



ORIGINAL ARTICLE

Self-care in functionally independent older adults attending the "Priorato" Health Center

Autocuidado en adultos mayores con independencia funcional, que acuden al Centro de Salud "Priorato"

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ABSTRACT

Introduction: the aging of the world's population brings with it the need for strategies that favor self-care and functional independence of older adults.

Objective: to determine the assessment of self-care in functionally independent older adults attending the "Priorato" Health Center.

Methods: an observational, descriptive and cross-sectional research was carried out in older adults who attended the "Priorato" Health Center during the year 2022. The sample consisted of 170 older adults. The instrument used was a questionnaire with questions pertaining mostly to the CYPAC-AM scale.

Results: patients between 65 and 70 years of age predominated (44,11 %), 31,17 % had arterial hypertension and 72,94 % lived alone. Only 11,18 % of the older adults know the benefits of practicing adequate self-care. 48,82 % never exercise, 84,12 % cannot keep their living environment clean, and 70,59 % cannot maintain their hygiene and comfort on their own.

Conclusions: among older adults with functional independence who attend the "Priorato" health center, there was a lack of knowledge about adequate self-care, personal hygiene, and lifestyles, which leads to inadequate self-care.

Keywords: Self-Care; Aging; Functional Status; Personal Autonomy; Quality Of Life.

RESUMEN

Introducción: el envejecimiento que sufren las poblaciones mundiales conlleva la necesidad de estrategias que favorezcan los autocuidados y la independencia funcional de los adultos mayores.

Objetivo: determinar la valoración sobre autocuidado en adultos mayores con independencia funcional, que acuden al Centro de Salud "Priorato"

Métodos: se realizó una investigación observacional, descriptiva y transversal en adultos mayores que acudieron al Centro de Salud "Priorato" durante el año 2022. La muestra quedó conformada por 170 adultos mayores. El instrumento utilizado fue un cuestionario con la formación de preguntas pertenecientes su mayoría a la escala de CYPAC-AM

Resultados: predominaron los pacientes en edades entre los 65 y 70 años (44,11 %), el 31,17 % presentó hipertensión arterial y el 72,94 % viven solos. Solo el 11,18 % de los adultos mayores conoce los beneficios de la práctica de un adecuado autocuidado. El 48,82 % nunca realiza ejercicios físicos, el 84,12 % no puede mantener limpio el ambiente donde vive, y el 70,59 no puede mantener su higiene y confort por sí solo.

Conclusiones: en los adultos mayores con independencia funcional que acuden al centro de salud "Priorato" existió desconocimiento sobre un adecuado autocuidado, higiene personal, estilos de vida, lo cual conlleva a un inadecuado autocuidado.

Palabras clave: Autocuidado; Envejecimiento; Estado Funcional; Autonomía Personal; Calidad de Vida.

INTRODUCTION

Human aging constitutes a multidimensional process of human beings that is characterized by being heterogeneous, intrinsic and irreversible. It begins with conception, develops during the life course and ends with death; it is a complex process of biological and psychological changes of individuals in continuous interaction with the social, economic, cultural and ecological life of communities, over the course of time.⁽¹⁾

Certain physiological changes are characteristic of normal aging. These include reduced collagen and elastin production, dermal atrophy, reduced skin elasticity and hydration, which can lead to the formation of wrinkles, blemishes and skin lesions.⁽²⁾ They also experience sensory changes, such as decreased visual, auditory, olfactory, gustatory and tactile acuity, which can affect quality of life and autonomy.

Loss of muscle mass and strength can affect the performance of daily activities, increasing the risk of falls and fractures. In the bone-articular system there is a decrease in bone mineral density, increasing bone fragility and predisposition to fractures, in addition to joint stiffness and pain.⁽³⁾

With respect to the cardiovascular system, there is a decrease in cardiac capacity, increased vascular stiffness, accumulation of atheroma plaque, with an increased risk of cardiovascular disease. To this are added alterations of the respiratory system such as decreased lung capacity, loss of elasticity of lung tissues and decreased efficiency in gas exchange.⁽³⁾

In the nervous system, there are alterations in cognitive function, memory, learning, balance and coordination, decreased cerebral blood flow and decreased speed of cognitive processing.⁽³⁾

