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ORIGINAL ARTICLE

SOCIAL FACTORS AND THE IMPROVEMENT OF THE QUALITY OF LIFE OF THE ELDERLY: A SYSTEMATIC REVIEW

FATORES SOCIAIS E MELHORIA DA QUALIDADE DE VIDA DOS IDOSOS: REVISÃO SISTEMÁTICA FACTORES SOCIALES Y MEJORA DE LA CALIDAD DE VIDA DE LAS PERSONAS MAYORES: UNA REVISIÓN SISTEMÁTICA

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ABSTRACT

Objective: to identify the national scientific production social aspects relevant to improving the quality of life for seniors. **Method:** bibliometric study resulting from the systematic review in 54 journals LILACS Database and Virtual Library SCIELO with descriptors sociology or elderly or quality of life, from the question << How social aspects are being discussed in scientific production national as a factor that influences the quality of life for seniors? >> The analysis was based on two thematic categories and ten subcategories. **Results:** it was found that the approaches focused on physical / functional and pathological elderly is scarce research on the social context approach-related quality of life. **Conclusion:** thus, further studies are done to promote citizenship for greater longevity, complementary and alternative practices for healthy aging, increased rehabilitation projects and a political awareness directed towards improving the quality of life of this population. **Descriptors:** Sociology; Elderly Quality of Life.

RESUMO

Objetivo: identificar na produção científica nacional os aspectos sociais pertinentes à melhoria da qualidade de vida dos idosos. **Método:** estudo bibliométrico decorrente da revisão sistemática em 54 periódicos da Base de dados LILACS e da Biblioteca virtual SCIELO com os descritores *sociologia* or *idoso* or *qualidade de vida*, a partir da questão << De que forma os aspectos sociais estão sendo discutidos na produção científica nacional como fator que influencia a qualidade de vida dos idosos? >> A análise se deu a partir de duas categorias temáticas e dez subcategorias. **Resultados:** constatou-se que as abordagens se concentraram nos aspectos físicos/funcionais e patológicos dos idosos sendo escassas as pesquisas com abordagem no contexto social relacionadas à qualidade de vida. **Conclusão:** Assim, fazem-se necessários estudos de promoção da cidadania para uma maior longevidade, de práticas alternativas e complementares para envelhecer com saúde, do aumento dos projetos de ressocialização e de uma conscientização política direcionada para a melhoria da qualidade de vida dessa população. **Descritores:** Sociologia; Idoso; Qualidade de vida.

RESUMEN

Objetivo: identificar los aspectos científicos nacionales de producción social de interés para la mejora de la calidad de vida de las personas mayores. **Método:** estudio bibliométrico resultante de la revisión sistemática de 54 revistas de la base de datos LILACS y SCIELO Biblioteca Virtual con la sociología descriptores o de edad avanzada o la calidad de vida, desde la pregunta << ¿Qué aspectos sociales se están discutiendo en la producción científica nacional como un factor que influye en la calidad de vida de los ancianos? >> El análisis se basó en dos categorías y subcategorias temáticas diez. **Resultados:** se encontró que los enfoques centrado en física / funcional y patológico ancianos es escasa investigación sobre el contexto social enfoque relacionados con la calidad de vida. **Conclusión:** por lo tanto, más estudios se realizan para promover la ciudadanía de una mayor longevidad, la medicina complementaria y alternativa para un envejecimiento saludable, el aumento de los proyectos de rehabilitación y una conciencia política dirigida a mejorar la calidad de vida de esta población. **Descriptores:** Sociología; Ancianos Calidad de Vida.

