

A cross-sectional study on quality of life and self-esteem among older individuals in a social group

Um estudo transversal da qualidade de vida e autoestima entre idosos de um grupo de convivência

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Abstract

Introduction: Population aging is a global phenomenon that raises questions about the quality of life and psychological well-being of the older adults. In this context, social groups emerge as an important strategy to promote self-esteem and improve the quality of life among the older population. **Objective:** To analyze the quality of life and self-esteem of older individuals from a social group. **Methods:** This is a cross-sectional study realized with 148 older adults. The WHOQOL-BREF, WHOQOL-OLD, and Rosenberg Self-Esteem Scale were used. Data analysis was conducted using the Kolmogorov-Smirnov test, bootstrapping procedures, independent samples t-test, one-way ANOVA, and Tukey's post-hoc test ($p < 0.05$). **Results:** Women showed higher mean scores in the psychological ($p = 0.030$) and environmental ($p = 0.037$) domains, social participation facet ($p = 0.047$), and self-esteem ($p = 0.011$). Older individuals aged 60 to 69 years had higher scores in the physical ($p = 0.027$), psychological ($p = 0.007$), environmental ($p = 0.022$), and self-assessment ($p = 0.001$) domains, and in the facets of sensory functioning ($p = 0.009$), past, present, and future activities ($p = 0.021$), social participation ($p = 0.009$), and intimacy ($p = 0.004$), as well as in self-esteem ($p = 0.015$). Retired older individuals had lower scores in the sensory functioning facet ($p = 0.012$). **Conclusion:** Older individuals exhibited satisfactory means in quality of life domains and facets and an adequate level of self-esteem. Significant differences exist in sex, age group, monthly income, and retirement status.

Keywords: Aging. Self-esteem. Social participation.

Resumo

Introdução: O envelhecimento populacional é um fenômeno global que levanta questões sobre a qualidade de vida e o bem-estar psicológico dos idosos. Neste contexto, grupos de convivência surgem como uma importante estratégia para promover a autoestima e melhorar a qualidade de vida entre a população idosa. **Objetivo:** Analisar a qualidade de vida e autoestima de idosos de um grupo social. **Métodos:** Este estudo transversal envolveu 148 idosos. Foram utilizadas as escalas WHOQOL-BREF, WHOQOL-OLD e Rosenberg Self-Esteem Scale. A análise de dados foi realizada utilizando o teste de Kolmogorov-Smirnov, procedimentos de bootstrap, teste t de amostras independentes, ANOVA de um fator e teste post-hoc de Tukey ($p < 0,05$). **Resultados:** As mulheres apresentaram pontuações médias mais altas nos domínios psicológico ($p = 0,030$) e ambiental ($p = 0,037$), faceta de participação social ($p = 0,047$) e autoestima ($p = 0,011$). Indivíduos mais velhos com idade entre 60 e 69 anos tiveram pontuações mais altas nos domínios físico ($p = 0,027$), psicológico ($p = 0,007$), ambiental ($p = 0,022$) e de autoavaliação ($p = 0,001$), e nas facetas de funcionamento sensorial ($p = 0,009$), atividades passadas, presentes e futuras ($p = 0,021$), participação social ($p = 0,009$) e intimidade ($p = 0,004$), assim como na autoestima ($p = 0,015$). Os idosos aposentados apresentaram pontuações mais baixas na faceta de funcionamento sensorial ($p = 0,012$). **Conclusão:** Os idosos apresentaram médias satisfatórias nos domínios e facetas de qualidade de vida e um nível adequado de autoestima. Existem diferenças significativas quanto ao sexo, faixa etária, renda mensal e status de aposentadoria.

Palavras-chave: Envelhecimento. Autoestima. Participação social.

Introduction

The older adult population has experienced remarkable growth in recent decades, reflecting aging as a natural process marked by gradual and inevitable changes associated with age.¹ Human aging is a progressive set of biological, psychological, and social transformations, beginning before birth and developing throughout life.² Viewed as an order of the life cycle, older adults must engage in various dimensions of life – social, economic, cultural, spiritual, and civil – to age actively and with quality of life (QoL).³

As defined by the World Health Organization (WHO), QoL encompasses objective and subjective aspects, reflecting individuals' perceptions of individual satisfaction and collective well-being. It includes satisfaction with basic needs, economic development, social inclusion, environmental quality, life opportunities, happiness, self-esteem, love, and personal fulfillment.⁴ QoL, as delineated, also recognizes the importance of self-esteem as a significant component of individual well-being.⁵

Maintaining functional capacity and autonomy is essential to achieving longevity with QoL and self-esteem. Participation in social groups, for example, provides knowledge, social practices, and exercises that benefit the health and well-being of older adults.⁶ However, various factors, such as socioeconomic and demographic indicators and health-related ones,⁷ may influence living conditions and, consequently, the QoL and self-esteem of this population.⁸

Socioeconomic and demographic determinants are fundamental for the interaction of older adults in the community, influencing participation in health programs, the role played, routine, and status. These elements highlight the importance of staying active, productive, and integrated into society, promoting knowledge acquisition and association with diverse groups.⁶

Socialization, highlighted as crucial, is exemplified by physical activities in programs such as social groups. These activities act as a protective factor in improving QoL and self-esteem.⁹ These activities prevent or increase functional capacity in older adults' daily activities and contribute to healthy and quality aging.¹⁰

In this way, it is necessary to comprehensively and precisely understand the impact of social interactions in social groups on the QoL and self-esteem of older adults. The increasing proportion of older adults in the population and the importance of ensuring their physical, psychological, and social well-being also highlight the relevance of this research.

