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REVIEW ARTICLE

THE IMPACTS OF ACQUIRED PHYSICAL DISABILITY ON FUNCTIONALITY AND QUALITY OF LIFE: INTEGRATIVE REVIEW

Luciano Silveira Pacheco de Medeiros*
Thiago Ferreira Abreu**
Letícia Calcagno Gomes***
Giovana Calcagno Gomes****
Clarice Alves Bonow*****

ABSTRACT

Aim: to analyze the evidence available in national and international scientific literature on the impact of acquired physical disability on functionality and quality of life. **Material and methodology:** integrative literature review based on the Minayo technique for discourse analysis of the results found. A search was conducted for articles published between 2017 and 2024, conducted by two independent researchers, in the Scientific Electronic Library Online (SciELO.org), Latin American and Caribbean Literature on Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE/PubMed), SciVerse Scopus (Scopus) and Web of Science (WoS) databases. **Results**: the search in the databases began with 3,633 works. After applying the proposed eligibility criteria, 22 eligible studies were selected for the discussions. **Conclusion**: understanding the direct relationship between functionality and quality of life as an important factor for the real and effective inclusion of people with acquired physical disabilities in society implies studying all the conceptual determinants involved in this process, from the individual to the collective, and understanding the significant changes that are evident from the transition that happens, irreversibly and instantaneously, from the efficient body to the disabled body.

Keywords: ICF. Quality of life. Disability evaluation. Disabled persons.

INTRODUCTION

The ways in which society perceives and coexists with people with disabilities is something that has been built up historically, over time, sometimes based on exclusionary/eugenicist/hygienist movements, sometimes pious, but with an asylum-based and institutionalizing purpose, always differentiated and classified by their differences from the point of view of esthetics and productivity, as useful or disposable, according to the necessities pointed out by society(1-2).

The World Health Organization (WHO) estimates that one in four people have a disability, whether it is physical, sensory, mental, intellectual or multiple; hereditary, congenital or acquired; transitory or permanent, which has a significant impact on the lives of people, their families and society. These figures can vary from 11.8% in developed countries to 18% in poor and developing countries. This panorama provided by the WHO points to the necessity for social movements and public policies aimed at minimizing the effects that disabilities have on the dynamics of the lives of people and societies(3).

The new concept of disability by the United Nations (UN), launched in 2006, escapes the Cartesian view, based only on the biomedical model. This paradigm shift is important as it combines the medical elements (specific to the subjects) with the social elements and whose (social) effects are decisive for the full exercise of their citizenship(3).

This deconstruction of the practices of subjection that people with disabilities have suffered throughout their histories, taking the social model of disease as a starting point, has very significant impacts on the processes of

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*Nurse. Doctoral Student in Nursing, Graduate Program in Nursing – Federal University of Pelotas (UFPel), Pelotas, Rio Grande do Sul, Brazil. E-mail: lucianospm@outlook.com. ORCID iD: 0000-0002-9679-313
**Biologist. Doctoral Student in Nursing, Graduate Program in Nursing, UFPel, Pelotas, Rio Grande do Sul, Brazil. E-mail: thiagoferreiraabreuu@gmail.com. ORCID iD: 0000-0002-7353-3081
***Undergraduate Student in Nursing. Federal University of Rio Grande (FURG). Rio Grande, Rio Grande do Sul, Brazil. E-mail: leticiagomescalcagno1704@gmail.com. ORCID iD: 0000-0003-1812-2754
****Nurse. Doctor in Nursing. Professor of Undergraduate and Graduate Studies, FURG. Rio Grande, Rio Grande do Sul, Brazil. E-mail: giovanacalcagno@furg.br. ORCID iD: 0000-0002-2464-1537
*****Nurse. Doctoral Student in Nursing. Professor of Undergraduate and Graduate Studies, UFPel, Pelotas, Rio Grande do Sul, Brazil. E-mail: claricebonow@gmail.com. ORCID iD: 0000-0001-9918-923

minimizing the stigmas imposed over time by the state as an investment in bodies and in standards based on the vision of esthetics, normativity and productivity, stratifying them according to their possibilities for personal, professional and emotional achievement(4).

These processes of minimizing these stigmas take place with the help of devices and actions, in the ways of seeing and assisting people with disabilities, among which we can point to the International Classification of Functioning, Disability and Health (ICF), formulated to highlight the individual potential of this group of people considered by many to be our largest minority(4-6).

