

ORIGINAL

Quality of life in the older adult population of a geriatric center in Metropolitan Lima

Calidad de vida en población adulta mayor de un centro geriátrico de Lima Metropolitana

Milusca Jaqueline Velarde-Tejada¹ , David Fidel Vela-Quico² , Fernando Ubaldo Enciso-Miranda² , Isaura Oberson Santander³ , Adalid Rimer Condo-Gutierrez⁴ 

¹Universidad Tecnológica del Perú. Arequipa, Perú.

²Universidad Nacional de San Agustín de Arequipa. Perú.

³Hôpitaux Universitaires de Genève. Switzerland.

⁴Associação da família OGS saúde, EMS equipo multidisciplinar de saúde. Brazil.

Cite as: Velarde-Tejada MJ, Vela-Quico DF, Enciso-Miranda FU, Oberson Santander I, Condo-Gutierrez AR. Quality of life in the older adult population of a geriatric center in Metropolitan Lima. South Health and Policy. 2023; 2:78. <https://doi.org/10.56294/shp202378>

Submitted: 07-09-2022

Revised: 22-02-2022

Accepted: 07-07-2023

Published: 08-07-2023

Editor: Dr. Telmo Raúl Aveiro-Róbalo 

ABSTRACT

Quality of life in older adults is essential for good physical and mental health, enabling them to carry out their activities and interact socially. Therefore, the objective of this research is to determine the quality of life of older adults in a geriatric center in Metropolitan Lima. This is a quantitative, descriptive, cross-sectional study with a total population of 153 older adults who responded to a questionnaire on sociodemographic data and the WHOQOL-OLD quality of life questionnaire. The results show that 11,8 % (n=18) have a poor quality of life, 77,1 % (n=118) have a moderately good quality of life, and 11,8 % (n=18) have a good quality of life. In conclusion, strategies or campaigns should be implemented to provide comprehensive preventive and promotional health care for older adults.

Keywords: Quality of Life; Elderly; Mental Health.

RESUMEN

La calidad de vida en el adulto mayor es fundamental en la cual permita una buena salud física y mental, con el propósito de que pueda desarrollar sus actividades y que pueda relacionarse socialmente, por ello el objetivo de la investigación es, determinar la calidad de vida en población adulta mayor de un centro geriátrico de Lima Metropolitana. Es un estudio cuantitativo, descriptivo-transversal, con una población total de 153 adultos mayores, que respondieron un cuestionario sobre datos sociodemográficos y el cuestionario de calidad de vida WHOQOL-OLD. En sus resultados, el 11,8 % (n=18) tienen una calidad de vida mala, 77,1 % (n=118) calidad de vida medianamente buena y 11,8 % (n=18) calidad de vida buena. En conclusión, se debe implementar estrategias o campañas que permitan una atención integral en el adulto mayor de manera preventiva y promocional para su salud.

Palabras clave: Calidad de Vida; Personas Mayores; Salud Mental.

INTRODUCTION

Population aging is a global problem that brings many challenges and opportunities for modern societies. ^(1,2) The search for healthy aging and older-friendly communities is an important public health priority that depends largely on supportive environments that meet the social and health needs of older adults. ^(3,4)

Population aging is a global phenomenon caused by increased survival and life expectancy. According to the

World Health Organization (WHO), between 2020 and 2030, the number of elderly people on the planet will increase by 34 %. By 2050, around 65 % of older people will be concentrated mainly in low- and middle-income regions. Aging requires countries to reflect and take measures to respond to the social and health needs of this population group.⁽⁵⁾

The WHO has declared the decade from 2021 to 2030 the “Decade of Healthy Aging” and urges countries and all public and private institutions to take concerted action to improve the living conditions and well-being of older people. There are already more than one billion elderly people on the planet, most of whom live in developing countries, where they face many limitations in accessing basic resources and achieving adequate well-being.⁽⁶⁾

CV is an individual’s perception of 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 decline in an individual’s functional capacity resulting from structural changes with advancing age.⁽⁸⁾

