

The life hope of elderly: profile assessment and Herth Scale

A esperança de vida dos idosos: avaliação pelo perfil e a Escala de Herth

Mayor esperanza de vida: evaluación por el perfil y la Escala Herth

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ABSTRACT

Objectives: To evaluate the level of life expectancy and trace the socio-demographic profile, health and social risks of the elderly. **Methods:** Cross sectional study, held in the Open University for the Elderly (UnATI), in the city of Vitória/ES, with a sample of 52 elderly, who answered the questionnaire of profile characterizing and The Herth Hope Scale. **Results:** Descriptive analyzes were performed. Prevailed females (86.5 %), elderly with 65-75 years (26.9 % of the sample), married and widowed (38.4%), 82.6 % with chronic diagnosed disease and the hope had an average total score of 35.88 (\pm 4.42). This score was high, identifying satisfactory hope indices. **Conclusion:** It was showed the importance of community groups in the Third Age and the hope was seen as a possible escape from suffering cycle and evaluated as a comfort to the elderly population, before the essentiality of a healthy aging, dignity and autonomy.

Descriptors: Elderly, Life Expectancy, Nursing.

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RESUMO

Objetivos: Avaliar o nível de esperança de vida e traçar o perfil sociodemográfico, de saúde e riscos sociais dos idosos. **Métodos:** Estudo transversal, realizado na Universidade Aberta à Terceira Idade (UnATI) de Vitória/ES, com amostra de 52 idosos, com aplicação do questionário da caracterização do Perfil e da Escala de Esperança de Herth. **Resultados:** Foram realizadas análises descritivas. Prevaleceu o sexo feminino (86,5%), idosos com 65 a 75 anos (26,9% da amostra), casados e viúvos (38,4 %), 82,6% com doença crônica diagnosticada e a esperança com escore médio total de 35,88 (\pm 4,42). Este escore se apresentou alto, identificando índice de esperança satisfatório. **Conclusão:** Evidenciou a importância de grupos de convivência na Terceira Idade e a esperança foi encarada como uma possível saída do ciclo do sofrimento e avaliada como um conforto para a população idosa, perante a essencialidade de um envelhecer com saúde, dignidade e autonomia.

Descritores: Idoso, Esperança de Vida, Enfermagem.

RESUMEN

Objetivos: Para evaluar el nivel de esperanza de vida y rastrear los riesgos perfil sociodemográfico, sociales y de salud de las personas mayores. **Métodos:** Estudio transversal realizado en la Universidad Open Mayores (Unati) de Vitória, con una muestra de 52 personas de edad avanzada, con el cuestionario de la caracterización del perfil y la Escala de Esperanza de Herth. **Resultados:** Se realizaron análisis descriptivos. Prevalido las mujeres (86,5%), con edades entre 65 y 75 años (26,9% de la muestra), casadas y viudas (38,4%), el 82,6% con enfermedad crónica diagnosticada y esperanza con una puntuación media total de 35,88 (\pm 4,42). Esta puntuación tenía un índice de esperanza de identificar alta, satisfactoria. **Conclusión:** Se evidenció la importancia de los grupos comunitarios en la tercera edad y la esperanza se vio como una posible salida del ciclo de sufrimiento y evaluado como una comodidad a las personas de edad, antes de la esencialidad de un envejecimiento saludable, la dignidad y la autonomía.

Descriptorios: Anciano; Esperanza de Vida; Enfermería.

INTRODUCTION

The aging process is dynamic, progressive and culminates in permanent changes. Brazil was once considered a country with a young population, but due to the increase in longevity there was a significant increase in the population over the age of 65 years, justifying this fact due to birth control and an increase in life expectancy ⁽¹⁾. Currently the population of the elderly represents 10.8% of the total population, and it is estimated that in 2060 it will represent 26.7% of the Brazilian population ⁽²⁾.

