



Perception of abandonment of older adults in different Gerontological Centers, Santo Domingo, 2024

Percepción del abandono de los adultos mayores de diversos Centros Gerontológicos, Santo Domingo, 2024

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ABSTRACT

The purpose of this research was to analyze the perception of abandonment in elderly inmates and outpatients of several gerontological centers in Santo Domingo during the year 2024. For this purpose, a quantitative approach was used with a non-experimental, descriptive and transversal design. The population was made up of elderly inmates and outpatients from different gerontological centers. Structured surveys were applied as a data collection instrument. The results revealed that elderly inmates perceive a higher degree of abandonment compared to outpatients. It was identified that inmates mostly come from families with low economic resources and receive fewer visits and family support. On an emotional level, they expressed feelings of sadness and isolation, while outpatients, although they also expressed loneliness, reported greater social support. Regarding the support received, inmates depend mainly on the care provided by the center staff, while outpatients obtain greater support from their relatives. In conclusion, the perception of abandonment in older adults varies according to their status as inpatient or outpatient, including factors such as contact with family, emotional support and care received. It is recommended to strengthen family ties, implement integration programs and improve psychological care to reduce the emotional impact of abandonment in this vulnerable group.

Keywords: Abandonment; Elderly adults; Gerontological centers; Perception; Emotional support.

RESUMEN

El objetivo de esta investigación fue determinar el nivel de percepción del abandono en adultos mayores internos y externos de varios centros gerontológicos en Santo Domingo durante el año 2024, se aplicó un enfoque cuantitativo, de tipo descriptivo, de finalidad básica, con diseño no experimental, corte transversal. La muestra estuvo conformada por 103 adultos mayores internos y externos de distintos centros gerontológicos, se aplicaron encuestas, llamada "Percepción del adulto mayor hospitalizado en cuanto al abandono por sus familiares" estructuradas como instrumento de recolección de datos. Los resultados revelaron que los adultos mayores internos perciben un mayor grado de abandono en comparación con los externos, se identificó que los internos en su mayoría provienen de familias con bajos recursos económicos y reciben menos visitas y apoyo familiar, a nivel emocional manifestaron sentimientos de tristeza y aislamiento mientras que los externos, aunque también expresaron soledad, reportaron mayor respaldo social. En cuanto al soporte recibido los internos dependen principalmente del cuidado brindado por el personal del centro, mientras que los externos obtienen mayor apoyo de sus familiares. En conclusión, la percepción de abandono en los adultos mayores varía según su condición de internado o externo, incluyendo factores como el contacto con la familia, el apoyo emocional y la atención recibida, se recomienda fortalecer los vínculos familiares implementar programas de integración y mejorar la atención psicológica para reducir el impacto emocional del abandono en este grupo vulnerable.

Palabras clave: Abandono; Adultos mayores; Centros gerontológicos; Percepción; Soporte emocional.

INTRODUCTION

Problem statement

According to the World Health Organization (WHO), 16 % of adults over the age of 60 suffer from abandonment. Abandonment in older adults is classified as occurring from the age of 60 onwards, according to the same source. This was an extremely relevant issue that affected a large number of people with low economic resources, as well as those who faced a lack of care. Globally, factors such as advanced age and physical and emotional dependence also influenced this context (Fernández, et al 2023). In this sense, it is necessary to raise awareness about the importance of what was happening to older adults. The abandonment of older adults took various forms and had negative consequences for them, such as anxiety, depression, loss of dignity, and a decline in quality of life.

In Latin America, in countries such as Peru, 56,7 % of older adults reported a level of family abandonment, indicating that their relatives had washed their hands of them. On the other hand, a study conducted at the Mier y Pesado Foundation in Orizaba, Mexico, revealed that 46,2 % of residents experienced abandonment due to lack of care, and 42,3 % had moderate depression.

