



ORIGINAL

Quality of Life in relation to Health in Teachers with Chronic Diseases who reside in a Vulnerable Area of North Lima

Calidad de Vida en Relación con la Salud en Docentes con Enfermedades Crónicas que residen en una Zona Vulnerable de Lima Norte

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ABSTRACT

Introduction: quality of life is very important in relation to health, since it addresses functions that allow Teachers to maintain a healthy life, so the research objective is to determine the quality of life in relation to health in Teachers with chronic diseases residing in a vulnerable area of North Lima.

Methods: it is a quantitative, descriptive-cross-sectional and non-experimental study. With a total population of 152 Teachers with chronic diseases, who answered a questionnaire of sociodemographic aspects and the questionnaire of quality of life in relation to health.

Results: in the results it can be observed that 18 (n = 11,8 %) have a low quality of life, 26 (n = 17,1 %) average quality of life, 58 (n = 38,2 %) high quality of life and 50 (n = 32,9 %) a very high quality of life.

Conclusions: it is concluded that strategies that increase the promotion and prevention of noncommunicable diseases should be taken into account.

Keywords: Quality of Life; Noncommunicable Diseases; Vulnerable Populations; Pandemic; Coronavirus.

RESUMEN

Introducción: la calidad de vida es muy importante en relación a la salud, ya que aborda funciones que permiten a los docentes mantener una vida saludable, por lo que el objetivo de la investigación es determinar la calidad de vida en relación a la salud en Docentes con enfermedades crónicas residentes en una zona vulnerable de Lima Norte.

Métodos: es un estudio cuantitativo, descriptivo-transversal y no experimental. Con una población total de 152 docentes con enfermedades crónicas, quienes respondieron un cuestionario de aspectos sociodemográficos y el cuestionario de calidad de vida en relación a la salud.

Resultados: en los resultados se observa que 18 (n = 11,8 %) tienen una calidad de vida baja, 26 (n = 17,1 %) una calidad de vida media, 58 (n = 38,2 %) una calidad de vida alta y 50 (n = 32,9 %) una calidad de vida muy alta.

Conclusiones: se concluye que se deben tener en cuenta estrategias que incrementen la promoción y prevención de las enfermedades no transmisibles.

Palabras clave: Calidad de Vida; Enfermedades no Transmisibles; Poblaciones Vulnerables; Pandemia; Coronavirus.

INTRODUCTION

Worldwide, chronic diseases or also called noncommunicable diseases (NCDs) are currently one of the greatest challenges facing health systems worldwide.^(1,2)

The World Health Organization (WHO) reports that each year more than 15 000 000 Teachers aged 30-69 die from NCDs in developing countries. Cardiovascular diseases are responsible for 17,9 million deaths per year, followed by cancer with 9,3 million, 4,1 million for respiratory diseases and 1,5 million for diabetes mellitus.⁽³⁾

However, as far as the Pan American Health Organization (PAHO) is concerned, it maintains that worldwide more than 15 million Teachers die from NCDs between the ages of 30 and 69 years and that these premature deaths, 85 % of them occur in countries with low and medium income. and that in the Region of the Americas, 2,2 million Teachers die from NCDs before reaching the age of 70.⁽⁴⁾

Undoubtedly, the quality of life (QoL) of Teachers with chronic and acute diseases is already compromised,^(5,6) even more so due to the coronavirus pandemic (COVID-19), complicates their situation and causes a deplorable impact on the lives of this population.^(7,8)

NCDs, such as cardiovascular, respiratory, metabolic, among others, are diseases that to this day continue to be a problem in terms of public and community health,^(9,10) given that in order to carry out promotion and prevention strategies, the first health system must be strengthened.^(11,12)

In a study conducted in Spain, with 262 participants diagnosed with hypertension in the study, they interpreted in their results that 58 % of the participants had a high quality of life and 42 % had a medium and low quality of life. Concluding that the quality of life of the participants was high, given that the participants performed a good self-care, in addition to performing the necessary examinations for the early detection of complications of hypertension.⁽¹³⁾

In a study conducted in Mexico, with 1394 participants diagnosed with type 2 diabetes mellitus in the study, they interpreted in their results that 49,5 % of the participants had a poor quality of life and 50,5 % had a good quality of life. Concluding that factors such as sociodemographic aspects, educational level and low economic income, make it more likely that the quality of life of the person with diabetes mellitus is low.⁽¹⁴⁾

In a study conducted in Nepal, with 671 elderly participants, they interpreted in their results that 82,4 % of the participants had an average quality of life. Concluding that participants, being vulnerable to all diseases, their quality of life tends to decrease if the person does not perform self-care correctly.⁽¹⁵⁾

Therefore, the research objective is to determine the quality of life in relation to health in Teachers with chronic diseases who reside in a vulnerable area of North Lima.

