

## Spare time and leisure activities in older adults, during social isolation

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### Abstract

Human beings, upon reaching this stage of old age, experience a phase of social isolation, caused by the decline of body structures and functions at the biopsychosocial level. Likewise, in March 2020, as a preventive measure to curb the spread of the covid-19 virus, social isolation is abruptly and permanently decreed for the entire Colombian population, with a greater impact on this population due to comorbidity criteria. Hence the importance of evaluating the different leisure and free time activities carried out by institutionalized older adults in times of social isolation. A descriptive quantitative methodological approach was adopted. The results show that older adults invest much of their time in activities that do not require greater physical effort or professional accompaniment, such as watching television or listening to the radio (91%). However, some of the activities have been abandoned as a result of the physical deterioration associated with the aging process, such as reading and walking, observed in 67% and 36% of the cases, respectively.

**Keywords:** Elderly, activities of daily living, leisure and free time, nursing homes, etc.

### Introduction

Currently, the World Health Organization (WHO) refers that the older adult population is increasing, which includes those aged 60 years and older. This population comes from a process of active participation in social environments, as dynamic beings in various fields, however, sometimes aging is related to the normal deterioration of health where you can see the difficulties in the physical, and cognitive levels which in turn leads to initial isolation with family and later with the social (Hernández-Vergel et al., 2018). For this reason, the figures show that older adults are increasing rapidly, where a worldwide increase is estimated for the period 2015 to 2050 such population will double from 12% to 22% (WHO, 2017).

Likewise, it is considered that the older adult person is considered by society as a population

with a high vulnerability index even more in the times of pandemic that is currently experienced, taking into consideration that at this stage of life is where the decline of each of the physical, cognitive and social skills begins, in addition to the passage through which they face such as from the production stage to retirement which can cause an alteration in the free time and leisure of this type of population.

In Colombia, according to the National Administrative Department of Statistics (DANE, 2021) of the total number of the population aged 65 years and older, approximately 99% reside with their families, in contrast with the remaining 1% of people living in Specialized Places of Accommodation-Geriatric Centers (hereinafter LEAS). As for the elderly living in centers/asylums, they are referred to as institutionalized persons (Rojas, 2012), and

others, deduced that the elderly upon entering these centers initiate a transformation process where the main thing is the observation and later the adaptation to their new life, where a significant correlation between the autonomy and independence of the elderly person and the deterioration of health due to Institutionalization is evidenced. Likewise, these people may develop other dependencies or losses at the psychological level or material objects.

For this reason, older adults may feel lost in the new context, when entering these centers/nursing homes, they break interpersonal relationships, which have been formed throughout their lives, and thus may limit their adaptation and independent participation in daily life activities. This implies difficulty in self-motivation in pleasurable and interesting activities such as leisure and free time, which are diminished or null, which restricts new social relationships with peers, leading to experience low personal growth, decreased cognitive functions, depreciation of self-esteem and, therefore, affects the quality of life and subjective well-being.

For the above, it is important to emphasize that older adults are progressively losing skills and abilities to perform in different areas of occupation, which in turn affects the loss of most of their roles. For this reason, leisure and free time activities of interest and pleasure should be progressively included in the daily routine of the elderly to favor the maintenance of skills for as long as possible, since through these activities, intrinsic motivation is implemented so that they can develop naturally and autonomously in the different activities, working together cognitive and motor skills which favor the performance in the activities of daily and instrumental life. It is important to keep in mind that older adults should not be allowed to adopt a sedentary lifestyle, since this causes an increase in contractures and pain in the joints, since the absence of exercise in their body leads to a reduction in muscle mass and strength, generating a weakening of the joints, leaving them more exposed to pain in the neck, waist and back, which hinders their autonomous performance.

## Activities of daily living

Human beings can perform various activities daily, some of which are necessary for life because they contribute to their maintenance, such as bathing, eating, and dressing, among others. However, there are other activities in which they can participate that are different from these basic activities, some associated with tasks in their environment and others that offer satisfaction and well-being.

