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Case Report

LIFE QUALITYOF ELDERLY PEOPLE IN "LIFE PLAN, QUERÉTARO"

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A B S T R A C T

Old age is the final stage of the life cycle of every individual, where the quality of life is influenced by factors such as: social relationships, economy, context, health, etc. Due to the increase in this sector of the population, it is appropriate that the Nursing staff is prepared for their needs to provide efficient services that contribute to improving their quality of life. **Objective:** To determine the quality of life of elderly people in day care centers, through the application of the "FUMAT" Scale, to contribute to the enrichment of gerontological knowledge. **Material and method:** Quantitative, descriptive, cross-sectional and correlational study, in which 249 elderly people selected with non-probabilistic convenience sampling participated, to whom sociodemographic identification and the FUMAT scale were applied, which assesses: emotional well-being, interpersonal relationships, material well-being, development personal, physical well-being, self-determination, social inclusion and rights. The data were analyzed with descriptive statistics using SPSS software version 24 and Excel 2010. **Results:** 56.6% correspond to the female sex and 43.4% to the male. Average age of 70.51 years, the marital status with a predominance of 49.8% is married, as a maximum educational level reached 37.8% in primary school, 26.5% are active in employment. Of the total population, 2% have a poor quality of life, 55.6% in men and 50.4% of women have a good quality of life. **Conclusions:** In the analysis of the subscales, it indicated the presence of dominant spheres such as self-realization, personal development and rights, reflecting an adequate level of autonomy, cognitive and social skills for integration into society with dignity and respect. In addition to a low perception of material well-being, for which it is suggested to expand the research in this area to determine their needs, and later develop strategies that allow improving the quality of life of this population.

INTRODUCTION

Life is a process that begins from fertilization, in general it can be divided into different stages such as childhood, adolescence, young adult, adulthood as such and finally old age (Ministry of Health and Social Protection, R. of C. 2018).

Being this last stage where the development of this work focused, in relation to quality of life. The World Health Organization (WHO) describes that an older adult is one who has a chronological age equal to or greater than 60 years, in those developing countries, on the contrary in developed countries they are considered older adults until 65 years

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(Institute for the care of the elderly people in Mexico City, 2018).
Additionally, the elderly person has physical and biological characteristics, wear in the devices and systems as well as cell damage are shown, which will vary from one individual to another. In the social sphere, they occupy new roles, for example, the work transition towards a pension is common, loss of loved ones, they assume the role of grandparents, this is reflected in emotional changes (World Health Organization [WHO], 2015).

The aging process is determined by several factors, due to the fact that each individual ages in a different and unique way, among which is the genetic load, environment, lifestyle, behavior, diet, society and access to various services will determine that said process is healthy, or failing that, they have pathologies that impair their health (González, J., Garza, RI & Acevedo, J., 2015). In turn, life expectancy has increased. In contrast, it is necessary to reflect, in the increased years, do they have quality of life?

The concept of quality of life has been modified throughout history, which is defined as the combination of living conditions, personal satisfaction weighted by the scale of values, aspirations and personal experiences (Degrandi, V., Bentancourt , M., Fabruccini, A. & Fuentes, F., 2017). Similarly, in the field of sociology, it is described as keeping the basic needs of life covered.

The increase in the years and the better living conditions is aimed at healthy aging and with social inclusion, therefore this sector of the population feels "useful" and will perceive a better quality of life (Rubio, DY, Rivera, L., Borges, LC & González, FV, 2015).

In the Queretaro society to favor the autonomy of the elderly, there are day centers, this term is not included in the Official Mexican NOM-031-SSA3-2012, therefore, to define them, the official Mexican Norm is taken into consideration. NOM-167-SSA1-1997 where it defines them as public, social or private instances, in which people of the same age group coexist, where they carry out various activities for the occupation of free time, for example: sports, creative and cultural that They keep them active, which seeks to promote health self-care and increase respect for the stage of old age (Secretary of Health, 1997).

