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QUALITY OF LIFE OF OLDER ADULTS LIVING ALONE IN A MUNICIPALITY IN QUEZON PROVINCE

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ABSTRACT
This study focuses on the quality of life of older adults aged 68 to 88 years old who live alone without family support. The research examined their mental resilience and physical well-being through seven dimensions of wellness: physical, emotional, intellectual, social, spiritual, environmental, and occupational well-being. Using a qualitative approach with a non-probability sampling method, the study selected 20 older adults from Quezon Province. Data was collected through semi-structured interviews and analyzed using thematic analysis. Findings revealed that this group of population has diverse experiences of living alone that vary from positive and challenging effects on the different dimensions of wellness and on their quality of life. Likewise, the study identified emerging themes in terms of influencing factors on living alone, namely: Self-Reliance and productivity, Challenges in performing activities in daily living, Being Emotionally Resilient, Adaptable, and Having the Ability to Maintain a Sense of Purpose despite Life's Challenges, Maintaining Social Support and Connections with others, Finding Purpose and Relationship with others, Strengthened Spirituality in Navigating Life's Challenges, Maintaining Positive Environment, Financial and Economic Security. These results were instrumental in creating a proposed wellness program titled "S.O.L.O. - Suporta at Programa para magbigay ng Oportunidad sa mga Lolo at Lola tungo sa Maayos na Kalidad ng Buhay para sa Organisadong Pamumuhay" to address the diverse needs of the older adults living alone.
KEYWORDS: *Older Adults Living Alone, Quality of Life, Wellness Program*

INTRODUCTION

The quality of life (QoL) among older adults is a multifaceted concept encompassing physical health, psychological well-being, social connections, and active engagement within their communities. Older adults value their health and autonomy, as they aspire to live with dignity, maintain independence, and engage in meaningful activities. However, challenges such as social isolation, reduced mobility, and limited social support significantly impact their well-being, specifically for those who live alone or without family support. In addition, maintaining close relationships, engaging in spiritual practices, and finding peace and purpose are critical for their overall quality of life (Van Leeuwen, 2019).

The aging population is expanding rapidly. By 2030, one in six individuals worldwide will be aged 60 or older, and by 2050, this demographic is expected to surpass 2.1 billion (United Nations, 2020; WHO, 2021). In the Philippines, this global trend is mirrored by a significant rise in the older adult population, with over 9.22 million individuals aged 65 and above recorded in 2020 (Philippine Statistics Authority, 2020). Projections indicate that the Philippines will become an aging society by 2030, underscoring the need for innovative policies and tailored approaches to address the unique needs of this growing demographic (Villanueva, 2024) that necessitate holistic interventions, as aging is often perceived as a factor contributing to reduced quality of life due to increased risks of physical and functional decline (Brett et al., 2018).

Traditionally, Filipino culture emphasizes multi-generational living arrangements where older adults live with their adult children and maintain significant roles in household 2 decision-making. Filipino culture deeply values older adults, often viewing them as treasures of the family and society. However, the increasing number of older adults living alone or experiencing abandonment underscores the urgency of addressing their needs. This shift on family dynamics and the increasing number of older adult abandonment raises concerns about the health and well-being of older adults. In fact, nearly 10 percent of older Filipinos are living alone (Francisco et al., 2023; Castillo et al., 2022), brought about by the loss of spouses, friends, and traditional family structures that can leave them feeling disconnected and undervalued (Bao et al., 2017), highlighting the need for community-based interventions to address the challenges of living independently (Fajardo, 2024).
For more than a decade, the Philippine government has recognized the significant role of older adults in society, implementing Republic Act No. 9994 or the Expanded Senior Citizens Act of 2010. This law aims to improve the quality of life for senior citizens, including those living independently, by addressing their medical needs promptly and promoting better health outcomes. Complementing these

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efforts, the World Health Organization (2022), through the United Nations Decade of Healthy Ageing (2021–2030), calls for "concerted, catalytic, and collaborative action" to improve the lives of older people, their families, and their communities by fostering environments that enhance their abilities. These initiatives are aligned with global efforts to reduce health inequities and create inclusive communities, as well as the sustainable development goal number 3 (SDG 3), to promote good health and well being in the aging population.

But, despite the global and local recognition of the challenges faced by older adults, there remains insufficient data in the Philippines, particularly concerning older adults who live alone, in particular in Quezon Province. To address this gap, this study is conducted in a municipality in Quezon Province to explore the unique challenges and opportunities faced by this population. This research aimed to contribute to the understanding of older adults' quality of life in the Philippine context and provide insights for healthcare professionals, policymakers, and community leaders. It is also the desire of the researchers to come up with a valuable and evidence-based output to enhance the quality of life of older adults particularly those who are living.

Statement of the Problem

The study aims to determine the Quality of life of Older Adults living alone in a Municipality in Quezon Province. Specifically, this study sought answers to the following questions:

1. How do older adults describe their experiences living alone?
2. How do older adults describe their quality of life as regards to living alone?
3. What are the perceived factors that influence the quality of life of the older adults living alone?
4. Based on the findings of the study, what Wellness Program can be developed to help the older adults cope with living alone?

Assumptions

1. The older adults who are living alone have varied experiences.
2. The quality of life of the older adults who live alone may vary.
3. Varied factors influence the quality of life of the older adults who live alone.

Theoretical Framework

The study incorporated four key theories to provide a comprehensive framework for understanding the quality of life of older adults living alone, as well as for the creation of the proposed output of the study.

The first theory is Erik Erikson's Psychosocial Development Theory. It emphasized the role of social interaction and relationships in shaping human development and was used to explore how older adults living alone navigated this stage and the significance of maintaining relationships and finding purpose later in life. Furthermore, to evaluate the quality of life of older individuals living alone and comprehend the significance of attending to their diverse needs, Abraham Maslow's Quality of Life (QoL) Theory was employed.

