ORIGINAL ARTICLE

Evaluation of satisfaction with nursing outcome for Personal Well-being in elderly patients with chronic diseases

Avaliação da satisfação do resultado de enfermagem Bem-estar Pessoal em idosos com doenças crônicas

Tahissa Frota Cavalcante[1], Lídia Rocha de Oliveira[1], Allyson Lopes Miranda Gondim[1], José Erivelton de Souza Maciel Ferreira[1], Amanda Peixoto Lima Nemer[1], Rafaella Pessoa Moreira[1]

ABSTRACT

Studies assessing the degree of satisfaction with nursing outcome for Personal Well-being in elderly patients with chronic diseases remain incipient. The aim of this study was to evaluate nursing outcome for Personal Well-being of elderly patients with systemic arterial hypertension and diabetes mellitus. This was a cross-sectional study, carried out with 103 elderly outpatients receiving follow-up care at a Primary Healthcare Unit in a municipality in the state of Ceará, Brazil. The magnitude of the response to nursing outcome indicators for Personal Well-being on the Nursing Outcomes Classification was analyzed, according to the degree of patient satisfaction. The indicators that presented the highest degrees of satisfaction were Spiritual life (92.2%) and Social relations (91.2%). The only variables with a statistically significant association with nursing outcome were alcoholism (p=0.011) and cultural activity (p=0.012). The results suggest that elderly patients with systemic arterial hypertension and diabetes mellitus have satisfactory Personal Well-being, with mean satisfaction of 4.06 (±0.76).

Descriptors: Nursing; Chronic Disease; Hypertension; Diabetes Mellitus; Outcome Assessment.

RESUMO

Estudos que trazem a avaliação do grau de satisfação do resultado de enfermagem Bem-estar Pessoal em idosos com doenças crônicas ainda são incipientes. O objetivo desse estudo foi avaliar o resultado de enfermagem Bem-estar Pessoal de idosos com hipertensão arterial e diabetes mellitus. Pesquisa transversal, realizada com 103 idosos acompanhados em uma Unidade de Atenção Primária à Saúde de um município do estado do Ceará, Brasil. Analisou-se a magnitude de resposta dos indicadores do resultado de enfermagem Bem-estar Pessoal da Classificação de Resultados de Enfermagem, segundo o grau de satisfação dos pacientes. Os indicadores que apresentaram maiores índices de satisfação foram: Vida espiritual (92,2%) e Relações sociais (91,2%). As únicas variáveis com associação estatisticamente significativa com o resultado de enfermagem foram etilismo (p=0,011) e atividade cultural (p=0,012). Os resultados sugerem que idosos com hipertensão arterial e diabetes mellitus possuem Bem-estar Pessoal considerado satisfatório, com média de satisfação de 4,06 (±0,76).

Descritores: Enfermagem; Doença Crônica; Hipertensão; Diabetes Mellitus; Avaliação de Resultados.

[1]University for International Integration of the Afro-Brazilian Lusophony – Redenção (CE), Brazil. E-mails tahissa@unilab.edu.br, lidiarocha795@gmail.com, mirandagondim@aluno.unilab.edu.br, eriveltonsmf@live.com, amandanemer@aluno.unilab.edu.br, rafaellapessoa@unilab.edu.br

How to cite this article: Cavalcante TF, Oliveira LR, Gondim ALM, Ferreira JESM, Nemer APL, Moreira RP. Evaluation of satisfaction with nursing outcome for Personal Well-being in elderly patients with chronic diseases. Rev. Eletr. Enferm. [Internet]. 2020 [cited on: ________];22:58690. Available at: https://doi.org/10.5216/ree.v22.58690.

Received on: 05/21/2019. Approved on: 01/06/2020. Available on: 05/14/2020.

