



ELSEVIER

Contents lists available at ScienceDirect

## Geriatric Nursing

journal homepage: [www.gnjournal.com](http://www.gnjournal.com)

# Sociocultural interactions and self-perception of health in older adults from an active participation centre: A qualitative study

Marín-García Elena, RN<sup>a</sup>, Martínez-Angulo Pablo, RN, MsC, PhD<sup>a,b,\*,#</sup>

<sup>a</sup> Department of Nursing, Pharmacology and Physiotherapy, Faculty of Medicine and Nursing, University of Córdoba (UCO), 14004 Córdoba, Andalucía, Spain

<sup>b</sup> Research Group HUM 380 ("Interdisciplinary Research in Discourse Analysis"), Spain



## ARTICLE INFO

## Article history:

Received 2 January 2024

Received in revised form 4 March 2024

Accepted 3 April 2024

Available online xxx

## ABSTRACT

**Introduction:** Promoting healthy ageing is a global priority. Active Participation Centres are potentially key in fostering psychosocial and emotional health, contributing to a fulfilling and active lifestyle for older adults.

**Aims:** The study explores self-perceived health, perceptions of sociocultural participation, emotions that emerged when sociocultural participation, and preferences among older adults engaged in community socio-cultural activities from an Active Participation Centre.

**Methods:** We realised a hermeneutic study; interviews with nine older participants were conducted. Hermeneutic considerations were employed for data analysis.

**Results:** Findings reveal the centre's significance as a therapeutic space, positively influencing emotional well-being, fostering social connections, and offering diverse activity preferences.

**Conclusion:** This study underscores the nuanced interplay between sociocultural engagement and self-perceived health, emphasising the need for holistic approaches to promote well-being among older adults attending Active Participation Centres.

© 2024 The Author(s). Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>)

## Introduction

Population ageing is a matter of great importance worldwide. The number of people aged 60 and over has increased from 400 million in 1950 to 600 million today.<sup>1</sup> According to the last *Revision of World Population Prospects* report, it is projected to rise from 9 % of people over 65 in 2019 to 16 % in 2050, resulting in one in six people worldwide being over 65.<sup>2</sup> Perceived health status is one of the most established and easily measured indicators of ageing in health surveys. In line with this, assessing one's health status regarding their physical, mental, and social functioning includes the perception of minor physiological variations, negative or positive attitudes toward life, and the disposition to adopt healthy behaviours.<sup>3</sup> Older adults' SPH is related to a subjective assessment. In addition to visible physical changes, older adults perceive their health based on their functional abilities, psychological well-being, and perceived social support.<sup>4</sup>

Social isolation is a significant health issue affecting older adults and their SPH. This is defined as a state in which an individual lacks a sense of social belonging or engagement with others, has minimal social contacts, and exhibits a deficiency in maintaining quality relationships.<sup>5</sup> According to the study conducted by Luna & Pinto<sup>6</sup> on social isolation and unwanted loneliness in older people, social isolation is associated with negative health effects, such as mental health problems, cognitive impairment, poor self-perceived health, and increased mortality.

The progressive global ageing phenomenon presents a challenge for health policies and strategies in meeting the needs of older people and offering them the possibility to live their later years with optimal quality of life. This has led to the development of promotion interventions to disseminate active ageing practices.<sup>7</sup> The World Health Organization (WHO) defines active ageing as "the process of optimising opportunities for health, participation, and security to enhance the quality of life as people age".<sup>8</sup> This quality of life refers to a sense of well-being encompassing happiness and life satisfaction.<sup>9</sup>

Caring for the older population is a significant mission within the community setting to ensure their longevity and well-being. Therefore, there is a need to advocate for promoting active ageing, which includes engaging in physical activity and participating in social interactions within the community, as these significantly enhance well-being, increasing self-esteem and autonomy for older people.<sup>10</sup>

Abbreviations: SPH, Self-Perception of Health; APC, Active Participation Centre

\* Corresponding author at: Edificio Servicios Múltiples. 1st floor. Avda. Menéndez Pidal s/n. 14004 Córdoba, Andalucía, Spain.

E-mail address: [n22maanp@uco.es](mailto:n22maanp@uco.es) (M.-A. Pablo).

# Permanent address: Department of Nursing, Pharmacology and Physiotherapy, Faculty of Medicine and Nursing, University of Córdoba, Av. Menéndez Pidal, 7, 14,004 Córdoba, Spain.

<https://doi.org/10.1016/j.gerinurse.2024.04.001>

0197-4572/\$ – see front matter © 2024 The Author(s). Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>)

Given the abovementioned points, this study considers it essential to examine the value of social interaction in the community and its impact on older adults' psychosocial well-being.<sup>11</sup> The promotion and development of interpersonal relationships among them prove to be a key aspect of active ageing, which, in turn, can achieve a better therapeutic balance in managing the health-disease continuum.<sup>12</sup>

Research on sociocultural interactions and older adults' well-being in Spanish APCs highlights the need to solve several knowledge gaps. These include the need for a deeper understanding of how such interactions influence self-perceived health and overall well-being, the lack of insight into older adults' specific participation preferences, and the understudied emotional experiences during these activities. Addressing these gaps will enhance the ability to design effective interventions tailored to the needs and interests of older adults, ultimately promoting their well-being in community settings.

