

# Quality of Life in Elderly University professors who attend a health establishment in Peru

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## Abstract

**Introduction:** The quality of life in the elderly is fundamental in which it allows good physical and mental health, with the purpose that it can develop its activities and that it can relate socially.

**Aim:** to determine the quality of life in the elderly university professors who attend a health establishment in Lima.

**Methods:** a quantitative, descriptive-transversal study, with a total population of 153 older adults, who answered a questionnaire on sociodemographic data and the WHOQOL-OLD quality of life questionnaire.

**Results:** we can see in terms of quality of life that 11.1% of the participants had a poor quality of life, 77.1% moderately good quality of life and 11.8% good quality of life. With respect to the sensory capacity dimension, 13.7% of the participants have a good quality of life, 73.2% moderately good quality of life and 13.1% poor quality of life. With respect to the autonomy dimension that, 15.7% of the participants have a good quality of life, 64.1% moderately good quality of life and 20.3% poor quality of life.

**Conclusions:** It is concluded that strategies or campaigns should be implemented that allow comprehensive care in the elderly in a preventive and promotional way for their health. It is concluded that older adults should be followed up to observe any condition that may decrease their quality of life. It is concluded that educational talks should be held for older adults on how to have a stable quality of life.

**Keywords:** Quality of life, Elderly, Mental health.

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## 1. Introduction

Population ageing is a global problem that brings many challenges and opportunities for modern societies [1][2]. The pursuit of healthy aging and age-friendly communities is raised, these are important public health priorities that depend largely on having supportive environments that meet the social and health needs of older adults [3][4].

Population aging is a global phenomenon that occurs due

to increased survival and life expectancy. According to the World Health Organization (WHO), in the decade of 2020-2030 the number of senile people on the planet will increase by 34%. By 2050, about 65% of older people will be distributed mainly in low- to middle-income regions. Ageing requires countries to reflect and take measures to respond to the social and health needs of this population group [5].

WHO declares the decade 2021-2030 as the "Decade of Healthy Ageing" and urges countries and all public and private institutions to take concerted action to improve the living conditions and well-being of older people. On the

planet we already have more than one billion senile people who mostly live in developing countries, where they have many limitations to access basic resources and have adequate well-being [6].

QoL is the perception of an individual's life in the context of the culture and value system in which they live and in relation to their goals, expectations, standards and concerns [7]. Aging is generally defined as a process of deterioration in an individual's functional ability resulting from structural changes with advancing age [8].

Likewise, aging, an inevitable process, is commonly measured by chronological age and, as a convention, a person 65 years of age or older is often referred to as elderly. Healthy aging is considered a continuous process of optimizing opportunities to maintain and improve the holistic health, independence and QoL of older adults [9].

The elderly is understood as that person who is 65 years of age or older, precisely this term that is applied due to the degree of susceptibility of the person due to advanced age and the physiological anatomotomous deterioration of their health condition [10][11], which is why the quality of life in the elderly must be prioritized. Given that the susceptibility of being vulnerable at that age to different risk situations, allows their quality of life to be compromised [12][13].

In a study conducted in India, with 977 elderly participants, they stated in their results that the quality of life in older people tend to be lower, in relation to sex, education and financial dependence. Concluding that the physical, psychological, and social state plays an important role in the quality of life of the elderly [14].

In a study conducted in Mexico, with 450 older adults, they observed in their results that older adults have a good quality of life, in relation to their sensory skills and social interaction. Concluding that the quality of life of older adults was good, given that they present a good emotional and physical state [15].

In a study conducted in France, with 184 elderly participants, they showed in their results that 69.1% of the participants had a very good quality of life, and in their dimensions sexual functioning 59.1% are satisfied. Concluding that the quality of life of older adults is very good, since they are satisfied with their social relationships and lifestyle, and that this allows a balance in their quality of life [16].

Therefore, the objective of the research is to determine the quality of life in the elderly university professors in Metropolitan Lima.

## 2. Methods

### *Research type and Design*

In the study, according to its properties is quantitative, with respect to its method is descriptive-cross-sectional non-experimental [17].

