

Active aging: necessary reflections for nurse/health professionals

Ilha, Silomar; Argenta, Carla; Silva, Mara Regina Santos da; Cezar-Vaz, Marta Regina; Pelzer, Marlene Teda; Backes, Dirce Stein

Veröffentlichungsversion / Published Version
Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Ilha, S., Argenta, C., Silva, M. R. S. d., Cezar-Vaz, M. R., Pelzer, M. T., & Backes, D. S. (2016). Active aging: necessary reflections for nurse/health professionals. *Revista de Pesquisa: Cuidado é Fundamental Online*, 8(2), 4231-4242. <https://doi.org/10.9789/2175-5361.2016.v8i2.4231-4242>

Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC Lizenz (Namensnennung-Nicht-kommerziell) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier: <https://creativecommons.org/licenses/by-nc/4.0/deed.de>

Terms of use:

This document is made available under a CC BY-NC Licence (Attribution-NonCommercial). For more information see: <https://creativecommons.org/licenses/by-nc/4.0>

Federal University of Rio de Janeiro State



Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

REVIEW

Envelhecimento ativo: reflexão necessária aos profissionais de enfermagem/saúde

Active aging: necessary reflections for nurse/health professionals

Envejecimiento activo: reflexión necesaria a los profesionales de enfermería/salud

Silomar Ilha ¹, Carla Argenta ², Mara Regina Santos da Silva ³, Marta Regina Cezar-Vaz ⁴, Marlene Teda Pelzer ⁵, Dirce Stein Backes ⁶

ABSTRACT

Objective: to reflect on possible factors that contribute to an active aging, as well as strategies that can be used for nurses and other professionals in promoting the active aging. **Method:** theoretical reflection based on Brazilian and foreign sources. **Results:** they are presented in three axes: Characterizing active aging; Factors that contribute to active aging; Strategies that can be used for nurses and other health professionals in promoting active aging. **Conclusion:** it is necessary to develop intervention strategies aiming at modifying the current configuration that fosters curative and rehabilitation actions instead of promoting health for healthy aging. **Keywords:** Health of the elderly, Longevity, Quality of life, Nursing.

RESUMO

Objetivo: refletir acerca dos possíveis fatores que contribuem para o envelhecimento ativo, bem como sobre estratégias que podem ser utilizadas por enfermeiros e demais profissionais da saúde na promoção do envelhecimento ativo. **Método:** reflexão teórica sustentada por meio de fontes brasileiras e estrangeiras. **Resultados:** são apresentados em três eixos: Caracterizando o envelhecimento ativo; Fatores que contribuem para o envelhecimento ativo; Estratégias que podem ser utilizadas por enfermeiros e demais profissionais da saúde na promoção do envelhecimento ativo. **Conclusão:** torna-se necessário desenvolver estratégias de intervenção com objetivo de modificar a configuração atual que propicia ações curativistas e de reabilitação ao invés da promoção da saúde para o envelhecimento saudável. **Descritores:** Saúde do idoso, Longevidade, Qualidade de vida, Enfermagem.

RESUMEN

Objetivo: reflexionar acerca de los posibles factores que contribuyen para el envejecimiento activo, así como estrategias que pueden ser utilizadas por enfermeros y los demás profesionales de la salud en la promoción del envejecimiento activo. **Método:** reflexión teórica sustentada por medio de fuentes brasileñas y extranjeras. **Resultados:** se presentan en tres ejes: Caracterizando el envejecimiento activo; Factores que contribuyen para el envejecimiento activo; Estrategias que pueden ser utilizadas por enfermeros y los demás profesionales de la salud en la promoción del envejecimiento activo. **Conclusión:** se torna necesario desarrollar estrategias de intervención con el objetivo de modificar la configuración actual que propicia acciones curativas y de rehabilitación, pero no de promoción de la salud para el envejecimiento saludable. **Descritores:** Salud del anciano, Longevidad, Calidad de vida, Enfermería.