INTRODUCTION

Life expectancy having increased significantly in recent years is due to major advances in medical science and its technologies that assist in the early diagnosis and treatment of diseases, guaranteeing more effective therapeutic strategies. On the other hand, this perspective of longevity brings with it the premise of an increase in chronic diseases related to the aging process, which is cause for alarm among the various segments of public health related to care of the elderly, as well as to their personal well-being[1].

Well-being is defined as the comprehension of all the peculiarities of biological aspects, of human life in society, of the psyche, and of the human mind, the perception of which influences the quality of life of the individual[2]. As such, personal well-being depends on the individuality of each subject, and is therefore perceived differently by each human being.

Among the most prevalent diseases suffered by the elderly are diabetes mellitus (DM) and systemic arterial hypertension (SAH), which are the main causes of death and physical incapacity in the elderly[3]. Worldwide, it is estimated that 25% of the elderly have a diagnosis of DM and that 50% have SAH[3,4]. Within the Brazilian context, the National Survey of Sample Households (PNAD), conducted using a sample of approximately 40,000 elderly people, identified a significant increase in the self-reported prevalence of DM (from 10% to 16%) and SAH (from 44% to 53%) between 1998 and 2008[5].

Such pathologies negatively affect individual well-being, mainly in relation to the physical aspect ($p<0.05$) and especially in patients with DM, as these patients are subject to peripheral neuropathies and the progressive loss of sensibility. This corresponds to increased physical difficulties[6], both in the performance of activities that demand gross motor skills, such as walking, and in developing fine skills such as writing and sewing.

In addition, the negative repercussions of these chronic diseases can be seen in the psychological and environmental domains, the physical and autonomic, and in present and future activities. This suggests that the aging process of such individuals is defined by factors that are influenced by chronic diseases that are directly reflected in the worsening of their personal well-being. Therefore, it is necessary to know the level of satisfaction in relation to personal well-being in elderly patients suffering from chronic diseases[7].

The term personal well-being is linked to conditions inherent to the way of life of the subject, such as health, education, housing, and self-esteem, among others[8]. The Nursing Outcomes Classification (NOC) defines NO for Personal Well-being (2002) as an extension of the positive perception of one's own current state of health. This outcome belongs to the Perceived Health domain (V), and the Health and Quality of Life class (U), and is measured using 13 indicators: Performance of daily living activities; Performance of habitual roles; Psychological health; Social relations; Spiritual life; Physical health; Cognitive state; Coping ability; Ability to relax; Level of happiness; Ability to express emotions; Ability to control events; and Opportunity for healthcare choices[9].

For the measurement of the NO indicators in question, a five-point Likert scale was used, which varied from 1 = dissatisfied to 5 = completely satisfied[9].

In this context, appropriate nursing assistance during the aging process can promote personal well-being and health, with the use of theoretical concepts as standards of excellence, such as using the NOC to guide nursing practices.

Subsequently, a bibliographic survey was carried out on the following databases: Scientific Electronic Library Online (SciELO), *Banco de dados em Enfermagem* (BDENF — Nursing Database) and *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS — Latin-American and Caribbean Health Literature). Only one study found discussing an evaluation of NO for Personal Well-being in elderly people that were healthy and without SAH or DM[10,11].

Therefore, considering that studies covering NO for Personal Well-being from the NOC remain incipient, the present study is important, given that it provides support to nursing professionals in assessing the NO for Personal Well-being of the elderly. It also enables more complex assessment of the patient and, thus, better understanding of the patient's state of health, assisting in evidence-based clinical practice.

Thus, the aim of the present study is to assess the degree of satisfaction with the NO for Personal Well-being in elderly patients with SAH and DM. This enables definition of the indicators from the nursing outcome for Personal Well-being that present the greatest and the least involvement and to which factors this NO is related.

METHODS

This was a cross-sectional study conducted at a primary healthcare facility (*Unidade de Atenção Primária em Saúde* — UAPS) in the town of Redenção, Ceará, Brazil. Data collection occurred in the period from November 2017 to June 2018.

