




Validation of a Life Experience Scale of Older Adults from community clubs

Validación de una Escala de Experiencia de Vida en Adultos Mayores pertenecientes a clubes comunitarios

Validação de uma Escala de Experiência de Vida em Idosos de clubes comunitários

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ABSTRACT

Introduction: community clubs are a participatory care model that responds to various needs of older people, whose purpose is to promote the continuity of their participation within society with the development of activities to maintain a quality of life through active aging and with success.

Objective: to validate a life experience scale in older adults who attend community clubs attached to the Metropolitan Center for the Elderly (CEMAN) in Zapopan, Jalisco, Mexico.

Method: 120 older adults aged 60 and over participated. A scale of 54 questions distributed in four dimensions was designed: participation, sense of belonging, social networks and meaning of life. The Cronbach's alpha reliability coefficient calculation method was used. To analyze the validity of the questionnaire, an exploratory factor analysis of each item was carried out. **Results:** with the analysis of the matrix of rotated components, eight questions

that were not feasible were eliminated because they had a value less than 0.5, leaving a total of 46 items. The scale as a whole showed a reliability of $\alpha=0.96$, showing a high level of agreement with this study population.

Conclusion: the scale allowed us to record the life experiences of older adult members of a community club in relation to their family, social, emotional and leisure activities that they were losing during the aging process, it was recorded how they compensate for the activities they have lost to feel integrated into society, which favors their quality of life.

Keywords: community club; life experience; older adult; aging; quality of life



RESUMEN

Introducción: los clubes comunitarios son un modelo de atención participativa que dan respuesta a diversas necesidades de las personas mayores, cuya finalidad es promover la continuidad de su participación dentro de la sociedad con el desarrollo de actividades para mantener una calidad de vida mediante un envejecimiento activo y con éxito.

Objetivo: validar una escala de experiencia de vida en los adultos mayores que acuden a los clubes comunitarios adscritos al Centro Metropolitano del Adulto Mayor (CEMAN) en Zapopan, Jalisco, México. **Método:** participaron 120 adultos mayores de 60 años y más. Se diseñó una escala de 54 preguntas distribuidas en cuatro dimensiones: participación, sentido de pertenencia, redes sociales y sentido de vida. Se empleó el método de cálculo del coeficiente de fiabilidad alfa de Cronbach. Para analizar la validez del cuestionario se realizó un análisis factorial exploratorio de cada ítem.

Resultados: con el análisis de la matriz de componentes rotados se eliminaron ocho preguntas que no lograron ser factibles, por presentar un valor menor al 0,5 quedando un total de 46 reactivos. La escala en su totalidad mostró una fiabilidad de $\alpha=0,96$, mostrando un nivel alto de acuerdo a esta población de estudio. **Conclusión:** la escala permitió registrar las experiencias de vida de los adultos mayores miembros de un club comunitario en relación a sus actividades familiares, sociales, afectivas y de ocio que fueron perdiendo durante el proceso de envejecimiento, se registró cómo compensan las actividades que han perdido para sentirse integrados en la sociedad, lo que favorece su calidad de vida.

Palabras clave: club comunitario; experiencia de vida; adulto mayor; envejecimiento; calidad de vida.

RESUMO

Introdução: os clubes comunitários são um modelo de cuidado participativo que responde às diversas necessidades dos idosos, cujo objetivo é promover a continuidade da sua participação na sociedade com o desenvolvimento de atividades para manter a qualidade de vida através do envelhecimento ativo e com sucesso. **Objetivo:** validar uma escala de experiência de vida em idosos que frequentam clubes comunitários vinculados ao Centro Metropolitano para Idosos (CEMAN) em Zapopan, Jalisco, México. **Método:** participaram 120 idosos com 60 anos ou mais. Foi elaborada uma escala de 54 questões distribuídas em quatro dimensões: participação, sentimento de pertencimento, redes sociais e sentido da vida. Foi utilizado o método de cálculo do coeficiente de confiabilidade alfa de Cronbach. Para analisar a validade do questionário foi realizada uma análise fatorial exploratória de cada item. **Resultados:** com a análise da matriz de componentes rotacionados, foram eliminadas oito questões que não eram viáveis por apresentarem valor inferior a 0,5, restando um total de 46 itens. A escala como um todo apresentou confiabilidade de $\alpha=0,96$, demonstrando alto nível de concordância com a população deste estudo. **Conclusão:** a escala permitiu registrar as experiências de vida dos idosos integrantes de um clube comunitário em relação às atividades familiares, sociais, emocionais e de lazer que foram perdendo durante o processo de envelhecimento, registrou-se como eles compensam as atividades que realizam, perderam para se sentirem integrados na sociedade, o que favorece a sua qualidade de vida.

