41 - QUALITY OF LIFE ASSESSMENT OF HEALTH PROFESSIONALS IN THE CARE OF THE ELDERLY PERSON.

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INTRODUCTION:

Population ageing is a worldwide phenomenon, being the increase in life expectancy considered a positive factor, but that quality should be increased. The society is living a transition season. The changes that occur in modern times, are preceded by tumultuous changes in habits of the individual and in establishing personal and organizational priorities. But never the changes were so fast, so radical and confusing as now, and can lead to physical and psychological problems. The quality of life at work is the biggest determinant of quality of life. Life without work has no meaning. Thus, in contemporary society, the work went on to occupy a central place in human life.

Second Bertelli (2004), act with quality of life results in work with satisfaction, not only in achieving the desired results by the Organization, but to develop skills and talents in the solution of problems, both in the Organization as in life outside of it.

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 term covers many meanings, that reflect knowledge, experience and values of individuals and collectivities that he report on varied times, spaces and different stories, so a social construction with the mark of cultural relativity.

Among the aspects relating to quality of life, has been very valued the importance of physical activity for health promotion and conditions appropriate to the integral development of skills and abilities of children, young people, adults and seniors.

Tanner (philosophy Dept.) (2008) says that "the quality of life implies creating, maintaining and improving the working environment, either in their physical conditions – hygiene and safety, whether in the social and psychological conditions". Detect which factors that interfere with professional health care and reflect the older person is necessary to have an efficient risk management in the workplace and should be treated in order to improve the comfort, occupational health and safety, which results in a better quality of life at work and increased productivity for your organization.

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 aging process has a significant impact on numerous factors that affect the development of societies and the relative well-being not only of elderly people, but also of professionals. We realize that the public health policies emphasize that the family is the first source of support to which its members resort to solving problems. It can be present from simple meal preparation, passing by the leisure mode, until the routine use of drugs and consultations to assess the State of health.

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.

It is distinguished also by the complexity, i.e., incorporates the professional diversity of actors and interests, of technologies, the Organization of space; by heterogeneity due to the variety of coexisting work processes; and by the fragmentation of conceptual thinking and making, technique (professional plurality) and social (social division of labour and between categories). Given the above, the objective proposed for this research is to assess the quality of life of professionals in 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 made up of 240 professionals who work in basic health units for 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.

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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 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. 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.

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:

The data will be presented, regarding the results provided by the professionals interviewed that 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

Table 1 – distribution of the survey participants Monday to age and gender – João Pessoa PB, 2010 (n = 240).

	Male		Female		Total
Age group	n	%	n	%	n
20 |— 30	05	11	41	89	46
30 |— 40	05	09	53	91	58
40 |— 50	09	12	69	88	78
50 |— 60	04	09	39	91	43
60 |— 70	04	27	11	73	15
Total	**27**	**11,25**	**213**	**88,25**	**240**

The professionals had featured a percentage range in age from 30 to 50 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 = 240).

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

The Physical Domain reached the index (3.8), which refers to the facets: pain and discomfort, energy and fatigue, sleep and rest, mobility, activity of daily living, dependence on medication/treatment and work capacity of professionals who work in basic health units.

The facet mobility with average (4.4), work capacity (3.9) pain and discomfort (3.8) presents the best medium. Pain is one of the most frequent causes of discomfort. Pain behavior is influenced by social, cultural and psychological factors.

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 = 240).

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?	3,8	33,3
Energy and fatigue (Q4) how you need some medical treatment to take your daily life?	3,6	39,8
Sleep and rest (Q10) you have sufficient energy to your day-to day?	3,5	22,0
Mobility (Q15) how well you are able to get around?	4,4	17,7
Activity of daily living (Q16) How satisfied you are with your sleep?	3,6	29,7
Dependency of medication/treatment (Q17) How satisfied you are with your ability to perform day-to-day activities?	3,8	20,5
Ability to work (Q18) How satisfied you are with your ability to work?	3,9	20,1
Global Average	**3,8**	**26,1**

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 = 240).

Facets	Overall Average	General CV%
Positive feelings (Q5) how you leverage life?	3,4	35,8
Thinking, learning, memory and concentration (Q6) to what extent do you think that your life has meaning?	4,2	15,1
Self-esteem (Q7) how can you focus?	3,6	18,4
Body image and appearance (Q11) you are able to accept your physical appearance?	3,8	23,2
Negative feelings (Q19) How satisfied you are with yourself?	3,9	20,1
Spirituality/religion/personal beliefs (Q 26) how often do you have negative feelings such as moodiness, despair, anxiety, depression?	3,9	20,4
Global Average	**3,8**	**22,1**

In relation to facet spirituality/religiosity/personal belief got the average (3.9) being the second highest average. As Atkinson and Murray (2000) "the spiritual dimension of life is a quality more comprehensive than the religion" because the spiritual need is experienced by all people.

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	CV% Geral
Personal relationships (Q20) How satisfied you are with your social relationships (friends, relatives, acquaintances, colleagues)?	4,0	18,9
Social support (Support) (Q22) How satisfied are you with the support you received from your friends?	3,9	17,7
Sexual activity (Q25.how) how satisfied are you with your sex life?	3,8	23,1
Global Average	**3,9**	**19,9**

The facet personal relationship has best average (4.0). According to the Declaration of fundamental rights, Art. 10 "every person has the right to continue his civilian life, professional, sexual and affective. No action can restrict their right to full citizenship ".

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 = 240).