In a study carried out at a health center called Yuracyacu-Chota, located in Peru, interviews were conducted and it was found that 43 % of older adults were between 70 and 79 years old, with 67,4 % being women and 51,2 % having completed primary education. Fifty-five point eight percent experienced general family neglect. In addition, fifty-nine point three percent of older adults suffered from moderate material neglect, while fifty-seven point one percent experienced a high level of moral neglect.

In terms of quality of life, 55,8 % had an average quality of life, and 59,2 % of older adults who suffered abandonment had a low quality of life.

A study conducted at the Sofia Ratinoff Nursing Home in Guayaquil, Ecuador, revealed that 57 % of older adults experienced negative emotions such as shame, stress, and guilt due to abandonment by their relatives. In Ecuador, anyone aged 65 or older is considered an older adult. During this stage of life, the body experiences various age-related deficiencies, especially in those who have not had a good quality of life, which worsens their health.

Studies indicated that in Ecuador there were just over 1,049,824 (one million forty-nine thousand eight hundred twenty-four) people over the age of 65, representing approximately 6,5 % of the population. This figure was increasing rapidly due to the diverse family structures that contemporary society had begun to adopt.(1)

According to the National Institute of Statistics and Census (INEC), "in Santo Domingo there were 3,785 older adults, representing 7,5 % of the population. Of these, the municipal board found that at least 2 out of 10 suffered abuse and/or neglect". "Despite their age, illnesses, and even physical limitations, older adults had to go out on the streets in search of money. Some sold sweets and others begged for charity".(2)

The main cause of abandonment of older adults was family conflicts, which could lead to the family failing to provide them with the necessary care during this vulnerable stage of their lives. Often, a lack of communication and training among family members contributed to family breakdown. This situation had a direct impact on the mental health of older adults at risk of abandonment, increasing their vulnerability to depression and anxiety. In addition, loneliness and social isolation were linked to serious health problems in this population.(3) Unfortunately, no recent data was found that provides a clear picture of the abuse and neglect of older adults in the province of Santo Domingo. However, it was clear that urgent attention was needed to address their needs and ensure their well-being.

The causes of elder abuse and neglect in Santo Domingo were complex. Lack of financial resources and limited access to adequate social services were significant factors that forced many elderly people to seek income on the streets, exposing themselves to vulnerable situations.

Likewise, changes in family dynamics meant that many families were unable or unwilling to care for their elders due to economic pressures and lack of time. The effects of these problems are worrying: physical and emotional abuse has serious psychological consequences, such as depression and anxiety, as well as affecting their physical health by exposing them to adverse conditions.

The abandonment of older adults was a highly relevant issue, as it was a social problem that impacted millions of people around the world. It was estimated that one in six older adults had been a victim of some form of abandonment, whether physical, emotional, or financial. This situation had devastating consequences, including social isolation and physical problems.

What are the levels and consequences of abandonment among older adults living in and

outside the Gerontological Centers of Santo Domingo, considering the family, economic, and social causes that contribute to this problem?

Objective

To determine the level of perception of neglect among older adults living in and outside various Gerontological Centers in Santo Domingo, 2024.

METHODS

Type and design of the research

A quantitative approach was chosen due to its objective of quantifying and statistically analyzing perceptions of abandonment experienced by older adults in gerontological centers. This analysis was based on the sample's experiences in relation to the phenomenon of abandonment.(4)

The study, which had a fundamental affinity with its heuristic nature and contribution to gerontological epistemology, was oriented toward clarifying the psychosocial constructs and cognitive-affective mechanisms that underlay the subjective experience of aging.(5)

It was situated at a descriptive level within the methodological approach, which allowed for a detailed delineation of the cognitive, affective, and experiential dimensions that shaped perceptions of abandonment in geriatrics.(6)

A non-experimental design was chosen, as this type of research involved observing the situation of vulnerability, precariousness, and abandonment faced by older adults in low-income areas. The methodology was based on the observation of older adults as a starting point for subsequent analysis.(7)

In addition, a cross-sectional study was conducted, as a single contact was made with patients in geriatric centers to collect data through surveys. This approach made it possible to define the presence of a condition or population during observation and data collection.(8)