By focusing the scope of this study on the province of Córdoba, we examined the second province in Andalusia—the most populous autonomous community in Spain—with the highest percentage of the population aged over 80 years, according to the latest data published by the National Statistics Institute<sup>13</sup> in 2022.

This study aimed to explore the impact of sociocultural interactions on the self-perceived psychosocial and functional well-being of older people in the community setting. Specifically, the study aims to investigate the SPH of older people engaged in sociocultural interaction activities in the community; to understand older people's perceptions regarding their participation in sociocultural activities in the community; to uncover the emotions experienced in active participation that older people engage in during sociocultural activities in the community; and to identify older people's preferences regarding sociocultural activities carried out in the community setting.

## Material and methods

### Design

This study opted for a phenomenological qualitative approach within the hermeneutic paradigm to conduct the research. Through hermeneutic phenomenology, it was possible to delve into older participants' narratives since this methodology aims to understand the life experiences of individuals in the world rather than providing a theory for generalisation, prediction of phenomena, or achieving population representativeness.<sup>14</sup> Similarly, we employed the Consolidated Criteria for Reporting Qualitative Studies<sup>15</sup> (COREQ), a 32-item checklist to support thorough and comprehensive research reporting, which is available in Supplementary file 1.

### Setting

This study was conducted at an APC for older adults in the province of Córdoba, in the southern region of the autonomous community of Andalusia, Spain. APCs are centres that promote the well-being of people aged sixty and above, focusing on fostering coexistence, integration, participation, solidarity, and interaction with the social environment.<sup>16</sup> In addition to social, cultural, recreational, sports, musical, artisanal, and tourist activities, some APCs provide services such as dining facilities, legal guidance, and computer classrooms. Out of 27 APCs in the province of Córdoba, the APC where the study was conducted is one of the six in the city.

Based on data from the National Institute of Statistics,<sup>13</sup> in the province of Córdoba, out of a population census of 776,789 people, 6.42 % of the total inhabitants are 80 years old or older. Additionally, Cordobans have an average life expectancy of 82.25 years, 79.56 years for men and 84.89 years for women. Moreover, per the latest 2022 data from the Institute of Statistics and Cartography of Andalusia,<sup>17</sup> the province capital's total population, where this study was

performed, is 319,515, consisting of 166,147 females and 153,368 males. The proportion of the population aged over 65 is 20.1 %.

### Study participants

The sampling employed in this study was purposive in search of individuals who met the following selection criteria.

Inclusion criteria: people aged 65 years and older, living alone in their homes, attending the APC at least once a week, and being able to communicate in Spanish.

Exclusion criteria: those suffering from any cognitive impairment.

### Interview guide

For constructing our interview guide, we identified key themes, concepts, and gaps in knowledge, which informed the formulation of targeted questions through a literature review of the research topic.<sup>18</sup> By examining previous studies, we gained insights into participants' perspectives and cultural nuances, ensuring the relevance and sensitivity of our interview questions. Once the data was retrieved, we facilitated the development of our research questions that addressed these gaps. We designed them to elicit detailed responses and adapted them to our target population, older people, to be understandable and pertinent.

The resulting interview guide referred to the main themes derived from the objectives of this study. These included the SPH of the participating older people, their perception of participation in sociocultural activities, the emotions experienced during these activities, and the expression of preferences regarding their sociocultural activities. This guide is available as Supplementary file 2.

### Data collection

The research team employed semi-structured interviews as the data collection tool during April 2023. Participants were recruited with the assistance of the APC director. The APC director guided potential participants who met the previously mentioned criteria, and MG-E, responsible for collecting information, was introduced to those participants who chose to be informed about the study. Once informed, individuals who decided to participate completed the informed consent and the accepting forms to be audio-recorded. In cases where consent to participate and acceptance of audio recording were obtained, the interviews were scheduled at a mutually agreed-upon date, time, and location.

In terms of conducting the interviews, an environment was sought where participants felt comfortable, communication flowed smoothly, and the atmosphere was welcoming, free from noises that could interfere with obtaining sincere and profound responses. The interviews began with open-ended questions, allowing participants to respond freely and express their initial impressions. Subsequently, the interview was structured and guided around more focused questions. Additionally, participants were informed that they could include any relevant topics they deemed fit, aiming to capture all possible details about a rich, information-laden experience. All interviews were audio-recorded and later transcribed.

### Data analysis

The research team followed Crist & Tanner's hermeneutic considerations for the data analysis phase.<sup>19</sup> This interpretative, analytical process does not require researchers to distance themselves from their preconceived ideas or theories. Instead, it involves a procedure that includes meanings naturally conferred by the research team.<sup>20</sup> The hermeneutic philosophy recognises that researchers and participants are situated in their respective "worlds" interconnected.

