







Personal satisfaction and leisure activities in elderly outpatients

Satisfação pessoal e atividades de lazer em idosos acompanhados ambulatorialmente

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ABSTRACT

Objectives: to evaluate the association of life satisfaction with attitude towards leisure among the elderly. **Method:** This is a cross-sectional and analytical study conducted with 100 elderly outpatients. Spearman's correlation coefficient was used to relate the Satisfaction with Life Scale and the Leisure Attitude Measurement Scale. **Results:** The higher the score in the physical health and mental health domains of the Satisfaction with Life Scale, the higher the affective domain and total scores of the Leisure Attitude Measurement Scale. The higher the score in the physical capacity and social involvement domains, the higher the scores in the affective and behavioral domains as well as the total score of the Leisure Attitude Measurement Scale. **Conclusion:** It was concluded that the higher the scores of the Satisfaction with Life Scale, the higher the scores of the Leisure Attitude Measurement Scale, which demonstrates that elderly people with greater life satisfaction have a more positive attitude towards leisure.

Descriptors: Aged; Personal Satisfaction; Leisure Activities; Health Services for the Aged; Public Policy.

RESUMO

Objetivo: avaliar a associação da satisfação de vida com a atitude face ao lazer de idosos. **Método:** Estudo transversal e analítico realizado com 100 idosos. Para relacionar as escalas de Satisfação de Vida e Atitudes Face ao Lazer utilizou-se o coeficiente de correlação de Spearman. **Resultados:** Quanto maior o escore nos domínios saúde física e saúde mental, da escala de Satisfação com a Vida, maiores os escores no domínio afetivo e total da escala de Atitudes Face ao Lazer. Quanto maior o escore nos domínios capacidade física e envolvimento social, maiores os escores nos domínios afetivo, comportamental e total da escala de Atitudes Face ao Lazer. **Conclusão:** quanto maior os escores da escala de Satisfação com a Vida, maior os scores da escala de Atitudes Face ao Lazer, o que pode demonstrar que o idoso com mais satisfação com a vida apresenta atitude mais positiva em relação ao lazer.

Descritores: Idoso; Satisfação Pessoal; Atividades de Lazer; Serviços de Saúde para Idosos; Política Pública.

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How to cite this article: Oliveira NM, Sala DCP, Fukujima MM, Costa PCP, Yoshitome AY, Okuno MFP. Personal satisfaction and leisure activities in elderly outpatients. Rev. Eletr. Enferm. [Internet]. 2021 [cited on: _____];23:66826. Available at: <https://doi.org/10.5216/ree.v23.66826>.

Received on: 11/30/2020. Accepted on: 03/26/2021. Available on: 05/24/2021.

INTRODUCTION

Individuals are considered elderly according to the socioeconomic level of the country in which they live. In developed countries, individuals are considered elderly if they are 65 years of age or older, whereas, in developing countries, individuals are considered elderly if they are 60 years of age or older, as in the case of Brazil⁽¹⁾.

While scientific and technological progress in reducing premature mortality in developed and developing countries is welcome, society must prepare for the significant changes that this extended life expectancy will bring to the way our populations are structured. To improve the burden associated with health care and social welfare services, it is essential to identify ways in which the elderly can enjoy an active, independent, and happy life for as long as possible⁽²⁾.

The amount and nature of leisure time are not predetermined and can vary greatly depending on the characteristics and tendencies of an individual. Satisfaction with life can vary considerably, depending on how the elderly make use of their leisure time⁽³⁾.

For the elderly, participation in leisure activities can help reduce loneliness, which results from the loss of roles, and can contribute to greater satisfaction and happiness in life, as well as improve self-esteem and self-realization⁽²⁾. Leisure activities are of paramount importance because they are closely related to the satisfaction and quality of life of the elderly in contemporary society. As the elderly are living longer lives, there is a growing concern regarding strategies for successful aging and improving their quality of life⁽³⁾.

The literature points out that when the elderly participate in leisure activities it helps maintain and improve their physical, psychological, and mental health, as well as their satisfaction with life. It also provides good opportunities for positive interaction with their families and others in society⁽³⁾.

