Salud, Ciencia y Tecnología. 2023; 3:546 doi: 10.56294/saludcyt2023546

#### **ORIGINAL**





# Lifestyle and nursing intervention during the COVID-19 pandemic in teachers of older adults in North Lima

# Estilo de vida e intervención de enfermería durante la pandemia de COVID-19 en docentes adultos mayores de Lima Norte

Livia Piñas-Rivera<sup>1</sup>, Carlos La Rosa-Longobardi<sup>1</sup>, Lida Asencios-Trujillo<sup>1</sup>, Djamila Gallegos-Espinoza<sup>1</sup>, Lucia Asencios-Trujillo<sup>1</sup>, Rosa Perez-Siguas<sup>2</sup>

<sup>1</sup>Universidad Nacional de Educación Enrique Guzmán y Valle. Escuela de Posgrado. Lima, Perú.

Cite as: Piñas-Rivera L, Rosa-Longobardi CL, Asencios-Trujillo L, Gallegos-Espinoza D, Asencios-Trujillo L, Perez-Siguas R. Lifestyle and nursing intervention during the COVID-19 pandemic in teachers of older adults in North Lima. Salud, Ciencia y Tecnología 2023; 3:546. https://doi.org/10.56294/saludcyt2023546

Recibido: 20-06-2023 Revisado: 14-08-2023 Aceptado: 26-10-2023 Publicado: 27-20-2023

Editor: William Castillo-González

## **ABSTRACT**

**Introduction:** the lifestyle worldwide changed drastically in the elderly product of the pandemic, where their routine activities were modified because of it generating problems in their health, so the objective of the research is to determine the lifestyle in teachers of older adults and the intervention of nursing during the COVID-19 pandemic in North Lima.

**Methods:** it is a quantitative, descriptive-cross-sectional study, with a population of 206 participants over 60 years of age who answered a questionnaire on sociodemographic aspects and the FANTASTICO instrument. **Results:** the results showed that older adults aged 60 to 90 years, 10,2 % have a low lifestyle and 19,9 % have a fantastic lifestyle.

**Conclusions:** in conclusion, it should be done to provide educational counseling on the management of lifestyle at home for older adults, since this will allow them to maintain their healthy lifestyle.

Keywords: Lyfestyle; Aged; Nursing Care; Mental Health

#### **RESUMEN**

**Introducción:** el estilo de vida a nivel mundial cambio drásticamente en los adultos mayores producto de la pandemia, donde sus actividades rutinarias se modificaron debido a ello generando problemas en su salud, por lo que el objetivo de la investigación es determinar el estilo de vida en docentes de adultos mayores y la intervención de enfermería durante la pandemia de COVID-19 en Lima Norte.

**Métodos:** es un estudio cuantitativo, descriptivo-transversal, con una población de 206 participantes mayores de 60 años que respondieron un cuestionario sobre aspectos sociodemográficos y el instrumento FANTASTICO. **Resultados:** los resultados mostraron que los adultos mayores de 60 a 90 años, el 10,2 % tiene un estilo de vida bajo y el 19,9 % tiene un estilo de vida fantástico.

**Conclusiones:** en conclusión, se debe realizar consejería educativa sobre el manejo del estilo de vida en el hogar para los adultos mayores, ya que esto les permitirá mantener su estilo de vida saludable.

Palabras clave: Estilo de Vida; Adulto Mayor; Cuidados de Enfermería; Salud Mental.

#### **INTRODUCTION**

According to the World Health Organization (WHO) it defines healthy lifestyle as a "general way of life based

© 2023; Los autores. Este es un artículo en acceso abierto, distribuido bajo los términos de una licencia Creative Commons (https://creativecommons.org/licenses/by/4.0) que permite el uso, distribución y reproducción en cualquier medio siempre que la obra original sea correctamente citada

<sup>&</sup>lt;sup>2</sup>Instituto Peruano de Salud Familiar. TIC Research Center: eHealth & eEducation. Lima, Perú.

on the interaction between living conditions in a broad sense and individual patterns of behavior determined by sociocultural factors and personal characteristics".(1) In turn, the Pan American Health Organization (PAHO) indicating that among the seven main diseases that affect the elderly are chronic diseases with high prevalence: Hypertension, Overweight, joint problems and cardiovascular disorders; All of them are related to poor feeding practices, low physical activity, and family abandonment. Since the situation will significantly increase the demand for care and attention, it should be based on integrated approaches that help older adults maintain their functional abilities.(2)

