

Nursing interventions in older adults' physical-functional and psychosocial spheres: a comprehensive and humanized educational approach*

Intervenções de enfermagem na área físico-funcional e psicossocial de idosas: uma abordagem educacional integral e humanizada

How to cite this article:

Rojas-Espinoza JB, Martínez-Talavera BE, Mejía-Medina MD, Ponce-Michua MA, Méndez-Garduño DE, Rico-González ML. Nursing interventions in older adults' physical-functional and psychosocial spheres: a comprehensive and humanized educational approach. Rev Rene. 2025;26:e95562. DOI: <https://doi.org/10.36517/2175-6783.20252695562>

✉ Jessica Belen Rojas-Espinoza¹
✉ Beatriz Elizabeth Martínez-Talavera¹
✉ María Daniela Mejía-Medina¹
✉ María de los Ángeles Ponce-Michua¹
✉ Diego Emmanuel Méndez-Garduño¹
✉ María de Lourdes Rico-González¹

*Extracted from thesis "Plan de cuidados de enfermería enfocado en la esfera psicosocial de las adultas mayores", Universidad Autónoma del Estado de México, 2024.

¹Universidad Autónoma del Estado de México.
Toluca, Estado de México.

Corresponding author:

Jessica Belen Rojas-Espinoza
Jesús Carranza esq. Paseo Tollocan,
C.P. 50130, Toluca, Estado de México.
E-mail: jbrojase@uaemex.mx

Conflict of interest: the authors have declared that there is no conflict of interest.

EDITOR IN CHIEF: Ana Fatima Carvalho Fernandes 
ASSOCIATE EDITOR: Francisca Diana da Silva Negreiros 

ABSTRACT

Objective: to describe nursing interventions in older adults' physical, functional, and psychosocial spheres using a comprehensive and humanized educational approach. **Methods:** a sequential explanatory mixed-model design was used in a focus group of 11 older women, who underwent a nursing assessment using the Functional Patterns Nursing Assessment and unstructured, audio-recorded interviews. Nursing diagnoses, outcomes, and independent interventions in community-dwelling older adults' physical, functional, and psychosocial spheres were identified. Descriptive statistics and content analysis were used. **Results:** thirty-nine nursing diagnoses were identified for the following care categories: Follow-up; Health guidance; Faith and hope; and Therapeutic dialogue. Nursing interventions were determined in the physical-functional, social, and psychological spheres. **Conclusion:** the proposed nursing interventions include nutritional management, mobility exercises, self-responsibility, pain management, grief facilitation, improving coping, and providing hope. **Contributions for practice:** the active participation of the older adult group in the assessment and intervention planning process represents a person-centered approach that increases the likelihood of adherence and success of the interventions planned by nursing staff.

Descriptors: Nursing Care; Aged; Health Education; Humanization of Assistance.

RESUMO

Objetivo: descrever as intervenções de enfermagem no âmbito físico-funcional e psicossocial de idosas, por meio de uma abordagem educativa integral e humanizada. **Métodos:** delineamento com modelo explicativo sequencial misto em um grupo focal de 11 mulheres idosas, que foram submetidas à avaliação de enfermagem por meio de um Questionário de Avaliação por Padrões Funcionais e entrevistas não estruturadas, gravadas em áudio. Foram identificados diagnósticos, resultados e intervenções independentes de enfermagem na área físico-funcional e psicossocial das idosas da comunidade. Utilizou-se estatística descritiva e análise de conteúdo. **Resultados:** foram identificados 39 diagnósticos de enfermagem para o cuidado: Acompanhamento, Orientação para a Saúde, Fé e Esperança e Diálogo Terapêutico, foram determinadas intervenções de enfermagem nos âmbitos físico-funcional, social e psicológico. **Conclusão:** as intervenções de enfermagem propostas incluem gerenciamento nutricional, exercícios para manter a mobilidade, autorresponsabilidade, controle da dor, facilitação do luto, melhoria do enfrentamento e dar esperança. **Contribuições para a prática:** a participação ativa do grupo de idosas no processo de avaliação e planejamento das intervenções representa uma abordagem centrada na pessoa que aumenta a probabilidade de adesão e sucesso das intervenções planejadas pela enfermagem.

Descritores: Cuidados de Enfermagem; Idoso; Educação em Saúde; Humanização da Assistência.

