

Perception of the quality of life of a group of older people

Perceção da qualidade de vida de um grupo de idosos

Percepción de la calidad de vida de un grupo de personas mayores

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Abstract

Older people represent a significant segment of the population. Thus, the study of the ageing process became a current necessity, particularly the study of older people's quality of life.

The main purpose of this study was to understand the way older people perceive their own quality of life. This qualitative cross-sectional, exploratory-descriptive study was carried out at a Health Care Centre of the central region of Portugal. The sample was determined by a data saturation process, and included 48 older people (24 men and 24 women) with a mean age of 74.79 years. A semi-structured interview was used for data collection.

The older people who participated in the study described quality of life as being healthy, having peace, living in harmony, feeling happy, being satisfied with life, and keeping oneself busy, whether with hobbies, volunteer service or work. It also meant preserving interpersonal relationships and receiving support from family, friends and neighbours.

The results of this study show the need for coordination between health services, social services, municipalities and the education system. The Health Care Centre is considered as the best place to promote and coordinate suitable interventions for the elderly.

Keywords: aging; older people; quality of life.

Resumo

Os idosos formam um núcleo relevante da população, tornando-se o estudo do processo de envelhecimento uma exigência no momento atual, e mais concretamente, o estudo da sua qualidade de vida.

O principal objetivo deste trabalho consistiu em conhecer a perceção que os idosos têm da sua qualidade de vida. Tratou-se de um estudo exploratório-descritivo, transversal e de natureza qualitativa. Decorreu num Centro de Saúde da Região Centro de Portugal, trabalhando-se com uma amostra,

obtida através do processo de saturação de informação, de 48 idosos, dos quais 24 homens e 24 mulheres, cifrando-se a média de idades nos 74,79 anos. Para a recolha de dados recorreu-se à entrevista semiestruturada.

Para os idosos estudados, Qualidade de Vida significa ter saúde, ter paz, harmonia, ser feliz, estar satisfeito com a vida, manter-se ocupado, seja com atividades de ócio, de voluntariado ou de trabalho. Significa também manter relações interpessoais e receber apoio da família, dos amigos e vizinhos.

Os resultados desta investigação apontam para a necessidade de articulação entre serviços de saúde, serviços sociais, autarquias e educação, surgindo o Centro de Saúde como o local privilegiado para dinamizar e coordenar uma adequada intervenção à pessoa idosa.

Palavras-chave: envelhecimento; idosos; qualidade de vida.

Resumen

Las personas mayores forman un núcleo de la población relevante, por lo que, en la actualidad, es extremadamente necesario estudiar este proceso y, más concretamente, su calidad de vida.

El objetivo principal de este estudio fue conocer la percepción que las personas mayores tienen de su calidad de vida. Se trata de un estudio de carácter exploratorio-descriptivo, transversal y de naturaleza cualitativa que tuvo lugar en un centro de salud de la Región Centro de Portugal y que utilizó una muestra obtenida a través del proceso de saturación del discurso. La muestra estuvo constituida por 48 personas mayores, entre ellos 24 hombres y 24 mujeres, con una edad media de 74,79 años. Para la recogida de datos se utilizó la entrevista semiestructurada.

Para las personas mayores estudiadas, la calidad de vida significa tener salud, tener paz, armonía, ser feliz, estar satisfecho con la vida, mantenerse ocupado, ya sea con actividades de ocio, voluntariado o trabajo. También significa mantener relaciones interpersonales y recibir apoyo de familiares, amigos y vecinos.

Los resultados de esta investigación muestran la necesidad de coordinación entre los servicios de salud, servicios sociales, municipios y educación, por lo que el Centro de Salud se convierte en el lugar ideal para agilizar y coordinar una intervención adecuada para las personas mayores.

Palabras clave: envejecimiento; personas mayores; calidad de vida.

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Introduction

Population ageing is nowadays a reality in Portugal, as well as in other societies, which will affect many domains of society, especially in the long-term, impacting on active future generations and the labour market dynamics. Therefore, one of the greatest challenges of the 21st century is to reflect upon issues such as retirement age, means of subsistence, quality of life, and status of older people in society. In terms of citizenship, it also entails reflecting upon the intergenerational solidarity and the sustainability of the social welfare system, of the health system and the prevailing social model (Nunes, 2005).