Sampling was by convenience and consisted of individuals over 60 years of age in outpatient follow-up at a UAPS, with a diagnosis of DM and/or SAH. Individuals with a cognitive impairment that could limit their participation in the study were excluded. This included individuals with Alzheimer's, psychosis, or other diseases affecting interpretation of the individual's reality, leading to an inability to understand the questions on the instrument. The Mini-Mental State Examination was used for cognitive assessment of the participants[12]. The individuals that agreed to participate in

the study signed a consent form (*Termo de Consentimento Livre e Esclarecido* — TCLE).

Data collection was carried out directly with the elderly patients through a structured interview, before or after their doctor's or nurse's appointments. The interview used an instrument developed by the researchers and divided into two parts. The first part included sociodemographic and clinical variables and the second part conceptual and operational definitions of the NO indicators for Personal Well-being.

The conceptual and operational definitions of the NO indicators were drawn up and validated by a focus group of four specialist nurses with experience in clinical practice with classification systems in nursing, the elderly, and well-being[1].

The Likert scale, proposed by the NOC, was used to classify the NO for Personal Well-being, with scores from 1 to 5. This classified the NO into five categories (1 – Dissatisfied; 2 – Slightly Satisfied; 3 – Moderately Satisfied; 4 – Very Satisfied; 5 – Completely Satisfied), according to the score obtained for each indicator of the Nursing Outcome for Personal Well-being[8].

Categorical variables were presented through absolute and relative frequency and quantitative variables through measures of central tendency and dispersion. To analyze the influence of sociodemographic and clinical variables on the NO for Personal Well-being, the Chi-Squared test was used, with a level of significance of p-value <0.05. As such, the response magnitudes of NO indicators were dichotomized, such that magnitudes 1 to 3 were categorized as "not satisfied" and magnitudes 4 and 5 as "satisfied". In the final percentage, indicators with ≥50% satisfaction rate were considered as satisfied.

The study was developed in conformity with the current regulations expressed in Resolution no. 466/12 of the National Health Council. Furthermore, the project was approved by the Research Ethics Committee of the University for International Integration of the Afro-Brazilian Lusophony, no. 2.062.936. All the participants signed two copies of the consent form.

RESULTS

The total sample was composed of 103 elderly outpatients receiving follow-up care at the UAPS, with unimpaired cognitive capacity according to the Mini-Mental State Examination[12]. There were no withdrawals or exclusions during the course of data collection. The mean age of the subjects was 70.2 (±6.8) years, the majority were female (n=75, 72.8%), with partners (n=58, 56.3%), and living with family members (n=72, 69.9%).

Regarding the number of people per household, up to four individuals per residence was the prevailing amount (n=84, 81.5%), and with family income of more than one minimum monthly salary (1575.41 ±547.84) prevailed. Catholicism was the predominant religion (76.7%). In addition, regarding education, a large part of the elderly had completed more than four years of study (45.7%).

In respect to self-reported chronic diseases and daily habits of the elderly participants, most had SAH (n=96, 93.2%) and DM (n=43, 41.7%). A total of 34 patients (33%) had SAH and DM concurrently. Most were taking anti-hypertensive medication or medication to control DM (99.0%), had stopped smoking (55.3%), were not alcoholics (67.0%), and did not participate in cultural activities (80.6%).

Table 1 presents the association of sociodemographic and clinical variables of the study participants with the NO for Personal Well-being.

Regarding the association of the sociodemographic, clinical, and cultural variables with the nursing outcome for Personal Well-being, it can be observed in Table 1 that there was a statistically significant association only between the NO for Personal Well-being and the variables of alcoholism (p=0.011) and cultural activity (p=0.012). Non-alcoholic patients, or those that had stopped drinking alcohol, and that did not participate in cultural activities reported greater satisfaction with Personal Well-being.

The absolute and relative frequency of the NO indicators for Personal Well-being are presented in Table 2.

