



Older adults: a review of the association between self-care and quality of life

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ABSTRACT

The demographic landscape of Latin America and the Caribbean is changing. The globalization of social transformations that drags population aging is already a fact. This process is occurring in Latin America with greater acceleration, due more to specific improvements in general living conditions than to socioeconomic development; population aging, although still incipient when compared with that of developed countries, is a reality that makes it necessary to meet the needs of an increasingly large older adult population (CELADE, 2003). Currently, the importance of self-care in older adults has been demonstrated in aspects related to the reduction of risk factors, and the promotion of self-care behavior to achieve a better quality of life and a healthy old age. **Objective:** To investigate the existing associations between self-care and quality of life in older adults. **Methodology:** An electronic literature

review was conducted, focusing on articles related to self-care and quality of life in the older adult population for a period of 10 years (2010-2020). In addition, background information on research conducted in Latin American countries was compiled. **Results:** We classified the works carried out by different authors who have studied self-care and quality of life, from a descriptive, correlational, or analytical level, applying different statistical tests, where they relate self-care with sociodemographic characteristics, others linking quality of life, in elderly people, either in nursing homes, in communities and others who attend different care centers. **Conclusion:** Different bibliographies consulted agree, that from the multidimensionality (quality of life, self-care among others) in which the care of the elderly can be approached; expanding the field of action from their particular characteristics, to create and promote effective intervention programs, according to their needs.

INTRODUCTION

One of the current social phenomena to be considered is population aging, evidenced in recent studies as a vertiginous process due to an increase in life expectancy and therefore in the rate of population aging, which translates into a major challenge for society. One of the most significant demographic changes of the last decades is the increase in the proportion of older adults concerning the general population, who present a decline in physical, cognitive, and psychological capacities; in response to the need for attention and care, asylums or homes have emerged to meet the needs of the elderly population; law of the elderly. September 7, 2010 (Nicaragua). Therefore, the elderly has become one of the main focuses of attention. Between 2000 and 2050, the proportion of the planet's inhabitants over 60 years of age will double from 11% to 22%, (PAHO, 2015). Changes in fertility, mortality, and migration rates in Nicaragua, have caused changes in the structure of a very young population, at the beginning of an aging process, a product of the changes in the last 30 years.

According to the Nicaraguan Institute of Development (INIDE, 2017), there are 492,207 adult persons (over 60 years of age), which represents 8% of the total population, and an increase is expected in the coming years since life expectancy at birth is 75.7. Therefore, the aging of the population is one of the most important demographic phenomena, as it leads to profound changes in the social, economic, and cultural structures of the country.

In 2017, Nicaragua held a meeting, with the United Nations Population Fund (UNFPA) through its advisor Mr. Pablo Salazar, with national experts, academics, and United Nations agencies, the "socio-demographic analysis for development strategies" was presented, during the session and he explained as a huge opportunity that "the evolution of the population aged 15 to 64 years in Nicaragua would reach its peak around 2048; until that date, we would have many young people entering the labor market". He also adds that "what we decide today will

affect what will happen in the future...if we take action today we can take advantage and change the profile of how we are going to use this population, what is a challenge now, will be a great opportunity". (United Nations Population Fund (UNFPA) Nicaragua, 2017).

Likewise, the country will face other challenges, such as the increase in the older adult population, which will be accompanied by a life expectancy that will reach 90 years for Nicaragua by 2090. Some of the data provided by the population pyramid in the country reveals that fewer and fewer children are born and that around 2050 the structure will change, the children will be fewer and there will be a much more working-age population, then it will change until there will be more population in advanced ages.

Older adults suffer changes in their mental, social, and physical capacities, which may alter their quality of life and their perception of it. The WHO defines the quality of life as being linked to the individual's perception of his or her position in life, in the cultural context and value system in which he or she lives about his or her objectives, expectations, and concerns (2002). This definition is linked to the activities that the older adult has performed during the course of his life, which may determine his degree of dependence, so that in this sense in nursing self-care "is the practice of activities that young and older individuals initiate and perform for their benefit for the maintenance of life, health, and well-being" (Orem D. E., 1993).

Given then that, self-care and the quality of life of a person are determined by the conditions in which he/she lives, and it is very important to inquire into these social groups that converge within the nursing homes of the country.