METHODS

Research type and Design

In the present research, according to its properties it is quantitative, with respect to its methodology is descriptive-transversal non-experimental.⁽¹⁶⁾

Population

The population is made up of a total of 152 Teachers residing in a vulnerable area of North Lima.

Inclusion Criteria

- Participants over 18 years old
- Participants residing more than 3 years in the District of Puente Piedra
- Participants who agree to participate voluntarily in the study.

Technique and Instrument

The data collection technique was the survey, which is divided into sociodemographic aspects and the health-Related Quality of Life Questionnaire (SF-36) instrument.

The SF-36 is an instrument in which it evaluates the well-being of the person with respect to his current condition. It is an instrument with 36 items divided into 9 dimensions (physical functioning, role in physical functioning, pain, general health, energy / fatigue, social function, emotional function, emotional well-being and health change), of which it is valued with a Likert scale where: "0 = very low", "1 = low", "2 = average", "3 = high" and "4 = very high". Where their total score ranges from 0 to 100 points, where the higher the score, the better the quality of life of the participants.^(17,18)

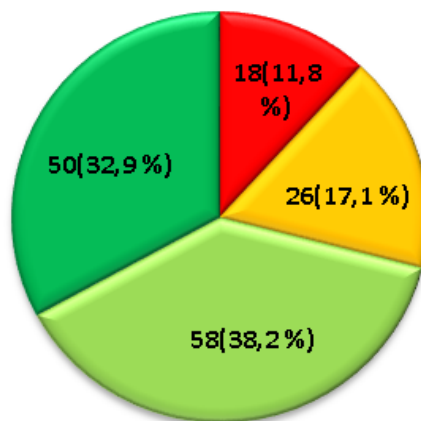
For the reliability of the instrument was performed by Cronbach's Alpha obtaining a score of 0,842 ($\alpha > 0,6$) for the 36 elements of the instrument, where we can determine that the instrument is reliable.

Place and Application of the Instrument

First, pre-avias coordination was made with each person diagnosed with an NCD, in turn was provided with

necessary information about the study so that they have adequate knowledge about the research.

RESULTS



■ Low ■ Average ■ High ■ Very High

Figure 1. Quality of life in relation to health in Teachers with chronic diseases who reside in a vulnerable area of North Lima

In figure 1, it can be seen with respect to quality of life in relation to health that 11,8 % of participants have a low quality of life in relation to health, 17,1 % average quality of life, 38,2 % high quality of life and 32,9 % a very high quality of life.

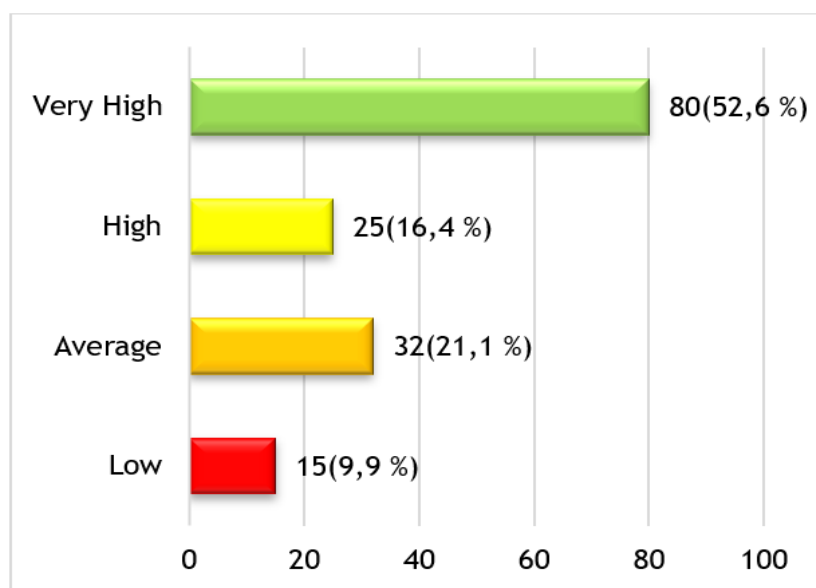


Figure 2. Quality of life in relation to health in its physical functioning dimension in Teachers with chronic diseases who reside in a vulnerable area of North Lima

