



ORIGINAL

Quality of Life in the Administrative workers of the education of a UGEL in North Lima

Calidad de Vida en los Trabajadores Administrativos de la Educación de una UGEL de Lima Norte

Carlos La Rosa-Longobardi¹  , Lucia Asencios-Trujillo¹  , Lida Asencios-Trujillo¹  , Djamila Gallegos-Espinoza¹  , Livia Piñas-Rivera¹  , Hernan Matta- Solis²  

¹Universidad Nacional de Educación Enrique Guzmán y Valle, Escuela de Posgrado. Lima, Perú.

²Instituto Peruano de Salud Familiar, TIC Research Center: eHealth & eEducation. Lima, Perú.

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ABSTRACT

Introduction: the quality of life in the elderly is one of the problems that today in our country is most violated, since older adults do not have the basic needs so that they can have an optimal quality of life for their health, so the objective of the study is to determine the quality of life in the administrative workers of the education of a UGEL in North Lima.

Methods: it is a quantitative, descriptive-transversal study, with a total population of 122 older adults who solved a questionnaire of sociodemographic data and the instrument for the evaluation of quality of life.

Results: in their results, 13,1 % (n=16) of older adults have poor quality of life, 73 % (n=89) moderately good quality of life and 13,9 % (n=17) good quality of life.

Conclusions: in conclusion, a prioritization should be made in older adults with respect to their quality of life in order to identify their needs and improve their health with family support and in turn with counseling by health professionals.

Keywords: Quality Of Life; Aged; Aging; Frail Elderly.

RESUMEN

Introducción: la calidad de vida en el adulto mayor es uno de los problemas que hoy en día en nuestro país es más vulnerado, ya que los adultos mayores no cuentan con las necesidades básicas para que puedan tener una calidad de vida óptima para su salud, por lo que el objetivo del estudio es determinar la calidad de vida en los trabajadores administrativos de la educación de una UGEL de Lima Norte.

Métodos: es un estudio cuantitativo, descriptivo-transversal, con una población total de 122 adultos mayores que resolvieron un cuestionario de datos sociodemográficos y el instrumento para la evaluación de la calidad de vida.

Resultados: en sus resultados, el 13,1 % (n=16) de los adultos mayores tienen mala calidad de vida, el 73 % (n=89) moderadamente buena calidad de vida y el 13,9 % (n=17) buena calidad de vida.

Conclusiones: en conclusión, se debe realizar una priorización en los adultos mayores con respecto a su calidad de vida para identificar sus necesidades y mejorar su salud con apoyo familiar y a su vez con consejería por parte de los profesionales de la salud.

Palabras clave: Calidad de Vida; Anciano; Envejecimiento; Anciano Frágil.

INTRODUCTION

According to the World Health Organization (WHO), between 2020 and 2030 the number of inhabitants >60 years old will increase by 34 %, considering that it is already exceeding the number of children under 5 years of age. It also mentions that by 2030 for each inhabitant 6 will be over 60 years old, therefore, by 2050 the figure that exists today will have doubled, for this, there will be approximately 2100 million inhabitants >60 years.⁽¹⁾

Quality of life is an important concept in the field of health and medicine. Understanding quality of life is of paramount importance to improving symptom relief, care, and rehabilitation for patients. However, the quality of life in the person is based from his position in life in the context of the culture in which he develops.^(2,3,4)

However, in aging, quality of life begins to differ from other life stages, since aging is a determinant of several age-related diseases, including neurodegenerative diseases, cardiovascular diseases, cancer, immune system disorders and musculoskeletal disorders.^(5,6) In addition, old age brings with it increasing vulnerability as a result of physical and functional deterioration, and the attendant burdens on health and social care services.^(7,8) Maintaining good health and well-being is often presented as an indicator of healthy or successful aging.^(9,10)

Therefore, older adults are an important issue in which a priority challenge is represented for health authorities and health professionals, whose function is to provide a better quality of life for successful aging.^(11,12,13)

A study conducted in Poland found that people aged 60 to 80, almost 30 % suffer from at least a moderate level of disability and more than 10 % experience severe disability. However, the dominant age group studied were people between 60 and 80 years old. As the number of senile people grows, there is a need to acquire up-to-date knowledge to improve the quality of life.⁽¹⁴⁾

Other research indicated that the average quality of life was observed among 74,3 % of the elderly. Factors such as the age of the individual, gender, marital status, education, occupation, socioeconomic status, interaction with people, use of mobile phones and social networks determined the quality of life of the elderly.⁽¹⁵⁾

A study carried out in Australia, indicates that the most important quality of life domain turned out to be Relationships, followed by Family, Health, Activities, Community, Security, Beliefs, Independence and finally Well-being. When the sample was divided into age groups for analysis, the most important domain topic 11 was Family (50-59 years), Relationships (60-69 years), Relationships (70-79 years), and Health (>80 years old).⁽¹⁶⁾

Therefore, the research objective was to determine the quality of life in the administrative workers of the education of a UGEL in North Lima.