MATERIAL AND METHODS

The bibliographic review was carried out through an electronic search of all articles on self-care and quality of life in older adults, using the WHOQOL-BREF and the CYPAC-AM test in the databases LILACS, SCIELO, BVS, COCRHANE, Pub-Med, HINARI; the search descriptors used were an older adult, self-care, quality of life, WOQHOL-BREF, Cypac-am test, and nursing homes. In the selection of the articles, a period of at least 10 years of publication during the period 2010-2020 was considered, the results were examined and the antecedents were incorporated into a database to find similarities and divergences for the organization of the present article.

RESULTS AND DISCUSSION

The growing importance of the relationship between self-care and quality of life is not a new field of study. It is relevant to note the contribution made by the social sciences, social gerontology, in trying to clarify the concepts of self-care and quality of life, their applications in

different fields, such as health, specifically in the field of health policies, and health education, among others.

According to the World Assembly on Aging in 2002, held in Madrid (PAHO/WHO), today, 1 in 10 people are 60 years of age or older (United Nations 2002). The aging of the world's population is an issue of concern to all generations in both developing and developed countries. This transformation in the composition of the population will have profound consequences on all aspects of life, for individuals and societies.

According to reviews, the concept of self-care dates back to 1969 and was introduced by Dorothea Orem, who defines the model as a general nursing theory composed of three interrelated theories: self-care theory where she explains that self-care is an activity learned by individuals, oriented towards a goal, self-care systems theory; describing what can cause that deficit where individuals subject to limitations, because of their health or relationships with it, cannot assume self-care or dependent care; Finally, the theory of nursing systems explains how nurses can help the individual to carry out and maintain self-care actions to maintain health and life, recover from illness and/or cope with the consequences of the illness”.

In 1982, the WHO defined self-care as unorganized health activities and health decisions made by individuals, family, friends, colleagues, co-workers, etc.; it includes self-medication, self-treatment, social support in illness, first aid in a “natural environment”, i.e. in the normal context of people's daily lives, including self-care practices, the main tool for a better quality of life. Self-care is the fundamental health resource of the health care system. (WHO 2008).

Already in the 20th century, the nuances of the aging of individuals and populations, project some economic, social, and humanitarian challenges, which are documented in demographic studies, producing a progressive and exponential trend to the increase in the quantity of this population. As a result of this aging evolution, in developed countries, society is beginning to consider health and social problems, which not long ago were scarcely considered. The socioeconomic and psychological factors of these people also become more important in old age, increasing the demand for health services.

Self-care is a concept of vital importance since it involves the elderly person as a competent actor capable of making decisions, controlling his or her own life, and ensuring the possibility of enjoying a good state of health. In this sense, self-care allows for achieving a better quality of life, through the strengthening of potential, autonomy, and self-responsibility, essential in achieving a full and healthy aging (Araya A., 2012).

SELF-CARE AND QUALITY OF LIFE IN OLDER ADULTS

In the research conducted by Peña, Elvia & Mendoza, Bernal, et al. in Mexico (2019), on quality of life in older adults in Guerrero, with a probability sample of 75 adults over 65 years of age, residents of nursing homes, daycare centers, and rural locality. The research was quantitative, cross-sectional, and analytical; it revealed that 80% of the older adults surveyed expressed a poor quality of life, presenting high percentages of physical, emotional, and social problems, which give rise to a poor outlook on their health and life. Guerrero is one of the poorest states in the country, with a clear lack of public policies and programs that seek to provide a full old age, for the satisfaction and tranquility of the needs of the elderly; it should be noted that the quality of life is a priority in public policies, national and international organizations.

