

ASSOCIATION BETWEEN THE FULFILLMENT OF DEVELOPMENTAL TASKS AND QUALITY OF LIFE IN OLDER ADULTS

Raul Gutierrez-Herrera, Alejandra Moraila-Baez, Hector Riquelme-Heras*, Maricruz Montelongo Rodriguez, Yeyetzy Ordoñez-Azuara

Department of Family Medicine, Dr. José Eleuterio González, University Hospital, Universidad Autonoma De Nuevo Leon.

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*Corresponding Author: Dr. Hector Riquelme-Heras

Department of Family Medicine, Dr. José Eleuterio González, University Hospital, Universidad Autonoma De Nuevo Leon.

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ABSTRACT

Upon reaching the final stage of the family life cycle, the goal is to fulfill developmental tasks and achieve a degree of healthy aging, recognizing that simply reaching a certain age is not synonymous with illness. Furthermore, studies have focused on the predominant life cycle stage during adolescence, a period marked by various family crises that negatively impact family functioning and individual quality of life. **Objective:** To determine the relationship between the fulfillment of developmental tasks and the quality of life of older adults attending Family Medicine Physician. **Methods:** Analytical cross-sectional study. Setting at Family Medicine Outpatient Clinic of the Hospital Universitario UANL. Mexico. Study population: Older adults of any sex attending Family Medicine Physician. (> 60 years). **Results:** The study included 149 older adult patients, of whom 50 (33.55%) were male, and 99 (66.44%) were female, with a mean age of 67 and a median of 68.7, ranging from 60 to 94. The WHOQOL-OLD scale was used to assess perceived quality of life. A mean score of 90.83 was obtained, corresponding to a high quality of life in 59.06%. An analysis found that 58.46% (n=87) of the older adult population fulfill the developmental tasks corresponding to their stage in the family life cycle. **Discussion-Conclusion:** A weak negative correlation was identified between the family life cycle and the completion of developmental tasks ($r_s = -0.313$, $p < 0.05$). This indicates that the completion of developmental tasks tends to decrease as the family approaches more advanced stages of its life cycle.

KEYWORDS: Psychology, Developmental, Quality of Life, Frail Elderly.

INTRODUCTION

The relationship between the fulfillment of developmental tasks and quality of life in older adulthood has attracted interest across disciplines such as developmental psychology, gerontology, and public health. Research in this field has shown that how older adults cope with the challenges of this stage of life directly influences their subjective and functional well-being (Lovo).^[1] Upon reaching the final stage of the family life cycle, the goal is to fulfill developmental tasks and achieve a degree of healthy aging, recognizing that simply reaching a certain age is not synonymous with illness. Therefore, a family-centered approach is sought to achieve an adequate quality of life, especially given the increasing prevalence of older adults in recent years (Zarebski).^[2] A series of studies was conducted with older adult patients to understand their own perception of quality of life in the final stage of life. Several scales were used. This study, conducted in Cuba, shows how older adults perceive their lifestyle, finding that the majority (76%) consider it deficient. (García).^[3]

In 2021, Maryam Falahatpish Baboli^[4] conducted a study in Iran based on the tasks of individual and family development and how middle-aged and older adults faced challenges. She systematically interviewed 16 participants, focusing on developmental tasks by inquiring about losses and role readjustments, as well as experiences throughout the family life cycle. This study identified the main challenges individuals face throughout their lives, and in the final stage, the fear of loss and the assumption of new roles to achieve good family functioning stand out. A 2022 study assessed the quality of life of older adults and its association with family in Cuba, using data from 399 older adults with an average age of 73. The majority of these patients reported poor quality of life, with family relationships being a contributing factor (Iraizoz-Barríos).^[5]

Furthermore, studies have focused on the predominant life cycle stage during adolescence, a period marked by various family crises that negatively impact family functioning and individual quality of life. However, there are no studies that support analysis of the final stage of the family life cycle, which is of utmost importance, as it is the last stage, and we assume that most developmental tasks should have been completed by then.

In 2022, Pérez-Ortiz^[6] conducted a study in Mexico that illustrates how family relationships can affect the final stage of the life cycle. However, the main impact of this research was to assess the quality of life of older adults in relation to their functionality.