For Horgas (1998), it is essential to analyze the types of activities of daily living in older adults as the target population of this research:

- a) Basic activities of daily living, are associated with personal sustenance and aim at the physical survival of the person.
- b) Instrumental activities of daily living, which are related to the actions performed by the older adult to ensure that he/she is an active part of a social or work environment.
- c) Leisure and social activities, which are directly linked to self-enriching activities performed mainly in a social or community environment.

These activities of daily living are essential in the diagnosis of the quality of life and the functional assessment of older adults, as reviewed in the work of Acosta and González-Celis (2010). Regarding leisure and social activities in older adults, those proposed by Lemon et al. (1972) are considered, which are later mentioned in the activity theory proposed by Litwin & Shiovitz-Ezra (2006), who classify them as follows:

- (a) Informal activities, among which the following stand out: going on a trip, chatting with family, friends or neighbors, or having interaction with children, whose link is likely to be their grandchildren.
- b) Formal activities, which include supporting religious tasks such as visiting homes in the community or caring for the sick, carrying out handicraft workshops or making objects or artistic

creations, or caring for the environment, which commonly occurs in groups of older adults.

c) Solitary activities, which include reading newspapers or books, listening to the radio, watching television and other related activities.

In addition, it can be said that these activities are not exclusive, since many factors influence this aspect, such as, for example, the health or mobility limitations of the older adult, personal tastes that are strongly influenced by the income or lifestyle to which the person was accustomed during his or her productive working life. In this sense, it is stated that "some of the most popular activities to occupy free time in old age are gardening or reading, watching sporting events on television, visiting friends or relatives, going for a walk or training in creative activities" (Acosta & González-Celis, 2006, p. 290).

### **Leisure Activities**

The occupations of the institutionalized older adult population, especially in the development of Leisure and Free Time activities, derive from programs organized by governmental entities or educational institutions, where they structure academic programs with human resource personnel, with higher educational levels, financial support and leadership that is not always appreciated or valued by the collective and the institution. Even so, due to the pandemic, these programs were suspended, bearing in mind that this is a population vulnerable to contagion. Despite the limitations imposed, the intrinsic and extrinsic motivation, interests that generate immediate gratification, requests, and desires of these people must be known, that promote active aging with depreciation or prevention of the deterioration of physical and cognitive body functions, which can be executed through modalities that involve the use of leisure and free time, considering the quality of life and thus increasing subjective well-being (Hernandez, 2018).

Within the American Occupational Therapy Association (2014) it is stated that a voluntary

activity that is performed for self-motivation in a space of time not committed to mandatory activities can be considered leisure time activities. On the other hand, Chacón et al. (2016) classify them as those activities that are executed in spaces different from everything usual or every day that could be used properly or simply, wasted. When this occupation is creatively executed, the older adult develops capabilities in the body functions related to the musculoskeletal and mental system, in turn, it favors personal balance while enriching the person's experiences. Therefore, free time is used to develop activities of personal taste and interest, with a defined purpose and/or objective that is of immediate gratification, either of personal growth, improvement of health or quality of life (Padial et al., 2018).

For such reason, this research stems from the scarce understanding of leisure and free time occupational interests about the prospects of active participation of the older adult in times of mandatory social isolation due to covid-19, as a response to stop the rapid contagion and mitigate the affectations in the population (WHO, 2020; Mahase, 2020). These considerations determine an affectation in all human occupations, since it suddenly led the inhabitants regardless of the life cycle to modify and alter habits and routines, causing an emotional imbalance, generating a process of resignification of preferences or affinities, not only to the educational community, but also to the common population, and with greater reason, it can be expected to have effects on the most vulnerable social groups such as the elderly (Hernández et al., 2021; Hernández et al., 2019).

### **Methodology, Materials and methods**

The research characteristics of this project are the following: quantitative in nature, at a descriptive level, following a cross-sectional field design. Being a field study, the data collection is obtained directly from the primary source, which, in this case, corresponds to a group of institutionalized older adults. Data collection was managed in compliance with all biosecurity protocols to mitigate the probability of covid-19 infection.