Introduction

By 2030, the population of the Region of the Americas is expected to have a greater number of older people than children under 15 years of age⁽¹⁾; this will increase various health conditions, such as hearing loss, cataracts and refractive errors, osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression, dementia, in addition to geriatric syndromes⁽²⁾.

Consequently, in 2019, non-communicable diseases were the leading cause of death among the population over 55 years of age in Latin America and the Caribbean, with a proportion of 87.6%⁽³⁾, and are also the cause of years of life lost due to disability, which impacts their quality of life in older adulthood. Specifically in Mexico, in 2020 the aging index was 47.7. According to the National Survey of Occupation and Employment New Edition, in 2022 it was estimated that 17,958,707 people aged 60 and over resided, accounting for 14% of the country's total population, with 8,276,286 women over 60 years of age, of which 1.6 million have difficulty adapting to routine changes and 150,591 are not affiliated with healthcare services⁽⁴⁾.

Furthermore, this stage is often accompanied by changes in nutrition, sleep, and mobility, adaptation to the effects of aging, grief, cognitive decline associated with memory, and the complexity of support networks—all of which are undoubtedly crucial and impact older adults' health. In this regard, old age is also accompanied by gender inequalities and inequities that force older women in Latin America to face situations such as lack of social security and pensions, fewer resources for healthcare, greater precariousness and reduction of their quality of life, in addition to considering that women are in charge of unpaid care throughout their lives and are those who most need care in old age, because they live longer than men⁽⁵⁾.

Therefore, health promotion and prevention programs, as well as early detection, treatment and

secondary care of non-communicable diseases, are crucial for maintaining autonomy, quality of life, and healthy aging in advanced age⁽³⁾. Likewise, to achieve self-care among the population and a commitment to their health, education and health promotion are confirmed as the main strategies⁽⁶⁾.

At this point, nursing professionals have a great participation in community environments, providing comprehensive care that enhances habits and conditions towards the experience of healthy aging, incorporating interventions (physical exercise, yoga, alternative therapies, occupational therapy and groups for older adults) that have been shown to promote the development of older adults and are effective in improving perceived social support, independence to perform activities of daily living, preventing falls and increasing cognitive status⁽⁷⁻¹⁰⁾.

In this regard, the questions guiding this research were: what are the older adults' health needs? What are the comprehensive nursing interventions to promote older adults' health?

The effectiveness of nursing interventions is affirmed by humanized care, and in the community, it provides safety to patients and families, considering the biological, psychological, and social spheres⁽¹¹⁾. Thus, through Functional Patterns Nursing Assessment, for comprehensive nursing assessment⁽¹²⁾, and Caring Model⁽¹³⁾, the objective is to describe nursing interventions in older adults' physical, functional, and psychosocial spheres using a comprehensive and humanized educational approach.

Methods

This research had a design with an explanatory sequential mixed model⁽¹⁴⁾. The study population consisted of older women from the community of Capultitlán, Toluca, state of Mexico. They were personally invited to form a focus group. Eleven women who agreed to participate were selected based on the following criteria: age over 60 and under 75, with no

alterations in their state of consciousness, and functional independence during transportation (based on the Katz Scale)⁽¹⁵⁾. It is worth mentioning that the integration of the focus group was difficult due to older adults' activities, since most of them take care of their grandchildren and household chores.

Each older adult was administered a Functional Patterns Nursing Assessment⁽¹⁶⁾, with a Cronbach's alpha reliability of 0.735, consisting of 38 questions, with nine sections: 1) Identification form and medical history; 2) Health perception-health management; 3) Nutritional-metabolic; 4) Elimination; 5) Activity-exercise; 6) Rest-sleep; 7) Cognitive-perceptual; 8) Role-relationship; and 9) Coping-stress tolerance. Application time was approximately 20 to 40 minutes, depending on whether the conversation with older adults was extended.

Furthermore, during the focus group sessions, held from February to June 2025, in the multipurpose room of the community's Delegación, unstructured interviews were conducted using a digital voice recorder, lasting approximately two and a half hours. Four interviewers and study participants were present. Older adults' collaboration was confirmed by their acceptance of the research invitation and the signing of the Informed Consent Form, emphasizing data protection and the anonymity of their participation. A copy of documents signed by both interested parties was kept.