Likewise, aging is an inevitable process, commonly measured by chronological age, and, as a convention, a person aged 65 or older is usually 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 are understood to be those aged 65 and over, a term applied precisely because of the degree of susceptibility of the person due to advanced age and the anatomical and physiological deterioration of their health condition.^(10,11) That is why the quality of life of older adults must be prioritized, given that their susceptibility to becoming vulnerable to different risk situations at that age compromises their quality of life.^(12,13)

In a study conducted in India with 977 elderly participants, the results showed that the quality of life of older people tends to be lower in relation to gender, education, and financial dependence. The study concluded that physical, psychological, and social status play an important role in the quality of life of older adults.⁽¹⁴⁾

In a study conducted in Mexico with 450 older adults, the results showed that older adults have a good quality of life in relation to their sensory abilities and social interaction. The study concluded that the quality of life of older adults was good, given that they were in good emotional and physical health.⁽¹⁵⁾

In a study conducted in France with 184 older adults, the results showed that 69,1 % of participants had a very good quality of life, and 59,1 % were satisfied with their sexual functioning. Concluding that the quality of life of older adults is very good, given that they are satisfied with their social relationships and lifestyle, and that this allows for a balance in their quality of life.⁽¹⁶⁾

Therefore, the objective of the research is to determine the quality of life of the elderly population in a geriatric center in Metropolitan Lima.

METHOD

Research type and design

The study is quantitative in nature and uses a descriptive, cross-sectional, non-experimental methodology.⁽¹⁷⁾

Population

The total population consists of 153 older adults from a geriatric center in Metropolitan Lima.

Inclusion Criteria

- Older adults aged 60 years and older with partial dependence.
- Older adults who are lucid and oriented in time, space, and person.
- Older adults who voluntarily agree to participate in the study.

Technique and Instrument

Data collection was carried out through a survey, which was divided into sociodemographic aspects and a quality of life questionnaire (WHOQOL-OLD).

The WHOQOL-OLD is a tool designed by the WHO to assess quality of life in older adults. It consists of 24 items divided into six dimensions (functional capacity, autonomy, past, present, and future activities, social participation, death, and privacy) which are rated on a Likert scale at , where the options range from “1=none,” “2=a little,” “3=moderate,” “4=a lot,” and “5=extremely.” The final score ranges from 24 to 120 points, with a higher score indicating a higher quality of life for older adults.^(18,19)

The Kaiser-Meyer-Olkin test was used to validate the instrument, resulting in a value of 0,804 (KMO > 0,5), and the Bartlett test resulted in 0,000 ($p < 0,001$).

Finally, the reliability of the instrument was determined using Cronbach’s alpha, which gave a result of 0,885 ($\alpha < 0,6$).

Place and Application of the Instrument

For the application of the instrument, prior arrangements were made for data collection activities at the geriatric center, and the necessary information about the research was provided to both health professionals and older adults.

RESULTS

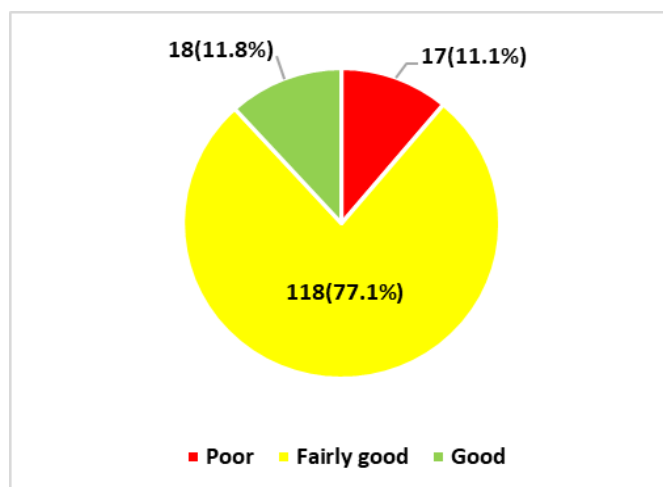


Figure 1. Quality of life in the elderly population of a geriatric center in Metropolitan Lima

In figure 1, we can see that in terms of quality of life, 11,1 % of participants had a poor quality of life, 77,1 % had a moderately good quality of life, and 11,8 % had a good quality of life.