Social groups represent a conducive context for examining how active participation in these initiatives influences critical variables, such as QoL and self-esteem.¹¹ Analyzing these aspects contributes to the academic understanding of the psychosociology of aging and provides valuable information for formulating public policies and specific interventions to promote older adults' well-being.

The research aims to fill gaps in existing knowledge by providing empirical data that can guide effective strategies to optimize the experience of older adults in social groups. By better understanding how these interactions impact QoL and self-esteem, this study can provide important insights for healthcare professionals, social workers, and policymakers, creating more favorable environments centered on older adults' emotional and social needs. The study emphasizes the vital importance of social groups for well-being in aging. By investigating this dynamic, it provides crucial information to promote healthy and integrated aging, guiding policies and programs aimed at the well-being of the older adults. Therefore, this study aims to analyze the QoL and self-esteem of older adults attending a social group and perform comparisons based on sociodemographic profile (gender, age group, monthly income, and retirement).

Methods

This is a quantitative, analytical, observational, and cross-sectional study, approved by the Human Research Ethics Committee of Cesumar University (Unicesumar) under approval number 6,001,100, constructed by the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) tool.

Population and sample

The formula for finite populations was used to calculate the minimum number of participants with a confidence level of 95%, an estimation error of 5%, and an expected proportion of 50%. From a population of 208 older adults, a minimum number of 148 participants was required, considering possible sample losses. Older adults registered and participating in a social group in Tapejara, Paraná, Brazil, were evaluated. Older adults who did not respond to all questions on the instruments, those with some degree of cognitive impairment assessed by the Mini-Mental State Examination (MMSE),^{12,13} and those using mobility aids (cane, walker, or wheelchair) were excluded. Older adults (60 or older) of both genders who answered all items on the forms, with or without assistance from a second person, were included. Thus, 148 older adults of both genders, aged 60 to 89, who engaged in weekly activities in the social group,

were evaluated. The Older Adults Socialization and Bond Strengthening Service (OASBSS) activities have a social and bond-strengthening nature, including gymnastics, adapted capoeira, singing, volleyball, handicraft workshop, dance, and ballroom dancing.

Instruments and data collection protocol

The authors developed a sociodemographic questionnaire to characterize older adults, with questions regarding age, gender, age group, retirement, education, monthly income, and occupational status. To assess QoL, the WHOQOL-BREF and WHOQOL-OLD, both validated for the Brazilian context, were used. The WHOQOL-BREF assesses the quality of life dimensions through 26 questions, with two general ones related to overall QoL and overall health and 24 composing the four domains: physical, psychological, social, and environmental. The scale provides raw (0-20) and transformed (0-100) scores for each dimension. A higher value in each domain indicates better QoL.¹⁴

The WHOQOL-OLD consists of 24 items assigned to six facets: functioning of the senses; autonomy; past, present, and future activities; social participation; death and dying; intimacy. It is a specific instrument for QoL in older adults and should be applied with the WHOQOL-BREF. Scores are calculated by syntax and range from 0 to 100, with the highest number corresponding to the best QoL in the evaluated facet.¹⁵

The Rosenberg Self-Esteem Scale was used to assess participants' self-esteem levels. It was translated, adapted, and updated by Hutz and Zanon,¹⁶ This scale has 10 Likert format questions, with four response options (totally agree, agree, disagree, and totally disagree). In positive questions, the score of responses is: totally agree (4 points), agree (3 points), disagree (2 points), and totally disagree (1 point). In negative questions, the score is reversed. Scores can range from 10 to 40 points, with higher scores indicating higher self-esteem. Satisfactory self-esteem is defined as a score greater than or equal to 30, and unsatisfactory self-esteem is defined as a score less than 30.

Data collection took place between March and August 2023 by the researchers themselves, on the premises of the social group (OASBSS) on the scheduled days and times. Before data collection, a pilot study was conducted with ten older adults to gauge the collection time per older adult and possible occurrences.

Data analysis

Data analysis was performed using SPSS 25.0 software through descriptive and inferential statistical approaches. Frequency and percentage were used as descriptive measures for categorical variables. Data normality was analyzed using the Kolmogorov-Smirnov test, and skewness and kurtosis coefficients were used for numerical variables.

