

PERCEPTION OF SELF-ESTEEM IN ELDERLY BOARDING SCHOOLS IN THE INSTITUTION

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Abstract: Introduction: Old age is characterized by a series of changes at a physical, cognitive, emotional and social level, so it is necessary for the elderly to have an adjustment (balance) to the demands that derive from this stage, since this way they diagnoses better development. However, self-esteem, being a central axis in the way experiences are interpreted and assumed, must be considered as a priority in the health sector, since emotional strategies can be generated from it that can facilitate their adaptation. and therefore their quality of life. Aim. To evaluate the perception of self-esteem in older adults hospitalized in a Public Institution. Method. This research is based on a quantitative methodology, descriptive-correlational, with a non-experimental and cross-sectional design: the Rosenberg scale was used. In addition, a non-probabilistic sampling was applied, selected for convenience, where 48 older adults participated, whose age ranges from 69 to 93 years and who were in a situation of institutionalization at the ISSSTE in Morelia, Michoacán. Results. The main findings report that two out of three older adults have a regular to high self-esteem, likewise, a relationship was found with schooling, the decision to institutionalize and with the fact that the couple is in a situation of institutionalization. conclusions. Through the results, the need to provide attention to that percentage that is affected by their low self-esteem is shown.

Keywords: *Self-esteem, Old age, Institutionalization, Aging, Quality of life.*

INTRODUCTION

The World Health Organization (WHO, 2021) mentions that the onset of old age begins at 65 years of age in first world countries and at 60 in those that are located in developing countries, likewise, it points out that during this stage there are changes in the physical, cognitive, emotional and social dimension,

to which the subject must adapt; however, the situation and the real context (characteristics and particular needs) of the older adult play a fundamental role in the way in which the new living conditions are assumed. This is how, currently, addressing the issue of old age implies returning to aspects such as dependency, fragility, self-care, support networks, needs, chronic-degenerative diseases, geriatric violence and of course self-esteem, all of this, from different approaches:

In Mexico, like other developing countries, they experience an accelerated aging process, which causes an increase in the number of older adults, as well as their needs, social demands and issues focused on health. In this sense, the National Institute for Older Adults (INAPAM, 2018) has the responsibility of proposing care mechanisms that allow this sector of the population a healthy, active and dignified aging, with the help of various public and private institutions. of the country, as well as the support of civil society (Lozano et al., 2021).

In this sense, it is necessary to address the concept of self-esteem and its implications in the life of the elderly, Musitu et al. (2004) report that it is common to observe and hear the interchangeable use of terms such as “identity, self, self-esteem, self-concept, self-conceptions, self-image, among others” (p.42), however, these concepts have a different meaning and that part of the use made of them is due to the diversity of definitions that have been generated over time.

On the one hand, two of these concepts are used to a greater extent as synonyms, but they are different constructs. According to Yepis and Escobar, self-concept is the image that people have of themselves and, which includes abilities, values, preferences or appearances (as cited in Córdova, 2019), while Camarena (2020) points out that the Self-esteem is “the positive or negative assessment, perception

or judgment that a person makes of himself based on the evaluation of his thoughts, feelings and experiences” (p. 12), therefore, both factors carry a similar trajectory that makes that one cannot be referred to without taking up the other.

On the other hand, Tobón indicates that the relationship between self-concept and self-esteem is that the former is made up of descriptive aspects of oneself (or cognitive) and self-esteem by evaluative (or affective) aspects (as cited in Naranjo et al., 2021). On the other hand, Rosemberg (1995), one of the pioneers on the subject, states that self-esteem is an attitude towards oneself, made up of two dimensions: a general one related to psychological well-being and a specific one linked to behavior (as described). cited in Musitu et al., 2004).

Following this line, the existence of a multidimensionality of definitions of self-esteem is recognized, because it not only differs from the author who delimits it but also varies depending on the dimension from which it starts, however, all of them coincide in a central idea: self-appreciation; essential factor in the development of personality, that is, in the set of traits and/or qualities that define a person and their way of relating. In short, self-esteem can be thought of as self-love, a resource that helps you face reality and regulate psychological, cognitive, behavioral, and social processes, but it does not make you immune to making mistakes or a perfect entity, but it does provide a greater possibility of coping for the world (Tobón, as cited in Naranjo et al., 2021).

