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**ORIGINAL**

## **Quality of Life in Hypertensive Teachers of regular basic education who go to an Establishment during the health Emergency due to COVID-19 in North Lima**

### **Calidad de Vida en Docentes Hipertensos de educación básica regular que acuden a un Establecimiento durante la Emergencia sanitaria por COVID-19 en Lima Norte**

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#### **ABSTRACT**

The quality of life in hypertensive teachers of regular basic education is one of the priorities committed to health well-being, since it will depend on how the person can minimize the risks due to this disease, so the research objective is to determine the quality of life in hypertensive teachers of regular basic education who come to an establishment during the health emergency due to COVID-19 in North Lima. It is a quantitative, descriptive-transverse study, consisting of a population of 131 hypertensive teachers of regular basic education who answered a questionnaire on sociodemographic aspects and the questionnaire on quality of life in hypertension. In their results we can observe that 64,1 % (n=84) of hypertensive teachers of regular basic education have a good quality of life, 9,2 % (n=12) regular quality of life and 26,7 % (n=35) poor quality of life. In conclusion, strategies should be made to promote and prevent hypertension, and thus allow the population the necessary information about the disease and how to counteract it.

**Keywords:** Quality of Life; Hypertension; Noncommunicable Diseases.

#### **RESUMEN**

La calidad de vida en docentes hipertensos de educación básica regular es una de las prioridades comprometidas con el bienestar de la salud, ya que de ella dependerá que la persona pueda minimizar los riesgos debido a esta enfermedad, por lo que el objetivo de la investigación es determinar la calidad de vida en docentes hipertensos de educación básica regular que acuden a un establecimiento durante la emergencia sanitaria por COVID-19 en Lima Norte. Es un estudio cuantitativo, descriptivo-transversal, conformado por una población de 131 docentes hipertensos de educación básica regular que respondieron un cuestionario sobre aspectos sociodemográficos y el cuestionario sobre calidad de vida en hipertensos. En sus resultados podemos observar que 64,1 % (n=84) de los profesores hipertensos de enseñanza básica regular tienen una buena calidad de vida, 9,2 % (n=12) regular calidad de vida y 26,7 % (n=35) mala calidad de vida. En conclusión, se deben realizar estrategias de promoción y prevención de la hipertensión arterial, y así permitir a la población la información necesaria sobre la enfermedad y cómo contrarrestarla.

Palabras clave: Calidad de Vida; Hipertensión; Enfermedades no Transmisibles.

## INTRODUCTION

The COVID-19 pandemic has become a very big challenge for the health systems of all countries in the world.<sup>(1)</sup> Although the future evolution of such a pandemic remains unpredictable, strict adherence to classic public health guidelines is very imperative.<sup>(2)</sup> It has been observed that this novel coronavirus disease has not only tested health facilities and public health in general, but also affects the social and economic sector; that is, it affects the well-being of the general population around the planet.<sup>(3,4)</sup>

Currently, noncommunicable diseases (NCDs) are increasingly prevalent and are undermining the health systems of the nations of the planet, generating a lot of mortality; responsible for 71 % (41 million) of annual deaths globally.<sup>(5)</sup> Of the NCDs, those that affect the cardiovascular system generate the largest number of deaths per year (approximately 18 million), one of them being arterial hypertension (HTN).<sup>(6)</sup>

The World Health Organization (WHO) reported in 2021 that 1,28 billion people (mainly in the age group of 30-79 years) are hypertensive worldwide, these being residents mainly from developing countries. 46 % of hypertensive teachers of regular basic education do not know that they have this ailment.<sup>(7,8)</sup> Approximately 1 in 5 hypertensive teachers of regular basic education are not adequately controlled.<sup>(9)</sup>

In recent decades, developing countries have witnessed a significant shift towards increasing blood pressure; However, in these countries only 1 in 3 know their hypertension status and 8 % have systolic blood pressure controlled.<sup>(10,11,12)</sup> This growing burden widens the inequality gap, contributes to the massive economic hardship of teachers of regular basic education and caregivers, and increases costs for the health system, which faces challenges such as the low ratio of health professionals per patient and lack of access to medicines. Established risk factors include an unhealthy diet (high salt intake and low fruit and vegetables), physical inactivity, tobacco and alcohol use, and obesity.<sup>(13)</sup>

Although today, due to the COVID-19 health emergency, it has greatly harmed people with chronic diseases and especially hypertensive teachers of regular basic education, as a result of the current context, health facilities restricted care to the population.<sup>(14)</sup> Therefore, the control and monitoring of these teachers of regular basic education was left aside, hence their health and well-being was quite compromised.<sup>(15)</sup> All health care and resources available in the health system were reallocated to emergency care for COVID-19 teachers of regular basic education.<sup>(16)</sup>

Given the situation of hypertensive people, it is worrisome and in view of this, immediate intervention by the authorities and the multidisciplinary health team is necessary to resume the attention and care of this disease that significantly affects the quality of life of teachers of regular basic education.<sup>(17)</sup> Health personnel and primary care facilities must strengthen intra- and extramural care work to attract these teachers of regular basic education back to health facilities, in addition to reinforcing comprehensive care from the promotional preventive approach, to improve the health control of these users and thus contribute to reducing the burden of this disease during this context of health emergency due to COVID-19.<sup>(18,19,20,21)</sup>