Bootstrapping procedures (1000 re-samples; 95% CI BCa) were also performed to obtain more excellent results reliability, correct possible deviations from the normality of the sample distribution and differences between group sizes, and present a 95% confidence interval for the means.¹⁷ For comparison of QoL and self-esteem according to sociodemographic variables, independent Student's t-test (two groups) and one-way ANOVA (more than two groups) followed by Tukey's post-hoc test were employed. A significance level of $p < 0.05$ was adopted.

Results

Out of the 148 older participants in the study, the prevalence was women (79.1%), elderly individuals aged between 60 and 69 (50.7%), retirees (88.5%), and those with a monthly income of one to two minimum wages (55.4%). Overall, the older adults had a mean age of 70.88 years (SD = 7.55).

Table 1 presents the mean and standard deviation of the domains and facets of QoL and the level of self-esteem among older adults. Regarding the QoL domains, a higher score was observed in the environmental domain (M = 17.25; SD = 2.51), followed by the psychological domain (M = 17.02; SD = 2.21), physical domain (M = 16.54; SD = 2.65), self-assessment domain (M = 16.29; SD = 2.82), and social relationships domain (M = 16.00; SD = 3.05). Concerning the facets of QoL, the highest mean was found in the social participation facet (M = 84.83; SD = 13.87), followed by the aspects of past, present, and future activities (M = 83.15; SD = 15.11), intimacy (M = 82.85; SD = 17.45), autonomy (M = 79.64; SD = 19.72), functioning of the senses (M = 78.58; SD = 17.57), and death and dying (M = 66.55; SD = 21.22). Additionally, it was observed that older adults presented a satisfactory level of self-esteem (M = 33.51; SD = 3.67).

Table 1 - Descriptive analysis of the domains and facets of quality of life and self-esteem among older adults

Variables	Mean (SD)
Quality of life domains	
Physical	16.54 (2.65)
Psychological	17.02 (2.21)
Social relationships	16.00 (3.05)
Environment	17.25 (2.51)
Self-assessment	16.29 (2.82)
Quality of life facets	
Functioning of the senses	78.58 (17.57)
Autonomy	79.64 (19.72)
Past, present, and future activities	83.15 (15.11)
Social participation	84.83 (13.87)
Death and dying	66.55 (21.22)
Intimacy	82.85 (17.45)
Self-esteem	33.51 (3.67)

Note: SD = standard deviation.

Table 2 compares QoL domains and facets and the level of self-esteem among older adults according to gender. A significant difference was found between the groups in the psychological ($p = 0.030$) and environmental ($p = 0.037$) domains, in the social participation facet ($p = 0.047$), and in the level of self-esteem ($p = 0.011$). It is noteworthy that women showed higher mean scores in QoL domains and facets and the level of self-esteem when compared to men.

When comparing the domains and facets of QoL and the level of self-esteem among older adults according to age group (Table 3), a significant difference was found between the groups in the physical ($p = 0.027$), psychological ($p = 0.007$), environmental ($p = 0.022$), and self-assessment ($p = 0.001$) domains, as well as in the facets of functioning of the senses ($p = 0.009$), past, present, and future activities ($p = 0.021$), social participation ($p = 0.009$), and intimacy ($p = 0.004$). It is noteworthy that older adults in the age group of 60 - 69 years had higher scores in the psychological and environmental domains and the facets of past, present, and future activities, social participation, and intimacy when compared to older adults in the age group of 70 - 79 years. Additionally, older adults in the age group of 60 - 69 years had higher scores in the physical domain compared to older adults in the older age group, while

older adults in the age group of 70 - 79 years had lower scores in the self-assessment domain compared to older adults in the age groups of 60 - 69 years and 80 years

or older. Finally, older adults aged 60 - 69 had higher scores in the functioning of the senses than older adults aged 80.

Table 2 - Comparison of quality of life domains and facets and self-esteem level among older adults by gender

Variables	Gender		p-value
	Female (n = 117)	Male (n = 31)	
Quality of life domains			
Physical	16.59 (2.76)	16.35 (2.26)	0.656
Psychological	17.22 (2.20)	16.25 (2.12)	0.030*
Social relationships	16.01 (3.05)	16.00 (3.13)	0.985
Environment	17.47 (2.49)	16.41 (2.41)	0.037*
Self-assessment	16.41 (2.84)	15.87 (2.72)	0.346
Quality of life facets			
Functioning of the senses	77.88 (18.37)	81.25 (14.06)	0.273
Autonomy	80.44 (19.34)	76.61 (21.16)	0.337
Past, present, and future activities	84.24 (13.34)	79.03 (20.19)	0.182
Social participation	86.00 (13.42)	80.44 (14.85)	0.047*
Death and dying	65.97 (21.24)	68.75 (21.34)	0.519
Intimacy	83.01 (17.44)	82.25 (17.75)	0.831
Self-esteem	33.90 (3.69)	32.03 (3.28)	0.011*

Note: *Significant difference: $p < 0.05$ - Independent t-test. Data presented as mean (standard deviation).