Facets	Média Geral	CV% Geral
Physical security and protection (Q8) how safe you feel in your daily life?	3,5	21,5
Environment at home (Q23) How satisfied you are with the conditions of the place of residence?	4,0	21,7
Financial resources (Q12) You have enough money to meet your needs?	3,0	30,0
Health and social care: availability and quality (Q24) How satisfied you are with your access to health services?	3,4	27,4
Opportunities to acquire new information and skills (Q13) How are available to you the information you need in your everyday life?	3,5	23,1
Participation in, and recreation opportunities/laser (Q14) to what extent you have laser activity opportunities?	3,1	28,6
Physical environment: (noise/pollution/climate) (Q9) how healthy is your physical environment (climate, noise pollution, attractions)?	3,3	26,5
Transport (Q25) How satisfied you are with your means of transport?	3,8	25,7
Global Average	**3,4**	**30,9**

The facet information (3.5), above the average of the field, where the support programme has an obligation to make the meaning to professionals, so all information is available at most different professionals who meet in the health services.

FINAL COMMENTS:

At the end of this article which we cannot say that is the end of the search, because from her description of various information with possibilities for further studies. When launching a look at the route passed along this study, we can realize that the quality of life of health professionals regarding transitions still disadvantaged for lack of qualification and financial situations.

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 40 to 50 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 social relations domain, followed by the physical domain that he obtained in his facet mobility the best general average, positively determined by job training facet, pain/discomfort and dependency of medication/treatment.

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 programmes for health professionals and do 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.

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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QUALITY OF LIFE ASSESSMENT OF HEALTH PROFESSIONALS IN THE CARE OF THE ELDERLY PERSON.

SUMMARY

The quality of life is not a question only of the health sector, have to be a goal of society and the country, so that its citizens have a good life and healthy. 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 professional quality of life 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). Search results: 240 professionals participated 27 (12%) males and 231 (88%) of females between the ages of 20 to 70 years. In relation to the quality of life of caregivers have obtained the averages regarding domains: physical (3.8), psychological (3.2), social relations (4.0), environment (3.5), quality of life and overall general health perception (3.6), whereas a good quality of life. Conclusion: evidencing through this study that the fields displayed are parts of the life of health professionals, and basic piece that should be used in the Act of caring for the elderly.

KEYWORDS: Nursing; quality of life; professionals; elderly.

ÉVALUATION DE LA QUALITÉ DE VIE DES PROFESSIONNELS DE LA SANTÉ DANS LES SOINS DE LA PERSONNE ÂGÉE.

RÉSUMÉ

La qualité de vie n'est pas une question uniquement du secteur de la santé, ont un objectif de la société et du pays, afin que les citoyens aient une bonne vie et en bonne santé. 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 : nul professionnelle de qualité de vie 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 de la recherche : 240 professionnels ont participé 27 mâles (12 %) et 231 (88 %) des femelles âgés de 20 à 70 ans. À la qualité de vie des soignants ont obtenu des moyennes concernant les domaines : physique (3.8), psychologiques (3.2), les relations sociales (4.0), environnement (3.5), qualité de vie et la perception globale générale de la santé (3.6), alors qu'une bonne qualité de vie. Conclusion : attestant par le biais de cette étude que les champs affichés est des parties de la vie des professionnels de la santé et la pièce fondamentale qui doit être utilisé dans la Loi d'entraide pour les personnes âgées.

MOTS CLÉS : Soins infirmiers ; qualité de vie ; professionnels ; personnes âgées.

EVALUACIÓN DE LA CALIDAD DE VIDA DE PROFESIONALES DE LA SALUD EN EL CUIDADO DE LA PERSONA DE EDAD AVANZADA.

RESUMEN

La calidad de vida no se trata sólo del sector salud, tiene que ser un objetivo de la sociedad y el país, para que sus ciudadanos tengan una buena vida y saludable. 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: empate del profesional de la calidad de vida 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 de la búsqueda: 240 profesionales participaron 27 hombres (12%) y 231 (88%) de mujeres entre las edades de 20 a 70 años. En relación con la calidad de vida de los cuidadores han obtenido los promedios sobre dominios: física (3,8), psicológico (3.2), las relaciones sociales (4.0), medio ambiente (3.5), calidad de vida y percepción general general de salud (3.6), mientras que una buena calidad de vida. Conclusión: que acrediten a través de este estudio que muestra los campos es partes de la vida de profesionales de la salud y la pieza básica que debe utilizarse en el acto de cuidar a los ancianos.

PALABRAS CLAVE: Enfermería; calidad de vida; profesionales; ancianos.

AVALIAÇÃO DA QUALIDADE DE VIDA DOS PROFISSIONAIS DE SAÚDE NO CUIDADO A PESSOA IDOSA.

RESUMO

A Qualidade de Vida não é uma questão apenas de setor de saúde, tem que ser um objetivo da sociedade e do país, para que seus cidadãos tenham uma vida boa e saudável. 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 profissionais 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 240 profissionais 27(12%) do sexo masculino e 231(88%) do sexo feminino, entre a faixa etária de 20 a 70 anos. Em relação à qualidade de vida dos profissionais de saúde obtivemos as médias referentes aos domínios: físico (3,8), psicológicos (3,2), relações sociais (4,0), meio ambiente (3,5), qualidade de vida global e percepção geral de saúde (3,6), considerando uma boa qualidade de vida. Conclusão: evidenciando-se através desse estudo que os domínios apresentados fazem partes da vida dos profissionais de saúde, sendo peça básica que devem se utilizadas no ato do cuidar de idosos.

PALAVRAS-CHAVE: Enfermagem; qualidade de vida; profissionais; idoso.