40 - EVALUATION OF THE QUALITY OF LIFE OF OLDER PEOPLE IN BASIC HEALTH UNITS.

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INTRODUCTION:

The world is aging. In the last decades, the third age is the fastest growing population group in developing and developed countries, constituted a majority of the achievements of this century. But what does getting older? Getting older doesn't mean just feel the time passing; so little means getting sick, and Yes, you can get to the advanced age living with all the problems inherent in this phase of life and the changes and losses that frequently team up to old age.

For Duarte (2001), the Brazil before named a young parents today can be considered a country aged structurally, pointed through the estimates a figure of 32 of 33 million people over 60 years in 2025.

In Brazil, where the heterogeneity is evident with old age, as well as socioeconomic and cultural inequality, it is expected that the large number of elderly will unleash in precarious conditions support the basic needs of the health on the political changes occurring be fad for the maintenance and recovery of the health of the population (HENRIQUES et., 2006; VINICI .2002).

In addition, it is important to emphasize that ageing is no longer the privilege of few and that people are living longer, hence the need to adapt the numerous profit and loss situations with which they encounter in the course of life, stay physically active and intellectually and having healthy habits to ageing with good quality of life minimizing changes own age and preventing diseases that affect more, after 60 years. These precepts are increasingly valid and current until today, and are the keys to a successful aging.

Quality of life is an eminently human notion, which has been approximated to the degree of satisfaction found in family life, loving, social, and environmental and own existential aesthetics. Assumes the ability to perform a cultural synthesis of all the elements that a particular society considers its standard of comfort and well-being.

The theme of quality of life is, nowadays, an important concept applied to more diverse population and personal situations and conditions. Structure by aspects of the subjectivity of the person, how she feels, lives relates with society and with itself. Also values the material and cultural aspects of the conditions of its environment: health, education, housing and work among others.

The exercise of caution is an arduous task and coping. Take care, according to SILVA GIMENES & (2000, p. 307), "is to serve, is to offer the other as a form of service, the result of our talents, preparations and choices", those acquired in our caregiver experience, demonstrating to be careful attitudes of care from our knowledge, skill and affection, which, in the other direction, turn into actions that reflect the human being who we are and how we take care.

Health services have a key role in health care, so that the elderly can enjoy life with everything we built. To this end, investments that are required to prioritize disease prevention and control of chronicity conditions allowing elderly a live with quality. The relevance of this article is in fact understand that health care to the elderly requires health services and health team, also from a differentiated, because these are qualifying professionals who are in the "front line" of care to this clientele.

The contribution of this article is also the option of reducing the incidence of health complications of older people with the knowledge of public health policies in Brazil.

This demographic reality and the Brazilian epidemiological points to the urgency of change and innovation in the health care of the elderly population and calls for creative structures, with differentiated actions proposals so that the system gain effectiveness and the elderly can enjoy full year provided by the advancement of science. Autonomy, participation, care, self-gratification, possibility of acting in various social contexts and elaboration of new meanings to life in old age are now key concepts for any policy for the elderly.

Before the exposed to quality of life in the third age is related to the accumulation of experiences that older people acquire over life, as well as affective ties, satisfactory stress tolerance, sense of security and self-esteem. For Goyaz (2003), a constant mode of life with adequate amounts of work and rest, avoiding excess of any species, practicing daily exercises appropriate to the physical construction of the body, and always seeking to maintain the calm spirit and positive attitude towards life are essential factors for maintaining balance physical, psychological and spiritual of the elderly.

The goal proposed for this research is to trace the quality of life of elderly tendidos basic health units. It is essential to fight to have a decent system to all, otherwise we have a respective completely shy and relaxed means quality of life.

METHODOLOGY:

The survey is a descriptive cross-sectional study of character, with quantitative approach. The sample was composed of 259 elderly who receive basic health units in the consultations relating to five Health Districts of the municipality of João Pessoa-PB, who agreed to join by signing the deed of Consent clarified. Data collection was conducted using the form WHOQOL-Bref, which is an instrument used by the World Health Organization (who), to evaluate the quality of life of caregivers.