Lifestyle includes a set of behaviors that a person normally performs consciously and voluntarily. (3) Therefore, in the case of older adults who are characterized by an age greater than 60 years; (4) they present molecular and cellular changes, decrease in physical and mental abilities that merit functional adaptability and lifestyle changes, to reduce the risk of disease or death; (5,6) and often, the first signs of aging affect the musculoskeletal system, the eyes, followed by the ears, which begin to change in early adulthood. [6]

Therefore, during the confinement stage, many households suffered mobility restrictions and sudden changes in their lifestyle habits; Many people had to reinvent themselves as a coping method, but many were dragged into the loss of routines in the group of retirees. (7) Highlighting that the importance of improving lifestyles in teachers of older adults is related to a better quality of life and reducing risk factors for developing complications of chronic diseases and thus increasing longevity. (8)

In Asia, a study conducted in Japan on 56 older adults living in the community of Usuki, a rural town in Oita Prefecture, Japan. It was revealed to be the first study to demonstrate lifestyle factors during the COVID-19 pandemic among older adults living in the community. (9) The findings show that the pandemic has negatively affected physical activity among older adults living alone in Japan. (10)

In Central America; in Cuba, a study of 268 older adults revealed that 24 % have an unhealthy lifestyle and 76 % had a healthy lifestyle.(11) In North America, another study conducted in Mexico where 35 elderly people living with DM2 in the city of Toluca were surveyed revealed that 65,7 % as healthy, 28,6 % very healthy and 5,7 % unhealthy; categorizing their lifestyle as healthy and very healthy, but have very specific risk factors and characteristics that require separate and specific nursing care compared to other people living with DM. This suggests that adults and the elderly living with diabetes should lead a healthy lifestyle. (12)

In Europe, a study carried out in Spain to 119 older adults during the confinement by COVID-19, revealed that 23,7 % of older adults presented dietary changes in the confinement period with a tendency towards greater consumption of healthy foods, with lower consumption of foods of lower nutritional interest and increase in the practice of cooking at home. (13) Another study in the Netherlands of 3107 people aged 55-85 revealed that people with a healthy lifestyle had a 10,6 % slower decrease in gait speed, a 10,8 % slower increase in depressive symptoms, a 1,8 % slower decrease in cognitive functioning and a 4,9 % slower decrease in social contacts compared to people without or with a healthy lifestyle factor. (14)

In South America, a study conducted in Ecuador insulting 35 older adults in the province of Cotopaxi, pointed out that the good lifestyle prevailed with a significant difference in relation to the fantastic and regular lifestyle, in the diet most consume hypo sodium and low-fat diets, maintain an adequate weight, Occasional self-medication and 43 % have body pain that makes their work a little difficult. (15)

In Peru, a study conducted in Lima of 82 older adults revealed that 36,6 % have unhealthy nutrition, 58,5 % unhealthy and 4,9 % have healthy nutrition; taking into account, in terms of measurements, we found that unhealthy lifestyle predominated; in terms of nutrition; A healthy lifestyle prevails to the extent of physical activity. (16)

Therefore, the objective of the research is to determine the lifestyle in teachers of older adults and nursing intervention during the COVID-19 pandemic in North Lima.

#### **METHODS**

Research type and Design

In the research work, it has a quantitative approach, with a non-experimental descriptive. (15)

# **Population**

The population is made up of a total of 206 elderly participants of both sexes who attend a health facility.

# Inclusion Criteria

- · Participants attending a health facility.
- Participants who have more than 3 cares in the health facility
- Participants who agree to voluntarily participate in the study.

## Technique and Instrument

The technique used is the survey, with the FANTASTICO data collection instrument.

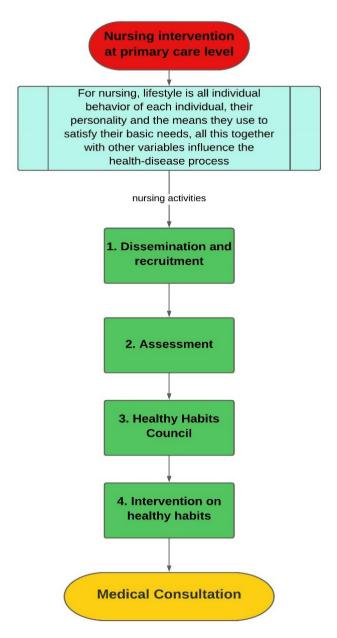
#### 3 Piñas-Rivera L, et al

The FANTASTICO instrument, is administered to assess how good your lifestyle is, consists of 30 items that are indicated in 10 dimensions, F: family and friends, A: associativity and physical activity, N: nutrition, T: toxicity, A: alcohol, S: sleep and stress, T: type of personality and activities, I: inner image, C: control of health and sexuality and finally, Or: order; which are evaluated with a Likert-type scale where "0 = Never", "1 = Sometimes", "2 = Always". The final score is multiplied by 2, to obtain a final range from 0 to 120, where the ranges are appreciated quantitatively where "0 to 46 = is in danger zone", "47 to 72 = somewhat low, you could improve", "73 to 84 = adequate, you are fine", "85 to 102 = good job, you are on the right track", "103 to 120 = congratulations, you have a fantastic lifestyle". (18)

