











Category: Health Sciences and Medicine

ORIGINAL

Quality of Life in Unemployed teachers of a UGEL in North Lima

Calidad de vida en docentes desempleados de una UGEL de Lima Norte

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ABSTRACT

Most people with chronic diseases such as arterial hypertension, consider it as a disease that will not unbalance their lifestyle, although over time the quality of life will decrease if they do not perform their adequate therapeutic regimen, so the research objective is to determine the quality of life in unemployed teachers of a UGEL in North Lima. It is a quantitative, descriptive and cross-sectional study, with a total population of 127 participants in the study, who answered a virtual survey of sociodemographics aspects and the questionnaire of quality of life in arterial hypertension. In their results we observed that 8,7 % (n=11) had a high quality of life, 79,5 % (n=101) median quality of life and 11,8 % (n=15) low quality of life. Therefore, it is concluded that the promotion of the quality of life of patients with hypertension should be taken into account, because there are multiple factors that can put the person at risk if the disease has high levels.

Keywords: Quality of Life; Hypertension; Chronic Diseases; Cardiovascular Disease.

RESUMEN

La mayoría de personas con enfermedades crónicas como la hipertensión arterial, la consideran como una enfermedad que no desequilibrará su estilo de vida, aunque con el tiempo la calidad de vida disminuirá si no realizan su adecuado régimen terapéutico, por lo que el objetivo de la investigación es determinar la calidad de vida en docentes desempleados de una UGEL de Lima Norte. Es un estudio cuantitativo, descriptivo y transversal, con una población total de 127 participantes en el estudio, quienes respondieron una encuesta virtual de aspectos sociodemográficos y el cuestionario de calidad de vida en hipertensos arteriales. En sus resultados observamos que el 8,7 % (n=11) tenían una calidad de vida alta, el 79,5 % (n=101) mediana y el 11,8 % (n=15) baja. Por lo tanto, se concluye que se debe tener en cuenta la promoción de la calidad de vida de los pacientes con hipertensión, ya que existen múltiples factores que pueden poner en riesgo a la persona si la enfermedad presenta niveles elevados.

Palabras clave: Calidad de Vida; Hipertensión; Enfermedades Crónicas; Enfermedades Cardiovasculares.

INTRODUCTION

Arterial hypertension (HTN) is one of the chronic diseases with the highest rate of morbidity and mortality in the population internationally without distinguishing gender, taking into account that it is a risk factor that It involves the inevitable risk of cardiovascular disease.^(1,2)

HT has been considered as one of the diseases at the world level as one of the causes of life related to

disability, so arterial hypertension is ^(3,4) of the health problems public of which one must be aware, in such a way to carry out a subjective evaluation of the state of health of the person who suffers it. ^(5,6)

Many factors that cause the risk of suffering from hypertension such as having a family history of hypertension, being male or, being over 60 years old, high levels of stress, salt intake and excess alcohol causes the person to present this disease, and that leads as a consequence to heart problems, kidneys and even vision. ^(7,8,9)

Therefore, a good intake in food, physical activity, decreased alcohol consumption and lead a healthy life, allows the person to improve their quality and lifestyle in the long term and thus avoid being prone to develop the disease at a young age. ^(10,11)

In a study in India, with 200 patients diagnosed with hypertension and diabetes, in which they observed that 61,4 % of patients diagnosed with hypertension had a moderate quality of life and 44,4 % of patients diagnosed with hypertension had a moderate quality of life and 44,4 % of patients diagnosed with hypertension and diabetes had a regular quality of life. ⁽¹²⁾

In a study in China, with 705 elderly patients diagnosed with hypertension, they stated that in their quality of life 57 % of older adults had problems of pain and discomfort at levels high, and that 17,2 % of older adults had low levels about self-care problems. ⁽¹³⁾

In a study in Romania, with 289 patients diagnosed with hypertension with or without morbidities, they interpreted that 57,43 % of patients had a decrease in their ability to strive to perform activities due to the disease and 65,05 % of patients indicated that hypertension affects them at high levels as they have headaches and dizziness. ⁽¹⁴⁾

The research objective is to determine the quality of life in unemployed teachers with hypertension during the COVID-19 pandemic in North Lima.