Palavras-chave: clube comunitário; experiência de vida; idoso; envelhecimento; qualidade de vida

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INTRODUCTION

Mexico is going through a demographic transition that has entered into what is called population aging as a consequence of the progressive decrease in the birth rate and an increase in life expectancy, translated into years lived with control and quality of life, reflected in the proportion of the elderly population with an active, full, healthy and successful aging, and that represents one of the great challenges for social and health services.^(1,2,3)

The progressive increase in population aging implies substantial changes in the areas of social security, health services and social services to intervene in the process of the life cycle of the elderly and thus achieve a full and satisfactory old age. These changes occur at the biological, psychological and social levels, and are determined by the history, culture and socioeconomic conditions of groups and individuals. Thus, the way of aging is different for each person.^(1,4)

Aging is a process directly related to the exploration of factors that influence the way each older adult with different expectations, aware of their rights and active participant, experiences what they observe, what they do and what they live in society, so they need to continue linked to society, exercising new roles, their participation should be highlighted in all spheres of their life, such as social, physical, economic, cultural, family, spiritual and other issues. Keeping active in each of these areas contributes to preserve a balanced state of personal wellbeing, associated to an increase in the quality of life.^(3,5)

The experience of life is equated to the experience of aging; it is the relationship of the advance of age with the passage of time, the experiences accumulated over time is described as a process of reorganization of personal life, accompanied by feelings of discontinuity, identity, ruptures and transition to a new stage of life. It is also considered as the development of new attitudes and activities in the presence of disabilities that are presented in the body according to the advancement of age, facing a change of social and family status that separates it from an active life in society, known as the time that “does not quite fit” with this era.⁽⁶⁾

A true life experience is also considered as the life history of the older adult where they have compiled subjective information of the whole life, where they reflect some personal factors and vital events that have most influenced throughout their vital development and that in reality are moments that the person has to adapt to new situations, role changes, and new responsibilities to assume and to face conflicts, events, facts, processes, causes and sequential effects that occur and are presented in the course of life.⁽⁷⁾

Older adults find themselves in a society that ignores a history of wisdom full of experiences and values, they no longer analyze what they have lived and stop doing activities that they have done for a long time, they experience loss of family, friends, and work, which cause them to be less healthy, participative and safe, and prevent them from aging actively and fully in society.^(8,9)



Community clubs are spaces that respond to the diverse needs of the elderly and offer multiple alternatives for training and human development, of an educational, cultural, sports and social nature, fostering organization and intervention in the solution of their problems, while promoting their permanence in the community, with the intention of seeking their physical and emotional well-being. The purpose is to promote the continuity of their participation in society.⁽¹⁰⁾

These clubs are an environment that allows older adults to maintain their social integration and continue with the sense of belonging to a social support network to cover the affective and communication needs that are lost during aging, with widowhood, retirement and family roles, being considered as protective factors for active and successful aging, which are the main indicators for the achievement of quality of life and health.⁽¹¹⁾

It could also be added that community clubs “are a model of participatory care for the elderly, which arises primarily due to the increase of this population, and as a strategy to provide a service to improve the quality of life of this sector”.⁽¹²⁾

This participatory care model is one of the alternatives for this population to continue carrying out activities that allow an active and successful aging to continue their participation in society, through the integration to a club, a day care center, or associations and institutions for older adults, which allow them a space to share and build experiences that resignify their stories and everything they have lived, giving them a new sense of identity and belonging in society and the family, to improve their quality of life.⁽¹³⁾

By joining a community club, the older adult will participate in new social, cultural, spiritual and recreational activities, which will allow him to continue to maintain his individuality and continue to enjoy the respect and esteem of his family members. These are some of the reasons that cause the older adult to maintain a sense of belonging to their social networks, which allow them to continue interacting with other people with the same affinity and with whom they will have the possibility of sharing similar experiences and continue their growth that will lead to personal well-being, and continue with a sense of meaning in their life.^(7,14,15)

It is important to point out that the participation of the older adult within a community club depends on the role he/she has in the group, whether passive or active, and this varies according to the role played during his/her stay in the club, that is, it is active when he/she participates in the activities that are developed in each of the meetings, or passive when the older adult only makes an appearance without participating in the activities that are taught, but continues to maintain an active aging.

