

Self-Care Capacity: A Protective Factor for Mental Health among Older Adults in an Urban Context

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Abstract: *This study explores the relationship between self-care capacity and mental health among older adults in the urban context of Ho Chi Minh City. A cross-sectional research design was employed, based on survey data from 255 participants in one urban district and one peri-urban district. The measures included the average self-care score and the level of satisfaction with mental health. Analyses performed consisted of descriptive statistics, Pearson correlation coefficients, and simple linear regression. The results indicated a positive trend in the correlation between self-care capacity and mental health satisfaction; younger older adults (aged 60–69) and those with higher educational attainment demonstrated better self-care capacity. However, the correlation between the two variables did not reach statistical significance ($r = 0.121$; $p = 0.054$). The findings imply that enhancing self-care skills should be a strategic focus in urban social work practice to promote mental health among participants. Developing educational programs, supportive services, and age-friendly community environments is necessary to foster effective self-care within this population. These findings are significant for social workers, guidance counselors, educators and mental health care professionals.*

Keywords: Self-Care, Mental Health, Older Adults, Protective Factor, Urban Context

1. Introduction

The world is currently experiencing an unprecedented pace of population aging. According to a report by the World Health Organization (WHO), in the coming decades, the number of older adults is expected to increase dramatically, particularly in developing countries; by 2050, approximately 80% of the world's elderly population will be living in low- and middle-income countries. This demographic shift brings significant challenges to mental health. WHO (2017) estimates that about 15% of people aged 60 and older suffer from some form of mental disorder, with depression and anxiety being the most common. Although older adults continue to contribute positively to families and society, they are also exposed to numerous risk factors that negatively affect their mental well-being, especially amidst rapid urbanization. Urban-specific pressures such as fast-paced lifestyles, cramped and polluted living environments, along with the shift toward nuclear family structures (with children often living far away for work), have intensified feelings of loneliness and isolation among older urban dwellers. The loss of social roles after retirement, combined with physical limitations, further increases the risk of emotional distress and anxiety among older adults.

However, not all older adults are equally affected by these risks. Some protective factors have been identified that help maintain positive mental health. Protective factor theory posits that in addition to risk factors, there are resources that enable individuals to cope with and overcome stress, such as social support, religious faith, and notably, self-care capacity. Self-care is understood as the individual's proactive engagement in activities aimed at maintaining both physical and mental health, including proper nutrition, exercise, stress management, and seeking help when necessary. Orem (2001) defines self-care as a deliberate action initiated and performed by individuals to maintain life, health, and well-being. For older adults, self-care encompasses chronic disease management, sustaining optimism, and participating in age-appropriate social activities, thereby enhancing quality of life and reducing psychological decline.

In urban contexts, self-care capacity can serve as a "shield" against adverse impacts. Numerous international studies have highlighted the positive effects of self-care on the mental health of older adults. For instance, a study conducted in Japan found that older adults who maintained light physical activity and regular social interactions exhibited fewer symptoms of depression (Olatunji et al., 2024). Similarly, in Korea, Kim and Lee (2019) reported that better self-management of health reduced stress levels and improved life satisfaction among older adults. In Australia, Brown et al. (2014) found that mental self-care practices, such as meditation and maintaining personal hobbies, were associated with reduced risks of cognitive decline and improved mood among those aged 65 and older. These findings suggest that self-care may serve as an important protective factor for the mental health of older adults across diverse cultural contexts.

In contrast, in Vietnam, attention to the mental health of older adults has only recently increased, and research specifically focusing on self-care remains limited. Previous studies have primarily emphasized physical health or the role of family and community support, rather than examining older adults' self-initiated efforts to maintain mental well-being. According to Truong and Huynh (2024), very few domestic studies have delved into self-care as a psychological protective factor for urban older adults. This reality underscores the urgent need for applied research to better understand whether enhancing self-care abilities can contribute to improved mental health outcomes among this population.