Table 3 - Comparison of domains and facets of quality of life and self-esteem level among older adults by age group

Variables	Age group			p-value
	60 - 69 (n = 75)	70 - 79 (n = 48)	80 or older (n = 25)	
Quality of life domains				
Physical	17.03 (2.54) ^a	15.72 (2.92)	16.61 (2.13)	0.027*
Psychological	17.53 (2.03) ^b	16.26 (2.24)	16.93 (2.33)	0.007*
Social relationships	16.16 (3.29)	15.61 (2.98)	16.32 (2.41)	0.537
Environment	17.62 (2.39) ^b	16.43 (2.71)	17.72 (2.14)	0.022*
Self-assessment	16.50 (2.92)	15.25 (2.62) ^c	17.68 (2.13)	0.001*
Quality of life facets				
Functioning of the Senses	82.66 (16.96) ^d	75.91 (17.81)	71.50 (16.24)	0.009*
Autonomy	81.58 (18.29)	75.91 (22.03)	81.00 (18.96)	0.280
Past, present, and future activities	85.83 (13.33) ^b	78.25 (17.77)	84.50 (12.64)	0.021*
Social participation	88.00 (12.23) ^b	80.20 (15.05)	84.25 (14.10)	0.009*
Death and Dying	69.00 (21.31)	62.10 (21.97)	67.75 (18.80)	0.205
Intimacy	87.00 (15.16) ^b	76.43 (18.47)	82.75 (18.77)	0.004*
Self-esteem	34.20 (3.55) ^b	32.27 (4.21)	33.84 (2.11)	0.015*

Note: *Significant difference - $p < 0.05$: one-way ANOVA followed by Tukey's post-hoc between: ^a60 - 69 with 70 - 79 and 80 or more; ^b60 - 69 with 70 - 79; ^c70 - 79 with 60 - 69 and 80 or more; ^d60 - 69 with 80 or more. Data presented as mean (standard deviation).

A significant difference was also found between age groups in the self-esteem score ($p = 0.015$), indicating that younger older adults (aged 60 to 69) had a higher self-esteem level than older adults in the 70 to 79 age group. Table 4 compares QoL domains and facets and the level of self-esteem among older adults according to monthly income.

A significant difference was found between the groups in the physical ($p = 0.002$), psychological ($p = 0.002$), social relationships ($p = 0.039$), and environmental ($p = 0.012$) domains, as well as in the death and dying facet ($p = 0.023$). Notably, older adults with a monthly income of 1 to 2 minimum wages had lower scores in the physical and environmental domains than older adults with incomes of 2.1 to 3 minimum wages and over three

minimum wages. Additionally, older adults with incomes over three minimum wages had higher scores in the psychological domain and the death and dying facet compared to older adults with lower monthly incomes (1 to 2 and 2.1 to 3 minimum wages). Lastly, older adults with a monthly income of 1 to 2 minimum wages demonstrated lower scores in social relationships than those with incomes over three minimum wages.

Table 5 compares the QoL domains and facets and the level of self-esteem among older adults according to retirement status. A significant difference was found (Table 5) between the groups only in the QoL facet of the functioning of the senses ($p = 0.012$), indicating that retired older adults ($M = 77.29$) had a lower mean compared to non-retired older adults ($M = 88.60$).

Table 4 - Comparison of domains and facets of quality of life and self-esteem levels among older adults based on monthly income

Variables	Monthly income			p-value
	1 to 2 MW (n = 82)	2.1 to 3 MW (n = 53)	More than 3 MW (n = 13)	
Quality of life domains				
Physical	15.94 (2.69) ^a	17.02 (2.58)	18.32 (1.28)	0.002*
Psychological	16.65 (2.14)	17.10 (2.21)	18.97 (1.62) ^b	0.002*
Social relationships	15.59 (3.20) ^c	16.20 (2.86)	17.84 (2.14)	0.039*
Environment	16.73 (2.58)	17.77 (2.20)	18.42 (2.56) ^a	0.012*
Self-assessment	15.97 (2.97)	16.45 (2.43)	17.69 (3.03)	0.110
Quality of life facets				
Functioning of the Senses	79.49 (17.07)	76.41 (18.61)	81.73 (16.62)	0.489
Autonomy	78.65 (16.63)	79.71 (22.99)	85.57 (23.71)	0.504
Past, present, and future activities	82.16 (12.73)	83.96 (16.91)	86.05 (21.06)	0.615
Social participation	84.22 (12.85) ^d	83.72 (15.52)	93.26 (10.66)	0.070
Death and Dying	65.70 (21.98)	64.15 (20.98)	81.73 (8.25) ^b	0.023*
Intimacy	83.23 (16.60)	81.95 (19.32)	84.13 (15.64)	0.885
Self-esteem	33.23 (3.75)	33.79 (3.79)	34.15 (2.54)	0.557

Note: *Significant difference - $p < 0.05$: one-way ANOVA followed by Tukey's post hoc test between: ^a1 to 2 MW with 2.1 to 3 MW and more than 3 MW; ^bMore than 3 MW with 1 to 2 MW and 2.1 to 3 MW; ^c1 to 2 MW with more than 3 MW. MW = minimum wage. Data presented as mean (standard deviation).