In Brazil, studies have evaluated the healthy life expectancy of the elderly population ⁽³⁾. Realized in 2014 and according to the Brazilian Institute of Geography and Statistics (IBGE), in 2013, of a thousand people aged 60, 427 would not turn 80, representing 229 fewer deaths. Life expectancy at birth in Brazil was 74.9 years (74 years, 10 months and 24 days), an increase of 3 months and 25 days compared to 2012 (74.6 years). For the male population, the increase was 3 months and 29 days, from 71.0 years in 2012 to 71.3 years in 2013. For women, the

gain was slightly lower (3 months and 14 days), from 78.3 years to 78.6 years ⁽⁴⁾.

The aging process is related to major biological, psychological and social changes together with the prevalence of chronic degenerative diseases that rises from 60 years, highlighting systemic arterial hypertension (SAH), cardiovascular diseases, diabetes mellitus and Osteoarticular diseases ⁽⁵⁾.

In this sense, it is valid to keep hope against any perceived or imbalanced performance, since it is known that hope affects the health/disease binomial in a positive way, helping the person to face the uncertainties of the future in a more effective and with satisfactory result ⁽⁵⁾.

Therefore, considering the need for evaluation and classification of the elderly, it is the intention of this study to evaluate the level of hope of the elderly of a University Open to the Third Age, as well as to outline the profile of these elderly people in relation to the socioeconomic variables, characterization of health and Social risks, seeking to highlight the need for actions aimed at public policies that are concrete and satisfactory to the demand of this population, contributing to the understanding of the importance of performing practices related to the promotion of healthy aging.

METHODS

This is a descriptive and quantitative cross-sectional study with the elderly population enrolled in the academic semester 2015/01 at the Open University of the Third Age (UnATI) of the Federal University of Espírito Santo (UFES). The criterion of inclusion was to be over 60 years old and to have active enrollment in UnATI. The exclusion criterion was to present diagnosed cognitive disease. A simple random sample was calculated that showed significance during the statistical analysis. The confidence level was defined as 95%, with a margin of error of 5% and, to ensure representativeness, the proportion = 0.5 was assumed, where the sample size is maximized. Thus, the sample totaled 52 elderly.

Regarding the collection instruments, a sample characterization tool was used, composed by the researchers, with closed questions related to socio-clinical-demographic aspects in order to trace the profile of the elderly participants of the UnATI. And, to evaluate the level of hope, the Herth Hope Scale instrument (HES), validated in Brazil, ⁽⁶⁾ with the objective of capturing the multidimensionality of the hope that is represented in the scale of American origin, the *Herth Hope Index (HHI)*.

The instrument is composed of 12 affirmatives, with a total score of 12 to 48 points, and the answers are graded according to the Likert scale, being scored respectively 1 to 4: "Partially Disagree", "Disagree", "I Agree", and "I agree partially", and the higher the score, the greater the

hope, remembering that items 3 and 6 have an inverted score. ⁽⁶⁾

Data collection took place in April and May 2015. The elderly were informed about the nature and purposes of the study and after agreeing and signing the Term of Free and Informed Consent (TCLE) of the research approved by the Ethics Committee In the UFES Research under opinion number 1,041,313 / 2015 the instruments were applied through the technique of interview. After the data collection, the data were coded and reviewed by the researchers and sent to the computer, which was performed in the Excel 2010 program.

Statistical analysis was carried out from the descriptive analyzes, by means of the absolute and relative frequency distribution for the variables of the Profile and measures of central tendency (mean, median) and dispersion (standard deviation), for the variables of EEH.

RESULTS AND DISCUSSION

The data were characterized in subitems for the understanding of the participant population of this study: 1) Sociodemographic characterization of the elderly that integrate the sample; 2) Characterization of the health of the elderly; 3) Characterization of the social risks of the elderly and 4) Distribution of the variables of the Herth Hope scale according to the mean, standard deviation, median, variation obtained and expected variation.

In the sub-item characterizing the sociodemographic profile of the elderly participants, the predominance of the female sex (86.5%) was observed, with more than half of the sample. The age range ranged from 65 to 75 years (26.9%), 38.4% were married and widowed, and 88.4% had children (n = 46). In relation to schooling, it is observed that the majority completed the studies until elementary school (38.4%). Of the 52 elderly people, 32 (61.5%) reported not living alone, and the main type of income is retirement (78.8%) (n = 41). Regarding religious belief, 40 interviewees are Catholics, comprising 76.9% of the sample.