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INTRODUCTION

The World Health Organization (WHO) defines the elderly as the individual aged 60 years or older. This limit applies only to developing countries such as Brazil, as in developed countries are admitted from the age of 65. However, it is inappropriate to characterize a person as elderly with only age as a criterion, because the group classified as seniors include individuals distinct from one another, both in socio-economic aspects, such as demographic and epidemiological.¹

Therefore, changes in the profile of age, suffered in the population structure in the world and in Brazil as a result of declining fertility rates and infant mortality, combined with socioeconomic development, technological and therapeutic treatment of chronic diseases, have caused the increasing number of elderly population aging and in a short time.²

The data from the Brazilian Institute of Geography and Statistics (IBGE) show that the growth of the elderly population, there has been unprecedented in terms, as a worldwide phenomenon. This enlargement of the top of the pyramid can be seen by the growth of the population aged 65 or more, which was 5.9% in 2000, rising to 7.4% in 2010. Currently, Brazil has 20 million people over 60 years, which now represents 12% of the Brazilian population. The aging differs according to each region of the country and the Southeast and South have higher rates of elderly and North and Northeast, presenting also features a young population.³

This may explain why the increase in the number of elderly Brazilian population is a fact that draws attention for its characteristics and consequences, occurring with some peculiarities due to the speed with which this process happens. In developed countries, aging is occurring gradually, accompanied by improvements in the coverage of the health system, housing conditions, sanitation, work, food and social security.⁴

In Brazil this phenomenon occurred rapidly and in a context of social inequalities, with a weak economy, poor access to specialized services and limited financial resources, without the structural changes that respond to the demands of the new emerging age group. If, on the one hand, the aging population has brought the benefits of greater longevity, on the other, brought a new profile of morbidity and mortality, characterized by an increase in chronic diseases, eg, dementias.⁵ It is worth

noting that aging is a heterogeneous phenomenon, occurs differently between people. Thus, the living in poor socioeconomic situation is more exposed to the risk of illness and death, which it is intensified in vulnerable populations such as the elderly.⁶

Currently, chronic diseases determinatings of sequels, hit the elderly population that is more predisposed to co-morbidities, it is also more susceptible to long periods of hospitalization. Issues of loss or impairment of functional capacity and autonomy in the elderly may be more important than the question itself morbidity, since they are directly related to quality of life.⁷ This population consumes today, on average 26% of spending on hospitalizations and of these expenditures, the majority intended to chronic degenerative diseases of high complexity, which culminate with long periods of hospitalization.⁴

In this new epidemiologic and demographic demand is large investments in public health policies to be implemented at the three levels of government - local, state and federal. Therefore, against the panorama above, this study presents the following question: << How social aspects are being discussed in the national scientific production as a factor that influences the quality of life for seniors? >> Thus, this research aims:

- To identify the national scientific production social aspects relevant to improving the quality of life of elderly Brazilians.

METHOD

Bibliometric study, descriptive quantitative approach. The bibliometrics is a study of the quantitative aspects of the production, dissemination and use of information recorded. The principle of bibliometrics is to analyze the scientific or technical activity, the quantitative study of publications and its main objective is the development of increasingly reliable indicators.⁸

The study was developed through systematic review, available on the Internet periodicals databases of Latin American and Caribbean Health Sciences (LILACS) and Scientific Electronic Library Virtual Library Internet (SciELO), held from May to July 2012, with a view that this type of research uses the search organized study and application of scientific strategies that limit bias in the selection of articles, critically evaluates and summarizes all the studies according to topics relevant to the construction a specific study. For the databases were used descriptors:

"sociology or elderly or quality of life."

In the search conducted in LILACS were identified 41.475 publications re-seleccioned and then using the criteria contained in your page: type article, full text, subject main quality of life for elderly and limited in Portuguese language. Thus, 378 articles were found, therefore, established the presence of two descriptors in the title (Aging and quality of life) and the years 2009, 2010 and 2011 for analysis, and found 07 items for the year 2009, 17 articles for the year 2010 and 14 articles for 2011, making a total of 38 articles found in this database.

A search conducted in SciELO with the same descriptors, needed to put the words in the title and Brazil checkboxes. Thus, we identified 8249 publications, selected from subject: humanities and health and Portuguese, reaching a number of 3.210 articles. Likewise the articles were established containing two descriptors in the title and the years 2009, 2010 and 2011 a total of 1.154 articles, then we excluded those also found in LILACS and who were not in full text, and obtained is: 05 articles for 2009, 04 articles and 07 articles for 2010 to 2011, totaling 16 articles.