The elderly, a source of wisdom for their years and lived experiences, is a fundamental pillar of society, said population sector will increase according to the UN in its publication "World Population Prospects, 2017" shows that in the world there are 962 million older people age 60, which is equivalent to 13% of the world's population, which also refers to the accelerated increase in this age group, since it grows annually at a rate of 3%. If it continues in this way, the projections indicate that by 2030 there will be 1.4 million older adults and by 2050 it may reach 3.1 million (World Health Organization, 2015).

In conjunction with demographic growth, there has been an increase in people's life expectancy, although this is not precisely why the quality of life has increased, so it is necessary to turn our gaze towards this age group, and assess the circumstances under which they live, this encompasses the biological, social, cultural, mental and spiritual sphere (Aponte, V., 2015). In nursing work, the human being is approached, as a biopsychosocial being, hence the importance and relevance of the assessment of quality of life by this guild.
Although with aging there are changes in memory, attention, learning capacity, and in some cases it leads to cognitive deterioration at different levels, for which it is important to promote brain gymnastics, since it stimulates the creation of new neural connections: Neuronal plasticity or synaptogenesis and the creation of new neurons called neurogenesis, especially cortical neurons. In addition, it has been shown that recreational activities such as reading, mental or intellectual games, attending cultural events, among others, promote the creation of new neural networks, which prevents cognitive deterioration (Hernández, A., Farías, MJ, 2014).

Due to the increase in the older adult population and the need to keep them active and include them in society, day centers were created in Mexico, in which they carry out activities that promote sports, recreational and health promotion activities. Based on the above, the research question is exposed: What is the quality of life of the elderly person in a day care center?
For the nursing staff, it is essential to recognize the aging process and the needs of the elderly and thereby provide quality services from health promotion, promote their autonomy, the care function, to rehabilitation, so that at all times they are provide adequate care and thereby obtain quality in the services provided.

Objective

Determine the quality of life of elderly people in day care centers, through the application of the "FUMAT" Scale, to contribute to the enrichment of gerontological knowledge.

Hypothesis

Hy. The elderly female gender of the day center between 60 and 70 years, will have a higher quality of life index.

Ha. The dimensions with the highest scores will be interpersonal relationships, physical well-being and social inclusion, which will determine a higher quality of life index.

METHODOLOGY

The study design was quantitative since the variables were measured in a certain context, and the measurements obtained were analyzed using statistical methods to achieve the results based on the hypothesis (Fernández, C. & Baptista, P., 2014), descriptive in such a way that the characteristics of the variablesare detailed (sociodemographic and quality of life),the frequency of the phenomenon and incidence in the study population, cross-sectional because the variables were studied in a single moment (Parreño, A., 2016), that is, informed consent and the FUMAT questionnaire were provided on a single occasion and correlational , since the relationship between the variables (age, sex and quality of life index) and the way in which one of these affects the other was determined (Fernández, C. & Baptista, P., 2014).

The universe of study was made up of a total population of 800 elderly people, 60 years of age or older, indistinct sex, who attend the welfare secretary, located at Av. Estadio No. 106, Centro Sur.

For the pilot test, we worked with a population of 50 elderly people with similar characteristics to the final population, which belongs to the Njhöya day center located at Calle Tesas # 21, Col. Hercules.

The sample size was calculated through the formula for finite population:

$$n = \frac{Z^2 * N * p * q}{(e^2(N-1) + z^2 pq)}$$

In said formula "n" corresponds to the sample size, in turn "N" is the universe, "Z" belongs to the 95% confidence level; "P" represents the estimated proportion of the population that has a certain characteristic (if unknown, 50% is used, which translates to 0.5); in turn "q" is equal to 1 - p (that is, 1 - 0.5 = 0.5); finally "e" is the estimation error (usually 0.05 is used) (Parreño, A., 2016).

The formula replaced by the values of the study population is shown below.

$$n = \frac{(800)(1.96)^2(0.5)\ (0.5)}{(0.05^2(800-1) + (1.96)^2(0.5)(0.5)}$$

Subsequently, the resolution of the formula was obtained a total of 259.75, this value was rounded to 260 older adults who made up the sample according to the criteria described below.
The sampling technique was non-probabilistic for convenience, which allows selecting the participants who agree to be part of the study and being close to the researcher (Otzen, T., Manterola, C., 2017).