The data of this research revealed that the great percentage of the elderly interviewed was female, which corroborates data found in a study carried out with the elderly of a Open University of the Third Age (UnATI) of Bauru/SP⁽⁸⁾, in which 77% of the female sex of the elderly who participated in the group prevailed, being possible the explanation from the study done in Bahia in 2012 ⁽⁹⁾, which reveals the data of the current Brazilian demographic transition from a gender perspective, noting a more feminine old age, that is, the more the population ages, the more feminine it becomes. According to IBGE data, in 2011, women represent 55.5% of the Brazilian elderly population and 61% of the elderly population over 80, and this female force in the third age results from the higher life expectancy of Average, live 8 years longer than men ⁽¹⁰⁾.

With regard to schooling, an index of 38.4% of the sample that completed the studies up to elementary school is evaluated; 34.6% reported having completed high school and 12 elderly people of the 52 interviewed cited having completed higher education (23.07%), a fact that deserves to be highlighted, since data from the National Household Sample Survey (PNAD), in 2010, reveal that 9.4% of people between 60 and 64 years old are illiterate in Brazil and, for people 65 and older, this percentage increases to 29.4%⁽¹⁰⁾. A study carried out with elderly people enrolled in primary health care units (UBS) and residents of Guarapuava, PR, in 2011 (11), shows that 01 of the total sample (359 elderly people interviewed) had completed higher education, showing So the reality of this elderly population, being the minority managing to reach an educational support until the higher education due to the few possibilities that there were during childhood and youth of these seniors for the education. This shows the importance of public initiatives and non-governmental actions if they return to literacy and continuing education for adults and the elderly.

The age variation showed that the majority of the elderly are in the age group between 65 and 75 years (26.9%), as well as in a study carried out with elderly people attending groups in Belo Horizonte, Minas Gerais, in 2008 ⁽¹²⁾, The prevalence of the elderly in the age group between 65 and 74 years old and the low participation of the elderly in the 60-65 age group, can be correlated with the fact that they are still inserted in the labor market, with no time for participation in groups of the Third Age. However, the low participation of elderly people over 80 years old can lead to the fact of a high degree of household dependence and diagnosed diseases, whether chronic or cognitive, leading the elderly of this age group to have limitations in their daily lives, due to the advancing age ⁽¹²⁾.

Regarding the type of monthly income of each elderly person interviewed, 78.8% prevails in retirement. Among 52 elderly, 32 reported not living alone, accounting for 61.5% of the sample. However research conducted in the year 2011⁽¹³⁾ points out that, according to IBGE data, the proportion of elderly people living alone had increased between 1991 and 2000, from 9.8% to 11.7% in Brazil, reaching 13.2% of this segment in 2006.

To characterize the health of the elderly in the sample, it was found that 82.6% of the interviewees had chronic disease diagnosed. Such comorbidities are mainly related to lifelong habits and senescent processes of aging ⁽¹⁴⁾.

In relation to the amount of medicines consumed daily, ranged from 01 to 07, with a predominance of 50% from 01 to 03 medications per day. While 11.5% say they do not need to take any medication a day. In this situation, it is observed the prevalence of 50% of the elderly interviewed with more than one medication a day, coinciding with elderly residents in the urban

area of Quixadá, Ceará (15), that a high prevalence of polypharmacy of 70 , 6% of continuous medications. In his research on the inappropriate use of drugs by the elderly, he evidenced polypharmacy and its effects, and it was considered the main cause of iatrogenic manifestations, that is, diseases or pathological changes created by side effects of the medications, which could even lead to death⁽¹⁶⁾.

In this study, 41 (78.8%) of the interviewed elderly people practiced physical activity as a positive result, since the practice of physical activities promotes physiological and psychological benefits, contributing to the general well-being of the elderly, improving their Quality of life, strengthening not only the musculoskeletal system, but also the psychological and social of this population, with consequent promotion of healthy aging⁽¹⁷⁾.