In particular, Erik Erikson (1950) as cited by (Perry et al., 2021) developed one of the most popular and influential theories of development centered on psychosocial development, with Integrity vs. Despair, as the eighth and final stage of psychosocial development. This stage begins at approximately age 65 and ends at death. For older adults, achieving wisdom later in life involves revisiting previous crises and renewing psychosocial accomplishments. Consequently, success at this stage leads to wisdom, while failure results in feelings of regret, bitterness, and despair. During this last and final stage of development, people reflect back on the events of their lives, and those who feel that their life was well-lived will be satisfied and ready to face the end of their lives with a sense of peace. Likewise, older adults, according to this theory, have transitioned from total independence to relying on another person to provide care and interaction for them. If provided the opportunity to at least build their relationships and connections with those around them, they may be able to increase their feeling of independence and thus their satisfaction and quality of life (Gerino et al., 2017). On the other hand, those who feel regret will instead feel fearful that their lives will end without accomplishing the things they feel they should have (Cherry, 2022).

This theory served as a good framework to examine how older adults living alone self-manage physical and mental health changes that commonly occur later in life, to highlight the importance of engaging older adults to repurpose their life skills to maintain or improve their quality of life. This is also a good framework in understanding the experiences and the other factors that contributed to the state of health of the older adults since during the final stage of development social needs of older adults, such as relationships, interactions, and independence, are critical for healthy aging, which encompasses happiness, productivity, and engagement with life. Hence, meeting the social needs of the elderly, provide them with the necessary resources, companionship, and emotional support reducing the risk of cognitive decline and improving mental and physical health, and their overall quality of life which results in increased longevity.

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Furthermore, Erikson's theory, with its focus on the stage of Integrity vs. Despair, allowed the study to explore how older adults reflect on their life experiences and how the challenges of aging, especially living alone, shape their sense of integrity and emotional well-being. Maslow's Hierarchy of Needs was integrated into the framework to emphasize the importance of meeting basic needs such as safety, health, and physiological well-being as foundational to the fulfillment of higher-level needs, ultimately contributing to self-actualization and overall life satisfaction.

Another framework that was used is The Quality of Life (QOL) theory by Abraham Maslow which he developed in 1962 (Globe Star, 2021). Accordingly, the older adults' quality of life (QoL) is becoming more vital in the evaluation, quality improvement and allocation of health and social care services (PLoS One, 2019). Correspondingly, the multi-dimensional concept of quality of life (QoL) is affected by physical and mental capacities, functional abilities, and environmental aspects, and social factors (Ko et al., 2023).

In relation to the theory of QoL, The Seven Dimensions of Wellness developed by Dr. William Hettler (Zendell, 2022) integrated personal priorities and perspectives on the following aspects: 1) Intellectual which measures the degree to which a person engages with creative and stimulating activities and makes the best use of available resources to expand upon their knowledge and skills; 2) Physical which measures the degree to which a person looks after their physical health and is mindful of following a healthy lifestyle; 3) Emotional which is concerned with an awareness and acceptance of one's own feelings, emphasizing the positivity and enthusiasm about life; 4) Spiritual, the commitment to find meaning and purpose in life, and the existence or experience beyond the normal or physical level; 5) Occupational, the ability for work satisfaction; 6) Social, the degree to which an individual contributes to his or her community, emphasizing the interconnectedness with others; and 7) Environmental wellness, which concerns with recognizing the interconnections between the environment, community and self, encompassing a person's daily surroundings such as home, university or college, work and neighborhood. Additionally, Hettler conceived of a continuum between exceptionally positive and drastically negative parameters; a continuum therefore between total wellness on one end of the spectrum and premature death on the other.

These theories on Quality of Life and the Seven Dimensions of Well-being established the different aspects of the quality of life of older adults who are living alone, the participants of this study. Both of these theories guided the formulation of the semi-structured interview schedule to assess the quality of life of older adults living alone, as well as in identifying the factors that influence their life. These are integral in understanding the multifaceted nature of an older adult's well-being, and with this, a relevant.

In addition, the inclusion of Hettler's Seven Dimensions of Wellness provided a comprehensive perspective on the various factors that influence the quality of life. These dimensions covered physical, emotional, intellectual, social, spiritual, environmental, and occupational aspects, ensuring that the study addressed the full spectrum of wellness. By focusing on these areas, the study facilitated the identification of the diverse experiences of the older adults living alone, including cognitive engagement, physical health, emotional resilience, social connections, purpose in life, work satisfaction, and environmental adaptation.

The Self-Care Deficit Nursing Theory (SCDNT) by Dorothea Orem (2001) explains that nursing is required when an individual is unable to meet their own self-care needs due to limitations in health, age, or environmental factors. Orem defines self-care as "the practice of activities that individuals initiate and perform on their own behalf to maintain life, health, and well-being" (Orem, 2001). A self-care deficit occurs when an individual's ability to perform these activities is compromised, necessitating nursing interventions.

For older adults aged 65 and above, especially those living alone, self-care deficits may arise due to physical limitations, cognitive decline, or social isolation (World Health Organization, 2015). These deficits can affect their ability to manage daily activities such as personal hygiene, nutrition, medication adherence, and mobility. Orem's theory provides a framework for assessing and addressing these deficits, ensuring that appropriate nursing interventions are implemented to promote independence and well-being.

In the context of the present study, SCDNT can support the exploration of wellness dimensions among older adults living alone by identifying self-care limitations and the external factors affecting their ability to maintain optimal health. By understanding their self-care capacities and deficits, interventions such as community nursing programs, social support networks, and policy improvements can be designed to enhance their quality of life (Hartweg and Pickens, 2022).

The last theory considered as part of the framework of the present study is the Functional Consequences Theory for Promoting Wellness (Miller, 2015), advocates that nurses can promote wellness by addressing individuals holistically, recognizing the interconnection of body, mind, and spirit. It describes the unique relationships among the concepts of person, health, nursing, and environment in the context of promoting wellness for older adults. This theory explains the age-related adjustments and factors that can increase the negative results towards older adults' quality of life, nursing factors that can assist in the process, and wellness outcomes that could help adults operate at their highest potential (Miller, 2022).

