



THE PERCEPTION OF ELDERLY PEOPLE ABOUT QUALITY OF LIFE AND THE IMPACT OF SOCIAL INTERACTION GROUPS ON THEIR HEALTH

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ABSTRACT

Objective: to identify the perception of elderly people about their quality of life and the impact of a social interaction group on their health. **Method:** a descriptive and exploratory study with a qualitative approach, carried out with 12 elderly participants of the Social Interaction Group of a Basic Health Unit in a municipality in southeastern Goiás. Data were collected between January and February 2019, through an open interview and submitted to Thematic Analysis. **Results:** from the analysis of the interviews, three categories emerged: Positive and negative aspects that interfere in the elderly's quality of life and subjective factors; Ageism as a process of difficulty in the social insertion of the elderly; Contributions of the Social Interaction Group for the quality of life of the elderly, which show that quality of life is related to healthy eating, physical exercise, the importance of family relationships, spirituality and religiosity, and that old age is still permeated by prejudice and social exclusion. **Final considerations:** it was evident that the participants of the Social Interaction Group mentioned the importance of this tool for improving their quality of life and social interaction.

Keywords: Elderly. Health promotion. Nursing. Interdisciplinary Practices.

INTRODUCTION

The elderly population has grown rapidly and intensely, and this population aging process is related to the increase in life expectancy in countries. This process is related to the creation of public policies and investments in health care and promotion for this age group^(1,2,3,4).

The main objective of the policies is to act by recovering and promoting the autonomy and independence of the elderly, through collective and individual health measures in accordance with the principles and guidelines of the Unified Health System (SUS)^(3,4).

In view of the growing increase in life expectancy, it is also necessary to broaden the view on aging and health, going beyond biological aspects and the focus on disease, to propose biopsychosocial and sociocultural

approaches, moving towards the generation of impact on the lifestyle and quality of life of the elderly and the promotion of active and healthy aging⁽⁵⁾.

Active aging is linked to the integration between the elderly, society and the right to citizenship. This active model is related not only to maintaining health and autonomy, but also to social, cultural, economic, civil and spiritual participation and inclusion. In addition, healthy aging can be associated with quality of life, since this is defined from the way in which the individual evaluates his life according to his social determinants, considering his culture, values, life goals, expectations, standards and concerns, level of independence, personal relationships, beliefs in a particular or natural context, environment, social support and perceived social support^(6,7).

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To promote the health and social inclusion of the elderly, Social Interaction Groups (SIGs) are unique strategies, since they are low-cost care tools that promote interactions between different members of the professional team, thus generating interdisciplinarity, and also enable interaction, social reintegration, rescue of autonomy, dignity and well-being of the elderly. Leisure activities in old age are related to the reduction of stress and depressive symptoms, in addition to providing more satisfaction with life, increased connectivity between family and friends, happiness and pleasure⁽⁸⁾.

Social interaction groups influence the aging process in a positive way, allowing socialization, improving the self-image of elderly people in society, and providing exchanges of experiences that foster mutual growth, and because they experience the same experience in everyday life, it can help to discover, together, shared strategies to modify their daily lives^(9,10).

Therefore, it can be said that SIGs for elderly people are a response to this new demand. It is necessary that this population be fully assisted and cared for in a broader way, leaving the routine of medical offices and clinical laboratories, and going to diversified social environments, where they are welcomed in their anxieties in the face of the changes they are suffering due to progress of age and where they can also express their desires and their way of living without judgments and impositions.

Given this context, the need to study this theme emerged due to the growing demand of elderly people living in the community, and thinking about strategies to promote health and increase their quality of life, the impact of SIGs on quality of life was questioned and the health of the elderly. To answer this question, this study aimed to identify the perception of elderly people about their quality of life and the impact of the social group on their health.

METHOD

This is a descriptive and exploratory study, with a qualitative approach, carried out with 12 elderly people linked to a social interaction group of a Basic Family Health Unit (BFHU) in a municipality in southeastern Goiás.