- Those older people who met the following characteristics were selected:
- Be over 60 years of age or older at the time of the study.
- They were found in the facilities of the welfare secretary at the time of the study.
- Who agreed to participate in the study.
- They signed the informed consent.

Description of the validation and reliability of the instrument
The FUMAT instrument was validated in 2008 by Verdugo, M. A., Gómez, L.E. and Arias, B. where it was subjected to a bibliographic analysis and later the review was carried out by 15 expert judges. Where an α = 0.954 and a correlation between two halves of r = 0.905 were obtained

Additionally, Cronbach's alpha reliability was performed on the database that was generated from the application of the instrument in its entirety to 249 older people, where an α = 0.891 was obtained.

Table 1 Summary of case processing

	N	%
Valid	247	99.2
Excludedcases[a]	2	.8
Total	249	100.00

a. Delete by list based on all variables in processing

Table 2 Reliability statistics

Alpha de cronbach	N ofelements
0.891	85

The instrument used is a scale developed by Verdugo, MA, Gómez, LE, Arias, B. (2009) (ANNEX 3) has been used in the Mexican population, with a Cronbach's alpha of 95% and consists of two sections of the certificate sociodemographic and 8 dimensions that assess quality of life.

The first section consists of a specifically designed sociodemographic identity card, where the following data were collected:

- Age in completed years up to the time of the study.
- Sex: Female or male.
- Schooling: where the options from no studies, primary, secondary, preparatory, higher technical, undergraduate, engineering and postgraduate are included.
- Work activity: it has three options, pensioner, home and worker (the latter being understood as the elderly person who is still working and receives monetary remuneration for their work).
- Marital status: the options of single, married, divorced and widowed were provided.

Regarding the instrument "The FUMAT scale", it is made up of 57 items distributed in eight dimensions which are:

- Emotional well-being (has 8 items)
- Interpersonal relationships (it has 6 items)
- Material well-being (has 7 items)
- Personal development (has 8 items)
- Physical well-being (it has 6 items)
- Self-determination (has 8 items)
- Social inclusion (it has 9 items)
- Rights (it has 5 items)

Each of the items is assigned a score and is valued on a Liker scale where the options are: always or almost always, frequently, sometimes and never or almost never. The previous options have an assigned value ranging from 1 to 4.

In the table of scales, the first column lists the standard scores from highest to lowest, in the next eight columns are the dimensions of quality of life that are evaluated by the FUMAT instrument, identified with the following abbreviations (Spanish) in the headers:

- BE = Emotional Well-being
- RI = Interpersonal Relations
- BM = Material Well-being
- DP = Personal Development
- BF = Physical Well-being
- AU = Self-determination
- IS = Social Inclusion
- DE = Rights

Finally, the result obtained from the CV index and the percentile was interpreted based on the following classification:

Table 3 Interpretation of quality of life

Qualityoflife		Indexof CV	Percentil
Verybad	(ICV verybad)	62 – 74	1 – 4
Bad	(ICV bad)	75 – 87	5 – 20
Medium	(ICVmedium)	88 – 100	21 – 50
Good	(ICV good)	101 – 113	52 – 80
Verygood	(ICV verygood)	114 – 123	81 – 94

Source (Tardón del Cura, S., 2015).

In the capture and analysis of the data obtained, descriptive statistics were used with measures of central tendency (mode (frequency [Fr] and percentage [%]), median and mean [mean]) as well as dispersion measures (standard deviation [s]) through the statistical software SPSS version 24 and Excel 2010. The results are presented schematically through tables made up of frequency, percentage and elements of the instrument for the description of the results for subsequent analysis and discussion.

RESULTS AND DISCUSSION

Of the total sample, 260 older adults, 11 instruments were eliminated because 6 were not answered in their entirety and 5 because they did not have a clear signature in the informed consent. Which leaves a 95.7% response success from the participants.

