

AVALIAÇÃO DA QUALIDADE DE VIDA EM IDOSOS DE UM CENTRO DE CONVIVÊNCIA

EVALUATION OF ELDERLY PEOPLE QUALITY OF LIFE IN A COEXISTENCE CENTER

EVALUACIÓN DE LA CALIDAD DE VIDA DE LOS ANCIANOS DE UN CENTRO DE CONVIVENCIA

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RESUMO

Objetivo: Avaliar a qualidade de vida (QV) em idosos que frequentam um centro de convivência do interior do estado de Mato Grosso do Sul. **Método:** Foram entrevistados 106 idosos por meio dos instrumentos WHOQoL-BREF e módulo WHOQoL-OLD. **Resultados:** Apontaram escore total de 62,55 para o WHOQoL-BREF e de 66,06 para o WHOQoL-OLD. O domínio e a faceta com maiores escores foram “Relações sociais” (67,22) e “Funcionamento do sensorio” (70,87), respectivamente. Já o domínio e a faceta com os piores escores de satisfação foram o “Ambiente” com 59,96%, conforme WHOQoL-BREF, e a “Intimidade”, com 62,15 de acordo com o WHOQoL-OLD. **Conclusão:** A avaliação da qualidade de vida em idosos é um indicador importante para a análise da percepção do idoso quanto à sua saúde. Em virtude do amplo contato que o enfermeiro possui com a comunidade, pode-se identificar, por meio da avaliação da QV, as possíveis alterações sensoriais de funcionalidade e das relações sociais que os idosos apresentam e a partir disso propor estratégias e ações de acordo com a real necessidade desta população. **Descritores:** Qualidade de vida; Idoso; Envelhecimento; Saúde pública; Centros de Convivência e Lazer.

ABSTRACT

Objective: To evaluate the quality of life (QoL) in elderly people that attend a community center in the state of Mato Grosso do Sul. **Method:** We interviewed a hundred six elderly people using the WHOQoL-BREF instruments and the WHOQoL-OLD module. **Results:** The total score for the WHOQoL-BREF was 62.55 and 66.06 for the WHOQoL-OLD. The domain and the facet with the highest scores were “Social relations” (67.22) and “Sensory functioning” (70.87), respectively. On the other hand, the domain and the factor with the worst satisfaction scores were the “Environment” with 59.96%, according to WHOQoL-BREF, and the “Intimacy”, with 62.15, according to WHOQoL-OLD. **Conclusion:** The quality of life evaluation in the elderly people is an important indicator for the analysis of the elderly's perception concerning their own health. Due to the nurses' extensive contact with the community, it is possible to identify, through the QoL evaluation, the possible sensorial functional changes and social relations that the elderly present and then, to propose strategies and actions according to this population real need. **Descriptors:** Quality of life; Elderly people; Aging; Public health; Coexistence Centers and Leisure.

RESUMEN

Objetivo: Evaluar la calidad de vida (CV) de ancianos que frecuentan un centro de convivencia del interior del estado de Mato Grosso del Sur. **Método:** Se entrevistó a 106 ancianos a través de los instrumentos WHOQoL-BREF y el módulo WHOQoL-OLD. **Resultados:** Apuntaron puntuación total de 62,55 para el WHOQoL-BREF y de 66,06 para el WHOQoL-OLD. El dominio y la faceta con mayores puntuaciones fueron “Relaciones sociales” (67,22) y “Funcionamiento del sensorio” (70,87), respectivamente. El dominio y la faceta con los peores puntuaciones de satisfacción fueron el “Ambiente” con 59,96%, según WHOQoL-BREF y la “Intimidad” con 62,15 de acuerdo con el WHOQoL-OLD. **Conclusión:** La evaluación de la calidad de vida en ancianos es un indicador importante para el análisis de la percepción del anciano en cuanto a su salud. En virtud del amplio contacto que el enfermero posee con la comunidad, se puede identificar, por medio de la evaluación de la CV, las posibles alteraciones sensoriales de funcionalidad y de las relaciones sociales que los ancianos presentan y, a partir de ello, proponer estrategias y acciones de acuerdo con la real necesidad de esta población. **Descritores:** Calidad de vida; Anciano; Envejecimiento; Salud pública; Centros de Ocio y Convivencia.

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INTRODUCTION

A growing and accentuated demographic transition in Brazil, mainly related to the decrease in fertility rate and increase in life expectancy has posed a challenge for health care teams. This reinforces the need to understand their quality of life (QoL) of elderly people, allowing a better planning of health services for them¹.