The elderly represent an important population group and, therefore, studying them, and more specifically their quality of life, has become a demand in today's society.

Quality of life was defined in 1994 by the World Health Organization Quality of Life group as an individual's perception of his/her position in life in the context of the culture and value systems in which he/she lives, and in relation to his/her goals, expectations, standards and concerns (World Health Organization, 2001).

The concept of quality of life has become associated with many different meanings. Nevertheless, it can be said that there is consensus regarding its historical, dynamic, multidimensional and subjective nature.

Studies on the quality of life of the elderly are recent. However, given the marked ageing of the population, preserving older people's quality of life has acquired special significance.

Therefore, taking into account the marked ageing observed in the Central Region, the present study aimed to identify older people's perceptions of their quality of life.

Theoretical Framework

There are approximately 600 million older people in the world today. This total is expected to double within the next 25 years, reaching 1 billion 200 million by 2025 and around 2 billion by 2050 (Fernández-Ballesteros, 2009).

Similarly to the situation in Europe and the rest of the world, Portugal faces the same scenario with a continued demographic ageing. The 2011 Census indicates that approximately 19% of the population

are 65 years old or more. Immediately after the Alentejo region, the central region is one of the most aged regions in Portugal, where individuals aged 65 years old or more account for 22.5 % of the population (Instituto Nacional de Estatística, 2012).

The concept of quality of life is being used worldwide as: a sensitising notion that gives one a sense of reference and guidance from the individual's perspective, focusing on the core domains of a quality life; a social construct that provides a model for evaluating the main quality of life domains; and a unifying theme that provides a systematic framework to apply quality of life-oriented policies and practices (Schalock & Verdugo, 2003).

The concept of quality of life presented by the World Health Organization (2001) refers to the study of quality of life in its different aspects. It is a broad and subjective concept that includes, in complex ways, the person's physical health, psychological state, level of independence, social relationships, beliefs and personal convictions, as well as their relationship to salient features of their environment.

Quality of life is a concept that reflects the desired living conditions of individuals in relation to their life at home, in the community and at work (or in school, in the case of children), as well as their health and well-being conditions. Therefore, quality of life is a subjective phenomenon in that it comprises people's perceptions of various aspects of his/her life experiences.

Initially, quality of life was assessed by an observer, usually a health professional. Over time, it was concluded that it could only be assessed by the individual concerned. This has led to the development of assessment methods and tools which take into account the individual perspective rather than the scientists and health professionals' perspective (Lepège & Rude, Slevin et al. as cited in Seidl & Zannon, 2004). The same authors point out a relevant aspect to the concept of quality of life other than its subjectivity, i.e. its multidimensionality. This refers to the acknowledgement of the fact that the concept is composed of different dimensions, which have been identified in empirical studies using qualitative and quantitative methodologies.

Studies on the quality of life of the elderly are recent. However, given the marked ageing of the population, preserving older people's quality of life has acquired special significance.

Schallock and Verdugo (2003) believe that quality of life relies on several environmental and personal factors that influence people's behaviour. The quality of life of older people is analysed using some indicators, including health, functional capacity (self-care agency), financial status (pension benefits or income), social relationships (family and friends), physical activity, health and social services, facilities at home (and in the surroundings), life satisfaction, and learning and cultural opportunities.

Leisure experiences have also proved to be an important factor of quality of life and a first-order resource to stimulate development throughout the life cycle, playing a therapeutic role in certain situations. Leisure brings about countless benefits by improving certain situations and providing gains at the personal, group or societal levels, and assumes particular significance in the elderly, since they have much more free time (Driver, Brown, & Peterson, Veja & Bueno as cited in Martínez Rodríguez & Gómez Marroquín, 2005).

