REFLECTIVE APPROACH ABOUT HEALTH AND QUALITY OF LIFE OF THE ELDERLY IN THE COMMUNITY CONTEXT

ABORDAGEM REFLEXIVA SOBRE SAÚDE E QUALIDADE DE VIDA DA PESSOA IDOSA EM CONTEXTO COMUNITÁRIO

ENFOQUE REFLEXIVO SOBRE LA SALUD Y LA CALIDAD DE VIDA DE LOS ANCIANOS EN EL CONTEXTO DE LA COMUNIDAD

Maria Manuela Narciso Pereira¹, Sandra Maria Miranda Xavier², Rogério Manuel Ferrinho Ferreira³, Edgar Manuel Prazeres Duarte Canais⁴

ABSTRACT

Objective: to reflect about the health and quality of life of the elderly in a community context. Method: A descriptive study about health and quality of life. The search was performed in databases such as VHL, EBSCO, and MEDLINE by the descriptors ‘community health nursing’, ‘elderly health’ and ‘quality of life’. Results: two themes emerged after analyzing: 1) Health and quality of life and 2) Aging with health and quality of life. Conclusion: the demographic transformation of the XXI Century lead to a world increasingly aged. To live longer is a great conquest and the challenge of this century, it is essential to ensure to the older a healthy living and quality of life. Since aging is a challenge that is increasingly putting in individual and social sphere, it is all the responsibility of building a life path that culminates in an active and successful aging.

Descriptors: Community Health Nursing, The Elderly Health; Quality of Life.

RESUMO

Objetivo: refletir sobre a saúde e qualidade de vida da pessoa idosa em contexto comunitário. Método: estudo descritivo sobre saúde e qualidade de vida. A busca foi realizada em bases de dados como BVS, EBSCO e MEDLINE, pelos descritores ‘enfermagem saúde comunitária’, ‘saúde do idoso’ e ‘qualidade de vida’. Resultados: emergiram duas temáticas após análise: 1) Saúde e qualidade de vida e 2) Evelhecer com saúde e qualidade de vida. Conclusão: as grandes transformações demográficas do Século XXI conduzem para um mundo cada vez mais envelhecido. Se viver mais tempo é a grande conquista e o grande desafio deste século, é fundamental garantir aos mais velhos viver com saúde e qualidade de vida os anos que vivem a mais. Sendo o envelhecimento um desafio que se coloca cada vez mais na esfera individual e social, cabe a todos a responsabilidade de construir a trajetória de vida que culmine num envelhecimento ativo e bem sucedido.

Descritores: Enfermagem em Saúde Comunitária; Saúde do Idoso; Qualidade de Vida.

1Nurse, Professor Coordinator, Master of Science in Nursing, PhD in Social Gerontology at the University of Extremadura, Badajoz, School of Health Sciences of the Polytechnic Institute of Beja. Beja, Portugal. E-mail: mm.pereira@ipbeja.pt; ²Nurse, Assistant Professor, Master in Health Communication, PhD in Nursing at the University of Lisbon, School of Health Sciences of the Polytechnic Institute of Beja. Beja, Portugal. E-mail: sandra.xavier@ipbeja.pt; ³Nurse, Teacher Coordinator, Master of Science in Nursing, PhD in Educación del Profesorato at the University of Extremadura, Badajoz, School of Health Sciences of the Polytechnic Institute of Beja. Beja, Portugal. E-mail: ferrinho.ferreira@ipbeja.pt; ⁴Nurse Specialist in Community Nursing, Master in Public Management, Portuguese Blood Institute. Lisbon, Portugal. E-mail: edgarcanais@gmail.com
INTRODUCTION

Since the so famous words inscribed in the Bible “Increase and multiply” to the contemporary era, various population scenarios have been part of the global landscape. The second half of the XX century represents the milestone of demographic transition, when began a rapid and steady increase in the number of elderly people, initially in industrialized and developing countries and currently extend to all countries.

Demographic aging is a phenomenon that continues to abide the century XXI, for many authors considered one of the greatest triumphs, and consequently one of the greatest challenges of this century.

By 2025 the world will have approximately 1.2 million inhabitants over 60 years. By 2050, they will be more than two thousand, and 80% of them live in developing countries. Predicts that the percentage of people aged 60 years or older worldwide will increase to more than double from the current 10% to 22% between 2000 and 2050, the year that is equal to that of children (0-14 years). Based on demographic studies due to aging, it is known that in 2025, Brazil occupies the sixth place among the countries with a higher number of elderly.

