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Possibilities of the WHOQOL-bref for health promotion in the Family Health Strategy*

POSSIBILIDADES DO WHOQOL-BREF PARA A PROMOÇÃO DA SAÚDE NA ESTRATÉGIA SAÚDE DA FAMÍLIA

POSIBILIDAD DEL WHOQOL-BREF PARA LA PROMOCIÓN DE SALUD EN LA ESTRATEGIA SALUD DE LA FAMILIA

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ABSTRACT

By increasing the health promotion actions in the Family Health Strategy it is possible to contribute to implement comprehensive care. Nevertheless, technologies gap still hinder the process of training the professionals to analyze the health potentials of the population. The objective of this study is to synthesize the contributions of the WHOQOL-bref in training professionals regarding the health promotion actions in the Family Health Strategy. A qualitative meta-synthesis was performed based on the research conducted by the group *Technological health care models and health promotion* using the WHOQOL-bref and its interface with health promotion. The synthesis of the five studies revealed that there are conceptual relationships between the WHOQOL-bref domains and health promotion, which legitimizes it as a tool for health promotion. Using the WHOQOL-bref can help establish the attachment and continuous care in the Family Health Strategy.

DESCRIPTORS

Quality of life
Health promotion
Primary Health Care
Family Health Program

RESUMO

A ampliação das ações de promoção da saúde na Estratégia Saúde da Família pode contribuir para a construção da integralidade, mas, ainda persistem lacunas de tecnologias para instrumentalizar os profissionais a analisarem os potenciais de saúde da população. O objetivo deste estudo é sintetizar as contribuições do WHOQOL-bref para instrumentalizar ações de promoção da saúde na Estratégia Saúde da Família. Foi realizada uma metassíntese qualitativa a partir de pesquisas realizadas pelo grupo *Modelos tecnoassistenciais e a promoção da saúde* com o uso do WHOQOL-bref e sua interface com a promoção da saúde. As sínteses das cinco pesquisas mostraram que existem relações conceituais entre os domínios do WHOQOL-bref e a promoção da saúde, legitimando este como um instrumento para a promoção da saúde. A utilização do WHOQOL-bref pode facilitar o vínculo e o cuidado longitudinal na Estratégia Saúde da Família.

DESCRIPTORES

Qualidade de vida
Promoção da saúde
Atenção Primária à Saúde
Programa Saúde da Família

RESUMEN

La ampliación de las acciones de promoción de salud en la Estrategia Salud de la Familia puede contribuir en la construcción de la integralidad, pero aún persisten lagunas de tecnologías para instrumentalizar que los profesionales analicen los potenciales de salud de la población. El objetivo de este estudio es sintetizar las contribuciones del WHOQOL-bref para instrumentalizar acciones de promoción sanitaria en la Estrategia Salud de la Familia. Se realizó una metátesis cualitativa a partir de investigaciones realizadas por el grupo *Modelos tecno-asistenciales y la promoción de salud* con el uso del WHOQOL-bref y su relación con la promoción de la salud. Las síntesis de las cinco investigaciones demostraron que existen relaciones conceptuales entre los dominios del WHOQOL-bref y la promoción de la salud, legitimándolo como instrumento para la promoción sanitaria. La utilización del WHOQOL-bref puede facilitar el vínculo y el cuidado longitudinal en la Estrategia Salud de la Familia.

DESCRIPTORES

Calidad de vida
Promoción de la salud
Atención Primaria de Salud
Programa de Salud Familiar

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INTRODUCTION

The implementation of the National Health System (*Sistema Único de Saúde - SUS*) has been accumulating positive experiences in the country, especially in terms of assuring universal access, with the effective broadening of coverage in healthcare, both in the primary care network and in specialized services⁽¹⁾. However, countless difficulties remain in the operationalization of health promotion.

Carta de Fortaleza, a synthesis document of the Meeting of Municipal Health Departments, highlights Health Promotion (HP) as an alternative for the reorientation of health services, through the strengthening of practices aimed at the care integrality, the importance of intersectorial actions and the health concept as a means for quality of life (QoL)⁽²⁾.