The study, which included 102 participants, found that older male adults presented a better quality of life. A study by Lima-Rodríguez^[7] shows that families in the stage of raising children exhibit indicators of lower family health, while social support emerges as a protective factor.

In Colombia, a study was conducted on the fulfillment of developmental tasks during the final stage of the family life cycle with a sample of patients attending primary care assessments; however, it does not address the impact on quality of life.^[8]

In most countries, the importance of active aging has been recognized, highlighting how psychosocial factors such as support networks, a sense of purpose, and functional autonomy influence well-being in old age and, consequently, healthy aging.

These studies agree that how the challenges of this stage are resolved is crucial for emotional balance and quality of life. However, most of these studies focus on individual or social factors separately, without systematically integrating the fulfillment of developmental tasks as a structuring variable of well-being in older adults. These studies suggest that resolving developmental tasks in old age, especially the integration and acceptance of the life course, is fundamental to achieving a state of fulfillment and avoiding feelings of hopelessness at the end of the life cycle.

On the other hand, Rowe and Kahn's theory^[9] of successful aging also establishes that active engagement with life, along with minimizing illness and maintaining cognitive function, is key to a better quality of life. (Ponce-Reyes)^[10]

General Objective

To determine the relationship between the fulfillment of developmental tasks and the quality of life of older adults attending Family Medicine Physician.

Specific Objectives

- To evaluate the fulfillment of developmental tasks in older adults attending family medicine office visits.
- To evaluate the quality of life in older adults attending family medicine visits.

METHOD

- Type and design of study: Analytical cross-sectional study
- Setting: Family Medicine Outpatient Clinic of the Hospital Universitario UANL. Monterrey, Nuevo León. Mexico.
- Study population: Older adults of any sex attending Family Medicine Physician.
- Inclusion criteria: ○ Any sex ○ Older adults (> 60 years)
- **Exclusion criteria**
 - Patients with severe cognitive impairment or disability preventing questionnaire completion
 - Patients with severe terminal illness and/or palliative care
 - Cancer patients undergoing treatment
 - Patients with psychiatric disorders
 - Patients with chronic kidney disease undergoing renal replacement therapy
 - Patients with gait problems
- **Elimination criteria**
 - Patients who do not wish to participate in the research
 - Incomplete surveys

Data collection instruments

1. Sociodemographic questionnaire and Medical examination: The patient's identification form will be obtained using a registration form that includes the patient's name (initials), sex, age, religion, cohabitant(s), medical history, substance use, and general information about their physical condition.
2. Family genogram: This tool graphically identifies and provides information about family members, outlining their relationships. During the office visit, a small genogram will be created, depicting three hierarchical levels of family structure and using appropriate symbols.

3. Identification of developmental tasks within the life cycle: The family life cycle will be assessed using Duvall's model to determine whether the family is fully meeting the developmental tasks corresponding to their family life cycle.
4. To assess quality of life in older adults using the WHOQOL-OLD scale, this instrument reveals the older adult's perception of their quality of life. The scale consists of a 24-item questionnaire, answered on a scale of 1 to 5, divided into six categories: autonomy; sensory perception (encompassing the ability to perceive the senses); present, past, and future activities; social participation; intimacy; and perception of death. This scale has been validated in Spanish and has a Cronbach's alpha of 0.94-0.98, making it a suitable instrument for measuring quality of life.

Statistical Analysis

Descriptive statistics will be used to analyze the data and assess whether older adults are achieving developmental milestones and the quality of their lives. The collected data will be analyzed using SPSS statistical software. Spearman's rank correlation coefficient was used to analyze the relationship between completion of development tasks and quality of life. A multiple linear regression was then applied to evaluate both variables together. In all cases, a p-value < 0.05 was considered statistically significant.