MG-E and MA-P discussed the first transcriptions in the initial phase to guide the interpretative direction. This stage remained open to new research questions or connotations that emerged as the interviews progressed, in line with the iterative nature of qualitative approaches.<sup>21</sup> These initial interpretations guided subsequent interviews to gain a more prosperous and deeper understanding of the phenomenon.

In the second phase of thematic screening, MG-E disassembled the central themes of the study derived from the discourse communicated by the older participants about their life experiences, thus revealing their positioning in the studied phenomenon.<sup>22</sup> MG-E and MA-P then reconvened to discuss the life episodes that affected the participants and the condensed events in the study themes.<sup>23</sup> These themes originated by establishing relationships between the older participants' experiences, refining them through thematic-inductive hierarchy. Then, minor and major themes were derived based on the qualitative abstraction level regarding meaning. In this phase, MG-E paid particular attention to the emergence of paradigmatic or exemplary cases.<sup>21</sup> Paradigmatic cases refer to participants with particularly striking and meaning-rich life stories that the research team tended to revisit to examine the results from new perspectives. Exemplar excerpts were visually and meaningfully powerful statements characterising common themes among participants.

In the third phase of shared meanings, MG-E, through interpretative thematic summaries, constructed qualitative study patterns representing the highest degree of meaning.<sup>24</sup> Reaching this point, MG-E and MA-P met again to calibrate the focus and verify the final analysis.

In the last phase of final interpretations and dissemination, MG-E and MA-P, supported by the hermeneutical diary and thematic summaries, maintained a constant dialogue with the transcribed narratives of the participants and shaped the writing of the results. The manuscript drew on notes taken during the interviews, their transcriptions, and contributions from the research team during meetings. This facilitated critical review and shared decision-making among team members, clarifying all questions raised for this research.<sup>25,26</sup>

### Rigour and trustworthiness

The rigour of the present study was assessed through the criteria suggested by Lincoln and Guba.<sup>27</sup> In addition to a detailed explanation by the team, the techniques used to address each criterion were also identified in Supplementary file 3.

Concurrently, the research team acknowledged the importance of a thorough language translation process to accurately convey the intended meanings of participants across various languages, thereby ensuring the reliability of qualitative research.<sup>28</sup> The interviews were in Spanish, the participants' original and native language. Consequently, the translation process commenced during the

dissemination phase in English.<sup>29</sup> Throughout this phase, the research team assumed the role of the researcher–translator.<sup>30</sup> In this capacity, MA-P, a native Spanish speaker, translated participants' findings based on notes from the hermeneutical diary.

### Ethical aspects of the study

This research obtained ethical approval from the Ethics Research Committee of the Provincial Research (minutes No. 345). All participants granted written consent after receiving a comprehensive overview of the study's objectives, potential risks, and the right to withdraw from the study at any point without affecting their current employment. Emphasis was placed on privacy and confidentiality, restricting access to raw data solely to the research team involved in data analysis. Additionally, private rooms were utilised for interview sessions.

Regarding safeguarding personal data, the research and data collection team responsible for this work ensured the security and confidentiality of accessed information. They maintained confidentiality regarding any information accessed and adhered to all aspects related to the custody and access of all types of documentation, implementing security measures to prevent loss or theft.

## Results

### Description of the participants

A total of 9 participants with an average age of 75 years comprised the sample of this study (Table 1). In addition to retrieving sociodemographic details, the Spanish version of the Pfeiffer Questionnaire (SPMSQ) was used to rule out any cognitive impairment, and the DUKE-UNC questionnaire was employed to assess the participants' perceived social support. All the participants showed no cognitive impairment when SPMSQ was employed. Moreover, Supplementary file 4 contains all 4 major themes, 9 minor themes, and 112 verbatim synthesising study patterns.

### Narrative development of the results

In general, it has been observed that the APC was a significant support for all the interviewees. It not only helped them occupy their free time and provide entertainment but also served as a place that evoked various emotions for them. Furthermore, being a site for socialising and integration helped them avoid feelings of loneliness. Three qualitative study patterns were distinguished: 1) Positive SPH, which delved into how older people felt physically and psychologically; 2) Therapeutic effects on the psychosocial and emotional health, where positive emotions were highlighted, and the APC was seen as a source of vitality mad; and 3) Preferences and desire for

**Table 1**  
Characteristics of the older participants ( $n = 9$ ).

Participants	Gender	Age	Civil status	DUKE-UNC Perceived social support	Activities in which participated
Participant No. 1	Female	77	Widow	Normal	Playing castanets, mobile phone classes
Participant No. 2	Female	73	Widow	Normal	Memory quizzes, painting, crochet, mobile phone classes, handicrafts
Participant No. 3	Female	77	Widow	Normal	Memory quizzes, mobile phone classes
Participant No. 4	Male	81	Widow	Low	Dominoes, petanque
Participant No. 5	Male	66	Single	Normal	Memory quizzes, mobile phone classes, English initiation classes, excursions
Participant No. 6	Female	75	Widow	Normal	Memory quizzes, crochet
Participant No. 7	Male	77	Single	Normal	Dominoes, excursions
Participant No. 8	Female	77	Widow	Normal	Memory quizzes, mobile phone classes, crochet
Participant No. 9	Female	74	Single	Low	Dominoes, mobile phone classes

learning in old age, where a wide variety of activity preferences were expressed.