The main factor responsible for the natural aging was the decline in the birth rate, through the decline in births, which affects the phasing of the younger workforce, then aging at the base, and that happens consequently an increase in the relative importance of the elderly, with aging at the top, conditioning double aging populations.

The aging population is an unquestionable reality with profound consequences at various levels in society, and an important prerequisite for scaling transformations and social and community implications.

Because of the changes of the aging population is reflected in greater vulnerabilities, weaknesses, greater number of chronic diseases and greater dependency perspective is the need to create appropriate policies and active aging quality.

It takes a steady adaptation to new situations, promoting health and quality of life, so that the idea of positive health assumes increasing importance as a basic resource to perceive a good quality of life.

The perception of health and health have been experienced over the years, especially in this age group in a negative way, ie, by its absence, because health is often lacking and difficult to perform tasks arises.

The health issue is for the elder one fundamental aspect of life and one of its main concerns, usually felt as ‘the greatest good of life. Their lack often determines malaise in all dimensions of life.

If the physical is not, by itself, a condition of happiness, its absence causes suffering and break the welfare, through complex interactions with other direct and indirect factors of quality of life.

Being the age determinant of health status of the elderly, it is not totally conclusive.

If we consider the WHO definition of health, and they started to emphasize the individual aspects in their physical, mental and social wellbeing and not merely the absence of disease or infirmity, it is actually quite comprehensive character of the person in their aspects individual, social, relational, and can even connect with quality of life.

Health and quality of life are concepts that suggest an association that promotes permanent and life satisfaction, happiness and well-being.

The concept of quality of life is not new; it has received growing research today, particularly in health, still continuing to be subject to consent and results, in part, the new paradigms that have influenced the policies and practices of health in the two last decades.

Some authors argue that quality of life is an eminently human notion and represents a challenge to humanize man’s reality, encompassing many meanings that reflect knowledge, experience and values. These meanings reflect the historical, social class and culture they belong to individuals, including human relationships, sense of participation, democracy, equity, consumption and citizenship.

It is a rather broad concept, multidimensional, complex and fraught with subjectivity, difficult to define because it is a construct that is influenced by cultural and temporal. The conceptualization of quality of life is a difficult task in view of their subjective nature, its complexity and its various dimensions.

Several attempts have been made to clarify the concept of quality of life, which continues to be conceptualized differently for different authors, “there is no consensus in the scientific literature about the concept of the term.”

One of the concepts of quality of life...
universally accepted, and that guides this reflection is presented by the WHO, which defines it as "the individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their expectations, their standards and their concerns. " 6:25; 6:25

Quality of life is a broad concept that encompasses the complexity of the construction and interrelates with the environment aspects of physical, psychological, level of independence, personal relationships and personal beliefs. 12

Understand the meaning of health and quality of life determines how the elderly will face old age, is also a determinant of a successful aging. Health and quality of life in the elderly are so essential premises to create opportunities for empowerment in the elderly, in order to achieve a successful and active aging, given that "preventing addiction and promote active aging seems to be the central theme of the debate and discussion around the issue of longevity earned." 13:14

A reflection on how this issue has been addressed in relation to the elderly and how it reveals the state of the art today, this realization led to reflection.

OBJECTIVE

- To reflect about the health and quality of life of the elderly in a community context.

METHOD

We conducted a study of reflective approach based on the theme of health and quality of life of the elderly in a community context, and aims to reflect on the state of the art of the phenomenon under study. The research was conducted by searching in literature as well as in diverse databases VHL, EBSCO, and MEDLINE, accessing full-text articles, during the months of February and March 2011. The search was performed using the descriptors 'community health nursing', 'elderly health' and 'quality of life', available on the Virtual Health Library

This study seeks to make a general approach on health and quality of life through its conceptualization and evolution throughout history, and ends with a look at the theme healthy aging and quality of life, which highlights the importance of 'give more life and better health' for years.

RESULTS AND DISCUSSION

The results emerged from research conducted around two themes: 'health and quality of life' and 'healthy aging and quality of life.'

♦ Health and quality of life

Give meaning to the concepts of health and quality of life in the light of current paradigms implies back in time and understand its evolution throughout history.

Admittedly, the negative aspect associated to health as absence of disease was scaled positively with the emergence of the concept of WHO health spending is being defined as "a state of complete physical, mental and social wellbeing and not merely the absence of disease." 5:6. Abandoned the concept that character and static reducer and went on to acquire human function. Although this is a concept widely defined and part of everyday life for each of us, remains a difficult concept to mean.

