

UNVEILING THE QUALITY OF LIFE OF OLDER ADULTS

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ABSTRACT

Numerous studies emphasize that quality of life in older adults is a multidimensional concept influenced by factors such as physical health, social engagement, and access to supportive community programs, all of which are essential for promoting active and meaningful aging. This study explores the quality of life of older adults, particularly their physical and social well-being, in relation to their participation in community programs. Using a descriptive qualitative design, data were gathered through an in-depth interview with 16 older adults aged 65 and above in Barangay Vista Alegre, Bayombong, Nueva Vizcaya. The results reveal that free health check-ups, vitamins and medications, and community-led physical activities contribute to the physical well-being of older adults. However, challenges such as mobility issues and inadequate access to healthcare hinder participation. Meanwhile, civic membership, particularly in senior citizen organizations, provides financial and emotional support. This study highlights the importance of developing sustainable, accessible community programs that meet the needs of older adults. Recommendations are provided for policymakers, the nursing academe, and local government units to improve senior-focused initiatives.

Keywords: Aging, community program, participation barriers, physical health, social well-being

INTRODUCTION

The aging of the world's population poses a serious challenge to social policy and public health. In the Philippines, this tendency is becoming noticeable, with the number of residents aged 60 and over rising from 7.53 million in 2015 to 9.22 million in 2020 (PSA, 2023). By 2025, this number is expected to have increased to nearly 10% of the country's population (NSCB, 2012). This growth highlights the shortcomings of current systems in meeting the complex requirements of older persons, even as it reflects advancements in healthcare and life expectancy. These encompass not only access to healthcare but also the opportunity to live a dignified and purposeful life, social engagement, emotional support, and financial security.

In older adults, quality of life (QoL) is a multifaceted concept encompassing environmental factors, social interactions, psychological well-being, and physical health (WHO, 1995). In this regard, community activities have come to be seen as an essential tool for helping older people. These initiatives frequently aim to improve social integration, advance health, and reduce the constraints associated with aging. However, the majority of current research examines these programs separately, focusing on either social participation outcomes (Chaskin, 2001) or physical health benefits (Yen & Lin, 2018), without taking a comprehensive view of how these factors interact and affect older individuals' overall quality of life.

Recent research reveals enduring contradictions and limitations, despite significant studies such as those by Kawachi and Berkman (2003) that emphasize the crucial importance of social capital and community structures for health outcomes. For instance, Naoko et al. (2010) criticize community-based interventions for failing to address more profound and long-term needs, including managing chronic diseases and providing long-term psychological support, while acknowledging their beneficial impacts on physical activity and social engagement. The concern is heightened by Kelly and Sheidlower (2025), who show that, despite current welfare regulations, many older persons remain financially vulnerable due to frequent shortcomings in

government and social assistance programs.

Despite community programs being widely implemented and frequently praised for their immediate effects, little is known about their long-term efficacy and overall contribution to quality of life, particularly in lower-middle-income nations like the Philippines. These findings highlight a crucial gap in the literature. Additionally, households are under significant stress due to the prevailing cultural expectation that families provide care, often without sufficient institutional support (De Leon, 2014). This raises important questions about the inclusivity and sustainability of community-based senior care.

Local government agencies in the Philippine province of Nueva Vizcaya have implemented a range of programs to improve the welfare of older people, from social engagement projects to financial aid (Magday, 2023; Ebreo, 2024). Although these initiatives illustrate regional reactions to national policy directives such as the Senior Citizens Welfare Act (RA 7432), their actual influence on the quality of life of the elderly remains inadequately examined in the research literature. This regional disparity is indicative of a larger problem: the dearth of empirical research critically assessing the relationship between older Filipinos' holistic well-being and program participation.

This study addresses a crucial research problem: What is the quality of life of older adults, specifically in terms of physical and social well-being? While previous research has isolated components of elderly care, few have synthesized them into a comprehensive framework for QoL. This study builds on WHO's (2002) Active Aging Framework, focusing on the domains of physical well-being, the ability to maintain health and functional independence, and social well-being, the extent of meaningful relationships and community participation. The purpose of this study was to fill existing knowledge gaps, offer data-driven insights to policymakers, and suggest better integrated approaches to elder care by critically examining how community activities in Nueva Vizcaya affect these two aspects.