Among the services that are available to the elderly are the community care centers, which are understood as non-asylum spaces in which the activities offered include: inclusive, integrative, recreational, work, and cultural activities, physical exercise practices, and citizenship⁽²⁾. With the National Typification of Social Assistance Services, it was possible to define the characteristics of essential functionalities of each basic and special protection service and its target public³. The National Policy for the Elderly leaves clear the importance of public agencies to stimulate the implementation of community care centers for the elderly as diverse ways of providing care to this population⁴.

In the aging process, the elderly often have to live with chronic illness for years. This context requires a change in the traditional treatments focused on the cure of diseases. A focus on the promotion of quality of life and well-being of this population is necessary⁵. QoL in the elderly consists of their perception of biological, psychological and social aspects, such as culture, values, goals, expectations and concerns about life⁶.

The Code of Ethics of Nursing Professionals includes, among its fundamental principles, that nursing professional be committed to the QoL of the individuals as a whole⁷. It is, therefore, extremely important that professionals consider the complexity of QoL, the cultural aspects, and specificities of each individual⁶.

In view of this context, the question that was raised was: which is the self-perception of QoL of elderly people linked to a community care center in the baixo pantanal region?

This study, therefore, aimed to evaluate the quality of life of elderly people who attend a community care center in the state of Mato Grosso do Sul.

METHOD

This is a descriptive and cross-sectional study carried out in a municipality in the northern

region of the state of Mato Grosso do Sul. Data were collected by undergraduate Nursing students, duly trained by the coordinating professor of the project. The research had as inclusion criteria: elderly people ≥ 60 years old, who attended the care center in the period from October to December 2016, and who, after reading and signing the Informed Consent Term (ICT), accepted to participate in the study.

This study is linked to the research project titled: 'Care Center for Elderly People: a multidimensional approach and its implications for health', which was approved under Opinion number 1,703,454 by the Research Ethics Committee of the Federal University of Mato Grosso do Sul. After applying the inclusion and exclusion criteria, 106 elderly were considered for the study. The Brazil Old Age Schedule (BOAS), a multidimensional questionnaire for sociodemographic characterization, was used in the study.

The Portuguese version of the WHOQoL-BREF and the WHOQoL-Old module⁸⁻⁹ were used to evaluate the QoL of the elderly.

The WHOQoL-BREF is composed of 26 questions, of which two are related to global quality of life (GQoL) and 24 are distributed into four domains of QoL: Physical, Psychological, Social Relations, Environment. The responses of each domain vary in a score from 1 to 5 points, following a Likert scale, to represent the answers, according to: intensity (nothing - extremely), capacity (nothing - completely), frequency (never - always), and evaluation (very dissatisfied - very satisfied; very bad - very good)⁸.

The scores of each domain are obtained by summing the scores of the mean 'n' of the questions that make up each domain¹⁰. The measurement of QoL is equivalent to the score, that is, the higher the score, the better is the QoL of the elderly⁸.

The WHOQoL-OLD module consists of 24 items of the Likert scale assigned to six facets: Sensory Abilities (SAB), Autonomy (AUT), Past, Present and Future Activities (PPF), Social Participation (SOP), Death and Dying (DAD) and Intimacy (INT)⁹.

The scores of these six facets or the values of the 24 items of the WHOQoL-OLD module can be associated to produce a general ('overall') quality of life score for elderly adults, classified as the 'total score' of the WHOQoL-OLD module⁹.

Two tools from the Microsoft Excel software were used to calculate the scores and analyze the descriptive statistics (mean, standard deviation, maximum value, minimum value, coefficient of variation, and amplitude) of the WHOQoL-BREF and WHOQoL-OLD, following the standards proposed by the WHOQoL group¹⁰⁻¹¹.

RESULTS AND DISCUSSION

The results of the analyses were presented on a scale between 4 and 20 (gross score), according to Table 1 and Table 2; while the mean scores were transformed on a scale from 0 to 100

(transformed score) and presented in graphs (Figure 1 and Figure 2).

After application of the inclusion and exclusion criteria, 106 elderly were selected for analysis of this study. Of these, 64.15% (n = 68) were females, 83.96% (n = 89) retirees, 86.79% (n = 92) were aged between 60 and 79 years, 43.40% (n = 46) had up to four years of schooling, and 28.30% (n = 30) were widowers.

Table 1 shows the quality of life of the elderly, where the values assigned to each of the domains of the WHOQoL-BREF reached the maximum of 20 points.

Table 1 - Descriptive statistics of the quality of life of the sample. WHOQoL-BREF, gross score. Coxim, MS, Brazil, 2016.