RESULTS

The study included 149 older adult patients, of whom 50 (33.55%) were male, and 99 (66.44%) were female, with a mean age of 67 and a median of 68.7, ranging from 60 to 94. 48.99% (n=73) of the patients were married, 27.52% (n=41) were widowed, and 9.40% (n=14) were in a common-law relationship. The majority (63.76%, n=95) practiced Catholicism. Furthermore, 72.48% of the total patients presented with an additional comorbidity, and 13.42% had a substance abuse problem. (Table 1)

The WHOQOL-OLD scale was used to assess perceived quality of life. A mean score of 90.83 was obtained, corresponding to a high quality of life in 59.06% (n=88) of participants, followed by moderate quality of life in 39.6% (n=59), and finally, low quality of life in 1.34%. (Table 2)

It was also identified that, of the total, 28% of males perceived their quality of life as moderate, and 72% (n=36) as high. While 52.53% (n=99) of females reported a high quality of life, a significant number (45.45%, n=99) reported a moderate quality of life, and a small percentage (2.02%, n=99) reported a low quality of life. Therefore, overall, a good quality of life predominated in both sexes. (Table 3)

The family life cycle of the patients in the study was evaluated. Elderly families were the most prevalent at 40.94% (n=61), and mature or empty-nest families at 30.20% (n=45). However, placement families still existed in 21.48% (n=32) of the population studied, regardless of the type of population studied. In 7.38% (n=11), the family life cycle could not be identified, possibly because more than one family type was present or because some families were composite and did not fit within Duvall's classification. (Table 4)

Two classifications were used to identify family typology based on physical presence at home, according to the Mexican consensus last updated in 2005. The integrated nucleus predominated at 50.34% (n=75), followed by non-

integrated nuclei at 33.56% (n=50), extended ascending families at 10.74% (n=16), and extended descending families, which were the minority at 5.37% (n=8). (Table 5)

We can also define the prevalence of cohabitation in the same dwelling as the patient, finding that the most frequent cohabitation was with a spouse at 42.85% (n=64), followed by cohabitation with children at 26.85% (n=40), and then those living alone, mostly related to widowhood at 16.11% (n=24). (Table 6)

Finally, an analysis found that 58.46% (n=87) of the older adult population fulfill the developmental tasks corresponding to their stage in the family life cycle. (Table 7) Spearman's rank correlation coefficient was used to analyze the relationship between the fulfillment of developmental tasks and quality of life, and multiple linear regression was then applied to evaluate both variables together. In all cases, a p-value < 0.05 was considered statistically significant. The Spearman coefficient, $p = -0.046$, indicates that there is no, or a non-significant, association between quality of life and the fulfillment of developmental tasks in the final stage of the family life cycle. This indicates that both variables are statistically independent, and the quality of life of older adults does not depend on the fulfillment of developmental tasks. It is shown that the two variables operate independently. A positive correlation was found between family typology and the fulfillment of developmental tasks ($r_s = 0.509$, $p < 0.05$), indicating that some family typologies are associated with greater developmental task fulfillment. It is worth noting that a classification of family typology was carried out based on physical presence in the home, using two classifications that allowed us to identify that when a person is surrounded by other family members in their environment, they exhibit greater fulfillment of developmental tasks, and consequently, a better quality of life.

Within this family typology, some families could not be classified due to a deficiency in the classification system. In recent years, it has been shown that younger children tend to remain in the family unit longer, leaving home later, and retirement is also delayed. Consequently, developmental tasks within the family life cycle tend to be prolonged, and their completion is affected.

A weak negative correlation was identified between the family life cycle and the completion of developmental tasks ($r_s = -0.313$, $p < 0.05$). This indicates that the completion of developmental tasks tends to decrease as the family approaches more advanced stages of its life cycle. However, it was found that the greater the family support provided to the patient, the more likely they are to have a favorable quality of life. A moderate positive correlation was detected between family type and the completion of developmental tasks ($r_s = 0.509$, $p < 0.05$), suggesting that some family types are associated with a higher level of task completion.

Table 1: Demographic characteristics.

Demographic characteristics	f	%
Sex		
Male	50	33.56
Female	99	66.44
Marital status		
Single	11	7.38
Married	73	48.99
Common-law union	14	9.40
Divorced	10	6.71
Widowed	41	27.52
Religion		

Catholic	95	63.76
Baptist	2	1.35
Christian	19	12.75
Jehovah's Witness	5	3.36
None	22	14.77
Comorbidities		
Yes	108	72.48
No	41	27.52
Substance abuse		
Yes	20	13.42
No	129	86.52

Table 2: Quality of Life.

Quality of life	f	%
Very low	0	0
Low	2	1.34
Moderate	59	39.60
High	88	59.06

Table 3: Quality of Life by sex.