In relation to the NO for Personal Well-being, the indicators for which patients described themselves as satisfied were: Spiritual life (92.2%); Social relationships (91.2%); Level of happiness (85.4%); Ability to control events (83.4%); Performance of daily living activities (74,7%); Performance of habitual roles (72.8%); Coping ability (68.9%); Cognitive state (68.9%); Psychological health (66.9%); Ability to express emotions (59.2%); and Physical health (51.5%) (Table 2).

The overall mean for NO for Personal Well-being was 4.06 (±0.76) out of a total of five points on the Likert scale, which is classified within the NO as very satisfied. However, the overall classification results of the outcome for Personal Well-being indicate that most of the patients were classified as moderately satisfied (55.3%) and very satisfied (31.0%), which may be considered a satisfactory NO on a scale of 1–5.

The NO indicators that received lower satisfaction assessments, with satisfaction levels <50%, were Ability to relax (44.7%) and Opportunity for healthcare choices (41.7%).

DISCUSSION

The epidemiological profile of the elderly in the 21st Century is made up of a triple load of diseases with a predominance of chronic conditions, a high prevalence of mortality, and morbidity through acute conditions resulting from external causes and exacerbations of chronic conditions. The majority of the elderly have some kind of diseases or organic dysfunctions. However, it should be highlighted that

these conditions do not necessarily mean a limitation of their activities, a restriction on social participation, or performance of their social role[13].

Together with this triple load of diseases comes a high number of prescription medicines, and, often, the unnecessary consumption of medication leading to polypharmacy[14]. In the present study, most of the elderly patients stated using anti-hypertensives or oral hypoglycemic agents (99.0%).

This clinical situation of the elderly demands increasingly rigid nursing follow-up, which should be grounded on nursing classification systems, given that the care plan for the elderly patient suffering from chronic diseases is complex.]

Therefore, it is necessary for a broad analysis of the socioeconomic context of the elderly patient, as the subject will probably need family support to maintain clinical care resulting from the onset of chronic diseases and thus improve Personal Well-being.

The main implication of this study is the fact that the NO for Personal Well-being was generally shown to be satisfactory. However, there are indicators that still need to be improved in regard to the level of satisfaction among the elderly with chronic diseases, especially those related to autonomy of the elderly patient, namely, opportunity for healthcare choices and ability to relax.

Table 1. Distribution of the elderly according to sociodemographic and clinical variables and the association of these variables with the nursing outcome for Personal Well-being through the Chi-Squared test. Redenção, CE, Brazil, 2018.

Sociodemographic/clinical data	N	%	p-value
Sex			
Female	75	72.8	0.347
Male	28	27.2	
Marital status			
With partner	58	56.3	0.733
Without partner	45	43.7	
Occupation			
Retired	93	90.3	0.448
Working	9	8.7	
Unemployed	1	1.0	
Religion			
Catholic	79	76.7	0.895
Others	24	23.3	
Hypertension	96	93.2	0.695
Diabetes	43	41.7	0.255
Hypertense and Diabetic (concurrently)	34	33.0	0.145
Smoking			
Yes	7	6.8	0.505
No (Never smoked)	39	37.9	
Stopped smoking	57	55.3	
Alcoholism			
Yes	4	3.9	**0.011**
No (Has never drunk alcoholic beverages)	69	67.0	
Stopped drinking alcoholic beverages	30	29.1	
Cultural activity (dance group, cinema, and regional events)			
Yes	20	19.4	***0.012***
No	83	80.6	

Table 2. Assessment of the nursing outcome for Personal Well-being. Redenção, CE, Brazil, 2018.