Table 4 Emotional well-being results

	Emotional well-being	Always or almost always		Frequently		Sometimes		Never or almost never	
		F	%	F	%	F	%	F	%
1	In general, he is satisfied with his present life	178	71.5	26	10.4	24	9.6	21	8.4
2	They manifest feeling unproductive	68	27.3	13	5.2	40	16.1	128	51.4
3	They are fidgety or nervous	47	18.9	29	11.6	72	28.9	101	40.6
4	They are satisfied with themeselves	181	72.7	31	12.4	18	7.6	18	7.2
5	They have behavioral problems (anxiety, irritability, nervousness, etc.)	48	19.3	19	7.6	55	22.1	127	51.0
6	They are satisfied with the services or supports they receive	136	54.6	25	10	25	10	63	25.3
7	They manifest feeling sad or depressed	31	12.4	16	6.4	89	35.7	113	45.4
8	They show feelings of helplessness and insecurity	35	14.1	13	5.2	54	21.7	147	59

Table 5 Results of interpersonal relationships

	Interpersonal Relationships	Always or almost always		Frequently		Sometimes		Never or almost never	
		F	%	F	%	F	%	F	%
9	They do activities they like with other people	146	58.6	19	7.6	17	6.8	67	26.9
10	Maintains a good relationship with the professionals of the service they go to	201	80.7	20	8.0	10	4.0	18	7.2
11	Maintains a good relationship with his colleagues in the service he attends	193	77.5	27	10.8	13	5.2	16	6.4
12	Lackscloserelatives	34	13.7	15	6	31	12.4	169	67.9
13	Their friendship relations are not good	69	27.7	14	5.6	34	13.7	132	53
14	Express feeling loved by people important to them	199	79.9	22	8.8	16	6.4	12	4.8

Table 6 Results of material well-being

	Material Well-Being	Always or almost always		Frequently		Sometimes		Never or almost never	
		F	%	F	%	F	%	F	%
15	The place where they live is comfortable	216	86.7	14	5.6	11	4.4	8	3.2
16	They saythey are not satisfied with theirretirement (or current employment situation)	68	27.3	16	6.4	34	13.7	131	52.6
17	Complains about their salary or pension	50	20.1	13	5.2	48	19.3	138	55.4
18	The place where they live has architectural barriers that prevent or hinder some of their activities	38	15.3	23	9.2	27	10.8	161	64.7
19	The service they go to has architectural barriers that prevent or hinder any of his/her activities	18	7.2	10	4	15	6	206	82.7
20	He/she has the material things he/she needs	175	70.3	59	23.7	2	0.8	13	5.2
21	The place where he/she lives needrenovations to suit his/her needs	74	29.7	28	11.2	33	13.3	114	45.8

Table 4 shows the results of emotional well-being, in which 71.5% are always or almost always satisfied with their present life. 72.7% are satisfied with themselves, 59% never expressed feelings of incapacity and insecurity, in turn 5.2% responded frequently. 5.2% frequently feel unproductive. 7.2% never or almost never "are satisfied with themselves." On the other hand, 7.6% frequently expressed having behavior problems.

From table 5 results of interpersonal relationships. 80.7% always maintain a good relationship with the professionals of the service they go to and 4% sometimes. Regarding expressing “feeling loved by those important to him / her”, 79.9% declared that they always, on the other hand, 4.8% said that they never or almost never. Finally, 77.5% always maintain a good relationship with their colleagues in the service and 5.2% only sometimes.

From the results obtained in the material well-being dimension expressed in table 4.4, it should be noted that 86.7% mention that the place where they live is always or almost always comfortable, although 29.7% consider that it requires reforms to adapt to their needs. In addition, 82.7% of the participants consider that the service they go to does not have architectural barriers that prevent or hinder any of their activities.

With regard to having the material things that they need, 70.3% always answered while 0.8% answered that sometimes and 5.2% never.

In the economic component, 27.3% indicated dissatisfaction with their retirement or work situation, for which 20.1% have complained about it.

From table 4.5 personal development, the results reflect that 73.5% consider always or almost always responsible for taking their daily medication when necessary, on the contrary, 6% answered never.From table 4.5 personal development, the results reflect that 73.5% consider always or almost always responsible for taking their daily medication when necessary, on the contrary, 6% answered never.73.1% can always read basic information for daily life, however 8% indicated that they can never do this activity.