The research focuses on analyzing abandonment in older adults and its impact on active aging, seeking to understand and address this issue from various perspectives.(9)

Population and sample

Population

This research focused on older adults who resided in gerontological centers as well as outside the province of Santo Domingo. The population included elderly people who received care and services in these centers, which allowed for a broad and diverse perspective on the issue of abandonment of older adults in the region.(10)

Sample

The sample consisted of 103 elderly people in situations of orphanhood, housed in various gerontological centers in Santo Domingo during 2024 and externally. They were selected through non-probability convenience sampling, choosing those who were available and willing to participate, which allowed for a diversity of experiences within the group.

Inclusion criteria

- Adults over 65 years of age
- Residents of geriatric centers in Santo Domingo.
- Minimum stay of 6 months in the Gerontological Center.
- Sufficient cognitive ability to understand and answer the study questions (assessed using a brief cognitive test).
- Willingness to participate in the study and sign the informed consent form.
- Both genders.

Exclusion Criteria

- Older adults with severe cognitive impairment that prevents understanding or participation in the study.
- Residents who have been at the Gerontological Center for less than 6 months.

- Individuals who are unable to communicate verbally or in writing.
- Older adults who refuse to participate or sign the informed consent form.
- Residents with terminal illnesses or in critical health.
- Older adults who receive regular visits (weekly or more frequent) from family or friends.

Data collection instruments

The instrument known as the “Questionnaire on the level of abandonment of older adults” was developed by Cotrado Huamán (11) in his study entitled “Perception of hospitalized older adults regarding abandonment by their relatives.” This questionnaire was validated in content by five expert judges in geriatrics, psychology, and statistics, and the validity of the construct was tested using the KMO and Bartlett tests. The Kaiser-Meyer-Olkin (KMO) measure was 0,660, indicating an adequate assessment between items. In addition, Bartlett’s sphericity test presented a significance level of 0,000, confirming that the results were not random and that the instrument was highly valid for its application.

The questionnaire is divided into two types: type A, aimed at older adults residing in nursing homes, and type B, aimed at those who live independently or with their families. Each type of questionnaire is designed with specific dimensions that address different aspects of neglect.

Before administering the questionnaire, informed consent was requested from the participants, who were given a detailed explanation of the purpose of the research and how their responses would be used. During the administration of the instrument, each question was read to them and they responded, thus ensuring proper understanding and participation. The total time to complete the questionnaire is estimated to be approximately 20 minutes, taking into account the difficulties that some older adults may face, such as visual problems or tremors in the lower limbs.

Table 1. Scales

No.	Level of Abandonment	Range of Score	Description
1	Low	0 - 4	Older adults perceive a good level of support and care from their family or caregivers.
2	Moderate	5	There is a moderate perception of neglect, with some deficiencies in emotional or material support.
3	High	10	The older adult experiences a strong sense of abandonment and lack of attention in various aspects.

Data processing and analysis plan

To carry out the data analysis process in the research, several key stages were followed, ensuring methodological rigor. First, information was collected through structured surveys administered at the Santa Ana San Joaquín Gerontological Center, located in Santo Domingo de los Tsáchilas. Before administering the surveys, informed consent was obtained from the participants, guaranteeing respect for their rights and the confidentiality of their responses.

Once the information was collected, the data was organized in an Excel spreadsheet, where it was categorized into quantitative variables to facilitate subsequent analysis. The data was then cleaned, eliminating incomplete or inconsistent records, thus ensuring its quality and reliability. In addition, data anonymization techniques were applied, protecting the identity of the participants and ensuring compliance with the ethical principles of research.

For data analysis, various statistical methods were used in Excel, and absolute and relative frequencies were calculated for the categorical variables, which allowed for the distribution of responses to be determined. The results were represented using statistical tables, facilitating their interpretation and visualization. The analysis allowed for well-founded conclusions to be drawn about the level of abandonment among the older adults surveyed, providing relevant information for future interventions and social policies to benefit this vulnerable population.