1 Nurse. Master in Nursing. Ph.D. student in Nursing by the Graduate Program in Nursing (PPGEnf) of the Federal University of Rio Grande (FURG). CAPES Scholarship. Rio Grande, RS, Brazil. E-mail: silo_sm@hotmail.com 2 Nurse. Master in Nursing. Ph.D. student in Nursing by the Graduate Program in Nursing (PPGEnf) of the Federal University of Rio Grande do Sul (UFRGS). Porto Alegre, RS, Brazil. 3 Nurse. Ph.D. in Nursing. Professor of the Graduate Program in Nursing (PPGEnf) of the Federal University of Rio Grande (FURG). Rio Grande, RS, Brazil. 4 Nurse. Ph.D. in Nursing. Professor of the Graduate Program in Nursing (PPGEnf) of the Federal University of Rio Grande (FURG). Rio Grande, RS, Brazil. 5 Nurse. Ph.D. in Nursing. Professor of the Graduate Program in Nursing (PPGEnf) of the Federal University of Rio Grande (FURG). Rio Grande, RS, Brazil. 6 Nurse. Ph.D. in Nursing. Professor at the Franciscano University Center. Santa Maria, RS, Brazil.br

INTRODUCTION

The elderly people have increased considerably in recent years and, historically, the aging process has been associated with the decline of biological and cognitive functions as well as to increased dependence on social resources. However, the major challenge for the disciplines of the Gerontology area has been set criteria for distinguishing what is pathological or healthy aging.¹

Old age is not synonymous with disease, however, advancing age can cause reduced functional capacity, causing the elderly lose their autonomy and independence, thus compromising their quality of life. Thus, in 1994, the Ministry of Health approved the National Policy for the Elderly (PNI)² and, in 2006, the National Health Policy for the Elderly (PNSPI) which has as main purpose to recover, maintain and promote the autonomy and independence of the elderly, directing collective and individual health measures for this purpose, in line with the principles and guidelines of the Unified Health System (SUS).³

However, even with the approval of PNI, PNSPI and the further consequent actions that aim to accommodate a greater number of older people, it is necessary to establish and consolidate strategies that address in their methodological designs, the complexity of aging active in contemporary societies⁴. This leads researchers from the Gerontology area to adopt a multidimensional approach to understanding the relationship between aging and health in their biological, environmental, psychological and social aspects.

Active aging depends on the balance between the natural decline of the various individual, mental and physical abilities and achieving the objectives that are desired through strategies proposed by health professionals in partnership with the elderly person, the family, and the community. Therefore, it is up to the nursing/health professional become aware and act in the pursuit of health promotion and prevention of complications from the aging process through methods/work strategies that promote active aging. For this, it is the assumption that it is necessary for the nursing/health professionals to provide opportunities for older people so they can choose for healthy lifestyles within their expectations and also to control their health condition.

Thus, collective efforts are essential that contribute to the minimization of the elderly population in vulnerable situations, favoring the achievement of active aging.⁵ The expanded spectrum of resources to health, as PNSPI³ and the National Agenda for Research Priorities in Health,⁶ indicating the promotion of health and quality of life for

the active aging as a necessity of health, fosters a broader conception of intervention beyond the classical care and preventive actions of individual nature, justifying the need and relevance of this reflection.

Fields of Health Promotion are defined as strategies that encompass all the determinants of health. Therefore, the following reflection is established as guiding questions: What are the possible factors that contribute to active aging? What strategies can be used by nursing/health professional in promoting active aging?

In this sense, seeking to reflect on the above and on the health professionals' responsibility to care for the elderly, it was aimed to reflect on the possible factors that contribute to active aging, as well as the strategies that can be used by nurses and other health professionals in promoting active aging.

This reflection was made based on the Brazilian and foreign literature, and it is sustained on three axes: Characterizing active aging; Factors that contribute to active aging; Strategies that can be used for nurses and other health professionals in promoting active aging.