In this sense, Branden (2001) already pointed out that “there is no more important value judgment for people, it is a decisive factor in their psychological development and their motivation, than the evaluation they issue about themselves” (p. 192), Precisely from this valuation, the subject builds his behaviors,

thoughts, values, aspirations, ideologies, feelings, emotions, perceptions, desires, values, norms and limits; For this reason, it is evident to know the basis on which said judgment is issued and that without a doubt no one is exempt from carrying it out due to the very nature of man.

It is important to point out that the value judgment is not based on objective characteristics, but involves the use of the value system of the person who performs it, therefore, it may or may not coincide with reality. In the same way, it can fluctuate because people constantly face experiences that are being internalized and to which a meaning has been assigned that can have a positive or negative impact. In other words, self-esteem can be changed in the course of life, but it is more difficult in old age.

This way, low self-esteem in subjects, including older adults, causes them to show discomfort such as: guilt, fear, inhibition, dependency, distrust, tension, anguish, illness, anxiety, neurosis, and may present maladaptive behaviors such as violence, jealousy, addictions, among other characteristics, this does not mean that a person with high self-esteem cannot be affected by one of these aspects at some point, the difference is based on the resources available to deal with it.

So, it is worth asking how these value judgments are developed? Eventually, during the first years of infancy and childhood, essentially the development of self-esteem will depend on the family, however, with the passage of time it will also be influenced by other factors such as school, friends, work, neighbors, etc. among others, but it represents an individual achievement that functions as an intra-interpersonal resource related to well-being and mental health. Therefore, its study has been expanded from different areas due to the effect of the relationship with variables such as: academic and work performance,

psychological adjustment, social integration, motivation, and in general coping with situations in social contexts (Silvia and Mejía, 2015).

According to Branden (2001), two aspects that are significantly related in the process of developing self-esteem are: the feeling of personal efficacy and self-worth, which can be reflected as “confidence and self-respect” (p. 192). The first one shows the way in which he conceives his skills, abilities, tools and resources, since the value he places on them configures the feeling of control over existence itself. The second indicates the basis on which he directs his individual actions, as well as the collective ones, and that questions the choices that imply morality and ethics.

Following this line, derived from the implications of old age and the context, some of the older adults face physical and cognitive limitations that prevent them from carrying out activities that guarantee their survival, for this reason, they sometimes feel displaced and worthless; situation that can lead not only to low self-esteem but also to depression and anxiety, and even suicide. It is convenient to emphasize that the configuration of self-esteem does not work in an isolated or individualized way, but that said construction is marked by part of the society and culture of which one is a part, therefore, for a better understanding of the sources that influence the development of self-esteem, an individual analysis is carried out (Sierra et al., 2020).

In the first instance, the family constitutes the main source because it is through this that basic social contact occurs. That is, if the parents were able to provide a support-based upbringing, positive values (respect, tolerance, empathy, etc.), openness to dialogue, emotional support, autonomy, functional relationships, quality time, assessment of abilities and skills, establishment of rules and limits, among other elements, it is possible to promote

normal to high self-esteem throughout the life cycle. On the contrary, if parenting was dysfunctional, it can lead to low self-esteem that will lead to risky behaviors, emotional imbalance, depression, relationship problems, poor academic and work performance,

Secondly, another source is friends, neighbors, peers and colleagues, since it is known that the nature of man is what leads him to search for another, derived from the need for recognition, appreciation, valuation and acceptance, to this way produce a good concept of themselves and a positive self-esteem. Therefore, people in this age group need to get to know themselves and organize their past experiences by being present into a coherent account of their own life.

