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Self-care management in older adults without family support

Management of self-care in the elderly without family protection

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Abstract:

Introduction: the global aging phenomenon is gaining momentum and importance due to the increase in the older adult population. In this context, self-care becomes a key element for preserving independence and quality of life. It is very common to find older adults whose personal, financial, and health resources may not meet their needs. Self-care allows people to become capable of caring for themselves. **Objective:** to analyze the possibilities of self-care in elderly people in a state of neglect from a nursing perspective. **Development:** an older adult who lacks family support leads to neglect of self-care. As individuals age, they often perceive this process as one of greater dependence. However, negative attitudes also occur, manifesting as negligent and/or violent behavior toward older adults. When older adults experience neglect or inadequate family support, they may face a greater risk of hospitalization due to chronic illness decompensation. Elder abuse affects the individual, but it also poses a social and economic problem for the family, the community, and healthcare services. **Conclusions:** the abandonment seen among older adults constitutes a social problem. From its perspective, nursing can and should develop actions aimed at promoting self-care among these individuals and preventing their feelings of abandonment.

Keywords: older adult; abandonment; self-care; nursing

Summary

Introduction: The global phenomenon of aging is gaining greater strength and importance due to the increase in the population of older adults. In this context, self-care becomes a key element to preserve independence and quality of life. It is very common to find the elderly whose personal, economic and health resources may not meet their needs. Self-care allows people to become capable of taking care of themselves. **Objective:** To analyze the possibilities of self-care in older adults in a state of abandonment from the nursing perspective. **Development:** the elderly who do not have family support leads to negligence in self-care. As individuals age, they often perceive this process as becoming more dependent. But negative attitudes also occur that materialize as negligent and/or violent behaviors towards the elderly. When the elderly are in a state of abandonment or inadequate family support, a greater risk of hospitalization can occur due to decompensation of chronic diseases. Elder abuse affects the person himself or herself but is also a social and economic problem for the family, the community, and health care services. **Conclusions:** The situation of abandonment that can be seen in older adults is a social problem. From her perspective, nursing can and should develop actions aimed at promoting self-care in these people and avoiding the feeling of abandonment in them.

Keywords: older adult; abandonment; self-care; nursing

Introduction

The global aging phenomenon is gaining momentum and importance due to the increase in the older adult population, which increases healthcare demands generally determined by their capacity for dependency. (1) Population aging is one of the greatest achievements of modern medicine, but it also represents a challenge for healthcare systems, especially for older adults who lack family support.

According to the Pan American Health Organization (PAHO), by 2030, 1 in 6 people worldwide will be over 60 years old, and many will face old age alone. (2) in this context, self-care becomes a key element for preserving independence and quality of life. However, for older adults without family support, factors such as chronic illness, cognitive decline, and social isolation make its implementation difficult.

The growing trend of population aging is now a problem with political, social, and economic impact. This is more pronounced in developing countries, as this demographic transition occurs abruptly, for which there was no preparation from a socio-administrative perspective. (3)

Older adults are considered a vulnerable group due to biological and social factors. Among these is the deterioration of the immune system associated with advanced age, which increases the likelihood of suffering from diseases. The presence of comorbidities in this group is another factor that makes them vulnerable.

It is very common to find older adults whose personal, economic, and health resources may not meet their needs, which can sometimes limit their access to health services. If we add to this the lack of a caregiver, the possibility of being discriminated against and mistreated, and even suffering from social exclusion or abandonment, then their vulnerability is even greater. In the author's opinion, although the state of abandonment of the elderly has not been a major social problem in Cuba, as in other countries, (4) it should not be overlooked that due to multiple economic and social factors this trend is taking on rising levels. The changes brought about by aging can lead to a loss of autonomy. (5) For this reason, self-care is of utmost importance for this group in order to achieve a good quality of life. (6) When one reaches old age, it is necessary to be in good health and to be able to live in a supportive environment where, according to one's ability, one can perform household or daily tasks without difficulty. However, if there is a decline in physical and mental capacity, the implications for older adults and for society become more negative. Preparing from a younger age to assimilate aging with the greatest possible independence begins with an awareness of adequate self-care.

Within the nursing framework, Orem defines self-care as the activities that an individual performs independently throughout their life to promote and maintain their personal well-being; that is, the actions a person takes to care for themselves. (7,8) Self-care allows people to become capable of taking care of themselves, being aware of their health status and promoting activities that help improve their quality of life and that of others, while recognizing that the conception and meaning that each person gives to this phenomenon is different.

Given the importance of providing ways to maintain the health of older adults who lack adequate support for their care, it is necessary to encourage effective self-care among this group. The objective of this monograph is to analyze the possibilities of self-care among older adults in a state of neglect from a nursing perspective.