The data was tabulated and analysed through statistical techniques for descriptive analysis (frequency, percentage, measures of central tendency and measures of dispersion), arranged in tables and analyzed with support in the literature pertinent to the subject on the agenda, with the purpose of answering the purpose of the search. For realization of data collection

was used to scale of quality of life of the World Health Organization (WHOQOL-BREF). This scale allows assessment of 26 items that offer reliable and valid measures for assessing quality of life of caregivers. The scale of quality of life (WHOQOL-Bref) has been widely used in various countries, with indexes of reliability and validity considered suitable.

The data was tabulated and distributed through percentage and frequency, arranged in tables. And analyzed with support in the literature pertinent to the subject on the agenda. The data relating to the instrument for measuring quality of life were organized and analyzed in a group of electronic data, Statistica Software Packare for the Social Sciencs (SPSS), version 17.0 for Windows. Data analysis was performed with the purpose of answering the purpose of the search. Due to the characteristics of the study, the data were analyzed using statistical techniques to descriptive analysis (frequency, percentage, measures of central tendency and measures of dispersion), provisions on tables.

For Polit, Beck and Hungler (2004) the standard deviation can be interpreted as an indication of the degree of error, when using the arithmetic mean to describe a data set. The average represents the sum of all values divided by the number of participant. With regard to the questionnaire – WHOQOL-HIV is composed of 31 items with answers by Likert type scale (score from 1 to 5), divided into 4 domain: physical, psychological, social relations, environment. For the assessment of the quality of life if we consider the 3 score as intermediate value can say that score less than this represents low quality of life and a higher quality of life.

Each facet is composed of 4 items, then generating scores ranging from 4 to 20 points. The scores of the four facets combined with the responses to the 26 items also generate a total score. To assess the effectivity of the facets was a transformation of the raw score for a score transformed into scale of 0 to 100. This way it is possible to express the scale score in percentage between the lowest value possible (0) and the highest (100). To perform this study observed the assumptions of Resolução196/96 of the National Health Council (CNS) Ministry of health (MOH), which States on research with human beings (BRAZIL, 1996). After approval by the Ethics Committee and research at the Federal University of Paraíba, with protocol number 0598 and funded by the MS-25000.174.897/01-2008.

Results and discussions:

Data will be presented the results provided by the elderly respondents who are crowded in family health Units of the city of João Pessoa-PB. The answers were obtained after application of the instrument of quality of life, containing demographic issues, aimed at the identification of the professionals mentioned as well, issues which highlight attention to elderly waived by these professionals.

Characterization of the sample:

In basic health units of the city of João Pessoa-PB, 259 were interviewed elderly, it is important to note that during the initial contact, which explains the reason for the interview. As a way to characterize the subjects of the study, we begin this analysis based on data related to age and sex of the participants, which are exposed in table 01 below.

Table 1 – distribution of the survey participants Monday to age and gender – João Pessoa PB, 2010 (n = 259).

	Male		Female		Total
Age group	**n**	**%**	**n**	**%**	**n**
60 |— 69	42	17	92	37	139
70 |— 79	27	10	55	21	82
80 |— 89	15	6	21	8	31
90 |— 100	01	1	06	2	07
Total	**85**	**32**	**174**	**68**	**259**

The elderly were a featured percentage aged 60 to 69 years with female predominance. Biological, social and cultural factors are responsible for the life expectancy of women. In Brazil, they live about seven years than men.

Results of the domains of the WHOQOL-bref:

Table 2 – distribution of the survey participants second averages and standard deviations (SD) of the domains of the WHOQOL-Bref, João Pessoa-PB, 2011 (n = 259).

Domains	Overall average	± DP General
Physical	3,3	1,1
Psychological	3,8	0,8
Social Relations	3,6	0,8
Meio Ambiente	3,2	0,9
Global quality of life (QVG)	3,7	0,7
Perceived general health (PGS)	3,4	0,9
Global Average	**3,5**	**0,8**

Table 3 – distribution of the survey participants second averages and coefficients of variation (CV %) of the facets of the Physical Domain of the WHOQOL-Bref, João Pessoa-PB, 2011 (n = 259).