RESULTS AND DISCUSSION

Characterizing active aging

Aging can be understood as a natural process, in which there is a progressive decrease of functional reserves of the people who, under normal conditions, do not usually cause problems.³ However, it is common to find in studies of aging, more findings of the negative aspects than on the positive aspects associated with aging. Among other factors, this is due to the belief that losses are from old age and that the gains are limited to the early stages of development.⁷

Aging does not necessarily means disease and removal; it is known that some elderly people live long years in a healthy way. In the literature, there is no consensus on the criteria to designate the "healthy aging". As for the name, it is found in the literature the term "successful aging" and "active aging". The successful aging came up with a major ideological change in the 60's, raising the issue that old age and aging are not synonymous with disease and inactivity. Thus, professionals in the Gerontology area began researching on the positive aspects of aging, the potential for development and the associated diversity to human aging.⁸

In the late 90s, WHO (World Health Organization) replaces the expression of healthy aging by active aging.⁹ However, what is active aging? What characteristics are required for denominating the elderly as an active person?

The WHO defines this concept as “optimizing health opportunities, participation, and security to improve the quality of life as that people get older.”^{9:13} However, it should be noted that WHO recognizes the health as the complete physical, mental and social well-being and not merely the absence of disease or illness.¹⁰ This concept reduces the elderly to a condition of unhealthy since this phase of life is the common emergence of chronic diseases, which although they deserve care, not necessarily prevent them from feel healthy and be active.

Under this approach and considering that chronic diseases have, genetic and hereditary issues in addition to behavioral factors of the elderly, partly independent of the habits acquired during their lives, the question is: Assuming the elderly have access to full optimizing health opportunities, participation and security, which are not reality, would be considered healthy or active?

In a study that reviewed 28 literature articles on successful aging, as well as correlations of these definitions, the authors identified 29 different determinants of successful aging, in which, included: age, the act of not smoking, support for greater physical activity, more social contacts, better self-rated health, lack of depression and cognitive impairment. Thus, it seems no to have uniformity on the information needed for the definition of successful aging and its determinants.¹¹

In this regard, health considered in a broad way, it is necessary some changes in the current context towards producing a more favorable social and cultural environment for the elderly.³ Two situations should be continuously avoided. The first one is to consider that all changes that occur in the elderly may be by its natural aging, which can prevent early detection and treatment of certain diseases. The second is to treat the natural aging as a disease from performing unnecessary tests and treatments originating in signs and symptoms that can be easily explained by senescence³, that is the natural aging process.

Thus, it is evident that active aging goes beyond the objectivity of physical health and needs to be thought of its multiple dimensions considering both the objective as the subjective aspects. For example, the perception of people about their possibilities of adaptation to changes resulting from the aging and associated conditions. Thus, for this reflection, not focused on defining what would be the best term to use to define this process, “healthy aging”, “successful aging”, “active aging”, but rather to seek to understand factors and strategies that can contribute to this aging. However, to standardize the language, it was decided to use the name suggested by PNSPI: active aging.

Factors that contribute to active aging

To understand the complexity involving the determinants of active aging, it must broaden the focus beyond the disease and into new paradigms to understand the significance of the multidimensional form aging process.

In the aging process, it is necessary to appreciate the various aspects that act and interact, forming the concept of active aging, which is characterized as a process in which the person, elderly in this case, is healthy, considering the physical, cognitive and social dimensions.¹⁵ Some aspects need to be considered to achieve an active aging process, among them there are: the physical, social, emotional, economic, cognitive, preoccupation with food/exercise, avoiding risk factors, among others.¹²

Study of elderly in the city of Porto Alegre, RS, found that most participants considered the practice of physical activities or leisure relevant to active aging.¹³ Physical activity promotes the improvement of body composition, reduction in joint pain, increased bone mineral density, increasing aerobic capacity, improving strength and flexibility and decreased vascular resistance. Moreover, it can provide psychosocial benefits, among which there are increased confidence, improved self-esteem, contributing to the elderly feeling motivated to keep active behaviors in the community.¹⁴⁻¹⁵