This social interaction group for elderly

people was created from an outreach project of the Federal University of Goiás – Regional Catalão, which has been taking place since 2016. The activities are carried out weekly and planned by professors and academics from the nursing, physical education and psychology courses. During the meetings, conversation circles are proposed on health promotion, disease prevention, adapted recreational and physical activities, carrying out Integrative and Complementary Health Practices (ICHP) such as reiki, meditation, conversation circles and the creation of handicrafts, this being activity coordinated by a local artisan. In addition, activities and events are planned throughout the year, such as: cinema, visits to the municipal museum, tourist attractions and trips with the support of partners in the municipality.

A mean of 20 elderly people participated in the group, however, only 12 were interviewed due to the inclusion and exclusion criteria. The inclusion criteria were: being an active participant in the SIG (having 75% of attendance in the group's activities), having at least 3 months of participation in the SIG, availability of schedules to answer the questions of the instruments used. Elderly people who had complications or health problems that made it impossible to participate in the study were excluded. There were no refusals to participate in the research.

Data were collected during the months of January and February 2019. For data collection, the interview technique was used, using a semi-structured instrument, built by the researchers, which contained two parts, the first part had questions about characterization sociodemographic of the elderly, such as: sex, age, marital status, education, housing status, income, self-reported health problems and self-perception of health. The second contained guiding questions that addressed the quality of life and health of elderly people, asking them about the meaning of these words in their own lives; interferences capable of negatively affecting well-being (pain, prejudice, family problems) or positively (freedom, spirituality and religion, self-esteem and cultural and social activities, such as the social group). The interviews were conducted by students who recorded them in audio and then transcribed in

full. Before conducting the interviews, the students responsible for the research were previously trained.

The elderly were invited to participate in the study during the SIG, and from there, times were scheduled for interviews at the BFHU or home visits according to the preference of the participants. Elderly people were informed at the beginning of the interview about the confidentiality of their names and their rights, and, after signing two copies of the Informed Consent Term (ICF); the interviews began, which lasted from 20 to 40 minutes, with mean of 30 minutes. Participants were named with bird codenames: Canary, Lovebird, Peacock, Parrot, Phoenix, Owl, Bem-te-vi, Cockatiel, Cockatoo, Hummingbird, Parakeet and Woodpecker.

The sociodemographic data were analyzed using descriptive statistics and the interviewees' statements were analyzed using the categorical thematic content analysis technique (CTCA)⁽¹¹⁾. From the categorical analysis, the cores of meaning were selected to organize the sequence of data obtained in each theme found.

The categorical analysis was performed in five stages: 1st Stage - pre-analysis, through floating reading; 2nd Stage - exploration of the material; 3rd Stage - comprises the treatment of results related to the statistical dimension, validation of the data obtained, inferences and interpretation of results that can be carried out from a theoretical framework, and 4th Stage - description of empirical categories and sub-categories⁽¹¹⁾.

And to complement the data analysis, the software Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires (IRAMUTEQ) 0.6 alpha 3, version in Portuguese, was used, which develops statistical analyses on text segments, frames of individuals and words^(12,13). During the use of the software, the word cloud was chosen to group and graphically organize the words most frequently in each thematic category. This lexical analysis is simpler, but graphically it gives visibility to the analyzed content, as it allows quick identification of the keywords of a corpus⁽¹²⁾.

The ethical aspects were preserved, according to CONEP resolution 466/2012 and the research

has been approved by the Research Ethics Committee of the Federal University of Goiás/Regional Catalão with opinion number 3,199,161/2019.

RESULTS

Sociodemographic characterization of elderly people

Twelve elderly people participated in the study, with a mean age of 69 years, nine of whom were female and eight were married. Referring to schooling, the mean number of years of study was four years. Among the participants, nine had their own house paid off and six lived only with their spouse. The mean income of the elderly came from the retirement of the elderly people or their spouse.