#### *Pattern A: Positive SPH*

Regarding this first pattern, the aim was to understand the SPH of the older people who attended the APC. Despite self-perceiving their physical health as optimal, most participants experienced various ailments (pain, breathlessness). On the other hand, concerning self-perceived psychoemotional health, there was more significant heterogeneity, ranging from the most positive to something more variable (sadness, loneliness).

#### *Major Theme 1: How do older people feel?*

In this context, both physical and psychological aspects unfolded in the Minor Theme 1: Self-perception of physical health and the Minor Theme 2: Self-perception of psychological and socio-family health. On one hand, some perceived their physical health negatively, attributing it to various symptoms, consequences, or chronic illnesses that made them feel not entirely well.

*“Right now, I feel terrible because I’m sick. Physically, since I got Covid last year, I have been regular; I have a bad little period.” (Participant No. 2)*

*“Physically, well, I have some things that I know, regular. My throat is always bothered, and my pancreas is also bothered by chronic pancreatitis. But I walk a lot.” (Participant No. 5)*

On the other hand, the remaining older people perceived their physical health positively as they did not suffer from significant problems. In this latter group, it was observed how the self-perception of physical health was interconnected with their independence in carrying out household tasks, going out, and other activities.

*“Physically quite well, I do my own thing, although I don’t do things like I did before, but until now, I haven’t needed to look for a woman to fix anything, and I’m figuring myself out on my own.” (Participant No. 3)*

*“Physically fine, I feel fine, I don’t have any big problems, I don’t have to take medication at all, and I feel fine.” (Participant No. 6)*

On the psychological and emotional front, despite the variability among the collected experiences, a significant portion of the participants referred to their mood as something that changes daily and to their loneliness.

*“Psychologically neither good nor bad, some days you wake up well other days... depending.” (Participant No. 5)*

*“Psychologically also sometimes sadder and other times less sad, in short, I am alone and that, I find myself sometimes more depressed and that, or it depends a little on the day.” (Participant No. 9)*

#### *Pattern B: Therapeutic effects on the psychosocial and emotional health*

On another note, we uncovered the personal impact of attending the centre through this second pattern. The APC primarily assisted them psychologically, serving as a reason to leave home and break from routine, providing relief in their daily lives. Additionally, the older participants’ perception regarding their involvement in

activities was revealed, boosting their spirits and enthusiasm for learning. Likewise, this pattern discovered the emotions they experienced in the participation process, as establishing connections with others, mutual assistance, and serving as confidants made them feel accompanied.

#### *Major Theme 2: Why do older people attend the APC?*

On this occasion, the APC was seen as a place of escape: an opportunity for distraction for older people. This was reflected throughout Minor Theme 3: The Active Participation Centre as a place of escape/distraction. Going to the centre helped them leave home, distancing themselves from a monotonous routine and filling their many free hours during the day.

*“Coming here like this clears your mind a little bit, quite a bit.” (Participant No. 4)*

*“This makes day-to-day life more or less clear, not so routine: you have something to take care of.” (Participant No. 5)*

Consequently, participants perceived the passage of time differently and had other thoughts in their minds, leaving behind boredom, sadness, and loneliness.

*“I spend the time I come here without realising it.” (Participant No. 6)*

*“My day flies by. A distraction.” (Participant No. 7)*

In the Minor Theme 4: Reasons for going to the Active Participation Centre, exploring their reasons or motivations for attending the centre, it was discovered that, in general, these aligned with the entertainment it provided, the act of “moving”, interacting with others and learning new things.

*“Because I need to talk to people and to relate.” (Participant No. 3)*

*“Well, to entertain myself and learn. I like to learn things I didn’t know, I develop, I interact with people, that’s mainly.” (Participant No. 5)*

However, as a counterpoint, it was found that, on certain occasions, they attended due to the death of their spouse, seeking a place that would provide some “spirit”. Attending the centre became a motivation to feel active.

*“Well, I came to the centre because I became a widow at the age of 56, and suddenly I was left alone. And if I stay in my house, I sink.” (Participant No. 1)*

#### *Major Theme 3: The APC generates positive emotions*

Regarding the psycho-emotional sphere, in Minor Theme 5: Positive emotional effect, older participants reported experiencing pleasant and satisfying sensations, which generated positive associations with the APC. The contact with other older people made them feel accompanied, providing comfort in attending the centre.

*“They [APC staff] are also charming because if there were maybe four of us at a table and two were alone, they reunited us all so that the others didn’t feel alone. That makes me feel like we are all human.” (Participant No. 1)*

*“There is very beautiful harmony here, which is what interests us older people, getting to know each other.” (Participant No. 3)*

Most participants attributed an improvement in their mood and energy to the APC, increasing their emotional well-being.