METHODOLOGY

This study used a qualitative descriptive design to further explore the influence of community programs on the quality of life of older adults. This method enabled an in-depth understanding of the participants' lived experiences and perceptions within their cultural and social conditions.

The research was conducted in Barangay Vista Alegre, Bayombong, Nueva Vizcaya. This community has a population of 4,347, including 351 older adults. This area was selected due to its population size and description, informal and formal settlers, who encouraged the researchers to explore the presence of established senior citizen programs by the Office for the Senior Citizen Affairs, which includes the following:

1. Domestic Transportation (discount)
2. Elderly Week Celebration
3. Provision of meals during Social Pension Payout and Unconditional Cash Transfer (UCT) to the senior Citizen
4. Free medical and dental services
5. Free Vaccinations
6. Burial Assistance for Senior Citizen
7. Training on Food Processing for Senior Citizens
8. Assistance to Senior Citizen
9. Provision of Livelihood for the Elderly

10. Issuance of Senior Citizen I.D., Medicine Booklets, and Grocery Booklets

A typical case sampling approach was used to recruit 16 older adults aged 65 and above who had lived in the barangay for at least 1 year, were functionally capable, unemployed, and actively involved in community programs. A master list of senior citizens was accessed with the barangay officials' permission, and data saturation was achieved at the 16th participant.

Table 1

List of Participants

Name	Gender	Age	Years of Residency
OA 1	Male	65	36
OA 2	Female	74	74
OA 3	Female	73	53
OA 4	Female	70	45
OA 5	Male	68	33
OA 6	Female	73	40
OA 7	Male	89	50
OA 8	Male	74	47
OA 9	Female	70	70
OA 10	Female	68	50
OA 11	Male	68	68
OA 12	Female	76	69
OA 13	Male	69	69
OA 14	Female	72	20
OA 15	Female	68	38
OA 16	Female	72	25

Exclusion criteria included physical and neurological impairments that limited older adults' participation in community programs. The withdrawal criteria included the participants who were ill or had passed away before the participant confirmation. The researchers recruited participants ethically and respectfully through community engagement and home visits, with informed consent obtained. The researchers ensured that older adults participated voluntarily. Clearly, they communicated the study's purpose in both Filipino and Ilocano, accommodating participants' preferences for family involvement.

While developing 11 sensitive, open-ended interview questions, the researchers ensured they were specifically aligned with Filipino older adults' experiences with community programs. A panel and a Filipino language expert, to ensure accuracy and appropriateness, reviewed the questions. For the data-gathering procedure, following ethical approval from Saint Mary's University Research Ethics Board (SMUREB) and permission from the barangay captain, the researchers conducted face-to-face interviews in Barangay Vista Alegre from September to

October 2024. Informed consent and permission from each participant were obtained to allow the researchers to record the whole conversation, ensuring their privacy and confidentiality. A protocol-guided interview lasted 30 minutes and was held at the participants' preferred locations. The researchers established rapport before the interview began, and each session included demographic profiling and open-ended questioning. Participants were given snacks as a token of appreciation for their participation. After the data collection, their responses were verified through follow-up visits.

In the treatment of data, the researchers analyzed the data by using Braun and Clarke's six-phase thematic analysis: First, familiarization with the interview transcripts through repeated readings. Second, they conducted initial coding by identifying meaningful data that aligned with the study's goals. Third, theme generation represents participants' shared experiences. In the fourth phase, they reviewed the themes for clarity and consistency to ensure they accurately reflected the data. Fifth, they defined and named each theme, giving them clear and meaningful labels. Lastly, the themes were synthesized into a final report, supported by direct participant quotes to illustrate the key findings. This method enabled the researchers to systematically identify complex patterns in older adults' experiences with community programs.

This qualitative study emphasized trustworthiness, which ensured the quality and integrity of its findings. Through credibility—careful documentation of each step process in detail—confirmed the themes were well-grounded in the data. Transferability was ensured by providing detailed contextual information to allow others to judge if the findings could apply to similar settings. Confirmability was addressed by ensuring that the results stemmed directly from participants' responses rather than from the researcher's bias. The researchers also collaborated closely with their adviser to maintain alignment with research objectives. Dependability involved re-coding where segments of data were coded at different times, leading to consistent results and reinforcing the reliability of the analysis. Lastly, reflexivity was practiced throughout the study to minimize researcher bias. Through journaling, peer discussions, and guidance from their adviser, the researchers critically reflected on their own assumptions and influence, ensuring transparency and integrity in data interpretation.