The objective of this study is to validate a life experience scale for older adults who attend community clubs attached to the Centro Metropolitano del Adulto Mayor (CEMAM) in Zapopan Jalisco, Mexico.



METHOD

A non-probabilistic convenience sampling was used, 120 older adults aged 60 years and over, who attend the Community Clubs attached to the Metropolitan Center for Older Adults of the Municipal System DIF Zapopan, Jalisco, participated voluntarily. Older adults who were present at the time of the study and who had more than one year of participation in the clubs were selected, excluding older adults who manifested suffering some type of cognitive impairment, or some auditory or visual pathology that limited their integration in the club's activities, and those who did not meet the established age.

Instrument

A scale of 54 questions was designed, which emerged from an exhaustive theoretical review, evaluated by experts working in the community area, who confirmed the characteristics to evaluate the life experience, distributed in four dimensions: Participation, Sense of belonging, Primary social networks and Sense of life.

The answers are multiple choices, with a value scale from 1 to 7. With the purpose of supporting the older adult to facilitate understanding and clarity in the answers of the scale, colorimetry from gray to dark was used, assigning a value according to the intensity of the color, where the lightest color means Nothing⁽¹⁾ and the strongest means Very Much.⁽⁷⁾

Procedure

The questionnaire was designed in two stages. Initially, it was presented to five professional gerontology judges who work directly with the older adult population in care centers and community clubs, to evaluate the relevance of the items with respect to the experience of older adults in community clubs, as well as the appropriateness of its construction and the clarity of the wording.

In the second stage, changes were made to the questionnaire based on the recommendations of the judges; the questionnaire was restructured, rejecting questions that were not relevant to the scale.

Before the application of the scale, the older adults were informed of the objective of the study, and once they accepted to be part of the study and signed the letter of informed consent, it was explained to them how to answer the questions in the questionnaire. The application of the survey was personalized and lasted between 10 and 20 minutes.

Statistical analysis

The Statistical Package for Social Sciences (SPSS) and AMOS Vs 21 were used. Descriptive analysis of the sociodemographic variables was performed to obtain frequencies and percentages. Pearson's Chi-square test was applied to determine differences by age and gender.



The reliability of the questionnaire was evaluated using Cronbach's alpha to determine the average correlation between dimensions and questions, obtaining a value of 0.70 as acceptable.

To analyze the validity of the questionnaire, an exploratory factor analysis of each item was carried out to identify the components of the different dimensions of the Life Experience, choosing factor analysis versus principal component analysis. Prior to the factor analysis, the Kaiser-Meyer-Olkin (KMO) sample adequacy test and Bartlett's test of specificity were used to check the relevance of the dimensional data analysis.

Finally, the rotated components matrix was performed to determine the factors of each component and to decide if there is any question that deserves to be discriminated.

RESULTS

The test was applied to 120 older adults of the Centro Metropolitano del Adulto Mayor, with an average age of 71.4 years $SD=7.014$ distributed by gender in 24.20% (N=29) of the male sex and 75.80% (N=91) of the female sex.

The age group with the highest participation was 65 to 74 years.

Regarding marital status, 64.80% of the women were single, while 62.10% of the men were married. Those who no longer have a partner (38.5%) live with their children.

In terms of the level of schooling of both sexes, 57.10% of the women and 37.90% of the men were in primary school. It should be noted that the middle and high school level was exceeded predominantly by men with 31.0 % and only 6.6 % of the women reached this level of schooling. Both women and men live in their own homes.

The 92.30 % of the women are engaged in housework, while 69.0 % of the men said they do nothing. 82.80% of the men are pensioners, while 35.20% of the women have a pension, mostly for widowhood.

Finally, a considerable percentage of both women and men reported being affiliated with the Mexican Social Security Institute (IMSS) and the Seguro Popular, and 34.2% reported being beneficiaries of the 65 and more social development program. A total of 55.8% do not receive any economic benefit (Table 1).