In figure 2, it can be seen with respect to the physical functioning dimension that 52,6 % of the participants have a very high quality of life in relation to health, 16,4 % high quality of life, 21,1 % average quality of life and 9,9 % low quality of life.

In figure 3, it can be seen with respect to the dimension role in physical functioning that, 71,7 % of the participants have a very high quality of life in relation to health, 8,6 % high quality of life and 19,7 % very low quality of life.

In figure 4, it can be observed with respect to the pain dimension that 69,1 % of the participants have a very high quality of life in relation to health, 7,9 % high quality of life, 7,2 % average quality of life and 15,8 % very low quality of life.

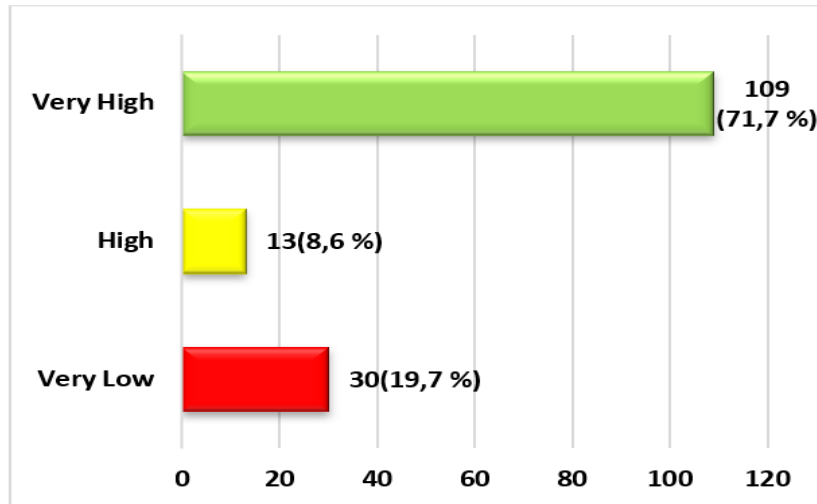


Figure 3. Quality of life in relation to health in its dimension role in physical functioning in Teachers with chronic diseases who reside in a vulnerable area of North Lima

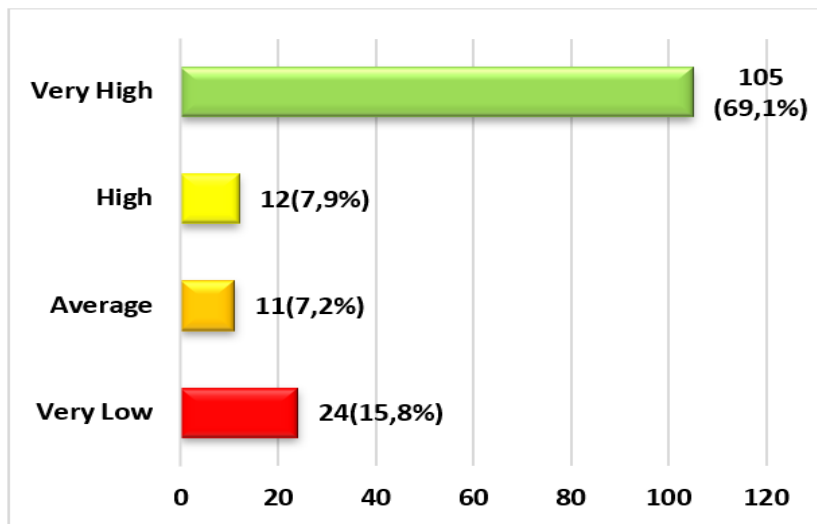


Figure 4. Quality of life in relation to health in its pain dimension in Teachers with chronic diseases who reside in a vulnerable area of North Lima