The ICF is characterized as an instrument that helps us to think about health when we work with people with disabilities, where disability and disease are no longer the central points for the care of populations, but rather the biopsychosocial model of care. Its starting point focuses on the health conditions of people, considering the biological aspect associated with environmental aspects and their personal characteristics, thus configuring a classification of disease components, encompassing all aspects of human life and health(5-7).

Quality of life is a recurring topic in scientific literature and has taken on a significantly important role in all areas of society. Quality of life is a measure that adds objective factors to subjective factors and can directly interfere in the ways people perceive themselves and create their affective and social bonds(8-9).

Based on the assumption that intrinsic and extrinsic factors have a significant impact on relationships and on their work and social practices, thus interfering in the return of their daily activities and, consequently, in the quality of life of these people and their chances of reintegration into society, this study aims to analyze the evidence available in national and international scientific literature on the impacts of acquired physical disability on functionality and quality of life of people.

METHODOLOGY

Study type

This is an integrative literature review carried out between March and June 2022, but updated in September 2024, which allowed the authors to include theoretical and empirical literature, based on the search for electronic scientific publications indexed in national and international databases on the impacts of acquired physical disability on functionality and quality of life. For the data analysis stage, the thematic analysis technique by Minayo was used(10).

Due to the qualitative nature of the proposed research, where the main focus is the analysis of the human experience in the face of the social phenomenon characterized by disability(5-7), we opted to use the acronym PICO (P = population, problem, patient; I = phenomenon of interest; and CO = context). Accordingly, the following guiding research question was drawn up: 1) “What are the impacts of acquired physical disability on functionality and quality of life?”, where P: people with acquired physical disability; I: impact of physical disability; CO: functionality and quality of life.

In order to extract the necessary information, we consulted the publications indexed in the following databases: Scientific Electronic Library Online (SciELO.org), Latin American and Caribbean Literature on Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE/PubMed), SciVerse Scopus (Scopus) and Web of Science (WoS).

The following inclusion criteria were adopted for the search for the works indexed in the searched databases: a) original articles, resulting from primary studies on patients with acquired physical disabilities; b) works made available in full; c) works written in Portuguese, English and Spanish; works with the time frame between the years 2017 and 2024 (more precisely, in September of the latter). The last update of the Brazilian National Health Policy for Persons with Disabilities, prepared by the Ministry of Health (MS, as per its Portuguese acronym), was chosen as the starting year.

In turn, as exclusion criteria, the following were considered: a) duplicate works; b) laws, resolutions, ordinances; c) editorials; d) opinion articles; e) review articles (integrative, systematic, systematic with meta-analysis, scoping); f) documents and summaries of meetings, seminars, congresses; g) dissertations and theses; h) interviews and, finally, i) preprints.

The search in the existing literature and the selection of the studies found took place during the months of March to June of the current year: online search, with the help of the Boolean operators *AND* and *OR*, using the *Descritores em Ciências da Saúde* (DeCS) and the Medical Subject Headings (MeSH), as described in Table 1.

Table 1. Strategies used to search for studies – Pelotas/RS, Brazil, 2024

Data bases	Search strategy
ScIELO.org	"Classificação Internacional de Funcionalidade, Incapacidade e Saúde" AND ("Qualidade de vida" OR "Avaliação da deficiência") AND "Pessoas com deficiência"
LILACS	"International Classification of Functioning, Disability and Health" AND ("Quality of life" OR "Disability evaluation") AND "Disabled persons"
MEDLINE/PubMed	
WoS	
Scopus	

Source: designed by the authors, 2024.

In order to manage, export and organize the references of the studies found in the searches, the authors used the Zotero® and Microsoft Excel 2007® programs, finishing the search with 22 studies, according to PRISMA 2020 (Figure 1)(17). In order to evaluate the methodological quality of the studies, the Melnyk and Fineout-Overholt classification was used(11-12).