Regarding self-perception of health, six described their health as fair, three as good and two as very good, only one reported having a self-perception of health as poor. The self-reported diseases were: Systemic Arterial Hypertension, pre-diabetes or Diabetes Mellitus, arrhythmia, hyperthyroidism and glaucoma. The thematic categories that emerged are presented below:

1) Positive and negative aspects that interfere with the quality of life of elderly people and subjective factors

When questioned about the concept of quality of life, health and aspects that interfere with these factors, it is perceived that they relate quality of life to healthy eating, physical exercise, autonomy, living conditions, housing, family relationships, friendship relationships; and in addition, aspects related to subjectivity were observed, such as having peace, tranquility, as observed in the following statements:

Quality of life is eating well, sleeping well, participating in leisure and exercising, going for a walk, having fun [...] Health is being able to work, move, not feel pain, not take medication, that for me is health. **(Peacock)**

Being in a good environment, being together with my family, having peace, being healthy, that for me is a quality of life. **(Phoenix)**

Quality of life is [...] a decent home to live in,

food, health, family [...] well-being with family, with friends. **(Hummingbird)**

Even the elderly reported positive and negative aspects during the interview; however, it was noted that most of the statements were focused on the negative, such as bullying, family concerns, pesticides and violence. Participants also mentioned that health problems, the aging itself and loneliness are also factors that can negatively affect quality of life and health.

It was also observed that some elderly people interpreted the word “interfere” in a negative way. Thus, many mentioned negative questions or converted the answer to something positive, trying to unlink the answer from the verb “to interfere”.

I've been bullied. I suffered a lot of sadness, which is why I got sick. I got sick because of that [...] But that time, after I reached this age, I didn't think I was going to be bullied. This is horrible. I got sick because of it. **(Canary)**

Maybe today's experience, right, foods with a lot of pesticides and a very aggressive, violent life. **(Owl)**

I think that, sometimes, some annoyance [...] some problem at home, in the family, then I feel that it changes, because sometimes my breathing becomes more difficult, I think that's it. **(Hummingbird)**

Ah, freedom is being free, being able to go out, walk, travel. None of this I can. None of that happens to me. If I were a younger person, if I could, but no. Old age has come and all is gone **(Bem-te-vi)**

Among the subjective/intrinsic factors of the human being, spirituality and religion were cited as important allies in this phase of life, which is old age. And in some speeches it was observed that in addition to spirituality being linked to the image of a Higher Being, it was noted that some participants associated it with their perception of life, connection with nature and even brought culture and beliefs as an aid to promoting quality of life:

I go to church, we go, we feel things, we have a little problem, we call for the saints we have more faith in. **(Woodpecker)**

Religion for us is a source of strength. Because I often think, if it weren't for religion, I don't even know what would be in our lives. Because I think

it's a brake. It helps you to avoid doing too much wrong. [...] So I think religious belief is important. I think everyone has to have it. It's just we think, why am I in this world? Why did I come? Who created this world? So belief is very important. You live without believing in anything is an empty life. **(Hummingbird)**

[...] always have a good mind, right, because I see God in everything. In the flowers, in the animals, in the people... In seeing, in the dawn, in waking up, the gifts that we have, everything comes from God... because a person who doesn't have a religion, has nowhere to look for, is an unhappy person. **(Owl)**

Beliefs are very important for health, because sometimes we get sick, and it's not lack of medicine, it's lack of spiritual healing, lack of God in life, lack of forgiveness, lack of love. **(Parrot)**

2) Ageism as a process of difficulty in the social insertion of the elderly

From the speeches, it was understood that the participants mentioned the difficulties and ageism experienced in society and their perceptions in the face of social exclusion. However, despite negative perceptions, some elderly people mentioned overcoming exclusion and feeling useful in the community to which they belong:

Freedom is a good thing. We live free. Free of everything. Free from prejudice. Because look, I'm going to explain something to you, prejudice among older, more advanced people exists a lot. There are times when we are not welcome. That's where I feel very sad, right, this prejudice there [...]. So that's how we are older, people think they can do everything about us. That we are nothing. **(Canary)**

Ah, within society I feel excluded [...]. Because depending on where we arrive, we are not well received [...] this causes a lot of sadness, we feel bad, we feel rejected. **(Peacock)**

I have already suffered prejudice in my professional life [...]. At the time it influenced me, and maybe I wasn't mature enough to live with it, but not today, in the last few times I've been through this, I managed to make it an ally [...] **(Cockatoo)**

Well, I participate in several church groups and I was once the coordinator [...]. So I consider myself useful. Especially when it comes to

religion. I feel useful. (Hummingbird)

3) Contributions of the Social Interaction Group to the quality of life of elderly people

In this category it was observed the positive view that the elderly have about the social interaction group as a tool for health promotion, helping in the quality of life and construction of social bonds, with moments of exchange of knowledge. The elements found in the speeches are related to joy, self-esteem, overcoming, support and the group is perceived as a family.