Facets	Overall Average	General CV%
Pain and discomfort (Q3) to what extent do you think your pain (physical) prevents you from doing what you need?	2,6	38,4
Energy and fatigue (Q4) how you need some medical treatment to take your daily life?	2,9	34,4
Sleep and rest (Q10) you have sufficient energy to your day-to day?	3,2	24,2
Mobility (Q15) how well you are able to get around?	3,9	46,1
Activity of daily living (Q16) How satisfied you are with your sleep?	3,4	38,5
Dependency of medication/treatment (Q17) How satisfied you are with your ability to perform day-to-day activities?	3,6	22,2
Ability to work (Q18) How satisfied you are with your ability to work?	3,5	25,7
Global Average	**3,3**	**32,7**

Table 4 – distribution of the survey participants second averages and coefficients of variation (CV%) of the facets of the Psychological Domain of WHOQOL-Bref, João Pessoa-PB, 2011 (n = 259).

Facets	Overall Average	General CV%
Positive feelings (Q5) how you leverage life?	3,0	33,3
Thinking, learning, memory and concentration (Q6) to what extent do you think that your life has meaning?	3,8	23,5
Self-esteem (Q7) how can you focus?	3,4	23,3
Body image and appearance (Q11) you are able to accept your physical appearance?	3,7	24,3
Negative feelings (Q19) How satisfied you are with yourself?	3,9	17,9
Spirituality/religion/personal beliefs (Q 26) how often do you have negative feelings such as moodiness, despair, anxiety, depression?	2,0	40
Global Average	**3,3**	**27,1**

Table 5 – distribution of the survey participants second averages and coefficients of variation (CV%) of the facets of the domain of social relations WHOQOL-Bref, João Pessoa-PB, 2011 (n = 240).

Facets	Overall Average	General CV%
Personal relationships (Q20) How satisfied you are with your social relationships (friends, relatives, acquaintances, colleagues)?	3,9	20,5
Social support (Support) (Q22) How satisfied are you with the support you received from your friends?	3,1	32,2
Sexual activity (Q25.how) how satisfied are you with your sex life?	3,7	18.4
Global Average	**3,5**	**23,7**

Table 6 – distribution of the survey participants second averages and coefficients of variation (CV%) of the facets of the domain Environment of WHOQOL-Bref, João Pessoa-PB, 2011 (n = 259).

Facets	Overall Average	General CV%
Physical security and protection (Q8) how safe you feel in your daily life?	3,3	24,2
Environment at home (Q23) How satisfied you are with the conditions of the place of residence?	3,8	23,0
Financial resources (Q12) You have enough money to meet your needs?	2,8	27,5
Health and social care: availability and quality (Q24) How satisfied you are with your access to health services?	3,4	29,4
Opportunities to acquire new information and skills (Q13) How are available to you the information you need in your everyday life?	3,1	25,8
Participation in, and recreation opportunities/laser (Q14) to what extent you have laser activity opportunities?	2,7	32,1
Physical environment: (noise/pollution/climate) (Q9) how healthy is your physical environment (climate, noise pollution, attractions)?	3,3	23,5
Transport (Q25) How satisfied you are with your means of transport?	3,3	29,4
Global Average	**3,2**	**26,8**

FINAL CONSIDERATIONS:

Before the aging the goal is no longer just prolong life, but mainly so that the elderly are independent for as long as possible. For this to occur, the Brazil need to ensure universal access to health care, primary care, public policy for risk control and encouragement of healthy lifestyle, emphasizing health promotion and disease prevention, with the main objective of maintaining functional capacity.

When launching a look at the route passed along this study, we can realize that the quality of life of older people still circulates in relation to the least favoured by financial resources, recreational opportunity and laser.

The application of the WHOQOL-Bref allowed identify socio-demographic characteristics, the indexes of domains: physical, psychological, social relations and environment, as well as the influence of the facets on each domain to increase or decrease its index.

In socio-demographic characteristics were observed a prevalence of females in the age group of 60 to 79 years. As regards the analysis of the scores of the domains of HIV WHOQOL-Bref, revealed that the majority of domains submitted averages above the midpoint.

The highest average was obtained by the Psychological domain, domain followed by the Global quality of life, a society marked by profound social inequalities, we need a social and health policies, so that there is a construction, a light focused actions targeted at programmers in relation to the elderly and make spring up offering assistance resources for the material needs are also met.