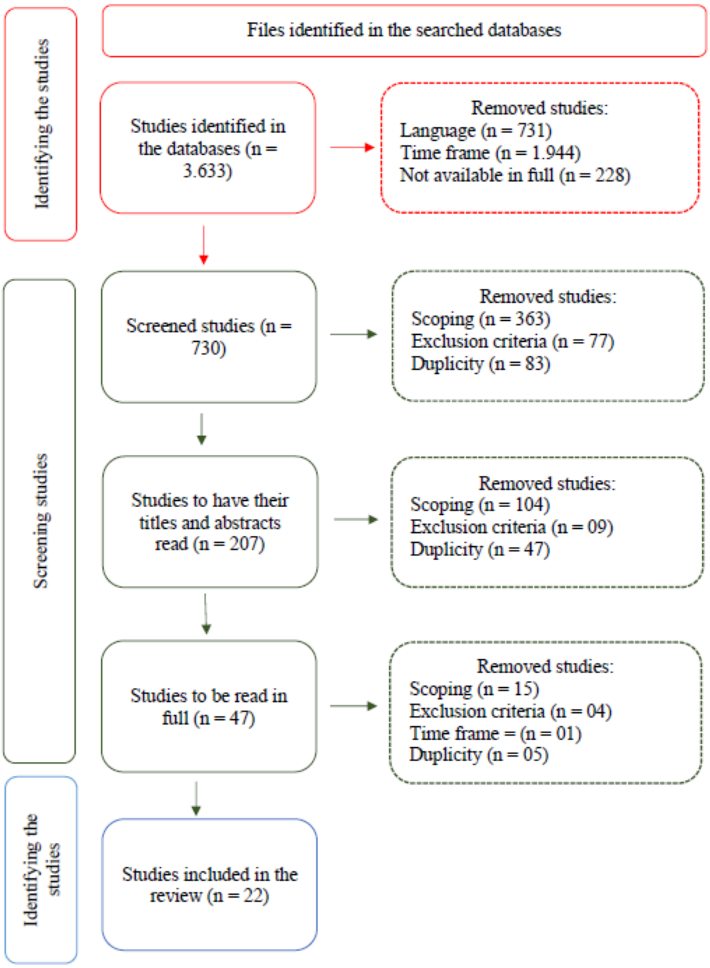

Figure 1. Selected studies, Pelotas/RS, Brasil, 2024
Source: PRISMA 2020 Flow Diagram, 2020

It is noteworthy that the authors of the analyzed articles had their names properly referenced, according to the guidelines proposed by the Copyright Law nº 9,610, dated February 19, 1998. Because it has a systematized character, in which data collection comes from the appropriation of secondary data made available in the public domain, the requirement for the Research Ethics Committee to evaluate the proposal of this study was not observed.

RESULTS AND DISCUSSION

With the process of identifying the studies, the search resulted in 3,633 studies, and then 730 selected studies were obtained through screening. After the selection stage of the studies, 22 studies that met the eligibility criteria for inclusion and discussion remained.

We observed the prevalence of quantitative studies (38.10%), published in the year 2017 (28.57%) and a predominance of the English language (85.71%). Sixteen countries conducted studies in the area of people with disabilities, with Brazil being one of the best ranked countries with two studies (9.52%).

It is known that an acquired physical disability can be due to internal factors or even as a result of external factors, such as traffic accidents, work accidents, injuries caused by weapons and domestic accidents. In the selected studies, we have a total of 3,634 participating subjects who have some physical disability, of which: 59.49% (n = 2,162) due to external causes and 40.51% (n = 1,472) due to internal causes(13-14).

When the variable “gender” is observed, studies point to the prevalence of men with physical disabilities acquired due to external causes. We have 63.26% (n = 2,299) men and 36.74% (1,335) women with some type of physical disability. This logic is maintained when the variables “gender” and “physical disability acquired due to external causes” are crossed, where we have 80.25% (n = 1,735) men and 19.75% (n = 427) women. However, an inversion of these values is observed when the variable “gender” is identified with disability acquired due to internal causes, where we found that 39.13% (n = 576) were men and 60.87% (n = 886) were women. In this studied universe, we observed the predominance of people with acquired physical disabilities living in urban centers when compared to those living in rural areas, 87.59% (n = 3,183) and 12.41% (n = 451), respectively(14-15).