Satisfaction with life can be defined as an individual's overall judgment of their life, according to a set of desired standards⁽⁴⁾. Satisfaction with life integrates the concept of subjective well-being, which is associated with positive health outcomes, such as increased longevity, adoption of healthy behaviors, and improved immune response to possible diseases⁽⁵⁾. In addition, satisfaction with life has a positive effect against depressive factors⁽⁴⁾.

Leisure activities performed by the elderly are implicated in their social resocialization and valorization, including the artistic or cultural and social environment, through participation in dance groups, educational projects, and sports activity groups, among other activities. In addition to being restful and fun, leisure has an educational and liberating role by providing means for the social and personal development of individuals. Furthermore, it is associated with positive self-perception of health⁽⁶⁾.

From this perspective of health maintenance, leisure has been structured not only as a basic human need but as an

assured constitutional right since it reveals the emancipatory potential of the elderly in the pursuit of new experiences, values, attitudes, and meaning in the face of their lived experience, thus allowing greater socialization and satisfaction with life⁽⁶⁾.

The literature presents some public policies that target or interface with leisure for the elderly population, such as the Estatuto do Idoso, which establishes leisure as a right to be assured by the family, society, and public authorities⁽⁷⁾. The Programa de Esporte e Lazer da Cidade (Pelc) of the Ministério do Esporte, established social public policies that enable the population to access sports and leisure programs, irrespective of social and economic class. This program was created to meet a growing demand for specific policies for the elderly population in Brazil by implementing centers for physical activity/bodily practice, sports, and leisure, for people over the age of 45 with a view to improving their quality of life⁽⁸⁾.

A document published in 2017 by the World Health Organization (WHO) defines healthy aging as the "process of development and maintenance of functional capacity that enables well-being in old age", which is aligned with the goal of promoting the Decade Of Healthy Ageing 2020 to 2030. Thus, leisure becomes fundamental for the maintenance of functional capacity and healthy aging⁽⁹⁾.

Although some public policies target leisure for the elderly, specialized health care for the elderly population is both scarce and not yet fully adapted to this health promotion strategy; moreover, there is no investment in systematic workshops on sports, dance, gymnastics, theater, music, walking guidelines, and other dimensions of local culture, as the focus is often on disease control and treatment⁽¹⁰⁾. However, these services must also ensure comprehensive care for the elderly, which can only be achieved by considering satisfaction with life and attitudes towards leisure⁽¹⁰⁾.

Older adults should balance the time they spend on various activities, including self-care, leisure, rest, and social participation, in order to improve their satisfaction with life and health. As the elderly population increases, it is also important to evaluate their leisure and satisfaction with life and, consequently, implement health promotion interventions, chiefly among the elderly of a community, that help them adopt a more positive attitude towards leisure and healthy life behaviors⁽³⁾.

Thus, the aim of this study was to evaluate the association of life satisfaction with attitude towards leisure among the elderly.

METHOD

This cross-sectional and analytical study was conducted in an Ambulatório Médico de Especialidades (AME) for the elderly located in the city of São Paulo (SP), Brazil, from September 2018 to April 2019.

The participants were elderly people in outpatient follow-up at the clinic, aged 60 years or older, and who were able to understand and answer the questionnaires. Elderly outpatients who had dementia, according to medical records, were excluded. The participants were recruited by convenience sampling.

Eligible elderly outpatients were approached and invited to take part in the study. Informed consent was obtained from the elderly outpatients who agreed to participate, after which they proceeded to the interview. The interview was conducted by the researcher, individually, in a doctor's office and lasted approximately 30 minutes.

The instruments used included a structured form to obtain data on age, sex, education, marital status, occupation, care, morbidity, and support network in the community. Moreover, the Satisfaction with Life Scale⁽¹¹⁾ and the Leisure Attitude Measurement Scale⁽¹²⁾ were applied. Both instruments were translated into Portuguese and validated for use in Brazil.