With respect to its reliability, it was performed by Cronbach's Alpha obtaining a score of (score of 0,941 ( $\alpha$  > 0,8), which is reliable for the study.

## Place and Application of the Instrument

The survey was carried out in the elderly population in the district of San Martín de Porres who go to a health facility, in which prior coordination was made with the head of the establishment to carry out the study, in addition to providing him with the necessary knowledge about the research to be treated.



**Figure 1.** Flowchart on the intervention performed by the nursing professional in the first level of care in the lifestyle of older adults

In this flow diagram, the intervention performed by the nursing professional in the first level of attention on

lifestyle in teachers of older adults is performed, in which it is performed in 4 processes:

- 1. Diffusion and capture: In this process, it is important to disseminate activities in which it is carried out at the first level of care, since it prioritizes educational actions in the elderly population, where interventions must be flexible and adapted to reality in the face of the habits of life that older adults have.
- 2. Value: Prior to each intervention, an assessment of the person's situation should be made in terms of the main components of healthy lifestyle, where they are addressed (anthropometric measures, risk factors, lifestyle habits and degree of motivation to change).
- 3. Tips on healthy habits: every nursing professional should do it briefly, where healthy habits related to food and physical activity have a motivating proposal for change, and that allows improving the person's lifestyle.
- 4. Intervention on healthy habits: these interventions that can be carried out by the nursing professional, will allow the person to be clear about the reasons and benefits that a healthy behavior can have, where to explore the habits that he previously performed and that can be modified in the transfuses of the timely follow-up that will be given, will allow the person to obtain healthy habits in a way more appropriate to their environment.

Finally, after the nursing professionals concluded their intervention, the person will go through a medical consultation in which it will be evident that healthy habits are the ones followed by the elderly and how we can improve their lifestyle in the long term.

#### **RESULTS**

In Figure 2, we can see that 15 % (n=31) of the participants are in danger zone in terms of their lifestyle, 10,2 % (n=21) are somewhat low, you could improve in their lifestyle, 39,8 % (n=82) are with an adequate lifestyle, 15 % (n=31) are doing a good job in terms of their lifestyle and 19,9 % (n=41) have a fantastic lifestyle.

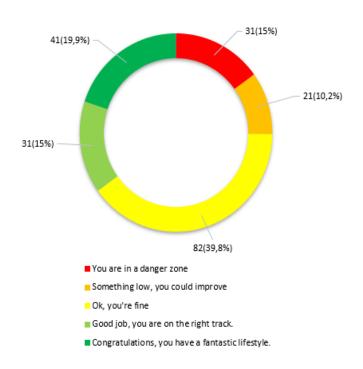


Figure 2. Lifestyle in adults during the COVID-19 pandemic in North Lima

In Figure 3, it can be seen that, in relation to sex, in the male sex, 54.8% (n = 17) their lifestyle is in danger zone, 28.6% (n = 6) their lifestyle is somewhat low but can improve, 42.7% (n = 35) their lifestyle is adequate, 77.4% (n = 24) is doing a good job in their lifestyle and 19.5% (n = 8) have a fantastic lifestyle.

In Figure 4, we can see that 7.8% (n=5) of older adults between the ages of 76 and 90 years have a fantastic lifestyle, 6.3% (n=4) are doing a good job in their lifestyle, 25% (n=16) have an adequate lifestyle, 20.3% (n=13) have a somewhat low lifestyle and 40.6% (n=26) their lifestyle is in danger zone; As for older adults between the ages of 60 and 75, 25.4% (n=36) have a fantastic lifestyle, 19% (n=27) are doing a good job in their lifestyle, 46.5% (n=66) have an adequate lifestyle, 5.6% (n=8) have a somewhat low lifestyle and 3.5% (n=5) their lifestyle is in danger zone.