The action of a multidisciplinary team is of the utmost importance in order to offer that service in its entirety, to come back to the success of assistance, which should not be focused only on the disease, but suited interdependence between biological, socioeconomic and cultural factors observed in this study.

The research in the area of quality of life become of paramount importance for that assistance move closer to the expectations and needs of people. Thus, this study produces some data and, more than anything raises a number of concerns to be continuously investigated.

Therefore, every human being has the right to build his life trajectory, playing and recreating unattended speech to his socio cultural, so that all may be independent of any situation, i.e., must be considered in the planning of policies that promote your health and your rights as a citizen, and an end to institutionalized discrimination, which often block in their social relationsThus, preventing their desire for a better quality of life.

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EVALUATION OF THE QUALITY OF LIFE OF OLDER PEOPLE IN BASIC HEALTH UNITS.

SUMMARY

In recent decades is the third age that population group, but grows, constituting one of the greatest achievements of this century. The quality of life reflects the way the individual is adapted to the activities of their daily lives, including their State of health that involves mental and physical well-being, functional and social inclusion. Related quality of life with the feeling of well-being, autonomy, independence and personal satisfaction, which are individual and vary from one individual to another, because of its subjectivity. Goal: draw the quality of life of elderly persons met in basic health Units. Methods: interviews were held with questions related to the profile of the quality of life, health care and access to the instrument (WHOQOL-Bref). Results: 259 participated in the survey (32%) of the 85 elderly males and 174 (68%) of females between the age of 60 to 100 years. In relation to the quality of life of older people have obtained the averages regarding domains: physical (3.3), psychological (3.8), social relations (3.6), environment (3.2), quality of life Global (3.7) and general perception of health (3.4), whereas a good quality of life. Conclusion: With this becomes apparent through this study that the fields displayed are parts of life of older people, however, so that the elderly maintain health, makes necessary to stimulate their participation in physical activities and laser, including socially-from changes in your lifestyle. It is the current generation perform a short-term planning, medium and long term, using the establishment of a policy of social welfare and health care of the elderly in Brazil, ensuring the legal rights and promoting the quality of life in the "best age".

KEYWORDS: nursing, Elderly, quality of life.

ÉVALUATION DE LA QUALITÉ DE VIE DES PERSONNES ÂGÉES DANS LES UNITÉS DE SANTÉ DE BASE.

RÉSUMÉ

Au cours des dernières décennies est le troisième âge, ce groupe de population, mais se développe, constituant une des plus grandes réalisations de ce siècle. La qualité de vie reflète la façon dont la personne est adaptée aux activités de leur vie quotidienne, y compris leur état de santé qui implique le bien-être physique et mental, inclusion sociale et fonctionnelle. Concernant la qualité de vie avec le sentiment de bien-être, autonomie, l'indépendance et la satisfaction personnelle, qui sont individuelles et varient d'un individu à l'autre, en raison de sa subjectivité. Objectif : tirer la qualité de vie des personnes âgées que se sont réunis en unités de santé de base. Méthodes : entrevues ont eu lieu avec les questions liées au profil de la qualité de vie, la santé et l'accès à l'instrument (WHOQOL-Bref). Résultats : 259 a participé à l'enquête (32 %) de 85 personnes âgées mâles et 174 (68 %) des femelles âgés de 60 à 100 ans. À la qualité de vie des personnes âgées ont obtenu des moyennes concernant les domaines : physique (3.3), psychologiques (3.8), les relations sociales (3.6), environnement (3.2), qualité de vie Global (3,7) et la perception générale de la santé (3.4), alors qu'une bonne qualité de vie. Conclusion : Avec cela devient évident à travers cette étude que les champs affichés sont parties de vie des personnes âgées, cependant, pour que les personnes âgées maintiennent la santé, rend nécessaire de stimuler leur participation aux activités physiques et laser, y compris sur le plan social-des changements de votre style de vie. C'est la génération actuelle effectuer une planification à court, moyen et long terme, à l'aide de la mise en place d'une politique de la protection sociale et des soins de santé des personnes âgées au Brésil, d'assurer les droits légaux et de promouvoir la qualité de vie dans le « meilleur âge ».