Miller's Functional Consequences Theory was instrumental in the analysis of the data, guiding the identification of functional consequences of aging and offering strategies for promoting wellness through interventions that enhance both mental and physical

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strength. This theoretical lens was crucial for understanding how the aging process impacts individuals' functional capabilities and how wellness programs can address these challenges.

Hence, this theory contributed to the development of a structured wellness program to promote successful and healthy aging among the older adults who are living alone, specifically tailored to meet the needs of older adults, to enhance their physical, mental, social, spiritual, and emotional well-being through a variety of activities. This initiative aims to provide opportunities for the older adults who are living alone to participate in exercise programs, engage in cognitive stimulation activities, foster social connections, and explore creative outlets.

Scope and Limitations

This qualitative study explored and gained insights into the quality of life (QoL) among twenty (20) older adults, aged 65 years and above, who live alone. The participants' ages ranged from 68 to 88 years, with the duration of living alone varying considerably, from as short as one year to as long as fifty years. The study specifically focused on the Seven Dimensions of Wellness—physical, emotional, intellectual/mental, social, spiritual, environmental, and occupational—while also considering other significant experiences and factors that impact their overall well-being. This approach provided a comprehensive understanding of the various aspects that influence and shape the lives of older adults living independently.

Narrative inquiry was employed to capture the detailed personal experiences of the older adult participants. Criteria were set in selecting the said research participants 1) living alone; 2) ages 65 - 88 years old; 3) able to comprehend Tagalog dialect; 4) inadequate familial support; and 5) willing to participate in the study. A semi-structured self-devised validated interview guide was used in the data collection. Thematic analysis and coding through the use of NVivo14 software was utilized to systematically identify emerging and recurring themes and patterns in their responses to come up with accurate analysis of the responses. The data collection period spanned from August 15 to October 4, 2024. The insights gained from this research were utilized in the development of a wellness program aimed at promoting the holistic well-being of older adults living alone.

While this study is limited to only twenty (20) participants and one (1) municipality as locale, hence, the result is less likely to generalize to the population of the older adults living alone as a whole, it provided a glimpse on the quality of life of this population group that is instrumental in understanding their unique needs and profile. By focusing on a single locale, this approach allowed for a thorough exploration of their needs and experiences, which may not have been as evident in a broader, more generalized study across multiple locations.

METHODOLOGY

Research Design

The study utilized a qualitative approach employing narrative analysis to examine the interview data from the older adult participants. Qualitative research involves collecting and analyzing non-numerical data to understand concepts, opinions, or experiences. It can be used to gather in-depth insights into a problem or generate new ideas for research (Bhandari, 2024). A qualitative approach was utilized in this research as it allowed greater capacity to gain more depth and meaning based on the older adults' experiences and quality of life in living alone. At the same time, narrative inquiry through semi-structured interviews was used to allow the participants to elaborate their responses on their own terms providing more flexibility, range as well as allowing the researchers to elicit more information from the participants.

By gathering valuable insights about the topic and identifying themes that resonated with the participants, this approach facilitated the development of a wellness program, named *"S.O.L.O: Suporta at Programa para magbigay ng Oportunidad sa mga Lolo at Lola tungo sa Maayos na Kalidad ng Buhay para sa Organisadong Pamumuhay"* that was designed to cater to the diverse needs of older adults who live alone.

Research Locale

The research took place in a rural municipality in Quezon Province, which consists of 43 *barangays*, ensuring adequate representation of older adult participants which provided a unique opportunity to explore the quality of life of older adults living alone, considering their environment, access to services, and community support systems. Focusing on one municipality allowed for a more detailed and specific analysis of their experiences and needs.

According to the PhilAtlas Census (2020), Quezon Province comprises 39 municipalities and 1 city. One of these municipalities, the chosen locale, had a population of 161,868. Moreover, the 2024 Census indicates that the locale's population has grown to 14,062 senior citizens aged 65 to 88 years and above, reflecting a significant increase in its older adult demographic. This information is supported by

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Kaplan (2023), that nearly 30 percent of the older people who live in the community live alone, and that about half of people who are 85 years or older living in the community live alone.

Out of the 43 *barangays*, the seven (7) with the highest population of older adults were selected, representing different areas of the municipality to capture diverse settings of quality of life. These *barangays* were ranked as follows: first (722 individuals), second (622), third (571), fourth (559), fifth (547), sixth (472), and seventh (293). This selection provided a comprehensive understanding of the distinct challenges and opportunities faced by older adults living alone in a rural municipality.

Having a diverse population and sufficient numbers of older adults, this research site provided an opportunity to explore how these individuals navigate their later years living alone, and examine the quality of life they experienced, with a focus on the unique dynamics of aging in a Filipino rural setting that influence the quality of life among older adult residents.

Research Participants

Investigating the experiences and challenges encountered by older adults living independently with inadequate familial support is crucial for understanding the complexities of aging in modern society. To address this, the study comprises a purposively chosen 20 older adults living alone following the criteria: 1) living alone; 2) between 65 - 88 years old; 3) able to comprehend Tagalog dialect; 4) inadequate familial support; 5) and willing to participate in the study. The goal was to capture a comprehensive understanding of the quality of life of older adults living alone, hence, those older adults receiving full and regular support from their family while physically separated from their families and significant others were not included in the study.

This study included 20 participants, consisting of 15 females and 5 males. The youngest participant being 68 years old, and the oldest, 88 years old. The duration of living alone varies significantly from as short as 1 year to as long as 50 years. These variations provided valuable insights into the lived experiences of older adults living alone. This information on older adults living alone is supported by Cruz and Cruz (2019), that in the Philippines, a considerable proportion of older adults (13 percent) live alone, which is common among females, and those in the oldest age group of 80-year-old and above, and that a portion (5 percent) of older Filipino live alone without any child living in their neighborhood. Hence, this group is vulnerable and can be a potential target for intervention.