The Social Interaction Group, according to the statements, is also related to changes and impacts on the life of the elderly. These are related to spiritual, moral and cognitive aspects:

After I started to participate in the groups, to get more involved with people, with you, right, then my life changed completely. Today I feel very

good. I feel joy, [...] The group helps me in everything. Help me overcome. (Phoenix)

I feel wonderfully well, I like being here among you, I feel happy. I find support [...] I am myself, only with the highest esteem...I feel stronger. I am victorious. (Peacock)

It helps spiritually. It helps morally. In my way of living. In my way of learning. Because I'm learning a lot. You've thought, after a certain age, learning beautiful good things, right, isn't it? It's a pleasure for me [...] There I learned to live, you know. Appreciate. Give value to life. Not sometimes be what you used to be. You have to learn to live, learn from you. (Canary)

From the categories and the textual database, it was possible to synthesize the analysis in a single word cloud that expresses the main terms listed by the elderly participants in the study.

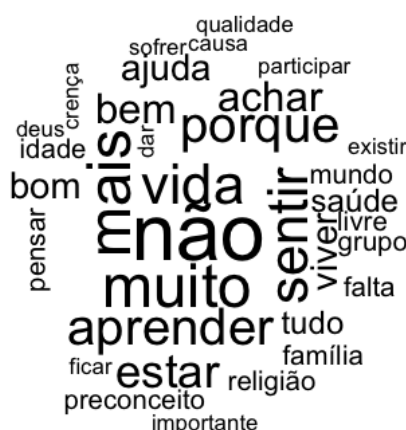


Figure 1. Word cloud extracted from the textual corpus with the help of Iramuteq software. Catalão/GO, 2020.

In short, the words represent the perception of elderly people that the social interaction group is important for their life, health and social interaction, when we have the word, life, learn, feel, live, health. Words that refer to belief and family as part of the experience lived by the elderly as participants in the group are also highlighted.

DISCUSSION

Based on the findings, it is highlighted that the SIG is not just a space for elderly people to talk or learn with the professionals involved in

the activities, but they report being a space that allows the exchange of experience, provides pleasant moments that make them feel useful and reinserted into society, as they feel valued for their experiences and life stories.

The first reflection that the findings of this study denote is that aging generates a change in the social role, and there are factors that can interfere with health promotion. A study carried out in Goiás⁽¹⁴⁾ highlights that elderly people with good schooling adopt protective lifestyle habits in relation to health, and are the most participatory in education and health promotion actions, as there is an understanding that this

participation is important for the maintenance of their health and a good quality of life. Elderly people with low education are sedentary and have a low intake of healthy foods⁽¹⁴⁾.

From a more detailed analysis of the speeches that refer to the perception of elderly people, in which their speeches showed associations between quality of life and physical aspects, family, social, financial, spiritual and emotional, contradicting the idea that in old age quality of life is related only to the absence of disease.

In this perspective, a study carried out in Ceará showed that despite the decrease in the quality of physical health of elderly people, it is wrong to think that the quality of life of these persons related only to the biological aspect. This is also strongly related to psychological, economic, cultural and social factors, which contribute to functional autonomy and social interaction, but also to the reduction of morbidity and mortality⁽¹⁵⁾.

Elderly people spoke about the subjective factors that influence their quality of life, with elements related to religion and spirituality. It is important to highlight that the speeches reinforce the importance of having a religious belief and being in contact with everything they consider divine. From the speeches of elderly people and the studies found^(4,6,7), it was possible to observe that spirituality and religiosity are potentiating factors for the quality of life of these persons and that bring comfort, peace, strength and hope.

In the literature⁽¹⁶⁾, some authors report that religiosity and spirituality offer emotional support and are part of the network that give meaning to life and death. They are a source of resilience and promoters of quality of life.

These constructs provide the elderly with a better ability to withstand limitations, difficulties, losses and protect them from stress in the face of changes related to the aging process itself.