*"The fact of coming and going, man, gives you life; at least it gives me a lot of life." (Participant No. 2)*

*"I feel very satisfied, and my mind stays busy." (Participant No. 3)*

Furthermore, in Minor Theme 6: Expansion of the social network of support and emotional relief, the centre allowed them to get to know each other, create new bonds, and become a source of external support for venting and receiving help. Additionally, some perceived the centre as a second home, with a harmonious atmosphere where everyone contributed.

*"I feel like I'm coming home, another second home, and that contact is very important, and of course, it gives you a little bit of life." (Participant No. 3)*

*"Because we help each other and talk to each other and we all contribute things to each other, they to me and I to them." (Participant No. 8)*

#### Pattern C: Preferences and desire for learning in old age

This final pattern focused on the activities the older participants preferred and with which they felt most satisfied. The responses were diverse, ranging from manual activities to acquiring new knowledge and rediscovering previously known activities that had been forgotten. On the other hand, physical mobility activities emerged as preferences, as did those more oriented towards what participants considered more beneficial.

#### Major Theme 4: What does going to the APC give to older people?

In Minor Theme 7: Cognitive exercises are the most favourite; older participants particularly highlighted activities that stimulated cognitive development. A significant majority engaged in sessions of this kind to continue developing their cognitive abilities, aiming to stay active and prevent a decline in capacities.

*"I think memory activities are good for me; it won't completely recover your memory, but at least it helps you not to fall into bed." (Participant No. 6)*

*"Dominoes because I like it, I get very distracted with it, you forget the worries you have, and it also helps the brain keep you awake." (Participant No. 7)*

Furthermore, in Minor Theme 8: Initiation with the mobile phone, they also emphasised workshops focused on learning to use mobile phones, something older people found necessary to practice to carry out daily tasks independently and stay updated. These workshops were considered the most useful.

*"Mobile phones... Nowadays everything is by phone, so of course it helps me to know how to handle that so that I can do things by myself." (Participant No. 1)*

*"On Wednesdays, I come to the mobile phone workshop, and I think it contributes a lot." (Participant No. 2)*

Finally, regarding preferences for activities among the older participants attending the APC, a wide variety was found in Minor

Theme 9: Variety is the essence. Some aimed at improving mobility, while others focused on learning new things they were not familiar with. The common thread among this diversity was that all activities gave them something valuable.

*"The castanets, but I have osteoarthritis in my hands, and now I have had an outbreak, and I have stopped, but it is perfect for me because I exercise a lot with my fingers." (Participant No. 1)*

*"I also really like excursions to the beach or anywhere because you have a fun day." (Participant No. 5)*

*"Also crocheting, which also helps me because I don't know how to crochet, but the teacher is the one who helps you, and well, then I have also made fringes, and then I have made my granddaughters a shawl and the truth is that I loved it." (Participant No. 6)*

## Discussion

This study found that the SPH status of the older participants was quite heterogeneous and individualised. Regarding the physical aspect, we discovered differentiated SPH in two groups. The first group had a negative physical self-perception contextualised by the diseases or ailments they suffered from. On the other hand, they self-perceived their physical health positively concerning their ability to perform various activities (household tasks, walking) and still see themselves as capable of specific tasks. This aligns with the work by Leeuwen et al.,<sup>31</sup> which indicates that older adults begin to redefine health in terms of abilities rather than the absence of diseases —only those with a loss of ability perceived health problems. Regarding the psychological aspect, a generally variable SPH was observed, with changeable mood states which were partially negative and connected with feelings of loneliness. This is supported in the study conducted by Newman et al.,<sup>32</sup> where feelings of loneliness or isolation are associated with an affected psychological state.

Likewise, this study discovered the therapeutic effects on psychosocial and emotional health caused by attending the APC. To begin with, we found that the APC for older adults provided a distraction for their day-to-day lives, steering them away from their monotonous routines and negative thoughts. In this way, a relationship is established between social participation, the individual's well-being, and life satisfaction. Concerning this finding, subsequent studies have shown that engaging in social networks and activities (physical, cognitive, and social) improves mental health and the performance of daily activities.<sup>33–35</sup> Regarding the main reasons for attending the APC, older participants mentioned that they go for the entertainment it provides, for physical activity, to learn new things, and to build relationships with other people as well; for some, it was the death of a spouse, seeking a place of disconnection. According to Dinh et al.,<sup>36</sup> the most notable reason for attending such centres is the opportunity for social interaction, connecting with people of the same age, staying active and leaving the house. The work of Novek et al.<sup>37</sup> also supports widowhood as a motivation to participate in the centre, where they have finally found an essential source of help and affection.

The emotions experienced at the APC were primarily positive. Older participants highlighted the boost in mood, energy, and companionship. This aligns with the research conducted by Krejci et al.,<sup>38</sup> which highlighted that engaging in leisure activities regularly ensures feelings of happiness and social confidence. Support is also found in the work of Carlock et al.,<sup>39</sup> where participants in activities proposed by these centres could enjoy their day-to-day lives and feel good about themselves.