Research Instrument

A self-devised interview guide was utilized containing a set of semi-structured questions to gather data in a methodical and coherent manner. The interview guide questions focused more on the experiences and the quality of life of older adults living alone that consisted of three parts: 1) how they describe their experiences living alone, 2) how they describe their quality of life as regards to living alone; and 3) the perceived factors that influence the quality of life of older adults who live alone.

The interview questions were subjected to content validation by three experts in the field namely: A Clinical Instructor with expertise in Gerontology Nursing, a professional older adult who is a retired college professor, and a nurse from a municipal Rural Health Unit. This ensured that the questions were in compliance with the research topic and parameters. The interview guide was translated into a Filipino vernacular with the help of a language expert, a teacher with a master's degree in Filipino. After which, commentaries and recommendations of the members of the Oral Examination Committee, and their approval were sought for the instrument to be utilized for the actual data collection.

Data Collection Procedure

To initiate the pre-data collection phase, approval from the Dean of the College of Nursing was sought. After which, written clearance from the *Barangay* Captain of the locale was also given and coursed through the President of the Senior Citizens Federation Inc. After the clearance, the researchers set the date and time of the in-person one-on-one narrative interview.

To gather reliable data, a systematic and structured, step-by-step procedure was used in the study. The researchers selected twenty (20) research participants who met the requirements for the study. The participants were asked for consent before the interview process as well as for recording the conversation. To safeguard the participants' identity and confidentiality, only audio recordings were used to capture the conversation, which were stored on a flash drive stored in a safe and locked drawer. The in-person interview started with an orientation about the purpose of the interview and its mechanics, then proceeded with the in-depth interview, asking a series of questions based on the interview guide that were asked in compliance with the interview protocol to gain a deeper understanding of the participants' perspectives, focusing on their real-life experiences. The participants were given the freedom to express their ideas in Tagalog in accordance with their own beliefs, attitude, and level of self-awareness. The researchers attentively observed participants' non-verbal communication and utilized verbal affirmations to sustain engagement and to avoid interruptions, respect pauses, and ask for

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clarification. The time of the interview lasted for about 30 minutes to one (1) hour. The duration of the data collection lasted for one month, from August to October, 2024.

Data Analysis Plan

In order to evaluate the data gathered and ensure the accuracy of the information, a verbatim or word-for-word transcription of a recorded individual face-to-face interview was carried out with the consent of the research participants. The Pell Institute's guide was also used by the researchers to analyze the collected data which is a qualitative research method for identifying, analyzing, and reporting patterns through themes within data, focusing on the systematic and flexible identification of themes that capture the essence of the data.

According to Pell Institute (2022), there are six steps in analyzing qualitative data. The first step is to process and record the data immediately by taking down important notes while in the interview, like observations, highlights from the interactions, and impactful things. This was an important step as the thoughts and reactions of the researchers were recorded as accurately as possible.

Subsequently, a mental analysis of the initial data points was conducted to identify any themes or patterns that may have formed. Additionally, the data reduction procedure was employed by the researchers to eliminate unrelated or useless material from the study. This allowed the researchers to concentrate on the information that was relevant to the study and of significance.

Before conducting the thematic analysis, a pre-coding process was first carried out, involving an initial review of the transcriptions to identify and assign relevant codes. After this, the data was examined in greater detail to determine relationships between codes, allowing researchers to organize and categorize responses into meaningful themes. As a result, they systematically compiled, structured, and refined these codes to effectively uncover patterns and connections.

Furthermore, the NVivo14 software was used to conduct a comprehensive analysis of the transcribed data. Through this process, the data progressed from raw information to the identification of meanings, the organization of patterns, and the composition of themes aligned with the study's objectives. In addition, this method facilitated the classification and categorization of data for easier review. To ensure a thorough analysis, both preset and emergent codes were established—preset codes were drawn from research papers and literature to assess relevance, whereas emergent codes were developed directly from the transcribed data.

After which, the researchers arranged the codes into themes, which involved compiling, structuring, and compressing the data to uncover patterns and correlations systematically.

Then, the data was presented in a tabular that was based on the study Braun and Clarke (2006) entitled "Using Thematic Analysis in Psychology" aided the researchers in organizing the data, generating new insights, and identifying systematic patterns and correlations among topics.

Finally, the researchers focused on interpreting the findings, ensuring each insight was connected to the study's objectives and research questions. The conclusions were carefully examined and validated through multiple reviews of the data to ensure consistency and reliability. This process allowed the researchers to establish well-supported conclusions that accurately reflected the study's goals while addressing the identified research issues.

To further enhance the reliability and accessibility of the findings, the researchers validated the translated responses of participants with the assistance of an English teacher. This step ensured that the translations accurately conveyed the original meanings while improving clarity and readability for non-Filipino readers. By emphasizing the accuracy and quality of translations, the researchers ensured that the study's findings were faithfully represented and accessible to a broader audience.

Ethical Considerations

This research is strictly guided by the Data Privacy Act of 2012 (RA 10173). Furthermore, confidentiality, autonomy, and anonymity were the ethical principles upheld to preserve the privacy of the research participants. In the investigation into the experiences and quality of life of selected older adults living alone, informed consent was crucial, ensuring that the older adults fully understood the nature, purpose, and potential risks of the study before agreeing to participate.