Discussion

The predominance of the higher domain of QoL in the environmental aspect among the older adults attending the social group can be attributed to various factors. Older adults often experience a socially stimulating and

positive atmosphere in such environments, providing constructive and enriching interactions.¹⁸ The presence of group activities, cultural and social programs, and the provision of pleasant and well-maintained spaces can significantly contribute to the positive perception of the environment.¹⁹

Table 5 - Comparison of quality of life domains and facets and self-esteem levels of older adults according to retirement status

Variables	Retirement		p-value
	Yes (n = 131)	No (n = 17)	
Quality of life domains			
Physical	16.57 (2.70)	16.30 (2.37)	0.696
Psychological	16.96 (2.20)	17.45 (2.32)	0.398
Social relationships	15.85 (3.05)	17.17 (2.93)	0.094
Environment	17.24 (2.50)	17.35 (2.62)	0.863
Self-assessment	16.27 (2.75)	16.47 (3.35)	0.789
Quality of life facets			
Functioning of the senses	77.29 (17.54)	88.60 (14.69)	0.012*
Autonomy	79.53 (19.96)	80.51 (18.33)	0.848
Past, present, and future activities	83.11 (15.04)	83.45 (16.07)	0.930
Social participation	84.54 (13.78)	87.13 (14.73)	0.471
Death and dying	66.79 (21.54)	64.70 (19.12)	0.704
Intimacy	82.15 (17.50)	88.23 (16.51)	0.178
Self-esteem	33.46 (3.75)	33.88 (3.10)	0.662

Note: *Significant difference: $p < 0.05$ - Independent t-test. Data presented as mean (standard deviation).

A similar result was found in the study by Sousa et al.²⁰ with Portuguese older individuals. However, in the survey by Guimarães et al.²¹ the result was quite different, with the lowest mean score in this environmental domain. In one study, the predominance of the environmental domain may reflect the quality of social interactions and the physical environment provided by the social group, which can promote a sense of belonging, security, and comfort for the older adults participating. On the other hand, in another study, the low score in this domain may be influenced by different social and physical environment characteristics, such as the lack of adequate infrastructure, the absence of stimulating activities, or unfavorable environmental conditions.

Additionally, constant interaction with peers in a favorable social context can create a sense of belonging and community, positively influencing the older adults' view of their surroundings. Access to resources and the opportunity to participate in environment-related activities, such as outdoor outings, gardening, and cultural events, can enhance the older adults' experience, reflecting a more positive evaluation of the environmental domain of QoL.²²

The prominence of the psychological domain of QoL with a high score among older adults attending the

group can be justified by regular social interactions in social groups. These interactions create an environment that favors emotional support and the building of positive interpersonal relationships.²³ These social connections, in turn, play a fundamental role in strengthening mental health, reducing isolation, and stimulating a support network.²⁴

Additionally, participation in activities and programs in the social group offers opportunities for expression of feelings, sharing experiences, and acquiring new knowledge, promoting a sense of achievement and belonging.²⁵ The feeling of belonging to an active and engaged group can positively influence older adults' self-esteem, self-confidence, and psychological resilience.

Analyzing the results of the WHOQOL-OLD, we found that the highest score was found in the social participation facet of QoL. A different result was found in the study by Souza Jr et al.,²⁶ in which the social participation domain obtained one of the lowest means. Active social participation in groups offers significant opportunities for regular social interactions, essential for promoting social bonds, a sense of belonging, and emotional support.²⁷ In the group, older adults can share experiences, establish positive interpersonal relationships, and build a support network, contributing

directly to QoL.²⁸ Belonging to an active and engaged community can positively influence self-esteem, self-confidence, and overall life satisfaction.

Furthermore, social participation is associated with maintaining mental and emotional health, reducing the likelihood of social isolation and loneliness. Regular interaction in social groups can stimulate emotional support, promoting a sense of connection and purpose in older adults' lives.²⁴

We found that older adults presented a satisfactory level of self-esteem, corroborating the study by Souza Jr et al.²⁶ Regular participation in social groups provides opportunities for positive social interactions, significantly contributing to self-esteem.²⁹ Sharing experiences, peer support, and belonging to an active community positively influence the individual perception of value and self-acceptance.³⁰

Moreover, participation in diverse activities, such as continuous learning, social practices, and physical exercises, which often occur in the group, can contribute to a sense of personal fulfillment, an essential aspect in constructing and maintaining self-esteem. Additionally, creating a social environment that values the contribution and experience of older adults, promoting mutual respect and recognition, plays a fundamental role in stimulating self-esteem.³¹