In response to this context, the present study was conducted to analyze the relationship between self-care capacity and mental health among older adults living in urban areas, specifically in Ho Chi Minh City. The research seeks to answer the question: do older adults with better self-care capacities enjoy better mental health? The findings are expected to bridge the gap in domestic knowledge while offering practical implications for social work practices and elderly care in rapidly urbanizing settings.

2. Literature Review

Self-care capacity refers to the extent to which an individual can independently meet their own health care needs, encompassing activities that sustain life, health, and well-being. According to Orem's Self-Care Theory, self-care is a learned and purposeful behavior aimed at regulating factors that influence human development and functioning. In other words, older adults with high self-care capacity are those who actively listen to their bodies, consistently engage in health-promoting behaviors—such as maintaining a balanced diet, exercising appropriately, adhering to medical treatments, and participating in social activities—and avoid detrimental behaviors.

According to protective factor theory, certain personal characteristics or environmental resources can mitigate the impact of risk factors on mental health. Self-care capacity is assumed to be one such protective factor for older adults. Specifically, those with strong self-care skills are better equipped to proactively prevent and cope with age-related physiological and psychological changes, thereby reducing their risk of developing mental health disorders. For example, maintaining regular light physical activity and sustaining social engagement can help prevent depression among older adults. When facing psychological challenges such as bereavement or relocation, older adults with higher self-care capacity are more likely to engage in psychological coping activities—such as meditation or participating in elderly support clubs—or to seek timely counseling and assistance, thereby minimizing the negative effects of life events. Conversely, individuals lacking self-care skills may become entirely dependent on family or healthcare services, experience a sense of helplessness when external support systems are insufficient, and consequently face a higher risk of psychological crises.

The role of self-care in the health of older adults has been affirmed in numerous studies worldwide. Many international studies have indicated that participation in community activities helps older adults enhance their sense of well-being and reduce depressive symptoms (WHO, 2015). In South Korea, Kim and Lee (2017) reported a positive correlation between self-care health scores and mental health scores among individuals aged over 65; those who regularly managed their medications, diet, and exercise demonstrated significantly higher mental health scores compared to those with less self-management. A survey conducted across 33 countries during the COVID-19 pandemic found that rates of depression and anxiety increased among older adults globally; however, individuals who maintained self-care habits—such as exercising at home and maintaining social connections via phone or internet—exhibited lower levels of mental health decline (Tyler et al., 2021). In Australia, according to Brown et al. (2014), training programs focused on self-care skills, such as stress management and relaxation techniques, contributed to a 30% reduction in anxiety symptoms, significantly improved sleep quality, and increased independence in daily living among older adults. These findings reinforce the hypothesis that self-care serves as a crucial protective factor, helping to mitigate the psychological risks associated with aging.

In Vietnam, the concept of self-care among older adults has also been addressed in several recent studies. Luong (2022) noted that older Vietnamese adults often have limited skills in self-care for mental health, largely due to their longstanding reliance on family-based care models and a lack of education regarding psychological well-being. Another study conducted by Truong and Huynh (2024) found that the majority of older adults continue to prioritize care provided by their children and the healthcare system, while placing less emphasis on independently maintaining a healthy lifestyle after retirement. This highlights the urgent need to raise awareness and strengthen self-care skills among older adults in Vietnam. To date, there has been a scarcity of quantitative research directly examining the role of self-care in the mental health of older Vietnamese adults, particularly in urban areas where the pace of life and support structures differ markedly from rural settings. Therefore, the present study aims to serve as an applied contribution, providing domestic scientific evidence on this issue.

3. Research Methodology

Research Design

This study employed a cross-sectional descriptive design combined with quantitative analysis. This approach is appropriate for assessing the correlation between self-care capacity and mental health at a specific point in time. Data were collected through structured questionnaire

surveys and subsequently analyzed using statistical methods. As an exploratory study focusing on the relationship between two main variables, Pearson correlation analysis and simple linear regression were employed to test the proposed hypothesis.