Table 1. Distribution of sociodemographic variables

Variable	Category	No.	%
Sex	Female	91	75,8
	Male	29	24,2
Age	60-64	21	17,5
	65-74	59	49,2
	75 y +	40	33,3
Marital status	Single, Divorced or Widowed.	70	58,3
	Married, Unmarried	50	41,7
Schooling	No schooling	17	14,2
	Elementary school	63	52,5
	Senior School	25	20,8
	Middle or High School	15	12,5
Housing	Owner	98	81,7
	Rented	3	2,5
	Borrowed	19	15,8
Children	Yes	116	96,7
	No	4	3,3
Whit Whom lives	Alone	26	21,7
	Couple	47	39,2
	Children	40	33,3
	Other	7	5,8
Occupation	Home	87	72,5
	Employee	12	10,0
	None	21	17,5
Pension	Yes	56	46,7
	No	64	53,3
Social security	IMSS	77	64,2
	ISSSTE	9	7,5
	Popular Insurance	25	20,8
	Other	9	7,5
Type of ssoport	65 and more +	41	34,2
	pantry	6	5,0
	Both	6	5,0
	None	67	55,8

IMSS: Mexican Social Security Institute.

ISSSTE: Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado

Factor analysis

The reliability obtained with Cronbach's alpha index was adequate for each dimension, the scale as a whole showed a reliability of $\alpha=0.96$ showing a high level of agreement with this population. However, the scale covers four dimensions, so it was necessary to analyze each dimension and corroborate the reliability separately, identifying a lower reliability in the dimensions of participation and social networks of $\alpha=0.77$ (Table 2).



Table 2. Average reliability per dimension of the Life Experience scale

Dimension	No. of items	Cronbach's alpha	Cronbach's alpha Typed
Participation	8	0,773	0,805
Sense of belonging	20	0,877	0,917
Social networks	12	0,779	0,813
Sense of life	14	0,914	0,924

The factor analysis of the total scale revealed an overall Kaiser-Meyer-Olkin KMO=0.693 and the KMO analysis of each dimension proved to be feasible. Bartlett's test of specificity showed a significant ($p<0.05$), which proved that the correlation matrix fit the identical matrix (Table 3).

Table 3. Relevance index of the factor analysis of the Life Experience scale

KMO and Bartlett's test	Participation	Sense of belonging	Social networks	Sense of life
Kaiser-Meyer-Olkin measure of sampling adequacy	0,774	0,719	0,787	0,873
Approximate Chi-square	308,712	719,072	366,607	1147,168
Bartlett's test of specificity gl	28	190	66	91
Sig.	0,000	0,000	0,000	0,000

Table 4 describes the analysis of rotated components for each dimension, showing the extraction of principal components according to the relationship of the 54 items that made up the scale, and with the analysis of the rotated components, the distribution of the items in four dimensions was determined, being structured in ten components.

The analysis of the rotated components matrix of the 54 questions identified that eight questions were not feasible, because they had a value less than 0.5 of the value considered adequate in the literature, probably because of similarity between the questions or because they were inadequate for the dimensions located, so they were eliminated, leaving a total of 46 items.

From the Active participation component, questions 6 - I like to participate in the occupational activities taught in my club and 7 - I like to participate in the physical exercises taught in my club were eliminated. From the Club Membership component, question 10 - It is enjoyable to study the topic of the meeting was eliminated.



In the Belonging to a club or affective group of friends component, questions 17 - I like to participate in the physical exercises taught in my club, 22 - When there are conflicts in my club, I know that they will be resolved in the best way, 20 - I share my sadness with my club members and friends, and 25 - Maybe someday I can be the coordinator or leader of my club were eliminated. Finally, from the Self-Esteem component, question 41 - Since I attend an adult club, my life has a positive meaning (Table 4) was eliminated.