Likewise, the data collection instrument used is composed of two sections: an initial part in which the socio-demographic profile is defined, with questions related to age, gender, marital status, occupation, level of study, and whether there is a person who supports the activities, whether there is any disability and what type; as a second section, the leisure and free time activities are determined, for which the modified interest list instrument of Kielhofner and Neville (1983) is used, consisting of the collection of data associated with the tastes and interests of the human being. The instrument consists of three parts, the first part the person answers about the interests and another part indicates the interests according to the occupational history, the interests that the person keeps pleasantly and the future predominance of participating in them. This instrument has been translated into Spanish and validated in the context by Rogers et al. (1978), who analyzed the validity of the classification or systematization of interests through the application of factor analysis, taking into account the projection of the instrument in practice according to the association with the MOHO. It was modified by Scaffa (1981), and later by Kielhofner and Neville (1983), to be applied to the adult population and to achieve the reliability and validity of the instrument.

The sample consisted of 20 institutionalized older adults whose ages ranged from 60 to 90 years. These participants belonged to a nursing home in the city of San José de Cúcuta, Colombia, which is made up of approximately 90 people. However, for the selection of the sample and determination of its size, the inclusion criteria were considered as being older than 60 years, not having a neurological history or alterations of consciousness/cognitive and that they agreed to be part of this research voluntarily.

## Results and discusión

The results have been organized according to the composition of the instrument, that is, first the demographic profile and then the diagnosis of interests in leisure and free time activities. Likewise, the descriptive results associated with each variable under study are initially presented

and then discussed concerning the literature consulted.

### Socio-demographic profile

Regarding the socio-demographic profile of the surveyed older adults, it was determined that:

Regarding gender, 84.2% are women and the remaining percentage (equivalent to 15.8%) corresponds to men. These figures exceed 30% the predominance of the female gender in the 2020 population projection in Colombia, where it is estimated that there were 680,8641 older adults and 55% of them correspond to the female gender (DANE, 2021).

Regarding age, 42.1% are between 60 and 70 years old, 36.8% are between 71 and 80 years old, and the remaining percentage is over 81 years old. This situation becomes a challenge for the institutions dedicated to the care of this population, since they must ensure that they remain active until the last day of their lives, with emotional and physical well-being, as highlighted by Gutiérrez-Robledo (2002), who states that this is one of the greatest challenges that public health must face in the various countries because of the growing increase in the elderly population.

Regarding marital status, 21.1% are married, 5.3% are separated, 31.6% are single, 36.8% are widowed, and of this percentage, 21.2% are women. Finally, the remaining 5.3% are in a free union. Several studies have highlighted the importance of being married or having a partner in the aging process for all human beings, regardless of gender, since they feel supported to face the activities that the day-to-day brings (Madrid & Garcés, 2000; Van & Henkens, 2005). In some cases, the adult person is without a partner but has the support of a family member, but when asked if they had someone to support them or to be aware of their needs, it was determined that in 84.2% of the cases, they said no, then this situation could enhance in their feelings of loneliness and abandonment (Hernández et al., 2019; Hernández-Vergel, 2018).

When exploring the occupation, they performed before being admitted to the asylum, it was determined that all the women were engaged in household activities, while, men, they assured that they performed independent activities of various trades. In both cases, the results contrast with the findings of the DANE report (2021), which mentions the existence of gender differences in terms of daily working hours and the economic remuneration received for the activity performed, being less favorable for women who, when performing household chores, work longer hours (between 8 and 12 hours a day) and receive little or no remuneration. But this same situation, when analyzing the percentage of unemployment in adults over 60 years of age in Colombia, shows that by October 2020, 8.2% of the unemployed were men, in contrast to the 2.5% corresponding to women. For the same measurement date, 62.5% of people over 60 years of age were self-employed and only 14.2% were formally employed.

Concerning the schooling attained by the informants, it was determined that 5.3% had a Secondary Basic Education, corresponding entirely to the female gender. A total of 78.9% had completed some grade of primary education but had not finished it, while 15.8% had never entered the Colombian education system. These results are similar to those reported by the DANE report (2021) which mentions that 49.3% of older adults for the year 2018 reported Primary Basic Education as the maximum educational level reached, while 14.2% did not reach any educational level.

Continuing with the characterization, they were asked if they had any type of disability that impeded their normal performance, to which 42.2% responded that, yes they were affected, half by a physical disability and the other half by a visual disability.

Regarding the degree of disability, it was determined that of the 42.1% who are affected, 10.5% are at a mild level, 15.8% at a moderate level and 15.8% at a severe level.