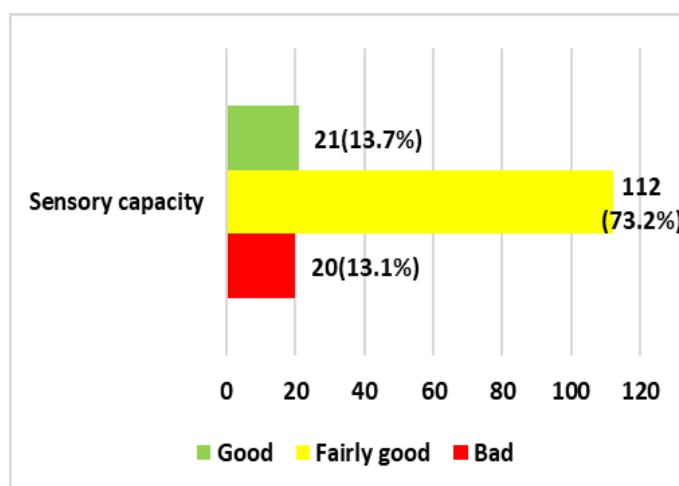


Figure 2. Quality of life in terms of sensory capacity in the elderly population of a geriatric center in Metropolitan Lima

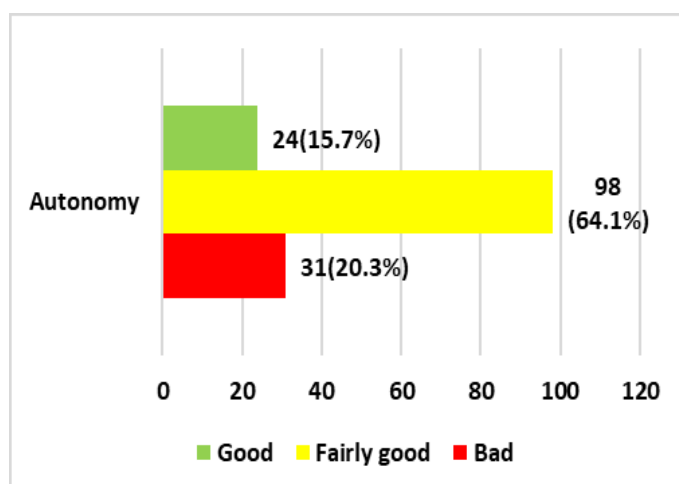


Figure 3. Quality of life in terms of autonomy among older adults in a geriatric center in Metropolitan Lima

In figure 2, with regard to sensory capacity, 13,7 % of participants had a good quality of life, 73,2 % had a moderately good quality of life, and 13,1 % had a poor quality of life.

Figure 3 shows that, with regard to the autonomy dimension, 15,7 % of participants have a good quality of life, 64,1 % have a moderately good quality of life, and 20,3 % have a poor quality of life.

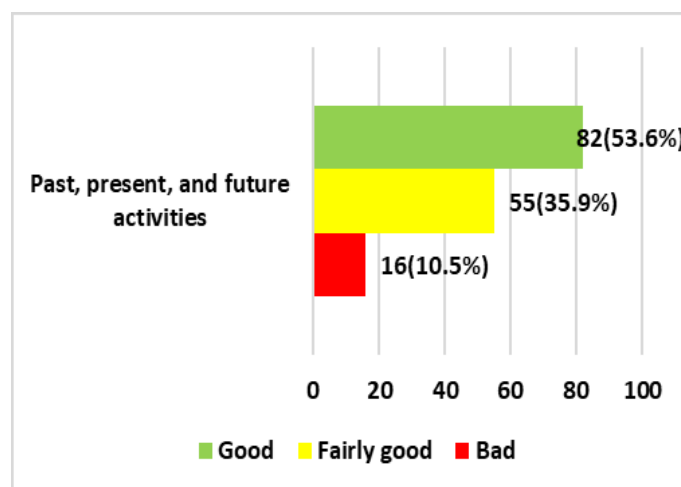


Figure 4. Quality of life in terms of past, present, and future activities among older adults in a geriatric center in Metropolitan Lima

Figure 4 shows that, with regard to the dimension of past, present, and future activities, 53,6 % of participants have a poor quality of life, 35,9 % have a moderately good quality of life, and 10,5 % have a poor quality of life.

