusions: there is a relationship between self-esteem and HRQoL given the protective factors that this specific older adult population possesses. In addition, that high self-esteem an increase the HRQL, which become key variables to achieve positive aging.

Keywords: Nursing. Healthy Aging. Quality life. Self-Concept.

Introduction

The World Health Organization (OMS) considers that any person who is older than 60 years of age is a older adult and it is estimated that this group will pass to have 900 million to 2000 million for the year 2050.¹ In Cost Rica is expected that the population of older adults will grow three times in the next 40 years and at least one older adult will live in every one of the Costa Rican houses.² Such growth imposes challenges to the political, economical, social, and sanitary system, since older adults (PAM by its its acronym in Spanish) do not have economical resources, a political framework that validates their rights and a society educated in subjects such as ageing,³ probably the PAMs will not enjoy of health in an integral manner. To face the imminent socio-demographic change that is coming, it is vital to know the factors that positively influence in older adults,⁴ such as self-esteem and quality of life related to health (CVRS by its acronym in Spanish).

Experts indicate self-esteem as protection factor along the life, transforming it in a transcendental variable for the assessment of the health status and wellbeing of the individuals, and, know the perception of such age group, allowing carrying out actions that positively affect the health, especially regarding its emotional level in order to accept the changes that are related to old age,⁵ mainly that studies have evidenced that older adult can reduce their self-esteem due to the wear, des-

pair, and disappointment they face when entering into their last stage of their life, along with retirement and distancing from their loved ones.⁶ Additionally, the CVRS is the assessment of the health perception that a person makes taking objective and subjective aspects which reveal the capacity of the person to reach and keep a global level of operation, allowing them to carry out activities that are important for them, and that affect their physical and mental wellbeing.^{7,8} in addition that it is a variable of multidimensional connotations that allow to thoroughly know the health status of the individuals since the subjective experience, putting on one side the biomedical paradigm of health-illness.⁹ Therefore, the CVRS takes into account the satisfaction of the person including his physical and emotional status,¹⁰ being a more accurate variable when trying to know the quality of life of a population comprised by older adults who naturally is exposed to the development of several illnesses.¹¹

Definitively, self-esteem and CVRS are important variable for the positive development of older people; however, no research published that quantitatively correlate both variables in the population studied were located, thus, the information that is developed in the following paragraphs is groundbreaking and of great relevance for the the ageing of the population. The objective of this article is to determine the level of self-esteem and the quality of life related with the health in older adults registered in the Institutional Program for the

Adult and Older Adult Individuals of the Universidad de Costa Rica (PIAM-UCR).

Methodology

Correlational, descriptive, cross-sectional study of quantitative approach¹², developed in 2019, in the Institutional Program for the Adult and Older Adult Persons (PIAM) attached to the Universidad de Costa Rica. The population of study was comprised of 1503 registered older adults, and a convenience sample of 256 person was obtained using the following inclusion criteria: Be man or woman older than 65 years of age and be registered in the PIAM module. As exclusion criteria we had: Grades lower than 25 in the Montreal Cognitive Assessment (Moca) applied scale. For data collection, and instrument divided in 3 parts was used, (a) bio-socio-demographic background developed by the researchers, (b) the Rosenberg global self-esteem questionnaire validated for Costa Rica, in order to determine the global self-esteem vari-

Results

Tabla 1. Description of the bio-socio-demographic variables of older adults that belong to PIAM-UCR (n=256)

Bio-socio-demographic characteristics		f	%
Sex	Man	72	28,1
	Woman	184	71,9
Age in years (Average: 70,62; SD: 4,774; R: 65-84)	65 a 71	166	64,8
	72 a 77	62	24,2
	Older to 78 of age	28	10,9
Pension situation	Receives pension	233	91,0
	Does not receive pension	23	9,0
Marital status	Married	114	44,5
	Divorced	60	23,4
	Widow(er)	43	16,8
	Single	32	12,5
	Living together	7	2,7
Amount of courses where they registered in PIAM	One	152	59,4
	Two	80	31,3
	Three	19	7,4
	Four	5	2,0
Province of residence	San José	220	85,9
	Cartago	24	9,4
	Heredia	11	4,3
	Alajuela	1	0,4
Geographical area	Urban	238	93,0
	Rural	18	7,0
Education level	Full university	140	54,7
	Partial university	45	17,6
	Full secondary school	26	10,2
	Technician	15	5,9
	Incomplete secondary school	13	5,1
	Incomplete elementary school	9	3,5
	Full elementary school	7	2,7
	Illiterate	1	0,4