Nursing outcome indicators for Personal Well-being	N	%
(200201) Performance of daily living activities		
Not satisfied	26	(25.3)
Satisfied	77	(74.7)
(200212) Performance of habitual roles		
Not satisfied	28	(27.2)
Satisfied	75	(72.8)
(200202) Psychological health		
Not satisfied	34	(33.1)
Satisfied	69	(66.9)
(200203) Social relations		
Not satisfied	9	(8.8)
Satisfied	94	(91.2)
(200204) Spiritual life		
Not satisfied	8	(7.8)
Satisfied	95	(92.2)
(200205) Physical health		
Not satisfied	50	(48.5)
Satisfied	53	(51.5)
(200206) Cognitive state		
Not satisfied	32	(31.1)
Satisfied	71	(68.9)
(200207) Coping ability		
Not satisfied	32	(31.1)
Satisfied	71	(68.9)
(200208) Ability to relax		
Not satisfied	57	(55.3)
Satisfied	46	(44.7)
(200209) Level of happiness		
Not satisfied	15	(14.6)
Satisfied	88	(85.4)
(200210) Ability to express emotions		
Satisfied	42	(40.8)
Not satisfied	61	(59.2)
(200213) Ability to control events		
Not satisfied	17	(16.6)
Satisfied	86	(83.4)
(200214) Opportunity for healthcare choices		
Not satisfied	60	(58.2)
Satisfied	43	(41.8)
General Classification of the Outcome for Personal Well-being		
Dissatisfied	1	(1.0)
Slightly satisfied	6	(5.8)
Moderately satisfied	57	(55.3)
Very satisfied	32	(31.0)
Completely satisfied	7	(6.9)
Overall mean of the Outcome	4.06	(±0.76)

A study carried out in Parnaíba, Piauí, Brazil, that aimed to evaluate the nursing outcome for Personal Well-being in the elderly, in general, regardless of having chronic diseases or otherwise, found the best satisfaction levels for the following indicators: Level of happiness (63.8%); Performance of daily living activities (55.2%); Cognitive state (54.2%); Psychological health (52.4%); Ability to express emotions (52.3%); Ability to relax (51.4%); and Ability to control activities (50.4%). The indicator that displayed the lowest result was Physical health (34.3%)[1], different from the findings of this study, in which the Physical Health indicator obtained a satisfactory result (51.5%).

The opportunity for healthcare choices is related to the active participation of individuals in the decision-making process as regards healthcare, given that to implement humanization in healthcare, without going against the freedom of the elderly patient, it is necessary to make them an active participant through their experiences within the world of healthcare[15]. In the present study, this indicator was evaluated as unsatisfactory (41.8%), which reflects that there remains difficulty in positioning the elderly patient as the protagonist of their health-disease process.

Although there are many challenges regarding the participation of the elderly patient in both their healthcare and other social and cultural spheres, it is worth pointing out the importance of projects that promote greater engagement of the elderly in cultural activities, intellectual activities, and in actions that foster a feeling of realization and belonging[16]. As such, by promoting the active aging of the elderly patient they are made to feel capable of carrying out their healthcare choices satisfactorily.

The ability to relax is related to the performance of activities that promote physical and mental relaxation of the elderly patient, such as meditation, music therapy, and dance, among others[17]. In this study, this clinical indicator was considered unsatisfactory (44.7%), which is also reflected in the fact that 80.6% of the participants state that they do not engage in cultural activities, which are ways of promoting relaxation of the individual through dance, cinema, and regional events.

In relation to spiritual well-being, religion, and religious and spiritual coping, it was observed that when questioned on the importance of religion in daily living, more than half of the elderly participants (58.6%) reported that it is very important[18]. These findings are similar to those identified in the present study, in which the Spiritual life indicator was one of the most well evaluated by the participants (92.2%), suggesting that faith has a positive role in relation to the personal well-being of individuals.

It should also be highlighted that social relationships were identified by the interviewees as satisfactory (91.2%), which indicates that these individuals are socially well-supported. This support increases the well-being of the elderly, leading them to evaluate their lives more positively[19].

An association was found between the NO for Personal Well-being and the variables of alcoholism (p=0.011) and cultural activity (p=0.012), which corroborates another study that showed a statistically significant association between the nursing outcome and the variables of age (p=0.007), alcoholism (p=0.047), and cultural activity (p=0.018)[1].