Quality of life by sex	f	%
Quality of life in female sex (n=99)		
Very low	0	0
Low	2	2.02
Moderate	45	45.45
High	52	52.53
Total	99	100
Quality of life in male sex (n=50)		
Very low	0	0
Low	0	0
Moderate	14	28
High	36	72
Total	50	100

Table 4: Family Cycle.

Duval classification	f	%
Beginning family (unused nest)	0	0
Childbearing family	0	0
Family with preschool children	0	0
Family with school-age children	0	0
Family with teenagers	0	0
Family as launching center	32	21.48
Mature family (Empty nest)	45	30.20
Aging family	61	40.94
Not applicable	11	7.38

Table 5: Family Typology.

Family Typology by physical presence in the home	f	%
Integrated nuclear family	75	50.34
Non-integrated nuclear family	50	33.56
Ascendant extended family	16	10.74
Descendant extended family	8	5.37
Family typology (From nuclear)		
Single-person household	24	16.11
Integrated nuclear family	74	49.66
Non-integrated nuclear family	31	20.74

Composite	1	0.67
Extended	18	12.08
Co-residents	1	0.67

Table 6: Cohabitants of Family.

Cohabitants	f	%
Shares housing with:		
Parents	2	1.34
Spouse	64	42.95
Siblings	6	4.03
Non-family	0	0
Other	11	7.38
Alone	24	16.11
Children	40	26.85
Grandchildren	2	1.34

Table 7: Fulfillment of developmental tasks.

Fulfillment of developmental tasks	f	%
Yes	87	58.46
No	62	41.54

DISCUSSION

The classification created by Ordoñez et al. in 2022^[11] showed a predominance of integrated nuclei at 49.66% (n=74), followed by non-integrated nuclei at 20.74% (n=31), single-person households at 16.11% (n=24), extended families at 12.08% (n=18), and finally, composite families and co-residents at 0.67% (n=1). Family perceptions tend to directly and positively benefit the quality of life of older adults. Sometimes, there are relationships where direct relatives, such as siblings, live together, not just descendants of the patient whose family structure is being studied.

Studies conducted in Chile in 2022^[12] showed that the quality of life remains good among older adults, with 70% still able to perform routine tasks. This is related to healthy aging. Furthermore, this population is trending upward, with people retiring later in life and raising children who remain at home for longer periods, consequently leading to later family aging. Remaining active during this stage results in a better perception of quality of life. This study also included a cultural variable, distinguishing between places of residence, economic factors, and the specific culture practiced in each location, which, in turn, indirectly affects quality of life from a multidimensional perspective.

Eguiluz L., in 2024^[13] update, notes that one of the most noticeable changes in family dynamics in recent years is the progressive delay in children's age of independence, with factors including the extended duration of academic training, job instability, and failure to fulfill family development tasks. However, the study found that the fulfillment of development tasks tends to be more frequent when accompanied by more family members, although this is comparable to the prolongation of family life cycles.

In 2018, Iraizoz Barrios^[5] demonstrated that family support is associated with better quality of life in older adults, with family playing a crucial role in their perception of quality of life and a tendency toward moderate to high quality of life. In 2006 Vera^[14] conducted a study in Chile that included a different age range for older adults. She identified that older adults perceive a good quality of life as stemming from having lived and achieved satisfaction throughout their lives, as well as from having support networks, care, protection, and their families meeting basic needs.

Duvall's model is very useful for determining whether a family is fully meeting the developmental tasks corresponding to its family life cycle.^[15]

Over the years, research has demonstrated that the family is a vital element in human development. Family functionality is that which promotes the holistic development and optimal health of its members. It is within this structure that attitudes of socialization, affection, economic stability, behavior, and self-esteem are fostered; therefore, it is important that a balanced and stable environment be created in homes to promote psycho-emotional well-being.^[16]

CONCLUSION

This study focuses on evaluating older adults in the final stage of the family life cycle. It concludes that there is no direct association between the completion of developmental tasks and the patient's quality of life. However, there is an association between completing developmental tasks and the extended family unit. Given the limited information on this topic in older adults, future research aims to explore this further through additional studies with homogeneous populations across sexes and to determine the potential impact of this finding across sexes within the same study population.

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