This study consisted of the following phases: 1) Nursing assessment: objective data (vital signs and somatometry) and subjective data (questionnaire and interview) were collected from study participants, in order to subsequently identify altered data in older adults' physical-functional and psychosocial spheres; 2) Nursing diagnosis: once nursing assessment was completed, actual and potential health diagnoses or problems in older adults' physical-functional and psychosocial spheres were determined using the NANDA International, Inc. Taxonomy⁽¹⁷⁾; 3) Planning nursing outcomes and interventions: nursing diagno-

ses were prioritized to establish care priorities, and independent outcomes and interventions were identified for each problem observed in older adults in their physical-functional and psychosocial spheres.

Nursing interventions were structured under a humanized approach, which was worked through the Nursing Care Model for Older Women⁽¹⁸⁾, adapted from Kristen Swanson's Caring Model, integrated by the care processes as follows: 1. Maintaining belief; 2. Knowing; 3. Being with; 4. Doing for; and 5. Enabling: techniques and strategies for care and well-being of the being.

These processes foster the interpersonal relationship between nurse and patient, allowing for the expression of older adults' feelings, attitudes, and beliefs, as well as an understanding of human needs. Moreover, questions were asked about older adults' life history, support ties or networks, significant others, important events that reveal their personality, coping strategies, and health activities.

In older women, care categories were identified in which therapeutic actions intervene to achieve well-being. Follow-up, faith and hope, and therapeutic dialogue are the factors that promote older women's well-being, and for this reason, nursing professionals must make use of them to obtain better results through care. Concerning Functional Patterns Nursing Assessment⁽¹⁶⁾, analysis was performed using descriptive statistics with the Statistical Package for the Social Sciences version 23.

To analyze the information obtained from the interviews, the recorded audios were repeatedly reviewed and transcribed to provide verbatim transcripts. Subsequently, content analysis was performed; content was divided into thematic sections or units, coded using a short term or expression (categorized); and categories were grouped according to their nature. Participants are identified with an alphanumeric code from 1 to 11 and the letters OA (Older Adult).

The study followed all bioethical standards and principles that regulate research with human subjects

and was approved by the Research Ethics Committee of the *Universidad Autónoma del Estado de México* School of Nursing and Midwifery, under Opinion 016/2023.

Results

The older adults who participated in comprehensive nursing assessment had a mean age of 67 years. Five of them were widowed, four were married, one was single, and one was in a common-law relationship. Regarding the presence of current illnesses, four reported high blood pressure and diabetes mellitus, respectively, two reported arthritis, and the other illnesses (venous insufficiency, diabetic neuropathy, glaucoma, colitis, gastritis, and hypercholesterolemia) were reported, one for each condition.

Nursing assessment in older adults' physical-functional sphere

Ten older adults have basic services in their homes, such as drinking water, electricity, sewage disposal, and telephone. In relation to their hygiene habits, seven clean their homes every other day; ten bathe every other day; and eight brush their teeth once a day. More than half have contact with pets, and two perceive some risk factor in their community.

Six women consider their health to be average; four consider it good; and one consider it poor. Furthermore, six do not attend regular medical checkups; four do not follow up on their medical treatment; and nine self-medicate.

Regarding nutritional status, five older adults lost weight in the last 8 months and three gained weight, highlighting that the majority are overweight. It is noteworthy that all of them had hydrated oral mucosa and unaltered gums. However, six women were missing teeth and two used dentures. Most ate three meals a day; two ate two meals; and one ate only one meal a day. Therefore, it was noted that they had difficulty maintaining specific mealtimes and the presen-

ce of prolonged fasting, which had an impact on their glucose levels, which remained between 70 and 160 mg/dl in most of women; and only one reached maximum levels of 294 mg/dl.

Three women have lactose intolerance, and the same percentage suffers from constipation, while two suffer from episodes of diarrhea. Two women reported urinary incontinence, which makes it difficult for them to perform some of their social activities, and one suffered from nocturia.

Older women's vital signs remained within normal parameters, despite the fact that four of them were hypertensive. During physical activity, some older women presented tachypnea and impaired physical mobility. They also verbally reported having suffered falls, and some reported pain in their joints (hands and knees).

Most women reported having only 5 to 7 hours of sleep and difficulty sleeping at night, leading them to nap during the day and consume caffeine before bed as part of their routine. Six women surveyed reported vision problems, which is why they wear glasses. They also reported problems with their balance and hearing, which makes physical activity difficult.