The finding that older women attending the social group presented higher levels of QoL in all domains and facets and a higher level of self-esteem can be attributed to several factors. Women often demonstrate a natural propensity to actively participate in social groups, favoring the construction of a robust support network.²³ This frequent involvement provides positive social interactions, sharing of experiences, and an environment of emotional support, contributing to the perception of higher QoL. Additionally, women's ability to express emotions and establish emotional bonds can create a climate conducive to strengthening self-esteem. Active participation in diverse activities in social groups, combined with emotional expression and social support, highlights the positive impact of these interactions on promoting the overall well-being of older women, reflected in QoL and self-esteem indicators.³²

Younger older adults showed higher QoL in the physical, psychological, environmental, and self-assessment domains, and in the facets of past, present, and future activities, social participation, functioning of the senses, and intimacy compared to older ones. Firstly, younger

older adults may benefit from a generally more robust physical condition, contributing to better performance in the physical domains of QoL.³³ Additionally, the psychological aspect may be influenced by the greater dynamism, adaptability, and resilience often associated with a younger age group.³⁴ Younger older adults may seek stimulating environments in the environmental domain, contributing to a more positive perception. The high self-assessment of QoL can also be attributed to a more positive attitude toward one's health and well-being among younger and older adults. In specific facets, such as past, present, and future activities, social participation, functioning of the senses, and intimacy, the difference may reflect the willingness of younger older adults to explore, engage socially, and maintain an optimistic outlook towards the future.³²

Younger older adults also showed higher self-esteem than older ones. Therefore, it is noteworthy that younger age is often associated with greater vitality, energy, and adaptability, which can contribute to a more positive self-image.³⁵ In addition, younger older adults may be in life stages where recent challenges and accomplishments still significantly impact self-worth perception. The willingness to actively participate in activities, social involvement, and the pursuit of new experiences, characteristics often associated with younger older adults, also promote self-esteem.¹⁷ Constructively dealing with changes and facing challenges can contribute to a more robust self-image. In contrast, older adults may face specific challenges related to health, loss of loved ones, and adaptation to physical changes, which can negatively influence self-esteem.³⁶ Thus, the difference in self-esteem levels between younger and older adults reflects the complexity of experiences throughout their lifespan and how these experiences shape individual perceptions of self-worth and self-esteem.

Furthermore, we found that older adults with lower monthly income had lower QoL in the physical, environmental, and social relationship domains and the death and dying facet when compared to older adults with higher income. This can be attributed to socioeconomic disparities that directly impact well-being.⁵ Physically, lower income may limit access to medical care, physical activities, and healthy food, negatively influencing the physical domain of QoL. In the environmental domain, lower income may imply unfavorable housing conditions, limited access to leisure spaces, and less conducive environments to well-being,

impacting the overall perception of QoL.³⁷ Regarding social relationships, lower income may result in less participation in social and cultural activities, negatively affecting the quality of social interactions.³⁸ The death and dying facet may reflect concerns about financial security in critical health situations, which may be more pronounced in older adults with lower income.³⁹ Thus, the disparity in QoL scores among older adults of different income levels highlights the direct influence of socioeconomic conditions on individual perceptions of well-being and QoL.

Finally, our results indicated that retired older adults had lower QoL in the functioning of the senses facet compared to older adults who were not retired. The transition to retirement is often related to changes in daily routines, reduced work activities, and a possible decrease in sensory stimulation.⁴⁰ Older adults who are not retired may continue to enjoy a more active life, participating in work-related or voluntary activities that involve constant use of the senses.⁴¹ On the other hand, retirees may face a transition to a more sedentary lifestyle, which can negatively affect sensory stimulation and functioning.

Additionally, retirement can bring about psychosocial changes, such as loss of professional identity and reduced social interactions in the workplace, which can influence the perception of QoL in the functioning of the senses facet. The lack of varied sensory stimuli can contribute to a decrease in satisfaction in this specific domain.²⁰

Despite these significant findings, this study has limitations. One limitation is the possibility of selection bias, as group participants may not adequately represent the entire older adult population, especially those who do not participate in group activities. Additionally, self-assessment of QoL and self-esteem can be influenced by various factors, such as momentary emotional state, response bias, and individual variations in interpreting the questionnaire items used. Furthermore, it is essential to consider that perceptions of QoL and self-esteem may be influenced by other factors not investigated in the study, such as specific health conditions, family support, and past life experiences. These limitations underscore the need for caution when interpreting the results and suggest the importance of longitudinal and more comprehensive studies for a more complete understanding of these constructs in older adults attending social groups.

Conclusion

Based on the presented results, it is concluded that older adults participating in social groups demonstrated satisfactory averages in the domains and facets of QoL, and their level of self-esteem was considered adequate. However, more detailed analyses revealed significant differences concerning gender, age group, monthly income, and retirement status. Women and older adults showed higher scores in various aspects of QoL and self-esteem, while those with higher incomes tended to have better scores in specific domains. Additionally, retirees exhibited lower scores in terms of sensory functioning.

These findings underscore the importance of individualized approaches when addressing QoL and self-esteem in the older adult population, considering personal characteristics and socioeconomic and demographic contexts. Future interventions and policies targeting this group should consider these different profiles to promote well-being effectively.