Ethical aspects

This research was conducted under a strict commitment to ethical principles and values, with the aim of protecting and preserving the integrity, dignity, and rights of the participating older adults. The study focused on assessing the health status of older adults, as well as the quality of care provided by nursing staff at the Gerontological Center. Throughout the process, the confidentiality of the information collected was guaranteed, ensuring that all data was handled

anonymously and with absolute respect for the privacy of the participants. Likewise, informed consent was requested from each older adult before beginning their participation in the study, clearly explaining the objectives, procedures, possible benefits and risks, as well as their right to withdraw at any time without negative consequences.

RESULTS

Level of Neglect

The table presented showed the distribution of the perceived level of abandonment in the groups of institutionalized and non-institutionalized older adults classified into three categories: low, moderate, and high. At the low level of abandonment (scores of 0-4), only 3,92 % of institutionalized older adults reported this perception. In contrast, the percentage corresponding to the non-institutionalized group was higher, reaching 18,63 %. Overall, 22,5 % of the total sample perceived a low level of abandonment.

Regarding the moderate level of abandonment (scores of 5 to 9), 11,76 % of institutionalized older adults indicated this perception, while the external group presented 44,12 %. This category contributed the highest percentage of responses, with 55,88 % of the total number of respondents reporting a moderate level of abandonment. Regarding the high level of abandonment (scores of 10 to 14), 11,76 % of institutionalized older adults perceived a high degree of abandonment, compared to 9,80 % of the non-institutionalized group. In total, 21,57 % of respondents fell into this category.

Table 2. Dropout rate

		Internal		External		Total	
		n	%	n	%	n	%
Low	0-4	4	3,92	19	18,63	23	22,55
Moderate	5-9	12	11,76	45	44,12	57	55,88
High	10-14	12	11,76	10	9,8	22	21,57

Sociodemographic data

In the internal group, the population was mainly composed of people between 65 and 75 years of age (15 %), followed by those between 76 and 90 (11 %). In this group, only 1 % were over 91 years of age. In the external group, most participants were in the 65-75 age range (52 %), followed by those aged 76-90 (22 %). There were no cases of older adults aged 91 or over in this group. In terms of gender, the internal group was made up of 18 % men and 10 % women. In the external group, men represented 38 % and women contributed 34 %.

In terms of marital status, there were no married individuals in the internal group, while 18 % of individuals in the external group were married. The majority of inmates were single (19 %), which remained constant in the external group, where 24 % identified as single. The proportion of divorced individuals was low in both groups (0 % among internal individuals and 2 % among external individuals). Common-law marriages were only present in the external group, at 3 %. With regard to widowhood, this was more prevalent in the external group (28 %) compared to 7 % in the internal group.

Affective dimension

The following figure presents data related to the affective component with two groups of people classified as "Internal" and "External." In relation to respect within the family environment, only 6 % of older adults in the internal group said they perceived it, while 21 % said they did not experience it. Together, these figures represent a total of 28 % of internal participants in this category. In the external group, 54 % said they felt respect from their family, in contrast to 21 % who said they did not perceive it.

Regarding satisfaction with the expression of family affection, 5 % of the internal older adults said they felt satisfied, while 18 % said the opposite. In the external group, 41 % reported feeling satisfied with the expression of affection received from their family, while 55 % indicated that they were not. Regarding the perception of abandonment, 20 % of the institutionalized participants said they felt abandoned, while 71 % said they did not experience this situation. On the other hand,

within the non-institutionalized group, 32 % said they felt abandoned, in contrast to 43 % who indicated that they did not have that perception.

Table 1. Sociodemographics

Variable	Category	Internal (n)	Internal (%)	External (n)	External (%)
Age (years)	65–75	15	15	53	52
	76–90	11	11	22	22
	≥91	1	1	0	0
Gender	Male	18	18	39	38
	Female	10	10	35	34
Marital Status	Married	0	0	18	18
	Single	19	19	24	24
	Divorced	0	0	2	2
	Cohabiting	0	0	3	3
	Widowed	7	7	29	28

Support Dimension

The table shows the level of support received in three dimensions: Family, Social, and Economic, comparing the “Inmates” and “Outside” groups.