On the contrary, abuse and mistreatment have a negative influence on the quality of life of the elderly. They are not a problem of today's society alone, since they date back to antiquity. They used to be regarded as a private matter, hidden from the public, but somehow this notion has been changing over time (Touza Garma, 2009). However, despite this change, it remains very difficult to quantify the true magnitude of the problem, since, in many cases, mistreatment becomes public only in extreme situations (Casas Aznar & Aymerich Andreu, 2005).

In 2011, there were 749 cases of elderly victims of crime and violence in Portugal, with a 23% increase compared to the previous year (Associação Portuguesa de Apoio à Vítima, 2011).

Nowadays, in Western societies, mistreatment is considered a relevant issue not only in terms of social well-being, but also in terms of public health and law, which has led to changes in the way they are treated by the various governments and responsible authorities (Touza Garma, 2009).

Elder mistreatment may consist of both actions and omission of actions, which is evidenced in the concepts of several authors. This study highlights the concept presented by the World Health Organization (as cited in Touza Garma, 2009, p. 22): "a single or

repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person. It can take various forms such as physical, psychological or emotional, sexual and financial abuse or simply be the result of intentional or unintentional neglect".

Similar to the concept of quality of life in general, the approach to the elderly's quality of life is not consensual. However, according to many authors, it may be said that the various conceptions of quality of life in the elderly are characterised by an important aspect, i.e. its multidimensionality. This takes into account not only the older people's physical functioning, energy and personal vitality, but also their psychological and emotional well-being, absence of behavioural problems, social and sexual functioning, received and perceived assistance, together with their level of life satisfaction and perception of health status (Schallock & Verdugo, 2003). In the same way, the factors that influence the elderly's quality of life are analysed, both internationally and nationally, to identify what it means to have a good quality of life at this stage of the life cycle.

Some qualitative studies on the concept of quality of life (Fleck et al., Bowling et al., Isang et al. as cited in Vecchia, Ruiz, Bocchi, & Corrente, 2005) showed that older people value good relationships with family and friends and participation in social organizations; health; healthy habits; well-being, happiness and love; stable financial conditions; work; spirituality; voluntary work and further learning experiences. The qualitative study of Vecchia et al. (2005) showed that a group of elderly people gave priority to the emotional aspect and the family; another group attached greater importance to pleasure and comfort; and a third group identified quality of life with the ability to put into practice one's ideal of life.

Taking into account the subjectivity of the concept, it is believed that knowing its specific meaning for the elderly may allow a more effective action through the implementation of concrete and feasible measures that aim at improving that quality of life.

Therefore, it is considered a key issue that should be addressed. The following research question was the starting point of this research: What are older people's perceptions of their quality of life?

Methodology

A qualitative, cross-sectional, exploratory-descriptive study was carried out using a semi-structured interview for data collection. The following exclusion criterion was applied: older people with cognitive impairment, who were assessed using the Mini Mental State Examination. The study was carried out between May and July, 2010, at Health Care Centre in the Central Region of Portugal. The sample, consisting of 48 older people (24 men and 24 women), was obtained through a data saturation process, that is, when data obtained from participants became repetitive, without new information being added. The mean age was 74.79 years and the standard deviation was 6.98 years, ranging from 65 to 91 years. Thirty older people were married, fourteen were widowed, three were unmarried and one was divorced.

To carry out this study, contacts were established with the President of the Administration Board, the Director and the Head Nurse of the Health Care Centre to obtain, firstly, data on the older people registered at the Centre and, then, permission to conduct the interviews. The interviews were held at the Health Care Centre and, in some cases, at the older people's homes. Before each interview, an explanation was given on the study objectives, guaranteeing anonymity of information to older people and that it would not be used for any other purpose or by any other people. A content analysis method was used to analyse data. For this reason, the qualitative data analysis program Non-Numerical Data Indexing Searching and Theorizing (NUDIST 6) was used, where the system of categories drawn up for this purpose was included. The categories were then created, while taking into account the consulted literature. Following the reading of the *"corpus"* and considering the multidimensionality inherent to the concept of Quality of Life and the quality of life indicators from the World Health Organization and some scholars in this matter (Fernández-Ballesteros, 2009; Schalock & Verdugo, 2003), six categories have emerged, namely: personal well-being, economic conditions, occupation, interpersonal relationships, independence/autonomy and formal support.