Research participants

A total of 255 older adults ($N = 255$) participated in the survey. The inclusion criteria were: individuals aged 60 years or older, residing in urban areas of Ho Chi Minh City, and capable of independently completing the interview. Participants were selected from two districts: one representing the urban core (District 5) and one representing a peri-urban area (District 12), to cover both central and peripheral urban contexts. A purposive convenient sampling method was employed, drawing from available data under a community-based elderly care project. A sample size of 255 was deemed adequate for correlational analysis with moderate effect size, at an alpha level of 0.05 for two-tailed tests. The sample demonstrated diversity in gender, age, and educational attainment, reflecting the demographic characteristics of older adults in the study area.

Measures

The structured questionnaire included three main sections: (1) demographic information (gender, age, educational level, living situation, etc.); (2) a self-care capacity scale; and (3) a mental health satisfaction scale. The self-care scale was developed based on Orem's self-care theory and adapted for the Vietnamese older adult population. Specifically, participants self-assessed their frequency of engaging in 10 typical self-care activities (e.g., maintaining a healthy diet, regular physical exercise, self-monitoring health status, engaging in recreational activities) using a 5-point Likert scale (1 = never, 5 = always). The self-care score for each participant was calculated by averaging the responses to these 10 items, with higher scores indicating greater self-care capacity (theoretical range: 1 to 5 points).

The mental health satisfaction scale focused on positive psychological states and overall satisfaction with mental well-being. Four items assessed participants' satisfaction regarding: (i) general mood, (ii) level of optimism, (iii) sense of life meaning, and (iv) stress levels. Each item was rated on a 5-point scale (1 = very dissatisfied/very poor, 5 = very satisfied/very good). The overall mental health satisfaction score was computed as the mean of these four items, with higher scores indicating better mental health status. Both scales demonstrated acceptable reliability, with Cronbach's alpha coefficients exceeding 0.80 in the pilot test.

Data collection procedure

Older adults were invited to participate in face-to-face interviews conducted with the assistance of trained interviewers. Prior to participation, all respondents were provided with an explanation of the study's purpose and confidentiality assurances, and they signed an informed consent form. Each interview lasted approximately 30–45 minutes and was conducted either at the participant's home or at a local community hall. After collection, the data were entered into a database, cleaned, and anonymized to ensure that no personally identifiable information was retained.

Data analysis

Data analysis was performed using SPSS version 26.0. The following steps were undertaken: (1) Descriptive statistics were calculated to summarize sample characteristics and study variables, including percentages, means, standard deviations, and minimum–maximum values; (2) Pearson correlation analysis was conducted to examine the linear relationship between self-care scores and mental health satisfaction scores, with the significance level set at $p < 0.05$;

(3) Simple linear regression analysis was carried out, with self-care score as the independent variable and mental health satisfaction score as the dependent variable. The Enter method was used to include the self-care variable in the model. Standardized beta coefficients, R² values, F statistics, and corresponding significance levels were reviewed to assess the explanatory power and statistical significance of the model. The results were presented in tables and charts to facilitate interpretation.

4. Results

4.1 Sample characteristics

A total of 255 older adults participated in the study. Table 1 summarizes the demographic characteristics of the sample.

Table 1 revealed that the gender distribution of the sample was relatively balanced, with 117 men (45.9%) and 138 women (54.1%). Regarding age, participants aged 60–69 accounted for 43.1% (n = 110), those aged 70–79 made up 41.2% (n = 105), and participants aged 80 or older comprised 15.7% (n = 40). The mean age of the sample was 69.4 years (SD ≈ 7.5).

In terms of educational attainment, 3.1% of participants were illiterate, 30.6% had completed primary school, 36.9% had lower secondary education, 20.0% had upper secondary education, and 9.4% had college or university degrees. Overall, approximately two-thirds of the sample (66.3%) had attained at least lower secondary education, reflecting a relatively high level of educational attainment among older adults living in urban areas.

Regarding residential area, 49.8% of participants resided in an urban district (District 5), while 50.2% lived in a peri-urban district (District 12). This nearly equal distribution ensured diversity in urban living environments within the sample.