Therefore, the research was conducted with 54 articles from two databases that were fully read, analyzed, sorted, summarized and categorized according to the data related to the social aspects that influenced to improve the quality of life in elderly our country.

For the categorization of articles was filled an instrument for data collection, containing

the following items: the first part refers to the database, journal name, title of the article and the training of researchers. The second part included characteristics related to: goal (the) study; methodological approach; social aspects and focus given to the quality of life for seniors.

For analysis and discussion of the data was elected the technique of thematic content analysis, following the steps of pre-analysis, which constitutes the initial reading, the classification and categorization, with consequent establishment of subcategories for analysis and interpretation of data.

RESULTS

Three tables were built with the distributions of periodic training of researchers and the types of research and methodological approach. Thus, in Table -1 reveals that the journals that published most on elderly health and quality of life, with 21.6%, were the Journal Science & Public Health and the Journal of the Anna Nery School with 06 articles each journal.

Table 1. Distribution of journals according to the years surveyed, João Pessoa - PB, 2012. (n = 54)

Periodicals	N= 2009	%	N = 2010	%	N = 2011	%	Total	%
Ciênc. saúde coletiva.	01	1.8	01	1.8	04	7.2	06	10.8
Esc. Anna Nery Rev. Enferm.			05	9.0	01	1.8	06	10.8
Acta paul. enferm.	02	4.0	01	1.8	01	1.8	04	7,6
Rev. bras. enferm.	01	1.8	01	1.8	01	1.8	03	5.5
Rev. Bras. Ginecol. Obstet.			01	1.8	02	4.0	03	5.5
Rev. Saúde e Sociedade			01	1.8	02	4.0	03	5.5
Texto & contexto enferm.					03	5.5	03	5.5
Pró-fono.	02	4.0	01	1.8			03	5.5
Rev. Esc. Enferm. USP	01	1.8	01	1.8	01	1.8	03	5.5
Rev. enferm. UERJ			01	1.8	01	1.8	02	3.6
Rev. gaúcha enferm.					02	4.0	02	3.6
J. bras. psychiatrist	01	1.8					01	1.8
Rev. bras. de epidemiol.	01	1.8					01	1.8
Rev. Assoc. Méd. Bras.	01	1.8					01	1.8
Estud. psychology	01	1.8					01	1.8
Rev. Bras. med. sport	01	1.8					01	1.8
Rev. bras. fisioter.			01	1.8			01	1.8
Archives int. otorrinolarig.			01	1.8			01	1.8
Rev. Bras.Med.			01	1.8			01	1.8
Rev. physical educ.			01	1.8			01	1.8
Rev. Kairós.			01	1.8			01	1.8
Rev. Arch. Health Science			01	1.8			01	1.8
Rev Psychology			01	1.8			01	1.8
Rev. medical Hered.			01	1.8			01	1.8
Cad. Of public health			01	1.8			01	1.8
Motriz rev. phys. educ.					01	1.8	01	1.8
Rev. Public health					01	1.8	01	1.8
Total	12	22,6	22	39,6	21	37.8	54	100,0

It can be seen in Table 2 that the training that was presented more publications Nursing with 29 (53%) of quantitative journals, and is also

important to note that professionals trained in Medicine showed a fairly significant percentage with 15 (27%).

Table 2. Distribution of the training of researchers according to the years surveyed, João Pessoa - PB, 2012. (n = 54)

Training researchers	N= 2009	%	N= 2010	%	N= 2011	%	Total	%
Nursing	06	11.0	12	22.0	11	20.0	29	53.0
Medicine	03	5.5	07	13.0	05	9.0	15	27.5
Physical Therapy	01	1.8	05	9.0	04	4.0	10	15.0
Speech Therapist	02	4.0	03	5.5	01	1.8	06	11.0
Psychology	02	4.0	02	4.0	01	1.8	05	9.0
Nutrition	02	4.0	01	1.8	01	1.8	04	8.0
Dentistry					02	4.0	02	4.0
Social Worker					02	4.0	02	4.0
Physical Education			01	1.8	01	1.8	02	4.0
Pharmacy					01	1.8	01	1.8
Psychiatry					01	1.8	01	1.8

Note: There was more than one answer (type of training) per journal.