The other characteristics of the primary studies located and selected in the searches performed in the databases are summarized below (Table 2):

Table 2. Summary of the studies selected in the databases, Pelotas/RS, Brazil, 2022

Authors	Study year / Study setting / Study design / Evidence level	Study participants
Chesani *et al.*(15)	Cross-sectional descriptive research, with an exploratory and quantitative approach, performed in the year 2018, in Santa Catarina, Brazil / VI	163 participants, wheelchair users and outpatients
Veiguela *et al.*(16)	Cross-sectional and descriptive study, performed during the months of March and April 2016, in the city of Coruña, Spain / VI	24 adults with a health condition of the musculoskeletal system (injury and/or disease) in relation to the upper or lower extremities of the body
Coutinho *et al.*(17)	Cross-sectional study, with a quantitative approach, performed in João Pessoa, Brazil, during the year 2012 / VI	110 people with physical disabilities
Karatas *et al.*(18)	Cross-sectional descriptive study, performed in Turkey, during the year 2018/VI	76 inpatients aged between 18 and 75, with at least one year of injury
Maurino *et al.*(19)	Cross-sectional non-interventional study, performed in Madrid, Spain, during the year 2018 / VI	199 patients with multiple sclerosis
Davis *et al.*(20)	Qualitative study, performed in the city of Melbourne, Australia, during the year 2016 / VI	18 groups of families of children/adolescents with cerebral palsy
Uçukun *et al.*(21)	Cross-sectional observational study, performed in Ankara, Turkey, during the year 2018/VI	51 people with amputations and 51 controls
Vardon-Bournes *et al.*(22)	Prospective monocenter study, performed during the year 2012, in Toulouse, France / VI	55 patients with moderate to severe injuries
Bray *et al.*(23)	Descriptive exploratory study, with a qualitative	37 participants (20 to 94 years old) with a wide range

	approach, performed during the year 2019, in the city of Bangor, United Kingdom / VI	of conditions and disabilities that impaired their mobility, including cerebral palsy, multiple sclerosis and arthritis
Ignjatovic *et al.*(24)	A cross-sectional descriptive study, performed in 2016 in Serbia / VI	153 parents of children with disabilities who used community services
Mott *et al.*(25)	Qualitative research, performed during the year 2016, in Missouri, USA / VI	Three subjects with physical disabilities
Mohagheg *et al.*(26)	Cross-sectional descriptive case-control study, performed in the city of Tehran, Iran, during the year 2020 / VI	128 patients with multiple sclerosis
Dalise *et al.*(27)	Cross-sectional observational study, performed during the year 2020, in the city of Pisa, Italy / VI	134 patients with physical disabilities related to neurological disorders
Schneider *et al.*(28)	Cross-sectional observational study, performed during the year 2020, in Estonia/VI	352 who had an episode of ischemic stroke and 2,304 controls
Pokryszlo-Dragan *et al.*(29)	Cross-sectional observational study, performed during the year 2018 in the city of Wroclaw, Poland / VI	201 patients with multiple sclerosis: 140 women, 61 men, aged between 24 and 69
Madsen *et al.*(30)	Prospective cohort study, with baseline assessments and follow-up 3, 6 and 12 months after amputation, performed in 2016, in the city of Holbaek, Denmark / IV	38 patients with major dysvascular amputation (tibia, knee or femoral)
Schmidt *et al.*(31)	Cross-sectional study, performed during the year 2018, in the city of Bonn, Germany / VI	260 patients with multiple sclerosis
Dymecka *et al.*(32)	Cross-sectional observational study, performed between 2013 and 2016, in the city of Opole, Poland / VI	137 individuals diagnosed with multiple sclerosis
Allami *et al.*(33)	Cross-sectional study, performed from 2014 to 2016, in Iran / VI	1,079 veterans with ankle-foot injuries
Ramadass *et al.*(34)	Cross-sectional study, performed in 2017, in the district of Faridabad, Haryana, India / VI	418 rural participants with some kind of physical disability
Chang *et al.*(35)	Qualitative research using focus groups, performed during 2016, in Taipei, Taiwan / VI	30 people with spinal cord injury
Pasin *et al.* (36)	Qualitative research, with a cross-sectional descriptive design, performed during September and December 2021, in Istanbul, Turkey / VI	85 individuals with physical disabilities, excluding those with mental disability

Source: designed by the authors, 2024

The change in the concept proposed in the year 2006 by the UN has made our perception of disability evolve, no longer considering only the medical model for its approach. This new way of conceptualizing disability helped us to broaden our perception, thus incorporating the social model as an important element of this equation.