Through interviews and conversations with older adults, the importance of functionality and independence in women's lives is highlighted: *...I would like to live longer, but, as I am, I should be able to move and take care of myself, because if not, I won't anymore. I don't want to cause any inconvenience... And when I didn't come, I spent all day sitting on the couch, supposedly watching TV, but no, mostly on the phone. Now, I do my best to come and relax with you, to exercise for a while and for you to listen to us (OA1). No, and then they tell you, Stop climbing, leave it there, don't do it, and they make us even more impotent, You're too old, you can't do this anymore (OA5).*

Nursing assessment in older adults' psychosocial sphere

As for older women's social sphere, four of them spend daily time with their children and four with their spouses. Regarding their relationship with

their partners, two mention that it is good, one says it is average, and one that it is poor. Their overall relationship with family members is good (seven) and average (two). Likewise, six older women do not receive care from others; they care for themselves. Only three report that their children care for them or are attentive to their needs, and two are cared for by their spouses. However, two of them report difficulty fulfilling their role as wives.

Four women mention having a positively significant person in their lives (mostly their children), but at the same time, they perceive a lack of interest in the care provided by their family members.

Psychologically, one older adult is sensitive to criticism. Eight of them react calmly to stress, two depressed, and one indifferent. Furthermore, five women report difficulty concentrating. The activities that help them relax are mostly manual (three), intellectual, sports, and socializing (two for each), and one woman uses relaxation techniques.

Likewise, through direct interaction with older adults and open-ended interviews, some older adults expressed fear of death, low expectations for the future, and fear of the aging process. They also identified low self-esteem, mild anxiety, and difficulty memorizing. One older adult experienced grief due to the recent loss of a family member. Four of them care for their grandchildren.

In relation to older adults' family and relationship with their partners, the interview fragments reveal the difficulties, disappointments, and loneliness they sometimes feel: *...I tell my husband, no, don't even try to take me right now because I don't want to keep fighting with you. Leave me alone, don't take me (OA1). ...and the absence of the person. Well, yes, literally that absence, well, it hurts (OA5). ...we have to get used to living alone (OA10).*

They also highlight the various losses and grief that older adults face at this stage of their lives: *...Right now I'm focusing a lot on the loss of my mother, the loss of my job... the grief and the suffering... I don't think it will go away ei-*

ther, but it will be there, but one has to look for, as you say, alternatives to move forward (OA5). The pain is focused on the emotional, ...the emotional aspect hurts us more than the physical aspect, mainly because of all that, for example, when we come to seek forgiveness regardless of the religion we profess, if there is that great relief, as if that overload that we carried, is lightened (OA10).

Among the activities that older adults do to overcome the feeling of sadness, there are: *The elementary school children's storybooks, hahaha... going outside to forget about everything, the soap operas (OA1). Contemplating nature, reading, reading, doing different activities (OA5). Clear my mind, going out, because here at home I'm only thinking about what I can't even think about (OA9).*

Despite these feelings and difficulties that older adults go through, it is worth recognizing the strength and resilience they have to face the circumstances that make them feel bad every day, as presented in the following excerpts from the interviews: *Do not let yourself be defeated by adversity and the problems that plague us day by day, because they also harm us, damage us and weaken us at the same time, ... they are blows that life gives us, ...because sometimes you do not truly tell how you feel, or what you feel, we must fight to move forward and not let ourselves collapse or fall ... (OA1) ...because we must be resilient people, even if we have obstacles, we force ourselves and do not let ourselves fall, but rather we continue forward ...I believe that ...right now we are still apparently healthy ...but if we were to get an illness, we would have to overcome the obstacles to move forward (OA5).*

Based on the analysis of information obtained in the assessment of older adults' physical-functional sphere, 16 diagnostic labels were identified, with their corresponding results and nursing interventions, described in Figure 1.

For the psychosocial sphere, 13 diagnostic labels were determined in the psychological aspect and 10 in the social aspect, considering the integration of the data obtained in assessment, nursing outcomes and interventions for each problem were also identified, as presented in Figure 2.