Development

In older adults, self-care includes medication self-management, mobility and fall prevention, adequate nutrition and hydration, mental health, and isolation prevention. Evidence has shown that older adults who lack family support tend to neglect self-care. Elder abuse, which is not only physical, has been considered a health problem in Spain. (9,10)

As individuals age, they often perceive this process as one of greater dependence. However, negative attitudes also occur, manifesting as neglectful and/or violent behaviors toward older adults.

Elder abuse is an expression of elder abandonment. It can be classified as: (11)

- ☐ Physical abuse: intentional use of force resulting in bodily injury, pain, functional impairment, illness, distress, or death. It can manifest as bruises, abrasions, fractures, marks from restraints on the wrists, traumatic alopecia, and retinal detachment.

- ☐ Psychological abuse (most underestimated and hidden): any verbal or nonverbal aggression that violates a person's dignity and triggers anxiety or fear. This condition is suspected when there is depression or anxiety or other forms of psychological distress, confusion and disorientation, fear of strangers and their natural environment, fear of caregivers, low self-esteem, hesitancy to speak openly, seeking attention and affection, or change of attitude when the potential aggressor is present.

- ☐ Economic or financial abuse: Illegal, unauthorized, or inappropriate use of an older adult's resources or property. Some examples may include an irregular spending pattern or withdrawals from accounts, granting power of attorney to third parties for pension collection, sudden changes to wills, lack of personal hygiene items and clothing, unpaid bills, evidence of possession of material goods in exchange for care, ignorance of one's financial status, and transfer of real estate to third parties.

- ☐ Sexual abuse: Includes any sexual interaction or physical contact, direct or through clothing, that is unwanted by the victim and is carried out under pressure. This type of abuse is usually kept secret. It is primarily present in women. It manifests when they report genital or anal pain, perianal hematomas, venereal diseases or genital infections, unexplained vaginal or anal bleeding, or torn underwear stained with blood.

- ☐ Neglect: Defined as the failure to meet the care needs of older adults by the person responsible for their protection, which can put their safety and health at risk: lack of essential medical care, nutrition, hydration, hygiene, clothing, and shelter, physical distancing, and neglect in caregiving. It occurs primarily in low-income families and older adults with limited social support. Pressure ulcers, malnutrition, dehydration, neglect of personal hygiene and clothing, fecal impaction, abandonment of the elderly in bed, on the street, or in public restrooms, isolation, poor adherence to medical treatment or polypharmacy, disengagement from the health system, among others, may be observed.

When older adults experience neglect or inadequate family support, they may experience a greater risk of hospitalization due to chronic illness decompensation, functional loss due to lack of stimulation, feelings of abandonment associated with suicidal thoughts, and difficulty adhering to treatment, among other situations.

However, it is also pertinent to recognize mistreatment in healthcare institutions as a latent and often ignored scourge, manifested by a lack of sensitivity and patience, the rejection and despotic treatment they receive, or the invisibility to which they are subjected. The question, "What should be done from the perspective of nursing sciences in the face of a situation of neglect of older adults?" leads to the implementation of a series of actions aimed at minimizing or eradicating the negative aspects this entails. Examples include:

- ☐ Implementation of prevention, promotion, and care programs for elder abuse, including the appropriate course of action when a case of this type is detected.

- ☐ Training for family members and healthcare personnel to raise awareness about the aging process.

- ☐ Actions or interventions to eliminate abuse and discrimination with a gender perspective to address this problem differentially.

- ☐ Support through training that leads to awareness-raising interventions to achieve changes in attitudes and behavior.

- ☐ Regular supervision to enforce humanitarian care, which not only prevents abuse but also reinstates a sense of holistic approach to healthcare for older adults.

- ☐ Periodic geriatric assessments for registered older adults to identify possible signs of neglect.

- ☐ Make effective use of nursing homes and assisted living facilities, as well as enforce laws protecting this population group. (12)

- Establish community support and occupational therapy as an alternative.
- Simplify medical treatments.

Elder abuse affects the individual but also represents a social and economic problem for the family, the community, and healthcare services, requiring an organized, concrete, and urgent social response. Managing self-care in older adults without family support requires a multidisciplinary and humane approach that combines medical, social, and technological interventions. Health professionals should prioritize empathy, self-care education, and engagement with community support networks to mitigate the impact of loneliness in this population.

Three dimensions are proposed for managing self-care in older adults in conditions of neglect or poor family support. (14-17)

1. Physical and cognitive health: functional impairment is known to limit the performance of basic activities, so geriatric rehabilitation programs will be implemented to lead to the recovery of independence.
2. Psychosocial factors: resilience and self-efficacy must be achieved as key behavioral elements for adequate self-care.
3. Environment and access to resources: this refers to the availability of community services and assistive technologies that facilitate the autonomy of older adults.