Source: Own development

The population interviewed reported an average of 70.62 years of age (SD: 4,774). In turn, in relation to the marital status, the higher percentage of older persons interviewed mentioned they are married and a lower percentage live together. A higher percentage of older persons reside in a metropolitan area, more than 90% of the participants come from an urban zone. Over 70% of the older adults reported a high

able¹³ and (c) Quality of Life Questionnaire related with SF-12 HEALTH, to determine the CVRS perception; this corresponds to the shorten version of SF-36 validated in Costa Rica.^{14,15}

For the assessment of the data the SPSS version 23 software was used. To estimate the normality of the data it was used the Kolmogorov-Smirnov (KS). First of all, it took place a descriptive statistical assessment with the bio-social-demographic variables, the global level of self-esteem and CVRS of the older individuals of the PIAM, using frequencies, percentages, averages, and ranges. Later one, it was used the Spearman Rho to determine the relationship between the components of the CVRS, the self-esteem, and bio-socio-demographic profile. During the whole research process, international ethical principals were considered including reliability, willfulness, and informed consent, and it was approved by the Ethical-Scientific Committee of the Universidad de Costa Rica (CEC-UCR by its acronym in Spanish).

education level (university studies of college, graduate studies, master's degree and PhD). Regarding their participation in the PIAM-UCR, most of them opted for being in 1 to 2 courses of the program (see Table 1).

Table 2. Perception of self-esteem of older adults from PIAM- UCM (n=256)

Self-esteem ranges	f	%	Average: 37,02; D.E: 3,59; R: 21-40
Low self-esteem	4	1,6	
Average self-esteem	8	3,1	
High self-esteem	244	95,3	

Source: Own development

Regarding the self-esteem, in average, the participants of the study mentioned a high self-esteem. Only a low percentage (lower than 5%) of the older persons reported perceiving a lower or medium self-esteem (see Table 2).

Table 3. Description of the quality of life related to health (CVRS) perceived by the older persons interviewed from PIAM-UCR (n=256)

Quality of life related to health	f	%	
SF-12 Total			Average: 80,86; D.E: 16,76; R: 17-100
Low to 50	16	6,3	
Higher to 50	240	93,8	
Component Physical Function SF-12			Average: 77,87; D.E: 20,51; R: 14-100
Low to 50	23	9,0	
Higher to 50	233	91,0	
Component Mental Function SF-12			Average: 82,62; D.E: 17,18; R: 10-100
Low to 50	15	5,9	
Higher 50	241	94,1	

Source: Own development

Most of the older persons who participated in the study perceived a CVRS higher to 50, that is, report a high CVRS. With respect to the CVRS components, something similar is observed since 91% of the older persons obtained grades higher than 50 with respect to the physical function and 94.1% in the mental function (see Table 3).

Table 4. Relationship between self-esteem, CVRS, physical and mental sub-dimension of older adults from PIAM-UCR (n=256)

Variables of Study	1	2	3	4
1. Total self-esteem				
2. CVRS total	0,486**			
3. CVRS (CSF)	0,407**	0,840**		
4. CVRS (CSM)	0,478**	0,892**	0,553**	

Source: Own developmen **p ≤0.01

In the correlational assessment, relationships with statistical significance ($p \leq 0,05$) were seen, between self-esteem, CVRS, and its components regarding physical and mental health (see Table 4).

Discussion

Older adults registered in PIAM-UCR are a population with very specific characteristics in relation that what is usually reported in the studies, therefore, is vital to assess the results due to the impact of them for a better older adulthood. PIAM is a program of the Universidad de Costa Rica which, in addition to provide education, training, and recreational services to people older than 50 years of age, under generational and cross-generational methodologies, looks to develop research processes regarding the ageing and old age subject, in place inside universities and outside them.¹⁶ Similar to other programs of open universities, this provided older persons knew knowledge through theoretical courses and recreation and exercise activities. The added benefit is the strengthening of the social interaction of people of the same age group, and, sometimes, with other age groups, strengthening a healthy ageing.¹⁷

In most of the cases, the older adults who participated perceived a high self-esteem, different to the results of other researches where it has been proved that as the older age advances, the self-esteem starts to reduce with the appearance of physical and mental symptoms that go along with old age.^{18,20} Additionally, self-esteem has a relationship with social aspect very related to the environment where people develop during their old age. One clear example is the high amount of myths and stereotypes around the population in study especially in western countries,²¹ where a preconceived thinking regarding what it has to be felt and do when the person is older is produced, thus, negatively affecting experiences, product of a negative vision of old age, when considering that it cannot participate or contribute to the society, since the ideas in the world that surrounds them belong more to young people, which favors feelings of loneliness, associated to an increase of mobility and mortality.^{21,22} In addition to popular consciousness, affective losses related to the independence of the children, loss of the work life, scarce social contact, and death of the spouse or close friends; these alter the perception of themselves, which adds to a negative self-esteem influenced, but not determined by the old age.²⁰ Regarding the results of other studies, emerge the question: Why the population of older adults of the PIAM-UCR have a high self-esteem despite the own factors related to old age and social pre-conceptions in their environment when being older man or woman?