Table 1: Sample Characteristics

Variable	N	Percentage (%)
Gender		
Male	117	45.9
Female	138	54.1
Age group		
60–69 years	110	43.1
70–79 years	105	41.2
80 years and older	40	15.7
Educational attainment		
Illiterate	8	3.1
Primary school	78	30.6
Lower secondary school	94	36.9
Upper secondary school	51	20.0
College/University	24	9.4
Residential area		
Urban district	127	49.8
Peri-urban district	128	50.2

Source: Field survey data (2025).

4.2 Descriptive statistics of key variables

The mean score for the self-care capacity scale (Self-Care Score) among the sample was 3.47 out of 5 (SD = 0.831), with observed values ranging from 1 to 5. This indicates that, overall, older adults in the sample demonstrated a relatively good level of self-care, approximating 3.5 out of 5. The mean score for the mental health satisfaction scale (Mental Health Satisfaction) was 3.15 (SD = 0.622), also ranging from 1 to 5. This score, being above the midpoint, suggests that the majority of participants reported a moderate level of satisfaction with their mental health status in Table 2 below:

Table 2: Descriptive Statistics of Key Variables

Variable	Mean	Standard Deviation (SD)	Min–Max
Self-Care Score	3.47	0.831	1–5
Mental Health Satisfaction	3.15	0.622	1–5

An analysis by age group revealed slight differences in self-care scores. Older adults aged 60–69 years exhibited the highest mean score (M = 3.56; SD = 0.883), followed by those aged 70–79 years (M = 3.44; SD = 0.808), and those aged 80 years and older with the lowest score (M = 3.33; SD = 0.730). The overall mean for the full sample was M = 3.47 (SD = 0.831). The declining trend in self-care scores with increasing age suggests that younger older adults are better able to maintain autonomy in managing their personal health compared to their older counterparts.

Table 3: Self-Care Score by Age Group

Age group	Mean	Std. Deviation	Minimum	Maximum	N
60-69 years	3.56	.883	1	5	110
70–79 years	3.44	.808	2	5	105
80 years and older	3.33	.730	2	5	40
Total	3.47	.831	1	5	255

4.3 Pearson correlation analysis

A Pearson correlation analysis was conducted to assess the linear relationship between self-care scores and mental health satisfaction scores among older adults (Table 4).

The results showed a correlation coefficient of $r = 0.121$, indicating a positive (direct) relationship between the two variables—that is, older adults with higher self-care scores tended to have higher mental health satisfaction scores. However, the significance level was $p = 0.054$, slightly above the conventional threshold of 0.05. This suggests that the observed correlation did not reach statistical significance at the 95% confidence level.

In other words, based on the current data, we cannot conclusively state that there is a statistically significant linear relationship between self-care capacity and mental health satisfaction among older adults, although a positive trend was observed. More specifically, the value of $r = 0.121$ indicates a very weak correlation. Only approximately 1.5% of the variance in mental health satisfaction could be explained by variations in self-care scores ($r^2 \approx 0.015$). This finding is somewhat unexpected compared to the initial hypothesis that self-care would serve as a strong protective factor for mental health. Nonetheless, it should be noted that the p -value was only slightly greater than 0.05; with a larger sample size or reduced measurement error, the correlation might have reached statistical significance.

Table 4: Pearson Correlation between Self-Care Capacity and Mental Health Satisfaction

Variable	SelfCare_Score	MentalHealth_Satisfaction
SelfCare_Score	1	0.121 (p = 0.054)
Mental Health Satisfaction	0.121 (p = 0.054)	1

Note: Pearson correlation, 2-tailed. N = 255.

4.4 Simple Linear Regression Analysis

To further examine the relationship, a simple linear regression analysis was conducted with self-care score as the predictor variable and mental health satisfaction score as the outcome variable.

The regression results were consistent with the earlier Pearson correlation analysis. The standardized beta coefficient for Self-Care Score was 0.121, with a significance level of $p = 0.054$. This indicates that the regression model demonstrated a positive influence of self-care on mental health satisfaction, although the effect was not statistically significant (p approximately 0.054). The R^2 value was 0.015, consistent with the r^2 from the correlation analysis, suggesting that the model explained only about 1.5% of the variance in mental health satisfaction. The F statistic for the overall model was 3.745, with a corresponding p -value of 0.054, further confirming that the model did not achieve statistical significance at the conventional 95% confidence level.