Then, self-esteem will be closely linked to one's own past history, with the interpretations of experiences and the use of them to face the challenges of the present and the perspectives of the future. But, why see self-esteem as a whole and not just as one more factor in life in older adults? Precisely, because the adult carries with him a self-esteem that may or may not be affected by the new physical, cognitive, emotional and social demands. In addition to the above, geriatric institutionalization is a resource that the subject and the family member use for different reasons, however, this aspect can be crucial to present high or low self-esteem.

Thus, the health sector is primarily responsible for ensuring the physical and mental health of geriatric adults, so the development of strategies that guarantee a balance and that can support the needs that arise over time and with what is known as demographic transformation is a priority.

BACKGROUND

Some research on the subject is presented below, since these serve as a reference to know the situation of the elderly:

In the first instance, in a study carried out in Mexico by Trejo et al. (2019) it was found that the majority of older adults have a medium to high degree of self-esteem, where the integration of this age group into a social program contributes to improve it; These figures agree with the research by Soria et al. (2018). Likewise, Quintana and López (2020) observed that there is a positive effect on self-esteem with physical-recreational activities, such as: walking, ball exercises, and aerobics; and with glycemic control and depression (Flores et al., 2018)

Secondly, Acosta (2017) carried out a study with 61 Peruvian older adults, of whom he observed that 63.93% had medium self-esteem and the rest low; It is worth mentioning that he used the Rosenberg scale as an evaluation instrument; figures that agree with those found by Pérez et al. (2017), in addition, this author postulates a close relationship with oral care. Finally, De Armas et al. (2019) propose that it is necessary to apply a salutogenic approach to diagnose and reduce the effects produced by low self-esteem.

GENERAL OBJECTIVE

To evaluate the perception of self-esteem in older adults hospitalized in a Public Institution

SPECIFIC OBJECTIVES

- 1.1. Describe older adults through sociodemographic variables.
- 1.2. Identify the level of self-esteem.
- 1.3. Determine the differences in the degrees of self-esteem with the sociodemographic variables.
- 1.4. Establish the relationship between self-esteem and sociodemographic variables.

METHOD

DESIGN

The present investigation was based on a quantitative methodology, of a descriptive-

correlational type, with a non-experimental and cross-sectional design.

PARTICIPANTS

The sampling was carried out in a non-probabilistic way, selected for convenience and was made up of 48 older adults, whose age ranges from 69 to 93 years, in addition to attending the ISSSTE in Morelia, Michoacán, meeting the inclusion criteria and participating in a non-probabilistic way. voluntary.

INCLUSION CRITERIA:

- Adults over 60 years of age who are institutionalized at the ISSSTE in Morelia, Michoacán.
- Older adults residing in Morelia, Michoacán.
- Older adults who understand the instructions to follow.
- Older adults who agree to sign the informed consent to carry out the research.

EXCLUSION CRITERIA:

- People who do not meet the previously indicated criteria or who present dementia.

INSTRUMENTS AND TECHNIQUES

For data collection, the following techniques were used: observation and the application of an instrument:

- Rosenberg scale. It is one of the most used tests to determine the level of self-esteem; It is made up of 10 items, with a Likert scale of four options: 1 (Strongly agree), 2 (Agree), 3 (Disagree) and 4 (Strongly disagree). In addition, it is divided into five positive and five negative questions. Broadly speaking, the interpretation is as follows: the higher the score, the higher the self-esteem.

PROCEDURE

The present investigation was carried out through four phases: in the first, the project was prepared and presented to the corresponding ISSSTE authorities. Subsequently, once those in charge of the stay authorized said project, the person in charge introduced herself to the participants and told them the purpose of said work, inviting them to participate voluntarily and showing them the informed consent that they subsequently signed; for which the scale was provided. The process lasted from December 2021 to February 2022 approximately. Finally, we proceeded to analyze the data and disseminate the results. Figure 1 shows the approach of the educational intervention.

RESULTS

The data analysis was carried out using the Statistical Program for the Social Sciences SPSS, version 25. First, an analysis of the reliability of the instruments was carried out using Cronbach's Alpha, where a score of 781 was obtained, which indicates that it is reliable for its interpretation.