The study was submitted for ethics review in Saint Mary's University Research Ethics Board (SMUREB) in John Van Bauwel Hall. As per the conflict of interest policy, the researchers declared no conflicts of interest, including financial, personal, or institutional interests that could compromise the integrity of the study. Strict confidentiality protocols were followed. Data was anonymized, securely stored, and accessible only to the research team. Since the participants were 65 and older, the researchers ensured older adults were protected from undue influence. Consent was obtained directly from them after explaining all their rights as participants. The interviews were conducted confidentially and with respect to their autonomy and dignity. Risks (discomfort and tiredness) were minimized, and benefits such as a sense of purpose and dignity were achieved. It also includes social engagement and contributions to geriatric knowledge and community program development. Informed consent procedures were conducted with clarity, ensuring participants were fully informed and able to decline or withdraw at any time.

Saint Mary's University owns the study, while the researchers are credited as authors. Findings were shared with the participants and stored in the university library for future use. A brochure containing key insights from the study was created and distributed to participants, the study population, and the Office for Senior Citizens Affairs-Vista Alegre. Upon sharing the brochure with the participants and OSCA, the researchers highlighted the importance of support services for older adults. They demonstrated a commitment to improving their quality of life.

RESULTS AND DISCUSSION

Results

This section presents the findings based on the two major themes: Physical Well-being and Social Well-being of older adults, as expressed in their experiences and perspectives during in-depth interviews. The analysis was based on responses from 16 participants, all of whom were older adults residing in Barangay Vista Alegre and met the study's inclusion criteria. Their insights reveal how access to services, personal choices, and social involvement shape their quality of life. The results are presented in alignment with the research questions and are organized by theme and sub-theme.

Theme 1: Physical Well-being - Health Sustenance

a. Access to Preventive Healthcare Services

Twelve out of the sixteen participants reported consistently availing themselves of free services offered by the Barangay health center, including health check-ups and vitamin supplementation. This high level of participation suggests a strong awareness and utilization of preventive healthcare services among older adults in the community. Participants expressed appreciation for these services, especially because they help lessen out-of-pocket healthcare costs.

b. Engagement in Physical Activities

Eight participants reported regular physical activity, which they considered essential for maintaining mobility and energy. Common activities included Zumba exercises at the Barangay covered court and gardening. These physical engagements were seen not only as a means of keeping their bodies active but also as opportunities for social interaction with neighbors and friends, which added to their motivation and enjoyment.

c. Impact of Community Programs on Well-Being

A majority of participants acknowledged the value of Barangay-initiated health programs in promoting their overall well-being. Health check-ups and vitamin distribution were often mentioned as vital components of their wellness routines. Many considered these services as extensions of family care, reinforcing their sense of security and community belonging.

d. Challenges in Sustaining Physical Well-being

Some participants, particularly those with mobility issues (e.g., knee pain, arthritis), reported difficulty participating in physical activities. Additionally, long-term medication access was inconsistent, with a few respondents stating that they rarely receive maintenance medications from the Barangay.

Theme 2: Social Well-being - Membership in Civic Organization

a. Motivations for Joining Civic Organizations

Out of the 16 participants, 11 reported active membership in the Senior Citizens' organization. Their reasons for joining varied but centered around the benefits of financial assistance, such as burial aid and discounts, as well as the emotional support and solidarity these groups offered.

b. *Types of Civic Involvement*

Participants were involved in organizations such as Abot Palad, Lallakay Babbaket Laeng, and religious groups, with activities ranging from festive dancing to community service. Only 1 participant reported no civic involvement, citing family and work responsibilities.

c. *Impact of civic membership on well-being*

Participants described their civic involvement as a vital contributor to their well-being. Being part of these groups gave them a renewed sense of purpose. They shared how regular meetings, group celebrations, and shared responsibilities lessened their feelings of loneliness and made them feel needed and respected in the community. These experiences created a sense of continuity in their identity. They affirmed their place in society, thereby enhancing their overall quality of life.