Domain	Mean	Standard deviation	Coefficient of variation	Minimum value	Maximum value	Amplitude
Physical	13.82	1.99	14.40	8.57	17.71	9.14
Psychological	14.33	1.71	11.96	9.33	18.00	8.67
Social relationships	14.75	2.25	15.24	4.00	18.67	14.67
Environment	13.59	1.72	12.66	9.00	17.00	8.00
Self-assessment of Quality of life	14.23	3.61	25.40	4.00	20.00	16.00

Source: Created by the authors.

An integrative review showed that the elderly's perception of healthy aging includes biopsychosocial and spiritual dimensions. In the biological dimension, there are perceptions such as the need to adopt healthy habits and behaviors. The psychological, in turn, includes attitudes such as optimism and happiness. In the spiritual dimension, faith and spirituality are highlighted as elements for healthy aging. In the social dimension, social relations with family, friends, and partners also influence healthy aging⁽¹²⁾.

High values for the Social Relations domain the WHOQOL-BREF were observed in the present research. These data corroborate with those found in other studies conducted in elderly community day centers¹³⁻¹⁴. The literature suggests differences in the scores of the domains of QoL among people in community services and in Long-term Care Institutions for the Elderly (LTCIs), pointing higher scores for the Social

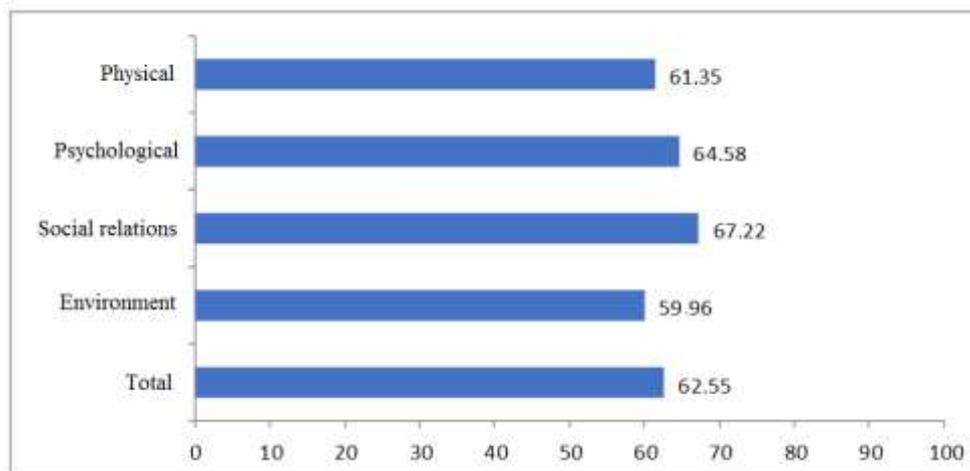
Relations domain in non-asylum community services¹⁵, as found in this study.

The results show that the Physical domain (13.82) and the Environment domain (13.59) were the ones that contributed least to the QoL of the elderly of the study, according to the averages found. The maximum value was for the Social Relations domain, where the mean was 14.75 and the standard deviation 2.25.

It is pertinent to emphasize that the practice of physical activity, dance classes, games, and handicrafts activities improve the autonomy and independence of the elderly, favoring their confidence¹⁶.

In Figure 1, it is observed that the domains of the WHOQoL-BREF (Physical, Psychological, Social Relations and Environment) evaluated reached a total satisfaction of 62.55. The closer this value approaches 100, the better is the QoL of the elderly.

Figure 1 - Quality of life of the elderly in an community day center for the elderly. WHOQoL-BREF, transformed scale (0 to 100). Coxim, MS, Brazil, 2016.



Source: Created by the authors.

In a specific analysis, the Social Relations domain had the best score, with 67.22, followed by the Psychological domain, with 64.58. The domain with the lowest satisfaction score found was the Environment domain, with 59.96.

A study¹⁷ that also identified higher indices in the Social Relations domain emphasized that such indices may be related to the greater opportunities of the elderly in the study group to participate in community activities.

It was observed that the Environment domain was the one with the lowest score, with a mean of 13.59. This data strengthens the findings of another study carried out in a reference center for the elderly in Belo Horizonte-BH, where the Environment domain also obtained the worst score, with a mean of 14.4. This domain is related, among other factors, to the safety and integrity of the individuals¹⁸.

It is believed that violence is an aspect that directly influences the safety of the environment in which the elderly people live, encompassing not only physical aggression, but all forms of violence against the elderly. It is worth mentioning that, on several occasions, violence is veiled, embedded mainly in prejudice¹⁸.