One hypothesis is that one of the main reasons for this situation is the possibility they have to engage in social activ-

ities. Experts indicate that is not the gender, education level, or place where they lived, but the relationship they have with others and their health, what preserves a more positive self-esteem.¹⁸ Their interpersonal relationships are one of the best forms to keep a positive self-esteem during older age. It is worth mentioning that education areas (open universities) have as main component the development of the social pedagogy and they are a form of health promotion, since more than an education space, they represent an opportunity of social reinsertion and elevation of the self-esteem.²³ Thus, PIAM-UCR promotes in their persons registered positive factors related to strengthening empowering and decrease the negative imaginaries regarding the last stage of life. Therefore, the promotion of such program is crucial for the increase of the self-esteem and better health in older persons.²² Additionally, as part of the courses that are provided in the PIAM they are related with technologies of information, which have demonstrated to generate an impact on older adults favoring proactivity and improving the wellbeing of this population.²⁴ Likewise, PIAM-UCR allows them to have the feeling of company and share characteristics with their group of peers, which result helpful for their health.²⁵

On the other hand, self-esteem has a considerable social importance, since it is a predictive success and wellbeing factor of a person, so it should enhance along life to have older persons capable of living with high self-esteem.^{18,26}

It is interesting to highlight that open universities are promoting health programs of older adults, since they allow interventions that improve quality of life,²⁷ promoting positive state of mind, creating learning spaces and experiences, favoring intergenerational relationships. CVRS is a variable not necessarily related to age or presence of illnesses, but with a personal perception situation, therefore it is relevant to go deeper how older adults from PIAM are able to keep high levels of CVRS. The evidence shows that older adult persons of low financial resources, low education, and lower access to health services have lower grades at global level, and in the mental and physical sub-dimension. This suggests that CVRS is associated to social characteristics, and the health of the persons, thus, the population exposed to social adverse conditions has the tendency to lower grades.²⁹ Thus, the results obtained in this study evidence some variables that explain why older population from PIAM is able to reach high CVRS levels; as particularity, most of the population has higher level of schooling, live in the metropolitan area where the access to resources is less limited, additionally, a large part has pension, which indicates a monthly fixed financial resource. These are some of the social characteristics that allow inferring why the high CVRS levels in older adults from PIAM. Some authors have postulated the importance of an integral assessment of CVRS in order to design the proper programs related with health with the objective to improve active and healthy ageing, thus preventing dependence.³⁰

Other experts indicate that through the assessment is possible to deepen in the complexity of the quality of life during old age. This allows a closer consideration of dominions such as the need of psychological and social support which should provide a better idea why two older individuals in seemingly similar conditions feel fine or bad despite the natural deterioration associated to ageing.³¹ Now, the relationship between the indexes of quality of life and the self-management of

emotions, self-esteem, has been identified in several populations.³² However, the studies in older adults are scarce. The results show evidence that self-esteem is related to CVRS in older adults from PIAM-UCR, which matches the evidence publishes where even it is shown that self-esteem can influence quality of life.^{33,34} The personal perception, either positive or negative, is going to have a strong implication in the perception of health and quality of life. The acceptance of ageing during older age, with its advantages and disadvantages, is transcendental in order to endure the last stage of life, where emotions have a great impact in how the persons make decisions to improve their health.³⁵

Finally, although the information obtained from older adults from PIAM-UCR does not allow extrapolating the information to the general Costa Rican population, it does open a window of possibilities for research in open universities, not only to their efficiency as places that promote self-esteem and CVRS, but also as an opportunity to continue expanding this type of programs to all the population, and also with the inten-

tion to evidence the impact of active and successful ageing to all older adults.

Conclusions

The study allows determining that most of older adults belonging to PIAM-UCR showed a high self-esteem and CVRS. Additionally, for this latter variable it stands out that older adults report an adequate physical and mental function.

With respect to the relationship between both variables, it was established a statistically significant relationship between global self-esteem and quality of life related to health with older adults, as well as an specific relationship between global self-esteem and physical and mental components of CVRS.

Finally, the need to continue the research of these two variables in the older adult population, both quantitative and qualitative ways, generating data that allow favoring a healthy ageing, is asserted.

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