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CLÍNICA

Quality of life of elderly who participate in group health promotion

Qualidade de vida de idosos que participam de grupo de promoção da saúde

Calidad de vida de los mayores que participan en el grupo de promoción de la salud

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Palavras chave: Qualidade de vida; Idosos; Estrutura de grupo; Promoção da saúde.

ABSTRACT

Introduction: Population aging sets as worldwide phenomenon, therefore, it is essential to implement activities that contribute to a healthy and active aging. This research aimed to describe the Quality of Life (QoL) of elderly participants of a group of health promotion.

Methodology: This is a descriptive research with quantitative approach, with elderly enrolled in a Primary Care -Family Health Unit (UABSF), participating in a group of health promotion. Data collection took place from June to October 2012, through a sociodemographic questionnaire, the WHOQOL-BREF and WHOQOL-OLD. Data were analyzed using Stata software, version 11.0. Numerical variables were explored by descriptive measures of centrality and dispersion and the categorical by simple absolute and percentage frequencies. The WHOQOL-BREF and the facet of the WHOQOL-OLD were represented by mean, standard deviation and confidence interval.

Results: The mean age of the elderly is 71.0 years (SD: 7.2). Most seniors assessed their QoL as good or very good (20; 76.9%), but almost all of them were not satisfied with their health (24; 92.4%) (Table 2).

Conclusion: The assessment of QoL sets up strategy that can be used by the health professional that coordinates groups to identify aspects of life of the most committed elderly by the aging process and, thus, enables the implementation of effective interventions to the demands of these clients.

RESUMO

Introdução: O envelhecimento populacional configura-se em fenômeno mundial, sendo assim, torna-se imprescindível implementar atividades que contribuam para um envelhecimento saudável e ativo. Essa pesquisa objetivou descrever a Qualidade de Vida (QV) de idosos participantes de um grupo de promoção da saúde.

Metodologia: Trata-se de uma pesquisa descritiva de abordagem quantitativa, com idosos cadastrados em uma Unidade de Atenção Básica à Saúde da Família (UABSF), que participam de um grupo de promoção da saúde. A coleta de dados ocorreu de junho a outubro de 2012, por meio de um questionário sociodemográfico, do WHOQOL-BREF e WHOQOL-OLD. Os dados foram analisados no software *Stata* versão 11.0. As variáveis numéricas foram exploradas pelas medidas descritivas de centralidade e de dispersão e as categóricas por frequências simples absolutas e percentuais. Os domínios do WHOQOL-BREF e as faceta do WHOQOL-OLD foram representados por média, desvio-padrão e intervalo de confiança.
Resultados: A idade média dos idosos é de 71,0 anos (DP: 7,2). A maioria dos idosos avaliou sua QV como boa ou muito boa (20; 76,9%), mas quase totalidade deles não estava satisfeita com sua saúde (24; 92,4%) (Tabela 2).

Conclusão: A avaliação da QV configura-se em estratégia que pode ser usada pelo profissional de saúde que coordena grupos para identificar aspectos da vida dos idosos mais comprometidos pelo processo de envelhecimento e, dessa maneira, possibilita a implementação de intervenções efetivas às demandas dessa clientela.

RESUMEN

Introducción: El envejecimiento de la población se configura como un fenómeno mundial, por lo que es esencial para poner en práctica actividades que contribuyan a un envejecimiento saludable y activo. Este estudio tuvo como objetivo describir la calidad de vida (CV) de los mayores participantes de un grupo de promoción de la salud.

Metodología: Se trata de un estudio de abordaje cuantitativo, con mayores inscritos en una Unidad de Atención Primaria de Salud de la Familia (UABSF), que participan de un grupo de promoción de la salud. La recolección de datos ocurrió entre junio y octubre de 2012, utilizando un cuestionario socio demográfico, del WHOQOL-BREF y WHOQOL-OLD. Los datos fueron analizados en el software *Stata* versión 11.0. Las variables numéricas fueron exploradas por medidas descriptivas de centralidad y de dispersión y las categóricas por frecuencias simpes absolutas y porcentajes. Los dominios del WHOQOL-BREF y la faceta del WHOQOL OLD fueron representados por media, desviación estándar e intervalo de confianza.

Resultados: La edad media de los mayores es 71,0 años (DE: 7,2). La mayoría de las personas mayores evaluaron su CV como buena o muy buena (20, 76,9%), pero casi todos ellos no estaban satisfechos con su salud (24, 92,4%) (Tabla 2).