Diagnostic label according to NANDA (2024-2026)	Outcomes (NOC)	Proposed care in the nursing care model for older women	Nursing interventions (NIC)
Willingness to improve nutritional intake	Nutritional status	Follow-up	Nutrition management
Willingness to improve exercise commitment	Mobility		Exercise therapy: joint mobility
Willingness to improve healthy aging	Lifestyle balance		Exercise therapy: balance
Risk of ineffective self-management of glycemic patterns	Blood glucose levels		Managing hyperglycemia
Risk of ineffective weight self-management	Weight: body mass		Facilitating self-responsibility
Risk of falls in adults	Risk management		Fall prevention
Decreased activity tolerance	Activity tolerance		Vital sign monitoring
Ineffective health self-management	Adherence behavior		Facilitate self-responsibility
Ineffective health maintenance behaviors	Compliance behavior		Health education
Inadequate nutritional intake	Nutritional status		Nutritional counseling
Ineffective sleep hygiene behaviors	Rest	Health guidance	Improve sleep
Impaired gastrointestinal motility	Gastrointestinal function		Fluid management
Impaired physical mobility	Mobility		Exercise promotion
Mixed urinary incontinence	Urinary elimination		Urinary incontinence care/improving self-confidence
Ineffective sleep patterns	Sleep		Environmental management: comfort
Chronic pain	Pain control	Therapeutic dialogue	Pain management

NOC: Nursing Outcomes Classification; NIC: Nursing Interventions Classification

Figure 1 – Nursing diagnoses, outcomes, and interventions focused on older adults' physical and functional care. Capultitlán, Toluca, Mexico, 2024

Diagnostic label according to NANDA (2024-2026)	Outcomes (NOC)	Proposed care in the nursing care model for older women	Nursing interventions (NIC)
Psychological sphere			
Risk for acute confusion	Cognition	Follow-up	Cognitive stimulation
Willingness to improve grief	Grief resolution		Emotional support/grief relief
Risk for impaired resilience	Personal resilience		Group therapy
Risk for excessive loneliness	Severity of loneliness		Family therapy
Memory impairment	Memory	Health guidance	Memory training
Impaired mood regulation	Emotional balance		Mood management
Willingness to improve family coping	Family resilience		Assertiveness training
Maladaptive coping	Coping with problems		Improve coping
Excessive anxiety about death	Level of fear	Faith and hope	Relaxation therapy
Willingness to improve hope	Hope		Provide hope
Excessive anxiety	Level of anxiety	Therapeutic dialogue	Anxiety reduction
Inadequate situational self-esteem	Self-esteem		Boost self-esteem
Altered personal identity	Self-awareness		Enhance self-awareness
Social sphere			
Impaired social interaction	Social involvement	Follow-up	Promoting socialization
Risk of excessive caregiving burden	Emotional health of the primary caregiver		Supporting the primary caregiver
Ineffective partner relationship	Coping with problems	Health guidance	Facilitating forgiveness
Deterioration of family processes	Coping with problems		Promoting family integrity
Ineffective role performance	Role performance		Supporting decision-making
Willingness to improve the partner relationship	Social interaction skills	Faith and hope	Conflict mediation
Altered family interaction patterns	Social support		Values clarification
Inadequate social connectedness	Social involvement	Therapeutic dialogue	Behavior modification: social skills
Maladaptive family coping	Coping with family problems		Fostering family involvement

NOC: Nursing Outcomes Classification; NIC: Nursing Interventions Classification

Figure 2 – Nursing diagnoses, outcomes, and interventions focused on older adults' psychological and social aspects. Capultitlán, Toluca, Mexico, 2024

Discussion

Population aging represents a highly significant need for health systems, requiring holistic approaches focused on the specific needs of this group. Therefore, the comprehensive-humanized educational approach addressed in this research around follow-up, health education, faith and hope, as well as therapeutic dialogue are shown as the fundamental elements of a community nursing care model that promotes healthy aging.

The results presented here from this study, conducted with community-dwelling older adults in Mexico, reveal significant challenges and needs for this population. The discussion of these findings focuses on the physical-functional and psychosocial aspects, as well as the relevance of the proposed interventions. In the first area, the presence of multimorbidity among participants was identified, placing them in a state of vulnerability, marking the beginning of possible functional decline, frailty, disability, institutionalization, and increased mortality⁽¹⁹⁾. This fact requires a comprehensive approach to nursing care, in addition to the challenges presented by health systems in the face of the need for more comprehensive healthcare approaches⁽²⁰⁻²¹⁾.