The practice of recreational activities is associated with self-esteem in the elderly, as when comparing the data of individuals that practiced recreational activities with those that did not, it was found that 64% of the total sample presented low self-esteem. Women obtained better results in the total sample in view of them being more active when compared to men. There was a significant difference between the active group and the sedentary group[17]. Therefore, it can be highlighted that there is a necessity to encourage the practice of these activities, given that they are beneficial to the well-being of the elderly.

Manual labor has also been indicated as an important factor for the Personal Well-being of the elderly, as an analysis highlighted that elderly people that work present higher average scores in most domains of two instruments assessing quality of life of the elderly in their different dimensions, these being WHOQOL-BREF and WHOQOL-OLD. The Psychological domain (70.0) and the Sensorial Abilities facet (72.5) obtained the best scores. Meanwhile, there was a statistically significant difference (p=0.046) between the two groups for the physical domain[20].

From this, it is possible to conclude that, in general, it is important for the elderly to remain active, even in old age, since this is a factor that contributes positively and directly to their personal well-being.

A lack of family ties may be associated with alcoholism in the elderly (P<0.001). Moreover, it is known that this is a risk factor for the development of DM and SAH[21]. In the present study, most participants were non-alcoholics (67.0%), had a partner (56.3%), and lived with family members (69.9%), which may have been associated with the satisfactory nursing outcome for Personal Well-being (4.06 ±0.76).

Lack of family has been characterized as a psychosocial interaction process with a complex structure, founded on a low level of social support for the elderly person and on fragile family links. It results from contemporary transformations in family structure, intergenerational conflicts, the impairment of family relationships, and the social vulnerability of the family. The consequences of this situation include social vulnerability of elderly people, a decline in psychological and functional health, poorer quality of life, and unsuccessful aging process[22]. The fact that most of the participants in the present study live with family members (69.9%) may be associated with the satisfactory NO.

An important finding is that most of the elderly patients interviewed were non-smokers (37.9%), had stopped smoking (55.3%), were not alcoholics (67.0%), or had stopped drinking (29.1%). However, this does not exclude the necessity to work with educative actions that aim to show the damage that alcohol and tobacco can cause to the health of the elderly, since lifestyle habits are strongly related to personal well-being, without disregarding the fact that smoking is one of the principal causes of death around the world. The low incidence of these lifestyle habits among the interviewees may also be related to the satisfactory NO.

Among the limitations to the study, it can be highlighted that it was conducted in a single town, which compromises the external validation of the results.

CONCLUSION

The NO for Personal Well-being was evaluated as satisfactory by the study participants (4.06 ±0.76). However, the result does not negate the responsibility of healthcare professionals and family members to continue promoting all the care and support necessary for these elderly patients, guaranteeing that their Personal Well-being continues to be satisfactory.

The most positively evaluated NO indicators were Spiritual life (92.2%) and Social relations (91.2%). As such, it is shown that said factors are of great importance to the satisfaction of the elderly in regard to Personal Well-being. It can also be highlighted that it is necessary for healthcare professionals and the family and social support network to intervene in NO indicators evaluated as unsatisfactory by the participants — Opportunity for healthcare choices (41.7%) and Ability to relax (44,7%).

In Brazil, studies involving nursing classification systems in Brazilian healthcare institutions remain incipient, despite knowing that their use is of extreme relevance to the construction of patient care plans and accomplishment of the nursing process. Therefore, further studies using Nursing classification systems should be encouraged, especially within the scope of chronic diseases and the NO for Personal Well-being.