METHODOLOGY

Research type and Design

In the present research, due to its properties and the way of collecting data according to the variables present, it is a quantitative approach, with a descriptive, non-experimental and cross-sectional methodological design. ⁽¹⁵⁾

Population and Sample

The population is constituted by 127 participants with HT in total who belong to the district of Puente Piedra in North Lima.

Inclusion Criteria

- Participants residing in the district of Puente Piedra
- Participants spanning ages 30 and older
- Participants who voluntarily agree to participate in the study

Technique and Instrument

The technique of data collection was through the virtual survey, through the questionnaire of quality of life in arterial hypertension (CHAL), which aims to measure the quality of life of hypertensive patients .

The questionnaire of quality of life in arterial hypertension (CHAL), is a questionnaire of 55 items grouped in its two dimensions: mood (AE) that includes 36 grouped items and somatic manifestations (SM) that It comprises 19 grouped items, of which it is done in a reference timeline within 15 days. Its score was obtained using the Likert scale with 4 response options; "0 = no, not at all", "1 = yes, something", "2 = yes, enough", "3 = yes, a lot", which will allow a global score and a score of each of the dimensions, the higher the score , its Health level will be negative. ⁽¹⁶⁾

The validity of the instrument to measure quality of life in hypertensive patients was determined according to the Kaiser-Mayer-Olkin sample adequacy measure where a coefficient of 0,817 (KMO > 0,5) was obtained, while Bartlett's sphericity test obtained significant results (X^2 approx. = 5379,804; gl = 1485; p = 0,000).

The reliability of the instrument was determined according to Cronbach's alpha statistical test, for the total of the items (i = 55) resulting in a coefficient of 0,917 (α > 0,8).

Place and Application of the Instrument

The survey is carried out in a semi-face-to-face manner, through home visits in addition to providing the virtual survey through tablet or cell phone so that the survey can be completed.

First, we first coordinated with the head of household of each household to be able to carry out the study on the family member with hypertension in order to obtain data for the study .

After conducting the surveys, the support of each family for the study was satisfactory since they collaborated with this proposal for the study.

RESULTS

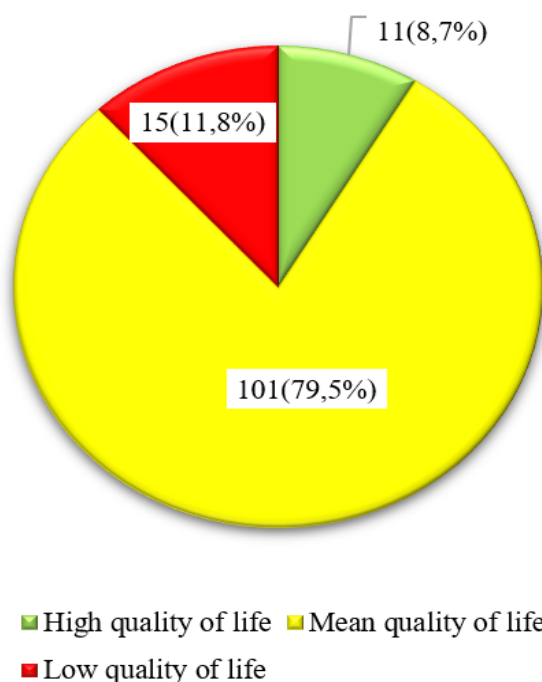


Figure 1. Quality of life in unemployed teachers with hypertension during the COVID-19 pandemic in North Lima

In figure 1, we can see that in 11 participants representing 8,7 % of the total have a high quality of life, 101 of the participants representing 79,5 % have mean quality and 15 of the participants representing 11,8 % have a low quality of life.