Society has the erroneous and traditional thought that only the active person, the one who is able to generate economic income, should be valued. On the contrary, the older adult who is retired, is usually a person enriched with knowledge and wisdom that has accumulated throughout his life; his role revolves around two major activities: "work and community tasks". Older adults after retirement abandon work activity and due to physiological changes have a limited participation in community tasks, changing the value given by some members of the social and family groups.⁽⁴⁾

Self-care is a concept introduced by Dorothea E Orem in 1969, self-care is an activity learned by individuals, oriented towards a goal. It is a behavior that exists in concrete life situations, directed by individuals on themselves, toward others or toward the environment, to regulate factors affecting their own development and functioning for the benefit of their life, health or well-being.⁽⁵⁾

The theory establishes the requirements of self-care, which in addition to being a main component of the model is part of the patient's assessment, the term requirement is used in the theory and is defined as the activity that the individual must perform to take care of him/herself. Based on this Dorotea Orem proposes in this regard three types of requirements: universal self-care requirements, developmental self-care requirements and health deviance self-care requirements.^(5,6)

Strategies are actions on health problems that are developed with a focus on those problems that, either because of their high prevalence or because they involve a greater care, family, social and economic burden, require a comprehensive approach.

Self-care strategies help to improve autonomy in the performance of daily activities, contributing to decision-making capacity and thus to psychomotor capacity and autonomy. Nowadays, there are plans for strategies to promote self-care through communication, education and information, which contribute to health promotion, prevent diseases in older adults and promote healthy lifestyles to ensure a good quality of life.⁽⁷⁾

In Ecuador, it is estimated that approximately 6,6 % of the population is over 65 years of age, of which 14,6 % live alone.⁽⁸⁾ Therefore, it is essential to implement strategies that favor the management and control of factors harmful to health through self-care, which includes all actions and decisions taken by a person to maintain and / or recover health; it involves assuming and implementing healthy lifestyles to prevent complications that lead to disability.

The present research was developed with the objective of determining the assessment of self-care in functionally independent older adults attending the "Priorato" Health Center.

METHODS

An observational, descriptive and cross-sectional study was carried out on older adults who attended the "Priorato" Health Center during the year 2022.

The study universe consisted of all the older adults who attended the center during the period; the sample consisted of 170 older adults selected by simple random sampling.

The study included those older adults with functional independence who attended the "Priorato" Health Center during the year 2022 and who gave their consent to participate in the study.

The technique used was the survey, by means of which it was possible to collect truthful information on the current situation of self-care of older adults with functional independence who attend the "Priorato" health center.

The instrument used was a questionnaire with the formation of questions pertaining mostly to the CYPAC-AM scale, which made it possible to assess the capacity and perception of self-care of the older adults and thus to know the level of self-care that the older adult has.

The data obtained were stored in a database created in SPSS 21.0 based on the study variables. With the database constructed, the descriptive analysis of the data was carried out by calculating absolute and relative percentage frequencies.

The study complied with the precepts of medical ethics, respecting the autonomy and with the maximum premium of beneficence and non-malevolence. In addition, informed consent was requested from the patients and the study was approved by the ethics committee and scientific council of the institutions involved.

RESULTS

A greater number of patients were found between the ages of 65 and 70 years (44,11 %), followed by those in the group over 81 years of age (18,24 %) (Fig. 1).

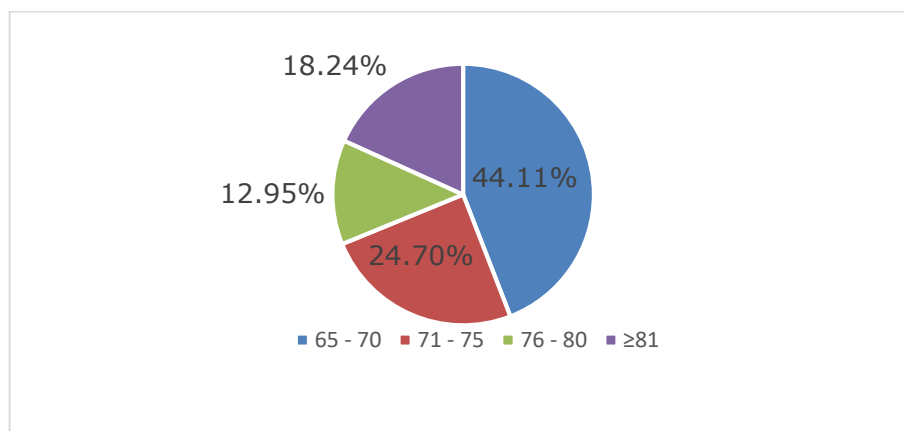


Fig. 1 Distribution of older adults according to age groups.