Consecutively, the APC allowed older participants to meet new people, make new friends, and create external support. The work by



Aday et al.<sup>40</sup> stated that older participants in these centres recognised that the social networks provided by the centre are necessary and valuable emotional support; most participants attended because they knew they could receive help or have received support. It was also an opportunity to make new friends, which made them feel socially more connected and more satisfied with life.<sup>41</sup>

We found many preferences in the activities in which our older participants were involved. Cognitive activities were highly requested because older participants claimed they improved cognitive abilities and kept them active. According to the work by Lin et al.,<sup>42</sup> activities that exercise the mind in solving cognitive challenges bring emotional and social benefits, making them highly recommended for older people. Workshops focused on learning to use mobile phones allowed participants to feel updated and valuable by being able to do things independently. Similarly, several studies revealed that the opportunity to learn new technologies generates a sense of inclusion in older people as they overcome fear and resistance to these technologies, allowing them to adapt to the development and implementation of new technologies.<sup>43,44</sup> In the end, participation in any leisure/recreational activity provided well-being to older participants, who reported feeling new energy and joy after enjoying the activities.<sup>45</sup>

#### *Strengths and limitations of the study*

This study followed a detailed qualitative data analysis process, employing a hermeneutic framework for analysis, enhancing this study's rigour. Applying hermeneutics allows for a nuanced interpretation of the participants' narratives, acknowledging the role of pre-conceptions and biases in shaping the researchers' and participants' perspectives. By embracing this interpretative depth, the study goes beyond surface-level understanding, offering a comprehensive exploration of the sociocultural interactions affecting the psychosocial well-being of older participants in the APC. Moreover, using thematic-hermeneutic analysis ensures a systematic and structured approach to organising and identifying key patterns within the data, contributing to the reliability and validity of the study's findings. The process enables the extraction of meaningful themes, fostering a more profound comprehension of the experiences under investigation.

On the contrary, the study's reliance on a relatively small sample size of nine participants could limit the findings' generalizability. While the emphasis on qualitative research often prioritises depth over breadth, caution should be exercised when extending the conclusions to a broader population. However, Malterud et al.<sup>46</sup> argue that in qualitative research, a sample rich in information often arises from a few participants who contribute significantly to it. Additionally, the unique sociocultural dynamics within the chosen setting may not fully represent the diverse experiences encountered in APC in different locations.

#### *Relevance to clinical practice*

This study significantly contributes to the enhancement of clinical practice in gerontology by providing nuanced insights into the psychosocial and emotional well-being of older people engaged in APC. Clinicians can leverage these findings to tailor interventions that specifically address the psychosocial needs of the ageing population. Understanding the therapeutic effects of participating in such centres allows for incorporating social engagement strategies into treatment plans, promoting social integration and combating feelings of loneliness. Furthermore, the study underscores the importance of leisure activities in fostering well-being, offering clinicians guidance on recommending personalised recreational pursuits. By recognising the impact of sociocultural factors on emotional health, clinicians can

advocate for holistic geriatric nursing care, encompassing health interventions and targeted strategies to enhance the overall quality of life for older people. Thus, this study provides a valuable foundation for a person-centred and comprehensive approach to senior clinical practice.

#### **Conclusions**

This study revealed that the self-perception of the physical health of older participants was as negative, linked to the pathologies they suffered from, as positive for those who did not have significant problems. Simultaneously, it was observed that SPH was linked to their ability to be independent. On the psychological front, many older participants described their mood as changing and fluctuating daily. Additionally, they expressed feelings of loneliness in their lives. Furthermore, it was discovered that the APC is a place of entertainment that distracts and makes their days more enjoyable. Older participants unanimously attended the centre to move, leave the house, socialise, and learn new things. Notably, some attended after the death of a spouse, seeking encouragement and distraction. Concerning this, the centre has increased energy and emotional well-being for the older participants. Moreover, meeting new people has created crucial external support for them. Regarding the activities that made them feel more satisfied, learning to use a mobile phone stood out for providing greater autonomy, and cognitive activities were highlighted for keeping them active and preventing a decline in abilities. Finally, various activities were discovered, but the common thread was that they all brought something positive. This study shows the importance of an active lifestyle that includes engaging in activities and social interaction with the community, significantly enhancing older people's psychosocial and emotional well-being.

#### **Funding statement**

This research received no specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

#### **Declaration of competing interest**

None.

#### **CRediT authorship contribution statement**

**Marín-García Elena:** Conceptualization, Methodology, Investigation, Formal analysis, Data curation, Writing – original draft. **Martínez-Angulo Pablo:** Conceptualization, Methodology, Investigation, Formal analysis, Data curation, Writing – original draft, Writing – review & editing, Visualization, Supervision, Project administration.

#### **Acknowledgement**

Funding for open access charge: Universidad de Córdoba/CBUA.

#### **Supplementary materials**

Supplementary material associated with this article can be found in the online version at [doi:10.1016/j.gerinurse.2024.04.001](https://doi.org/10.1016/j.gerinurse.2024.04.001).

#### **References**

1. Creagh Peña M, García Ones D, Valdés Cruz R. Envejecimiento poblacional como reto de la ciencia, la técnica y la sociedad. *Rev Habanera Cienc Médicas*. 2015;14(6):884–886.
2. United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022: summary of Results. UN DESA/POP/2022/TR/NO. 3. Accessed December 2, 2023.