### *Population*

The total population is made up of a total of 153 older adults from a geriatric center in Metropolitan Lima.

### *Inclusion Criteria*

- Adults 60 years of age and older with partial dependence
- Older adults who are bright and oriented in time, space and person
- Older adults who voluntarily agree to participate in the study

### *Technique and Instrument*

The data collection technique was given through the survey, which is divided into sociodemographic aspects and the quality of life questionnaire (WHOQOL-OLD).

The WHOQOL-OLD is an instrument designed by the WHO in order to evaluate the quality of life in the elderly; it presents 24 items divided into 6 dimensions (functional capacity, autonomy, past, present and future activities, social participation, death and intimacy; in which it is valued on a Likert-type scale where its alternatives vary) of "1=nothing", "2= a little", "3= in moderate amount", "4= a lot" and "5= in extreme quantity"; where the final score varies from 24 to 120 points, where the higher score will be the quality of life in the elderly [18][19].

As for its validation, it was given through the Kaiser-Meyer-Olkin test, resulting in a value of 0.804 ( $KMO > 0.5$ ) and in the Bartlett test it was 0.000 ( $p < 0.001$ ).

And finally, the reliability of the instrument was determined through Cronbach's Alpha resulting in 0.885 ( $\alpha < 0.6$ ).

### *Place and Application of the Instrument*

For the application of the structure, prior coordination was made for the data collection activities in the geriatric center and in turn the necessary knowledge was provided to both the health professional and the elderly about the research.

## 3. Results

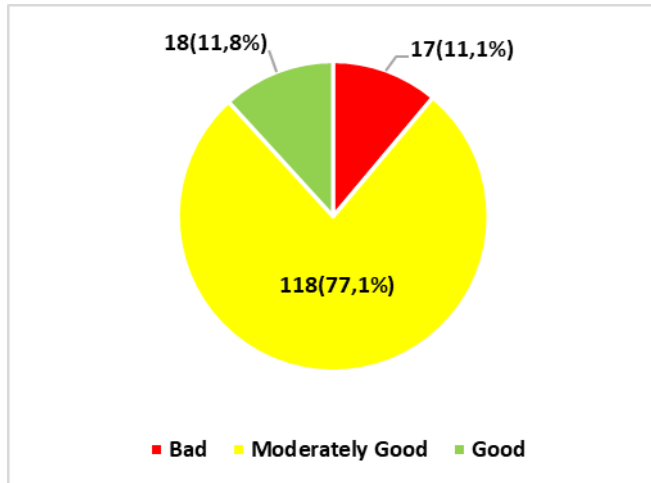


Figure 1. Quality of life in the elderly university professors in Metropolitan Lima

In Figure 1, we can see in terms of quality of life that 11.1% of the participants had a poor quality of life, 77.1% moderately good quality of life and 11.8% good quality of life.

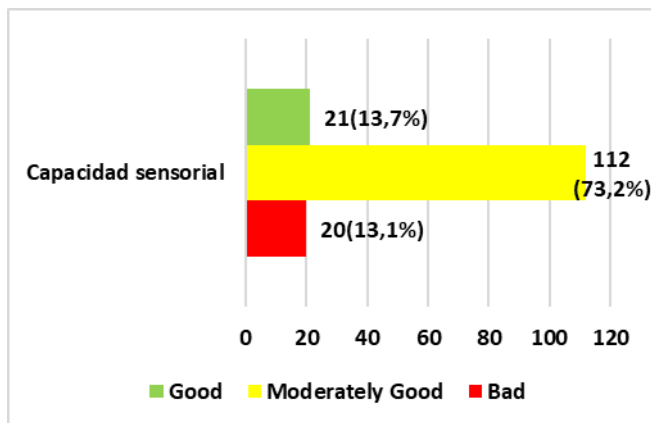


Figure 2. Quality of life in its sensory capacity dimension in the elderly university professors in Metropolitan Lima.

In Figure 2, with respect to the sensory capacity dimension, 13.7% of the participants have a good quality of life, 73.2% moderately good quality of life and 13.1% poor quality of life.