The first and strongest pillar in life, the family is considered a device with a great capacity to influence the behavioral patterns of individuals. Family relationships are fundamental in adequately coping with this new situation that is now presented, contributing to the feeling of social belonging and mental health of these people(19,23-24,29-30,36-41).

Considered by many as a privileged space, responsible for protection and socialization, the family exerts an important influence on the lives of the subjects, as well as the bonds of parenthood. In general, it functions as an important social actor in the fight to guarantee the rights of people with disabilities, acting individually and collectively as an active defender of rights, in facing the various barriers that hinder access to services and opportunities, in addition to its fundamental roles as a provider of care, in a constant conversation with assistance entities and organizations and professionals from the most diverse areas of human knowledge.

Studies point to the direct relationship between a lower degree of functionality observed in people with an acquired physical disability and its impacts on the family and social relationships of these people. Strong and well-built family relationships over time have a direct influence on the support necessary to minimize the psychological effects imposed by disability, which significantly reduces the risk behaviors commonly observed after traumatic episodes that culminated in disability(29-32,38-42).

The new care demands awaken, in the disabled person-family dyad, the need to seek support groups, medical, health, rehabilitation and specialized education services, in order to overcome the perceived organic and physical changes. These devices, added to well-constructed family relationships, contribute to overcoming feelings of fatigue and depression, as well as overcoming adversities, favor the independence of people with disabilities and the quality of life of all those involved, in addition to reinforcing the framework of relationships of these individuals and their objective and subjective exchanges with society, thus overcoming the adversities that are observed with the unpredictability of the condition as people with disabilities(36-42).

The social model of disabilities must ensure that the labor market includes, among its values, the minimum engagement necessary to reduce prejudice and discrimination against people with disabilities through ableist attitudes, making available and favoring formal employment opportunities for people with disabilities(15-19,21,24,31-32).

Studies indicate that 441,339 thousand employment contracts were declared as belonging to people with disabilities, representing 0.95% of the total employment relationships in Brazil, which is too little for us to initiate an effective structural change in the power relationship that is still perceived(39-40).

Another element that hinders the quality of life of people with acquired physical disabilities is directly related to gender. When we look at this cut, women with disabilities suffer from the same prejudices and stigmas as women without disabilities, including having household chores and activities assigned to them(39-40).

When we address the functionality and quality of life acquired by people with physical disabilities, we cannot subjugate mobility and accessibility as a variable with great potential for interference in the expansion of their participation in society. The selected studies show that practically all people will experience disability at some point in their lives and, as a result of this experience, considerable difficulties in their functionality(25-32,43-44).

Studies reveal that, even with technical regulations and standardizations provided for in national and international legislation, primary rights guaranteed through current and competent legislation, large centers still have large gaps in terms of limited accessibility and reduced urban mobility, failing to meet the needs demanded by people with some type of disability, thus making accessibility and mobility not fully effective(16-18,45-48).

Barriers imposed on people with disabilities on a daily basis are perceived, such as, for example, public transport with few or no buses adapted for people with wheelchair mobility and streets with sidewalks in poor condition and without tactile pavement, making it difficult for blind people or people with low vision and people who need assistive devices for walking, such as canes, crutches, walkers, among many others that can be perceived.

The greatest barriers to accessibility and mobility of people with disabilities in cities are represented by the limitation of the possibility of sensory interaction of the individual with the local architectural and geographical aspects(16-18,26,28,45-48).

The strenuous work of groups and social movements in favor of the rights of people with disabilities serves as a spark for people, with or without disabilities, to be inspired daily, facilitating the movement and the feeling of empowerment of these groups, thus subsidizing their struggles.

One fact we cannot deny is the existence of studies and specific legislation for people with disabilities, albeit incipient. As far as specific legislation for the inclusion of people with disabilities is concerned, Brazil has been quietly working on drafting and implementing regulations and laws that favor this long-started inclusion movement. However, we must not forget that managers need to minimally comply with the legislation in force, even in a movement of an antagonistic nature, but the real driving force that will cause discomfort, foster in-depth discussion, and make a significant difference to the full and effective inclusion of people with disabilities in society is that exercised by society itself.

CONCLUSION

The struggles for the rights of people with disabilities, initially led by their families as a counterpoint to the feeling of living on the margins of society, and which caused a state of generalized malaise, ensured that this portion of the population was guaranteed the occupation of increasingly larger spaces and a growing number of sympathizers for the struggle for human rights and the defense of minority groups, which were historically excluded. These are facilitating factors for achieving better levels of satisfaction and quality of life for these citizens.