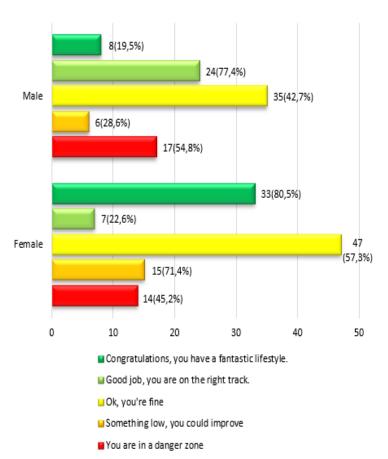
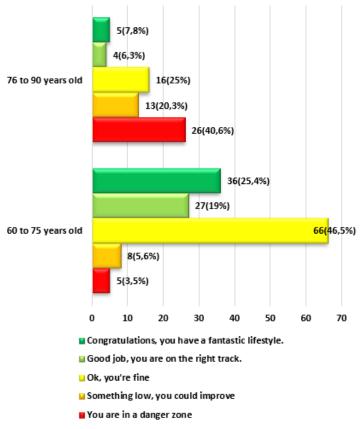


Figure 3. Lifestyle in relation to sex in teachers of older adults attending a primary health care facility during the COVID-19 pandemic in North Lima



**Figure 4.** Lifestyle in relation to the age of older adults attending a primary health care facility during the COVID-19 pandemic in North Lima.

#### **DISCUSSION**

In the present research, the lifestyle perspective and the intervention carried out by the nursing professional in the person to have a healthy lifestyle, emphasizing the physical and mental health of the elderly during the COVID-19 pandemic.

In the results obtained in the study, it is observed that older adults mostly have an adequate lifestyle, we can interpret that, within the home, older adults have not been able to perform their retain activities that they performed before the pandemic, where passive physical activity, adequate nutrition, good sleep quality and interaction social with the family, is limited, therefore, older adults tend to become depressed or are worried about not performing their activities that they used to do; (19) Although, from a positive point of view, the psycho-emotional support of the family will have an important role for the elderly to have adequate health, given that they are vulnerable to any disease and even more so by not carrying out any activity product of the pandemic. In a study, (8) they argue that the family will have an important role in improving the lifestyle of the elderly, since it is related to the increase in the quality of life, since it allows to reduce the risks that the older adult can develop due to certain complications that may present due to some disease and thus increase the years of life of the older adult.

In the results of lifestyle in relation to sex, it is observed that the female sex presents a better lifestyle, this, we can interpret it, in that, factors such as care within the home, the relationship of domestic tasks and the level of studies, makes the lifestyle in the female sex is maintained adequately. On the other hand, in the male sex, by presenting many responsibilities inside and outside the home, as head of the family, it obstructs their activities that allow them to maintain their proper lifestyle. (20) In the male sex, are the ones who most present inadequate habits, and even more so when you are young, on the other hand, in the female sex, they have a better lifestyle, in relation to their healthy habits that they make. (21,22)

# **CONCLUSIONS**

It is concluded that, it is possible to provide motivational talks within home visits to older adults and the family, since it will allow a more appropriate communication to the problems presented by the older adult.

It is concluded that, it is necessary to carry out health strategies for the elderly, in the realization of activities within the home, and thus avoid or minimize possible risks in their mental health.

It is concluded that counseling should be carried out on a healthy diet, given that older adults by not performing their routine activities, will present a decrease in their body weight as a result of inactivity.

### **BIBLIOGRAPHIC REFERENCES**

- 1. Souza C. Estilo de Vida Saludable. Universidad y Salud 2012;14:1.
- 2. Organizacion Panamericana de la Salud. El número de adultos mayores con necesidades de cuidado a largo plazo se triplicará para 2050 en las Américas. OPS 2019:1-4. https://www3.paho.org/hq/index.php?option=com\_content&view=article&id=15474:number-of-older-adults-with-long-term-care-needs-will-triple-by-2050-paho-warns&Itemid=0&lang=es#gsc.tab=0.
- 3. Maldonado G, Gómez B, Becerril L, Solano G. Lifestyle of the elderly person living with diabetes and characterization of nursing diagnoses. Texto e Contexto Enfermagem 2019;28:e20170552. https://doi.org/10.1590/1980-265x-tce-2017-0552.
- 4. Toconas L del C. Empathy in nursing professionals for care subjects with depression. Community and Interculturality in Dialogue 2023;3:67-67. https://doi.org/10.56294/cid202367.
- 5. Organizacion Mundial de la Salud. Envejecimiento y salud. OMS 2022:1-5. https://www.who.int/es/news-room/fact-sheets/detail/ageing-and-health.
  - 6. Stefanacci R. Cambios corporales relacionados con el envejecimiento. Manual MSD 2022:1-12.
- 7. Duan Y, Peiris D, Yang M, Liang W, Baker J, Hu C, et al. Lifestyle Behaviors and Quality of Life Among Older Adults After the First Wave of the COVID-19 Pandemic in Hubei China. Frontiers in Public Health 2021;9:744514. https://doi.org/10.3389/fpubh.2021.744514.
- 8. Ventura A, Zevallos A. Estilos de vida: alimentación, actividad física, descanso y sueño de los adultos mayores atendidos en establecimientos del primer nivel, Lambayeque, 2017. ACC CIETNA: Revista de la Escuela de Enfermería 2019;6:60-7. https://doi.org/10.35383/cietna.v6i1.218.