The National Policy for Health Promotion (NPHP) perceives integrality as a complex concept, since it must occur both in the individual care, contemplating the physical, emotional and spiritual dimensions of the users, and in the organization of the services, guaranteeing access and resolvability in the different complexity levels of the health system⁽³⁾.

Operationalizing the NPHP implicates broadening the view of the professionals in terms of strengthening the health potentials of individuals and groups. This means not limiting it to the treatment of diseases and problems manifested, but developing therapeutic projects that recognize the quality of life as a health objective to be achieved. HP, as a field of knowledge and practices, defines quality of life as a result of the appropriate comprehension of the material and spiritual human needs⁽⁴⁻⁵⁾.

One of the difficulties found in the NPHP operationalization is the lack of comprehension of professionals in the area regarding the Health Promotion concept. Studies⁽⁶⁻⁸⁾ have indicated that professionals have a superficial understanding of this concept and they often restrict it to the prevention of diseases and aggravations installed in the physical body. These professionals commonly dichotomize promotion and curative actions, which affects negatively the incorporation of the NPHP dimension in the professional practices and health services.

An aspect that may explain this difficulty of the health professionals in understanding and applying the health promotion concept in their daily routine refers to the limitation of the clinical protocols and instruments that are currently in use. It is known that these instruments aim at the identification of physical disorders (pathologies) rather than comprehending other dimensions involved in the health-disease process, such as the social, family and subjective dimensions.

In the perspective of searching for an instrument that could capture the different dimensions involved in the health-disease process, the study group Technical Health Care Models and Health Promotion (*Modelos Tecnoassistenciais e a Promoção da Saúde*) developed studies to test the potentialities of the instrument WHOQOL-bref as subsidy to the practice of the family health strategy (FHS).

The WHOQOL-bref was elaborated by the WHO, in 1994, in order to assess the quality of life, perceiving it as a construct comprising: subjectivity, multidimensionality and the presence of positive and negative dimensions⁽⁹⁾. This instrument was translated and validated to the Portuguese language (available at <http://www.ufrgs.br/psiq/whoqol1>) and may contribute to capture to health dimension (in its positive aspect), as well as to subsidize a health promotion practice (in its most operational aspect) in the family health strategy⁽⁹⁾.

Therefore, the objective of this study was to synthesize the contributions of the WHOQOL-bref to structure actions of health promotion in the family health strategy from the analysis of the results of studies developed in the last four years in the study group Technical Health Care Models and Health Promotion. It is important to clarify that it did not involve a broad literature review on the themes health

promotion and quality of life, but an analytic immersion of the scientific productions of this study group in particular.

These professionals commonly dichotomize promotion and curative actions ...

METHOD

A qualitative metasynthesis was performed based on the primary data and propositions of five studies developed by the study group using WHOQOL-bref, which in the present study are going to be referred to as studies 1, 2, 3, 4 and 5. Studies 1^{(10-11)(a)} and 4 were scientific initiation programs; studies 2⁽¹²⁾ and 3⁽¹³⁾ were master's degree dissertations; and study 5 was a doctor's degree thesis. Studies 4 and 5 are still being finished, and for that reason partial data are going to be presented. The qualitative metasynthesis was chosen due to the possibility it provides for the researcher to interpret primary data based on the analyses of the original authors. The sample was made of different qualitative studies, which were selected based on their relevance regarding the questions formulated for the mentioned investigation⁽¹⁴⁾.

Some authors⁽¹⁴⁾ indicate as strategy for the synthesis of qualitative studies the integration of results of multiple paths developed in a study program by the same researcher, which was adopted in the present study. The analysis was outlined in the confrontation of the WHOQOL-bref structure to the health promotion concept proposed by Labonte⁽¹⁵⁾. This author believes health may be

^(a) Study 1 comprised two scientific initiation studies with the same results; for that reason, in this study, we decided not to separate them.

understood from the following dimensions: *vital energy* – related to the level of vitality the biological body has to perform routine activities; *life project* – represents the emotional dimension, aspirations and desires that influence the meaning of living and the individual projects through life; *community life* – expresses relationships and interactions of the individuals in their surroundings, from the family constitution and affiliation to other social institutions. It presents the level of connectivity of the individuals⁽¹⁵⁾.