Discussion

The findings of this study demonstrate that access to preventive healthcare, regular physical activity, and active community participation significantly contribute to the quality of life (QoL) of older adults in Barangay Vista Alegre. These results align with the principles outlined in the World Health Organization's *Active Aging Framework* (2002), which promotes the optimization of opportunities for health, participation, and security to enhance quality of life as people age.

The consistent use of Barangay-led health services—such as check-ups and free vitamins—reflects a strong community-based approach to aging. These services not only reduce financial strain but also foster a sense of safety and inclusion. The importance of maintaining mobility and physical fitness was strongly evident in the accounts of those who engaged in activities such as Zumba and gardening. These findings mirror previous studies (e.g., Pahor et al., 2014) that emphasize the need for structured, accessible physical activities tailored to seniors, especially those with functional limitations. However, the lack of long-term medication access and challenges among participants with mobility issues highlight a need for more inclusive and sustainable health programs that can reach the most vulnerable older adults.

Social well-being was another major contributor to participants' overall quality of life. Membership in civic organizations, such as senior citizen groups or religious associations, created opportunities for meaningful interaction, emotional support, and a sense of belonging. Financial incentives served as a practical motivator, in line with Yen and Lin's (2018) findings on the impact of economic benefits on senior engagement. More importantly, participation in these groups provided a psychological buffer against loneliness and strengthened self-identity in old age, consistent with Van Leeuwen et al. (2019), who emphasized the psychological and emotional benefits of community integration in older adults.

However, disparities in participation remain evident. Older adults who still bear caregiving or income-generating responsibilities, or those who lack interest, may be excluded from such organizations, revealing gaps in accessibility and outreach. These differences suggest that engagement strategies must be diversified to include not just the willing and able, but also those who are hesitant or constrained by personal circumstances.

While the study is limited by its small sample size and focus on a single geographic area, the rich qualitative data offer valuable insights into the lived experiences of aging in a community-based setting. The participants' voices illuminate the practical intersections of health access, physical engagement, and social connectedness, providing a deeper understanding of how aging individuals adapt and thrive within their local environment.

A key strength of this research is its integrated view of aging—considering both physical health and social participation—and how these elements interact to influence older adults' quality of life. By situating the findings within existing theoretical and empirical frameworks, this study contributes to the growing call for holistic, community-based approaches to elder care. Future initiatives should aim to address barriers in access and inclusivity while expanding supportive structures that empower older adults to lead active, connected, and fulfilling lives.

CONCLUSION AND RECOMMENDATIONS

Conclusion

The study's findings indicate that both their physical and social well-being significantly influence the quality of life of older adults. Access to free health services and vitamins contributes to a sense of health security. At the same time, community-based activities such as Zumba and gardening promote physical wellness in alignment with the World Health Organization's Active Aging Framework. Furthermore, involvement in senior citizen organizations provides valuable financial and emotional support. However, the research also reveals disparities in program accessibility, particularly for individuals with mobility issues or chronic health conditions. This underscores the need for more inclusive and adaptable community health initiatives, such as low-impact and home-based wellness options. From a nursing standpoint, there is a clear imperative to develop and evaluate health programs, advocate for inclusive policies, and ensure equitable access to services. Ultimately, the findings support the formulation of tailored, accessible community programs that address diverse needs and promote active, meaningful engagement among all older adults, regardless of their physical or financial limitations.

Recommendations

In light of the findings and conclusions, the following recommendations aim to enhance the quality of life for older adults. Future research should broaden its focus to include factors such as mental health, economic stability, and technological literacy, and investigate the long-term effects of community program participation to support sustainable interventions. The Office of the Senior Citizens Affairs (OSCA) is encouraged to increase awareness and motivate seniors to engage more actively in community activities, thereby improving their sense of belonging and well-being. Barangay Local Government Units (LGUs) should establish dedicated senior centers that provide safe spaces for socialization and physical activity, and promote volunteer opportunities to empower older adults to contribute meaningfully to their communities. Lastly, educational institutions should integrate holistic care training into their curricula and strengthen partnerships with senior care facilities to better prepare future healthcare professionals for the complexities of elderly care.

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