Conclusión: La evaluación de la CV se configura en estrategia que puede ser utilizada por profesionales de la salud que coordinan grupos para identificar los aspectos de la vida de los mayores más afectados por el proceso de envejecimiento y, por lo tanto, permite la implementación de intervenciones efectivas a las necesidades de esta clientela.

INTRODUCTION

Aging is a sequential, cumulative, irreversible, non-pathological process and common to every living organism, so the time become him less able to face the stress of the environment and thus increase his chance of death[1-2].

It is a unique life experience, specific to each individual, regulated by social and cultural patterns that define its meaning. Individual life time of each that runs out in the finitude objective of biological death[2].

Generally elderly people are exposed to various biopsychosocial changes, such as disabilities, forgetfulness, slow thinking, physical fatigue, reduced physical endurance, disease, dementia, senility, inactivity, image decline, appearance of wrinkles, prejudice, disrespect, asexuality, dependence, helplessness, family rejection, isolation, abandonment, loneliness, sadness, depression and institutionalization[3-4].

In this sense we point out that population aging sets in worldwide phenomenon of great importance, given that the society aging brings new demands, especially directed to health systems[5-6], and social security[7].

However is perceived that society is not prepared for this change in population profile and, although people are living longer, the quality of life is not following this evolution[8].

Therefore it is essential to implement activities that contribute to a healthy and active aging and to improve the QoL of the population that has the fastest growing in Brazil and in the world[5-6]. Research has shown that education and promotion health activities have contributed significantly to improve various aspects of life of the elderly, helping to achieve a satisfactory aging[9-11].

From this perspective group activities have been shown successful results in protecting and promoting the health of the elderly. Studies indicate that the participation in groups the elderly have the opportunity to expand the boundaries of their personal value, experience new perspectives of life, make pleasurable activities, plan life projects and acquire and/or maintain strategies to face the aging process in a positive way[12-13].

Considering the group attendance as an important resource for health promoting of people and evaluate the elderly's QoL allows healthcare professionals to identify the most committed aspects at this stage of human development[14-15], this research aimed to describe the quality of life of elderly participants of a group of health promotion.

This research brings as innovation the use of assessment tools of QoL as a resource to direct the actions implemented in group context by health professionals. In addition, the results presented show the importance of group care as a resource to promote and protect the health of the elderly.

METHODOLOGY

This is a descriptive research with quantitative approach, in which the sample was composed by convenience and it is elderly enrolled in a Primary Care - Family Health Unit (UABSF), participating in a group of health promotion.

This group has more than twelve years of existence and is coordinated by community health workers linked to UABSF. The meetings take place weekly and have three hours of duration. In them are developed stretching activities, painting, dance, competitions, presentation of poetry and music, among others. All actions are planned

in order to meet the demands of the elderly, and the focus is to promote the health of that population[12].

In the group has low dropout rate and permanent renewal of the proposed activities. The bond between the members is not conditional on the provision of medicines, consultations and others. Currently more than 50 people are participating in the health promotion group, although this activity is aimed at older people, more than half of the participants has aged between 50 and 55 years.

In total 26 elderly constitute the group and all met the inclusion criteria (being oriented and has conscience of the external world; be able to communicate verbally, attend the group to at least six months) and agreed to participate in this research. For that was scheduled day and time for conducting an interview at their home, seeking comfort and privacy necessary for this moment.

At this stage the interviewer performed the reading of Informed Consent (IC) with the elderly, clarifying all doubts and requesting his signature. In order to avoid embarrassment to the participants that eventually were illiterate or have any limitations that preclude them from reading and/or writing, the instruments were filled by the interviewer in the presence of the subject. Data collection took place from June to October 2012, through a sociodemographic questionnaire, the WHOQOL-BREF and WHOQOL-OLD.

The WHOQOL-BREF is a generic instrument for assessing QoL. It has a total of 26 questions, the first of which assesses the individual's perception regarding their QoL, in an overview, and the second the satisfaction with health. The remaining 24 questions are distributed in the fields "physical", "psychological", "social relations" and "environment"[16].

The WHOQOL-OLD is destined to assessing the QoL of the elderly. It has 24 items divided into six facets: "functioning of the sensory", "autonomy", "past, present and future activities," "social participation", "death and dying" and "intimacy"[17].

In both instruments responses follow a Likert scale (score 1-5). In this research the scale used to indicate the scores obtained in each domain/facet was from 0 to 100, and the higher the score, the more positive the perception of the elderly in relation to their QoL.