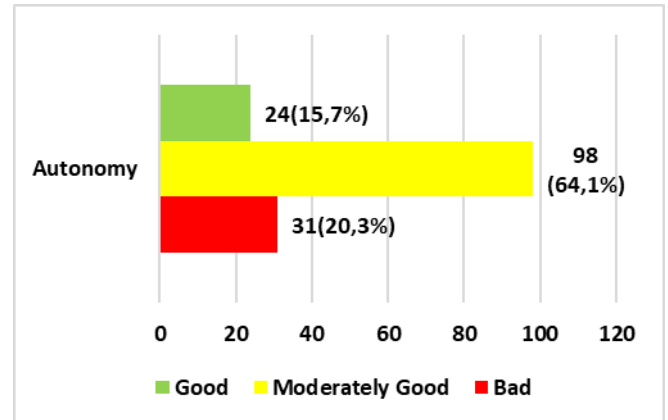


Figure 3. Quality of life in its autonomy dimension in the elderly university professors in Metropolitan Lima.

In Figure 3, it can be seen with respect to the autonomy dimension that, 15.7% of the participants have a good quality of life, 64.1% moderately good quality of life and 20.3% poor quality of life.

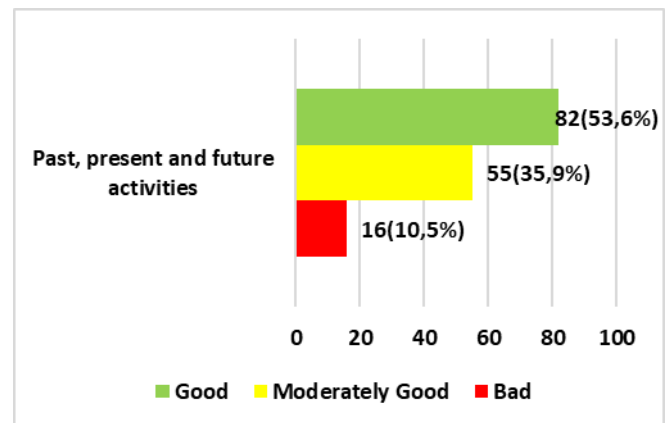


Figure 4. Quality of life in its dimension past, present and future activities in the elderly university professors in Metropolitan Lima.

In Figure 4, with respect to the dimension past, present and future activities, 53.6% of the participants have a poor quality of life, 35.9% moderately good quality of life and 10.5% poor quality of life.

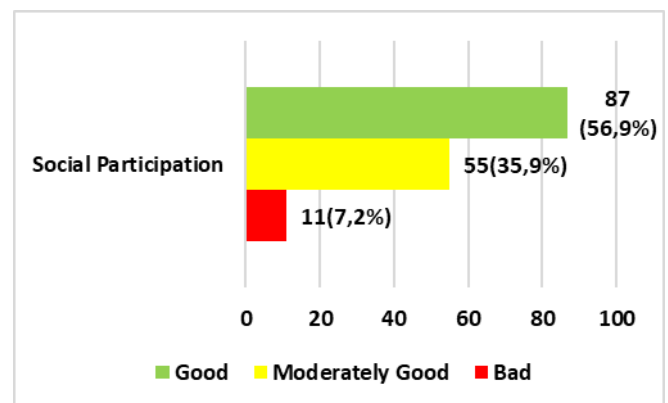


Figure 5. Quality of life in its dimension social participation in the elderly university professors in Metropolitan Lima.

In Figure 5, with respect to the social participation dimension, 56.9% of participants have a good quality of life, 35.9% moderately good quality of life and 7.2% poor quality of life.