Concerning the degree of affectation according to gender, it was determined that at the mild level, it

is distributed equally between men and women, while at the moderate level the percentage of women affected is double that of men, and at the severe level is only observed in women.

As mentioned, "aging is considered as a process where a progressive deterioration occurs in the organism, leading to morphological, functional, psychological and biochemical alterations, causing vulnerability" (Camargo-Hernández & Laguado-Jaimes, 2017, p. 164). The reason why it is normal that, at this stage of the human being, limitations or alterations of body structures or functions occur, therefore disabilities directly affect the normal development of activities that were previously considered everyday activities.

### Leisure Activities

Advancing in the research objective, the degree of affinity of the older adults with six activities was explored: gardening, sewing, board games (parquets, dominoes, cards), listening to the radio or watching television, walking and reading. These activities were assessed at four different points in time: in the last ten years, in the last year, currently, and if they would like to in the future.

The first activity evaluated with the older adults corresponds to gardening (understood as maintenance and care of plants, that is, watering them or cleaning their leaves), to which it is concluded that opinions are divided on this subject, given that half say they like this activity, highlighting that they have done it in the last year, but some have abandoned it at present, but would like to resume it in the future (Table 1).

The gardening activity could be classified as physical recreational activity, as reviewed in Acosta and González-Celis (2010) along with other activities such as dancing, going on trips, playing with children, walking, hiking, singing, and swimming, among other activities.

**Table 1.** Gardening activity.

<b>Moment of time</b>	<b>Answer options</b>	
	<b>Yes</b>	<b>No</b>
In the last ten years	47.4%	52.6%
In the last year	52.6%	47.4%
Currently doing it	47.4%	52.6%
Would like to do it in the future	52.6%	47.4%
<b>Percentage Average</b>	<b>50.0%</b>	<b>50.0%</b>

The second activity evaluated with the older adults corresponds to sewing (understood as mending unpatched pieces, gluing buttons, and sewing pillows, among others). It was determined that an average of 65.8% of them have not carried out this activity and are not interested in doing it today or in the medium term (Table 2).

It is noteworthy that at least one out of every three older adults surveyed said that they have

developed actions associated with this activity and that they are interested in continuing to do so. Sewing, along with activities such as watching television, playing board games, reading, painting, drawing, going to the movies or doing yoga, are classified as mental recreational activities in the work of Acosta and González-Celis (2010).

**Table 2.** Sewing activity.

<b>Moment of time</b>	<b>Answer options</b>	
	<b>Yes</b>	<b>No</b>
In the last ten years	42.1%	57.9%
In the last year	26.3%	73.7%
Currently doing it	31.6%	68.4%
Would like to do it in the future	36.8%	63.2%
<b>Percentage Average</b>	<b>34.2%</b>	<b>65.8%</b>

The third activity evaluated with the older adults corresponds to participation in board games such as parcheesi, dominoes, cards or playing cards, among many others. Table 3 shows that participation in various board games are activities that four out of ten people in this nursing home engage in. This affirmation is strengthened by the fact that this activity has been carried out in the last year, is currently being carried out and is considered to be present in future actions within

the asylum. When comparing the relative percentage by gender concerning the liking for board games, it was determined that older adults of the male gender have greater acceptance than women.

This finding is contrary to that identified in the work of Acosta et al. (2014) who concluded that the percentage of participation in these activities was the same among men and women.

**Table 3.** Sewing activity.

<b>Moment of time</b>	<b>Response options</b>	
	Si	No
In the last ten years	26.3%	73.7%
In the last year	47.4%	52.6%
Currently doing it	47.4%	52.6%
Would like to do it in the future	47.4%	52.6%
<b>Percentage Average</b>	<b>42.2%</b>	<b>57.8%</b>

Watching television or listening to the radio corresponds to the fourth activity evaluated with institutionalized older adults. Table 4 shows that nine out of ten of the people surveyed have linked this activity as part of their past, present and near future.

A situation that allows intuiting that it is an activity strongly promoted within the nursing home, given its low complexity and requirement of support staff Rayén et al. (2016). As mentioned in Litwin and Shiovitz-Ezra (2006), and Schaie and Willis (2003) watching television or listening to the radio is classified within the category of

solitary activities, since they are performed independently.