Health is seen as a positive expression of our well-being, which suggests a new approach to health and constitutes a significant change taking us to another important concept in health promotion. The perspective of health promotion is an approach that develops changes that are increasingly focused on the responsibility of every citizen for their health. 14:22

However, it is crucial to acquisition of personal and community through training and personal and community empowerment. A new dimension of health is based primarily on changing lifestyles and personal choices are always conditioned by the perception that takes health, guiding attitudes to health and given the quality of life.

The perception of health is something very personal and that results from the combination of several determinants that apart from age, pointing to the history of life, religion, education, culture, gender, socioeconomic level, the experiences the mass media, where you live, etc.

The definition of health adopted by WHO appreciates the person in physical, mental and social appearance. Given the nature of this range, we can associate with the quality of life, since this concept also in nature, including all dimensions of person.3

Quality of life can thus be understood as something objective and subjective thing, always interacting with everything that surrounds it. Health and quality of life are concepts that often present themselves as like. However, although health and quality of life are two closely related concepts are not always the fact that they have a good health is to have a good quality of life and vice versa.
The concept of quality of life is part of everyday life and its core expressions such as life satisfaction, personal fulfillment, well-being and happiness. It is often used as the concept of health, as it was uniform as to attribute all the same meaning. Being a concept built around values, experiences social, cultural and relational, is subjective and changeable in time and space. Give meaning to the quality of life implies considering the differences inherent 'experiences, the life history of each person.

Quality of life, although it is a concept very present today and in various dimensions of society, is a term that has developed over the years and today it emerges as something essential to give meaning to life.

The growing interest in the concept in healthcare has been influenced by new paradigms that have recently influenced their policies and practices, primarily related to the sector of promotion and prevention. Similarly to conceptualize health is no easy task, also conceptualize quality of life refers to the same difficulty, for its subjectivity and multidimensionality. In fact, in recent decades, the concept has acquired a broader and noted that, while it was emphasizing different dimensions.

Concern about the quality of life has existed since time immemorial. However, the emergence of the concept and the concern for its systematic and scientific evaluation is relatively recent. The idea begins to become popular in the 60s, to become today a concept used in many different fields, such as health, mental health, education, economics, politics, and all services in general.15

Was the oncology specialty who first felt the need to assess the conditions of the quality of life of patients who had increased survival with treatments performed, as often in search of adding 'years to life', was left out of the need adding 'life to years'.12 The development of medicine has enabled the extension of life, generating a significant increase in chronic diseases, aspect that led to the need to put emphasis on a new term, the quality of life.15

This is how the quality of life begins to be associated with health, something that happened very recently. The expansion of the concept by the most diverse areas has allowed it has expanded, and is now considered a central concept, subjective, dynamic with distinct guidelines and clarifications.

The century XX was decisive in the change in regard to quality of life. So far the models of quality of life associated to the 'life satisfaction' and 'welfare' as independence, control, social and cognitive skills. Summed up only the availability of material goods. The concept has acquired a dimension less tangible, such as sense of security, personal dignity, opportunity to achieve personal goals, life satisfaction, happiness, positive sense of self, ie the right to enjoy life.16

Concern for the study of 'quality of life' originated a movement within the human and biological sciences, in appreciating broader parameters that control symptoms, decreased mortality and increased life expectancy. The term for the author is closely associated with 'state of health', 'social functioning', 'quality of life', functioning as synonyms. Quality of life and subjective health status are related concepts, focused on subjective assessment of the patient, but necessarily linked to the impact of health status on the individual's ability to live fully.12

Understanding quality of life set up with a very multidimensional phenomenological experience that goes well beyond the issue of health (...) health continues to be a core area of quality of life, particularly for the elderly subjects.6,7

When you speak of quality of life is evident felt the need to define the term of the semantic point of view, to make it easier to understand. It is so important to begin by decomposing the word - quality and life - and look up the meaning for each of them.