Furthermore, a tendency toward polypharmacy was identified in the participating population, potentially associated with low health prevention indicators and thus predisposing the older adult population to geriatric syndromes. Another study concludes that understanding the various adverse effects of polypharmacy represents an area of action for advanced nursing practice, in addition to considering educational level and basic self-care skills in this care⁽²²⁾. The latter is a field of nursing action in relation to self-medication literacy, which has been identified as a public health need, as well as the immediate need to generate new strategies with the purpose of avoiding the masking of signs and symptoms as part of self-care, making responsible use of medications⁽²³⁻²⁴⁾.

In addition to participants' nutritional status,

the finding that some participants have gained weight in the last eight months, in addition to mobility problems, falls, and joint pain, poses a risk of functional impairment and, consequently, a possible loss of independence. Therefore, the interventions presented here are similar to meta-analyses that have identified that prevention programs implemented by nursing significantly reduced the incidence of falls and improved mobility^(10,25). Hence, the interventions proposed in this research, such as exercise therapy for joint mobility and fall prevention, are appropriate and evidence-based.

Regarding the psychosocial sphere, participants present a high level of independence, but also potential social isolation. It has been recognized that the lack of family support networks in older Mexican adults significantly increases the risk of depression, anxiety, and cognitive decline. They also agree that in the Mexican context, social support in urban populations primarily consists of material resources such as medications and food, neglecting other necessary aspects in the social and psychological context⁽²⁶⁾.

Given the level of independence and self-care capacity, some participants were identified with low self-esteem, anxiety, and memory problems. These findings are consistent with the literature that indicates a high prevalence of depressive and anxious symptoms in older women, results that are also presented in the National Survey of Self-Reported Well-being, where 19.3% of the older adult population has symptoms of severe anxiety⁽²⁷⁾. In a meta-analysis considering data on depression, effective preventive measures, periodic screening tests, and timely interventions are required to address this public health problem of high prevalence among older adults⁽²⁸⁾.

With the results presented, the interventions applied in this research refer to the reduction of anxiety and provide hope. These have been shown to significantly reduce anxiety about death in older adults through positive coping strategies and redefining the life stage. Since the literature identifies that the interaction between older adults and nurses has a benefi-

cial effect⁽²⁹⁾, the study methods of these interventions should be strengthened to guarantee reliable results.

The analysis of results should consider the approach of comprehensive and humanized care for a community of older adults in Mexico. This approach is necessary in nursing, since it involves understanding and taking into account cultural beliefs, values, and practices. Therefore, nursing staff must establish interventions that have an effective impact on the care of older adults. This requires providing humanized care that encompasses their body, mind, and soul⁽³⁰⁾.

Study limitations

A study limitation refers to gender homogeneity (only women), as it would be interesting to study the population of older men to define their health problems and then propose specific interventions according to their needs.

Contributions to practice

The systematization of use of NANDA NOC and NIC taxonomies provides a model for professional nursing practice. Standardizing nursing language improves the quality of care and facilitates evaluative research on implemented interventions.

The active participation of older adults in the assessment and intervention planning process represents a person-centered approach that increases the likelihood of adherence and success of nursing-planned interventions.

Conclusion

It was shown that the proposed nursing interventions in older adults' physical-functional and psychosocial spheres have elements of comprehensive health education and promotion, based mainly on four important cares, such as follow-up, guidance, faith and hope, and therapeutic dialogue, which implies constant work with older adults and their support networks from the first level of care.

Authors' contributions

Study conception and design or data analysis and interpretation; Manuscript drafting or relevant critical revision for intellectual content; Final approval of the published version; Responsibility for all aspects of the text to ensure the accuracy and integrity of any part of the manuscript: Rojas-Espinoza JB. Manuscript drafting or relevant critical revision for intellectual content; Final approval of the published version: Martínez-Talavera BE, Rico-González ML. Data analysis and interpretation; Final approval of the published version: Mejía-Medina MD, Ponce-Michua MA, Méndez-Garduño DE.