Table 4.5 Personal development results

	Personal development	Alwaysoralmost always		Frequently		Sometimes		Neveroralmostnever	
		F	%	F	%	F	%	F	%
22	They can read basic information for everyday life (posters, newspaper, etc.)	182	73.1	20	8	27	10.8	20	8.0
23	Shows difficulty in efficiently solving the problems that arise.	43	17.3	23	9.2	48	19.3	135	54.2
24	Havedifficultyexpressinginformation	53	21.3	22	8.8	33	13.3	141	56.6
25	In the service they go to, they provide them with information on issues that interest them.	155	62.2	29	11.6	30	12	35	14.1
26	Shows difficulties in handling basic mathematical concepts, useful for everyday life (addition, subtraction, etc.)	43	17.3	15	6	39	15.7	152	61
27	Have difficulty understanding the information theyreceives	40	16.1	27	10.8	57	22.9	125	50.2
28	They are responsible for taking their daily medication and / or when they are ill.	183	73.5	28	11.2	23	9.2	15	6
29	Have trouble learning new things.	64	25.7	26	10.4	57	22.9	102	41

Table 4.6 Physical well-being results

	Physicalwell-being	Always or almost always		Frequently		Sometimes		Never or almost never	
		F	%	F	%	F	%	F	%
30	Have mobility problems	38	15.3	20	8	57	22.9	134	53.8
31	Have continence problems	16	6.4	19	7.6	43	17.3	171	68.7
32	Have difficulty following a conversation because of poor hearing	21	8.4	18	7.2	42	16.9	168	67.5
33	Their state of health allows them to go out	204	81.9	22	8.8	8	3.2	15	6
34	Have trouble remembering important information for everyday life (familiar faces, names, etc.)	37	1	25	10	64	25.7	123	49.4
35	Have vision difficulties that prevent from doing their usual tasks	57	22.9	40	16.1	61	24.5	91	36.5

Table 4.7 Self-determination results

	Self-determination	Alwaysor almost always		Frequently		Sometimes		Neveror almost never	
		F	%	F	%	F	%	F	%
36	Makes plans about their future	117	47	17	6.8	40	16.1	75	30.1
37	Shows difficulties in managing money autonomously (Checks, rent, bills, going to the bank, etc.)	29	11.6	25	10.0	37	14.9	158	63.5
38	Other people organize their life	32	12.9	23	9.2	27	10.8	167	67.1
39	Choose how to spend their free time	198	79.5	14	5.6	18	7.2	19	7.6
40	They have chosen the place where they currently live	190	76.3	19	7.6	14	5.6	26	10.4
41	Their family respects their decisions	196	78.7	18	7.2	23	9.2	12.8	4.8
42	Make their decisions on everyday matters	185	74.3	22	8.8	20	8	22	8.8
43	Other people make the decisions that are important to their life	31	12.4	20	8	44	17.7	154	61.8

For the handling of mathematical concepts, 6% frequently have difficulty in carrying them out, and 61% indicated that they never have problems developing them. In the evaluation of the difficulty to express and understand information received, 56.6% and 50.2% respectively answered never having difficulty in these elements of communication.

In the physical well-being evaluated by 6 items, of which the results are presented in table 4.6, it is important to point out that 81.9% of the elderly people, their state of health always allows them to go outside to do their activities, although 3.2% responded sometimes and 6% never.

When asked if they have continence problems, 68.7% stated that they never or almost never, something similar happens with hearing difficulties since 67.5% indicated that they have no problems following a conversation due to poor hearing, although it is important to identify that 8.4% always or almost always present this problem.

In the memory evaluation, 49.4% never or almost never have problems remembering important information for daily life, while 1% indicated that they always or almost always.

Regarding the results of table 4.7 self-determination made up of 8 reagents, 79.5% chose how to spend their free time although 7.6% never or almost never agreed to the answer. For 78.7% their decisions are always respected by their family, however for 4.8% it is never this way.That said, 74.3% always make decisions about everyday issues. Therefore, 76.3% have chosen the home where they currently reside, while 10.4% never chose it and 5.6% sometimes.

Table 4.8 contains the results grouped by items in frequency and percentage of the social inclusion dimension. In which 65.9% stand out, they never feel excluded from their community as a result, 67.9% of older adults never have difficulty participating in it, although 10.4% always express having difficulties.