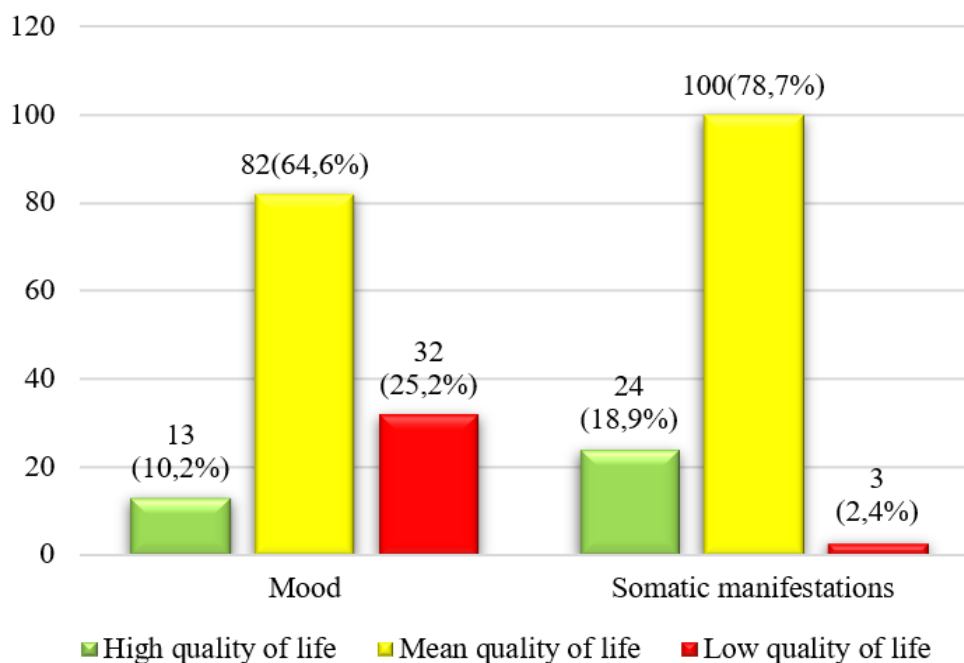


Figure 2. Quality of life in unemployed teachers with arterial hypertension in relation to its dimensions during the COVID-19 pandemic in North Lima

In figure 2, we observe the quality of life in relation to its dimensions, where in its dimension state of mind, 13 of the participants representing 10,2 % have a high quality of life, 82 participants representing 64,6 % have a median quality of life and 32 of the participants representing 25,2 % have a low quality of life; In the dimension somatic manifestations, 24 of the participants representing 18,9 % have a high quality of life, 100 of

the participants representing 78,7 % have a Median quality of life and 3 of the participants representing 2,4 % have a low quality of life.