It is noteworthy that with the aging process and especially about retirement period, the elderly may have the feeling of disability and social isolation. However, if there is family or community support that stimulates new living environments and the adoption of new habits, this time, may be ripe for the discovery of new interests, skills¹⁶, as well as contribute to an active aging. Study of elderly in São Paulo that aimed to describe the emotional and cognitive aspects of their experiences of happiness showed that all the people interviewed mentioned the family as the main element of their lives, considering it as the reason for their lives and the major source of happiness.⁷

Therefore, it is highlighted the need for governments and nursing/health professionals investing in projects that expand the support network for the elderly and including the family in the activities. Group interventions can provide, through the interaction between the participants, a welcoming environment, socialization and exchange of experiences that can assist elderly in the process of adaptation and acceptance of the changes resulting from the aging process.¹⁷ Thus, it can be seen that the personal determinants involve, in addition to biological, individual skills of interpersonal and social interaction, so important for active aging.¹⁸

Study of 260 elderly people showed that quality of life is directly related to their health status. However, the meaning of health was not related only to the absence of disease, no need for medical care and medicines, but to leisure activities and the ability to be able to continue working.¹⁹ Some authors have family and work dimension as sources of happiness^{7,19} and it can be thought of as vitally important in the health of the elderly.

In this regard, a study in Santa Catarina showed that of 264 elderly study participants, 20%, even though retired, had paid work activities and 90.9% also developed some volunteer activity in the community.¹⁸ Volunteer work can be considered beneficial because the elderly may feel doing well, having something beyond the private world, with public utility and social legitimacy, feeling useful and with quality of life. Thus, volunteering can mitigate the possible negative feelings arising from the retirement and/or loneliness, which contributes to the health and well-being.²⁰

Another aspect found in the study and that seems to exert influence on active aging was the participation in church or community groups for older people. Religiosity appears to contribute, as it helps the elderly person to understand the loss and cope with stressful life events and traumas.²¹ Furthermore, the inclusion of social groups, whether religious or not, contributes to social support, avoiding the isolation and the decline in their physical and mental health.

It is also a relevant factor to the health of the elderly to self-acceptance and self-knowledge of the aging process. With aging, there is a process of inner search and investment in spirituality, resulting in personal development.⁷ Aging can be seen in this sense as a process of great inner wealth when it comes to meeting with its essence.

In this context, it is observed that aging can be a time of freedom and accumulated experience, with a higher degree of specialization and training, development of life projects and capabilities.⁷ However, for this experience and capabilities acquired with years lived to be valued and exist effectively in our society, it is necessary that the population, health professionals, and government agencies realize that getting older is an individual achievement and collective investing in projects and strategies that meet to promote active aging and free of stigmatization.

Strategies that can be used by nurses and other health professionals in the promotion of active aging

In the search for reflecting on the strategies that can be used by nursing/health professionals to promote active aging, it became clear that some authors have been concerned about the issue. Thus, some strategies were selected, which stands out: a multidisciplinary approach; health and inter-professional education for the elderly; encouraging physical activity and healthy eating; promoting community/group healthy environments.

In a study conducted by nurses and psychologists in the United States of America (USA), with older people living in rural areas, aiming to examine the changing patterns of healthy eating behaviors from health promotion interventions, it was showed that the group of elderly who were followed and received interventions significantly improved their eating behavior compared to the group that did not receive the intervention, which contributed to active aging.²²

In this regard, it is clear that interventions performed by professionals can be a strategy to promote changes in habits in the elderly, to contribute to the active aging group. However, it is known that a single professional cannot develop the care of extended and consistent with the individual/collective needs, necessary for coordination with the whole; that is with the various areas of knowledge towards a multidisciplinary knowledge.

Interventions and monitoring the elderly by multidisciplinary professionals may significantly contribute to the promotion of active aging and among the strategies that can be used there are the actions aimed at encouraging physical activity, healthy eating, and leisure²² to promote health. Another strategy that can be used in the promotion of active aging is the inter-professional health education.