In summary, both the correlation and regression analyses presented a consistent picture: there was a trend suggesting that older adults with better self-care practices tended to have more positive mental health, but the current quantitative evidence was not strong enough to conclusively affirm this relationship. This result is intriguing and somewhat contrary to the initial expectation. To better understand the meaning behind this finding, we gathered additional insights from participants through qualitative interviews.

A 74-year-old man from District 12 shared: *"I try to take care of myself; I exercise every day and read to relax. But my children work far away, and the house feels empty, so sometimes I still feel lonely. Even after joining the exercise club and coming home, I sometimes feel isolated at night"* (In-depth Interview, male, 74 years old). This testimony highlights that, despite active self-care efforts, the mental state of older adults can still be heavily influenced by social factors, such as the presence of family members and household interactions.

Conversely, a 67-year-old woman living with her children in District 5 stated: *"I feel lucky; my children care about me, and that gives me the motivation to take better care of myself. Every morning I practice yoga, then go to the market and cook for the family, and I feel mentally very comfortable"* (In-depth Interview, female, 67 years old). This case illustrates that when family support is present, older adults are more likely to effectively engage in self-care and experience greater psychological well-being.

Thus, both the quantitative and qualitative findings suggest that while self-care is essential, it alone is insufficient; mental health outcomes among older adults are also significantly influenced by other contextual and social factors. A more detailed discussion of these findings and their broader implications is presented in the next section.

Table 5: Simple Linear Regression Results

Independent Variable	Standardized Beta (β)	Sig.	R ²	F	Sig. F
Self-Care Score	0.121	0.054	0.015	3.745	0.054

Note: Dependent variable: *MentalHealth_Satisfaction*. $N = 255$.

5. Discussion

5.1 Interpretation of results and comparison with previous studies

The study results indicated a positive trend in the relationship between self-care capacity and mental health among older adults in urban areas; however, this relationship was weak and not statistically significant. Specifically, both the Pearson correlation coefficient ($r = 0.121$) and the standardized beta coefficient from regression analysis ($\beta = 0.121$) were relatively low, and the p-value (~ 0.054) exceeded the conventional threshold of 0.05. This suggests that within the study sample, the difference in mental health status between those with higher and lower levels of self-care was not statistically significant. At first glance, this finding appears to be inconsistent with some international studies discussed earlier, which emphasized the benefits of self-care. What might explain this discrepancy?

First, it is important to consider the sample characteristics and cultural context. The study sample was limited to two districts in Ho Chi Minh City, with most participants having a middle-income background. In Vietnam, older adults traditionally receive substantial support from their families, more so than in Western countries. Consequently, they tend to rely heavily on their children and grandchildren for many daily activities. Self-care, particularly in terms of psychological well-being, is not yet a familiar skill among the current generation of older adults, most of whom were born in the 1940s and 1950s. As reflected in earlier qualitative findings, many older individuals reported feelings of emptiness when separated from their families, despite efforts to maintain healthy routines.

Social support factors may serve as crucial mediators. Additional analysis from the same dataset revealed that strong social support (e.g., from family and community) showed a relatively robust positive correlation with satisfaction in mental health activities ($r \approx 0.30-0.40$, $p < 0.001$). In particular, the presence of family support and the personal determination of the older adult emerged as the strongest correlates of mental health satisfaction. This suggests that when an older adult receives regular encouragement and attention from family members, coupled with their own resilience and optimism, they are more likely to feel mentally content. Conversely, those who live alone or lack support may find that even engagement in self-care activities cannot fully compensate for emotional voids, potentially leading to poorer mental health outcomes.

