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ORIGINAL ARTICLE

QUALITY OF LIFE EVALUATION OF THE ELDERLY LIVING IN A FOR LONG STAY CARE INSTITUTION

AVALIAÇÃO DA QUALIDADE DE VIDA DE IDOSOS RESIDENTES EM INSTITUIÇÃO DE LONGA PERMANÊNCIA PARA IDOSOS

EVALUACIÓN DE LA CALIDAD DE VIDA DE ANCIANOS RESIDENTES EN INSTITUCIONES DE LARGA PERMANENCIA PARA ANCIANOS

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ABSTRACT

Objective: to evaluate the Quality of Life of the elderly living in a long term care institution. ***Method***: this is a descriptive study with cross-sectional design, conducted in the city of Três Lagoas (MS), Brazil with 17 elderly, applying the WHOQOL-BREF and WHOQOL-OLD instruments. For data analysis, descriptive statistics was used and data were presented in figures. ***Results***: the average of the scores in the four domains of WHOQOL-Bref refers to the QOL indicator, with 52.84% of satisfaction of the elderly. Regarding the WHOQOL-OLD instrument, the results were analyzed according to the six facets of the instrument, with an average of 52.54% satisfaction of the elderly in relation to their QOL. ***Conclusion***: it can be considered that despite the difficulties to be faced with advancing age, elderly patients evaluated in this study perceive their quality of life as regular. ***Descriptors***: Quality of Life; Institution for the Aged; Aging; Health; Public Health.

RESUMO

Objetivo: avaliar a Qualidade de Vida dos idosos residentes em uma instituição de longa permanência. ***Método:*** estudo descritivo, com desenho transversal, realizado no município de Três Lagoas (MS), Brasil com 17 idosos, sendo aplicados os instrumentos WHOQOL-bref e o WHOQOL-OLD. Para análise dos dados foi utilizada a estatística descritiva e os dados apresentados em figuras. ***Resultados:*** *a* média entre os escores pontuados nos quatro domínios do WHOQOL-Bref refere-se ao indicador de QV, apresentando 52,84% de satisfação dos idosos. Com relação ao instrumento WHOQOL-OLD, os resultados foram analisados de acordo com as seis facetas do instrumento, apresentando uma média de 52,54% de satisfação dos idosos quanto a sua QV. ***Conclusão:*** pode-se considerar que apesar das dificuldades a serem enfrentadas com o avanço da idade, os idosos avaliados por esse estudo percebem sua qualidade de vida como regular. ***Descritores:*** Qualidade de Vida; Instituição de Longa Permanência para Idosos; Envelhecimento; Saúde; Saúde Pública.

RESUMEN

Objetivo: evaluar la Calidad de Vida de los ancianos residentes en una institución de larga permanencia. ***Método:*** estudio descriptivo, con diseño transversal, realizado en el municipio de Três Lagoas (MS), Brasil con 17 ancianos, aplicando los instrumentos WHOQOL-bref y el WHOQOL-OLD. Para análisis de los datos, fue utilizado la estadística descriptiva y los datos presentados en figuras. ***Resultados:*** *la* media entre los escores en los cuatro dominios del WHOQOL-Bref se refiere al indicador de CV, presentando 52,84% de satisfacción de los ancianos. Con relación al instrumento WHOQOL-OLD, los resultados fueron analizados de acuerdo con las seis facetas del instrumento, presentando una media de 52,54% de satisfacción de los ancianos en relación a su CV. ***Conclusión:*** se puede considerar que a pesar de las dificultades a ser enfrentadas con el avance de la edad, los ancianos evaluados por ese estudio, perciben su calidad de vida como regular. ***Descriptores***: Calidad de Vida; Institución para la Tercera Edad; Envejecimiento; Salud; Salud Pública.

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INTRODUCTION

The demographic structure in Brazil has undergone a transition process, increasing elderly population and reducing the amount of children and young people. This aspect is mainly related to the reduction of mortality and birth rates.[1]

Because of the aging population, the demand for health services tends to increase, mainly due to non-communicable diseases (NCDs), such as the circulatory system, cancer, and respiratory diseases. It is noteworthy that the NCDs have 72% of deaths in the country, affecting individuals of different social and economic classes.[1]

Also, the aging process is associated with multi-faceted aspects that comprise physiological, environmental, cultural changes, including the quality of life.[2] From the perspective of establishing a planning and programming of health actions, it is necessary to evaluate the quality of life (QOL) of the population, mainly in Brazil having a huge socio-economic and cultural disparities.[3] The QOL in old age is associated with the perception of the experience that each has, and it involves several criteria of biological, psychological and socio-structural nature; as well as cultural aspects, values, objectives, expectations and life concerns about the elderly person.