Secondly, a descriptive analysis was carried out, where it can be observed that 52.1% of the sample are women and the rest are men, of which 63.8% are located in an age range of 69 and 93 years ($m=82.22$, $SD= 7.08$). In relation to schooling, it was observed that 12.5% have basic education, 8.3% upper secondary education and 79.2% higher education. Regarding marital status, it was found that 35.4% are married, 20.8% separated and 43.8% widowed. In addition, 3 out of 5 older adults follow a Catholic religion (Table 1).

Following this line, they were asked about the decision for them which they were institutionalized, the time they have remained, whether their spouse is also institutionalized, and the place where they are located. In this sense, it was found that the majority were

institutionalized by family decision, that they have been in the institution for 3 months and reside mainly in Casa las Américas and Estancia del Bosque (Table 2).

Likewise, Figure 2 shows the percentages on the level of self-esteem that older adults present: 64.6% have normal (regular) to high self-esteem and the rest low.

It is worth mentioning that differences were found in the percentages between self-esteem and sociodemographic variables, since a higher degree of self-esteem was found in women; those who are in an age range of 65-70 years, followed by those who are 71-75; older adults who have high school and a degree; the widowers; and those who follow a religion other than Catholic (Table 3).

On the other hand, differences were found in the percentages between self-esteem and hospitalization data, where those who made the decision to hospitalize themselves have lower self-esteem, the spouse is also institutionalized, those who have been in the institution for 1 month and those who live in Hogar San José (Table 4).

Third, an inferential analysis was carried out on the variable of interest with the sociodemographic variables (Table 4).

DISCUSSIONS

Self-esteem is an important factor throughout the life cycle, since over time people form their own assessment of their characteristics, abilities, skills, abilities, knowledge, among other no less relevant aspects, which help them interpret their particular experiences and assume the consequences of it. During old age it is crucial that the elderly perceive themselves with value, with capacity and, to a certain degree, with functionality, since this affects their integral development, especially in the emotional aspect.

According to the results found in this

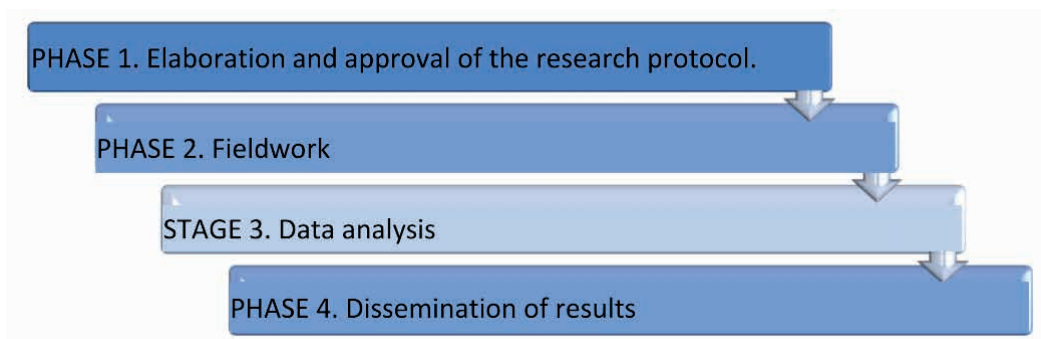


Figure 1. Outline of the research process.

Source. Own elaboration.

Variable%		
Gender	Women	52.1%
	Men	47.9%
Age	65 - 70 years	2.1%
	71 - 75 years	18.8%
	76 - 80 years	18.8%
	81 - 85 years	16.7%
	86 - 90 years	35.4%
	91 - 95 years	8.3%
Scholarship	Primary	8.3%
	Secondary	4.2%
	Preparatory	8.3%
	Degree	41.7%
	master's degree	16.7%
	Doctorate	20.8%
Civil status	Married	35.4%%
	Separate	20.8%%
	widowers	43.8%
Religion	catholic	60.4%
	Other	39.6%

Table 1. Sociodemographic data of the elderly.

Source. Own elaboration.