Authors' contributions

All authors were responsible for the study conception, analysis and interpretation of data, writing and review of the manuscript, and approval of the final version.

References

1. Macena WG, Hermano OL, Costa TC. Alterações fisiológicas de correntes do envelhecimento. *Mosaicum*. 2018;27(14):223-38. DOI
2. Sales AKCL, Pinheiro AS, Gonçalves ACT, Silva AC, Silva JNC, Evangelista JSO, et al. Viver bem na melhor idade: buscando a qualidade de vida da pessoa idosa. *Rev Interfaces*. 2019;7(1): 226-30. Link
3. Siebra KLAB, Arraes JCC, Santos DB, Nascimento CH, Leandro IVA, Basílio CAS, et al. Promovendo saúde: um elo de cuidados no tratamento não medicamentoso de doenças crônicas na terceira idade. *Rev Interfaces*. 2019;7(1):250-4. Link
4. Valero CNA, Meira TFG, Assumpção D, Neri AL. Significados de ser feliz na velhice e qualidade de vida percebida segundo idosos brasileiros. *Rev Bras Geriatr Gerontol*. 2021;24(2):e200298. DOI

5. Silva MR, Rodrigues LR. Connections and interlocations between self-image, self-esteem, active sexuality, and quality of life in aging. *Rev Bras Enferm.* 2020;73(Suppl 3):e20190592. DOI
6. Freitas FFQ, Soares SM. Clinical-functional vulnerability index and the dimensions of functionality in the elderly person. *Rev Rene.* 2019;20:e39746. DOI
7. Menezes GRS, Silva AS, Silvério LC, Medeiros ACT. Impacto da atividade física na qualidade de vida de idosos: uma revisão integrativa. *Braz J Hea Rev.* 2020;3(2):2490-8. DOI
8. Inayati A, Lee BO, Wang RH, Chen SY, Hsu HC, Lu CH, et al. Determinants of fear of falling in older adults with diabetes. *Geriatr Nurs.* 2022;46:7-12. DOI
9. Pinto MXR, Reis LA, Santana ES, Reis LA. Sexualidade e envelhecimento: a percepção de idosos participantes de grupo de convivência. *Fisioter Bras.* 2019;20(1):43-9. DOI
10. Mascarello IF, Rangel KB, Baptistini RA. Impacto de grupos de convivência na funcionalidade e qualidade de vida do idoso. *Cad Camilliani.* 2020;17(4):2498-515. Link
11. Gomes IS, Mafra SCT. As práticas dos centros comunitários para idosos e a promoção do envelhecimento ativo: uma revisão sistemática. *Serv Soc Rev.* 2020;23(1):24-40. DOI
12. Folstein MF, Folstein SE, McHugh PR. "Mini-mental state". A practical method for grading the cognitive state of patients for the clinician. *J Psychiatr Res.* 1975;12(3):189-98. DOI
13. Brucki SMD, Nitirini R, Caramelli P, Bertolucci PHF, Okamoto IH. Sugestões para o uso do mini exame do estado mental no Brasil. *Arq Neuropsiquiatr.* 2003;61(3B):777-81. DOI
14. Fleck MPA, Louzada S, Xavier M, Chachamovich E, Vieira G, Santos L, et al. Aplicação da versão em português do instrumento WHOQOL-bref. *Rev Saude Publica.* 2000;34(2):178-83. DOI
15. Fleck MPA, Chachamovich E, Trentini CM. Projeto WHOQOL-OLD: método e resultados de grupos focais no Brasil. *Rev Saude Publica.* 2003;37(6):793-9. DOI
16. Hutz CS, Zanon C. Revisão da adaptação, validação e normatização da escala de autoestima de Rosenberg. *Aval Psicol.* 2011;10(1):41-9. Link
17. Haukoos JS, Lewis RJ. Advanced statistics: bootstrapping confidence intervals for statistics with "difficult" distributions. *Acad Emerg Med.* 2005;12(4):360-5. DOI
18. China DL, Frank IM, Silva JB, Almeida EB, TBL Silva. Envelhecimento ativo e fatores associados. *Rev Kairós.* 2021;24(29):141-56. Link
19. Almeida VR, Serapião LBFA. Envelhecimento e qualidade de vida de idosos nos grupos de convivência. *Rev Psicoatual.* 2021;1(1):7-18. Link
20. Sousa FJD, Oliveira CR, Pinto AM, Rodrigues V, Gonçalves LHT, Gamba MA. Qualidade de vida de idosos brasileiros e portugueses: uma análise comparativa. *Rev Cuid.* 2021;12(1):e1230. DOI
21. Guimarães EV, Silva HPR, Basile R. Avaliação da qualidade de vida e relação com o nível de atividade física em idosos utilizando os questionários WHOQOL-bref e IPAQ. *Cad Unifoa.* 2020;15(43):133-41. DOI
22. Ribeiro MPS, Carvalho KD. Envelhecimento ativo, qualidade de vida e turismo: o olhar de um grupo de idosos do município de São Bernardo, Maranhão. *Tur Soc.* 2020;13(1):65-83. DOI
23. Oliveira MA, Ribeiro HF, Costa NP. Qualidade de vida de idosos amazônicos que participam de um grupo de convivência. *Enferm Foco.* 2019;10(3):58-63. Link
24. Oliveira DV, Souza JFQ, Granja CTL, Antunes MD, Nascimento Jr JRA. Satisfação com a vida e atitudes em relação à velhice de idosos frequentadores de centros de convivência em função do nível de atividade física. *Rev Psicol Saude.* 2020;12(1):49-60. DOI
25. Leles TS, Carlos MM, Paulin GST. Influência de grupos de promoção de saúde no envelhecimento de idosos. *Rev Interinst Bras Ter Ocup.* 2018;2(2):305-18. DOI
26. Souza Jr EV, Cruz DP, Siqueira LR, Rosa RS, Silva CS, Biondo CS, et al. A autoestima está associada à qualidade de vida da pessoa idosa? *Rev Bras Enferm.* 2022;75(Suppl 4): e20210388. DOI
27. Meneses KF, Aguiar ACSA, Martins LA. Concepção de pessoas idosas sobre grupos de convivência. *Rev Pesqui.* 2021;13:123-9. DOI