An increasingly common scenario in Brazil is the institutionalization of the elderly due to several factors, such as longevity, fragility, development of chronic degenerative diseases and impaired autonomy.[4] Also, the Long-Term Institution for the Elderly (ILPI) is an alternative for the elderly without his family ties and/or socially vulnerable families.[5] This may represent a social exclusion, to the extent that the old is seen away from the social relationships that are part of his life, influencing his QOL.[4-5]

A previous study[6] conducted in the same ILPI and with the same participants pointed out the concern of ILPI to the needs and assisted care to this population seeking to improve the QOL of elderly people who remain there. Thus, the aim of this study is to evaluate the quality of life of the elderly residents in a Long Term Care Institutions for the Aged People.

METHOD

This is a descriptive, and cross-sectional study conducted in an ILPI in the municipality of the city of Três Lagoas, located at the eastern end of the state of Mato Grosso do Sul.

The inclusion/exclusion criteria used in this study were: individuals aged 60 years old or more, residents of ILPI, who did not have psychic and neurological disorders hindering the 20% of the answers or more of the questions of the instruments (n=4) and accepted to participate in the study (n=17).

Data collection was carried out from January to April 2014, applying two instruments to evaluate the QOL proposed by WHO: WHOQOL-BREF and the WHOQOL-OLD module instruments, validated and adapted to Brazil.[7-8]

The answers of the instrument were distributed on a Likert scale, and the degree of preference to intensity-related instrument issues was represented (nothing - extremely), capacity (nothing - completely), frequency (never - always) and evaluation (very dissatisfied - very satisfied, very bad - very good).

The WHOQOL-BREF instrument consists of 26 questions and two questions regarding overall QOL and 24 questions divided into four areas, each area is to analyze, physical capacity, psychological well-being, social relationships and the environment in which the individual is inserted. In addition to these four areas, the WHOQOL-BREF consists of an area which analyzes the overall quality of life (OQL).[7]

The WHOQOL-OLD module consists of 24 items with six facets: “sensorimotor function” (FS), “Autonomy” (AUT) “Past, present and future activities” (PPF), “Social participation” (PSO) “Death and dying” (MEM) and “Intimacy” (INT). Each of the facets has four items. Therefore, for all facets, the score of possible values can range from 4 to 20 since all items of a facet have been filled. The scores of the six facets or the values of the 24 items of the WHOQOL-OLD module can be combined to produce an overall score, “global” quality of life of elderly, denoted as “total score” of the WHOQOL-OLD module.[8]

For the calculation of scores and analysis of descriptive statistics, (average, standard deviation, maximum value, minimum value, coefficient of variation and amplitude) of the WHOQOL-Bref and WHOQOL-OLD, two tools from Microsoft Excel software were used, following the syntax proposed by Whoqol group.[9-10] The results of descriptive statistical analysis of the QOL instruments were presented in a range between 4 and 20 (gross score) as can be seen in Figure 1 and Figure 3, as the average scores were converted to a scale of 0 to 100, and shown in Figures (Figure 2 and Figure 4).

The research project was approved by the Research Ethics Committee of the Federal University of Mato Grosso do Sul (Protocol n°

501,808/2013). All participants signed a consent form.

RESULTS

The study participants were mostly male (58.8%); retired (94.1%); married (94.1%); between 60 and 79 years old (70.6%) and up to four years of study (82.4%). Regarding the perception aspects related to health (64.7%) were considered healthy. Furthermore, 94.1% used medication daily and 94.1% had one or more non-transmissible chronic disease (NCD), and hypertension was the most prevalent disease in this study population (47.0%).

As for the quality of life of the elderly, Figure 1 indicates the scores to each of the areas listed in the WHOQOL-BREF instrument. The scores assigned to each area of the indicator range from 1 to 5 (where 1 indicates dissatisfaction and 5 mean satisfaction) and they reach a maximum of 20 points in the instrument. The results show that the physical domain (11,13) and the environment domain (11,84) were the least contributed to the quality of life study of elderly according to the average found. The maximum amount awarded was the social relationships, where the average was 13.84, and the standard deviation was 4.59.

Domain	Average	Standard Deviation	Variation Coefficient	Minimum value	Maximum Value	Amplitude
Physical	11.13	3.26	29.29	6.29	17.14	10.86
Psychological	13.77	2.93	21.30	8.00	17.60	9.60
Social Relationships	13.84	4.59	33.17	4.00	20.00	16.00
Environment	11.84	2.97	25.10	6.50	17.00	10.50
Self-assessment of Quality of Life	13.65	3.62	26.54	8.00	20.00	12.00

Figure 1. Descriptive statistics of the quality of life in the sample. Whoqol-Bref, raw score, Três Lagoas, 2016.