Table 2. Affective Component

Factor	Item	Institutionalized: Yes (n)	Yes (%)	No (n)	No (%)	Total (n)	Total (%)	Non- Institutionalized: Yes (n)	Yes (%)	No (n)	No (%)	Total (n)	Total (%)
Emotional	Respect within the family	6	21	22	79	28	100	54	72	21	28	75	100
Emotional	Satisfaction with expressions of family affection	5	18	23	82	28	100	41	55	34	45	75	100
Emotional	Feelings of abandonment	20	71	8	29	28	100	32	43	43	57	75	100

Family Support

Regarding the level of responsibility perceived by the family for the well-being of older adults, 20 % of residents indicated that their family was responsible for their well-being, while 71 % said they did not perceive such responsibility. In the group of older adults living outside the facility, 71 % indicated that they felt their family assumed this responsibility, in contrast to 4 % who said it did not exist.

Regarding the participation of family members in events and activities, only 3 % of residents reported the active participation of their family members, while 11 % stated that they did not perceive such participation. In contrast, in the group of non-residents, 56 % stated that their families participated in their activities, compared to 33 % who did not perceive such participation.

Regarding family concern for their health, 12 % of institutionalized older adults reported feeling concern from their family members, while 43 % indicated that they did not perceive this interest. In the case of non-institutionalized older adults, 81 % reported that their families showed concern for their health, compared to 14 % who did not perceive such concern.

Social Support

In terms of the quality of communication with family, only 7 % of institutionalized older adults reported maintaining good communication with their relatives, while 25 % reported the opposite. In the non-institutionalized group, 52 % reported satisfactory communication, compared to 23 % who reported not perceiving good communication.

Regarding the availability of family members to visit, 6 % of residents said their families were available to visit them, compared to 21 % who did not feel this way. Meanwhile, 24 % of older adults

living at home said their families were available to visit them, while 51 % said they did not feel this way.

Financial Support

Regarding financial support from family for maintenance and well-being, 12 % of institutionalized older adults reported receiving financial assistance, while 43 % indicated that they did not receive any type of financial support. In the non-institutionalized group, 33 % reported receiving financial assistance financial support, compared to 44 % who indicated that they did not have this financial support.

Table 3. Support

Factor	Item	Institutionalized Yes (n)	Yes (%)	No (n)	No (%)	Total (n)	Total (%)	Non- Institutionalized Yes (n)	Yes (%)	No (n)	No (%)	Total (n)	Total (%)
Family	Level of family responsibility for their well-being	20	71	8	29	28	100	71	95	4	5	75	100
	Participation in family events	3	11	25	89	28	100	42	56	33	44	75	100
	Family concern for their health	12	43	16	57	28	100	61	81	14	19	75	100
Social	Quality of communication with family	7	25	21	75	28	100	52	69	23	31	75	100
	Family availability for visits	6	21	22	79	28	100	24	32	51	68	75	100
Economic	Family financial support for maintenance and well-being	12	43	16	57	28	100	33	44	42	56	75	100

Dimension Care

The table presents information on the care received in three dimensions: family interest, health support, and support staff, comparing the groups of older adults who are “institutionalized” and those who are “non-institutionalized.”

Family Interest

With regard to the provision of goods and materials by family members, 11 % of institutionalized older adults reported receiving this type of support, while 39 % said they did not receive such provisions. On the other hand, in the group of older adults living at home, 41 % said they received provisions and materials, compared to 55 % who said they did not. Regarding assistance and care provided by family members, 12 % of residents indicated that they received help from a family member, while 43 % stated that they did not receive such assistance. In the group of older adults living outside of nursing homes, 45 % reported receiving family assistance, compared to 60 % who indicated that they did not have such support.