The content analysis was performed on 48 narratives, using the text line as the analysis unit, in a total of 376 lines. Thus, with regard to data interpretation, the percentages were calculated taking into account each line of text.

Results and discussion

While analysing the answers given by the 48 interviewed older people, it was found that the category "personal well-being" took up more textual space (52%), followed by "occupation" with 40%, "interpersonal relationships" with 33%, and "economic conditions" with 24%. The remaining categories occupied 12.1% of the space.

Personal well-being

Well-being is one of the domains of quality of life that has been widely mentioned in the literature over time (Flanigan, Felce & Schalock as cited in Schalock & Verdugo, 2003).

For the purpose of this study, the category of personal well-being included: "Allusions to general information on health, without specifying or considering concrete factors, both physical and mental. This category also includes more concrete references to states of discomfort, such as diseases, pains and negative feelings, as well as references to situations and feelings of well-being".

When questioned about the concept of quality of life, older people emphasised the importance of health in expressions such as: *"Above all, being healthy is the most important thing to have quality of life, the rest comes as an extra..."* (male, 65 years, married); *"Being healthy is the most important thing, good health, no smoking or drinking..."* (male, 66 years, divorced); *"The first thing is to be healthy..."* (female, 91 years, married); *"To be physically and mentally fit... Being healthy..."* (male, 65 years, married).

Schalock and Verdugo (2003) argue that quality of life depends on several environmental and personal factors that influence individuals' behaviour. With respect to older people, literature suggests several indicators to assess quality of life, including health, which is in line with the answers obtained in this study. Older people are usually more fragile when it comes to health, with diseases and various types of losses associated with ageing. Health status is an important aspect since it influences other components of older people's quality of life. In the event of health deterioration, older people's perceptions of their quality of life are negative. Lebrão (as cited in Pereira et al., 2006), considers that assessment of health status is directly related to quality of life. The results of the study conducted by Castellón and

Romero (2004) on self-perceptions of quality of life reinforce this idea by showing that health is older people's main concern, which is also in line with the studies conducted by Rubio, Alexandre and Cabezas (as cited in Casas Aznar & Aymerich Andreu, 2005). Therefore, health is one of the most commonly mentioned aspects when addressing quality of life, particularly for the elderly.

On the contrary, in terms of personal well-being, older people also refer to diseases as something that affects their quality of life: "...Diseases will eventually binder my quality of life..." (male, 65 years, married); "...Sometimes my health condition interferes negatively in quality of life..." (female, 71 years, married).

In this category, negative feelings that may impair quality of life were also included, as may be read in the following expressions: "I don't know...I don't even want to talk about it...nothing has a positive impact on my quality of life...loneliness, sadness, that's what has damaged my quality of life the most." (male, 79 years, married); "I never knew what quality of life was, all my life I've been bitter with suffering...I was never raised with love, I started working at a very young age and I was badly treated. I have nothing that benefits my quality of life..." (female, 65 years, widow).

Older people face continuous losses, which may lead them to experience feelings of loneliness and sadness, as evidenced by their answers. These feelings may be considered as predisposing factors for depression, the latter being held as one of the most common psychological problems among the elderly.

It should also be noted that some older people mention abuse as something affecting their quality of life. Touza Garma (2009) argue that, regardless of the type of abuse, it will always lead to unnecessary suffering, human rights violation and reduction of the quality of life of elderly people. This is clearly evident in some answers obtained in this study: "...the abuse from my daughter highly affects my quality of life" (female, 65 years, widow). Abuse may occur in the community, the institutions or within the family itself, as evidenced by the previous answer. This issue has aroused interest at various levels, but many cases of abuse have yet to be identified. To this end, everyone should be aware of both prevention strategies and the disclosure/resolution of identified cases.

In contrast, older people mention feelings of well-being (peace, harmony, happiness, satisfaction)

which also appear in the literature as synonyms/promoters of quality of life: "...to live in peace, be satisfied and in harmony with life..." (male, 65 years, married); "It's us feeling good, with no problems. I hope to have quality of life until I die. It's us feeling good with ourselves and not much more than that ..." (male, 72 years, married); "...It's being satisfied with life, living in harmony...having faith, believing, doing well, I really like helping others, I am happy doing that..." (male, 84 years, married); "To have... love, peace..." (female, 76 years, widow); "...It's to be happy..." (female, 85 years, single).