In the group of informants surveyed, there was evidence of favoritism towards these two activities, since they are considered recreational and fun, but as described in the research by Árraga and Sánchez (2007) "this activity has come to replace the need for company in those who live alone" (p. 40), which could be happening in them, given that more than 90% of them have more than twelve years in the asylum and less than 5% receive a visit from a family member regularly.

**Table 4.** Activity associated with listening to the radio or watching television.

<b>Moment of time</b>	<b>Response options</b>	
	Yes	No
In the last ten years	84.2%	15.8%
In the last year	94.7%	5.3%
Currently doing it	94.7%	5.3%
Would like to do it in the future	89.5%	10.5%
<b>Percentage Average</b>	<b>90.8%</b>	<b>9.2%</b>

When exploring the activity of walking among the surveyed older adults, it was determined that it was a recurrent activity in their past, but as time has passed, its intensity has decreased, possibly due to the physical deterioration associated with their aging process.

This situation allows concluding that an average of 64.5% of the informants consider this activity to be part of their daily routine, as shown in Table 5. In the research conducted by Fernández-Mayoralas et al. (2015), the concept of "active aging" is highlighted. As the positive view of

aging and participation in activities of different types" (p. 40). One of the characteristics of active aging is that the older adult can mobilize

autonomously, which points to the improvement of their quality of life and enhances the concept of enjoying successful aging.

**Table 5.** Activity associated with walking.

<b>Moment of time</b>	<b>Answer options</b>	
	Yes	No
In the last ten years	100.0%	0.0%
In the last year	68.4%	31.6%
Currently doing it	36.8%	63.2%
Would like to do it in the future	52.6%	47.4%
<b>Percentage Average</b>	<b>64.5%</b>	<b>35.5%</b>

In the last activity evaluated in older adults, which corresponds to the habit of reading, it could be determined that on average 32.9% perform this activity, but when observing the evolution of the percentage as a timeline it can be evidenced that it is an activity whose percentage has been decreasing as time goes by.

Although not enough research has been conducted on the possible relationship between language and the aging process, Stuart-Hamilton (2002, cited in Martínez, 2015, p. 10) highlights the process of reading in older adults and states that "this should be understood as the process of decoding and

understanding the message, within which, in addition, different cognitive, perceptual, memory and linguistic skills are involved". In the daily life of older adults, although they have more free time that could be invested in reading, this is not the case. In this same study, it is highlighted that although those who have developed this habit since their youth, in adulthood they change the type of readings they review, for example, now they are interested in reading newspapers due to their simplicity. Additionally, another factor that influences the disinterest of the older adult population in reading is the possible physical and psychological limitations that arise at that age.

**Table 6.** Activity associated with reading

<b>Moment of time</b>	<b>Answer options</b>	
	Yes	No
In the last ten years	63.2%	36.8%
In the last year	42.1%	57.9%
Currently doing it	10.5%	89.5%
Would like to do it in the future	15.8%	84.2%
<b>Percentage Average</b>	<b>32.9%</b>	<b>67.1%</b>

## Conclusions

This work aims to evaluate the different leisure and free time activities carried out by institutionalized older adults in times of social isolation. The methodological proposal of the quantitative approach was followed to make a description of the observable or manifest characteristics of the group of 20 institutionalized older adults whose average age was 68.5 years.

It was found that the older adults experienced feelings of abandonment and lack of direct attention, which caused damage to their biopsychosocial state and alterations of routines in participating in leisure and free time activities that were pleasurable, aroused their interest and produced immediate gratification. Based on the above and the results found, it can be concluded as the main finding of this research that most of the participants' free time (at present) is mainly devoted to watching television or listening to music since these activities do not require greater accompaniment by the institution's support staff.

The senior centers/nursing homes were forced to suspend the programs established by the Universities or governmental entities, especially for almost the entire year 2020 due to the covid-19 pandemic. As of February 2021, society urgently demands a return to controlled normality in which biosecurity measures and protocols issued by the WHO must be strictly complied with. Despite this situation, access to this type of place is still very restricted, so the elderly population of the nursing home under study, from March 2020 to the date of writing this article (June 2021), has remained in contact with more than 95% of the time only with the staff of the institution, which has reduced to a minimum the covid-19 infection in them (only one case).