The information recorded on the data collection instruments were entered into the Excel program and analyzed using Stata software, version 11.0. Numerical variables were explored by descriptive measures of centrality (mean) and dispersion (confidence intervals and standard deviation) and categorical variables by simple absolute and percentage frequencies. Each WHOQOL-BREF domain and facet of the WHOQOL-OLD was represented by mean, standard deviation and confidence interval. This research was approved by the Research Ethics Committee of the Clinical Hospital of the Federal University of Goiás (Protocol no. 036/2011), and met the ethical principles of the National Health Council, ruled in Resolution 466/12.

RESULTS

The average age of seniors is 71.0 years (SD: 7.2). Were noticed that 17 (65.4%) elderly receive pension, 20 (76.9%) have individual income less than the minimum

wage, 21 (80.8%) contribute to family expenses, 16 (61.5 %) live with three or more people, and 17 (65.4%) live with children and/or grandchildren. 25 (96.1%) live in their own homes.

There are more women (22; 84.6%), people who do not live alone (22; 84.6%) and has up to four years of study (18; 69.2%) (Table 1).

Table 1. Distribution (%) of the elderly according to socioeconomic and demographic characteristics and participation in health promotion group. Primary Care - Family Health Unit, Eastern Health District. Goiania, GO, 2012.

Characteristics of the elderly	**f(%)**
Age - years, mean (SD)[§]	71,0 (7,2)
Gender (n=116)	
Male	4 (15,4)
Female	22 (84,6)
Scholarity (n=115)	
≤4years	18 (69,2)
>4 years	8 (30,8)
Live alone (n=116)	
No	22 (84,6)
Yes	4 (15,4)
Live with companion (n=116)	
No	15 (57,7)
Yes	11 (42,3)
Lives with:	
With children/granchildren	11 (42,3)
With companion, children and/or grandchildren	6 (23,1)
Only companion	4 (15,4)
Alone	4 (15,4)
With companion or other relatives	1 (3,8)
Otherrelatives	0 (0,0)
People living in the same house (n=116)	
≤2	10 (38,5)
≥3	16 (61,5)
Receivespension (n=116)	
No	9 (34,6)
Yes	17 (65,4)
Individual income (n=113)	
≤1minimunwage	20 (76,9)
>1 minimunwage	6 (23,1)
Contribute to family expenses(n=116)	
No	5 (19,2)
Yes	21 (80,8)
Family income	
≤1minimunwage	7 (33,3)
>1 minimunwage	14 (66,7)
Number of person who contribute with family expenses	
One	15 (57,7)
More thanone	11 (42,3)
Kind of house (n=116)	

Rented	1 (3,9)
Own	25 (96,1)
Total	26 (22,4)

[§]SD= standard deviation

Most seniors evaluated their QoL as good or very good (20; 76.9%), but almost all of them were not satisfied with their health (24; 92.4%) (Table 2).

Table 2. Distribution (%) of the elderly according to the evaluation of quality of life, satisfaction with health and participation in the group. Primary Care - Family HealthUnit, Eastern Health District. Goiania, GO, 2012 (n = 116).

Questions 1 and 2 of WHOQOL-BREF	**G1 f(%)**
How do you evaluate your QoV?	
Verybad	0 (0,0)
Bad	0 (0,0)
Neitherbadnorgood	6 (23,1)
Good	14 (53,8)
Verygood	6 (23,1)
Are you satisfied with your health?	
Very Unsatisfied	6 (23,0)
Unsatisfied	12 (46,1)
Neither satisfied norunsatisfied	6 (23,1)
Satisfied	2 (7,8)
Very satisfied	0 (0,0)
Total:	26 (100)

In the WHOQOL-BREF, it is noted that the “physical” domain was obtained score of 66.7 (SD=11.2), the “psychological” 67.9 (SD=11.2), “social relations” 75.3 (SD=15.4) and “environment” 60.2 (SD=11.2).

Regarding the WHOQOL-OLD it is perceptible the facet “sensory abilities” had a mean score of 70.0 (SD=18.1), “autonomy” 58.4 (SD=14.9), “past, present and future activities” 69.7 (SD=11.7), “social participation” 72.4 (SD=11.2), “death and dying” 56.7 (SD=19.5) and “intimacy” 67, 3 (SD=20.3). The highest score was achieved in the total score of the WHOQOL-OLD, as 87.5 (SD=7.9) (Table 3).

Table 3. Measures of central tendency and dispersion of elderly quality of life according to participation in the group. Primary Care - Family Health Unit, Eastern Health District. Goiania, GO, 2012 (n = 116).