A study conducted in the Netherlands to develop an Inter-professional Education program (IE) for elderly and assess their viability, highlights the challenges to the demand for essential care for the elderly and skills to nurses and doctors to meet them. It is noted that the main focus of healthcare in the Netherlands is geared to biomedical welfare model. However, older people need care and support for the promotion of active aging, not just to treat diseases.²³

Thus, health professionals have been challenged to a paradigm change in emphasis from treating diseases to health promotion (active aging). In this context, inter-professional education becomes necessary to carry out this change in professional behavior, as it can play a fundamental role in improving the skills of professionals to provide care for the elderly in an effective, integrated and coordinated way.²³

In Brazil, this situation is not different, because despite the many investments and policies related to public health in Brazil, for example, the creation of SUS and PNSPI, providing for priority health promotion, the practice of care is also very focused on the biomedical model, the curative dimension, and welfare, critical on the national scene. This reality has little focused on the perception of workers and the population as a whole about active aging, as with advancing age is common the appearance of characteristic diseases of age. However, it is not necessarily impossible to the elderly having a healthy living within their expectations.

Therefore, it is evident the need for investment in training of health professionals to this business segment. Incentives for continuing education programs for those aging process for the development of self-care are also needed, as all citizens are responsible for active aging.²⁴

Another strategy that can be considered is the encouragement of physical activity in promoting active aging. A study conducted in Japan to examine the relationship between the score on the Geriatric Depression Scale and elements of physical fitness found that older people who exercise increased improved strength, endurance and depressive symptoms.²⁵

Thus, it is necessary for nursing professionals to articulate to other professionals to establish interdisciplinary interventions that meet the active aging. The physical and

social environment in which the elderly are inserted influences on human behavior and health,²⁶ as the cumulative environmental effects of the aging process interfere with their functionality and the active aging.²⁷

Thus, it is evident the need for older people being encouraged to live together in these spaces and physical activity, social engagement and encouraging a healthy diet helping longevity with quality of life. In a study conducted in Uberaba (MG), the authors point out that the participation of older people in educational group activities contributes to a healthier living.²⁸

Considering that the Family Health Strategy (ESF) constituted in Brazil have as priority actions to carry out community health education spaces, the question is: What are the reasons that are associated with the low participation of older people in these activities?

In some cases, the low participation seems to have a correlation with age, since a study²⁹ identified people who were 80 years old or more had a greater probability of involvement in the activities. It is necessary to plan actions to encourage participation and contribute to the monitoring of the health status of the elderly so they can participate in activities.

In a study conducted in Russia, the authors reported that among the common problems related to aging, the quality of sleep was highlighted for more than half of older study participants suffering from insomnia symptoms. Organized lifestyle may moderate the effects of the circadian rhythm, which interferes with the sleep cycle. The results related daily regularity and quality of sleep with decreased Parkinson's disease,³⁰ which aids in promoting active aging. Some health problems associated with aging and even the decline in cognitive abilities and quality of sleep can be attributed to sedentary lifestyles and social disengagement.

Therefore, it is suggested that increase the participation of older people in social and physical activities is a way to improve sleep quality and functionality during the day. Building a good old age needs a cozy atmosphere that helps the elderly in coping with limitations and developing projects.³¹ Thus, it is essential that nursing/health professionals when acting with older people and families, organize a routine of pleasurable activities within their sanitary conditions and preferences identified in the household.

CONCLUSION

This study was considered satisfactory since it was possible to reflect on the possible factors that contribute to active aging, as well as the strategies that can be used by nurses and other health professionals in promoting it.

The limitations of this study were the difficulty in finding current references on the subject since most studies with older people found in the search conducted to support this reflection, dealt with complications resulting from the aging process, prevention and treatment diseases. However, such limitations do not prevent this reflection that has features that make contributions to the science of nursing/health, especially for the field of gerontology, about active aging.