28. Freitas V, Melo CC, Leopoldino A, Boletini T, Noce F. Influência do nível de atividade física e da mobilidade sobre o estresse emocional em idosos comunitários. *Rev Psicol Deport.* 2018;27(4):75-81. [Link](#)
29. Araújo ICD, Toretto GS, Toledo TAC, Oliveira MJ, Ferreira AD, Oliveira WGA. Perfil sociodemográfico e qualidade de vida de idosos de um centro de referência do idoso do Oeste Paulista. *Colloq Vitae.* 2019;11(1):17-23. [Link](#)
30. Fernandes MH, Soares V, Gomes IS, Almeida GF, Teixeira Jr J, Prado JA, et al. Qualidade de vida em idosos em um centro de convivência da cidade de Anápolis-GO. *Movimenta.* 2019;12(1):66-72. [Link](#)
31. Guerra SS, Aguiar ACSA, Santos ES, Martins LA. Experiências de pessoas idosas que participam de grupos de convivência. *Rev Pesq Cuidado Fundament.* 2020;12(1):263-8. [Link](#)
32. Silva RA, Brasil SS, Moraes AA, Figueiredo NMA, Sé ACS, Silva ASS, et al. Qualidade de vida de idosos atendidos em centro de lazer: estudo transversal. *Enferm Foco.* 2019;10(4):79-86. [Link](#)
33. Wollmann PGA, Coelho SA, Boaventura LG, Murici BG, D'Oliveira GDF, Melo GF. Associação entre a autopercepção do envelhecimento e a autopercepção da saúde. *Estud Interdiscipl Envelhec.* 2018;23(3):95-100. [Link](#)
34. Brasil CHG, Maia LC, Caldeira AP, Brito MFSF, Pinho L. Autopercepção positiva de saúde entre idosos não longevos e longevos e fatores associados. *Cienc Saude Coletiva.* 2021;26(Suppl 3):5157-70. [DOI](#)
35. Bergman YS. Ageism and psychological distress in older adults: The moderating role of self-esteem and body image. *J Appl Gerontol.* 2022;41(3):836-41. [DOI](#)
36. Rocha FC, Peixoto Neto NP, Andrade GF, Carneiro JA, Costa FM. Fatores associados à piora da autopercepção de saúde em idosos: estudo longitudinal. *Rev Bras Geriatr Gerontol.* 2021;24(4):e210213. [DOI](#)
37. Amancio TG, Oliveira MLC, Amancio VS. Fatores que interferem na condição de vulnerabilidade do idoso. *Rev Bras Geriatr Gerontol.* 2019;22(2):e180159. [DOI](#)
38. Reis MGM, Casas-Novas MV, Serra I, Magalhães MDDC, Sousa LMM. Importância de um programa formativo sobre envelhecimento ativo na perspectiva das pessoas idosas. *Rev Bras Enferm.* 2021;74(Suppl 2):e20190843. [DOI](#)
39. Azevedo SF, Silva GS, Silva EC, Reis MKC, Andrade RD, Santos PP, et al. Percepção da autoestima e autoimagem de idosos praticantes e não praticantes do método Pilates. *Fiep Bull.* 2023;93(1):358-68. [DOI](#)
40. Marques SC, Soler ZASG. Aposentadoria com melhor qualidade de vida no Brasil: evidências em artigos empíricos e de revisão da literatura. *Enferm Bras.* 2021;20(6):838-64. [DOI](#)
41. Scremin M, Almeida PR, Palma KAXA, Alencastro POR. Impacto da aposentadoria no cotidianos dos servidores públicos federal. *Rev Interinst Bras Ter Ocup.* 2018;2(3):524-41. [DOI](#)