Several aspects can be considered when the results point to ageism as a process of difficulty in the social insertion of the elderly. Since aging in Brazil has been a challenge for elderly people, because when questioning them about the aging process, many refer to it as something negative⁽³⁾, as seen in the first category. And this negative view may be related to the elderly's interpretation of the question in relation to

prejudices, concerns and social stereotypes that arise with advancing age, and many elderly people in the research reported having experienced prejudice due to their age.

Researchers⁽¹⁷⁾ found that elderly people are characterized as experienced and wise, however, they are also negatively stereotyped, based on their age, by young people and adults of medium age⁽¹⁷⁾. This generates discriminatory practices and favors the isolation of the elderly. And it is at this point that nursing, and the other professionals who are part of the multiprofessional team, have a fundamental role, because as their objective is to care, a qualified listening can identify this situation and through team actions with interdisciplinary work, it has conditions to contribute to change this situation⁽¹⁷⁾.

A negative view of the self generates behaviors of isolation and loneliness, and in this same study⁽¹⁷⁾ the authors describe that despite being part of a group of elderly people, many of them continue with a negative self-perception, as a derogatory view of aging is consolidated through negative self-stereotypes and this is due to external references on age indicators.

The relationship between elderly people and society directly impacts their health, self-esteem, building bonds, friendships and socialization. As we observed in the results of the second category, the elderly still feel excluded from society and suffer prejudice; however, groups help to overcome this ageism, such as religious and SIG. A study carried out in Rio de Janeiro⁽¹⁸⁾ pointed out that the SIG provides an exchange of knowledge and experiences, interaction and social support, and this source of social support provides a better coping with problems through the sharing of these and also of personal joys and overcoming⁽¹⁸⁾.

In general, it was observed that the SIG presented itself as a space of satisfaction and wealth for being able to participate in the group, since aspects referring to the spiritual, psychological, cognitive dimension were mentioned and, in addition, it provided the elderly with feelings of joy, self-esteem, resilience, support, and the vision of the group as a family. And in view of the results, it can be said that the SIG is a health promotion tool, and can positively impact the quality of life and

social reintegration of elderly people, in addition to promoting healthy aging, by stimulating the practice of physical, cognitive, listening and welcoming activities. The groups offer leisure activities, thus promoting the establishment of social bonds between the participants⁽¹⁹⁾.

Researchers⁽²⁰⁾ claim that the participation of elderly people in a SIG, keeps them away from loneliness and fear of death, in addition to providing friendships and self-esteem, develops greater integration with family members, rescues personal and social values and, in addition, offers social support and adoption of a more active lifestyle⁽²⁰⁾.

Another important point found in the results is the knowledge acquired, as elderly people end up knowing their rights and how to access the services available in the health care network. Nursing has been a pioneer in health guidance and development. According to a study carried out with elderly people treated in health services, they know that they have to be well attended and have the right to a quality service^(21,22).

During the group's conduct, students from nursing, physical education and psychology courses, together with BHU professionals, used the space to stimulate health promotion and positively impact the life of the elderly. In the state of Goiás⁽¹⁴⁾ a group for elderly people focused on health promotion had the results that the majority (76.9%) of them rated their quality of life as good or very good, but 92.4% of them reported no were satisfied with their health. Which denotes the importance of these groups to promote an improvement in the quality of life and contributes to the findings of the study⁽¹⁴⁾.

All categories corroborate the literature, in which several studies^(6,9,10,18) show that, for a large majority of the elderly participants in SIGs, the social relationships developed overlap other motivations, such as, for example, the practice of physical exercises, manual or artistic activities, due to the social insertion that these groups provide.

In short, the categories refer to the importance of SIGs as a tool for health promotion and disease prevention and the important role that nursing, together with an interprofessional and interdisciplinary team,

such as psychology and physical education, play in the operationalization and driving these groups. Elderly people in their speeches denote how important it is for them to participate in a group where they can receive support, dialogue and exchange experiences for healthy aging.