3. Peláez E, Débora Acosta L, Delia Carrizo E. Factores asociados a la autopercepción de salud en adultos mayores. *Rev Cuba Salud Pública*. 2015;41. Accessed December 2, 2023; <https://www.scielosp.org/article/rcsp/2015.v41n4/o7/>.
4. Córdoba AMC, Jaimes LOF, Restrepo MML. Autopercepción de la salud en el adulto mayor. *Rev Virtual Univ Católica Norte*. 2010;(31):407–428.
5. Peña RF. Redes sociales, apoyo social y salud. *Periferia Rev Investig Form En Antropol*. 2005;3(2):48–63. <https://doi.org/10.5565/rev/periferia.149>.
6. Luna Porta B, Pinto Fontanillo JA. Aislamiento y soledad no deseada en las personas mayores. *Factores Predisponentes Consecuencias Para Salud*. 2021. Published online.
7. Theofilou P. Quality of life: definition and measurement. *Eur J Psychol*. 2013;9(1).. Accessed December 2, 2023; <https://nursesoncall.com/wp-content/uploads/2021/05/quality-of-life.pdf>.
8. Active Ageing: A Policy Framework. Age-Friendly World. Accessed December 4, 2023. <https://extranet.who.int/agefriendlyworld/active-ageing-a-policy-frame-work/>.
9. Rodríguez M, Minguela Recover MÁ, Camacho Ballesta JA. The importance of the size of the social network and residential proximity in the reception of informal care in the European Union. *Eur J Soc Work*. 2018;21(5):653–664. <https://doi.org/10.1080/13691457.2017.1320523>.
10. Ramia I, Voicu M. Life Satisfaction and Happiness Among Older Europeans: the Role of Active Ageing. *Soc Indic Res*. 2022;160(2):667–687. <https://doi.org/10.1007/s11205-020-02424-6>.
11. Fastame MC. Life satisfaction in late adult span: the contribution of family relationships, health self-perception and physical activity. *Aging Clin Exp Res*. 2021;33(6):1693–1698. <https://doi.org/10.1007/s40520-020-01658-1>.
12. Azpiazu Garrido M, Cruz Jentoft A, Villagrasa Ferrer JR, Abanades Herranz JC, García Marín N, Alvear Valero de Bernabé F. Factores asociados a mal estado de salud percibido o a mala calidad de vida en personas mayores de 65 años. *Rev Esp Salud Pública*. 2002;76(6):683–699.
13. Instituto Nacional de Estadística. Accessed March 4, 2024. <https://www.ine.es/en/index.htm>.
14. Dreyfus HL. Being-in-the-world: a commentary on Heidegger's being and time, division I. Cambridge. *MA Mass Inst Technol*. 1991. Published online.
15. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care*. 2007;19(6):349–357. <https://doi.org/10.1093/intqhc/mzm042>.
16. Centros de Participación Activa - Junta de Andalucía. Accessed December 3, 2023. <https://www.juntadeandalucia.es/organismos/inclusion-social-juventud-familia-esi-gualdad/areas/mayores/envejecimiento-activo/paginas/centros-dia.html>.
17. Instituto de Estadística y Cartografía de Andalucía. Accessed December 3, 2023. <https://www.juntadeandalucia.es/institutodeestadisticaycartografia/sima/ficha.htm?mun=14021>.
18. Kallio H, Pietilä AM, Johnson M, et al. Systematic methodological review: developing a framework for a qualitative semi-structured interview guide. *J Adv Nurs*. 2016;72(12):2954–2965.
19. Crist JD, Tanner CA. Interpretation/analysis methods in hermeneutic interpretive phenomenology. *Nurs Res*. 2003;52(3):202.
20. Lowes L, Prowse MA. Standing outside the interview process? The illusion of objectivity in phenomenological data generation. *Int J Nurs Stud*. 2001;38(4):471–480. [https://doi.org/10.1016/S0020-7489\(00\)00080-8](https://doi.org/10.1016/S0020-7489(00)00080-8).
21. Benner P, Tanner CA, Chesla CA. *Expertise in Nursing Practice, Second Edition: Caring, Clinical Judgment, and Ethics*. Springer Publishing Company; 2009.
22. Benner P. *Interpretive Phenomenology: Embodiment, Caring, and Ethics in Health and Illness*. SAGE Publications; 1994.
23. Benner P. The role of experience, narrative, and community in skilled ethical comportment. *Adv Nurs Sci*. 1991;14(2):1.
24. Diekelmann NL. Behavioral pedagogy: a heideggerian hermeneutical analysis of the lived experiences of students and teachers in baccalaureate nursing education. *J Nurs Educ*. 1993;32(6):245–250. <https://doi.org/10.3928/0148-4834-19930601-04>.
25. Rodgers BL, Cowles KV. The qualitative research audit trail: a complex collection of documentation. *Res Nurs Health*. 1993;16(3):219–226. <https://doi.org/10.1002/nur.4770160309>.
26. Packer MJ, Addison RB. *Entering the Circle: Hermeneutic Investigation in Psychology*. SUNY Press; 1989.
27. Lincoln YS, Guba EG. *Naturalistic Inquiry*. 75. Beverley Hills: Sage; 1985. 1985.