During the conduct of the study, the researchers kept complete records of the data and were transparent in the use of resources such as recording material in obtaining the word-for-word answers of the research participants. In addition, anonymity, privacy, and confidentiality were also ensured, particularly explaining the step-by-step procedure to obtain their full participation and consent. This study upheld strict ethical considerations regarding participant privacy and confidentiality; hence, a separate mobile gadget was used

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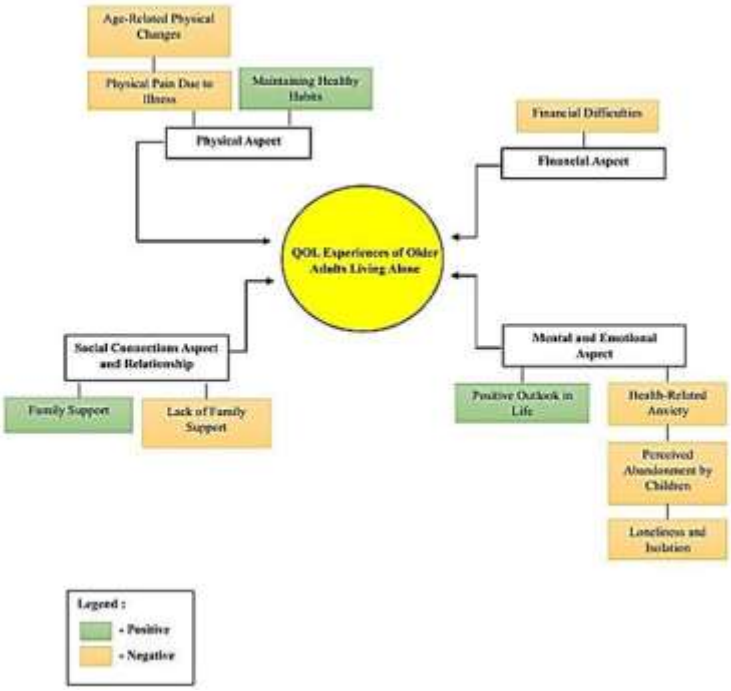
solely for the purpose of data collection. The identities of participants were not disclosed during data collection, analysis, or presentation of the research findings. Interviews were conducted individually in private, ensuring no external individuals could overhear the discussions.

The Participants were briefed and made aware that they had the right to withdraw from the study at any time. In instances where participants were unable to read, an impartial witness, the Barangay Officials or the Senior Citizen Federation President of each barangay was present during the assent process to ensure that they comprehended the study's purpose and their rights fully. Also, the identity disclosure of the research participants was limited to the researchers in order to maintain data security. The data collected were securely stored offline in an encrypted format on USB flash drives, accessible only to the researchers, stored in a safe and locked drawer, and no unauthorized access was permitted. In addition, the researchers will dispose and destroy the data once the retention period has passed and once the data have served its purpose.

RESULTS

Part I. The Experiences of Older Adults Living Alone

Living alone presents both opportunities and challenges, shaped by health, social connections, and financial stability. Some older adults embrace independence and find fulfillment in daily routines, while others navigate difficulties such as isolation, economic strain, and physical limitations. Their experiences reflect the diverse realities of aging alone and the factors that influence their well-being.



Older adults living alone often face interconnected challenges that impact their quality of life, influenced by physical, financial, social, and emotional factors. Physical decline, including chronic illnesses and limited mobility, can make daily tasks more difficult, leading 63 to greater dependence on external support. Financial insecurity adds to these challenges, as many rely on fixed incomes, which may not cover basic needs, healthcare, or living expenses. The absence of family support, whether due to distance or strained relationships, exacerbates vulnerability, forcing difficult choices such as forgoing medical care or sacrificing comfort. Social isolation is another significant concern.

Many older adults experience loneliness and emotional distress, particularly when they lack strong social networks or family ties. This isolation can contribute to mental health challenges, such as anxiety and depression. However, many older adults display resilience by engaging in community programs, religious groups, or hobbies that help maintain a sense of purpose and connection. Intellectual/mental and emotional health are key to overall well-being. A positive outlook and a sense of purpose can enhance resilience, while fears of abandonment, health decline, or financial instability can diminish quality of life. The lack of accessible mental health resources or social support can increase feelings of helplessness.

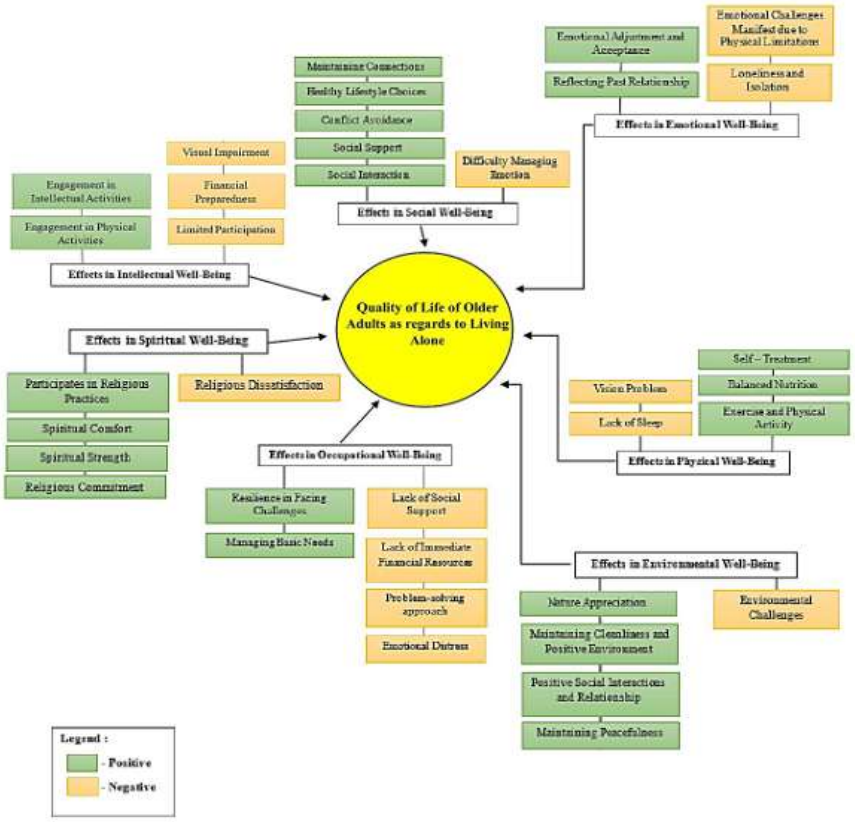
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Despite these challenges, older adults often demonstrate remarkable adaptability. Many draw upon their life experiences and coping strategies to find meaning in later years. Access to healthcare, financial support and community engagement plays a crucial role in improving quality of life by offering opportunities for social interaction, emotional support, and physical well-being. Community-based programs that combat isolation, provide financial aid, and offer mental health services are vital in helping older adults maintain independence, dignity, and fulfillment.