Variable		
Institutionalization decision	family decision	64.6%
	Own decision	35.4%
Institutionalization time	1 month	25%
	3 months	47.9%
	5 months	14.6%
	6 months	2.1%
	It is unknown	10.4%
The spouse is institutionalized	Yeah	29.2%
	No	70.8%

Precinct where he is institutionalized

House the Americas	27.1%
Forest stay	22.9%
Home San Jose	22.9%
Vasco de Quiroga	

Table 2. General data on the institutionalization of the elderly.

Source. Own elaboration.

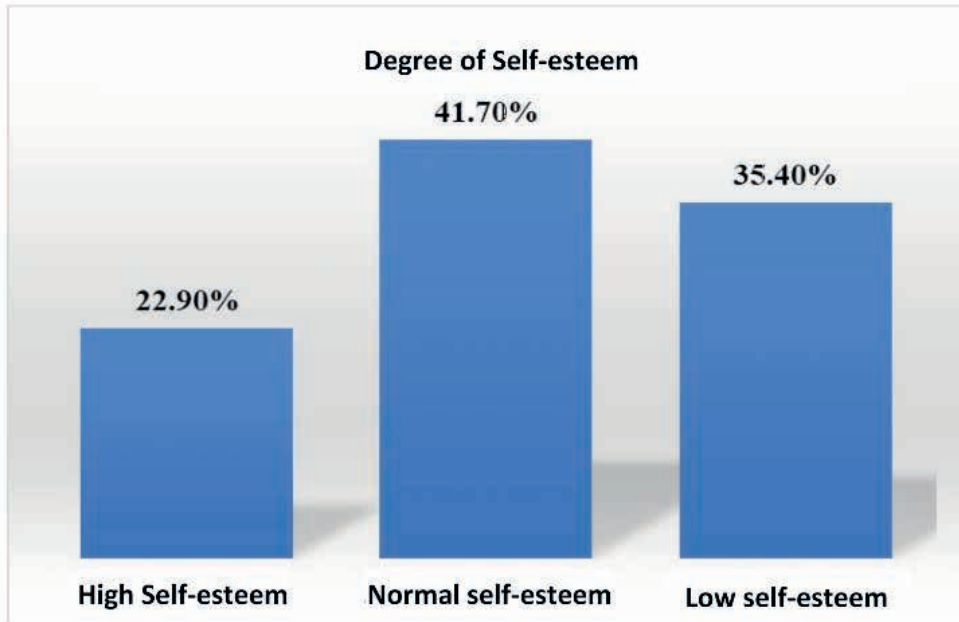


Figure 2. Degree of self-esteem of the institutionalized older adult.

Source. Own elaboration.

Self-esteem		High	Regular	Low
Gender	Women	24%	48%	28%
	Men	21.7%	34.8%	43.4%
Age	65-70 years		100%	
	71-75 years	22.2%	55.6%	22.2%
	76-80 years	44.4%	33.3%	22.2%
	81-85 years	25%	37.5%	37.5%
	86-90 years	11.8%	41.2%	47.1%
	91-95 years	25%	25%	fifty%
Civil status	Married	12.5%	37.5%	fifty%
	Separate	10%	60%	30%
	Widower	38.1%	33.3%	28.6%
Religion	catholic	20.7%	37.9%	41.4%

Scholarship	Other	26.3%	47.4%	26.3%
	Primary	25%	25%	fifty%
	Secondary		100%	
	Preparatory	25%	fifty%	25%
	Degree	25%	fifty%	25%
	master's degree	25%	25%	fifty%
	Doctorate	twenty%	30%	fifty%

Table 3. Differences in self-esteem and sociodemographic variables.

Source. Own elaboration.