METHODS

Research type and Design

In the study, according to its properties is quantitative, with respect to its methodology is descriptive-transversal non-experimental.⁽¹⁷⁾

Population

The total population consisted of 122 older adults

Inclusion Criteria

1. Participants residing in human do settlement of the district of Puente Piedra
2. Participants residing more than 1 year in the UGEL
3. Participants who voluntarily agree to participate in the study

Technique and Instrument

The technique for data collection was the survey, in which sociodemographic aspects are written, and the quality-of-life assessment questionnaire (WHOQOL-OLD)

The WHOQOL-OLD instrument is a structured instrument with 24 items distributed in 6 dimensions (autonomy, past, present and future activities, social participation, death / agony and intimacy), in which they are qualified with a Likert scale where it covers 5 scores of nothing to extreme quantity, with a final score of 24 to 120 points, where the higher the score, the higher the quality of life of the elderly.⁽¹⁸⁾

As for the reliability of the instrument, it was determined according to Cronbach's alpha statistical test, obtaining a 0,872 ($\alpha > 0,7$), which makes the instrument reliable for study.

Place and Application of the Instrument

Prior coordination was made with the leaders of the UGEL to be able to carry out the study, in turn, they were given the necessary knowledge about what the research will be about, and thus be informed of what is going to be done.

RESULTS

In figure 1, we can see that 13,1 % of the participants had a poor quality of life, 73 % a moderately good quality of life and 13,9 % a good quality of life.

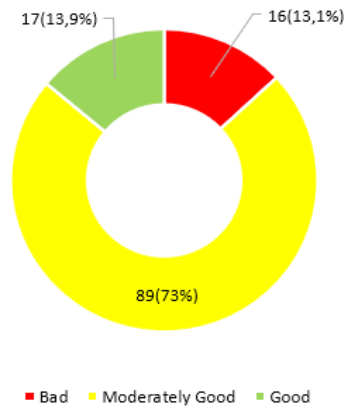


Figure 1. Quality of life in the administrative workers of the education of a UGEL in North Lima

In figure 2, with respect to the sensory capacity dimension, 9 % of participants have a good quality of life, 73,8 % a moderately good quality of life and 17,2 % a poor quality of life.

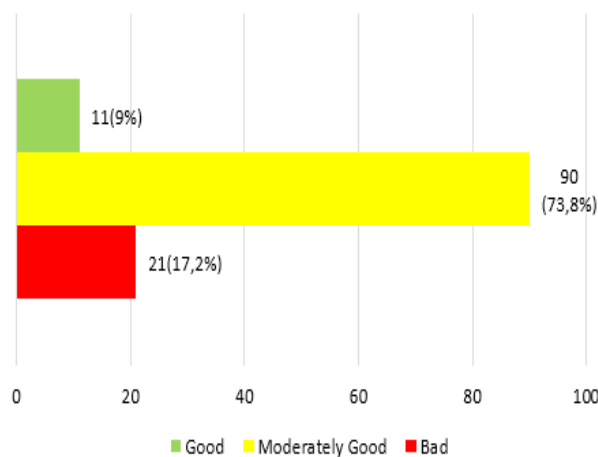


Figure 2. Quality of life in its sensory capacity dimension in the administrative workers of the education of a UGEL in North Lima

In figure 3, we can see in relation to the autonomy dimension that, 16,4 % of the participants have a good quality of life, 64,8 % a moderately good quality of life and 18,9 % a poor quality of life.