In social relationships with colleagues from the service to which they go, 67.5% always feel integrated, since 56.6% never have difficulties in relating to other people, in this way 59% always or almost always have friends who support them when they need it, although it is not in this way for 21.3% since they indicated the answer never.

Table 4.8 Social inclusion results

	Social inclusion	Always or almost always		Frequently		Sometimes		Never or almost never	
		F	%	F	%	F	%	F	%
44	Participate in various leisure activities that interest them	141	56.6	23	9.2	15	6	70	28.1
45	They are excluded in their community	28	11.2	16	6.4	41	16.5	164	65.9
46	In the service they go to, they have trouble finding support when they need it	62	24.9	24	9.6	36	14.5	127	51
47	They have friends who support them when they need it	147	59	24	9.6	25	10	53	21.3
48	They have difficulty relating to other people in the center they go to	54	21.7	15	6	39	15.7	141	56.6
49	They are integrated with the colleagues of the service to which it attends	168	67.5	28	11.2	12	4.8	41	16.5
50	Participate voluntarily in a program or activity of the service they attend	127	51	7	2.8	44	17.7	71	28.5
51	They support network doesn't satisfy they needs	77	30.9	32	12.9	32	12.9	108	43.4
52	They have difficulty participating in their community	26	10.4	17	6.8	37	14.9	169	67.9

Table 4.9 Rights results

	Rights	Always or almost always		Frequently		Sometimes		Never or almost never	
		F	%	F	%	F	%	F	%
53	In the service they go to, their rights are respected and defended	185	74.3	22	8.8	24	9.6	18	7.2
54	They receive adequate and sufficient information about the treatments and interventions they receive	181	72.7	23	9.2	24	9.6	21	8.4
55	Shows difficulty defending their rights when they are not respected	39	15.7	13	5.2	37	14.9	160	64.3
56	Has legal assistance and / or access to legal advisory services	102	41	14	5.6	14	5.6	119	47.8
57	Enjoy all their legal rights (citizenship, voting, legal processes, etc.)	232	93.2	10	4	5	2	2	0.8

Table 4.10 Classification of quality of life by age range and sex

Age byranges	Gender	Quality of life classification								Total	
		Bad		Medium		Good		Verygood			
		F	%	F	%	F	%	F	%	F	%
60 – 65	Female			3	1.2	17	6.8	4	1.6	24	9.6
	Male			1	0.4	7	2.8	2	0.8	10	4.0
	Total			4	1.6	24	9.6	6	2.4	34	13.7
66 – 70	Female	2	0.8	14	5.6	29	11.6	28	11.2	73	29.3
	Male	2	0.8	12	4.8	37	14.9	11	4.4	62	24.9
	Total	4	1.6	26	10.4	66	26.5	39	15.7	135	54.2
71 – 75	Female	1	0.4	10	4.0	18	7.2	5	2.0	34	13.7
	Male			4	1.6	8	3.2	3	1.2	15	6.0
	Total	1	0.4	14	5.6	26	10.4	8	3.2	49	19.7
76 – 80	Female			1	0.4	5	2.0			6	2.4
	Male			5	2.0	5	2.0	5	2.0	15	6.0
	Total			6	2.4	10	4.0	5	2.0	21	8.4
81 – 85	Female					1	0.4			1	0.4
	Male			2	0.8	2	0.8	1	0.4	5	2.0
	Total			2	0.8	3	1.2	1	0.4	6	2.4
86 – 90	Female			2	0.8	1	0.4			3	1.2
	Male					1	0.4			1	0.4
	Total			2	0.8	2	0.8			4	1.6
Total	Female	3	1.2	30	12.0	71	28.5	37	14.9	141	56.6
	% within Gender	3	2.1	30	21.3	71	50.4	37	26.2	141	100.0
	Male	2	0.8	24	9.6	60	24.1	22	8.8	108	43.4
	% within Gender	2	1.9	24	22.2	60	55.6	22	20.4	108	100.0
	Total	5	2.0	54	21.7	131	52.6	59	23.7	249	100.0

On the other hand, 2.8% never voluntarily participate in any program or activity and 6% sometimes participate in leisure activities that interest them, while 56.6% always practice some recreational activity that matters to them.