MOTS CLÉS : soins infirmiers, personnes âgées, qualité de vie.

EVALUACIÓN DE LA CALIDAD DE VIDA DE LAS PERSONAS MAYORES EN LAS UNIDADES BÁSICAS DE SALUD.

RESUMEN

En las últimas décadas es ese grupo de población de la tercera edad, pero crece, que constituye uno de los mayores logros de este siglo. La calidad de vida refleja la manera en que el individuo se adapta a las actividades de la vida cotidiana, incluyendo su estado de salud que involucra el bienestar físico y mental, inclusión social y funcional. Relacionados con la calidad de vida con la sensación de bienestar, autonomía, independencia y satisfacción personal, que son individuales y varían de un individuo a otro, debido a su subjetividad. Objetivo: sacar la calidad de vida de las personas mayores que se reunieron en unidades básicas de salud. Métodos: se realizaron entrevistas con preguntas relacionadas con el perfil de la calidad de vida, salud y acceso a los instrumentos (WHOQOL-Bref). Resultados: 259 participaron en la encuesta (32%) de los 85 hombres ancianos y 174 (68%) de mujeres entre la edad de 60 a 100 años. En relación con la calidad de vida de las personas mayores han obtenido los promedios sobre dominios: física (3.3), psicológico (3,8), las relaciones sociales (3.6), medio (3.2), calidad de vida Global (3.7) y la percepción general de la salud (3.4), mientras que una buena calidad de vida. Conclusión: Con esto se hace evidente a través de este estudio que los campos que aparecen son partes de la vida de las personas mayores, sin embargo, para que los ancianos mantienen la salud, hace necesario estimular su participación en actividades físicas y láser, incluyendo socialmente-cambios en su estilo de vida. Es la generación actual de realiza una planificación a corto, mediano y largo plazo, mediante el establecimiento de una política de bienestar social y salud de los ancianos en Brasil, garantizar los derechos legales y promover la calidad de vida en la "era mejor".

PALABRAS CLAVE: ancianos, ancianas, calidad de vida.

AVALIAÇÃO DA QUALIDADE DE VIDA DOS IDOSOS NAS UNIDADES BÁSICAS DE SAÚDE.

RESUMO

Nas últimas décadas a terceira idade é o grupo populacional que, mas cresce, constituindo assim, uma das maiores conquistas do presente século. A Qualidade de vida traduz a forma como o indivíduo está adaptado às atividades do seu cotidiano, incluindo seu estado de saúde que envolve bem-estar físico, mental e funcional e sua inclusão social. Relacionam qualidade de vida com a sensação de bem-estar, de ter autonomia, independência e satisfação pessoal, que são individuais e variam de um indivíduo para outro, em decorrência de sua subjetividade. Objetivo: traçar a qualidade de vida dos idosos atendidos nas Unidades Básica de Saúde. Métodos: realizaram-se entrevistas com perguntas relacionadas ao perfil da qualidade de vida, acesso e assistência a saúde com o instrumento (WHOQOL-Bref). Resultados: participaram da pesquisa 259 idosos 85(32%) do sexo masculino e 174(68%) do sexo feminino, entre a faixa etária de 60 a 100 anos. Em relação à qualidade de vida dos idosos obtivemos as médias referentes aos domínios: físico (3,3), psicológicos (3,8), relações sociais (3,6), meio ambiente (3,2), Qualidade de Vida Global (3,7) e Percepção Geral de Saúde (3,4), considerando uma boa qualidade de vida. Conclusão: Com isso fica evidente através desse estudo que os domínios apresentados fazem partes da vida dos idosos, porém, para que o idoso mantenha a saúde, faz necessário estimular sua participação em atividades físicas e laser, incluindo-o socialmente a partir de mudanças no seu estilo de vida. Cabe a atual geração realizar um planejamento em curto prazo, médio e longo prazo, usando o estabelecimento de uma política de bem-estar social e de cuidados à saúde dos idosos no Brasil, garantindo os direitos legais e promovendo a qualidade de vida na “melhor idade”.

PALAVRAS-CHAVE: Enfermagem, Idoso, Qualidade de Vida.