Quality of Life	**G1**	
	Mean (SD*)	**CI** 95%**
WHOQOL-BREF (0-100 points)		
Physical	66,7 (11,2)	62,4 – 71,1
Psychological	67,9 (11,2)	63,6 – 72,3
Social relations	75,3 (15,4)	69,3 – 81,3
Environment	60,2 (11,2)	55,7 – 64,7

WHOQOL-OLD (0-100 points)		
Sensory abilities	70,0 (18,1)	62,5 – 77,5
Autonomy	58,4 (14,9)	52,6 – 64,2
Past, present and future activities	69,7 (11,7)	65,0 – 74,4
Social participation	72,4 (11,2)	67,8 – 76,9
Death and dying	56,7 (19,5)	48,8 – 64,6
Intimacy	67,3 (20,3)	59,4 – 75,2
Total score	**87,5 (7,9)**	**84,2 – 90,7**

*SD: standard deviation
**CI: confidence interval

DISCUSSION

Among the elderly of this research, as well as in practically all age groups, there is predominance of women[5]. It is noticed that women are more concerned about health and adoption of healthy living habits, showing greater interest in the promotion and protection health activities, when compared to men[18].

Note, therefore, the need to implement actions directed to man aiming mainly at protecting and promoting the health of these individuals[19].

In this research most respondents had low education and economic status. Situation commonly associated and present in the lives of Brazilian elderly[5].

Interesting point out that the scholarity favors the adoption of lifestyles that protect the health of the elderly[20-21], as well as participation in education and health promotion activities, as it allows the elderly to understand that these actions are important in maintaining their health and QoL[20]. In contrast, elderly with poorer education show up more sedentary and less intake of fruits or vegetables[22].

It is noticed that skilled individuals have greater power to interfere in their own process of health and disease, expanding your view about the factors related to the social production of healthy life[23].

The low income, in turn, favors the inadequate access to nutritious food, housing, health care, participation in leisure activities, social inclusion, among others. This situation reflects negatively on the QoL of the elderly [24].

It is also worth noting that changes resulting from the aging process, such as the emergence of chronic diseases, physical-functional and/or cognitive limitations, can compromise a lot the health of the elderly, causing to him the feeling of dissatisfaction with this aspect of his life[24-25].

In addition, the management of health problems, presence of symptoms, changes in daily routine, among other issues, may influence negatively the perception of QoL of people[26]. For example elderly with pain and discomfort, changes in sleep and mobility, dependence on medication use and realization of treatments, have a poorer QoL when compared to older elderly who have not these characteristics[21].

However, as noted in this and another study[27], dissatisfaction with health does not necessarily represent dissatisfaction with QoL. Even elderly with various comorbidities

can express positive perceptions of QoL. For many people having a controlled disease or taking drugs do not make them perceive themselves as sick[28].

The scores achieved by the participants of this study in the WHOQOL-BREF showed higher values than those obtained by elderly in another research[21].

Studies indicate that join groups improve, in some way, physical and psychosocial aspects of the elderly, as they stimulate these people to stick to healthy habits and regularly practice physical exercises and to have social participation[12,18].

Similar to the results presented in this study, elderly participants in a social group obtained scores of 83.6 (SD=5.1) in the total score of the WHOQOL-OLD[14]. This result suggests that the aging process, in spite of causing decline of some cognitive capacities can be compensated if the elderly remains participatory community where they live in, establishing ties and networks and social support[27].

In this sense it appears that are decisive for the elderly QoL in addition to the biological aspects, also the possibilities of establishing interpersonal and social participation, essential aspects for an active and healthy aging[27], and can be reached by through participation in group activities[12].

CONCLUSIONS

Were conclude that assessment of QoL sets up as strategy that can be used by the health professional that coordinates groups to identify aspects of life of elderly more committed by the aging process and, thus, make possible the implementation of effective interventions to the demands of these clients.

However we highlight that were used generic instruments to assess QoL, that is, we did not limit to specific aspects such as the fact of having or not having health. This situation allowed the perception of biopsychosocial aspects related to the life of the elderly.

It is suggested that participate in health promotion groups favors improvements in various aspects of QoL of the elderly, especially those related to social participation and establishment/maintenance of interpersonal relationships.

So the group is a resource that should be used by health professionals to promote and protect the health of the elderly, as it allows breaking loneliness situations and gives opportunity to the elderly establishes new bonds of friendship.

We emphasize that the actions developed in the investigated health promotion group are held in response to the needs of the elderly. This situation can maximize the benefits achieved with the group practice. From this perspective we encourage professionals who wish to use the group as a resource for assistance to the elderly, topay attention to issues related to planning, structure and coordination of the group, so they can, in fact, enhance the benefits that can be achieved when use this activity, such elderly empowerment in the pursuit and protection of their autonomy and active aging.

Among the study's limitations it is emphasized that, because it is a descriptive research it was not possible to establish a causal relationship between the variables.

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