Table 4.9 shows the results of the rights dimension where it indicates that 93.2% enjoy all their legal rights, 74.3% consider that their rights are always respected and defended in the service they go to, so that 64.3% never shows difficulty defending their rights when they are not respected.

Regarding the information they receive about the treatments and interventions they receive, 72.7% answered that it is always adequate and sufficient, however, 8.4% indicated that it was never. Finally, 47.8% never have legal assistance or access to legal advisory services.

Table 4.10 compares the classification of quality of life according to the age range and sex of the participants. Where it can be seen that 52.6% of the total population have a good quality of life, 23.7% very good, 21.7% medium and 2.0% poor. By individually analyzing the results obtained on the basis of sex, it can be determined that 50.4% of women have a good quality of life and 2.1% have a poor quality of life, while in the case of men, 55.6% are in the section of good and only 1.9% in bad.

In men, the group with the highest ICV ranges from 66 to 70 years with 14.9% in good quality of life and 4.4% in very good quality. Similarly, in ladies, the aforementioned age range stands out above the rest, since 11.2% are very good and 11.6% are good.

Table 4.11 Average standard score by dimension and sociodemographic variable

Variable	BE	RI	BM	DP	BF	AU	IS	D
Totalpopulation	10.70	11.08	7.89	11.97	11.06	13.04	11.14	11.75
Sex								
Female	10.51	11.08	7.92	12.03	10.99	13.15	11.27	11.84
Male	10.95	11.08	7.85	11.89	11.15	12.90	10.97	11.63
Age								
60 – 65 years	10.91	11.68	8.03	11.88	10.76	13.21	11.62	11.71
66 – 70 years	10.64	11.19	8.01	11.93	11.21	13.13	11.03	11.82
71 – 75 years	10.71	10.49	7.49	12.20	11.10	13.04	11.04	11.61
76 – 80 years	11.05	11.19	7.19	12.24	11.67	12.52	11.05	11.86
81 – 85 years	10.67	9.67	9.67	10.67	9.00	13.33	12.17	12.00
86 – 90 years	9.00	11.00	8.75	11.5	8.00	11.00	11.00	10.25
Civil status								
Single	10.42	10.87	6.85	11.82	11.49	13.24	11.18	11.80
Married	10.92	11.19	8.19	11.98	11.19	12.97	11.05	11.69
Divorced	9.95	10.52	7.38	12.33	10.52	12.48	11.48	11.43
Widower	10.80	11.29	8.53	11.94	10.49	13.24	11.18	11.98
Scholarship								
No studies Primary	9.3	9.3	7.7	10.4	10.8	12.9	10.0	11.6
Secondary	10.7	11.2	8.1	12.0	10.7	13.2	11.1	11.6
Preparatory	10.7	11.2	7.1	11.8	10.8	12.6	11.2	12.0
Adv. technician	11.4	11.4	7.9	12.6	11.6	13.6	11.9	12.0
Degree	11.6	11.2	5.8	12.8	12.4	13.8	12.6	12.4
Engineering	10.9	10.9	9.0	12.3	12.0	13.0	11.0	11.5
Postgraduate	8.5	11.25	10.0	11.8	10.5	11.5	10.0	11.8
	13.5	12.5	9.5	13.5	13.0	14.5	13.5	12.0
Work activity								
Pensioner	10.9	11.3	7.9	12.2	11.1	13.0	11.5	12.1
Employee	10.7	11.1	7.6	11.9	11.6	13.2	10.9	11.5
Home	10.4	10.8	8.1	11.7	10.5	13.0	10.8	11.4

The range between 66 - 70 years stands out over the others by having the highest three of the highest percentages in quality of life, good with 26.5%, very good 15.7%, and poor 1.6%. On the other hand, only 0.4% in the range of 71 - 75 years is in bad ICV and those between 81 - 85 only 0.4% is in a very good quality of life.

Table 4.11 shows the averages of the standard scores of the eight dimensions in relation to the total population and the demographic variables sex, age, marital status, education and work activity. It is observed that in the total population the dimension with the highest score was self-determination with 13.04 and the lowest with 7.89 material well-being.