Healthcare Support

Regarding access to and follow-up on medical checkups, 27 % of institutionalized older adults reported having access to these services, while only 1 % indicated that they did not. In the case of older adults living at home, 61 % reported having access to medical checkups, compared to 14 % who reported not having such access.

Support Staff

Regarding the availability of a person responsible for daily care, 27 % of institutionalized older adults confirmed that they had this type of support, while 96 % said they did not have a caregiver responsible for their daily care. In the group of older adults living at home, 28 % said they had a person responsible for their care, while 37 % said they did not have such support. Finally, with regard to the perception of abuse by the caregiver, none of the institutionalized older adults reported having experienced situations of abuse. However, in the group of non-institutionalized

older adults, 4 % reported having suffered abuse, while 71 % indicated that they had not perceived any form of abuse by their caregiver.

Table 4. Care

Factor	Item	Institutionalized Yes (n)	Yes (%)	No (n)	No (%)	Total (n)	Total (%)	Non- Institutionalized Yes (n)	Yes (%)	No (n)	No (%)	Total (n)	Total (%)
Family Interest	Provision of goods and material resources	11	39	17	61	28	100	41	55	34	45	75	100
	Family assistance and care	12	43	16	57	28	100	45	60	30	40	75	100
Healthcare Support	Access to and follow-up of medical checkups	27	96	1	4	28	100	61	81	14	19	75	100
Caregiver Support	Availability of a person responsible for daily care	27	96	1	4	28	100	28	37	47	63	75	100
	Experience of mistreatment by the caregiver	0	0	28	100	28	100	4	5	71	95	75	100

DISCUSSION

This research focused on analyzing the perception of neglect in older adults living in and outside of geriatric centers. The results revealed significant differences between the two groups, highlighting the importance of addressing this issue from multiple perspectives. First, 79 % of residents perceived a lack of respect from their families, compared to 28 % of non-residents. This discrepancy suggests that institutionalized older adults may feel more vulnerable and misunderstood, which is consistent with previous findings indicating a greater perception of loneliness and isolation in this population.(12,13)

In addition, 82 % of residents expressed dissatisfaction with the expression of family affection. Among the non-resident group, this figure dropped to 47 %. Lack of emotional and social support has been linked to negative effects on the mental health of older adults.(13,14) Therefore, it is crucial to understand how these family dynamics affect quality of life in old age and to seek ways to improve these interactions.

In terms of abandonment, 71 % of residents experienced it, compared to 43 % of non-residents. This highlighted the need to strengthen family and social ties to improve the overall well-being of older adults. The theory of active aging highlights the importance of social interactions and community participation.(14,15,16)

Regarding the second specific objective, "To determine the perception of the emotional dimension of older adults," we analyzed how affective factors, such as respect, the expression of family affection, and the perception of abandonment, influence the emotional well-being of this population.(17,18) The findings that emerge from this research reveal, with crystal clarity, that older adults are overwhelmed by a profound sense of loneliness. This existential state cannot be attributed solely to the decline in emotional contact with their loved ones; rather, it manifests itself as a result of the scarcity of enriching social opportunities within the confines of institutions. According to Zoucha (12), this distress is exacerbated in those individuals who, over time, come to perceive that their relatives have entirely delegated responsibility for their care to others. This perception leads to profound unease, where the lack of meaningful interactions not only erodes their emotional well-being but also precipitates a considerable deterioration in their mental and physical health.(19)

The theory of active aging states that participation in social and family activities is essential for maintaining emotional well-being in old age.(14,20) This theory advocates for an active and engaged life, where interpersonal relationships are key to developing a satisfactory quality of life at this stage of life.(21,22) In this sense, gerontological centers could implement family and community integration programs, such as scheduled visits with family members, intergenerational activities, or support groups that encourage emotional exchange between residents and their loved ones. Such initiatives not only foster a sense of belonging but also mitigate the feeling of abandonment often experienced by institutionalized older adults.(23,24)