Occupation

Leisure, work and voluntary service are quality of life indicators which are usually mentioned in the literature by authors such as Schalock and Verdugo (2003) and which were evidenced in this study. They were all included in the category "occupation", which was defined as the "set of time occupation activities that interviewees perform or would like to perform, taking into account that the non-completion of such activities has a negative impact on their quality of life. References to both work and the desire for having no occupation are also included".

This category reflects the way older people spend their time: "...I do everything that I want: I visit my family, take care of my vegetable garden, go out..." (female, 81 years, widow).

Leisure experiences have proved to be an important quality of life factor and a first-order resource to stimulate development throughout the life cycle (Martínez Rodríguez & Gómez Marroquín, 2005). In this category, older people express what their interests are and what they would still like to do, as the following statements illustrate: "...I'd like to play table tennis, run..." (male, 69 years, married); "...I'd like to go out, travel, spend weekends at the hotels." (female, 83 years, married); "...go on organized trips, go out, exercise, take care of the plants. That's what I used to do... I'd very much like to travel..." (female, 74 years, widow); "...I'd like to dance..." (male, 70 years, married).

Since older people have more free time, leisure takes on special importance in this age group (Veja & Bueno as cited in Martínez Rodríguez & Gómez Marroquín, 2005), as shown in the previous statements. The fact that the older people under study stated that they would like to be involved in leisure activities allowed for the conclusion that they considered them to be

an important variable for a better quality of life. This is because leisure brings about countless benefits by improving certain situations and providing gains at the personal, group or societal levels (Driver, Brown, & Peterson as cited in Martínez Rodríguez & Gómez Marroquín, 2005). It is a resource that brings many benefits to older people, such as greater intellectual warning capacity; increase in psychological well-being and decrease in levels of depression; protective function against dementia; creation of cognitive reserves, among others.

It is thus important to stress that any activity that is freely chosen by the older person is a leisure activity (Martínez Rodríguez & Gómez Marroquín, 2005).

Nevertheless, it is also observed that, in addition to leisure, older people assign great value to work and, for some of them, that it is synonymous with quality of life. Many older people express their desire to continue and/or go back to work: “...*Quality of life is to be able to work...*” (female, 78 years, widow); “...*I'd like to work in my professional area.*” (male, 84 years, married); “...*I'd like to teach mechanics again*” (male, 65 years, married); “*It's working in my vegetable garden...Working in agriculture.*” (female, 81 years, married).

In fact, work has deeply marked this generation, given that a large percentage of these people have devoted their entire adult life to work, which has allowed them have a dignified life, both economically and in terms of personal achievement, self-concept and self-esteem. Therefore, the promotion and ability to work ought to be considered as active strategies to meet challenges resulting from demographic and labour market changes. They also establish themselves as prevention tools for both early loss of functional capacities and disability (Requejo Osório, 2007). This idea is in line with one of the five key axis recommended by the Portuguese Government in the Action Program, 2012, within the scope of the European Year for Active Ageing and Solidarity between Generations “Employment, work and lifelong learning” (Governo de Portugal, 2012).

Volunteer work is also one an indicator of quality of life and a way for older people to occupy their free time. As a result, this category also emphasises the fact that some older people express the desire to help and to become volunteers: “...*I'd like to volunteer, for example at a hospital or nursing home, become a member of an association, do good things to others.*”

(male, 76 years, married); “...*I'd like to volunteer at a nursing home.*” (female, 77 years old, married).

Similar to other countries, in Portugal volunteer work performed by older people is becoming increasingly important, particularly in healthcare, charity and social welfare institutions (in accordance with Entreaajuda, 2011, 21.6% of volunteers in social welfare institutions were 65 years old and more). This way of occupying time should be encouraged, which is also in line with the recommendations of the European Parliament and the Council of the European Union (2011) for the European Year for Active Ageing and Solidarity between Generations - 2012 “Promoting active ageing means (...) to encourage volunteering (...)”.