RESULTS AND DISCUSSION

The set of investigations that composed the sample of the present study is described in the table 1.

In study 1, the authors perceived that the concept of quality of life (QoL) of the interviewees was related to their health condition (physical dimension), but they also recognized the importance of the social and environment dimensions for the construction of health and QoL. The conclusion was that the investment in health care proposals that consider other dimensions in life, not only the biological, may contribute to the positive satisfaction of the interviewees as for their quality of life. These findings are shared by several studies developed^(10-11,16-17).

Study 2 concluded that the use of WHOQOL-bref would be appropriate as a complement in prenatal care, since it would permit to monitor how the perceptions regarding QoL of the pregnant woman could modify during the evolution of the pregnancy. The author suggests that the instrument could be applied at the beginning of each gestational trimester, allowing the health professional to broaden his view regarding the pregnant woman's health and, therefore, identifying other interventions, beyond the physical health, that should be applied. The author also states that this instrument is easily applied at the moment of the clinical appointment and permits to broaden the professional's view regarding the life conditions that impact the health-disease process⁽¹²⁾.

Study 3 revealed a great association (83.3%) between the dimensions of the WHOQOL-bref and those of health promotion proposed by Labonte⁽¹⁵⁾. The dimensions of vital energy and community life stood out. There was also a consensus that nine questions of the WHOQOL-bref are capable of evidencing the dimension of community life. The dimension with the least association referred to life project, with only 4 questions⁽¹³⁾.

Studies 4 and 5 permitted to assess the QoL of older people, with and without a defined pathology, respectively. Both studies showed that older people in general assess their QoL as good. The dimension with the worst assessment was the physical dimension, both in people with diabetes mellitus and in those who did not have this pathology specifically. An interesting finding is that the

psychological dimension had the best assessment, which shows the importance of health approaches focused on the dimensions of life project and meaning of life to guarantee good QoL. Other aspect that stood out is the fact that in the city of Porto (Portugal), the authors found the use of an instrument of QoL assessment in the practice of health professionals that assist older patients in the basic care network. These findings have similarities to a study developed in 2011⁽¹⁸⁾.

The synthesis of the studies showed that there are conceptual relationships between the dimensions of WHOQOL-bref and those of health promotion; thus, it is possible to state that the use of WHOQOL-bref (and its versions for specific groups, such as WHOQOL-old) configures a powerful instrument to broaden the clinical or group approach in FHS, granting this broadening a character of health promotion.

CONCLUSION

The instrument WHOQOL-bref assesses the quality of life based on the physical, psychological, social relationships and environment dimensions, integrating important aspects for a broad view of the health-disease process. Health comprehension as the result of a process of social production that expresses the QoL of a population and that the betterment of the QoL of people and groups is one of the central objectives of the health care may be important reasons to justify the incorporation of the WHOQOL-bref as instrument, both in the clinical practice and in the approach of groups in family health strategy. Its incorporation may contribute to the achievement of this objective.

The assessment of QoL, according to WHOQOL-bref, is a value attribute, which explains its importance in health actions, since it permits to specify the divergences in the assessment between users and health team/professional. In a broad clinical approach, these divergences open space to a comprehensive dialogue regarding the values, beliefs and preferences that led to different estimations. WHOQOL-bref also allows for the emancipatory interaction with people and groups in situation of vulnerability, based on the problematization of the expectations of quality of life they desire for themselves and/or have the right to as citizens and human beings.