Table 4. Matrix of rotated components of the Life Experience scale

Dimensions	Component	Questions (50)	Value
Participation	Passive	I like to participate in a older adults' club	0,673
		The activities that take place in my club are appropriate for older adults.	0,915
		I plan to continue participating in my club.	0,644
	Active	I like to participate in my club's festivities.	0,820
		I like to participate in the talks that take place in my club.	0,703
		I enjoy participating in recreational activities at my club.	0,642
Sense of belonging	To a club	It's nice to meet every week at my club.	0,842
		Belonging to a club has improved my sense of humor.	0,684
		Attending a club influences me to have more friends.	0,870
		Attending my meeting excites me.	0,891
		I look forward to my next meeting date.	0,903
		Since attending the club, I feel more confident with my friends.	0,757
		I share my joys with my fellow club members and friends.	0,584
	A group of affective friends	The club gives me confidence.	0,522
		I feel totally accepted by my teammates.	0,602
		The relationship with my colleagues at the club is cordial.	0,641
		I accept my fellow club members as they are.	0,746
		I offer my friendship to the club members.	0,563
		Members share their joys in the Club.	0,735
		Members share their sorrows in the club.	0,628
Being a member of my club helps me get through difficult situations.	0,774		
Social networks (total perceived support)	Self-confidence	Since attending the club I have more friends.	0,802
		Since attending the club I have more confidence with my family.	0,890
		Since attending the club I have more confidence with my friends.	0,828
		Since attending the club my friends and neighbors tell me that I am more sociable.	0,675
		I have learned to respect my family when they disagree with my decisions.	0,760
	Affective/emotional support	When I feel attacked or hurt I go to my friends in the club.	0,507
		Since I attend the club and I feel sad, I look for my family members to talk to.	0,511
		When I feel sad I go to my friends in the club.	0,767
		I get support from my group mates when I feel sad.	0,833
		I go for walks with my fellow club members.	0,787
		I get together with my club members and friends to talk on days other than the meeting.	0,781
Social interaction	I visit my club members and friends when they cannot attend the meeting.	0,561	
	I know I'm making a mark on my club.	0,816	
Meaning of life	Realization/affective	I know I'm a nice human being.	0,676
		I know I will never be forgotten.	0,837
		Through the club I am giving a new meaning to my life.	0,697



	Since I have been attending the club, I am happy with what I am doing.	0,706
	The club helps me to accept everything I have experienced with maturity.	0,733
	Since I attend the club I can enjoy every day.	0,715
Motivation for life	Since I have been in my club, it is easier to accept emotional losses.	0,804
	Since attending my club, it is easier to accept the loss of a loved one.	0,755
	Since I attend the club I have the opportunity to pass on my experience.	0,661
	The adult club helps me to see my life as full and happy.	0,662
Self esteem	Since I attend the club, it is easier to accept my physical limitations.	0,646
	It is easy to make time for myself.	0,884

Once the analysis of the components that make up each of the dimensions was completed, an interpretation of each dimension was integrated in relation to the behavior of older adults attending a community club.

With respect to the Participation dimension, six questions were structured and distributed in two components: the first corresponds to the passive participation of the older adult in the community club, which allows them to be more self-confident and self-assured, valuing their abilities. The second refers to the active participation that shows autonomy by participating in the execution of the activities proposed in the group, such as recreational, physical, spiritual, literacy and handicraft activities, which allow them to overcome fears and maintain their independence and security in order to reach an active and successful aging.

In the dimension Sense of belonging, only 15 questions remained, which were divided into two components: the first one, structures the Sense of belonging to a club, where the older adult identifies with other group members who have the same characteristics in relation to age, comorbidities and psychosocial losses. The second component determines the Sense of belonging to an affective group of friends with similar characteristics, based on the maintenance of friendships in order to feel identified with the rest of its members, with the purpose of sharing experiences, emotions and considering it a support of affective support and belonging to a group.

For the dimension of Social Support Networks, twelve questions were integrated, divided into three components that evaluated the different supports perceived by the older adults who attend community clubs: the first component Self-confidence, allows older adults to express their opinion when attending the group, to have the ability to communicate positively saying how they feel or what they want and to make friends easily, thus allowing a better integration.



The second component of this third dimension, Affective/emotional support, generates in the older adults within the group a sense of solidarity and empathy, through the exchange of experiences lived in relation to their role within the family with other members of the group, actions that allow them to have mutual support in their emotional state to recover their life projects. The third component corresponded to social interaction with other older adults for recreational, reading, physical and religious activities that keep the older adult linked to the environment and the community in an active and successful way.

With respect to the Sense of life dimension, in the older adult it is the capacity to establish goals and find motivations that allow him/her to continue recognizing the affective aspects, personal fulfillment and decision making, to continue with daily activities and attitudes in life. It was composed of 13 items distributed in three components: Realization/affective related to active needs and aspirations, which are reflected when the older adult accepts to integrate into group activities and communicate with others, with the purpose of enjoying time for the performance of tasks that please him/her and help him/her to maintain active aging.