Thus, while self-care remains important, it must be understood within a broader ecological framework where multiple factors interact simultaneously to influence mental health outcomes. Second, it is important to consider the scope of measurement employed in this study. The mental health satisfaction index used here primarily reflects subjective satisfaction and positive psychological states, rather than serving as a clinical diagnostic tool for depression or anxiety. It is possible that some older adults had adapted to their circumstances and accepted their current health status, leading them to report a moderate level of satisfaction regardless of their actual self-care practices. In other words, older Vietnamese adults may have a cultural tendency toward contentment with their reality and a patient endurance rather than proactive efforts to improve their situation. Consequently, the satisfaction scale utilized may not have been sensitive enough to detect the subtle influence of self-care practices. If clinical scales (e.g., the

CES-D or GDS depression scales) had been used, clearer differences between groups with high and low self-care capacity might have emerged (e.g., individuals with poor self-care practices displaying higher depression scores). This represents a limitation of the present study that should be addressed in future research.

Third, there may be reverse causality or bidirectional influences in the relationship between self-care and mental health. Specifically, not only might self-care practices impact mood, but it is also plausible that individuals with better mental health (e.g., those without depression or with a positive outlook) possess greater motivation and capacity for effective self-care. Within this sample, it is possible that those who reported higher satisfaction with their mental health were already individuals with inherently positive, proactive personalities—personal traits that contributed both to better mental health and to stronger self-care practices. If this is the case, self-care and mental health may both be influenced by a third factor, such as personality or individual characteristics. Due to the cross-sectional nature of the study, it was not possible to determine causal directionality, and the actual relationship may be more complex than a simple one-way influence.

More broadly, the “unexpected” results of this study reflect an underlying reality in urban Vietnam: older adults have not yet fully developed a strong sense of personal agency in managing their mental health. Many elderly individuals remain passive in addressing their psychological issues, and even those who attempt self-improvement are constrained by environmental limitations (e.g., cramped living spaces, lack of recreational areas, or absence of social companions). This situation contrasts with that of developed countries, where older adults tend to live more independently and are more accustomed to planning for their aging process. A study conducted in Toronto (Canada) showed that barriers to accessing mental health services—such as language, cultural differences, and costs—led many older immigrants to hesitate in seeking help. In the Vietnamese context, cultural barriers may stem from societal attitudes, such as the belief that “growing old means enduring hardships” or the notion that caregiving is the filial responsibility of children, causing older adults to feel reluctant to proactively seek self-care opportunities. These are critical aspects that need to be addressed in order to promote self-care capacity among this group.

5.2 New contributions of the study

Despite certain limitations, this study offers several noteworthy contributions. Academically, it stands as one of the few studies in Vietnam focusing on protective factors for mental health among older adults within the context of rapid urbanization. Rather than solely emphasizing risk factors or problems (such as depression prevalence or cognitive decline), this study directed attention to a positive dimension—self-care capacity—which has not been prominently highlighted in prior research. Although the findings did not strongly confirm the initial hypothesis, they open up new avenues for understanding the interaction between individual characteristics of older adults and their surrounding living environments. Notably, the discovery that self-care capacity shows a positive trend but is insufficient on its own to significantly improve mental health underscores the necessity of adopting a systemic perspective when designing interventions. Specifically, interventions should not only aim to enhance the personal competencies of older adults but also work to strengthen the supportive resources around them.

Second, the study was conducted within the context of rapidly transforming urban environments in Vietnam. In recent years, Ho Chi Minh City in particular, and major urban centers in general, have been undergoing simultaneous processes of urbanization and

population aging—with a rapid increase in both the number and proportion of older adults. Consequently, there is an urgent need for new and sustainable models of care. This study provides practical evidence to policymakers and social organizations, highlighting the pivotal role of strengthening self-care capacity among older adults. Enhancing self-care can serve as a complementary approach alongside traditional care services, helping to reduce the burden on families and the healthcare system in the long term.