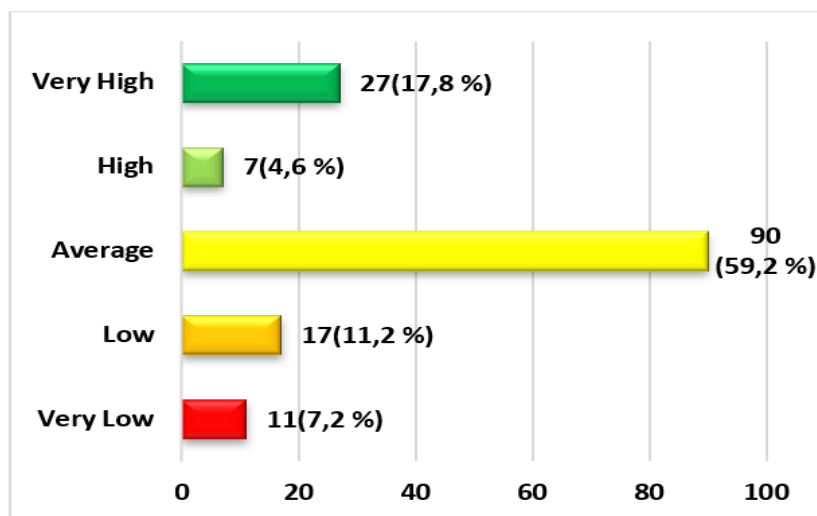


Figure 5. Quality of life in relation to health in its general health dimension in Teachers with chronic diseases residing in a vulnerable area of North Lima

In figure 5, it can be seen with respect to the general health dimension that 17,8 % of participants have a very high quality of life in relation to health, 4,6 % high quality of life, 59,2 % average quality of life, 11,2 % low quality of life and 7,2 % very low quality of life.

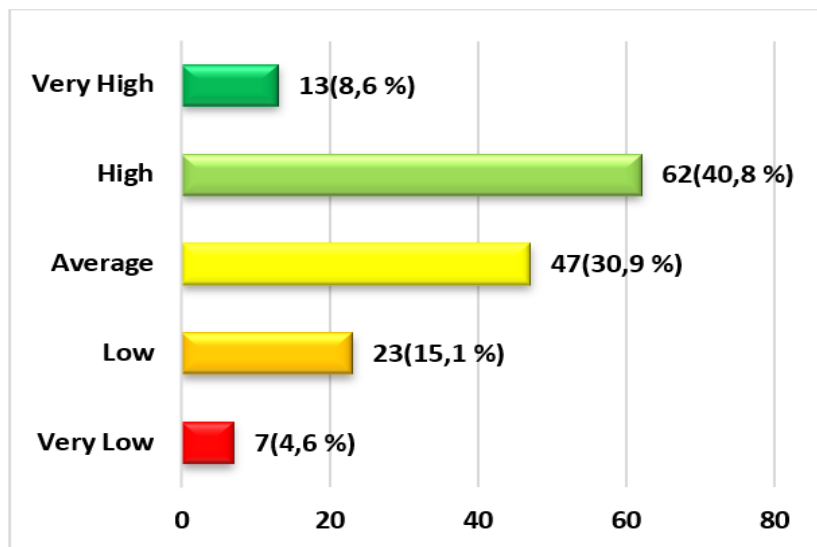


Figure 6. Quality of life in relation to health in its energy/fatigue dimension in Teachers with chronic diseases who reside in a vulnerable area of North Lima

In figure 6, it can be seen with respect to the energy/fatigue dimension that 8,6 % of the participants have a very high quality of life in relation to health, 40,8 % high quality of life, 30,9 % average quality of life, 15,1 % low quality of life and 4,6 % very low quality of life.