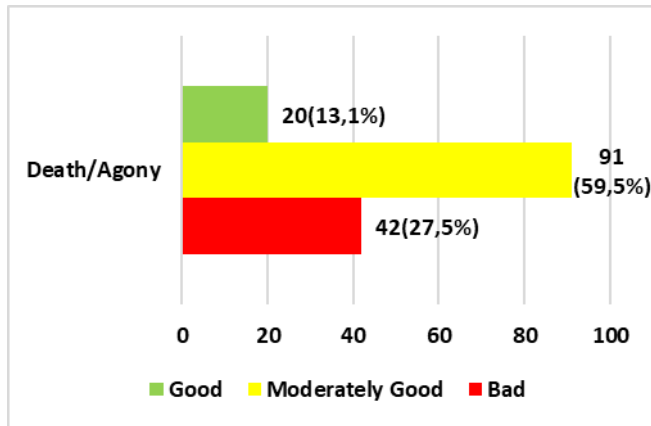


Figure 6. Quality of life in its dimension muerte/agonia in elderly university professors who attend a health establishment in Lima.

In Figure 6, with respect to the death/agonia dimension, 13.1% of participants have a good quality of life, 59.5% moderately good quality of life and 27.5% poor quality of life.

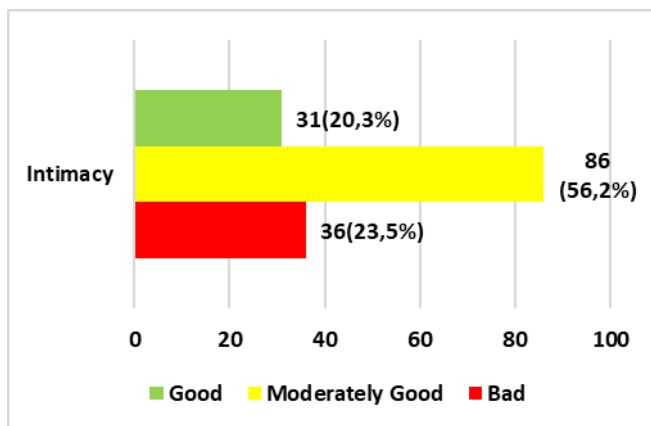


Figure 7. Quality of life in its intimacy dimension in the elderly university professors in Metropolitan Lima.

In Figure 7, with respect to the intimacy dimension, 20.3% of the participants have a good quality of life, 56.2% moderately good quality of life and 23.5% poor quality of life.

#### 4. Discussion

The quality of life of the elderly increasingly brings challenges in which health systems and social security have to be increasingly connected with the elderly, since this is essential to observe how the health condition of older adults is and to be able to carry out health strategies that benefit their integral health [20-27].

As for the results of quality of life, it was observed that most older adults have a moderately good quality of life,

this is because being an elderly person their health deteriorates over time, so their situation becomes increasingly difficult, therefore, [28-34] The quality of life in them is fundamental, since this will give us an overview of how their health condition is, so that measures can be taken that can maintain or improve their health in an integral way; although, also the decrease in quality of life in the elderly is due to inadequate family support and social interaction [35-39].

As for its dimensions, we observe that older adults have a moderately good quality of life, this is because, being an older adult, the presence of diseases or complications that compromise their mental health can limit their daily activities and that this decreases their quality of life, although [40-46] Having a disease, depending on a relative, not having a high social condition and not having studies, seriously affects the quality of life of the person, therefore, these aspects have a fundamental role in terms of older adults, although the quality of life tends to worsen if the older adult does not have family support, Physical limitations, and social opportunities, all this is a barrier in the elderly that prevents them from improving their quality of life [47-53].

Therefore, it is important that health professionals take into consideration how important it is to have a good quality of life at this stage, since several factors can compromise quality of life [54-60]; Therefore, comprehensive support strategies, health checks, psycho-emotional guidance and recreational activities for older adults, allow interaction and therefore their quality of life can increase or remain stable [61].

Finally, by analyzing the data obtained in the results of this context, it allows us to identify the problem areas and guide us to an action aimed at improving the quality of life in university teachers, contributing to an approach to the challenges of aging in the population and promoting a complete approach to health and well-being in this population.

#### 5. Conclusions

It is concluded that strategies or campaigns should be implemented that allow comprehensive care in the elderly in a preventive and promotional way for their health.

It is concluded that older adults should be followed up to observe any condition that may decrease their quality of life.

It is concluded that educational talks should be held for older adults on how to have a stable quality of life.

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