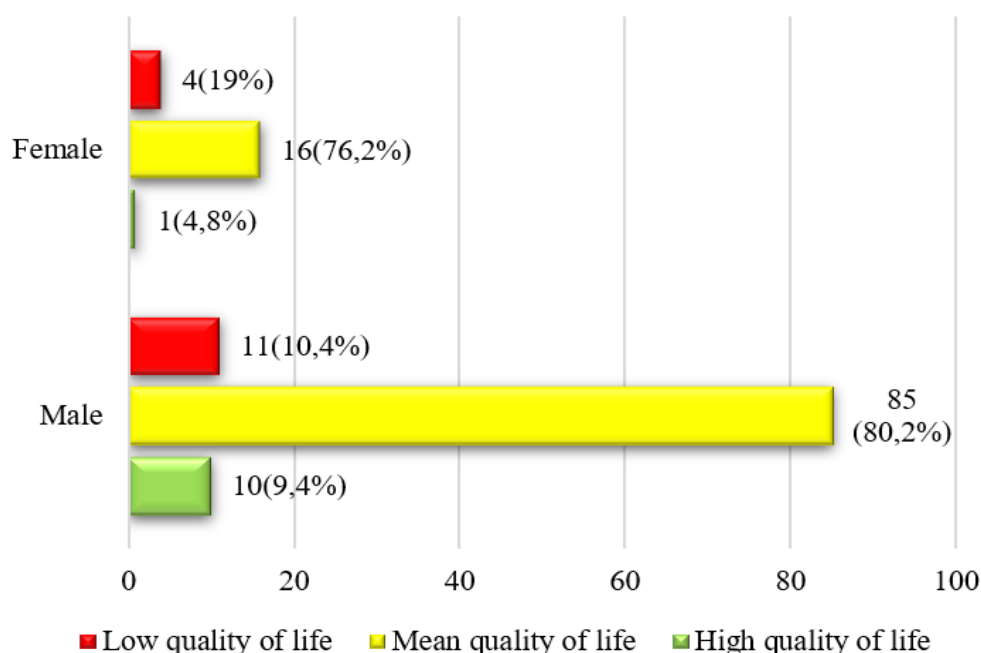


Figure 3. Quality of life in unemployed teachers with hypertension in relation to sex during the COVID-19 pandemic in North Lima

In figure 3, we can see that, in the female sex, 4 participants representing 19 % have a low quality of life, 16 participants representing 76,2 % have a median quality of life and 1 participant representing 4,8 % has high quality of life; In relation to male sex, 11 participants representing 10,4 % have a low quality of life, 85 participants representing 80,2 % have a quality of life mean and 10 participants representing 9,4 % have a high quality of life.

DISCUSSIONS

In the present research work, the study was given from a public and community health approach, in which it allows us to see how the health of people with hypertension at home during the coronavirus (COVID-19) pandemic is, as we know, it is one of the silent diseases that must be considered as a priority.

The quality of life of hypertensive patients is one of the problems that today is taken into account as a priority and even more so when the patient has other diseases that compromise your health more. ^(17,18,19,20,21,22)

In the results we can observe that the quality of life in hypertensive patients is average, this is due to the characteristics that people usually have and what they are exposing themselves to, if it is true factors such as an inadequate diet, stress, excess salt intake, sedentary lifestyle, overweight and obesity are those that most compromise health of the person and that this can generate risks at the cardiovascular level and even the death of the same. In ⁽¹³⁾ they also argue that for hypertensive patients to have a good quality of life, they must change their lifestyle and thus their well-being does not can be committed and can perform their daily tasks without any mishap.

With respect to its dimensions, we can observe that in the dimensions of mood and clinical manifestations, the quality of life is average, this is because people diagnosed with hypertension, as the years go by, the activities of control and prevention of risks of HT, are increasingly higher, since there are cardiovascular risks where the older you have the person, more risk index can present, although if you have other diseases that compromise HTN, your quality of life will be compromised, therefore it may generate consequences over time. In ⁽¹²⁾ they argue that the quality of life of patients with hypertension will be determined by their lifestyle to manage the disease and whether is that you do not have any other disease that is related, so it is important to take into account preventive controls to verify that hypertension does not alter your well-being of health and thus also make the diagnosis of follow-up if another disease occurs.

With respect to the results of quality of life in relation to sex, we can observe that in its majority of the population the male sex presents an average quality of life, this is because men are more likely to have hypertension at a young age because the habits they make do not improve their lifestyle, since factors such as

physical inactivity, sedentary lifestyle, excessive alcohol consumption, stress and history of family members with hypertension are indications that they occur more quickly in it, on the other hand, in the female sex, it does not occur in a short time because they produce a greater amount of estrogens than men, and that hormone has as its function, that of cardiovascular protection, but that in the female sex there is the risk of presenting HTN from the stage of menopause because the quantities of the estrogens they produce are decreasing because it passes to the non-reproductive stage, in which the ovaries stop releasing eggs so the amount of estrogens in women are lower.

CONCLUSIONS

It is concluded that the promotion of the quality of life of patients with hypertension should be taken into account, because there are multiple factors that can put the person at risk if the disease has high levels.

It is concluded that public health education of health personnel should be improved, since it will allow the improvement of knowledge of HT and also the promotion of adoption of healthy habits.

It is concluded that people diagnosed with hypertension should take into account their self-care to avoid high risks of the disease and in turn be able to improve their quality of life.

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CONFLICT OF INTEREST

None.

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