Many older people mentioned a set of time occupation activities which they perform or would like to perform and which are related to leisure, work and even volunteering. This idea is corroborated by the Activity Theory according to which “an older person should remain active to increase life satisfaction, sustain self-esteem and preserve health”. This theory is in line with one of the first objectives that were established by the Second World Assembly on Ageing in Madrid: “ageing must be active”. This objective ought to guide any Gerontological innovation policies and was reinforced by the initiatives of the European Year for Active Ageing and Solidarity between Generations - 2012.

Nevertheless, not so long ago and contrary to the ideas presented, the transition to retirement was almost exclusively intended for rest, thus being associated with passive idleness. In a certain way, this may justify the references made to the desire of having no occupation: “...*At this age, there is nothing else that I would like to do.*” (male, 66 years, divorced); “...*I don't have any major interests right now, all I need is care and rest.*” (male, 68 years, widower); “...*There is nothing that I would still like to do.*” (female, 81 years, widow). On the contrary, there are people trapped in a deficit model of old age, which is based on a traditional medical model that, in view of biological changes, has conceptualized ageing in terms of deficit and involution. This is identified with a sedentary and unproductive life (Limón Mendizabal, 2008) would find a positive vision of ageing.

An elder's statement concludes the analysis of this category. According to him, being busy, either with work or leisure activities, is of great importance to his quality of life: “*Work, personal achievement,*

when you think you ought to achieve something... My occupation, my work and leisure, for example: I love reading, watching TV, listening to the news." (male, 76 years, married).

Interpersonal relationships

In this study, interpersonal relationships refer to "references made to relationships with family members (spouse, sons and daughters and other relatives), including more generic references to the family itself where the relative is not specified, and references expressing its support. This category also includes references to relationships with friends and neighbours".

The importance that older people assign to relationships is well illustrated in this category, especially with regard to family relationships: "...My wife and children's love is very important..." (male, 65 years, married); "...My wife is the best thing that I've ever had and still do in my whole life..." (male, 71 years, married); "...Having a very good life with my husband and a good relationship with my children... having husband and children, daughters-in-law and grandchildren who are always calling..." (female, 77 years, married); "...Relatives are very important..." (male, 70 years, married).

Family is the most important source of help and support for older people and, particularly, dependent and needy older people. It provides care throughout the life cycle, economic support, encouragement and emotional support, thus contributing to maintain older people in the community (Pinazo Hernandis, 2005). This idea is well illustrated in the answers given by older people in this study: "...My family, the support they give me." (male, 68 years, widower); "...The family helps solve some problems..." (male, 69 years, married); "...The family's support... they are very important to our quality of life..." (female, 72 years, married). This idea is also supported by the results obtained in the studies of Imaginário (2008) and Vecchia et al. (2005), among others.

In addition to family, older people value relationships with friends and neighbours. Taking into account the reality under analysis (older people from a predominantly rural environment, whose children/other relatives are distant), it is important to highlight the role played by friends/neighbours, who often provide instrumental and emotional support to older people.

Friends and neighbours are the ones who often keep company to older people and are their confidants, thus preventing loneliness and contributing to avoid/postpone institutionalisation. In addition to this emotional support, the instrumental support provided to older people is also evident in these communities. Apart from the family, this support has become an important contribution to avoid/postpone older people's institutionalisation.

The following expressions reflect the importance that older people assign to relationships with friends and neighbours: "...having friends, for me friends are very important..." (male, 76 years, married); "...having a good relationship... with neighbours" (female, 77 years, married); "It's living well, in peace and harmony...with friends..." (male, 82 years, widower).

Pinazo Hernandis (2005) argues that friends are an important source of support for older people, as relationships between peers are characterised by reciprocity, homogeneity and consensus. Relationship-based support is optional; it is not mandatory and is based on reciprocity and affection, which contrasts with feelings of obligation underlying family relationships. Therefore, we share the view of Paskulin (2006) that the contact with friends becomes a mutual support system that may be of great benefit to respond to older people's needs, thus contributing to improve their quality of life.