## References

- [1] American Occupational Therapy Association. (2014). Occupational Therapy Practice Framework: Domain and Process. *American Journal of Occupational Therapy*, 68(Sup.1), 1-48. <https://doi.org/10.5014/ajot.2014.682006>
- [2] Acosta, C. O., Echeverría, S. B., Vales, J. J., Ramos, D. Y. & Bojórquez, C. I. (2014). Variables psicosociales asociadas a la frecuencia de actividades de ocio en adultos mayores mexicanos. *Psicología y salud*, 24(1), 109-119.
- [3] Acosta, C. O., González-Celis, A. L. M. (2010). Actividades de la vida diaria en adultos mayores: la experiencia de dos grupos focales. *Enseñanza e Investigación en Psicología*, 15(2), 393-401.
- [4] Árraga, M., & Sánchez, M. (2007). Recreación y calidad de vida en adultos mayores que viven en instituciones geriátricas y en sus hogares. Un estudio comparativo. *Espacio abierto*, 16(4), 737-756.
- [5] Camargo-Hernández, K., & Laguado-Jaimes, E. (2017). Grado de deterioro cognitivo de los adultos mayores institucionalizados en dos hogares para ancianos del área metropolitana de Bucaramanga-Santander, Colombia. *Universidad y salud*, 19(2), 163-170. <https://doi.org/10.22267/rus.171902.79>
- [6] Chacón, R., Arufe, V., Cachón, J., Zagalaz, M. L., & Castro, D. (2016). Estudio relacional de la práctica deportiva en escolares según el género. *SPORT TK-Revista EuroAmericana de Ciencias del Deporte*, 5(1), 85-92. <https://doi.org/10.6018/249161>
- [7] Departamento Administrativo Nacional de Estadística. (2021, enero). *Informe Adulto mayor, características generales*. DANE. <https://www.dane.gov.co/files/investigacion/es/genero/presentacion-caracteristicas-generales-adulto-mayor-en-colombia.pdf>
- [8] Fernández-Mayoralas, G., Rojo, F., Forjaz, M. J., & Rodríguez, V. (2015). Envejecimiento activo y participación en actividades de ocio entre adultos mayores residentes en comunidad y en institución. En M. J. Monteagudo, J. Cuenca, R. San Salvador, *Aportaciones del ocio al envejecimiento satisfactorio* (pp. 39-65). Instituto de Estudios de Ocio y Universidad de Deusto.
- [9] Gutiérrez-Robledo, L. M. (2002). Looking at the future of geriatric care in developing countries. *Journal of Gerontology, Medical*