In Figure 2, it can be observed that the areas evaluated by the WHOQOL-Bref instrument (physical, psychological, social and environmental) are in satisfaction in 52.84%, and the closer to 100, the better QOL of the elderly in ILPI. In a specific analysis, the social relationship is the one with the highest score with 61.52%, followed by the psychological domain with 61.08%. The area with the lowest satisfaction score found was the physical domain with 44.54%.

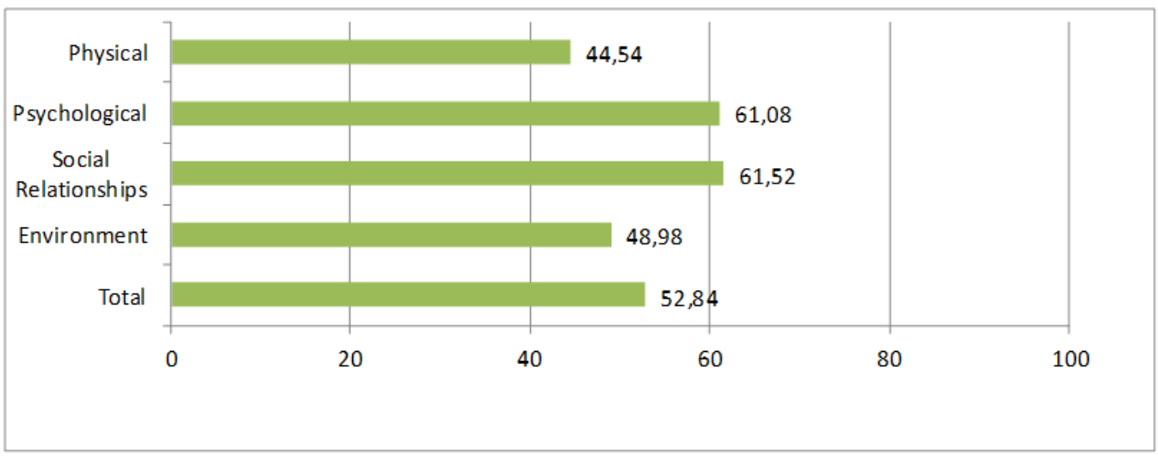

Figure 2. The quality of life of elderly residents in ILPI. Whoqol-Bref, Transformed Score (0 to 100%), Três Lagoas, 2016.

Figure 3 indicates the scores to each of the areas listed in the WHOQOL-OLD instrument. The scores assigned to each area of the indicator range from 1 to 5 (where 1 indicates dissatisfaction and indicates5satisfaction) and they reach a maximum of 20 points in the instrument. It is noticed that the facets autonomy and social participation, obtained averages 10 and 11.18 respectively, with the worst performance about other facets; while Death and Dying facet had the highest average (14.65).

Facets	Average	Standard deviation	Variation coefficient	Minimum value	Maximum value	Amplitude
Sensorimotor function	13,82	5,19	37,52	6,00	20,00	14,00
Autonomy	10,00	3,10	30,98	5,00	14,00	9,00
Past, present and future activities	12,12	2,78	22,95	6,00	16,00	10,00
Social participation	11,18	4,69	41,99	4,00	20,00	16,00
Death and Dying	14,65	3,55	24,25	6,00	20,00	14,00
Intimacy	12,71	3,80	29,94	6,00	18,00	12,00

Figure 3. Descriptive Statistics of the quality of life in the sample. WHOQOL-OLD, raw score, Três Lagoas, 2016.

Figure 4 showed the transformed scores the facets of the WHOQOL-OLD, and, generally, the quality of life of the elderly was evaluated on a regular basis, with an average of 52.54. In a specific analysis, the facet death and dying were the one with the highest score with 66.54%, followed by facet functioning of sensory with 61.40%. However, the lowest score was found in the facet autonomy, with 37.50%.