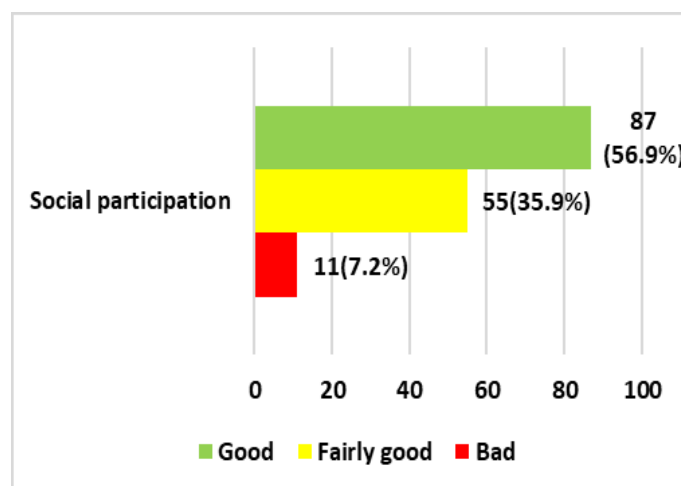


Figure 5. Quality of life in terms of social participation among the elderly population of a geriatric center in Metropolitan Lima

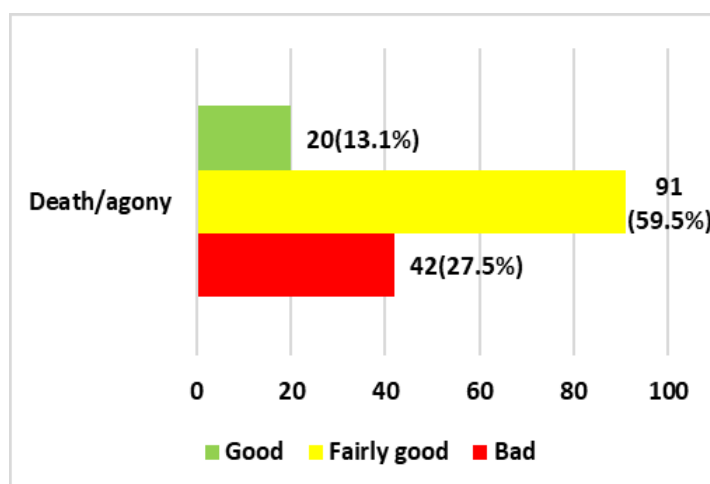


Figure 6. Quality of life in terms of death/agony among the elderly population in a geriatric center in Metropolitan Lima

In figure 5, with regard to the social participation dimension, 56,9 % of participants have a good quality of life, 35,9 % have a moderately good quality of life, and 7,2 % have a poor quality of life.

In figure 6, with regard to the death/agony dimension, 13,1 % of participants have a good quality of life, 59,5 % have a moderately good quality of life, and 27,5 % have a poor quality of life.

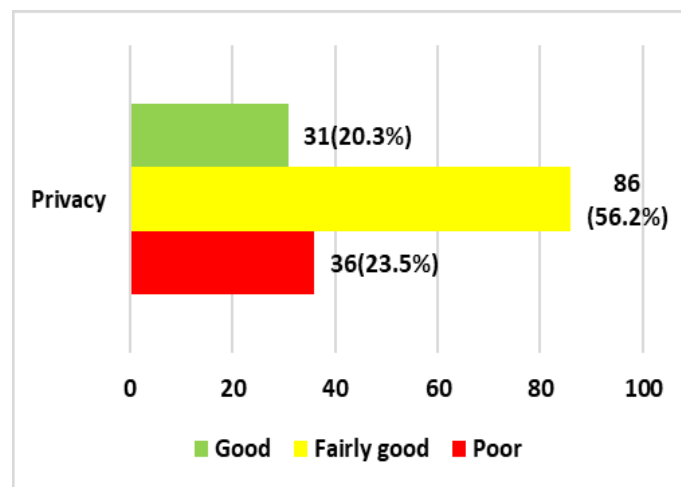


Figure 7. Quality of life in terms of intimacy among the elderly population of a geriatric center in Metropolitan Lima

In figure 7, with regard to the intimacy dimension, 20,3 % of participants have a good quality of life, 56,2 % have a moderately good quality of life, and 23,5 % have a poor quality of life

DISCUSSION

Quality of life in older adults increasingly poses challenges in which health systems and social security must be increasingly connected with the elderly, as this is essential to observe the health status of older adults and to be able to implement health strategies that benefit their overall health.