The Satisfaction with Life Scale (SWLS) contains 12 questions related to four factors: physical health (questions 1, 3, and 5), mental health (questions 7, 8, and 9), physical capacity (questions 2, 4, and 6) and social involvement (questions 10, 11, and 12). Each factor is evaluated using a Likert scale (1 = strongly disagree; 2 = disagree; 3 = agree slightly; 4 = agree; 5 = strongly agree). The closer to 5, the greater the level of satisfaction with life⁽¹¹⁾.

The Leisure Attitude Measurement Scale consists of 36 items divided into three subscales related to the three components of attitude (cognitive, affective, and behavioral)⁽¹²⁾. Each subscale contains 12 items, all directed toward positive attitudes. The answers are arranged in a Likert scale with five options (ranging from 1 = totally disagree to 5 = totally agree)⁽¹²⁾. Number 3 is used for neutral answers (neither agree nor disagree). The values of the attitude measurement scale in general, and for each of the subscales, are obtained by adding the scores of the respective items. For each subscale, the minimum possible score is 12 and the maximum is 60 (neutral score is 36)⁽¹²⁾. In relation to the total scale, the minimum possible score is 36 and the maximum is 180 (neutral score is 108)⁽¹²⁾. High scores (above the neutral score) reveal more positive attitudes towards leisure, while low scores (below the neutral score) indicate more negative attitudes⁽¹²⁾.

Cognitive attitude is related to statements about leisure as a good way of spending time with benefits for individuals and societies, the possibility of new friendships, contributions to health, productivity at work, and self-development. Affective attitude refers to statements about pleasure, good experiences, and well-being provided by leisure, as well as the appreciation of leisure as a way of spending time or the possibility of expressing oneself. Behavioral attitude considers planning, opportunities, and existing resources for frequent leisure activities⁽¹²⁾.

A descriptive analysis was used for sociodemographic and clinical characterizations, and in regard to having caregivers and a support network in the community. For the continuous variables, mean, standard deviation, median, and minimum and maximum were calculated, while for the categorical variables, frequency and percentage were calculated. To relate the Satisfaction with Life Scale and the Leisure Attitude Measurement Scale, Spearman's correlation coefficient was used. A significance level of 5% was considered and the Statistical Package for the Social Sciences, version 19 was used for analyses.

The study was approved by the Research Ethics Committee of the Universidade Federal de São Paulo, opinion No. 2.823.895, and complies with Resolution No. 466 of December 12, 2012, which addresses research with human beings. It is noteworthy that the study participants received no financial benefits but contributed to identifying demands that can improve assistance to this population and help increase satisfaction with life, reduce stress, and promote health. The risks related to the study were minimal, such as embarrassment and discomfort when answering the questions.

RESULTS

One hundred elderly outpatients participated in the study, with ages ranging from 60 to 96 (mean=69 years). Most of the participants were female (71%), widowed (51%), brown skin (59%), without caregivers (82%), retired (81%), with less than one year of schooling (51%), and a support network (99%), with Unidade Básica de Saúde (UBS) being the most common (52%). Moreover, most performed some leisure activity (54%), had morbidities (83%), the most prevalent of which included systemic arterial hypertension (72%) and diabetes *mellitus* (51%), and taking medication (83%).

Table 1 shows the most compromised domains in the SWLS were physical health and physical capacity. In the Leisure Attitude Measurement Scale, the domains and total score show that the respondents had more positive attitudes towards leisure (Table 2).

According to the results, the higher the score in the physical health domain, the higher the affective domain ($p=0.0288$) and total scores in the Leisure Attitude Measurement Scale ($p=0.0191$). Moreover, the higher the score in the mental health domain, the higher the affective domain ($p=0.0180$) and total ($p=0.0351$) scores. The higher the score in the physical capacity domain, the higher the affective ($p=0.0133$) and behavioral domain ($p=0.0236$) scores and total ($p=0.0062$) score of the Leisure Attitude Measurement Scale. Lastly, the higher the social involvement score, the higher the affective ($p=0.0446$), behavioral ($p=0.0173$), and total ($p=0.0094$) scores of the leisure scale (Table 3).