REFERENCES

1. Gondim ALM. Avaliação do Resultado de Enfermagem Bem-estar Pessoal em idosos [dissertação]. Redenção: Universidade de Integração Internacional da Lusofonia Afro-Brasileira; 2017.
2. Potter PA, Perry AG, editors. Fundamentos de enfermagem. Trad. Maria Inês Correia Nascimento et al. Rio de Janeiro: Elsevier; 2015.
3. Organização Mundial de Saúde. New data highlight increases in hypertension, diabetes incidence [Internet]. Geneva: WHO; 2012 [access at: Nov. 24, 2018]. Available at: https://www.who.int/mediacentre/news/releases/2012/world_health_statistics_20120516/en/.
4. Organização Mundial de Saúde. Raised blood pressure: situation and trends. [Internet]. Geneva: WHO; 2014 [access at: Nov. 24, 2018]. Available at: https://www.who.int/gho/ncd/risk_factors/blood_pressure_prevalence_text/en/.
5. Costa MFL, Matos DL, Camargos VP, Macinko J. Tendências em dez anos das condições de saúde de idosos brasileiros: evidências da Pesquisa Nacional por Amostras de Domicílio (1998, 2003, 2008). Ciênc Saúde Coletiva [Internet]. 2011 [access at: Mar. 10, 2019];16(9):3689-96. Available at: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232011001000006&lng=pt&tlng=pt. https://doi.org/10.1590/S1413-81232011001000006.
6. Nascimento OJM, Pupe CCB, Cavalcanti EBU. Neuropatia diabética. Rev dor [Internet]. 2016 [access at: Oct. 01, 2019];17(Suppl 1):46-51. Available at: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1806-00132016000500046&lng=pt&nrm=iso&tlng=pt. http://dx.doi.org/10.5935/1806-0013.20160047.
7. Souza DP, Melo TS, Reis LA, Lima PV. Qualidade de vida em idosos portadores de Hipertensão Arterial e Diabetes Mellitus. Id on Line Rev Psic [Internet]. 2016 [access at: Mar. 10, 2019];10(31):56-68. Available at: https://idonline.emnuvens.com.br/id/article/view/547/733. https://doi.org/10.14295/idonline.v10i31.547.
8. Esteves M, Vendramini SHF, Santos MLSG, Brandão VZ, Soler ZASG, Lourenção LG. Qualidade de vida de idosos hipertensos e diabéticos em um serviço ambulatorial. Medicina (Ribeirão Preto). 2017 [access at: July 10, 2018];50(1):18-28. Available at: http://revista.fmrp.usp.br/2017/vol50n1/AO3Qualidade_de_vida_de_idosos_hipertensos_e_diabeticos.pdf. http://dx.doi.org/10.11606/issn.2176-7262.v50i1p18-28.
9. Moorhead S, Johson M, Maas ML, Swanson E, organizadores. NOC – Classificação dos Resultados de Enfermagem. 5a ed. Rio de Janeiro: Elsevier; 2016.
10. Mantovani EP, Lucca SR, Neri AL. Associações entre significados de velhice e bem-estar subjetivo indicado por satisfação em idosos. Rev Bras Geriatr Gerontol [Internet]. 2016 abr. [access at: Mar. 09, 2019];19(2):203-22. Available at: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1809-98232016000200203&lng=pt&tlng=pt. http://dx.doi.org/10.1590/1809-98232016019.150041.
11. Teixeira JS, Ferreira, MEC. Metanálise de pesquisas sobre qualidade de vida, saúde e bem-estar subjetivo no envelhecimento. HU Rev [Internet]. 2015 [access at: Mar. 10, 2019];41(1-2):41-53. Available at: http://ojs2.ufjf.emnuvens.com.br/hurevista/article/view/2469/812.