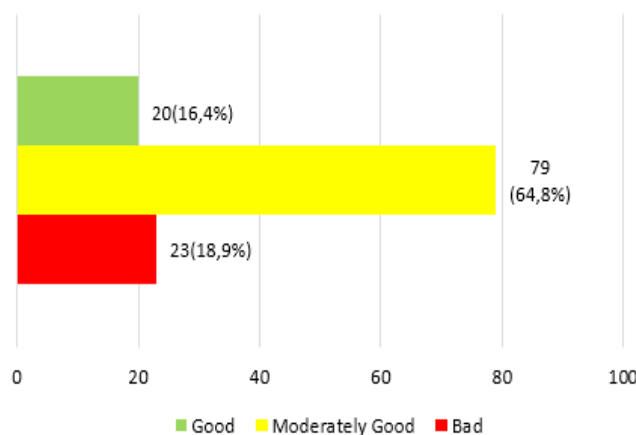


Figure 3. Quality of life in its autonomy dimension in the administrative workers of the education of a UGEL in North Lima

Figure 4, in relation to the dimension of past and future activities, shows that 59,8 % of the participants have a good quality of life, 31,1 % moderately good quality of life and 9 % poor quality of life.

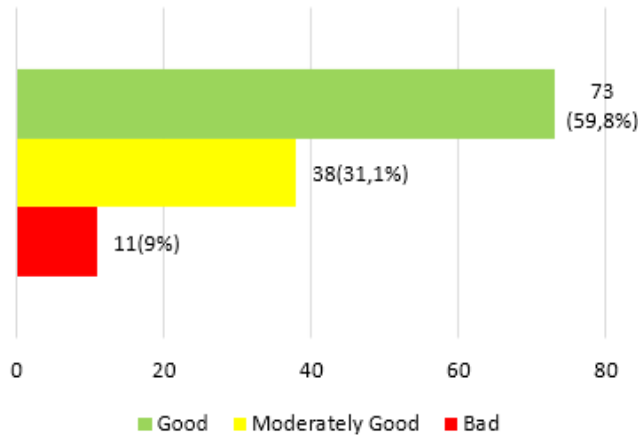


Figure 4. Quality of life in its dimension past and future activities in the administrative workers of the education of a UGEL in North Lima

In figure 5, with respect to the social participation dimension, 69,7 % of participants have a good quality of life, 28,7 % moderately good quality of life and 1,6 % poor quality of life.

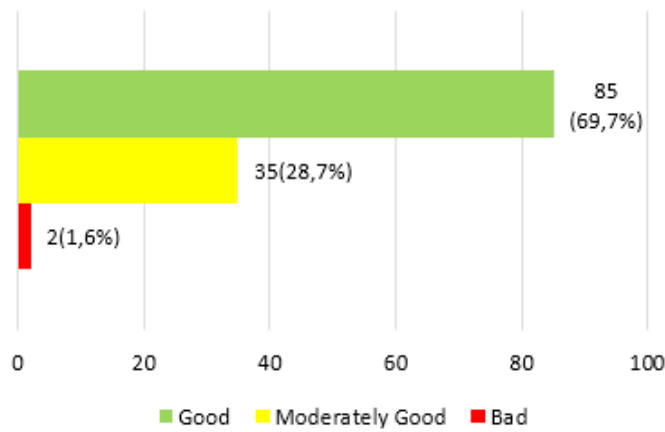


Figure 5. Quality of life in its dimension social participation in the administrative workers of the education of a UGEL in North Lima

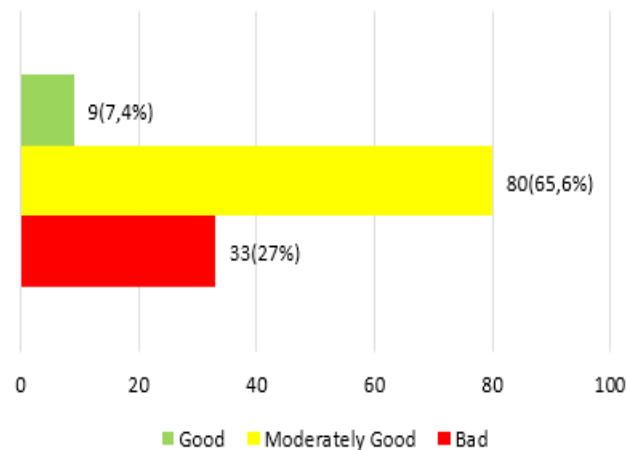


Figure 6. Quality of life in its death/agony dimension in the administrative workers of the education of a UGEL in North Lima

In figure 6, we can see with respect to the death/agony dimension that 7,4 % of the participants have a good quality of life, 65,6 % moderately good quality of life and 27 % poor quality of life.

In figure 7, we can see in relation to the intimacy dimension that 14,8 % of the participants have a good quality of life, 61,5 % moderately good quality of life and 23,8 % have a poor quality of life.