Third, the study has a strong practical orientation toward social work. The integration of quantitative analysis with qualitative interviews (albeit on a small scale) vividly illustrates the lived experiences of older adults in urban settings. This mixed-methods approach enables the proposal of specific practical implications (as detailed in the following section) that can be readily applied in designing community-based intervention programs. Furthermore, by conducting research across both inner-city and peri-urban districts, the study offers comparative insights, providing a foundation for future research on the influence of residential environments (central urban areas versus peripheral districts) on the mental health of older adults.

5.3 Limitations of the study

Alongside its contributions, the study has several noteworthy limitations. First, due to its cross-sectional design, the study does not allow for causal inferences or tracking changes over time. It remains unclear whether improvements in self-care capacity would lead to enhancements in mental health outcomes within the same group of older adults. In future research, longitudinal studies or experimental designs (such as interventions aimed at enhancing self-care practices) will be necessary to verify causal relationships.

Second, the scope of mental health measurement was limited, failing to cover broader aspects such as clinical symptoms of depression, anxiety, or cognitive disorders. Due to time constraints during the interviews, a general satisfaction scale was selected; however, this may have overlooked cases where individuals reported high satisfaction yet still experienced underlying depressive symptoms, as previously discussed regarding adaptation mechanisms.

Third, the sample characteristics may not fully represent the entire population of older adults living in urban areas. Although efforts were made to balance participants from urban core and peri-urban districts, the sample remained selective—comprising individuals healthy enough to complete the interviews and willing to participate. Older adults who were severely ill or who suffered from serious mental disorders (such as advanced dementia) were excluded, meaning the findings cannot be generalized to these groups.

Finally, several potential confounding variables (such as income level, marital status, and physical comorbidities) were not controlled for in the regression analysis. This limitation may have affected the precision in isolating the true effect of self-care capacity. For example, individuals with higher income may simultaneously possess better self-care capacity and better mental health outcomes due to more favorable living conditions; thus, without adjusting for income, there is a risk of overestimating or misinterpreting the actual role of self-care.

Although the aforementioned limitations may somewhat affect the generalizability of the results, they do not diminish the exploratory value of the study. In fact, the finding that no strong relationship was detected between self-care and mental health within this sample is itself an interesting discovery, raising new questions for future research: What factors might mediate or moderate the relationship between self-care and mental health? How can older adults be

better supported to fully realize the benefits of self-care? Addressing these questions will require more in-depth studies, combining both quantitative and qualitative approaches, as well as comparative analyses across different population groups and contextual settings.

6. Conclusion

This study explored the role of self-care capacity as a potential protective factor for mental health among older adults living in urban areas of Vietnam. The quantitative findings suggested a positive trend between self-care and mental health, although the relationship did not reach statistical significance. This indicates that while self-care is important, it needs to be supported by additional resources to fully realize its benefits. Self-care should be considered a cornerstone for enhancing the psychological quality of life among older adults, embedded within a comprehensive support ecosystem.

In terms of practical implications, several strategies are proposed to promote self-care among older adults. First, community-based education programs should be implemented to enhance knowledge and skills in self-care, including early recognition of psychological issues, relaxation techniques, problem-solving skills, and help-seeking behaviors. Second, self-care promotion should be integrated into social work services, such as counseling and peer-support groups, alongside the development of mutual support models among elderly community members. Third, creating age-friendly urban environments is essential, with expanded community facilities and the integration of mental health services into local health systems. Additionally, fostering a family culture that encourages relative independence for older adults can help maintain autonomy and reduce excessive dependence on children.

Regarding policy and research, further investment is needed in applied research on mental health care for older adults, particularly in testing interventions that enhance self-care capacity. Such evidence would support the development of national policies aimed at empowering older adults in self-care and self-protection, in line with the global trends of "active ageing" and "ageing in place" promoted by WHO and the United Nations.

In summary, in the context of rapid urbanization and evolving support structures, equipping older adults with self-care skills is crucial to enabling proactive adaptation to ageing, fostering a dynamic and meaningful later life. This study hopes to contribute modestly to this objective while calling for greater attention from families, communities, and policymakers to create more supportive living environments for older adults.

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Conflict of Interest Statement

The authors declare that there is no conflict of interest regarding the publication of this study.

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