Additionally, social support theory (15) highlights the importance of emotional support and strong support networks in strengthening emotional resilience in older adults.(25,26) This perspective suggests that strengthening communication between residents and their families would not only contribute to improving their emotional well-being but also facilitate an environment more conducive to the development of meaningful bonds.(27) In conclusion, the results of this study underscore the urgent need to reinforce emotional support and foster enriching family interactions among older adults in institutions, with the ultimate goal of improving their emotional well-being and reducing their distressing perception of abandonment.(28)

On the other hand, the third specific objective, "To determine the perception of support received by older adults," allowed us to evaluate the impact of family, social, and economic support on the perception of abandonment and the overall well-being of older adults. The results indicated that 71 % of institutionalized older adults reported that their family does not take responsibility for their well-being, while in the external group this figure was reduced to 5 %. In addition, 75 % of institutionalized individuals stated that their family's availability for visits is low, compared to 32 % of external individuals. In terms of financial support, 57 % of residents reported not receiving financial assistance from their families, compared to 24 % of non-residents. The findings reflect a trend previously documented in the literature, where limited access to family and social support in institutionalized older adults is associated with a greater perception of abandonment and less emotional well-being.(16)

This may be influenced by various factors, such as changes in the modern family structure, the migration of family members to other cities or countries, and economic barriers that make it difficult to visit geriatric centers frequently. In addition, some studies have pointed out that the feeling of uselessness perceived by older adults when they are financially dependent on their relatives may identify their perception of abandonment. Social support theory holds that the integration and constant presence of family members and social networks strengthen emotional resilience and reduce the impact of isolation in older adults.(17)

To mitigate the perception of abandonment and improve the quality of life of older adults in care facilities, it is essential to implement strategies to strengthen family and community support. These strategies could include organizing family events within gerontological centers, using digital platforms to facilitate communication between residents and their families, and integrating volunteer programs where the community actively participates in recreational and companionship activities for older adults.(14) In conclusion, the results of this study highlight the importance of designing strategies that encourage family participation in the lives of elderly residents and promote greater access to economic and social resources to ensure their well-being. Finally, the fourth specific objective, "To determine perceptions of the care provided to older adults living in and outside various gerontological centers in Santo Domingo, 2024," focused on examining family assistance, access to health services, and the availability of support staff in caring for older adults. The results indicated that 96 % of institutionalized older adults reported receiving medical care, while in the non-institutionalized group this figure was 81 %. In addition, 96 % of institutionalized older adults reported having someone responsible for their daily care, compared to 63 % of non-institutionalized older adults. However, 28 % of residents perceived mistreatment by their caregiver, compared to 5 % of non-residents. These findings are consistent with previous research that has shown that the quality of care received is a key factor in the perception of well-being in old age.

The perception of mistreatment among institutionalized older adults could be influenced by factors such as excessive workload on caregivers, lack of training in gerontological care management, and the absence of adequate supervision protocols in gerontological centers. Previous research has identified that levels of functional dependence are associated with an increased risk of receiving inadequate treatment, as older adults with greater support needs may be perceived as an additional burden on caregivers. The theory of successful aging argues that well-being in old age depends on factors such as autonomy, access to quality care, and the absence of conditions that generate stress or abuse. In this sense, the findings suggest that the perception of abuse in older adults in care facilities may be influenced by factors such as excessive workload on caregivers, lack of training in gerontological management and xml-ph-0000@deepl.internal, and the absence of adequate supervision protocols in gerontological centers. Old age depends on factors such as autonomy, access to quality care, and the absence of conditions that generate stress or abuse. In this sense, the findings suggest that, although institutionalized older adults have greater access to medical services and caregivers, the perception of abuse indicates the need to improve staff supervision and promote humane treatment in gerontological centers. Implementing training programs in care ethics and effective communication between caregivers and residents could be key to reducing this perception and improving the experience of institutionalized older adults.