In a study conducted in Spain, with 262 hypertensive teachers of regular basic education, they stated in their study that 58 % of the participants had a better quality of life, 42 % worse quality of life.<sup>(22)</sup> Concluding that hypertensive teachers of regular basic education by making an adequate adherence to treatment, a healthy diet and presenting healthy habits, improves their quality of life.<sup>(23)</sup>

In a study conducted in Brazil, with 47 hypertensive participants, they observed in their results that 85 % of the participants had low levels in their quality of life and 15 % high levels of quality of life.<sup>(24)</sup> Concluding that the risk factors of his disease and the comorbidities that may occur affected his quality of life.<sup>(25)</sup>

In a study conducted in Mexico, with 158 hypertensive participants with comorbidities, they interpreted in their results that 56,6 % of the participants have a very good quality of life, 9,7 % good quality of life and 1,6 % a regular quality of life. Concluding that a correct treatment, and improving their lifestyle, allows the patient to have a healthy quality of life.<sup>(26,27,28)</sup>

Therefore, the research objective is to determine the quality of life in hypertensive teachers of regular basic education who come to an establishment during the COVID-19 health emergency in North Lima.

## METHODS

In the study, according to its properties is quantitative, with respect to its methodology is descriptive-cross-sectional non-experimental.<sup>(20)</sup>

The population is made up of a total of 131 people with hypertension.

### Inclusion Criteria

- Hypertensive people who come to the health facility
- Hypertensive people over 30 years of age
- Hypertensive people who are continuators in the health facility
- Hypertensive people who voluntarily agree to participate in the study

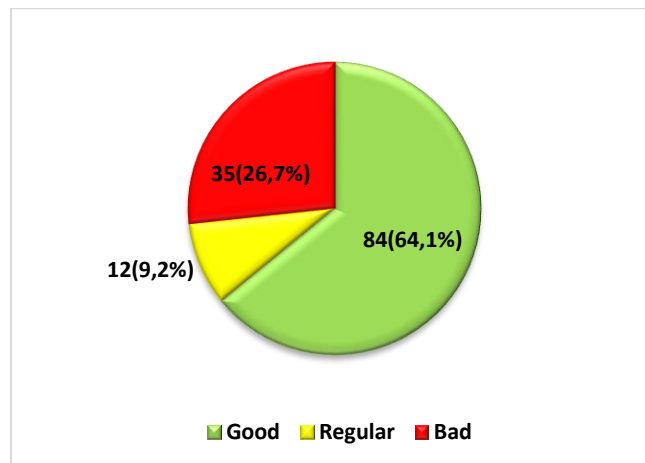
The technique for data collection was the survey, in which sociodemographic aspects were written, and the Miniquestionnaire on Quality of Life in Hypertension (MINICHAL).

The MINICHAL, in which it is composed of 2 dimensions (mood and somatic manifestations), with 16 items with answers on a Likert-type scale where "0 = no, absolutely", "1 = Yes, little", "2 = Yes, enough" and "3 = Yes, a lot", in which, the final score varies between 0 (better level of health) to 48 (worst level of health) points that is, the higher the score, the worse the health level the patient diagnosed with hypertension will have.<sup>(30)</sup>

The reliability of the instrument was determined according to Cronbach's alpha statistical test, obtaining a 0,972 ( $\alpha > 0,8$ ), which makes the instrument reliable for the study.

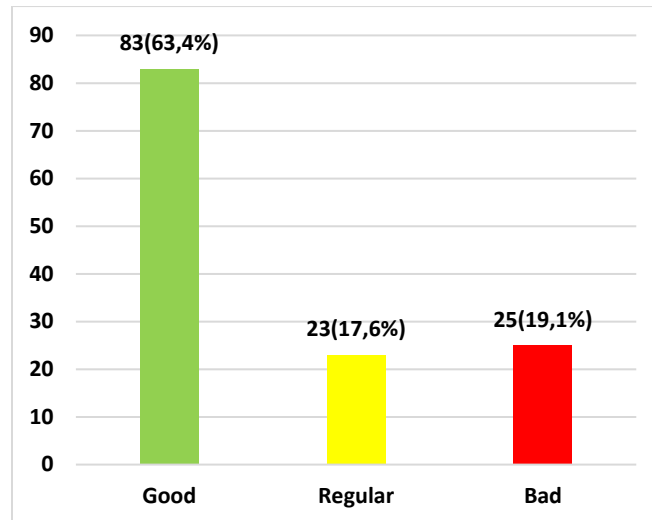
The necessary coordination was made for the formal admission to the health facility, and thus in addition to providing information so that they have the necessary knowledge about the research to be carried out.