Other natural changes in old age will lead to a decrease in locomotor function and flexibility with the loss of lean mass, progressing to sarcopenia (a common alteration in the aging process), leading to a higher risk of injury. It emphasizes that the physical activity in the Third Age is essential for the prevention of seriousness, reduction of the immobility syndrome, favoring a better quality of life and functional capacity⁽¹⁷⁾.

In the social risk characterization sub-item, the data showed that most of the elderly participants in the study, totaling 82.6%, said they did not feel alone, while 09 elderly people (17.3%) said they felt loneliness nowadays. Among the 52 elderly interviewed, 44, 84.6% of the sample did not perform the caregiver role. When it comes to family support for these elderly, 90.3% said that it is sufficient and feel satisfied, while 09.6% believe that family support is not enough today. In the question of communication difficulty, 82.6% of the elderly do not have this difficulty, 17.3% of whom have difficulty expressing themselves in public (n = 9).

Considering the analyzes of the characterization of social risks for the elderly in this present study, it was

seen that most of the elderly do not feel alone, while 09 elderly people (17.3%) reported feeling loneliness nowadays - an important fact to highlight, since Contradicts a study carried out that showed the risk of loneliness in 58 elderly people (38.6%), in agreement with the emotional state of many elderly people who are emotionally deprived or physically isolated, leading them to decrease affective bonds⁽¹⁸⁾.

For the characterization of the variables of the Herth Hope Scale instrument (EEH), the mean of the scores for each item, the standard deviation, the median, the variation obtained and the expected variation were organized in Table 01.

It is observed that the answers found during the interviews with the HHS instrument reached a mean score of 35.88 (\pm 4.42), with a median of 34.00 and the variation of the points obtained was 22 - 47 It is worth mentioning that the variation of the points of the instrument comprises the value of 12 to 48 points and the higher the score, the higher the level of hope found.

Studies⁽¹⁹⁾ report that hope drives the individual to act, move, and achieve. The lack of hope makes it opaque, without goals, waiting for death, which is leaving them vulnerable to the emergence of geriatric and iatrogenic syndromes. Considering the results of the application of Herth's Hope Scale and analyzing the 12 affirmatives that compose it, it was identified that the variable with the lowest mean value obtained was item 03 "I feel very alone", with 2 , 73 of mean, thus indicating that 76.9% of the sample disagreed with the affirmative of number 3, and that it is in agreement with a study with women with HIV (20), who also found this affirmative with the lowest score, contemplating Average of 2.29, realizing that currently individuals with chronic diseases receive support and live surrounded by friends, family and significant people, abstaining from social isolation and preserving interaction and mutual help.

Another figure worth mentioning, among the 12 items in the EEH table was the highest score, is item 08 "I feel

Table 1 – Distribution of the variables of the Herth Hope (EEH) scale according to the mean, standard deviation, median, variation obtained and expected variation. Vitoria, 2015 (n = 52)

Questions	Average	Sd*	Median	Variation obtained	Expected variation
1. I'm optimistic about life	3.06	0.45	3	3 - 4	1 - 4
2. I have short and long term plans	2.98	0.54	2	1 - 4	1 - 4
3. I feel very alone	2.73	0.71	3	1 - 4	1 - 4
4. I can see possibilities amid the difficulties	3.05	0.30	2	2 - 4	1 - 4
5. I have a faith that comforts me	2.98	0.31	3	1 - 4	1 - 4
6. I'm afraid of my future	2.78	0.66	3	1 - 4	1 - 4
7. I can remember happy and happy times	3.01	0.24	3	2 - 4	1 - 4
8. I feel very strong	3.17	0.43	3	2 - 4	1 - 4
9. I feel capable of giving and receiving affection/love.	2.98	0.31	3	1 - 4	1 - 4
10. I know where I want to go	3.01	0.24	3	2 - 4	1 - 4
11. I believe in the value of every day	3.05	0.23	3	3 - 4	1 - 4
12. I feel that my life has value and utility	3.00	0.00	3	3 - 3	1 - 4
Total	35.88	4.42	34	22 - 47	12 - 48