Among the factors that contribute to active aging, there are a physical activity; the family and community support that encourages the elderly to active aging; the presence of family and the importance of paid and unpaid work; the importance of participation in church/religion; the self-acceptance of aging; and self-knowledge. As strategies, there are a multidisciplinary approach; inter-professional health education with/for older people and families; encouraging physical activity and healthy eating; and promote community/group healthy environments.

It is important that society understand that the issues related to the promotion of active aging are not a particular responsibility for the elderly, but a public and social issue that deserves considerable investments in public programs and policies encouraging health promotion and education for aging. It is necessary to develop intervention strategies to modify the current configuration that provides “curative” actions and rehabilitation instead of health promotion for active aging.

As a contribution to this nursing/health reflection, it is expected that health professionals, especially nurses, to feel encouraged about the promotion, contributing to maintaining an active and participatory aging. For this care be possible, it is important to consider the awareness, preparation and professional commitment to an extended care, recognizing individual and collective aspects of the population aimed at health promotion in an expanded and contextualized way.

It is suggested to further studies designed to understanding the aging process as possible new meanings and experience, not only as a stage of life prone to limitations, disabilities and stigmatization.

REFERENCES

1. Banhato EFC, Scoralick NN, Guedes DV, Atalaia-Silva KC, Mota MMPE. Atividade física, cognição e envelhecimento: estudo de uma comunidade urbana. *Psicologia: Teoria e Prática* [Internet]. 2009 [Acesso 20 Jul 2014]; 11(1):76-84. Disponível em: <http://editorarevistas.mackenzie.br/index.php/ptp/article/view/896/612>
2. Brasil. Lei No 8.842 de 4 de janeiro de 1994. Dispõe sobre a política nacional do idoso, cria o Conselho Nacional do Idoso e dá outras providências [Acesso 20 Jul 2014]. Disponível em: https://www.planalto.gov.br/ccivil_03/leis/l8842.htm
3. Brasil. Ministério da Saúde. Política nacional de saúde da pessoa idosa. Brasília: Editora do Ministério da Saúde, 2006.
4. Araújo LF, Coelho CG, de Mendonça ET, Vaz AVM, Siqueira-Batista R, Cotta RMM. Evidências da contribuição dos programas de assistência ao idoso na promoção do envelhecimento saudável no Brasil. *Rev Panam Salud Publica* [Internet]. 2011 [Acesso 20 Jul 2014]; 30(1):80-6. Disponível em: <http://www.scielosp.org/pdf/rpsp/v30n1/v30n1a12>
5. Silva HS, Lima AMM, Galhardoni R. Envelhecimento bem-sucedido e vulnerabilidade em saúde: aproximações e perspectivas. *Interface - Comunic Saude Educ* [Internet]. 2010 [Acesso 20 Jul 2014]; 14(35): 867-77. Disponível em: <http://www.scielo.br/pdf/icse/v14n35/aop3510.pdf>
6. Brasil. Ministério da Saúde. Agenda nacional de prioridades de pesquisa em saúde /Ministério da Saúde, Secretaria de Ciência, Tecnologia e Insumos Estratégicos, Departamento de Ciência e Tecnologia. - 2. ed. - Brasília : Editora do Ministério da Saúde, 2008. 68 p. - (Série B. Textos Básicos em Saúde).
7. Luz MMC, Amartuzzi MM. Vivências de felicidade de pessoas idosas. *Estudos de Psicologia, Campinas* [Internet]. 2008 [Acesso 20 Jul 2014]; 25(2): 303-7. Disponível em: <http://www.scielo.br/pdf/estpsi/v25n2/a14v25n2.pdf>
8. Neri AL. Qualidade de vida no adulto maduro: interpretações teóricas e evidências de pesquisa. In Neri AL. *Qualidade de vida e idade madura*. 5a. ed. São Paulo: Papyrus; 2003. p.9-55.
9. Organização mundial da Saúde. Envelhecimento ativo: uma política de saúde (Suzana Montijo, trad.). Brasília, DF: Organização Pan-Americana da Saúde, 2005.
10. Organização Mundial da Saúde- OMS. Carta da Organização Mundial de Saúde [Internet], 1946 [Acesso 20 Jul 2014]. Disponível em: <http://www.onuportugal.pt/oms.doc>
11. Depp C, Jeste D. Definitions and predictors of successful aging: A comprehensive review of larger. *American Journal of Geriatric Psychiatry* [Internet]. 2006 [Cited 2014 July 20]; 14(1): 6-20. Available from: <http://focus.psychiatryonline.org/data/Journals/FOCUS/1837/foc00109000137.pdf>
12. Cupertino APFB, Rosa FHM, Ribeiro PCC. Definição de envelhecimento saudável na perspectiva de indivíduos idosos. *Psicologia: Reflexão e Crítica* [Internet]. 2007 [Acesso 20 Jul 2014]; 20(1):81-6. Disponível em: <http://www.scielo.br/pdf/prc/v20n1/a11v20n1.pdf>
13. Vilarino MAM, Lopes MJM. Envelhecimento e saúde nas palavras de idosos de Porto Alegre. *Estudos Interdisciplinares sobre o Envelhecimento* [Internet]. 2008 [Acesso 20 Jul 2014]; 13(1): 63-77. Disponível em: <http://www.seer.ufrgs.br/index.php/RevEnvelhecer/article/view/6948/4216>