28. Yunus NA, olde Hartman T, Lucassen P, et al. Reporting of the translation process in qualitative health research: a neglected importance. *Int J Qual Methods*. 2022;21:16094069221145282. <https://doi.org/10.1177/16094069221145282>.
29. Santos HPO, Black AM, Sandelowski M. Timing of translation in cross-language qualitative research. *Qual Health Res*. 2015;25(1):134–144. <https://doi.org/10.1177/1049732314549603>.
30. Translation in Qualitative Methods. *SAGE Research Methods Foundations*. SAGE Publications Ltd; 2020. <https://doi.org/10.4135/9781526421036779982>.
31. Leeuwen KM van, Loon MS van, Nes FA van, et al. What does quality of life mean to older adults? A thematic synthesis. *PLoS One*. 2019;14(3): e0213263. <https://doi.org/10.1371/journal.pone.0213263>.
32. Newman MG, Zainal NH. The value of maintaining social connections for mental health in older people. *Lancet Public Health*. 2020;5(1):e12–e13. [https://doi.org/10.1016/S2468-2667\(19\)30253-1](https://doi.org/10.1016/S2468-2667(19)30253-1).
33. Bae S, Lee S, Lee S, et al. The effect of a multicomponent intervention to promote community activity on cognitive function in older adults with mild cognitive impairment: a randomized controlled trial. *Complement Ther Med*. 2019;42:164–169. <https://doi.org/10.1016/j.ctim.2018.11.011>.
34. Santini ZI, Jose PE, Koyanagi A, et al. Formal social participation protects physical health through enhanced mental health: a longitudinal mediation analysis using three consecutive waves of the Survey of Health, Ageing and Retirement in Europe (SHARE). *Soc Sci Med*. 2020;251: 112906. <https://doi.org/10.1016/j.socscimed.2020.112906>.
35. Ma X, Piao X, Oshio T. Impact of social participation on health among middle-aged and elderly adults: evidence from longitudinal survey data in China. *BMC Public Health*. 2020;20(1):502. <https://doi.org/10.1186/s12889-020-08650-4>.
36. Dinh D. Increasing Social Participation in Senior Center Through Program Development. Published online 2019. Accessed December 2, 2023. <https://core.ac.uk/download/pdf/1227438092.pdf>.
37. Novek S, Menec V, Tran T, Bell S. Social participation and its benefits. *Cent Aging*. Published online 2013. Accessed December 2, 2023. <http://umanitoba.ca/centre-on-aging/sites/centre-on-aging/files/2021-02/centre-aging-research-publications-report-social-participation-and-its-benefits.pdf>.
38. Krejci M, Hill M, Bendikova E, Jandova D, Kajzar J. Interplay among physical balance ability, physical activities realization, anthropometric parameters and psychosocial indices in relation to gender and age of seniors 65+. *Phys Act Rev*. 2020;1(8):121–132.
39. Carlock A.E. *The Lived Experiences of Older Adults Attending Senior Centers and the Relationship to Self-Reported Depressive Symptoms*. Ph.D. 2020. Accessed December 2, 2023. <https://www.proquest.com/docview/2420815666/abstract/462A8D07BCE34EEEPQ/1>.
40. Aday RonaldH, Wallace B, Krabill JJ. Linkages Between the Senior Center as a Public Place and Successful Aging. *Act Adapt Aging*. 2019;43(3):211–231. <https://doi.org/10.1080/01924788.2018.1507584>.
41. Vivoda JM, Kessler V. Assessing Participant Satisfaction and the Impact of Senior Centers in Rural Northwestern Ohio Counties. Published online January 10, 2019. Accessed December 2, 2023. <http://sc.lib.miamioh.edu/handle/2374.MIA/6286>.
42. Lin ML, Lopez JD, Silva A, et al. Cognitive and socio-emotional benefits of puzzle working in older adults. *Act Adapt Aging*. 2023;47(3):348–363. <https://doi.org/10.1080/01924788.2022.2120761>.
43. Nyman A, Isaksson G. Togetherness in another way: internet as a tool for togetherness in everyday occupations among older adults. *Scand J Occup Ther*. 2015;22(5):387–393. <https://doi.org/10.3109/11038128.2015.1020867>.
44. van Boekel LC, ST Peek, Luijkx KG. Diversity in older adults' use of the internet: identifying subgroups through latent class analysis. *J Med Internet Res*. 2017;19(5): e6853. <https://doi.org/10.2196/jmir.6853>.
45. Yoon H, Huber L, Kim C. Sustainable aging and leisure behaviors: do leisure activities matter in aging well? *Sustainability*. 2021;13(4):2348. <https://doi.org/10.3390/su13042348>.
46. Malterud K, Siersma VD, Guassora AD. Sample size in qualitative interview studies: guided by information power. *Qual Health Res*. 2016;26(13):1753–1760. <https://doi.org/10.1177/1049732315617444>.