DISCUSSION

In this study, there was a predominance of retired elderly widows, with less than one year of schooling. Similar results were found in other Brazilian studies in the northwest of Paraná, Goiás (Goiânia) and Minas Gerais (Montes Claros), in which participants were predominantly women and with little education^(6,13,14).

A characteristic of this study was that although most of the elderly participants did not have a caregiver, they could count on a support network. Support networks are essential for the elderly as they are related to the prevention of social isolation and better adaptation to the challenges of aging⁽¹⁵⁾.

A study conducted with elderly people assisted at a geriatric outpatient clinic of a university hospital in the municipality of João Pessoa, Paraíba, identified that arterial hypertension was the most prevalent disease among this population⁽¹⁶⁾. Among the respondents of this study, systemic arterial hypertension was also the most reported morbidity.

The most compromised domains in the SWLS were physical health and physical capacity. The literature shows that worsening health and physical limitations may explain the tendency toward greater dissatisfaction with life among the elderly⁽¹⁷⁾.

In the Leisure Attitude Measurement Scale, the domains and total score show that the respondents of this study had more positive attitudes towards leisure. A similar result was found in a study conducted in northwestern Paraná, Brazil, with elderly people registered in the Sistema de Informação da Atenção Básica (SIAB). A more positive attitude towards leisure activities can be protective for the elderly, as it increases their capacity to adapt to functional disabilities and their resilience to stressful factors that, consequently, helps them self-adjust to new situations. Moreover, a positive attitude

towards leisure is associated with a more effective social support network for the elderly in the community. The greater participation of the elderly in community groups, for example, provides constructive, liberating, pleasurable

Table 1. Scores for domains of the Satisfaction with Life Scale applied to 100 elderly individuals from a specialized outpatient clinic in São Paulo. São Paulo, SP, Brazil, 2018–2019.

Satisfaction with Life Scale	Mean (standard deviation)	Maximum-Minimum (median)
Physical health	3.47 (1.18)	1.00–5.00 (3.60)
Mental health	3.73 (1.28)	0.60–5.00 (4.00)
Physical capacity	3.59 (1.18)	1.00–5.00 (4.00)
Social involvement	3.88 (1.05)	1.00–5.00 (4.00)

Table 2. Scores for domains of the Leisure Attitude Measurement Scale applied to 100 elderly individuals from a specialized outpatient clinic in São Paulo. São Paulo, SP, Brazil, 2018–2019.

Leisure Attitude Measurement Scale	Mean (standard deviation)	Maximum-Minimum (median)
Cognitive	56.97 (6.28)	12.00–60.00 (60.00)
Affective	48.73 (13.97)	12.00–60.00 (53.00)
Behavioral	44.71 (10.23)	16.00–60.00 (45.00)
Total	150.22 (25.25)	40.00–180.00 (156.00)

Table 3. Association between the Satisfaction with Life Scale and Leisure Attitude Measurement Scale applied to 100 elderly individuals in a specialized outpatient clinic in São Paulo. São Paulo, SP, Brazil, 2018–2019.

Satisfaction with Life Scale	Leisure Attitude Measurement Scale				
	Coefficiente R and p-value	Cognitive	Affective	Behavioral	Total
Physical health	R*	0.15	0.22	0.16	0.23
	p-value	0.132	0.028	0.101	0.019
Mental health	R*	0.11	0.24	0.15	0.21
	p-value	0.271	0.018	0.130	0.035
Physical capacity	R*	0.18	0.25	0.23	0.27
	p-value	0.070	0.013	0.023	0.006
Social involvement	R*	0.17	0.20	0.24	0.26
	p-value	0.086	0.044	0.017	0.009

*Spearman's correlation coefficient.

experiences and a change in attitude towards quality of life, old age, and leisure⁽⁶⁾.

Among the respondents, the greater a score in the physical health domain, the greater the affective domain and total scores of the Leisure Attitude Measurement Scale. It is known that the combination of physical and cultural leisure activities helps prevent functional decline in the elderly⁽¹⁸⁾. Affective attitude is related to pleasure and good experiences provided by leisure. There is evidence that physical health affects participation in leisure activities and that both physical health and activities affect well-being⁽¹⁹⁾. Therefore, participation in leisure activities is associated with various components of successful aging, including physical health and well-being.