Self-esteem		high	Normal	Low
Reason why institutionalization was decided	Own decision	5.9%	41.2%	52.9%
	family decision	32.3%	41.9%	25.8%
The spouse is institutionalized	Yeah	28.6%	28.6%	42.9%
	No	20.6%	47.1%	32.4%
institutionalized time	1 month	33.3%	16.7%	fifty%
	3 months	21.7%	52.2%	26.1%
	5 months	14.3%	42.9%	42.9%
	6 months		100%	
	It is unknown	twenty%	40%	40%
Place where he is institutionalized	House the Americas	38.5%	30.8%	30.8%
	Forest stay	15.4%	46.2%	38.5%
	Home San Jose	18.2%	27.3%	54.5%
	Vasco de Quiroga	18.2%	63.6%	18.2%

Table 4. Differences in self-esteem and data related to its institutionalization.

Source. Own elaboration.

Relationship	Proof	test value	p
Gender	x2 square	.083	.773
Age	Spearman	.243	.096
Scholarship	x2 square	27	.000
Civil status	x2 square	3,872	.144
Religion	x2 square	2,083	.149
Institutionalization decision	x2 square	4,083	.043
Institutionalization time	Spearman	-.001	.995
The spouse is institutionalized	x2 square	8,333	.004

Table 4. Relationship of self-esteem with sociodemographic variables.

Source. Own elaboration.

research, it can be pointed out what was already stated in the theoretical framework about the degree of self-esteem of the Mexican elderly, that is, the majority of the participants present normal to high self-esteem (representing 2 of every 3 older adults), which coincides with various studies carried out in the country in recent years (Soria et al., 2018; Trejo et al., 2019; Quintana and López, 2020).

Likewise, it agrees with studies carried out both in Peru and in Cuba (Acosta, 2017; De Armas et al., 2019), which demonstrates the veracity of the results and emphasizes the need to attend to that minority that is outside the previously mentioned figures; this through public and private, national and international intuitions such as: WHO, INAPAM, ISSSTE, among others.

It is worth mentioning that, although a relationship was only found between self-esteem with some sociodemographic variables and with data from their institutionalization process, it is advisable in subsequent studies to investigate other aspects such as: economic level, degree of functionality, place of birth, family member responsible for their care, habits, illnesses, hobbies, etc. Consequently, it is considered important and necessary to continue carrying out studies and research that address this problem.

CONCLUSIONS

Aging increases the risk of suffering diseases or disabilities that limit the physical, emotional, cognitive and social sense of the elderly by a large percentage, so it is expected that in these scenarios multidisciplinary interventions will be generated, plans and programs will be developed that support this age group, since, at present, despite having some, they are not enough to provide adequate care, or in some cases, they remain a mere utopia.

In this sense, good self-esteem is essential

for comprehensive development throughout the life cycle, which is why during old age it contributes to the adaptation of biopsychosocial demands. Given the results of the research, it can be concluded that the majority of the participants present an adequate degree of self-esteem, that is, they have a positive assessment of themselves (characteristics, skills and knowledge), which leads them to a better quality of life. ; however, the percentage that falls outside these values requires urgent attention.

In addition to the above, when the elderly is admitted to hospitals, clinics or geriatric care institutions, those responsible, in addition, for the members of their immediate social context are doctors, psychologists, nursing professionals and social workers; therefore, they must prioritize the measures that are going to be executed within the institutions since they can make a significant difference in self-esteem, and consequently, in their well-being; Undoubtedly, this represents a challenge for the entire health system.

In conclusion, there is still work to be done on the self-esteem of users who need to use care services, however, developing this type of inquiry allows finding solutions that the health professional can carry out, as part of their activities. daily both in health centers and outside them. This is how it ends by pointing out the co-responsibility that society has in the face of the vulnerability of this age group.

FUTURE LINES OF RESEARCH

The following aspects are recommended to future researchers: 1) prepare longitudinal studies with an experimental design, since through the application of interventions it is possible to strengthen (modify) the self-esteem of this age group; 2) use different methodologies to determine not only the degree of self-esteem but also the factors

that contribute to adults presenting a certain level; 3) develop instruments that specifically, and given the conditions of the elderly, have a better fit; 4) maintain the level of homogeneity in matters of gender, age and place of institutionalization of the participants, as well as the implementation of other sociodemographic variables; and finally 5) carry out studies on this topic outside of hospitals,

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