Many older adults describe their experiences with living alone as a mix of resilience and independence. They take pride in their ability to manage life's challenges, valuing their autonomy and the freedom to make their own decisions. For those with strong social networks 64 or involved in community programs, these connections contribute significantly to emotional well-being and a sense of belonging, reinforcing that, despite hardships, their lives can be enriched through relationships and engagement.

Part II. The Effects on the Quality of Life of Older Adults in Living Alone

Based on Hettler's seven dimensions of wellness—physical, emotional, intellectual/mental, social, spiritual, environmental, and occupational. These dimensions influence their well-being, highlighting both the challenges and opportunities of independent living in solitude.



The quality of life for older adults living alone is influenced by a complex interaction of factors across several dimensions of well-being: physical, emotional, intellectual, social, spiritual, environmental, and occupational. These dimensions collectively shape how older 97 adults manage the challenges of aging, balance their independence, and strive for fulfillment. The experiences of aging can be characterized by both resilience and struggles, depending on the individual's circumstances and ability to navigate these challenges.

Physical well-being is the foundation of overall quality of life for older adults. Regular physical activity, balanced nutrition, and self-care are essential for maintaining mobility, energy, and independence. Those who prioritize their physical health tend to experience better overall well-being, both emotionally and physically. However, aging often brings chronic health conditions, sleep disturbances, and sensory impairments that make it difficult to maintain healthy habits. Physical limitations lead to frustration and a loss of

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independence, which may affect self-esteem and emotional health. As a result, older adults may become more dependent on others for assistance with daily activities, further affecting their sense of autonomy.

In addition, emotional well-being is integral to the aging process. Older adults who embrace their aging with acceptance and a positive outlook tend to demonstrate emotional resilience, which is crucial for managing the physical and emotional challenges that accompany growing older. Many reflect on their lives with gratitude and manage emotional difficulties through self-acceptance. On the other hand, the emotional toll of isolation, loneliness, and the loss of independence can contribute to feelings of sadness, anxiety, and fear. Moreover, emotional well-being is often compromised when older adults experience a lack of social support or face challenges in maintaining mental health. The absence of family or close relationships can exacerbate these feelings, highlighting the importance of emotional support systems.

Furthermore, social well-being is crucial for older adults, especially those living alone. Maintaining strong social connections with family, friends, and the community is essential for emotional fulfillment and reducing feelings of isolation. Older adults who are socially engaged tend to experience lower levels of loneliness and greater satisfaction with their lives. However, the absence of social support networks or strained relationships can result in isolation, which often exacerbates emotional distress and negatively affects mental health. Social interactions offer a sense of purpose and contribute to emotional stability, which emphasizes the need for continued connection with others as one ages.

In addition to social well-being, spiritual well-being provides older adults with a sense of peace, purpose, and hope. For many, regular spiritual practices or religious engagement offer comfort and meaning, especially when faced with the challenges of aging. Spirituality can be a source of strength, helping individuals cope with loss, health challenges, or loneliness. However, when physical limitations or emotional barriers prevent active participation in spiritual practices, older adults may feel disconnected from their faith or spirituality, leading to a diminished sense of fulfillment and a loss of inner peace.

Equally important, environmental well-being creates a stable and peaceful living situation. A clean, well-maintained living environment helps foster emotional stability and contributes to an overall sense of comfort. Positive social interactions and community engagement also enhance the quality of life. However, neglecting one's surroundings due to physical limitations can lead to an unpleasant and unwelcoming living space. This can foster frustration, loneliness, and withdrawal from social interactions. An unfavorable environment may intensify the sense of isolation, further compromising emotional and physical health.

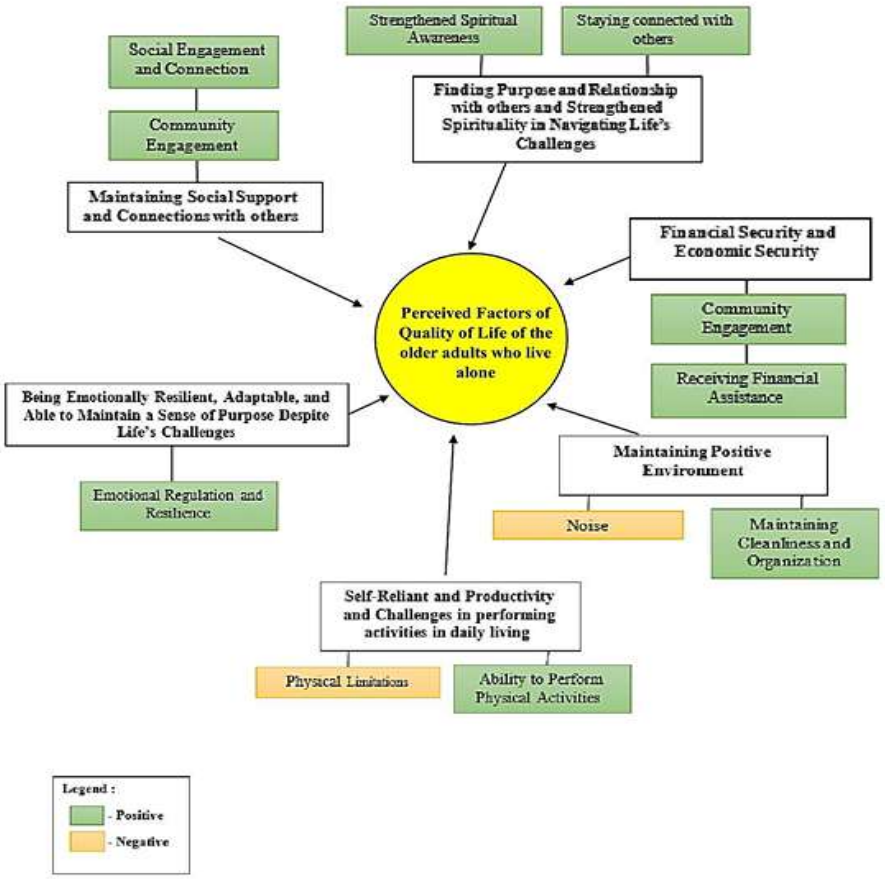
Finally, occupational well-being provides older adults with a sense of purpose and accomplishment. Many continue to manage household tasks, such as cooking, cleaning, and taking care of personal affairs, which enhances their autonomy and sense of self-worth. Despite financial and physical limitations, older adults may take pride in their ability to maintain these responsibilities. However, the financial challenges associated with living on a fixed income can add stress, as limited resources often result in tough decisions about priorities. Financial strain can lead to a sense of dependence and frustration, which negatively impacts both emotional and occupational well-being.