## 7 Piñas-Rivera L, et al

- 9. Florentin GNB. The human dimension in nursing. An approach according to Watson's Theory. Community and Interculturality in Dialogue 2023;3:68-68. https://doi.org/10.56294/cid202368.
- 10. Ataka T, Kimura N, Eguchi A, Matsubara E. Changes in objectively measured lifestyle factors during the COVID-19 pandemic in community-dwelling older adults. BMC Geriatrics 2022;22. https://doi.org/10.1186/s12877-022-03043-1.
- 11. Hernández R, Molina M, Hernandez Y, Lemus E, Hernandez A, Gonzalez D. Efectividad de intervención educativa sobre Estilos de Vida en Adulto Mayores, Nueva Paz 2019- 2020. Revista de Ciencias de la Salud 2021; 5:29-37.
- 12. Pavón P, Martinez A, Gutierrez G. Adultos mayores Población vulnerable en México: Una aproximación multivariada. Revista de Salud Publica 2020;1:1-17.
- 13. Diaz O, Herranz I, Fernandez P, Gomez. Lifestyles of Spanish elders from supervened SARS-CoV-2 variant onwards: A correlational research on life satisfaction and social-relational praxes. Frontiers in Psychology 2022;1:1-11.
- 14. Visser M, Wijnhoven H, Comijs H, Thomése F, Twisk J, Deeg D. A Healthy Lifestyle in Old Age and Prospective Change in Four Domains of Functioning. Journal of Aging and Health 2019;31:1297-314. https://doi.org/10.1177/0898264318774430.
- 15. Toapaxi E, Guarate Y, Cusme N. Influencia del Estilo de vida en el estado de salud en Adultos mayores. Enfermería Investiga Investigación, Vinculación, Docencia y Gestión 2020;5:18-24.
- 16. Pérez C, Mallma Y. Estilo de vida en adultos mayores con Diabetes Mellitus tipo II en un conjunto habitacional en Lima. Revista de Investigación Científica Ágora 2021;8:20-36.
  - 17. Fernández C, Baptista P. Metodología de la Investigación. 2015:634.
- 18. Villar M, Ballinas Y, Gutierrez C, Abgulo Y. Análisis de la Confiabilidad del Test Fantástico para medir Estilos de Vida saludables en trabajadores evaluados por el programa «Reforma de Vida» del Seguro Social de Salud (Essalud). Revista Peruana De Medicina Integrativa 2016;1:17-26.
- 19. Lepez CO, Simeoni IA. Pedagogical experience with Public Health campaigns from the design of socio-educational projects with insertion in the local territory. Community and Interculturality in Dialogue 2023;3:74-74. https://doi.org/10.56294/cid202374.
- 20. Montano M de las NV, Martínez M de la CG, Lemus LP. Rehabilitation of occupational stress from the perspective of Health Education. Community and Interculturality in Dialogue 2023;3:71-71. https://doi.org/10.56294/cid202371.
- 21. Stanulewicz N, Knox E, Narayanasamy M, Shivji N, Khunti K, Blake H. Effectiveness of Lifestyle Health Promotion Interventions for Nurses: A Systematic Review. International Journal of Environmental Research and Public Health 2020; 17:17. https://doi.org/10.3390/ijerph17010017.
- 22. Melnyk BM, Kelly SA, Stephens J, Dhakal K, McGovern C, Tucker S, et al. Interventions to Improve Mental Health, Well-Being, Physical Health, and Lifestyle Behaviors in Physicians and Nurses: A Systematic Review. Am J Health Promot 2020; 34:929-41. https://doi.org/10.1177/0890117120920451.

#### **FINANCING**

The authors did not receive financing for the development of this research.

## **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, Rosa Perez-Siguas.

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

Formal analysis: Lida Asencios-Trujillo

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

Research: Rosa Perez-Siguas, 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