* Sd = Standard Deviation

very strong”, an average of 3.17, indicating that 76.9% of the elderly agreed with this statement. However, going against the articles previously studied, in which item 5 “I have a faith that comforts me” received a higher average value, which may be related to the fact that these elderly people are not in the presence of a disease that causes them to evoke faith as Instrument of confrontation, elucidated as a source of strengthening in the process of adaptation and coping of the disease, strategy of problem management, provider of assistance in coping with a pathology, as well as mechanism to promote life expectancy.

The strength shown by 76.9% of the elderly may be related to the family support they receive, since 90.3% said that it is sufficient and feel satisfied, according to a study⁽²¹⁾, which stresses that the family has an important role in creating incentives and options for the elderly who decided to leave active service, such as the elderly in contemplation, in which 78.8% are retired.

Another affirmation of second highest score was the affirmation of Item 01 “I am optimistic about life”, with 3.06 of average obtained. In this question, it is identified that the elderly live with positivity, confidence and will power, and all this is reflected in the health of the elderly and quality of life, leaving depression, sadness, anxiety and lack of motivation do not overlap in the Chores and commitments of each citizen of the third age. Research carried out with senior citizens of the UERJ’s UnATI suggests that the continuity of the coexistence groups remain faithful today, especially the UnATI due to the strong influence in old age, as the elderly present as motivation for their inclusion in these groups, the will of Expand their relationships and update their knowledge⁽²²⁾.

To address and bring the importance of public policies to this generation that is gaining prominence nowadays and increasing life expectancy and it is up to public policies to guarantee the fundamental rights of aging individuals (housing, income, food), and grant actions aimed at To the specific needs of the elderly population, such as centers for coexistence, specialized health care, home support services for the elderly, medication program, universities for the elderly, among others.⁽²³⁾

Thus, in the search for studies that used the Herth Scale of Hope, several studies have been found that address its application, such as in patients with renal disease, women with HIV, patients with chronic disease and in relatives or caregivers, cancer patients, Individuals in palliative care, people diagnosed with cancer, and undergoing chemotherapy. Research with people with kidney disease⁽²⁴⁾, whose average total score was 36.20 (± 2.90), approximates the value also analyzed in this present study (35,88), showing no statistically significant difference compared to other comparative studies, such as oncology patients and women With HIV. This shows that this result is in line with the idea that the level of hope is related mainly to the state of health, the positive coping of a disease or a significant loss and the high

self-esteem as a way to improve the perception of hope and that It is always continuous.

Given the above, it is observed that among the other affirmations of the Scale of Hope that did not appear in discussion in this study, in general, the elderly carry a good vision of the future, they know where they want to go, showing determination with what is Delegate to carry out and many of the seniors manage to plan and perform their tasks and commitments euphorically and always seeking the strength of God as the essential element, thus identifying that the religious belief of the elderly still remains strong today.

CONCLUSION

With the increase in life expectancy, one can perceive the essentiality of aging with health, dignity and autonomy, in order to promote a quality of life and preserve the functional capacity of this elderly population. Hope has a beneficial effect on the elderly, and research shows that the health/disease binomial was positively perceived in this population, contributing to the fact that in old age situations of crisis, suffering, discomfort and hopelessness can be overcome by good self-esteem And will power to live life comfortably and with quality of life.

The limitations of the research stand out: the reduced number of elderly people enrolled in UnATI in the semester 2015/01, as well as the large number of those who may have contributed to a small number of elderly people. Therefore, we suggest research addressing this issue with a larger number of elderly people.

It is essential to emphasize the importance of the insertion of the professional nurse in the process of healthy aging, be it in institutions, old age groups, hospitals or nursing homes, making the construction and maintenance of the elderly hope a continuous process during their life course, providing, thus, a nursing care with a health education more improved and valued at this stage of human life.

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