The comorbidities present in the older adults were investigated, with 31,17 % presenting arterial hypertension and 25,88 % diabetes mellitus (fig. 2).

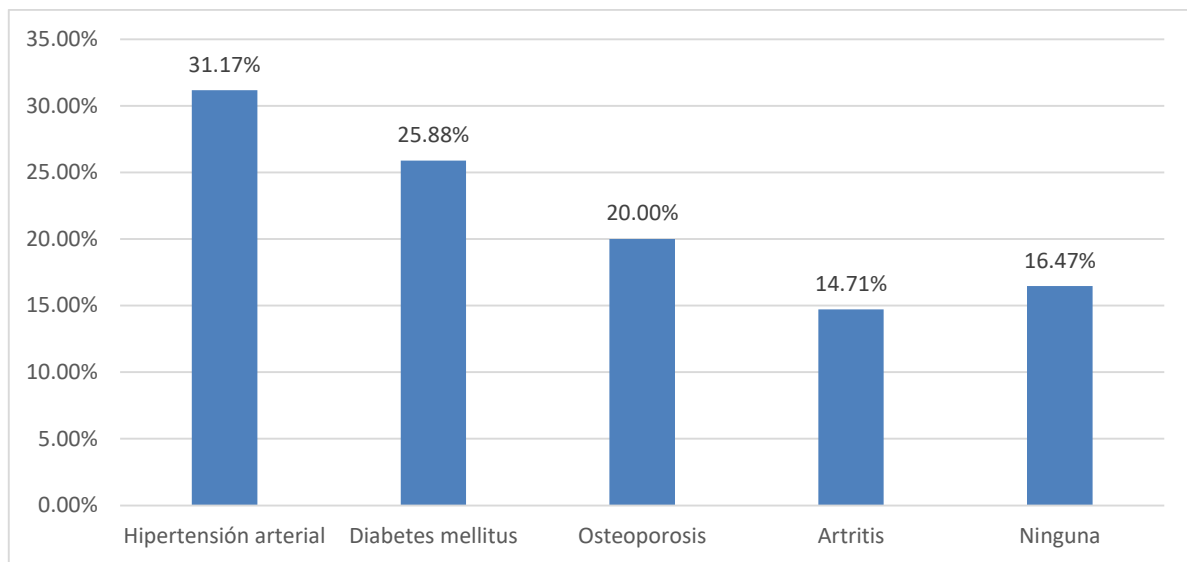


Fig. 2 Distribution of patients according to personal pathological history.

With respect to cohabitation, it was found that 72,94 % of the patients lived alone, 25,29 % with a friend, and 1,77 % with a friend.

Table 1 shows the results of the survey applied to the older adults on self-care. It should be noted that 48,82 % never perform physical exercises, 84.12 % cannot keep the environment where they live clean, and 70,59 % cannot maintain their hygiene and comfort by themselves.

Table 1. Results of the questionnaire on self-care applied to older adults.

Question	Always (%)	Rarely (%)	Never (%)
Have you received training on the subject of self-care?	10	18,82	71,18
Do you engage in physical activity such as running, walking, dancing, etc.?	32,35	18,83	48,82
Are you able to keep your living environment clean?	5,88	10	84,12
Due to your daily occupations, do you find it difficult to have an adequate self-care?	61,76	20	18,24
Do you have a fixed schedule for feeding yourself?	21,18	28,82	50
Are you able to maintain your hygiene and comfort without help?	14,12	15,29	70,59
Do you bathe daily and at a set schedule?	20	47,05	32,95
Do you try to sleep the necessary hours daily (5 hours a day without medication)?	11,76	58,24	30

11,18 % of the older adults know the benefits of practicing adequate self-care, while 88,82 % do not.