In terms of quality of life, it was observed that most older adults have a moderately good quality of life. This is because, as people age, their health deteriorates over time, making their situation increasingly difficult. Therefore, assessing their quality of life is essential, as it will give us an overview of their health condition so that measures can be taken to maintain or improve their health in a comprehensive manner. However, the decline in quality of life in older adults is also due to inadequate family support and social interaction.

In terms of its dimensions, we observe that older adults have a moderately good quality of life. This is because, as older adults, the presence of diseases or complications that compromise their mental health can limit their daily activities and reduce their quality of life. However, suffering from a disease, depending on a family member, not having a high social status, and not having an education seriously affects a person's quality of life. Therefore, these aspects play a fundamental role in the lives of older adults. However, quality of life tends to deteriorate if older adults do not have family support, have physical limitations, and lack social opportunities, all of which are barriers that prevent them from improving their quality of life.

It is therefore important for health professionals to take into account the importance of a good quality of life at this stage, given that various factors can compromise quality of life. Comprehensive support strategies, health checks, psycho-emotional guidance, and recreational activities for older adults allow for interaction and, therefore, their quality of life can increase or remain stable.

CONCLUSIONS

It is concluded that strategies or campaigns should be implemented to provide comprehensive preventive and promotional health care for older adults.

It is concluded that older adults should be monitored to observe any conditions that may diminish their quality of life.

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

BIBLIOGRAPHIC REFERENCES

1. P. Attafuah, I. Everink, A. Abuosi, C. Lohrmann, and J. Schols, "Quality of life of older adults and associated factors in Ghanaian urban slums: a cross-sectional study," *BMJ Open*, vol. 12, no. 2, pp. 1-8, 2022, doi: 10.1136/bmjopen-2021-057264.