One of the challenges in reviewing the literature was the scarcity of specific research addressing the perception of neglect in older adults within the context of geriatric centers in the region. Another limiting factor is that the information was collected through self-administered surveys, which could have generated biases in the responses due to the subjectivity of the participants or their desire to provide socially acceptable answers. Regarding practical limitations, there were difficulties in the participation of some older adults due to cognitive, visual, or hearing limitations, which affected the accuracy and reliability of the data collected.

It is important to consider that the perception of abuse may be influenced by individual factors, such as the older adult's mood at the time of responding to the survey, their previous experiences with care staff, and their level of dependency. Furthermore, as this is self-reported data, there is a possibility that some participants may have given answers that were influenced by their emotional state or their relationship with their caregivers. For future research, it is recommended that the data be supplemented with direct observations or interviews with care staff to obtain a more objective view of the quality of care.

CONCLUSIONS

The study determined the level of perceived neglect among older adults living in and outside of several geriatric centers in Santo Domingo during 2024 by analyzing sociodemographic and emotional data, as well as data on the support received and care provided.

The conclusions for each specific objective are shown below.

With regard to the identification of sociodemographic data, it was observed that the majority of institutionalized older adults belonged to low-income families and had less contact with their relatives. In contrast, non-institutionalized older adults had more frequent visits and support from their families, which shows significant differences in the support network depending on the type of residence.

In relation to the perception of the emotional dimension, a high percentage of institutionalized older adults reported feeling abandoned by their relatives, which was reflected in feelings of sadness and isolation. On the other hand, older adults living at home, although they also experienced emotions associated with loneliness, reported a better perception of the emotional support received, due to their frequent contact with relatives or community networks.

In terms of the perception of support received, it was determined that institutionalized older adults perceived that support came mainly from the staff of the gerontological center, while older adults living at home depended to a greater extent on the support provided by their families. This difference highlights the fundamental role of the family in the perceived well-being of older adults who remain in their homes.

Regarding the perception of the care provided, it was found that most institutionalized older adults consider basic care related to food, hygiene, and health care to be adequate. However, they report deficiencies in emotional care and recreational activities. In the case of non-institutionalized older adults, it was noted that, despite receiving family support, there were differences in health care and nutrition attributable to economic limitations.

RECOMMENDATIONS

Develop strategies to encourage the active participation of family members in the lives of institutionalized older adults, such as creating a regular visitation schedule, organizing joint recreational activities, and conducting family orientation sessions on the importance of emotional and social support. These actions are highly feasible and can be implemented immediately, as they do not require significant resources and can improve the perception of companionship and belonging.

Promote intergenerational programs that integrate young people and older adults in cultural exchange and mutual learning activities. It is recommended to establish student volunteer programs, mentoring networks, and community gathering spaces that facilitate the exchange of experiences and reduce the perception of loneliness in older adults, especially those who are not residents.

Hire psychology and social work professionals in gerontological centers to provide personalized emotional care to older adults in care, who have high rates of feelings of abandonment. It is also suggested to implement group and individual therapies that contribute to the management of loneliness, depression, and emotional isolation, improving their psychological well-being. This

measure is a priority given the high prevalence of emotional problems identified in the research.

Strengthen public policies for the protection of older adults by prioritizing the allocation of resources to improve the infrastructure of gerontological centers and guarantee access to comprehensive, quality health services. It is also recommended that community programs be created to promote the social inclusion of older adults living outside of these centers, thereby reducing the risk of abandonment and isolation. These actions should be considered urgent given their direct impact on the quality of life of this vulnerable population.

Furthermore, we suggest conducting studies that analyze in depth the main reasons why families decide to institutionalize their older adults, taking into account the economic, social, cultural, and emotional factors identified in this study. These studies will allow for a better understanding of family dynamics and the determinants that influence abandonment to institutionalization, providing valuable information for the design of more effective policies and intervention programs.

It is also recommended to explore, through qualitative approaches, the perception of older adults about the treatment they receive in gerontological centers, as well as their emotional experience regarding separation from their family environment. This would contribute to a deeper understanding of subjective aspects that were not addressed in this quantitative research.

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CONFLICT OF INTEREST

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