DISCUSSION

The older adult population requires special attention, due to all the changes that occur in aging, since these generate a deterioration in the social, labor, mental and physical environment; which affects one of their musculoskeletal structures, presenting muscle weakness, fatigue, lack of energy, exhaustion and therefore changes in their skills and motor abilities.⁽⁹⁾

Self-care is a way of encouraging people to take care of themselves in order to achieve and maintain a state of complete health and well-being. In this sense, the healthcare team plays a very important role as a facilitator of learning and, by disseminating the basic concepts of health, makes the person autonomous in these aspects.⁽¹⁰⁾

A study conducted by Munela Ruiz⁽¹¹⁾ found a predominance of patients between 35 and 69 years of age (42 %), coinciding with the present investigation. On the other hand, Avilés Silva et al.⁽¹²⁾ found a predominance of patients between 60 and 70 years of age. This is due to several factors, among them the conformation of the populations determined by life expectancy.

In this age group of patients, it is easy to design age-focused strategies, since, being at the beginning of their senior years, this group may be more self-sufficient than the others, and therefore education can be provided to this study group since they are at an age when they can better understand the indications.

Munela Ruiz,⁽¹¹⁾ found a predominance of patients with arterial hypertension, followed by those with none (22 %), diabetes mellitus (14 %) and hypercholesterolemia (14 %), partially coinciding with the present study. In turn, La Roche Lino et al.⁽¹³⁾ identified a predominance of patients with arterial hypertension and diabetes mellitus, coinciding with the present study. The presence of chronic noncommunicable diseases such as hypertension, diabetes mellitus or osteoporosis requires patients' knowledge about their diseases and thus about self-care. These diseases require pharmacological or non-pharmacological treatment and a series of activities that favor the reduction of their complications, avoiding their progression or sequelae.

Bendezú-Sarcines et al.,⁽¹⁴⁾ in their study found that 43 % lived with their spouses, and only 13 % lived alone. This result differs from that found in the present study, where a high percentage of older adults stated that they do not live accompanied by any person, so it is necessary for this group to know about self-care measures, since their wellbeing and their own health will depend to a great extent on this, also fostering in them the ability to make the decision to seek help from a health professional if necessary.

Through the results obtained, it can be determined that 71 % of the surveyed older adults mentioned that they have not been trained on self-care, emphasizing that there is a deficit of knowledge on the subject. It is important that health personnel give educational talks to improve the living conditions of older adults, since this may represent a risk to their wellbeing, as they are unable to apply the appropriate self-care measures at home.

The presence of sedentary behaviors represents a risk for the health of older adults, and may even deteriorate their functional capacity.

Andino et al.⁽¹⁵⁾ reported that 5 % of their respondents could not take care of their personal hygiene without help, which is lower than that reported in the present study. Seventy-one percent of the surveyed older adults emphasized that they cannot maintain their personal hygiene and comfort without help, this in view of the little knowledge about self-care norms, which helps to maintain good physical and psychological health, as well as to prevent diseases, which represents a serious problem since, if it is taken into account that they previously stated that they live alone, education about self-care is necessary in this population group.

Forty-seven percent of the older adults surveyed stated that they do not bathe daily, which is evidenced as a risk factor for their self-care in view of the fact that hygiene in older adults is important for them to ensure their well-being, allowing them to eliminate germs and bacteria that can cause infections or diseases harmful to the immune system, as well as daily bathing helps to stimulate blood circulation, reminding that this stage of life requires more attention.

Only 12 % of the surveyed older adults state that they can sleep at least five hours without the need for medication, which represents a problem for the health of this study group since sleep has a direct influence on memory, so adequate sleep is extremely important for health, both physical and mental.

Eighty-nine percent of the older adults surveyed stated that they had no knowledge about the benefits of adequate self-care, which is evident in some of the answers to previous questions in which it was highlighted that they did not have an adequate diet, sleep schedule, personal hygiene, so it is necessary to develop strategies to provide benefits to improve their care and autonomy in order to improve the lifestyle of every older adult.⁽¹⁶⁾

CONCLUSIONS

Older adults with functional independence who come to the "Priorato" health center lack knowledge about adequate self-care, personal hygiene, lifestyles, and complications that lead to inadequate self-care. Self-care strategies are needed to help older adults to have the necessary and sufficient basic knowledge in order to improve their self-care and autonomy in the performance of daily activities through promotion and prevention and thus have a happy aging and a better quality of life.

Conflict of interest

The authors declare that there is no conflict of interest.

Authors' contribution

All authors participated in the conceptualization, formal analysis, project management, writing - original draft, writing - revision, editing and approval of the final manuscript.

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