On the contrary, some older people mention the lack of relationship and/or support from family/neighbours, which certainly has a negative influence on their quality of life: "...lack of children's support..." (male, 79 years, married); "...being angry with a relative..." (male, 65 years, married); "...My husband doesn't recognise the good that I have been doing to him. I would like to live in a place where neighbours were humane, and would support me if anything should happen, someone that I could call and who would help, people who understood me..." (female, 91 years, married).

It is concluded that relationships with family, friends and neighbours are undoubtedly essential for promoting older people's quality of life, thus corroborating the idea that older people consider this type of (informal) support to be the most comprehensive and desired one (Pinazo Hernandis, 2005).

Economic conditions

This category includes references to “comfort of physical environment, use of material goods and money”.

“Economic conditions” is not the category that occupies the largest textual space in older people’s narratives in this study. However, aspects that are related to possession of essential goods, comfort of physical environment and money are also mentioned: “...*having a comfortable home, economic conditions...economic resources help to have better quality of life...*” (male, 65 years, married); “...*May we never lack money, to have comfort and everything we want...*” (male, 68 years, married); “...*money to spend when you need to...*” (male, 82 years, widower); “*It’s living comfortably...having all essential things in life, such as food, a worthy home...*” (female, 72 years, married); “...*money... it’s different from what it used to be, we have more things, I have better conditions...*” (female, 80 years, married).

On the contrary, references are also made to economic deprivation: “...*lack of more economic resources...*” (male, 70 years, married); “...*sometimes retirement benefits are not enough, we have to make restrictions. Earning more money... if I had money...*” (male, 65 years, married); “*I just don’t know anymore, I wanted higher retirement benefits ...*” (female, 80 years, widow).

References made by older people in this study are in line with the existing literature. The Rede Europeia Anti-Pobreza (2011) states that, despite the increase in retirement benefits in recent years, this age group continues to be the most strongly affected by poverty. The analysis of older people’s narratives shows that quality of life means “to be healthy, have peace, live in harmony, feel happy, be satisfied with life, and keep oneself busy, whether with hobbies, volunteer service or work. It also means to preserve interpersonal relationships or receive support from family, friends and neighbours. Possession of essential goods, comfort of physical environment and money are also important for some older people when defining quality of life.

The results obtained are corroborated by a number of qualitative studies on the concept of quality of life, such as the study of Vecchia et al. (2005). The multidimensionality of the concept of quality of life mentioned in the literature is also confirmed.

Conclusion

This research study aimed to identify older people’s perceptions of their quality of life. The multidimensionality of the concept of quality of life, which is mentioned in the literature, was evident in the answers given by the elderly. “Personal well-being” was the most important category, followed by “occupation”, “interpersonal relationships” and “economic conditions”.

In conclusion, for these older people, quality of life means “to be healthy, have peace, live in harmony, feel happy, be satisfied with life, and keep oneself busy, whether with hobbies, volunteer service or work, preserve interpersonal relationships or receive support from family, friends and neighbours.”

To better understand older people’s perceptions of their quality of life makes it possible to plan preventive measures, identify needs and establish priorities for action. Thus, a better knowledge of this reality can lead to more effective care planning for older people and the subsequent improvement in their quality of life. Decisions ought to be made according to the identified needs.

In this way, in light of this study’s results, some suggestions/implications are pointed out for health care practice, namely: interdisciplinary coordination; family support; encouragement of volunteer work; increase in economic support, educational programs and intergenerational relationship; promotion of voluntary associations; promotion of specific training in the elderly field; and creation of elderly-specific job opportunities.

The Health Care Centre was the reference point for this research study, thus proving to be the best place for this type of study. However, the need for coordination among health services, social services, municipalities and the education system should not be overlooked. Only a coordinated work with common goals can lead to adequate interventions among older people.

We believe that this study has given an important contribution to understanding older people’s perceptions of their quality of life. However, we suggest that further research should be carried out with larger samples, mostly focusing on specific areas, such as abuse and leisure, and that longitudinal studies should be conducted in this area.

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