References

1. Organización Panamericana de la Salud. Envejecimiento saludable en las Américas. Rev Panam Salud Pública [Internet]. 2021 [cited May 7, 2025]. Available from: <https://journal.paho.org/es/numeros-especiales/envejecimiento-saludable-americas>
2. Organización Mundial de la Salud. Envejecimiento y salud [Internet]. 2024 [cited May 7, 2025]. Available from: <https://www.who.int/es/news-room/fact-sheets/detail/ageing-and-health>
3. Comisión Económica para América Latina (CEPAL). Envejecimiento en América Latina y el Caribe: inclusión y derechos de las personas mayores [Internet]. 2022 [cited May 7, 2025]. Available from: <https://www.cepal.org/es/publicaciones/48567-envejecimiento-america-latina-caribe-inclusion-derechos-personas-mayores>
4. Instituto Nacional de Estadística y Geografía (INEGI). Consulta de indicadores sociodemográficos y económicos por área geográfica [Internet]. 2025 [cited May 9, 2025]. Available from: <https://www.inegi.org.mx/>
5. Silva VA, Caro PS, González TH. Vejez y políticas públicas en Latinoamérica: una revisión de la literatura. Perf Latinoam. 2024;32(63):1-30. doi: <https://doi.org/10.18504/pl3263-007-2024>
6. Cirer AI, Litardo KM, Guerrero MH, Villegas JAC. Educación y promoción de la salud desde la

enfermería. *J Sci Res.* 2022;7:367-90. doi: <https://doi.org/10.5281/zenodo.10813771>

7. Gavilanes V, Mendoza de GE, Costales B. Intervención de enfermería para el bienestar holístico del adulto mayor. *Enferm Investig.* 2021;6(1):3-12. doi: <https://dx.doi.org/10.31243/ei.uta.v6i1.1021.2021>

8. Guerrero CRF, Acevedo LMN, Reyes MBR. Cuidado humano al adulto mayor en la comunidad para favorecer un envejecimiento saludable. *Rev Esc Enferm.* 2023;10(1):222-35. doi: <https://dx.doi.org/10.35383/cietna.v10i1.932>

9. Arroyo CFJ, Morales RMC. Importancia de la atención integral de enfermería en adultos mayores residentes de establecimientos para ancianos. *Horiz Enferm.* 2024;35(1):347-5. doi: https://doi.org/10.7764/Horiz_Enferm.35.1.347-357

10. Orts-Cortés MI, Cabañero-Martínez MJ, Meseguer-Liza C, Arredondo-González CP, Cuesta-Benjumea C, Abad-Corpa E. Efectividad de las intervenciones enfermeras en la prevención de caídas en adultos mayores en la comunidad y en entornos sanitarios: una revisión sistemática y metaanálisis de ECA. *Enferm Clin.* 2024;34(1):4-13. doi: <https://dx.doi.org/10.1016/j.enfcli.2023.08.002>

11. Dilou YT, Fuentes RRS, Thomas CD. La humanización del cuidado enfermero del anciano en estado de necesidad en la comunidad. *Rev Cuba Enf* [Internet]. 2021 [cited May 13, 2025];37(1):e3124. Available from: <https://www.medigraphic.com/cgi-bin/new/resumen.cgi?IDARTICULO=114062>

12. Dias SK, López SX, Maliza DA. Impact of Marjory Gordon's model on nursing care of CKD patients undergoing hemodialysis: a cross-sectional study. *Rev Cient Interdiscip Investig Saberes* [Internet]. 2024 [cited Aug 6, 2025];14(1):82-100. Available from: http://www.revistasdigitales.utelvt.edu.ec/revista/index.php/investigacion_y_saberes/article/view/244

13. Dianti MR, Nurmala I, Puspitasari N. Intervention on ADHD: effectiveness of parental group discussion based on caring Swanson theory. *South East Eur J Public Health.* 2024;23:518-24. doi: <https://doi.org/10.70135/seejph.vi.733>

14. Pérez ZP. Los diseños de método mixto en la investigación en educación: Una experiencia concreta. *Rev Electr Educ* [Internet]. 2011 [cited Jul 8, 2025];15(1):15-29. Available from: <https://www.redalyc.org/articulo.oa?id=194118804003>

15. Instituto Nacional de Geriatría (INGER). Guía de instrumentos de evaluación geriátrica integral. [Internet]. 2020 [cited Aug. 6, 2025]. Available from: https://www.gob.mx/cms/uploads/attachment/file/814340/Guia_InstrumentosGeriatrica_18-02-2020.pdf

16. Rojas-Espinoza JB, García-Hernández MD, Cárdenas-Becerril L, Arana-Gómez B, Kempher SS, Rico-González ML. Necesidades de salud: experiencia de mujeres mayores de un centro de día. *Rev Enferm Ref* [Internet]. 2019 [cited Aug. 6, 2025];IV(23):69-80. Available from: <https://www.redalyc.org/articulo.oa?id=388262389008>

17. NANDA International, Inc., Herdman TH, Kamitsuru S. *Diagnósticos enfermeros: definiciones y clasificación 2024-2026.* New York: Elsevier; 2024.