The second component of this fourth dimension was Motivation for life, which represents a great driving force that allows them to do things in life and enjoy it, share their experiences and change the environment by remaining active and participative, in the performance of basic activities of daily life and in leisure activities that allow them to face the changes that occur during the aging process.

The last component Self-esteem, evaluates the concept that the adult has of himself/herself, the interaction with other people, through the realization of various leisure activities, investing his/her time to continue his/her identity as an older adult in the aging stage, in order to maintain his/her quality of life.

DISCUSSION

The construction of the scale made it possible to record the life experience of older adults who are members of a community club, it helped to learn about the type of active or passive participation they had during their stay in the club, in addition to learning about activities that allow them to adequately channel their free time, and above all that compensate for the family, physical and social changes they suffer during the aging process that contribute to improving their quality of life.

Similarly, Salazar⁽¹²⁾ analyzed in his study on the integration of the older adult to the community club, this depends on the type of contact they previously had with their peers, the activities they performed in their daily life to occupy their free time and the availability they have to participate in new activities that make up for those that are being lost when they no longer interact in the family and social contexts during the course of aging.



Likewise, Guerrero-Castañeda, et al.⁽³⁾ concluded that the positive life experiences that the older adult has by joining a community club have allowed them to reach aging with plenitude, with love, with joy, with active and creative disposition, with a sense of identity, which contributes to a sense of life that helps them to be autonomous and independent persons and with an active and successful aging.

The sociodemographic characteristics that predominated in the older adults in this study were: being a female population, between 65 and 74 years of age, with a marital status between single and widowed, with a basic primary school education, most of them live with their children or husband, their economic income depends on a pension or social development support programs, they no longer have a job and only dedicate themselves to their home. These characteristics are considered by older adults as factors that isolate them and cause them to lose their active role in their family and social group, causing them to lose their sense of life and of belonging to a social group.

Alba's study⁽⁷⁾ shows that the vulnerability that accompanies the aging process is seriously affected by the socio-demographic conditions and poverty suffered by a significant proportion of older adults, which is reflected in the particularities of the experience of aging in different contexts and situations of their daily lives.

It was demonstrated in this study that when older adults first joined a community club they maintained a passive participation, but that later, with the passage of time in the club, and their involvement in the activities developed in each session, their participation became active. This fact is reaffirmed in the study by Carmona-Valdés⁽⁸⁾ who maintains that participation in activities during old age depends on the experiences previously lived and is associated with the feeling of belonging to a group, favors socialization, maintaining physical and mental health, and above all allows their continuity within society.

On the other hand, it was evidenced in this study that the older adult, when joining a community club, seeks to find new social relationships in order to continue receiving affection and feel that he still belongs to a group, to remain active and interacting with new friends and family, which in turn helps them to regain their affections, goals and activities that are gradually lost during old age. This coincides with the study of Martínez⁽¹⁵⁾ who maintains that the meaning of life is not only limited to having goals, purposes and satisfactions, but is also related to the affective aspects and belonging to a social group, which allows them to remain coherent with themselves and their environment.

Similarly, Intriago-Guzmán⁽¹¹⁾ considered that community clubs are contexts that allow older adults to maintain social integration, continue with the sense of belonging to a support network to cover affective and communication needs, essential elements for the achievement of a good quality of life and health.



CONCLUSIONS

This life experience questionnaire allowed knowing and orienting the most important dimensions that older adults express during their participation in community clubs and allowed to identify the activities and life learning that will help to provide solutions to their problems that arise during the physical, emotional and social changes during the aging process.

Each of the questions provided descriptive information about the feelings of the older adults when they were in the group, although it was not the objective of this study, but it allowed us to have an approach about the life experience they develop when they attend and belong to a group that allows them to integrate themselves to social and leisure activities, generating new affective and coexistence bonds.

Given the importance of constructing instruments with a methodology as rigorous as possible, some errors were detected in the proposed scale, so it is necessary to include a greater number of negative items that offer more amplitude of significance and comparison between the components that were suggested, placing more emphasis on the dimensions of social integration, sense of life and belonging to a society that is relegating them due to the loss of independence and autonomy.

This scale of life experience in older adults provides elements for future studies to validate the proposed questionnaire to this population in different social and economic contexts, in addition, it provides elements to health professionals to guide this population in the participation of community groups and support networks, giving them a different sense of life through the change of their life cycle, thus achieving an active and successful aging.

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