14. Meurer ST, Benedetti TRB, Mazo GZ. Teoria da autodeterminação: compreensão dos fatores motivacionais e autoestima de idosos praticantes de exercícios físicos. *Rev Bras Ativ Fis Saúde* [Internet]. 2011 [Acesso 20 Jul 2014]; 16(1):18-24. Disponível em: http://200.19.105.194/cefid/arquivos/id_submenu/748/meurer_et_al__2011__teoria_da_autodetermina__o_compreens__o_dos.pdf
15. Gonçalves MP, Alchieri JC. Motivação à prática de atividades físicas: um estudo com praticantes não-atletas. *Psico-USF* [Internet]. 2010 [Acesso 20 Jul 2014];15(1):125-34. Disponível em: <http://www.scielo.br/pdf/psuf/v15n1/13.pdf>
16. Peregrino AAF, Schutz V, Marta CB, Pereira ACA, Silva GP, Nogueira LC. Buscando a inserção dos idosos nas ações de promoção social e de saúde. *Rev enferm UERJ* [Internet]. 2012 [Acesso 20 Jul 2014]; 20(4):513-8. Disponível em: <http://www.facenf.uerj.br/v20n4/v20n4a17.pdf>
17. Pereira KCR, Alvarez AM, Traebert JL. Contribuição das condições sociodemográficas para a percepção da qualidade de vida em idosos. *Rev Bras Geriatr Gerontol* [Internet]. 2011 [Acesso 20 Jul 2014]; 14(1):85-95. Disponível em: <http://www.scielo.br/pdf/rbgg/v14n1/a10v14n1.pdf>
18. Vicente FR, Santos SMA. Multidimensional evaluation of determinants of active aging in older adults in a municipality in Santa Catarina. *Texto Contexto Enferm* [Internet]. 2013 [Cited 2014 Jul 20]; 22(2):370-8. Available from: http://www.scielo.br/pdf/tce/v22n2/en_v22n2a13.pdf
19. Paskulin LMG, Córdova FP, Costa FM, Vianna LAC. Elders' perception of quality of life. *Acta Paul Enferm* [Internet]. 2010 [Cited 2014 Jul 20]; 23(1):101-7. Available from: http://www.scielo.br/pdf/apv/v23n1/en_16.pdf
20. Souza LM, Lautert L, Hilleshein EF. Trabalho voluntário: uma alternativa para a promoção da saúde de idosos. *Rev Esc Enfermagem USP* [Internet]. 2008 [Acesso 20 Jul 2014]; 42(2):371-6. Disponível em: <http://www.scielo.br/pdf/reeusp/v42n2/a21.pdf>
21. Yount W. Transcendence and aging: The secular insights of Erikson and Maslow. *Journal of Religion, Spirituality & Aging*. 2009; 21(1-2): 73-87.
22. Yates BC, Pullen CH, Santo JB, Boeckner L, Hageman PA, Dizona PJ, Walker SN. The Influence of Cognitive-Perceptual Variables on Patterns of Change over Time in Rural Midlife and Older Women's Healthy Eating. *Soc Sci Med*. 2012; 75(4): 659-67.
23. Oeseburg B, Hilberts R, Luten TA, Etten AVMV, Slaets JPJ, Roodbol PF. Interprofessional education in primary care for the elderly: a pilot study. *BMC Medical Education* [Internet]. 2013 [Cited 2014 Jul 20]; 13:161. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4029384/>
24. Queiroz ZPV, Ruiz CR, Ferreira VM. Reflexões sobre o envelhecimento humano e o futuro: questões de ética, comunicação e educação. *Revista Kairós, São Paulo* [Internet]. 2009 [Acesso 20 Jul 2014]; 12(1): 21-37. Disponível em: <file:///D:/Usu%C3%A1rio/Downloads/2778-6163-1-SM.pdf>
25. Yamagata E, Yamada Y, Sugihara Y, Komatsu M, Kimura M, Okayama Y. Physical fitness and depression symptoms in community-dwelling elderly women. *Nihon Koshu Eisei Zasshi*. 2013; 60(4):231-40.
26. Hunter RH, Anderson LA, Belza B, Bodiford K, Hooker SP, Kochtitzky CS, et al. Environments for Healthy Aging: Linking Prevention Research and Public Health Practice. *Prev Chronic Dis* [Internet]. 2013 [Cited 2014 Jul 20];10:120244. Available from: http://www.cdc.gov/pcd/issues/2013/pdf/12_0244.pdf
27. Stein J, Schettler T, Roher B, Valenti M. Environmental threats to healthy aging. Boston (MA): Greater Boston Physicians for Social Responsibility and Science and Environmental Health Network; 2008.