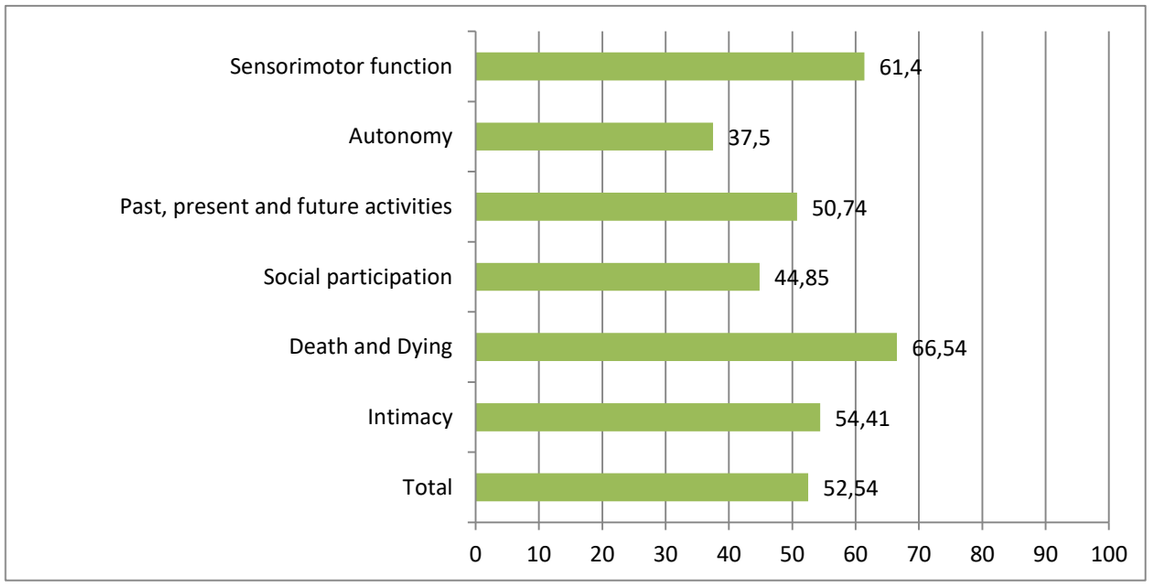

Figure 4. The quality of life of elderly residents in ILPI. WHOQOL-OLD, Transformed Score (0 to 100%), Três Lagoas, 2016.

DISCUSSION

The evaluation of the quality of life in the institutionalized elderly people is essential to find out how the elderly is inserted in an environment in which there is partial or total disruption of their social support network being successful, both in well-being as satisfaction with the life.

The results of this research showed that, in general, the quality of life of institutionalized elderly was evaluated as regular. This fact corroborates a study in Natal.[11] However, investigations with ILPIs of elderly residents in Sorocaba, SP, and Barra Bonita, SP showed that quality of life was positively assessed.[12-13]

It is observed that there is no consensus on the influence of institutionalization on the QOL of the elderly, even when compared to the community groups.[5,10,11-14] This may be related to the fact that, despite having ILPIs life marked by routine full of rules and certain hours, with little similarity to the family environment and changing the routine of residents, many elderly can restructure their lives and adapt to the new rules,[15] so the staff of the institution plays a key role in how the changing environment and daily life of the elderly will impact on their QOL. The activities of ILPI should be organized to be essential for the welfare of the residents.

One aspect highlighted by the elderly as positive for QOL are the social relationships.[5,16] However, this characteristic was evaluated negatively by the WHOQOL-OLD instrument in this study, as well as the intimacy. The social relationships concern the participation in activities of daily life, especially in the community and the intimacy is the ability to have intimate and personal relationships. That is, they are aspects and directly related to the social/family support that these elderly people have.

The family plays an important role in the context of the life of every human being. Many families after the institutionalization of the elderly do not return to visit them, delegating care professionals of the institution.[17] Moreover, with the institutionalization, the living with the family takes on some days of the week, a few days of the month or slightly longer timelines. Thus, the need for affectivity significantly manifested in the daily lives of the elderly,

expressing once again that the family must be present at this stage, to provide the necessary support.

The family is understood as something more than individuals who share blood ties, also referring friends and colleagues. This expanded concept of the family makes some older people see the institutionalization not as something that leads to loneliness and abandonment, but as the possibility of establishing a family support.[17] Therefore, activities that occupy the daily life of the institutionalized elderly and strategies aimed at stimulating bonds between them can minimize the suffering caused by the absence of family, and help to improve their lives. Therefore, it is essential to the team of ILPI favoring the social life of the elderly, with the establishment of actions that promote the formation of groups to perform physical activities, leisure, cultural and work.[18] Also, this fact is related to the environment domain of the Whoqol-bref instrument, who owned negative evaluation by the elderly of the study, consisting of aspects such as opportunities to acquire new information and skills and recreation/leisure. Also, there is evidence that the higher the social relationship, the lower the symptoms of depression and better mental health among the elderly.[5]

The autonomy of the elderly is the independence to be able and free to live autonomously and make their decisions. That was the aspect of the worst performance in the study (37.50%), which corroborates the literature.[11,15] the past followed it, present and future activities (50.74%), which is related to satisfaction with achievements in life and goals to be achieved that is their perspective about the future.