'Quality makes us think of excellence or 'criteria of delicacy', associated with human traits and positive values such as happiness, success, wealth, health and life satisfaction indicates that the concept refers to the same essence or aspects special of human existence',17,6

This semantic meaning is a challenge to associate the person, policies and practices, which alter the course of life and perceptions of what a quality life.17

After consulting literature on this subject it appears that there is some controversy not only about the time of appearance of the concept as well as on their definition, facts that still do not meet consensus in the existing literature. This idea is confirmed once the quality of life is the human condition encompasses several meanings and experiences and values of individuals in society.18

In the mid-70s difficulties arise around the conceptualization of the term quality of life, defined as a vague and ethereal entity, something about which many people talk but no one clearly knows what it is.7
This inconsistency was evident in the review of several articles in the literature in the area of health, it was found that only a small part of the work (15%) presented the definition of the term and that only 36% explained the reason for the choice of a particular instrument measure quality of life, which demonstrated a lack of clarity and consistency in the definition of the term.9

One of the earliest references on this issue and which already can associate a definition of quality of life is that of Aristotle (382-322 BC):

Whether one or more modest ... more refined means 'good life' or 'well-being' as the same thing as 'being happy.' But what is understood as happiness is debatable (...) some say one thing and some another and the same person says different things at different times: when you are sick think that health is happiness, when happiness is wealth is poor.18,20

Its conceptualization was assigned at different times to different authors, having been linked to environmental conditions and qualities later associated with well-being, the way of life, satisfaction, happiness or even material goods. 50-60 years stands as human welfare, and later as integrative concept that covers all areas of life, assuming a multidimensional character. 15, however, is that some recent social conditions have originated with greater emphasis interest in the quality of life, and need to be evaluated. The term has matured and aroused increasing interest at all levels, and today, far from being a new subject and exhausted, continuing to take more and more the character of a present, continuing, however, to have multiple interpretations and different meanings.

From the decade of 60, increases the number of investigations into levels of quality of life, emerging expressions like welfare, living conditions or simply quality of life, involving conditions of satisfaction, happiness, autonomy, among others. Important contributions begin to show the relevance of psychological and social indicators in the assessment of quality of life.18,16

In the years 50/60 excels interest in human welfare. The consequences of the industrialization of society give rise to the need to measure this reality through objective data, while the social sciences have made to develop social indicators, allowed measuring data and events linked to the welfare of the population.15

In the 70s and early 80s, the development and improvement of social indicators, triggered a process of differentiation between them and the quality of life. The term began to define itself as an integrative concept that covers all areas of life (multidimensional), referring to objective and subjective components.15

In the '80s, the term quality of life was adopted as a concept sensitizer, more oriented to person, for you, and for achieving greater satisfaction with their lives.

In the '90s, the concerns around the conceptualization and evaluation of the concept had a higher methodological character.

It is stated that the twenty-first century will be one in which the term will not only have the intentions and actions of individuals that enjoy increasingly greater possibilities of choice and decision and opt for a higher quality of life, but also the human services in general, that summer forced to adopt techniques improved its procedures, to the extent that there will be a group of evaluators who will analyze the results from criteria of excellence as the quality of life.15

Quality of life is a notion eminently human, that keeps relation with the degree of satisfaction of the individual in relation to family life, loving, social, environmental and existential covering the knowledge, experience and values of individuals and communities at a particular time, place and situation.10

The concept of quality of life is different from author to author, and is a subjective concept, dynamic and very broad sociocultural level dependent, the age and the personal aspirations of the individual.19 Although the term quality of life is not consensus, there are three fundamental aspects in its construction were obtained and are subjectivity and multidimensional presence of positive and negative.

Its definition leads to that is perceived individually, according to values, emotions, culture, way of life and style, ie, according to the experiences and life history of each person. These features of globality, ambience and subjectivity are present in all current definitions of quality of life, being, however, guided by all individuality and life trajectory.

Is related to self-esteem and well-being, including functional ability, socioeconomic status, emotional state, social interaction, intellectual activity, self-care, family support, your own state of health, cultural, ethical and religious beliefs, the lifestyle, the satisfaction with the environment in which we live.20
The quality of life in addition to differ from individual to individual, it can be seen differently throughout life. This shows that the aspects that determine it are numerous, and their combination results in a network of phenomena and situations that can be abstractly called quality of life.

There are associated with quality of life factors such as health, longevity, job satisfaction, salary, leisure, family relationships, mood, pleasure and even spirituality. However, in a sense even more comprehensive, quality of life can be a measure of human dignity, as it presupposes the fulfillment of basic human needs. 

• Aging with Health and Quality of Life

Conquered ‘years to life’, with the growing aging population and increased longevity, it becomes increasingly evident to reflect on the importance of ‘giving more life to years’ and ‘give more health to life’. If you live is more important, not less important to live with quality of life the years that live more.

Whereas health is a prerequisite for the performance of activities of daily living and to live a quality life, it is justified to start as soon as possible, a practice of health promotion and disease prevention, since the entire path taken will be decisive in this last phase of life.