The quality of life for older adults living alone is influenced by a complex interplay of positive and negative factors across various dimensions of well-being. While resilience, emotional stability, intellectual engagement, social connections, spiritual fulfillment, and occupational involvement can enhance an older adult who lives alone with a sense of purpose and autonomy, challenges such as financial insecurity, physical limitations, social isolation, and emotional distress can undermine overall well-being. By fostering a holistic approach that integrates healthcare, financial security, social support, and opportunities for engagement, society can enable older adults to lead fulfilling, dignified lives, helping them thrive despite the obstacles they encounter.

Part III. Perceived Factors that Influence the Quality of Life of the Older Adults who live alone

Quality of life is shaped by seven dimensions of wellness, including physical, intellectual/mental and emotional, social, spiritual, and environmental aspects. These factors, which stand out as having the greatest impact on older adults living alone, directly affect their overall well-being and daily experiences (World Health Organization, 2023).

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The quality of life of older adults living alone is shaped by multiple factors that influence their independence, security, and overall well-being. Their experiences are defined by their ability to maintain health, regulate emotions, engage socially, find spiritual fulfillment, and navigate their environment. Living alone presents both opportunities for self-efficiency and challenges that require adaptation. While some older adults embrace independence and find fulfillment in their routines, others face difficulties that impact their emotional, physical, and financial stability. Their perceptions of aging are influenced by the resources available to them, their coping mechanisms, and their ability to remain engaged in meaningful activities.

Physical health determines their ability to remain active and perform daily tasks. Chronic illnesses, mobility issues, and other aging-related conditions can make independence difficult and lead to frustration. Many older adults recognize the importance of maintaining their health through diet, exercise, and medical care, but limited access to healthcare or financial constraints can hinder their efforts. Emotional stability and mental engagement allow them to find purpose in daily life, yet stress, isolation, and cognitive decline can negatively affect their well-being. Social connections provide emotional and practical support, strengthening their sense of belonging. Older adults who engage with their community, family, and peers often report a greater sense of fulfillment, while those who experience social withdrawal struggle with loneliness and emotional distress.

Spirituality offers comfort and purpose, helping older adults find peace and resilience. Religious or spiritual practices provide stability, yet physical limitations or lack of access to gatherings can weaken this connection. Their living environment plays a significant role in shaping their experiences. A secure and well-maintained home promotes stability, safety, and peace of mind, while an unsafe or cluttered space contributes to stress and discomfort. Economic security affects their ability to sustain themselves. Some rely on small-scale income activities, while others depend on financial assistance. Although these resources provide relief, financial uncertainty remains a source of stress. Older adults living alone face both opportunities and challenges that shape their well being. Independence is valued, yet limitations in health, finances, and social connections can create difficulties. The need for physical care, emotional support, financial stability, and a secure environment highlights the importance of a holistic approach to aging. While some find ways to adapt, others struggle with the reality of growing older alone. Recognizing these experiences is essential in a society that values and supports older adults, ensuring they continue to live with dignity and purpose.

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DISCUSSION

Summary of Findings

The data were generated from the responses of 20 older adults, including 5 males and 15 females, aged 68 - 88 years old, residing independently in a Municipality in Quezon Province. Emerging themes were identified and clustered that coincided with the different aspects or dimensions of the quality of life of the older adult population. Hence, based on the presentation, analysis, and interpretation of the gathered data, the following findings were derived:

1. Older adults describe their experiences of living alone as a balance between challenges and adaptations. The findings illustrate the interconnected challenges and coping mechanisms of older adults living alone. Age-related changes and pain due to illness contribute to health-related anxiety, making daily activities more difficult. However, many actively engage in healthy habits to manage their well-being. Difficulties in meeting essential needs create additional burdens, yet they find ways to adjust and persevere. Feelings of perceived abandonment by children, along with loneliness and isolation, pose emotional challenges. Despite this, many maintain a positive outlook in life, allowing them to adapt and find meaning in their circumstances. While a lack of family support increases vulnerability, those with supportive relationships draw strength from their loved ones, fostering a sense of belonging and emotional stability. Despite the struggles they face, they demonstrate an ability to cope, adapt, and find ways to maintain their well-being that underscores the importance of strong social connections and accessible support systems to enhance their quality of life.
2. Understanding the experiences of older adults living alone provides valuable insight into their quality of life, highlighting both their struggles and resilience. Many find solace in nature appreciation and strive to maintain a clean and positive environment, fostering peacefulness despite environmental challenges. While social interactions and relationships offer emotional stability, loneliness and isolation remain a persistent struggle. To cope, they engage in cognitive well-being strategies, reflect on past relationships, and undergo emotional adjustment and acceptance to maintain balance. Limited social support and financial resources add to their challenges, yet they demonstrate resilience in facing difficulties through problem-solving approaches and managing basic needs. Physical limitations, including vision problems, lack of sleep, and illness-related discomfort, make daily activities difficult, but efforts in exercise, balanced nutrition, and self-treatment reflect their commitment to health. Spirituality plays a crucial role, with many seeking spiritual comfort and strength through religious practices, though some experience religious dissatisfaction. Moreover, prioritizing healthy lifestyle choices, conflict avoidance, and maintaining connections further supports their well-being. Overall, these findings emphasize how older adults navigate the complexities of living alone. Despite various challenges, they employ adaptive strategies that showcase resilience, resourcefulness, and a strong will to sustain their quality of life.
3. Older adults living alone encounter a multifaceted array of associated factors that significantly shape or influence their daily experiences and overall well-being. Physical limitations can hinder daily activities; nevertheless, many adapt by maintaining cleanliness and organization, creating a structured environment that supports independence. Moreover, environmental noise may disrupt their peace; however, a strengthened spiritual awareness often provides solace, helping them cope with uncertainties. In addition, social engagement and connections play a vital role in emotional well-being. Active participation in community activities fosters a sense of belonging, while staying connected with others helps combat feelings of isolation. Furthermore, financial stability is crucial; receiving financial assistance alleviates stress, allowing individuals to focus on their daily needs.