## RESULTS



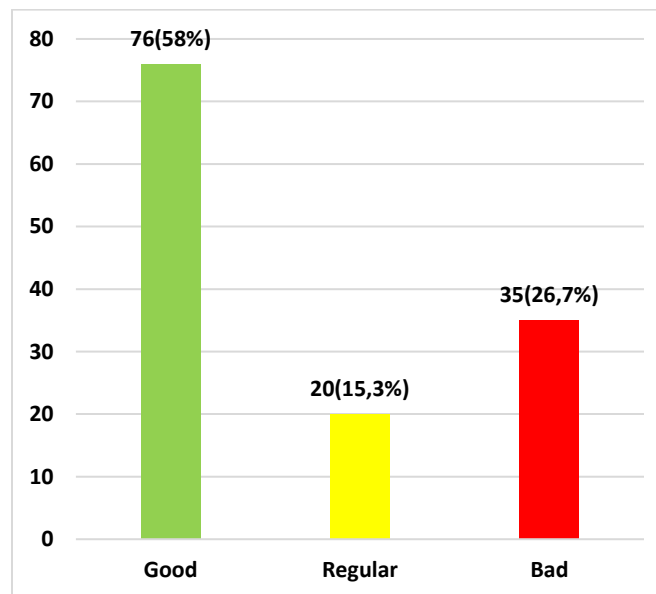
**Figure 1.** Quality of life in hypertensive teachers of regular basic education who go to an establishment during the COVID-19 health emergency in North Lima

In figure 1, we can see in the results that 64,1 % of hypertensive participants have a good quality of life, 9,2 % a regular quality of life and 26,7 % a poor quality of life.



**Figure 2.** Quality of life in its dimension mood in hypertensive teachers of regular basic education who come to an establishment during the health emergency due to COVID-19 in North Lima

In figure 2, with respect to the results of the mood dimension, we can observe that 63,4 % of hypertensive participants have a good quality of life, 17,6 % have a regular quality of life and 19,1 % have a poor quality of life.



**Figure 3.** Quality of life in its dimension somatic manifestations in hypertensive teachers of regular basic education who come to an establishment during the health emergency due to COVID-19 in North Lima

In figure 3, with respect to the results of the somatic manifestations dimension, we can observe that 58 % of hypertensive participants have a good quality of life, 15,3 % a regular quality of life and 26,7 % a poor quality of life.

## DISCUSSIONS

NCDs, such as hypertension, have become health problems that cause morbidity and mortality at worrying levels globally in recent decades. Different countries make significant efforts to implement public health measures focused on these conditions. Assessing the QoL of hypertensive teachers of regular basic education is essential, since this gives us a reading of how the health of these people is going in various dimensions of their lives.<sup>(31,32,33)</sup>

In the results of quality of life is good in the participants, this is because, the participants were mostly continuators, adherent to pharmacological treatment and people who have family support.<sup>(34)</sup> In turn, the high knowledge and information that teachers of regular basic education handle about their disease, makes it better the responsibilities they take for their own health and well-being, since hypertension can be controlled if the person keeps it properly balanced.<sup>(35)</sup>

As for its dimensions, we observe that hypertensive teachers of regular basic education have a good quality of life, this is because, themood is understood as the emotions of we feel that can be positive or negative, in front of some circumstance of life as a physical suffering, which depends on its recovery before a better or worse well-being for the human being itself, In most teachers of regular basic education, hypertension is usually accompanied by anxiety, depression and other psychological disorders, which severely affect their quality of life and which is evident in teachers of regular basic education with prehypertensives, who were more psychologically distressed than non-hypertensive and revealed that women were more anxious than men.<sup>(36,37,38,39)</sup> Therefore, the implementation of psychological interventions can help them eliminate negative emotions, stabilize their mentality, build confidence to overcome the disease and prevent adverse emotions from harming their own health, thus improving the effectiveness of pharmacological treatment and the quality of patient care.<sup>(40)</sup>

As for the somatic manifestations, they are based on the symptomatological physical expression of a condition such as hypertension, which will cause limitations in the activities or daily routines of the patient, although it is true that teachers of regular basic education who do not obey the medical therapeutic regimen are at greater risk of presenting a worse quality of life. than those who do comply with their treatment.<sup>(41)</sup> Drug treatment along with lifestyle adjustments remains the effective control of hypertension, so adherence to drug treatment is the main factor contributing to achieving the desired clinical outcome. Failure to comply with antihypertensive drugs is the main cause of poor control of hypertension and this can lead to worsening of the disease, which can affect the quality of life of teachers of regular basic education.<sup>(42)</sup>

Hypertension must be addressed from the therapeutic perspective and the application of health care and self-care, linked to putting into practice appropriate lifestyles. Nurses should strengthen their work in health promotion in these teachers of regular basic education, in order to seek positive results that benefit the health of hypertensive teachers of regular basic education.

## CONCLUSIONS

It is concluded that hypertensive teachers of regular basic education should be followed up through home visits to detect if they are adequately complying with the treatment, in addition to verifying that they comply with the personal care that is advised in the health facility.

It is concluded that strategies should be carried out to promote and prevent hypertension, and thus allow the population the necessary information about the disease and how to counteract it.

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## CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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