2. E. Groessl et al., "Physical Activity and Performance Impact Long-term Quality of Life in Older Adults at Risk for Major Mobility Disability," *Am. J. Prev. Med.*, vol. 56, no. 1, pp. 141-146, 2019, doi: 10.1016/j.amepre.2018.09.006.
3. C. Lee, X. Zhu, A. Lane, and E. Portegijs, "Editorial: Healthy Aging and the Community Environment," *Front. Public Heal.*, vol. 9, no. 10, pp. 1-3, 2021, doi: 10.3389/fpubh.2021.737955.
4. H. García and J. Lara, "Calidad de Vida y Autoestima en Adultos Mayores de una Asociación de Jubilados Ecuatoriana," *SciELO Prepr.*, vol. 23, no. 1, pp. 95-108, 2022, <https://preprints.scielo.org/index.php/scielo/preprint/view/3669/6794>.
5. Organización Mundial de la Salud, "Ageing and health," OMS, 2022. <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>.
6. Organización Mundial de la Salud, "Década del Envejecimiento Saludable 2020-2030," OMS, 2020. <https://www.who.int/es/initiatives/decade-of-healthy-ageing>.
7. V. Shah, D. Christian, A. Prajapati, M. Patel, and K. Sonaliya, "Quality of life among elderly population residing in urban field practice area of a tertiary care institute of Ahmedabad city, Gujarat," *J. Fam. Med. Prim. Care*, vol. 6, no. 1, pp. 101-105, 2017, doi: 10.4103/2249-4863.214965.
8. K. Van Leeuwen, M. Van Loon, F. Van Nes, J. Bosmans, H. De Vet, and J. Ket, "What does quality of life mean to older adults? A thematic synthesis," *PLoS One*, vol. 14, no. 3, pp. 1-39, 2020, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6407786/pdf/pone.0213263.pdf>.
9. Organización Panamericana de la Salud, "Healthy Aging," OPS, 2019. <https://www.paho.org/en/healthy-aging>.
10. M. Carta et al., "Improving Quality of Life in Older Adults Living at Home by a Moderate Exercise Training," *Open Psychol. J.*, vol. 15, no. 1, pp. 1-7, 2022, doi: 10.2174/18743501-v15-e2206060.
11. M. Kyung and J. Oh, "Health-Related Quality of Life in Older Adults: Its Association with Health Literacy, Self-Efficacy, Social Support, and Health-Promoting Behavior," *Healthcare*, vol. 8, no. 1, p. 407, 2020, <https://www.mdpi.com/2227-9032/8/4/407>.
12. N. Kopylova, T. Greyling, and S. Rossouw, "Multidimensional Quality of Life of Older Adults in South Africa," *Appl. Res. Qual. Life*, vol. 17, no. 6, pp. 3427-3450, 2022, doi: 10.1007/s11482-022-10072-w.
13. G. Semra, A. Fatma, and K. Gökhan, "Dependence Level and Quality of Life of Older Adults Living in Nursing Home," *J. Geriatr. Med. Gerontol.*, vol. 5, no. 4, pp. 1-7, 2019, doi: 10.23937/2469-5858/1510081.
14. L. Krishnappa, S. Gadicherla, P. Chidambaram, and N. Murthy, "Universal health coverage - There is more to it than meets the eye," *J. Fam. Med. Prim. Care*, vol. 10, no. 1, pp. 272-277, 2021, doi: 10.4103/jfmpc.jfmpc.
15. P. Ochoa, R. Pérez, D. Coello, and N. Castro, "Quality of life in older adults: Evidence from Mexico and Ecuador," *Geriatrics*, vol. 6, no. 1, pp. 1-13, 2021, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8482232/pdf/geriatrics-06-00092.pdf>.
16. I. Jalenques, F. Rondepierre, C. Rachez, S. Lauron, and C. Guiguet, "Health-related quality of life among community-dwelling people aged 80 years and over: A cross-sectional study in France," *Health Qual. Life Outcomes*, vol. 18, no. 1, p. 126, 2020, doi: 10.1186/s12955-020-01376-2.
17. C. Fernández and P. Baptista, "Metodología de la Investigación." p. 634, 2015, <http://observatorio.epacartagena.gov.co/wp-content/uploads/2017/08/metodologia-de-la-investigacion-sexta-edicion.compressed.pdf>.
18. Organización Mundial de la Salud, "The World Health Organization Quality of Life (WHOQOL): Measuring Quality of Life," OMS, 2012. <https://www.who.int/tools/whoqol>.

19. R. Gobbens and M. van Assen, "Psychometric properties of the Dutch WHOQOL-OLD," *Health Qual. Life Outcomes*, vol. 14, no. 1, pp. 1-9, 2016, doi: 10.1186/s12955-016-0508-5.

FINANCING

None.

CONFLICT OF INTEREST

Authors declare that there is no conflict of interest.

AUTHORSHIP CONTRIBUTION

Conceptualization: Milusca Jaqueline Velarde-Tejada, David Fidel Vela-Quico, Fernando Ubaldo Enciso-Miranda, Isaura Oberson Santander, Adalid Rimer Condo-Gutierrez.

Data curation: Milusca Jaqueline Velarde-Tejada, David Fidel Vela-Quico, Fernando Ubaldo Enciso-Miranda, Isaura Oberson Santander, Adalid Rimer Condo-Gutierrez.

Formal analysis: Milusca Jaqueline Velarde-Tejada, David Fidel Vela-Quico, Fernando Ubaldo Enciso-Miranda, Isaura Oberson Santander, Adalid Rimer Condo-Gutierrez.

Drafting - original draft: Milusca Jaqueline Velarde-Tejada, David Fidel Vela-Quico, Fernando Ubaldo Enciso-Miranda, Isaura Oberson Santander, Adalid Rimer Condo-Gutierrez.

Writing - proofreading and editing: Milusca Jaqueline Velarde-Tejada, David Fidel Vela-Quico, Fernando Ubaldo Enciso-Miranda, Isaura Oberson Santander, Adalid Rimer Condo-Gutierrez.