The higher the score in the mental health domain of the SWLS, the higher the affective domain and total scores of the Leisure Attitude Measurement Scale. Affective attitude is related to statements about the pleasure and good experiences provided by leisure, as well as appreciating it as a way of spending time or the possibility of expressing oneself. Old age is a period of life that is accompanied by biological changes in which physical and cognitive abilities undergo a considerable decline due to the gradual decline in the performance of body systems. One of the chronic disorders of old age that currently attracts the attention of many specialists is cognitive disorder, which threatens the independence and quality of life of the elderly⁽²⁰⁾. Therefore, elderly people who have good experiences with leisure may be more protected against diseases and may improve their mental and physical health by staying active⁽²¹⁾.

The higher the score in the physical capacity domain, the higher the scores in the affective and behavioral domains and total score of the Leisure Attitude Measurement Scale. Behavioral attitude refers to observations on planning, opportunities, and existing resources for the frequent performance of leisure activities. The loss of functional capacity has implications for the elderly, the family, and the community. Moreover, loss of this capacity increases risk of death, the chances of hospitalization, and the consequent expenses for the Sistema Único de Saúde (SUS) and for families⁽²²⁾.

Thus, the elderly who maintain their functionality are less vulnerable in their daily life activities and may have more positive attitudes towards leisure⁽²³⁾.

Among the elderly in the study, the higher the social involvement score, the higher the affective, behavioral, and total scores of the leisure scale. The involvement of the elderly in co-living groups, for example, can have several benefits, such as minimizing loneliness, fostering friendships, increasing self-esteem, restoring personal and social values, offering social support, and enabling the adoption of a more active lifestyle, as these activities are carried out in these groups⁽²⁴⁾.

From the perspective of health maintenance, leisure is recognized as both a basic human need and as an assured

constitutional right since it reveals the emancipatory potential of the elderly in the pursuit of new experiences, values, attitudes, and meaning in the face of the lived experience, thus allowing greater socialization and satisfaction with life.

In addition to the analysis presented here, this study sought to address the need for greater involvement in leisure activities by initiating a discussion in a developing area, which has shown potential for education and elderly health promotion. Therefore, it is possible to minimize the functional and cognitive limitations resulting from complications of chronic diseases, stimulate independence and autonomy, as well as promote well-being and satisfaction, an extremely relevant feature in old age.

It is believed that aging accompanied by quality of life and well-being should be fostered by society throughout its development to promote resocialization, autonomy, and citizenship.

This study has a limitation since it was conducted in a single center that only provides care to public health users, which may not represent other realities.

CONCLUSION

According to the results, the higher the scores in the domains of the Satisfaction with Life Scale, the higher the scores in the domains of the Leisure Attitude Measurement Scale, revealing that the elderly with greater life satisfaction have a more positive attitude towards leisure.

Thus, this study can contribute to health promotion among the elderly by encouraging nurses to address issues related to an active lifestyle in this population. Moreover, nursing care can be adapted and involve multidisciplinary teams to ensure greater satisfaction with life, stress reduction, and health promotion in this population, as well as allow the elderly to participate in health-related decisions, which further qualifies care and increases awareness of their needs.

Nurses of the Ambulatório Médico de Especialidades (AME) for the elderly should explore this space and interact with elderly patients by focusing interventions on the life choices of these users, especially regarding leisure. This is relevant for the elaboration of health promotion strategies for the elderly, thus favoring quality of life and health maintenance. In this regard, the Satisfaction with Life Scale and the Leisure Attitude Measurement Scale could be included in care protocols for the elderly since they allow health professionals to evaluate and plan leisure activities that meet both the preferences and needs of this population.

The results of this study may also contribute to the incorporation of leisure activities in health services, given that public health policies for the elderly population are intertwined with leisure. Furthermore, leisure is a means for socialization and the maintenance of autonomy in this age group.

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