In this context, it is necessary to reflect on the training of health professionals so as to reach a holistic care for elderly people who have a history of violence. It is known that many professionals do not see the listening, care, and guidance to elderly people in this condition as their functions. Many of them focus only on the physical aspects of violence, with a focus on the

injury, failing to contemplate the psychosocial aspects linked to this event¹⁹.

Furthermore, as nursing is a component of Family Health Teams, nursing professionals play a very important role, by using home visits as a tool that allows the professionals to plan interventions that favor the QoL, reducing the impact of the environment on the elderly, besides serving to track situations of vulnerability to their health, as for example, episodes of falls and signs indicative of elder abuse¹⁸.

Another domain that had high scores was the Psychological, with a score of 64.58. A study carried out with 166 elderly people from two care centers in the city of São Paulo identified that the Psychological domain presented the highest scores in both the WHOQoL-OLD and WHOQoL-BREF, 70.7 and 67, 4, respectively. A study²⁰ carried out with elderly people in a condition of social vulnerability identified a correlation between this domain and frailty in the elderly. The study also stressed the strong influence of present, past and future activities on the satisfaction of these people and in their life goals.

Another study²¹ also identified a relationship between emotional aspects and frailty in the elderly, emphasizing that frailty, its components, and functional impairment are risk factors for depression.

Table 2 shows the mean values of each of the facets of the WHOQoL-OLD, ranging from 1 to 5 (1 indicates dissatisfaction and 5 satisfaction), where the maximum score is 20 points.

Table 2 - Descriptive statistics of the quality of life of the sample. WHOQoL-OLD, gross score. Coxim, MS, Brazil, 2016.

Facets	Mean	Standard deviation	Coefficient of variation	Minimum value	Maximum value	Amplitude
Sensory abilities	15.34	3.17	20.67	8.00	20.00	12.00
Autonomy	13.15	2.62	19.91	6.00	19.00	13.00
Past, present and future activities	14.64	1.91	13.03	9.00	19.00	10.00
Social participation	15.05	1.75	11.62	10.00	19.00	9.00
Death and dying	15.29	3.80	24.85	6.00	20.00	14.00
Intimacy	13.94	2.98	21.34	4.00	19.00	15.00

Source: Created by the authors.

It was noticed that the facets AUT and INT obtained the averages 13.15 and 13.94, respectively, thus the worst performance in relation to the others. In turn, the facets SAB and DAD obtained the highest averages, 15.34 and 15.29, respectively.

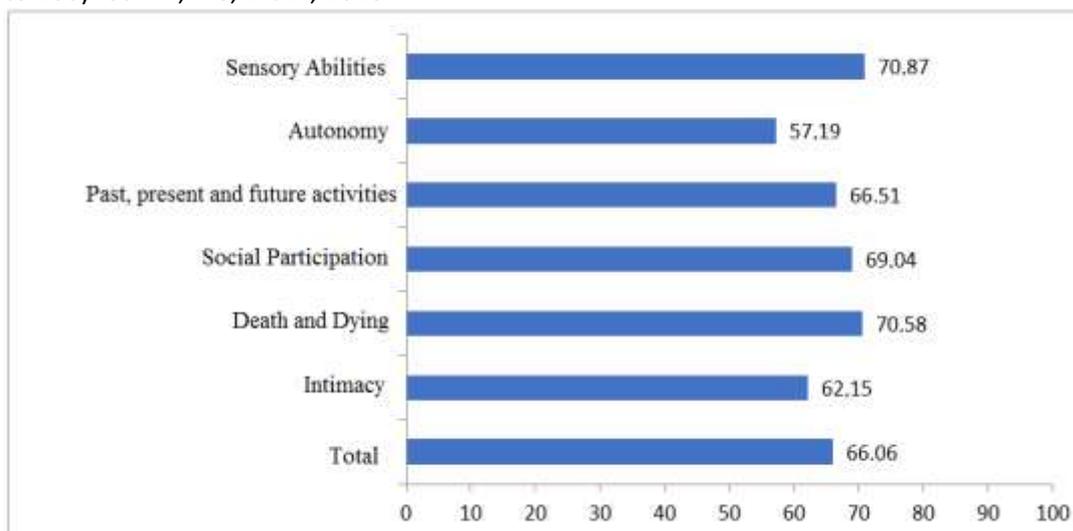
Regarding the functional capacity of the elderly interviewed, it was possible to observe that the AUT facet was the one that obtained the lowest score in the application of the WHOQoL-OLD, in this study, presenting an average of 57.19. In a research carried out in a reference center for elderly health, in the city of Campinas, the AUT facet also had the worst result, an average of 47.9. The authors of this research pointed out that several aspects may be related to the lower score, including aspects related to transport, and even the amount of activities offered by the institutions²². It is important to emphasize that, in the community care center

where the present study was developed, transportation and meals are offered to the elderly only twice a week.