12. Folstein MF, Folstein SE, McHugh PR. "Mini-mental state". A practical method for grading the cognitive state of patients for the clinician. Journal of Psychiatric Research [Internet]. 1975 [access at: May 03, 2020];12(3):189-98. Available at: https://www.sciencedirect.com/science/article/abs/pii/0022395675900266?via%3Dihub. https://doi.org/10.1016/0022-3956(75)90026-6.
13. Brasil. Ministério da Saúde. Saúde da pessoa idosa: prevenção e promoção à saúde integral. Brasília: Ministério da Saúde; 2017 [access at: May 03, 2020]. Available at: http://www.saude.gov.br/saude-de-a-z/saude-da-pessoa-idosa.
14. Pereira KG, Peres MA, Iop D, Boing AB, Boing AF, Aziz M, et al. Polifarmácia em idosos: um estudo de base populacional. Rev Bras Epidemiol [Internet]. 2017 [access at: May 03, 2020];20(2):335-44. Available at: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1415-790X2017000200335&lng=pt&tlng=pt. https://dx.doi.org/10.1590/1980-5497201700020013.
15. Schoffen LL, Santos WL. A importância dos grupos de convivência para os idosos como instrumento para manutenção da saúde. Rev Cient Sena Aires [Internet]. 2018 [access at: May 03, 2020];7(3):160-70. Available at: http://revistafacesa.senaaires.com.br/index.php/revisa/article/view/317/227.
16. Abreu BM, Gomes AP, Martins S. Envelhecimento ativo: das diretrizes às ações para melhorar a qualidade de vida das pessoas idosas. Perspectivas em Políticas Públicas [Internet]. 2018 [access at: May 03, 2020];11(21):129-72. Available at: http://revista.uemg.br/index.php/revistappp/article/view/2890/1599.
17. Wilhelm AR, Andretta I, Ungaretti MS. Importância das técnicas de relaxamento na terapia cognitiva para ansiedade. Contextos Clín [Internet]. 2015 [access at: May 03, 2020];8(1):79-86. Available at: http://www.revistas.unisinos.br/index.php/contextosclinicos/article/view/8222. http://dx.doi.org/10.4013/ctc.2015.81.08.
18. Pilger C, Santos ROP, Lentsck MH, Marques S, Kusumota L. Bem estar espiritual e qualidade de vida de idosos em tratamento hemodialítico. Rev Bras Enferm [Internet]. 2017 [access at: Sept. 02, 2018];70(4):721-9. Available at: http://www.scielo.br/pdf/reben/v70n4/pt_0034-7167-reben-70-04-0689.pdf. http://dx.doi.org/10.1590/0034-7167-2017-0006.
19. Rocha LFD, Oliveira ER, Mota MMPE. Relação entre apoio social e bem-estar subjetivo em idosos: revisão sistemática. Revista Brasileira em Promoção da Saúde [Internet]. 2017 [access at: May 03, 2020];30(4):1-13. Available at: https://periodicos.unifor.br/RBPS/article/view/6472/pdf. http://dx.doi.org/10.5020/18061230.2017.6472.
20. Costa IP, Bezerra VP, Pontes MLF, Moreira MASP, Oliveira FB, Pimenta CJL, et al. Qualidade de vida de idosos e sua relação com o trabalho. Rev Gaúcha Enferm [Internet]. 2018 [access at: Apr. 15, 2019];39:e2017-0213. Available at: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-14472018000100440&lng=pt&tlng=pt. http://dx.doi.org/10.1590/1983-1447.2018.2017-0213.
21. Radovanovic CAT, Santos LA, Carvalho MDB, Marcon SS. Hipertensão arterial e outros fatores de risco associados às doenças cardiovasculares em adultos. Rev Latino-Am Enferm [Internet]. 2014 [access at: Oct. 07, 2019];22(4):547-53. Available at: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692014000400547&lng=en&tlng=en. http://dx.doi.org/10.1590/0104-1169.3345.2450.
22. Souza A, Pelegrini TS, Ribeiro JHM, Pereira DS, Mendes MA. Concept of family insufficiency in the aged: critical literature analysis. Rev Bras Enferm [Internet]. 2015 [access at: May 03, 2020];68(6):864-73. Available at: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672015000601176&lng=pt&tlng=pt. http://dx.doi.org/10.1590/0034-7167.2015680625i.

© 2020 Universidade Federal de Goiás
This is an open access article distributed under the terms of the Creative Commons license.