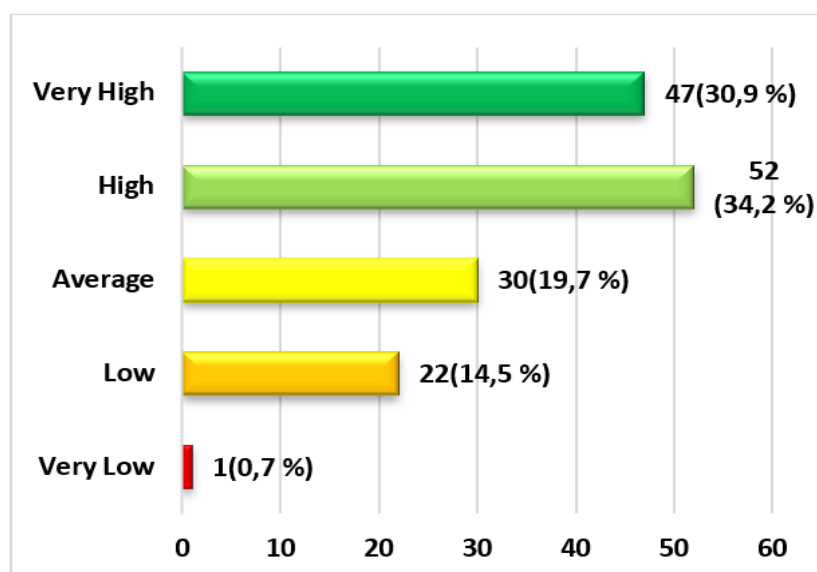


Figure 7. Quality of life in relation to health in its dimension social function in Teachers with chronic diseases who reside in a vulnerable area of North Lima

In figure 7, it can be seen with respect to the social function dimension that 30,9 % of the participants have a very high quality of life in relation to health, 34,2 % high quality of life, 19,7 % average quality of life, 14,5 % low quality of life and 0,7 % very low quality of life.

In figure 8, it can be observed with respect to the emotional function dimension that 56,6 % of the participants have a very high quality of life in relation to health, 22,4 % high quality of life, 1,3 % low quality of life and 19,7 % very low quality of life.

In figure 9, it can be observed with respect to the emotional well-being dimension, that 7,9 % of the participants have a very high quality of life in relation to health, 59,9 % high quality of life, 20,4 % average quality of life and 11,8 % low quality of life.

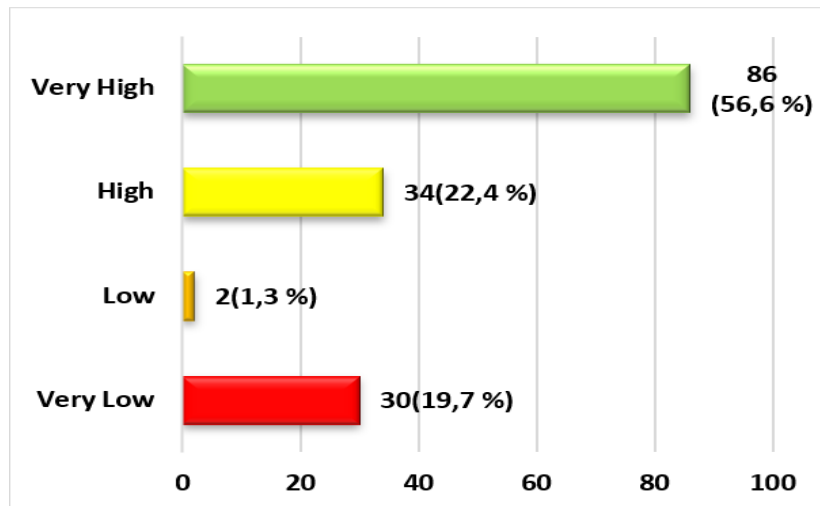


Figure 8. Quality of life in relation to health in its dimension emotional function in Teachers with chronic diseases who reside in a vulnerable area of North Lima

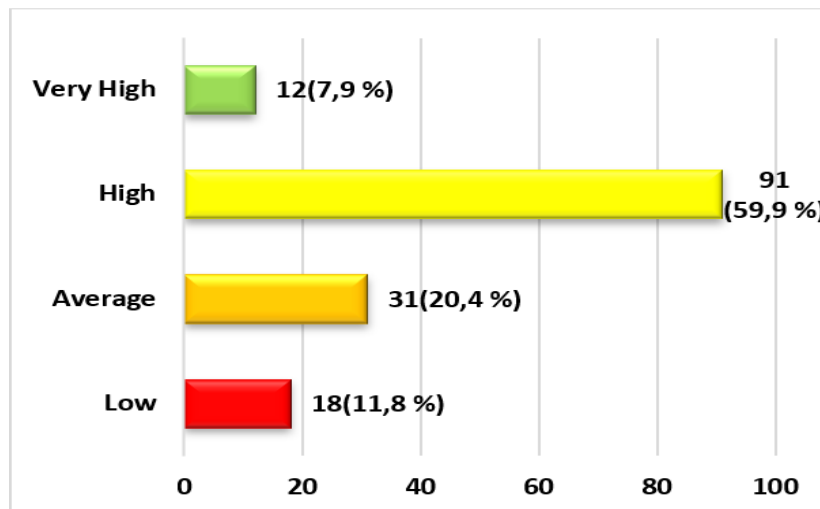


Figure 9. Quality of life in relation to health in its dimension emotional well-being in Teachers with chronic diseases who reside in a vulnerable area of North Lima