A literature review was conducted, *Casa hogar-asilo y su influencia en la calidad de vida del adulto mayor* (Nursing home and its influence on the quality of life of the older adult) by Tizoc-Márquez, Arodi1; Esquivel-Rubio, Abraham Isaac; Cruz-Palomares, Manuel; et al. in 2018 in Mexico City, to identify the influence of the stay in a home or nursing home, focused on the quality of life of the older adult. They used the methodology guided by recommendations of the PRISMA protocol, through a search in different recognized electronic databases, 959 primary articles were identified by region, the STROBE Checklist was used, and 18 articles were obtained; It can be considered that nursing homes or asylums arise to respond to the problems and needs of the elderly, despite this, this population presents various complications in their living conditions, in addition to developing diseases and having little follow-up by family members; the elderly qualify their stay as bad in general. In conclusion: there is a deterioration in the quality of life of institutionalized older adults, in physical, cognitive, and psycho-emotional functions, in addition to emphasizing the presence of chronic degenerative diseases that represent a risk to the health of older adults and their life expectancy. It is considered necessary to promote public policies that encourage healthy aging.

In the research of Huayata, Chávez et all in Peru (2016), in a study on health and quality of life in older adults in a rural and urban area; they evaluated the association between the area of residence and sociodemographic variables using the Chi-square test, they also used the Wilcoxon rank sum test, in addition to evaluating the magnitude of effects where they measured and compared the scores by dimensions obtained in the WHOQOL-BREF and WHOQOL-OLD instruments. A total of 447 older adults with an average age of 69 years were surveyed. The older adult population of the rural area had a higher quality of life in the dimensions "Physical", "Psychological" and "Environment" of the WHOQOL-BREF and in "Sensory abilities", "Autonomy", "Past, present and future activities", "Social participation" of the WHOQOL-OLD; while those of the urban area only showed a higher quality of life in the dimension "Intimacy".

In conclusion, the area of residence exerts an effect on the score of the different dimensions of health-related quality of life of the older adult population.

Also, Mezdari, T, Grillo, L, Lacerda, L, & Caleffi F, M. Felipe in Brazil (2016), conducted a study whose objective was to evaluate the quality of life and level of physical activity, in elderly people belonging to a family health strategy team in Itajai SC. The evaluation was carried out through generic instruments elaborated by researchers of the World Health Organization called WHOQOL-BREF and WHOQOL-OLD and for the level of physical activity, an international physical activity questionnaire (IPAQ) was used. The highest scores in the rating of the quality of life in this population were environment and death and dying; in terms of the level of physical activity, active older persons predominated (70%). When comparing the relationship between quality of life and physical practice, the only association found was between physical domain and level of activity.

Can Valle Ana R, Sarabia Alcocer, B, et al. from the University of Campeche, Mexico (2015), sought to identify whether there is a relationship between self-care and older adults attending the Rehabilitation and Special Education Center, in the City of San Francisco de Campeche. In conclusion, concerning sex and perception of self-care, the total population of men surveyed presented an adequate level of self-care, 11.11% lower than the stipulated 50%, compared to the total number of women, who presented 0%, which means that men present greater self-care than women.

Likewise, Loredó-Figueroa M.T, Gallegos Torres R.M., et al. Querétaro, Mexico (2016), a study conducted about the level of dependence, self-care, and quality of life, whose objective was to establish the relationship between the quality of life of the older adult and their level of dependence on self-care. In the overall rating of self-care activities, 22.4% had good capacity, and 76.6%, had very good capacity. In the perception of quality of life in the physical dimension, 24% of those interviewed considered their health to be good and 56% fair. In the correlation tests, a minimal relationship was found between the variables of self-care and dependence, as well as a low relationship between self-care and level of schooling; a positive correlation between dependence and quality of life, as well as quality of life and age, although the value of all the correlations was low.

In Spain, (2014), Alvear conducted the study entitled “Perception of the self-care capacity of the older adult of the Active Promotion Center of the IESS -Cuenca - 2014” intending to establish the perception of the self-care capacity of the older adult; the sample consisted of 120 older adults. The results found were that in 30% of the older adults studied the perception of self-care was deficient, the areas with better performance (adequate self-care) among older adults were found addiction control (80%), physical activity (65.8%) and medication control (64.2%);

while the low results were, control of rest, sleep and elimination control in which more than 40% of the sample presented an inadequate self-care perception. The conclusions reached were that there is a potential self-care deficit in the older adults studied, finding a clear correlation between sex, level of education, and perception of self-care.