From the data of Table 3, it can be observed that the type of study and methodological approach most often used in the descriptive study were journals and transverse obtained

with a quantitative approach 12 (22%). However, it is important to note that 06 (11%) consisted of qualitative descriptive study.

Table 3. Distribution of the type of study and methodological approach according to the journals surveyed, João Pessoa - PB, 2012. (n = 54)

Study and Methodological approach	Quantitative n = 54		%	Qualitative n = 54		%	Quantiquitative n = 54	%
Descriptive and transversal	12	22.0						
Descriptive	09	17.0	06	11.0	03	5.5		
Observational cross-sectional cohort	08	15.0						
Cross and analytical	03	5.5						
Home survey and observational study	03	5.5						
Prospective	03	5.5						
Population-based cross-sectional.	02	4.0						
Review of the literature.			01	1.8				
Longitudinal.	01	1.8						
Evaluation research.	01	1.8						
Epidemiological, clinical trial not controlled.	01	1.8						
Case-control study.	01	1.8						
Total	44	81.5	7	13.0	3	5.5		

◆ **Results of Topical Categories**

From the analysis of the results and conclusions of the research investigated during the period 2009 to 2011 it was possible to construct two (02) and thematic categories each containing five (05) subcategories. The first category addressed the factors related to the social aspects that influence the quality of life for seniors and their subcategories: a) coexistence and social interaction b) way of life and environment, c) share of caregivers and social networking; d) shares of public policy and health care, e) psychological and religion.

The second category identified was related to indicators of quality of life, with the subcategories: a) health or absence of disease, b) financial situation, c) education and knowledge; d) independence and autonomy, e) functional limitation.

Importantly, the subs, although they have been described in isolation, both converge and complement each other to promote quality of life.

1. Social aspects that influence the quality of life for seniors

Regarding the publications of 2009 comprising the databases LILACS and SciELO, the survey found that 21 (40%) of the articles emphasized the subcategory "Shares of public policy and health care" as factors related to the social aspects that influence for improving the quality of life of the elderly. Therefore, this subcategory was quite referenced in view the association attributed to physical and psychological and daily contact with the morbidities and complications.

The subcategories "Coexistence and social interaction" as well as the "Way of Life and the Environment" presented 13 (25%) each,

which were closely related to the health and survival of elderly dependents with their family and caregivers.

As for the publications of the year 2010 more subcategories highlighted were the "Coexistence and social interaction" with 27 (50%) of the research. This shows us that the family and community associated with social relationships are very important factors for life and the highest levels of satisfaction among the elderly, as they relate to social aspects. However, other subcategories were found, such as "Way of life and environment" with 13 (25%) and "Psychological aspects, and emotional religiosity" with 05 (10%) of the articles.

These factors are present in very convivial and practices of older people and show up with physical and cognitive changes in the socio-cultural environment in which they are constructed and experienced can lead to a variety of conditions that affect an individual's perception related to their daily operations, including their health status and medical interventions but not limited to them.

Already in 2011 the social factors were most referenced "Coexistence and social interaction" and "Way of life and environment" with 32 (60%) publications. Other subcategories highlighted were the "Shares of public policy and health care" with 11 (20%) and "Action caregivers and social networking" with 08 (15%).

Thus, we emphasize these articles that social interaction protects the elderly from functional loss, especially with work and leisure activities to be valued throughout life, especially in old age, as well as the relationship Friends and careful attention to maintaining a healthy lifestyle.