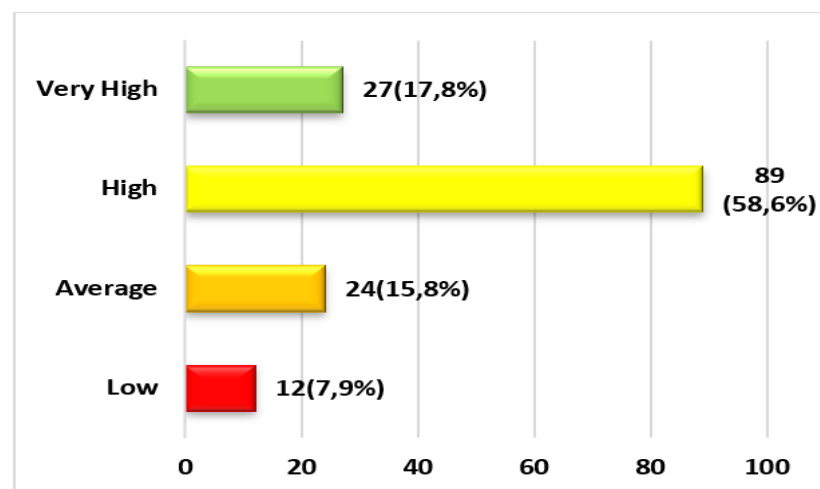


Figure 10. Quality of life in relation to health in its dimension change of health in Teachers with chronic diseases who reside in a vulnerable area of North Lima

In figure 10, it is observed with respect to the health change dimension that, 17,8 % of the participants have a very high quality of life in relation to health, 58,6 % high quality of life, 15,8 % average quality of life and 7,9 % very low quality of life.

DISCUSSION

In the present research, it is based from the perspective of public and community health in the study population, where it seeks to develop strategies to prevent the development of comorbidities resulting from their disease.

As for the results of quality of life in relation to health, it is very high, we can interpret it that, for the most part, Teachers with chronic diseases are apparently healthy, they have to take into account the care they have to have for their disease, given that the presence of complications, not having an adequate lifestyle, Not visiting the doctor and not adhering properly to the treatment, the presence of risks can considerably affect the person, since their condition of life and health will depend on how their quality of life will be compromised.

Regarding the results of the dimensions of quality of life in relation to health, we observe that the high and very high predominate, this is due to the fact that the participants perform self-care according to the counseling that health professionals are providing at the time of going to their controls, given that their quality of life is good, factors such as an adequate diet and according to their condition, the elimination of harmful habits, being committed to treatment and being aware of their disease, allows their quality of life to improve and this improves their quality and lifestyle in the long term, given that their disease will accompany them for the rest of their life, and that social and family support also play an important role in improving the quality of life of the sick person, since this allows improving their acceptance in the development of healthy habits. In addition, the person with a chronic disease, by accepting their condition, allows to improve their mental health, and gives way to perform different activities for their health well-being, factors such as reducing stress, performing physical activity, healthy eating, sleeping properly, staying hydrated and avoiding harmful habits such as alcohol and tobacco, however in a person who does not accept his illness, It generates a negative impact on it (being single, not having family and social support; and the presence of symptoms that compromise their health), drastically decreases their quality of life.

CONCLUSIONS

It is concluded that, strategies that increase the promotion and prevention of noncommunicable diseases should be taken into account.

It is concluded that counseling should be provided on noncommunicable diseases and how to prevent them.

It is concluded that programs or campaigns should be implemented based on comprehensive health care for Teachers with noncommunicable diseases to improve their quality and lifestyle.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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necessary information about the study so that they have adequate knowledge about the research.