In Peru (2014), Jessica Vilma Huallpa Cartagena conducted a study on “Determining the relationship that exists between the level of knowledge and practice on self-care of the older adult of the San Francisco club of the district of Gregorio Albarracín Lanchipa, Tacna. The study was descriptive, correlational, and cross-sectional, taking 60 older adults as study units; for data collection, the survey technique was used and the CYPAC knowledge and perception test was used as an instrument. For the relationship, the Chi-square statistical test with 95% reliability and significance $p < 0.05$ was used. As for the result, it is obtained that: the medium level of knowledge, 35.0% present partially adequate self-care practices, while of the total of respondents with a low level of knowledge, 6.7% present partially adequate practices, finally of the total of respondents with a high level of knowledge, 3.3% present adequate practices, likewise. There is no significant relationship between the level of knowledge and practice of self-care of the elderly in the San Francisco Club of the Gregorio Albarracín Lanchipa District.

Cardona-Arias, Álvarez-Mendieta, Pastrana-Restrepo (2012), in their study “Health-related quality of life in older adults in geriatric homes in Medellín-Colombia”, was conducted to compare the HRQOL profile of older adults in public and private geriatric homes, having a cross-sectional, correlational study, in 220 older adults selected by probabilistic sampling. The WHOQOL-BREF and the clinical record of each individual were used. The reliability of the scale was evaluated by Cronbach’s alpha, internal consistency, and discriminant validity by Pearson correlations, HRQOL analyses were based on summary and frequency measures, parametric and nonparametric tests, and linear regression. Results: HT was found in 50%, diabetes mellitus in 23.6%, dyslipidemia in 22.3%, and osteoporosis in 15%. The WHOQOL-BREF showed excellent reliability, internal consistency, and discriminant validity; the best score was for psychological health, and the worst was for social relations. No differences were found in HRQOL according to the type of geriatric home and its main factors were satisfaction with family and home support and participation in social groups. Conclusion: Some determinants of HRQOL were identified that show its multidimensionality; relevant information for further research and the implementation of public health policies and clinical actions. Older adults in Medellín present conditions of economic, social, environmental, and general health vulnerability; in geriatric homes, there is a greater deterioration of health-related quality of life (HRQOL). Conclusion: Some determinants of HRQOL were identified that show its multidimensionality; relevant information for further research and the implementation of public health policies and clinical actions.

In Cuba, (2010), Millán conducted a study entitled “Evaluation of the Self-care Capacity and the Perception of the State of the Health of older adults in the Community”, the sample consisted of 195 older adults; the results he found were that 62% of the respondents showed an inadequate level of care and a negative perception of their state of health; the problems in self-care were related to the lack of regular health check-ups (61%), the lack of regular physical activity (75%), self-medication (33%) and inadequate nutrition (42%). Of the 121 patients whose level of self-care was inadequate, 75.2% were independent and 63.6% perceived their health status as apparently healthy. It was concluded that most of the older adults studied expressed that they were independent to carry out activities of daily living, but did not adequately develop their self-care capacities; and that the older adults who perceived some risk to their health took more care of themselves than those who felt healthy.

According to the review of the different authors mentioned above on self-care and the quality of life of older adults, it can be deduced that older adults are heading towards the adoption of risk behaviors such as high rates of morbidity and disability, whether motor, visual, auditory or mental, social factors that increase vulnerability, the way of life, lifestyle, institutionalism, abandonment, mistreatment, which affects their rights and dignity. What is worrying is that this population group retains the necessary knowledge to carry out adequate self-care and quality of life, but they do not perceive the risks.

This may be due to the overpopulation of older adults in the homes, the limited resources available to the facility and care centers for the elderly, who express dissatisfaction because they feel the emotionality that comes with leaving home, the loss of contact with relatives or neighbors, with pets and their belongings, while others feel the admission as a solution to their problems.

CONCLUSION

The path followed on this topic, which gathers the first manifestations of diverse research experiences, carried out in the last ten years on self-care and quality of life of the elderly, leads us to the urgent need to formulate national public policies that attend to the quality of the needs of the elderly taking into account the different topics (physical health, environment, emotional) which are the elements that will guarantee the development of the quality of life in this population group.

The situation described above suggests that in the future there will be a greater increase in the prevalence of chronic diseases as the population ages unless preventive strategies are introduced to facilitate the adoption of healthy lifestyles.

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