2. Indicators of quality of life

For publications analyzed in 2009, were identified that improving the quality of life is directly related to issues of "health or absence of disease" which accounted for 20 (35%), the "financial situation" with 13 (25%) and "independence and autonomy" with 13 (25%). These results demonstrate that "health" and "independence" are enough factors studied by the authors, confirming the influence of these variables on quality of life of the elderly, especially when linked to social factors.

As the year 2010 it was found that the importance attributed to a better quality of life was 20 (35%) for the subcategory "health and absence of disease" and 13 (25%) for the "independence and autonomy", being not related to physical dependence by comorbidities, so health seems to be only associated with the absence of disease, not need medical attention and no medicine, but also related to leisure activities and have greater social relationship.

A "financial situation" accounted for 13 (25%), and this subcategory explored by researchers as to be able to purchase what they need, be able to perform what they like and do not depend on others, and have a peaceful old age due to social conditions imposed by financial aspect.

For the year of 2011 it was found that the "health or absence of disease" showed 27 (50%) of the results of the analyzed articles with reference to this factor as essential to have quality of life. Accompanied factors "independence and autonomy" and "absence of functional limitations" with 16 (30%), being the "financial situation" with 05 (10%). With these results it is clear understanding of Brazilian researchers for the presence of disease at this stage of life, representing a challenge to the quality of life of older people, because they are directly related to functional impairments, which compromise the independence and autonomy, and another Instead omit the role of social factors as determinants of quality of life for seniors.

DISCUSSION

The present study showed that the old theme and quality of life have been showing a large increase in the number of publications in recent years and an improvement in approaches involving biological question with the health / illness, the environment and social context that is starting to be emphasized, but still in isolation, related to intra-familiar and aid groups.

It was identified that this subject has been

published by a variety of journals, with 27 different types of publications identified in this research, emphasizing journals as the Journal Science & Public Health is published by the Brazilian Association of Collective Health / ABRASCO, created to end of 2006, and a space for scientific discussions, debates, research presentation, exhibition of new ideas and controversies over the area. It is currently classified as category B1 in Qualis / CAPES. And the Journal of Nursing Anna Nery School of the Federal University of Rio de Janeiro, classified as B1, is the official scientific dissemination of this School that aims to publish original works of authors from Brazil and other countries, relating to Nursing Health and other related areas.

In this context, it is noteworthy that nursing was the area that most professional publications presented during the three years, accounting for more than half of the articles published. And it was evident that the type of study and methodological approach more present in the work were the descriptive and cross-sectional quantitative approach, showing the need for further research with more observational studies, evaluation, and population-based quanti-qualitativa more focused on the psychosocial aspects. In health sciences there is a progressive increase in the publication, in particular, there was a growth of multilingual publishing articles in Portuguese and English which increased 70% to SciELO, from 207 to 404 items, representing 6% of production in the area. In group 01 are five topics on which the Brazilian authors publish more in national journals: multidisciplinary agriculture and agronomy, nursing, multidisciplinary science and biology.⁹

Regarding the subcategory most mentioned "coexistence and social interaction", studies show that the relationship between seniors and their friends is beneficial and satisfactory paramount to avoid isolation, as evidenced in an interview to a group of seniors. Also emphasizing the social and family life as a predisposing factor for the promotion of quality of life, especially the aspect of living and not feel lonely.¹⁰

In turn, the "autonomy and independence", second subcategory that most causes there is the acceptance of chronological age and, therefore, these individuals demonstrate a greater willingness to perform activities of

daily living and practice necessary functions in a phase of life in which it is observed that functional capacity is a central aspect of quality of life.¹¹

Evaluate the quality of life for seniors has implications difficult, because this group demand aspects related to health and physical dependence, being outside the social aspects of the discussion. Given the complexity observed in the natural aging process of the human being, strategies for health promotion and disease prevention to be implemented by health professionals for the purpose of reducing morbidity and comorbidities should be directed to the search for better style of life, social, economic and environmental.¹²

A study shows that health education as a strategy of engagement can promote the quality of life for seniors by involving the whole family, health professionals and the very elderly, mainly through more efficient health programs for seniors. To the authors that a healthy community would be able to identify and understand the determinants of inequalities and constraints, building ways to overcome them in order to promote the integration of the elderly with the whole society.¹³