It is noteworthy that only in the age group between 86 - 90 years the dimension with the highest score was personal development (11.5), while the material well-being dimension in people between 76 - 80 years is the one with the lowest score (7.19) in comparison with the other age groups and other dimensions of the age variable.

In women, they reported having a better quality of life than men in the dimensions of material well-being, personal development, self-determination, social inclusion and rights.
The participants who are divorced have lower scores than the rest of the options in marital status in the dimensions of emotional well-being, interpersonal relationships, physical well-being, self-determination and rights.In turn, people who are dedicated to the home in all dimensions have the lowest score, compared to other work activities, except for material well-being because it stands out from the others.

In the study carried out by Tardón del Cura, 2015, the classification of the quality of life index, ordered from the highest percentage to the lowest, is as follows: good, medium, very good and poor quality of life. This hierarchy is found in a similar way in the present study.

In relation to sex, in the same way, women have a higher index of good quality of life than men, although it should be noted that in Tardón's results 12.77% of them are in bad while in the present study only 0.8% of men are in the same category. This translates into a better quality of life in the men in the sample with which we worked.

When comparing the age range with the quality of life of the people evaluated in Spain, those between 65 - 74 years old have a better quality of life, while in the previous results analyzed in this section it can be observed that they are those between 66 - 70 years.

On the other hand, in the research "Quality of life in women over 60 years old, Health Center N1, Azogues 2018" from SailemaManotoa, PM, 2018, a global level of quality of life was obtained globally, while this study only 21.3% of the women were in the same category, which indicates that the women in the sample with which we worked in the present study had a higher ICV than those of Azogues, It is worth mentioning that a similar score was found in the social inclusion dimension, in contrast to emotional well-being and interpersonal relationships, they were higher in the study carried out by Sailema, In addition, it describes in its results that the older the age, the lower the quality of life, a condition that is not fulfilled in the present study, since the older the data are concentrated in medium classifications and good quality of life.

Finally, the results of the present study coincide with that indicated by Maya Pérez, E., 2018 in her article "Evaluation of the quality of life of non-institutionalized older adults of CDMX through the FUMAT scale" where she explains that women between 60 - 70 years have a higher quality of life than men as well as a higher ICV in general than the other age groups, Although it is appropriate to clarify that unlike the CDMEX study, men over 80 years of age have the best quality of life, in the same way the rights dimension was found with a

better score in both men and women than in the study carried out by Maya Pérez, E.

In both studies, they agree with lower scores in the material well-being dimension, as well as lower physical well-being in the case of women. While in the subscales related to mental health, self-determination and personal development had higher scores.

CONCLUSIONS AND SUGGESTIONS

The proposed research hypothesis is accepted since the results show that women between 60 and 70 years old presented a higher percentage of very good quality of life (1.6% in the range 60 - 65 and 11.2% in those between 66 - 70 years) compared to men.

In the case of the alternative hypothesis, it is rejected because the results showed self-realization, personal development and rights as the dominant spheres. Which translates into an adequate level of autonomy to control their lives according to their personal interests and preferences, they have cognitive and social skills that allow them to adequately integrate into society with dignity and respect for their person and their rights.

Although it is evident that older people do not have the architectural, economic and material aspects that allow them to develop a comfortable and healthy life, since the material well-being component has a notable lower score compared to the other dimensions, therefore, it is suggested to expand research on housing and economic income, in this area to determine their needs, and later develop strategies that allow improving the quality of life of this population.

Among the components evaluated with the lowest score is emotional well-being in which, from the nursing perspective, it is suggested to make empathic or supportive affirmations to raise self-esteem, as well as help to recognize feelings such as anxiety, anger or sadness and in case if required to channel with psychological help.In relation to physical well-being, it is recommended to teach about correct postures to avoid fatigue, tension or injuries, to encourage the use of glasses in case of visual weakness to carry out their activities of daily life and in those with hearing loss teach hygiene elements to extract the excess of earwax, encourage the proper use of hearing aids and teach the care and maintenance of these devices, as well as refer you to a specialist for evaluation and hearing treatment.

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