- Series*, 57(3), M162–M167. <https://doi.org/10.1093/gerona/57.3.M162>
- [10] Hernández, V., Prada, R., & Hernández, C. A. (2018). Bienestar subjetivo entre adultos mayores institucionalizados en la ciudad de Cúcuta, Colombia. *Diversitas: Perspectivas en Psicología*, 14(1), 243-262.
- [11] Hernández, V. K., Solano, N., & Fernández, F. (2019). Entorno social y sentimientos de soledad en adultos mayores institucionalizados. *Revista Cuidado y Ocupación Humana*, 8(2), 6-15.
- [12] Hernández, V. K., Prada, R., & Hernández, C. A. (2021). Afectaciones ocupacionales y emocionales derivadas del aislamiento social en tiempos del Covid-19. Un estudio de casos. *Revista Boletín Redipe*, 10(2), 295-311. <https://doi.org/10.36260/rbr.v10i2.1214>
- [13] Hernández-Vergel, V., Prada-Núñez, R., & Hernández-Suárez, C.A. (2018). Adaptación del perfil PERMA de bienestar subjetivo para adultos mayores institucionalizados colombianos. *Revista Ciencia y Cuidado*, 15(1), 83–97. <https://doi.org/10.22463/17949831.1235>
- [14] Horgas., A. L., Wilms, H. U., & Baltes, M. M. (1998). Daily life in very old age: everyday activities as expression of successful living. *The Gerontologist*, 38(5), 556-568. <https://doi.org/10.1093/geront/38.5.556>
- [15] Kielhofner, G., & Neville, A. (1983). *The Modified Interest Checklist. Unpublished manuscript, Model of Human Occupation Clearinghouse. Department of Occupational Therapy. University of Illinois at Chicago.*
- [16] Lemon, B. W., Bengtson, V. L., & Peterson, J. A. (1972). An exploration of the activity theory of aging: Activity types and life satisfaction among in- movers to a retirement communitu. *Journal of Gerontology*, 27(4), 511-523. <https://doi.org/10.1093/geronj/27.4.511>
- [17] Litwin, H., & Shiovitz-Ezra, S. (2006). The association between activity and wellbeing in later life: What really matters? *Ageing & Society*, 26(2), 225-242. <https://doi.org/10.1017/S0144686X05004538>
- [18] Madrid, A. J., & Garcés, E. J. (2000). La preparación para la jubilación: Revisión de los factores psicológicos y sociales que inciden en un mejor ajuste emocional al final del desempeño laboral», *Anales de Psicología*, (1), 87-99.
- [19] Mahase, E. (2020). Coronavirus: covid-19 has killed more people tan SARS and MERS combined, despite lower case fatality rate. *BMJ*, 368(m641), <https://doi.org/10.1136/bmj.m641>
- [20] Martínez, M. (2015). *Taller de promoción de lectura con adultos mayores: beneficios de la lectura durante el envejecimiento* (tesis especialización, Universidad Veracruzana). Repositorio Institucional UV. [https://www.uv.mx/epl/files/2015/12/Protocolo\\_MarianaMarti%CC%81nezFortuno-4.pdf](https://www.uv.mx/epl/files/2015/12/Protocolo_MarianaMarti%CC%81nezFortuno-4.pdf)
- [21] Organización Mundial de la Salud. (2017, 12 de diciembre). *La salud mental y los adultos mayores*. Centro de prensa. OMS. <https://www.who.int/es/news-room/fact-sheets/detail/la-salud-mental-y-los-adultos-mayores>
- [22] Organización Mundial de la Salud. (2020, 03 de marzo). *Alocución de apertura del director general de la OMS en rueda de prensa para las misiones diplomáticas sobre el Covid-19*. OMS. <https://www.who.int/es/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-mission-briefing-on-covid-19---4-march-2020>
- [23] Padial, R., Viciano, V., & Palomares-Cuadros, J. (2018). Adherencia a la dieta mediterránea, la actividad física y su relación con el IMC, en estudiantes universitarios del grado de primaria, mención de educación física, de Granada. *ESHPA - Education, Sport, Health and Physical Activity*, 2(1), 30-49. <https://doi.org/10.30827/Digibug.49836>
- [24] Rayén, A., Bastías, G., Valdivi, G., Cheix, C., Barrios, X., Rojas, R., Gálvez, M., & Fernández, M. (2016). Adultos mayores en Chile: descripción de sus necesidades en comunicación en salud preventiva. *Cuadernos.Info*, (38), 85–104. <https://doi.org/10.7764/cdi.38.964>
- [25] Rogers, J., Weinstein, J., & Figone, J. (1978). The interest checklist: an empirical assessment. *American Journal of Occupational Therapy*, 32(10), 628-630.

- [26] Rojas, M. J. (2012). *La intervención enfermera como instrumento de formación en cuidados y autocuidados de personas mayores en el espacio domiciliario* (tesis doctoral, Universidad de Huelva). Repositorio Institucional UHU. <http://rabida.uhu.es/dspace/handle/10272/6047>
- [27] Scaffa, M. (1981). *Temporal Adaptation and Alcoholism* (master's thesis, Virginia Commonwealth University).
- [28] Schaie, K. W., & Willis, S. L. (2003). *Psicología de la edad adulta y la vejez*. Pearson Educación.
- [29] Stuart-Hamilton, I. (2002). *Psicología del envejecimiento*. Morata.
- [30] Van, H., & Henkens, K. (2005). Couple's adjustment to retirement: A multi-actor panel study. *J Gerontol B Psychol Sci Soc Sci*, 60(1), 11-20. <https://doi.org/10.1093/geronb/60.1.s11>