Furthermore, authors⁽²³⁾ describe that nurses who work in Primary Care and who direct their care to the peculiarities of elderly people, individually or collectively, following an ethical and multiprofessional conduct, are able to establish relationships and generate bonds with them, their family and the community where they live, in addition to finding resources to solve their problems, improve their well-being and their quality of life.

FINAL CONSIDERATIONS

Elderly people brought that quality of life is related to healthy eating, physical exercise, autonomy, living conditions, family relationships, friendships, and in addition, aspects related to subjectivity were observed, such as having peace, tranquility, importance of religiosity and spirituality. And also that old age brings with it prejudices and social exclusion.

With regard to the SIG, they reported the importance of this tool in health to improve their quality of life and social life, as they have a perception of the SIG as a second family, as something extremely important and relevant in their lives.

These findings demonstrate the importance of the SIG, acting in a multiprofessional and interdisciplinary way, as a comprehensive care strategy in Primary Care to promote health promotion and prevention of diseases and complications in the elderly.

Thinking about the insertion of these groups in the scope of Primary Care, studies like this are essential for there to be greater investments in the area of promoting the health of the elderly, in addition to helping to disseminate the results so that other health teams can carry out these actions and encourage health professionals, social sciences and humanities to structure activities that involve this public, which has its particularities and singularities.

A PERCEPÇÃO DOS IDOSOS SOBRE A QUALIDADE DE VIDA E O IMPACTO DO GRUPO DE CONVIVÊNCIA NA SUA SAÚDE

RESUMO

Objetivo: identificar a percepção dos idosos sobre sua qualidade de vida e o impacto do grupo de convivência na sua saúde. **Método:** estudo descritivo e exploratório, com abordagem qualitativa, realizado com 12 idosos participantes do Grupo de Convivência de uma Unidade Básica de Saúde de um município do sudeste goiano. Os dados foram coletados no período de janeiro e fevereiro de 2019, mediante entrevista aberta, e submetidos à Análise Temática. **Resultados:** da análise das entrevistas emergiram três categorias: Aspectos positivos e negativos que interferem na qualidade de vida do idoso e os fatores subjetivos; O ageísmo como processo de dificuldade de inserção social do idoso; Contribuições do Grupo de Convivência para a qualidade de vida da pessoa idosa, as quais mostram que a qualidade de vida está relacionada com alimentação saudável, prática de exercícios físicos, a importância das relações familiares, da espiritualidade e religiosidade, e que a velhice ainda está permeada de preconceitos e exclusão social. **Considerações finais:** evidenciou-se que os participantes do Grupo de Convivência referiram a importância dessa ferramenta para a melhora da sua qualidade de vida e do convívio social.

Palavras-chave: Idoso. Promoção da Saúde. Enfermagem. Práticas Interdisciplinares.

LA PERCEPCIÓN DE LOS ANCIANOS SOBRE LA CALIDAD DE VIDA Y EL IMPACTO DEL GRUPO DE CONVIVENCIA EN SU SALUD

RESUMEN

Objetivo: identificar la percepción de los ancianos sobre su calidad de vida y el impacto del grupo de convivencia en su salud. **Método:** estudio descriptivo y exploratorio, con abordaje cualitativo, realizado con 12 ancianos participantes del Grupo de Convivencia de una Unidad Básica de Salud de un municipio del sudeste de Goiás/Brasil. Los datos fueron recogidos en el período de enero y febrero de 2019, mediante entrevista abierta, y sometidos al Análisis Temático. **Resultados:** del análisis de las entrevistas surgieron tres categorías: Aspectos positivos y negativos que interfieren en la calidad de vida del anciano y los factores subjetivos; El edadismo como proceso de dificultad de inserción social del anciano; Contribuciones del Grupo de Convivencia para la calidad de vida de la persona mayor, las cuales muestran que la calidad de vida está relacionada con alimentación saludable, práctica de ejercicios físicos, la importancia de las relaciones familiares, de la espiritualidad y religiosidad, y que la vejez todavía está impregnada de prejuicios y exclusión social. **Consideraciones finales:** se evidenció que los participantes del Grupo de Convivencia refirieron la importancia de esta herramienta para la mejora de su calidad de vida y de la convivencia social.

Palabras clave: Anciano. Promoción de la Salud. Enfermería. Prácticas Interdisciplinarias.

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