Understanding quality of life as an important factor for the real and effective inclusion of people with acquired physical disabilities in society necessarily implies studying all the conceptual determinants involved in this process, from the individual to the collective. It implies understanding the significant changes that are evident from the transition that takes place, irreversibly and instantaneously, from the efficient body to the disabled body.

This study has highlighted considerable gaps in the literature on the topic, even when we take as our starting point the alarming figures on people with disabilities published by the UN, as well as all the barriers that this group of people has to overcome on a daily basis with a view to having its minimum rights respected. In contrast to this, it made clear the need for further research in the area.

STUDY LIMITATIONS

This review has as important limiting characteristics the small number of studies available in the databases and the shortage of current studies on the topic.

OS IMPACTOS DA DEFICIÊNCIA FÍSICA ADQUIRIDA NA FUNCIONALIDADE E NA QUALIDADE DE VIDA: REVISÃO INTEGRATIVA

RESUMO

Objetivo: analisar as evidências disponíveis na literatura científica nacional e internacional sobre os impactos da deficiência física adquirida na funcionalidade e na qualidade de vida. **Materiais e método**: revisão integrativa de literatura baseada na técnica de Minayo para a análise de discurso dos resultados encontrados. Realizou-se uma busca por artigos publicados entre os anos de 2017 e 2024, conduzida por dois pesquisadores independentes, nas bases de dados *Scientific Electronic Library Online* (SciELO.org), Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), *Medical Literature Analysis and Retrieval System Online* (MEDLINE/PubMed), *SciVerse Scopus* (Scopus) e *Web of Science* (WoS). **Resultados**: a busca nas bases de dados iniciou-se com 3.633 trabalhos. Após a aplicação dos critérios de elegibilidade propostos, foram selecionados 22 estudos elegíveis para as discussões. **Conclusão**: compreender a relação direta da funcionalidade com a qualidade de vida enquanto fator importante para a real e efetiva inclusão das pessoas com deficiência física adquirida na sociedade implica em estudar todas as determinantes conceituais envolvidas nesse processo, dos individuais aos coletivos, e compreender as alterações significativas que são evidenciadas a partir da transição que acontece, de maneira irreversível e de forma instantânea, do corpo eficiente para o corpo deficiente.

Palavras-chave: CIF. Qualidade de vida. Avaliação de deficiência. Pessoas com deficiência.

LOS IMPACTOS DE LA DISCAPACIDAD FÍSICA ADQUIRIDA EN LA FUNCIONALIDAD Y EN LA CALIDAD DE VIDA: REVISIÓN INTEGRADORA

RESUMEN

Objetivo: analizar las evidencias disponibles en la literatura científica nacional e internacional sobre los impactos de la discapacidad física adquirida en la funcionalidad y calidad de vida. **Materiales y método**: revisión integradora de la literatura basada en la técnica de Minayo para el análisis del discurso de los resultados encontrados. Se realizó una búsqueda de artículos publicados entre los años 2017 y 2024, realizada por dos investigadores independientes, en las bases de datos *Scientific Electronic Library Online* (SciELO.org), *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS), *Medical Literature Analysis and Retrieval System Online* (MEDLINE/PubMed), *SciVerse Scopus* (Scopus) y *Web of Science* (WoS). **Resultados**: la búsqueda en las bases de datos se inició con 3.633 trabajos. Después de aplicar los criterios de elegibilidad propuestos, se seleccionaron 22 estudios elegibles para las discusiones. **Conclusión**: comprender la relación directa de la funcionalidad con la calidad de vida como factor importante para la inclusión real y efectiva de las personas con discapacidad física adquirida en la sociedad implica estudiar todos los determinantes conceptuales involucrados en este proceso, de los individuos a los colectivos, y comprender los cambios significativos que se evidencian a partir de la transición que ocurre, de manera irreversible e instantánea, del cuerpo eficiente al cuerpo con discapacidad.

Palabras clave: CIF. Calidad de vida. Evaluación de discapacidad. Personas con discapacidad.

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Corresponding author: Luciano Silveira Pacheco de Medeiros. Telefone n. (53) 981063724. Endereço de e-mail: lucianospm@outlook.com

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