It must be so, a shift towards building a positive idea of health, facilitating active aging and that comes with increasing emphasis in contemporary societies, “to promote the notion that aging can and should be a positive experience ”. 4,112

The National Programme for the Health of Older People highlights that health promotion and preventive care, aimed at older people, increase longevity and improve health and quality of life. 21,7

Health is undoubtedly one of the most important factors for successful aging, “so that you can grow old healthily, we must promote the health, physical and mental functioning, and commitment to life, trying to maintain autonomy and personal independence”. 4,112

In the 12th Assembly to the United Nations, the WHO said:

If we want that aging is something positive, it is also necessary that a longer life is accompanied by opportunities to be in good health, to participate, to be safe. (...) An Active aging allows people age realize their potential for physical well-being, social and mental health throughout life and to be involved in the society according to their needs, their desires and their capabilities, boasting protection, a security and care when they have adapted necessidade. 1,5

The elderly person is faced today with goals, aspirations and life projects, which tend to a life of well-being and quality. It is essential to know and understand their expectations in order to give meaning to your life, valuing it, dignifying it and respecting it, thus allowing the exercise of citizenship in an inclusive society.

Talking about health and quality of life in the elderly must be analyzed taking into account the different contexts, such as physical, psychological, sociological and environmental, as old age is characterized by some changes conditioned by all of them.

A study conducted with the elderly population of the United Kingdom revealed:

As aspects most valued by the elderly residing in the community for having good relationship with family and friends, play social roles: as volunteering and hobbies, have good health and functionality; live in a nice house in a nice area and good neighborhood, have a positive outlook on life and maintain control and independence. 4,77

It is understood that these needs are a reflection of a positive perception of health and quality of life, manifested by increasingly high expectations. In order to know the opinion of the elderly on the quality of life, there was a study having emerged as a result the existence of three groups, where the first valued affection and family, the second prioritized getting pleasure and comfort and the third identified the quality of life and ideals of life. 19

National Programme for the Elderly is evident that:

Good health is essential for older people can maintain an acceptable quality of life and can continue to provide their contributions in society, since older people active and healthy, in addition to remain autonomous, are an important feature for their families, communities and economies. 21,6

Given the diversity of existing concepts which define health and quality of life as well as personal and social guidance that would arise, we easily verify that its measurement will not be easy. Several instruments have been developed to measure, given the scientific and social interest that has surrounded the issue, particularly on the elderly. Factors such as age, gender, disease, expectations, values and beliefs are crucial in the construction of the concept.

The physical state and performance,
The adoption of a framework of incentives will motivate a greater number of seniors choosing to opportunities for active aging, thereby reducing their dependence and disability. This would contribute to reconcile the wishes of the elderly to a longer life and higher quality with the legitimate concerns of society with regard to minimizing the costs of aging.22

Also one of the policies of the International Plan of Action on Ageing refers to the need to foster the social inclusion of older people, through lifelong learning, optimization of conditions of physical and psychological development opportunities, participation in family matters, social, economic, cultural and civic, ie, to match your needs, desires and capabilities.1

It is a subject that should be seen by everyone, not only the elderly, to live their old age, but also by all members of a responsible society. It is necessary to adopt an attitude of promoting active aging, betting throughout life in health promotion, autonomy, learning throughout life, in the adoption of healthy lifestyles, promoting safety factors in active participation in family and social life, ie, the quality of life.

In the meta 5 HEALTH XXI is established that:

Health policies should prepared people for healthy aging by promoting and protecting the health, systematically planned throughout life. Social opportunities, educational and occupational allied to physical activities, improve health, self-esteem and independence of older and more active contribution to society.22,14

It is well noted that actively living with health and quality of life throughout life, may be a principle for a successful aging, active and quality, since you age the way they lived. It is essential to establish measures social, political and economic, to provide conditions that enhance increasingly autonomy and social productivity of the elderly.

Conquered ‘years to life’, with the growing aging population and increased longevity, we must reflect on the importance of ‘giving more life to years’ and ‘give more health to life’.24

**CONCLUSION**

The XXI century is definitely the major demographic change refers to an aging worldwide, and in parallel with an increase in longevity. In this scenario of an increasingly aging population, it is essential to ensure older living with better health and better quality.
To live longer is an increasingly achievement and challenge of modern societies, it is no less important to live with quality the years that live more.

This is why health and quality of life remain current issues and taking an important dimension in the elderly, not only for being a group where reign the weaknesses and vulnerabilities, but because one of the most representative groups of this century, it is necessary give you opportunities to create empowerment, while facilitating factor for a successful and active aging.

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