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# INCREASE IN QUALITY OF LIFE IN OLDER ADULTS BY PHYSICAL ACTIVITY PRACTICE

Ricardo Jose Ibáñez Pérez (a)\*, Alfonso Martinez-Moreno (b), Maria Ángeles López Garcia (c)  
\*Corresponding author

(a) Faculty of Sports Sciences, University of Murcia, San Javier, Spain, ricardojose.ibanez@um.es

(b) Faculty of Sports Sciences, University of Murcia, Spain, almamo@um.es

(c) Faculty of Sports Sciences, University of Murcia, Spain, malg2@um.es

### *Abstract*

The growth of the relative participation of older people in daily activities can be explained by the increase in longevity, a pattern that has been evident for several decades because life expectancy has increased. The general objective of this investigation has been to know the habits of life, quality of life, and habits of practice of physical activity, of the group of elderly people of the centers of the Murciano Institute of Social Action (IMAS), of the Region of Murcia, which carries out many physical activity programs in all its municipalities. These socio-motor programs are aimed at maintaining the physical condition and the cognitive aspects that can be altered by aging, whose purpose is to maintain an active life and progress in years progressively and of course achieve a good and better life quality. The instrument used has been a questionnaire on healthy habits and practice of Physical and Sports Activity in older people. The results obtained lead us to believe that the practice of physical activity favors the improvement of a good quality of life. And one of our conclusions is that to increase the quality of life in the elderly, we must improve those situations in which people live and that include measures or actions aimed at social equality, achieving the best level of health to allow them to function in a way autonomous and have a good quality of life.

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**Keywords:** Quality of life, older adults, physical activity, active aging.



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## 1. Introduction

Our personal lifestyle conditions both old age and our last years, so taking care of our health, well-being and improving our quality of life, is something that should almost be taught to young people as a school subject. Body maturity will lead us to reach a satisfactory old age, where the quality of life standard will have been achieved and will allow us to attain our goal to live longer.

The study in this paper is based on an apparent contradiction: although the benefits of sports for health and quality of life are widely recognized, the majority of the population does not incorporate it into their daily routines. Sedentary work, lack of free time and passive leisure activities explain this discrepancy between the importance attributed to sports and the lack of practice in older adults. In the Murcia region, there are physical activity programs in almost all municipalities, but those that are grouped under the same program and under regional coordination are those of the Murciano Institute of Social Action, called "IMAS".

These socio-motor programs aim to maintain physical fitness and cognitive aspects that may be altered by aging and, whose purpose is to maintain an active life and achieve a good quality of life. Living longer will be a more positive experience if older people have the conditions to be able to live fully and, in a healthy and independent way. Having a healthier population of older people will create a demand for new goods and services, which should itself act as a stimulus to economic growth and in improving the quality of life. In 1954, the UN proposed health, food, housing, security, working conditions, the environment, education and free time as indicators of quality of life (Casas, 1996).

It can be noted that in recent years, countries have rated indexes of quality of life by the amount of economic resources used by the state and the amount and quality of material products and services consumed by a population (education, health and housing), (Colom, Pérez, & Vázquez, 2001). The most important advice that can be given to an older person about how to keep their body and all their organs and systems in the best possible shape is that they must be physically active. The advantages of staying physically active have been described in medical literature for a long time, since they effect the quality of life.

Nowadays, talking about quality of life is talking about personal quality in all aspects, without forgetting the environment in which people live. Nowadays, authors who defend that quality of life must be measured through a combination of indicators of material (objective) and psychosocial (subjective) conditions (Allen, 1991; Casas, 1996) are in the majority. Quality of life implies the need to improve situations in which people live and which include measures or actions aimed at an order of coexistence and social justice, an optimal state of health and minimum education that allows people to fully realize their potential as autonomous beings.

Quality of life is an aspiration for well-being and happiness, something for which we should all strive (Ayuste, Romañá, Salinas, & Trilla, 2001), because quality of life implies "a lifestyle, which means, a coherent ideological, attitudinal and behavioural whole that enables continued personal involvement" (Colom et al., 2001). Quality of life is not something individual, but rather collective in which the context influences in a particular way (Pereira & Pino, 2003). Older people who aspire to having a high quality of life should be aware at different ages there are different stages of quality of life, roles and satisfactions (Izquierdo & Aguado, 1998).

The concept of quality of life has been studied extensively but there are few studies that do so with regard to older adults. So, Pereira and Pino (2003), do so with a series of indicators, such as: health status through mortality and survival, health perceived by the subject himself, assessment of functional health through scales on activities of daily life (AVD), assessment of mental health and feeling and how elderly subjects perceive their situation. When talking about the effects of sports on health, it is important to mention that this is understood as regular exercise, as a habit, practiced in a systematic and sustained way on a daily or almost daily basis. Doing it sporadically, although is better than doing nothing, does not have enough impact on the body or the mind (Annicchiarico Ramos, 2002).

Likewise, we find studies where it is shown that personal satisfaction increases as sports practice is more regular or habitual (Weinberg, Gould, Chirivella, & Feliu, 1996). During the World Health Forum held in Geneva in 1996, the WHO has identified six areas that describe fundamental aspects of the quality of life in all cultures: physical, psychological, level of independence, social relationships, environment and personal / spiritual beliefs.

## **2. Problem Statement**

### **2.1. Main objective of the investigation**

The main objective of this research has been to find out the life habits, quality of life, and habits of physical activity and sports practice, among the group of elderly people at the IMAS centers in the Murcia region (Spain).