18. Rojas EJB, García HMD, Cárdenas BL, Vázquez GL, Silveira KS. Adaptation of the model of Kristen Swanson for nursing care of elderly women. *Texto Contexto Enferm.* 2018;27(4):e0660017. doi: <http://doi.org/10.1590/0104-07072018000660017>

19. Cañón-Esquivel A, González-Vélez AE, Forjaz MJ. Factors associated with self-rated health status of older people with multimorbidity in Colombia: a cross-sectional study. *Rev Esp Geriatr Gerontol.* 2021;56(6):326-33. doi: <https://dx.doi.org/10.1016/j.regg.2021.07.005>

20. Hernández IR. Estrategia comunitaria para desarrollar estilos de vida saludables en adultos mayores. *Rev Haban Cienc Méd* [Internet]. 2022 [cited Jun 2, 2025];21(3):e4746. Available from: <https://www.redalyc.org/articulo.oa?id=180473698012>

21. Wanden-Berghe C. Valoración geriátrica integral. *Hosp Domic.* 2021;5(2):115-24. doi: <https://dx.doi.org/10.22585/hospdomic.v5i2.136>

22. Agosto-González IC, Gallegos-Tosca E, Padrón-Sánchez HC. Calidad de vida y polifarmacia en adultos mayores de una unidad de medicina familiar. *Horiz Sanitario.* 2024;23(2):451-7. doi: <https://doi.org/10.19136/hs.a23n2.5856>

23. Morgan, AK, Arimiyaw, AW y Nachibi, SU. Prevalencia, patrones y factores asociados a la automedicación en adultos mayores de Ghana. *Cogent Public Health.* 2023;10(1):1-17. doi: <http://doi.org/10.1080/27707571.2023.2183564>

24. Olvera AC, Lira AJ. Factores de riesgo en la automedicación de adultos en Santa Rosa Jáuregui, Querétaro. *Eur Sci J.* 2024;20(15):236. doi: <https://doi.org/10.19044/esj.2024.v20n15p236>
25. Cuesta-Benjumea C, Arredondo-González CP, Lidón-Cerezuela B, Abad-Corpa E. La prevención de las caídas de las personas mayores y sus familiares: una síntesis cualitativa. *Gac Sanit.* 2021;35(2):186-92. doi: <https://dx.doi.org/10.1016/j.gaceta.2019.10.004>
26. González MA. Experiencias de vida de personas mayores en una colonia marginal de la Zona Metropolitana del Valle de México. *Alteridades.* 2023;33(66):99-112. doi: <https://dx.doi.org/10.24275/nijy7339>
27. Instituto Nacional de Estadística y Geografía. Encuesta Nacional de Bienestar Autorreportado (ENBIARE) [Internet]. 2021 [cited Jun 4, 2025]. Available from: https://www.inegi.org.mx/contenidos/saladeprensa/boletines/2021/EstSocio-demo/ENBIARE_2021.pdf
28. Cai H, Jin Y, Lui R, Zhang Q, Su Z, Ungvari G, Tang Y, Ng C, Li X-H, Xiang Y-T. Global prevalence of depression in older adults: a systematic review and meta-analysis of epidemiological surveys. *Asian J Psychiatr.* 2023;80:103417. doi: <https://dx.doi.org/10.1016/j.ajp.2022.103417>
29. Martínez-Heredia N, González-Gijón G, Amaro-Agudo A, Santaella-Rodríguez E. El afrontamiento de la muerte en la educación para la salud de personas mayores. *Rev Complut Educ.* 2025;36(1):13-22. doi: <https://doi.org/10.5209/rced.90400>
30. Encalada-Falconí JA, Espinoza-Guacho GE, Guamán-Sánchez LE, Piray-Inga MI. Cuidado humanizado de enfermería en pacientes geriátricos. *Anat Dig.* 2023;6(4.3):975-94. doi: <https://doi.org/10.33262/anatomiadigital.v6i4.3.2879>



This is an Open Access article distributed under the terms of the Creative Commons