Another social aspect comes to retirement and away from work, because for many seniors, and leave the work environment that surrounds the issue of "social role", a new financial reality that is burdened by the loss of generating bonuses fall standard of living. Thus, for the vast majority of elderly Brazilians, retirement means a poor socio-economic condition, causing the lowering of their quality of life.¹⁴

Many physical and biological aspects have more consistently undermined the quality of life for seniors, so they are more researched and published in the scientific literature. In this sense, it is clear that the limiting comorbidities such as Alzheimer's disease is a major cause of inconvenience in the lives of patients both as caregivers.¹³

The physical activity aspect addressed by the authors related this always morbid and physiological aspects. Thus, the limitation and lack of independence of the elderly in everyday life are considered the major difficulties encountered by the elderly in coping with everyday that affect the search for quality of life. When individuals age with independence and autonomy, with good

physical, play roles, staying active and enjoying a sense of personal meaning, the quality of life of these people can be very good or at least preserved.¹⁵

According to the data of the present study it was found that research addresses the very issues related to physical factors / disease, as well as changes in lifestyle and needs facing the health services. However, although there is very little research addressing a broader involvement of psychosocial issues related to the field of promotion of the rights established and unrecognized, citizenship has not won, the experience for the longevity of complementary and alternative practices to age better, increased rehabilitation projects and an awareness that most people will face this phase without quality of life.

Studies mention that models of quality of life range from life satisfaction or welfare models based on the concepts of independence, control, social and cognitive skills. Currently, it is common to find in everyday life of the elderly, their participation in social projects, mainly related to the development of physical activities.¹⁶

The quality of life and healthy aging require a more comprehensive understanding and a proper set of factors that make up the daily life of the elderly. However, society is not ready for this change in population profile and, although people are living longer, quality of life does not follow this trend. There is much lack in social and political aspect that gives support for healthy aging.

Our culture conditions the man in production and in this regard, young people gain all spaces, while the elderly are victims of social marginalization. Among the negative aspects of aging include: aging self-rejection, lack of preparation for retirement, occupation of free time done improperly, difficulty coping among the elderly and the young¹⁷.

CONCLUSION

The social situation of the elderly in Brazil reveals the need for further discussion on the relations of the elderly in the family and in society, an aspect emphasized in classrooms, especially in the training of professionals in health and education.

For healthcare professionals, it is essential to seek constant improvement of population health. Based on this assumption arises the need to conduct more studies on social and

quality of life, appreciation and participation in social organizations and by encouraging healthy lifestyles, addressing the specifics of this population, but the imposition of standards of productivity, aesthetic and health points to the exclusion of the elderly, so we need a constant movement towards the socialization of this population, and it is through the dissemination of knowledge that we understand that it is not enough to aim for long life, but the best quality for this live. In this perspective, a solution would be the existence of social and institutional structures with greater openness to this population, encouraging, preparing and supporting the elderly and their families to learn to discover new strategies for dealing with your loved one, reducing the inconsistencies between the needs and lack of social apparatuses.

Thus, it is clear that our public policies and legislation aimed at better social care for the elderly is still very poor, and our literature focused on the health of the elderly in their social context is quite nascent, especially regarding the implementation of existing programs or the creation of social projects that enhance the well-considered more precious by the elderly, which is health.

This low scientific production comes to show us how this population has been suffering from a lack of attitude on the part of managers and consequently as social research focused on the elderly has been little fostered between our researchers. Consequently, the quality of life of seniors in our country is considered an afterthought to chronic degenerative diseases.

Therefore, it was evident that the social issues in the health of the elderly are not yet a priority of Brazilian researchers to produce new ideas and knowledge that can influence society and the authorities in the preparation of National Health Policy for the Elderly. The shortage of social research in the elderly demonstrates the vision and functional biomedical researchers at the expense of the full context of the health of the elderly.

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