The abandonment of older adults has been exacerbated by youth migration, the breakdown of traditional family units, and the lack of comprehensive care policies. The World Health Organization (WHO) has warned that, in the absence of adequate support systems, millions of older adults face loneliness, deteriorating health, and social exclusion. (18)

This situation has been observed on different continents, where older adults experience a generational gap. (19,20) Cuba is not exempt from this phenomenon. (21) These migratory movements have weakened the traditional model of family care, leaving many older adults in a situation of functional and emotional abandonment. In this scenario, self-care becomes an essential tool to preserve the autonomy and dignity of older adults without family support.

Conclusions

The abandonment experienced by older adults is a social problem often linked to their inability to care for themselves and their families failing to assume their appropriate caregiving role. This decline in family ties negatively impacts older adults' quality of life. From its perspective, nursing can and should develop actions aimed at promoting self-care among these individuals and preventing their feelings of abandonment.

References

1. [Can Valle AR, Sarabia Alcocer B, Guerrero Ceh JG. \(2016\). Self-care in older persons of San Francisco City of Campeche. RIDE. 6\(11\):721-739.](#)
2. [Pan American Health Organization. Decade of Healthy Aging 2020-2030](#)
3. [Loredo-Figueroa M.T., Gallegos-Torres R.M., Xequé-Morales A.S., Palomé-Vega G., Juárez-Lira A. \(2016\). Dependency level, self-care, and quality of life in older adults. Enferm. Univ; 13\(3\): 159-165.](#)
4. [Pérez Bueno N, Montenegro Pérez V. \(2022\). The Abandonment of Older Adults in Colombia. Minuto de Dios University Corporation.](#)
5. [Villafuerte Reinante J, Alonso Abatt Y, Alonso Vila Y, Alcaide Guardado Y, Leyva Betancourt I, Arteaga Cuéllar Y. \(2017\). The well-being and quality of life of older adults: a challenge for intersectoral action. Medisur. 15\(1\): 85-92.](#)
6. [Vargas Santillán ML, Arana Gómez B, García Hernández ML, Ruelas González G, Melguizo Herrera E, Ruiz Martínez AO. \(2018\). Self-care practices in older adults: a qualitative study in a Mexican population. Rev. Enf. Ref. 2018; 5\(16\): 117-126.](#)
7. [Berman A, Snyder S. Fundamentals of nursing. 9th ed. Madrid: Pearson Education; 2012.](#)
8. [Naranjo Hernández Y, Concepción Pacheco JA, Rodríguez Larreynaga M. The self-care deficit theory: Dorothea Elizabeth Orem. Gac Méd Spirit. 2017 19\(3\): 89-100.](#)
9. [Enamorado Tamayo AL, Cárdenas Torrientes MG, López Enamorado YL, Smith Hernández MS, Lastre Fonseca L. Educational program for addressing domestic violence in older adults. \(2020\). Multimed. 24\(1\): 194-207.](#)
10. [Forero Borda LM, Hoyos Porto S, Buitrago Martínez V, Heredia Ramírez RA. \(2019\). Elder abuse: a narrative review. Univ. Med. 60\(4\).](#)
11. [Agudelo Cifuentes MC, Cardona Arango D, Restrepo Ochoa DA. \(2020\). Elder abuse: a silent problem. Rev. Fac. Nal. Public Health. 38\(2\): 1-11.](#)
12. [Sánchez Benítez M, Hernández Fernández L, Rodríguez Corría R, Tejeda Castañeda E. \(2022\). Protection of the elderly: a multidimensional approach by health professionals in Cuba is necessary. EDUMECENTRO.](#)
13. [Official Gazette of the Republic of Cuba. Law 156/2022 "Family Code" \(GOC-2022-919-O99\).](#)
14. [Fried LP, Tangen CM, Walston J, Newman AB, Hirsch C, Gottdiener J, et al. Frailty in older adults: evidence for a phenotype. The Journals of Gerontology. Series A, Biological Sciences and Medical Sciences.](#)
15. [Gill TM, Baker DI, Gottschalk M, Peduzzi PN, Allore H, Byers A. A program to prevent functional decline in physically frail, elderly persons who live at home. The New England journal of medicine.](#)
16. [Bandura A. \(2017\). Self-efficacy: The exercise of control.](#)
17. [Moyle W, Murfield J, Lion K. \(2021\). The effectiveness of smart home technologies to support the health outcomes of community-dwelling older adults living with dementia: A scoping review. International journal of medical informatics.](#)
18. [World Health Organization. Decade of Healthy Ageing 2020-2030.](#)
19. [ECLAC. International migration and aging in Latin America.](#)
20. [Eurostat. Ageing Europe: 2023 Edition.](#)
21. [ONEI. Demographic Yearbook of Cuba](#)