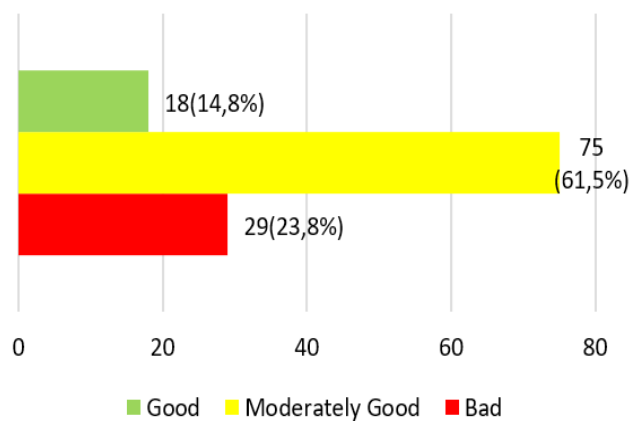


Figure 7. Quality of life in its intimacy dimension in the administrative workers of the education of a UGEL in North Lima

DISCUSSION

Measuring quality of life is a challenge, but at the same time it is an emerging need that helps to know the general health and its dimensions in older adults. The quality of life from a preventive promotional perspective in health allows to improve not only the health of people but also to improve the quality of comprehensive care for the benefit of this group.

As for the results of quality of life, we observe that it is moderately good, we can interpret it in that older adults being at an advanced age cannot perform their routines that they performed when they were young, in which being unemployed and not generating income their quality-of-life decreases, instead an older adult with income and being retired allows to improve their quality of life. The quality of life of the elderly may differ from that of other age groups because many factors influence their quality of life.⁽¹⁸⁾

As for the dimensions of quality of life, we observe that their quality of life is moderately good and good in relation to the dimensions, therefore, we can interpret that, as age increases, changes arise at the biological level that decrease sensory functions, the ability to walk and cognitive function; These changes limit the performance of basic activities of daily living and lead to dependence on the elderly, although not only this but at this stage, age is a slow and gradual progress that affects multiple modalities in older adults, therefore, as we age our sensory functions decrease.⁽¹⁹⁾ This contributes to greater isolation from the outside world, forcing us to adopt perceptual aids.

Although, many older adults have these decisions to improve their quality of life individually and personally; However, in the elderly due to diseases or disabilities that hinder the full autonomy of older adults, they require the intervention of a third person who can help them carry out some of their activities. Since the daily activities carried out by the elderly according to their state of health and physical condition are not compromised, however, there are physical disabilities that affect present and future activities in senile people, that is why it is important to care for older adults who cannot perform different activities product of any illness or disability that affects them.⁽²⁰⁾

Therefore, we must bear in mind that old age brings with it increasing vulnerability as a result of physical and functional deterioration, and the attendant burdens on health and social care services. Maintaining good health and well-being is often presented as an indicator of healthy or successful aging.

CONCLUSIONS

It is concluded that a prioritization should be made in older adults with respect to their quality of life in order to identify their needs and improve their health with family support and in turn with counseling by health professionals. It is concluded that support networks should be implemented at the social level in older adults and their caregivers, since it will allow the identification of changes resulting from advanced age and to be able to establish care depending on the needs of the older adult

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

AUTHORSHIP CONTRIBUTION

Conceptualization: Lucia Asencios-Trujillo, Lida Asencios-Trujillo, Carlos La Rosa-Longobardi, Djamila Gallegos-Espinoza, Livia Piñas-Rivera, Hernan Matta-Solis.

Data curation: Lucia Asencios-Trujillo, Lida Asencios-Trujillo.

Formal analysis: Lida Asencios-Trujillo.

Acquisition of funds: Djamila Gallegos-Espinoza, Livia Piñas-Rivera.

Research: Hernan Matta-Solis, Lucia Asencios-Trujillo, Lida Asencios-Trujillo.

Methodology: Lida Asencios-Trujillo.

Project management: Djamila Gallegos-Espinoza, Livia Piñas-Rivera.

Resources: Lucia Asencios-Trujillo, Lida Asencios-Trujillo.

Software: Lucia Asencios-Trujillo, Lida Asencios-Trujillo.

Supervision: Lucia Asencios-Trujillo, Lida Asencios-Trujillo.

Validation: Lucia Asencios-Trujillo, Lida Asencios-Trujillo, Carlos La Rosa-Longobardi.

Display: Lucia Asencios-Trujillo.

Drafting - original draft: Djamila Gallegos-Espinoza, Livia Piñas-Rivera.

Writing - proofreading and editing: Lucia Asencios-Trujillo.