## **3. Methodology**

### **3.1. Tools/Resources**

The methodological framework used for this study is the selective methodology, this being among the most used in social research. It is also appropriate because it is in the sports field and can be implemented on a large scale. In the case of our research, the following criteria is met: Create a new instrument validated with a Likert-type response scale common to all constructs, an instrument to assess the perception of quality of life, healthy habits, body image and physical activity practice of the elderly and whose purpose is to evaluate a latent quality or trait of the subject.

The instrument that was properly validated, on healthy habits among the elderly (HASAMA) was designed and validated in six phases, following the indications of (Carretero-Dios & Pérez, 2005, 2007). This was initially divided into six dimensions. Block III. Quality of Life and Physical Activity, measures the respondent's perception of how physical activity influences their quality of life and their free time with three questions specifically:

- 13. With the practice of physical activity and sport, you would have a better quality of life.
- 14. Thanks to physical activity, I have improved my quality of life.
- 15. Under my perception, I think I have a good quality of life.

The results of the 19 items that make up the scale were divided into two parts of nineteen items each, both parts have an acceptable reliability of 0.671 in part 1 and 0.689 in part 2. However, the Spearman-

Brown coefficient for a division of the same number of items in each part, shows a medium-high correlation value with 0.643. The total reliability of the acceptable scale is 0.596.

### 3.2. Sample description

The Region of Murcia (Spain) has a total population of 1,330,599 as of January 1, 2014, according to data from the INE, National Statistics Institute (2014), of which 414,007 are over 60 years old, which represent 23,45% of the total number of people in the Region of Murcia. On the other hand, we know that there are 97,069 elderly people who are associated with the IMAS centers of the Region of Murcia, which account for 23.45% of people over 55 years of age registered in the Region of Murcia. Of all the people enrolled in the IMAS, only 3,804 people perform some type of physical activity, which represents only 3.92% of the total. The study sample consists of a total of 1,560 users belonging to the IMAS Centers in the Region of Murcia, of which 20% are men and 80% are women. The age distribution of users was 35.8% for those who were between the ages of 66 and 70, followed by 25.9% who were between 71 and 75, and those between 61 and 65 years old totaled 18.5%.

## 4. Results

The result of table 1, 2 and 3, are included in the Doctoral dissertation of Ibáñez-Pérez (2015).

**Table 01.** Quality of Life and Physical Activity (1)

With the practice of physical activity and sport, I would have better quality of life	Frequency	Percentage	Accumulated Percentage
Nothing Agree	6	,4	,4
Little Agreement	13	,8	1,2
Indifferent	81	5,2	6,4
In agreement	391	25,1	31,5
Total Agreement	1069	68,5	100,0
Total	1560	100,0	

**Table 02.** Quality of Life and Physical Activity (2)

Thanks to physical activity, I have improved my quality of life	Frequency	Percentage	Accumulated percentage
Nothing Agree	5	,3	,3
Little Agreement	14	,9	1,2
Indifferent	78	5,0	6,2
In agreement	390	25,0	31,2
Total Agreement	1073	68,8	100,0
Total	1560	100,0	

**Table 03.** Quality of Life and Physical Activity (3)

Under my perception, I believe that I have a good Quality of Life	Frequency	Percentage	Accumulated percentage
Nothing Agree	20	1,3	1,3
Little Agreement	69	4,4	5,7
Indifferent	279	17,9	23,6

In agreement	607	38,9	62,5
Total Agreement	585	37,5	100,0
Total	1560	100,0	

## 5. Discussion

A study conducted by De Gracia & Marco (2000) says that the regular practice of physical activity, both aerobic and non-aerobic (Taichi, Yoga), can induce positive mood changes in initially sedentary older people, and that these changes seem to be related to the degree of satisfaction experienced. In our study, 94.2% of the respondents are very satisfied when practicing physical activity and therefore see benefits in their mood and quality of life. In studies carried out regarding the predominant physical activity habits in our society and, preferably based on the analysis of the age and gender of the population, it is confirmed that as age increases, less physical activity is performed (García Ferrando, 1990; Sánchez-Barrera, Pérez, & Godoy, 1995; López & González, 2001). Data that appears in our research corroborates these studies.

Research points to physical exercise as a positive factor associated with improving the health and quality of life among the elderly and increasing their level of independence. The regular practice of physical exercise is one of the most important therapies to delay aging, according to González-Gross, Pedrero-Chamizo, Aparicio-Ugarriza, Fuentes, and Meléndez (2015). This is corroborated by 68.8% of the subjects in the sample of our research. There is also a 27-week study conducted among older people in the Region of Murcia, that talks about the repercussions of a gerontological physical activity program on physical fitness, self-esteem, depression and emotion in older people (Garcés de Los Fayos, Millán, & Villanueva, 2002). This coincides with 71.5% of our study.

In the study carried out by Ibáñez-Perez, Martínez, & Díaz (2014), there are similarities to the results obtained in our research. With very important correlations in Tables 1, 2 and 3.

## 6. Conclusions

It is necessary that Spanish public administrations contemplate including programs and education for the elderly, related to physical activity and sports and satisfy the concerns and needs of these students, encouraging all the values described above (Ibáñez, Martínez, & Díaz, 2014).

We also value that to increase the quality of life for the elderly, certain things must be improved, such as how people live and including measures or actions aimed at social equality, achieving the best level of health to allow them to function autonomously, providing diversity and quality in our services, investigating possible innovations and seeking excellence in the adequacy of the activity, in this case physical. In this way we will contribute to promoting active aging and a healthy and good quality of life.

Regarding the practical implications, a project has been sent to the Consejería of Women, Equality, LGTBI, Families and Social Policy of the Region of Murcia, to implement this work in the different centers of the region, as well as to the municipalities of the Cartagena area.

The development of the work of the professionals of the physical activity and sport, is a very important factor for the development of the quality of life in the elderly, creating physical activity programs for this group will help in the social policies of our country.

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