As for the INT facet, a score of 62.15% was obtained, the second lowest result of the WHOQoL-OLD evaluation. This may be related to family arrangements, if the elderly live alone, and to their marital status, for example, if the person was widowed or divorced²². However, it is important to point out that despite any difficulties that may arise in the aging phase, sexuality is still maintained in the lives of the elderly. It is not only limited to the sexual act itself, but involves unity, affection and tenderness²³.

In the Figure 2, the modified scores of the topics of the WHOQoL-OLD, in general, are shown and indicate that the quality of life of the elderly was evaluated as regular, reaching an average of 66.06.

Figure 2 - Quality of life of the elderly people in a community care center. WHOQoL-OLD, Transformed score (0 to 100). Coxim, MS, Brazil, 2016.



Source: Created by the authors.

In a specific analysis, the SAB facet had the highest score (70.87), followed by DAD (70.58).

On the other hand, the lowest score was found in the AUT facet (57.19).

SAB was the facet that contributed the most to quality of life, according to the elderly interviewed, with an average of 15.34 in the WHOQoL-OLD. In a study carried out in a community care center in Porto Alegre, the best score was also obtained in the SAB facet, with a score of 14.8. The authors reinforced the importance of functional abilities, which are affected by several factors, such as physical and mental health, independence and autonomy in activities of daily living¹⁴. In a study carried out with 71 elderly people in the city of Sorocaba-SP, SAB also contributed the most to the QoL of the interviewed elderly¹⁶.

A high score in the DAD facet was observed (70.58). Another study²⁰ conducted with elderly people in a context of social vulnerability also obtained high scores in this area. It is known that the death and dying domain illustrates the ability to cope with death. The fear of suffering in the process of dying is what causes more concern, even more than the event of death itself. In this context, it is fundamental to address palliative care in the training and qualification of human resources in the health area. It is important to mention the existence of a positive relationship between the advancement of age and QoL, indicating that the more the elderly people gain maturity, the more likely they are to accept that the aging process is inevitable¹⁸.

In relation to the PPF facet that refers to satisfaction with achievement in life, recognition, expectation about the future, and goals reached in the course of the experiences¹⁶, the present investigation had the third worst factor pointed out by the elderly to contribute to QoL, with a mean of 14.64. In the literature¹⁴, a study showed that this facet was the one that contributed least to QoL according to the interviewed elderly, with a mean of 12.8. However, it is important to emphasize that in future projects for groups of elderly people can be planned, and they must be stimulated to pursue them, through the realization of desires and strengthening of the meaning in their existence¹⁴.

In a comparative study with elderly people attending a community care center and other living in a LTCI, the facets SOP, PPF and AUT presented higher values in the first group; the elderly of the LTCI were dissatisfied with their QoL⁽²⁴⁾. It is worth mentioning that some elements such as qualified listening and the development of workshops impel the communication and autonomy of the elderly⁶.

Well-being and QoL are related to active aging, which will depend on the economic and social context in which these elderly people are inserted²⁴. Groups in community care center become privileged for socialization of experiences, becoming a mechanism of promotion of health and QoL by means of the sharing of necessary information²⁵.

CONCLUSION

It is possible to conclude from the results obtained that the elderly who attended the community care center showed total satisfaction with a score of 62.55 in the WHOQoL-BREF and 66.06 in the WHOQoL-OLD, and the domain and facet which contributed most were Social Relations with 67.22 and SAB with 70.87 according to the WHOQoL-BREF and WHOQoL-OLD, respectively. The domain and factor with the worst satisfaction scores were Environment with 59.96 and INT with 62.15, considering WHOQoL-BREF and WHOQoL-OLD, respectively.

The evaluation of QoL is an important indicator of the elderly's perception of their health situation, affective bond, perspectives, fears, and the way of seeing the reality in which they are inserted. It is believed that the findings of this study serve to guide the planning of actions to the elderly population considering their real needs.

In this context, the nursing team has a fundamental role in the identification of grievances and in the need for support, be it health, social, or family support in the most diverse situations. Due to the wide contact that nurses have with the community, it is possible to identify, through the evaluation of QoL, the possible sensory, functional and social changes that the elderly experience and propose strategies and actions according to the real population.

The study has as limitation the fact that it was performed in only one community care centers for the elderly and did not compare elderly users and nonusers of the place. However, it is pertinent to point out that this study is part of a limited set of studies available in the literature whose purpose was to evaluate the QoL of the elderly in a peri-pantaneira region.

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