Study in Maringá/PR, with institutionalized elderly to know the feelings on this condition showed that the lack of freedom was seen as the biggest annoyance factor for the elderly, expressing negative feelings about it, feeling pressured and compelled to take medications, feeding at certain times, maintain personal contacts unwanted, participate in activities they do not like and leave the institution only with the consent of a guardian.[19]

Aggravating this fact, the elderly in ILPIs are usually passive people without occupational activities and often realize that the people of the institution where they live do not respect their freedom, not allowing them to make decisions about what they would like to do in their life or plan their future.[11] Therefore, it is essential to introduce activities aimed at the occupation of the elderly, with craft workshops, as well as interventions that encourage contact with the outside world, such as trips, tours, among other activities. It is worth noting that old age is different from the other stages of adult life by the wide availability of free time, which, if not used properly, it can lead to isolation, apathy, the progressive loss of identity and low self-esteem.[20] Also, the ILPI team should allow the expression of the elderly, because the environment is planned for them to live. Active listening and communication workshops allow the elderly and may favor their autonomy.

Health is another factor that is related to the autonomy of the elderly, which can be assessed in the physical domain, including pain and discomfort, energy and fatigue, sleep and rest, which had an average of 44.54%. The sensory function is also related to the health of the elderly and obtained an average of 61.40%. It is expected that, with advancing years, the likelihood of physical problems increases, especially musculoskeletal and commitment to the activities of daily life due to lack of willingness, energy, fatigue, which can be aggravated by institutionalization,[4] since the elderly who still live in their homes, whether with family or alone, apparently perform more activities, while the institutionalized elderly are surrounded by nurses, cooks, and caregivers, which supposedly would save some activities.[13]

Studies show that older people who perform regular physical exercise have higher QOL.[4,13,20] Physical exercises have collaborated in improving the QOL of the elderly, helping to maintain vigor and energy for daily activities, decreased the disabled and improving autonomy.[21]

Furthermore, a study conducted in an ILPI of Portugal demonstrated that according to the age group QOL indices differ, and, older subjects had lower rates on QOL, especially related to the physical aspect.[22]

When thinking of health and consequently in QOL of the elderly, we must overcome the health sense as the absence of disease. Mental health assessed by the psychological domain refers to positive feelings, thinking, learning, memory and concentration, self-esteem, body image and appearance, which depends on the conditions of life to which the individual is exposed and leads to satisfaction related to various aspects and should be considered in the activities organized by ILPI.[14]

Spirituality and religiosity factors that influence the mental health of the elderly encourage the confrontation of the various sufferings and difficulties of life.[11,13] also, they assist in coping with the finitude that can be evaluated in the study by the “death and

dying." It was the most positively factor influencing the QOL of the elderly, as well as in another study.[23] This is because the elderly of these studies are satisfied as to the feelings related to the concerns and fears of death. Death can mean the end of everything and the fears are related, most of the time, with the unknown. It is noted in the elderly, the most spiritual values have less evidence about fear of death.[11]

Finally, it is realized that the QOL is complex, and several aspects should be worked out by the coordinators and teams of ILPIs to promote the welfare of the elderly. The National Health Policy for the Elderly states that the practices of care for the older people require a global, interdisciplinary and multidimensional approach. Thus, care for the elderly, especially those institutionalized, must consider the strong interaction between the physical, psychological and social, spiritual factors to promoting their health autonomy of their independence.[24]

CONCLUSION

From the data obtained, it can be concluded that the institutionalized elderly of this study assess how to regulate their quality of life, both through the WHOQOL-BREF instrument (52.84%), and the additional WHOQOL-OLD module (52.54%). Regarding the four domains of the WHOQOL-BREF instrument: physical, psychological, social relationships and environment, it was concluded that the social relationships domain had the highest score of 61.52%, while the physical domain had the lowest score (44.54%).

On the six facets of the WHOQOL-OLD instrument, the death, and dying had the best score of 66.54% while the lowest score was found in the autonomy, with 37.05%.

The level of dependence of the elderly to make their life decisions and the need for help in conducting their daily activities appear in the low score for the elderly to physical factors of WHOQOL-BREF, as well as the autonomy of the WHOQOL-OLD. However, it can be considered that despite the difficulties to be faced with advancing age, elderly patients evaluated in this study, perceive their quality of life as regular.

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