Conclusions

Based on the findings of the study, the following conclusions were derived:

Living alone among older adults poses various positive and negative physical, emotional, mental/intellectual, social, spiritual, environmental and occupational challenges.

1. In terms of experiences, living alone may lead to untreated health issues, financial difficulties, and feelings of isolation or vulnerability. However, their experiences are not universal; some may find positivity in solitude, valuing their independence and self-reliance, while others may feel burdened by the challenges of being alone. Even with these differences, they share a common drive: the resilience to surpass each day and the determination to continue engaging in activities that give purpose to their lives.
2. Living alone has both positive and negative effects on the quality of life of older adults. Recognizing this balance between diversity in experiences and shared perseverance is essential in appreciating the complexities of aging independently. It highlights the importance of addressing their unique needs while fostering a supportive environment that respects their individuality and autonomy.
3. The quality of life for older adults living alone is influenced by a complex interplay of the different dimensions of health, highlighting the need for a holistic approach that addresses their physical, emotional, intellectual, social, spiritual, environmental, and occupational needs. Hence, supportive policies and community programs such as the proposed output of the present study that promote social integration, health services, and financial literacy can significantly enhance their quality of life, empowering them to lead fulfilling and enriched lives. Older adults living alone often demonstrate remarkable adaptability, finding meaning and

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purpose in their daily lives despite various challenges. Enhancing their overall quality of life requires a comprehensive approach that considers these interconnected factors.

Recommendations

Based on the results of the study, the following recommendations are proposed:

1. For Older Adults Living Alone
    a. Participate actively in wellness programs and community activities to foster social engagement, mental health, and well-being.
    b. Utilize available community resources like local centers, healthcare services, and support networks to combat isolation and promote a healthy lifestyle.
    c. Advocate by voicing personal needs to local organizations and healthcare providers to ensure better support and care.
    d. Stay informed about available government programs, grants, and non-profit services designed to aid independent living and healthcare needs.
2. For Senior Citizens Federation Incorporated, the association of the older adults in the selected locale.
    a. Develop and offer programs that focus on mental health, social inclusion, and physical wellness for older adults living alone.
    b. Strengthen partnerships with healthcare providers and local government to ensure comprehensive support for this demographic.
    c. Raise public awareness about the challenges faced by older adults, particularly those living alone, to foster a more supportive community environment.
    d. Implement mobile outreach programs for seniors in remote or underserved areas, providing wellness checks, basic healthcare services, and community engagement opportunities.
3. For Local Government Units (LGUs)
    a. Implement specialized programs such as home-based health services, regular wellness checks, and caregiver support for older adults living independently.
    b. Collaborate with healthcare providers and local organizations to create a network of accessible resources and services.
    c. Ensure funding and policy support for the establishment of sustainable programs that meet the unique needs of older adults living alone.
    d. Consider the findings and the output of the study in organizing and implementing different activities for the older adults living alone in their municipality.
4. For Nursing Students
    a. Participate in community outreach programs to gain practical experience in elder care and develop a deeper understanding of the needs of older adults.
    b. Engage in home visits and wellness assessments to practice skills in geriatric care while learning to address social, emotional, and healthcare challenges of older adults.
    c. Incorporate findings from the study into clinical practice to improve care strategies for older adults living alone.
    d. Build rapport and communication skills by actively listening to older adults, gaining insights into their lived experiences and personal preferences.
5. For Clinical Instructors, particularly those teaching the subject Care of the Older Adults:
    a. Integrate study insights into course materials to ensure nursing students understand the challenges older adults living alone face, preparing them for real-world scenarios.
    b. Emphasize compassionate, evidence-based care that takes into account the unique needs of older adults, particularly those living independently.
    c. Encourage practical training where nursing students can engage directly with older adults in clinical or community settings, honing their care giving skills.
    d. Promote awareness of cultural, social, and economic factors influencing the well-being of older adults, equipping students to provide holistic, person-centered care.
    e. Utilize the findings and the output of the study in the discussion in the subject Care of the Older Adults, and in the implementation of activities in the Community exposure of the nursing students.
6. For Future Researchers in Gerontology, Social Sciences, and Public Health Fields:
    a. Expand research to explore the effects of social isolation and mental health challenges faced by older adults living alone, particularly in rural or underserved areas.
    b. Study the impact of wellness programs on improving health outcomes and enhancing the quality of life for this population.

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c. Utilize research findings to inform policy-making that prioritizes the health and independence of older adults living independently, ensuring that future programs are tailored to their specific needs.
d. Explore the long-term economic and societal benefits of investing in preventive care and mental health services tailored to the needs of older adults in rural settings.

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