28. Dias FA, Tavares DMS. Factores asociados con la participación de las personas mayores en el grupo de actividades educativas. *Rev Gaúcha Enferm* [Internet]. 2013 [Cited 2014 Jul 20]; 34(2):70-7. Available from: http://www.scielo.br/pdf/rgenf/v34n2/en_v34n2a09.pdf
29. Zisberg A, Gur-Yaish N, Shochat T. Contribution of Routine to Sleep Quality in Community Elderly. *SLEEP* [Internet]. 2010 [Cited 2014 Jul 20]; 33(4): 509-14. Available from: <file:///D:/Usu%C3%A1rio/Downloads/Article.pdf>
30. Nunes SJM, Martins Costa, AC, Machado, WW, Lopes XC. Avaliação da qualidade de sono em idosos não institucionalizados. *ComScientia e Saúde* [Internet]. 2012 [Acesso 20 Jul 2014]; 11(1): 29-36. Disponível em: <https://docs.google.com/viewer?url=http://www.redalyc.org/pdf/929/92923617005.pdf&chrome=true>
31. Lima PMR, Coelho VLD. A Arte de envelhecer: um estudo exploratório sobre a história de vida e o envelhecimento. *Psicologia: ciência e profissão* [Internet]. 2011 [Acesso 20 Jul 2014], 31(1): 4-19. Disponível em: <http://www.readcube.com/articles/10.1590%2FS1414-98932011000100002>

Received on: 12/11/2014
Required for review: No
Approved on: 08/01/2016
Published on: 03/04/2016

Contact of the corresponding author:
Silomar Ilha
Escola de Enfermagem, Rua General Osório, S/n°, Campus da Saúde,
CEP: 96.201-900. Rio Grande, RS, Brasil. E-mail: silo_sm@hotmail.com