The family health strategy is a privileged locus for the care practice in health, since it may represent the first contact of the user to the network of health care services and constitutes a space of longitudinal monitoring and bonding, in which the procedural dimension of health-disease is more evident. In this perspective, WHOQOL-bref may also work as an indicator, or sentry for situations of distress, since the analysis of its dimensions may indicate the most compromised area in people's lives.

Table 1 - Synthesis of results of studies using the instrument WHOQOL-bref in the study group *Technical Health Care Models and Health Promotion*

Title/year	Objectives	Subjects and method	Main results	Recommendations and conclusions
1) Qualidade de vida e saúde: em foco o PSF ⁽¹⁰⁾ Qualidade de Vida e equidade: em foco o PSF. ⁽¹¹⁾ (2008)	Comparing the perceptions of QoL of the population and the classification of family risk.	230 users of a FH team. Home interviews with WHOQOL-bref and application of instrument for classification of family risk.	The general QoL of the people assessed had the score 62 (in a scale from 0 to 100), indicating a positive perception through WHOQOL-bref. In the application of the evaluation of family risk, the median risk prevailed in 58.7% of the interviewed families.	There is a great distinction between the ways families perceive their health potentials, which are not considered by traditional instruments of risk assessment, drifting professionals away from users.
2) Qualidade de vida de gestantes assistidas pela Estratégia Saúde da Família. ⁽¹²⁾ (2010)	Assessing the QoL of pregnant women, analyzing the potentialities of the instrument WHOQOL-bref aimed at contributing to the promotion of the women's health at the FHS.	The sample comprised 42 pregnant women; 43% of them were in the 2 nd trimester of pregnancy. Home interviews were performed for the application of the WHOQOL-bref.	The general QoL score was 75; the QoL in the physical aspect was 57.65; in the psychological aspect was 68.75; in the aspect of social relationships was 77.98; and in the environment aspect was 59.75.	The Family Health Strategy must improve its prenatal care not only in the physical aspect of the pregnancy, but also in the psychological one, broadening the view towards the social insertion of this pregnant woman, considering her potentials of strengthening and wear, as well as the family support in the gestational period. WHOQOL-bref could be employed as a technology of clinical monitoring in prenatal care.
3) Potencialidades do WHOQOL-bref para a identificação das esferas de promoção da saúde: opinião de especialistas. ⁽¹³⁾ (2011)	Verifying and describing the limits and possibilities of WHOQOL-bref to identify the dimensions of health and well being proposed by Labonte.	The study involved 7 specialists with the use of WHOQOL-bref and 9 with health promotion. Delphi technique was used to verify the consensus among the specialists. For each question of the WHOQOL-bref, it was asked whether it related to one or more dimensions of health and well being of Labonte (1996) ⁽¹⁵⁾ . The study applied the index of equivalence 80% of each question to obtain the consensus in both studied groups.	An association of 83.3% was found between the questions of the WHOQOL-bref and the dimensions of health and well being of Labonte. There was a greater relationship to the dimensions of vital energy and community life (42.10% both) and a minor relationship to the dimension of life project (15.8%).	The instrument WHOQOL-bref proved to be an auxiliary tool to capture the dimensions of health promotion, appropriate for broadening the FHS clinical care.
4) Qualidade de vida de idosos portadores de diabetes mellitus. (2011)	Assessing the quality of life of older people with Diabetes Mellitus type 2.	The study sample comprised 67 older people from a FH unit, enrolled at the glycemic self-monitoring program of the municipality of São Paulo. It was a qualitative study with quantitative data treatment. Instruments used were WHOQOL-bref and WHOQOL-old.	Results showed that, as for the QoL scores, most of them considered it "good" (58.09%), with better assessments in the psychological dimension (31.84%) and in the intimacy aspect (37.31%). The physical dimension had the worst assessment (8.78%) and the aspect with the lowest score was death and dying (12.31%).	The community care of older people must be based, especially, on the family and on the social support network. Instruments that assess the quality of life must be incorporated to the medical and health practice in order to propose health measures that respond to the social and health needs presented by this social group.
5) Qualidade de vida de idosos usuários da Estratégia Saúde da Família: um estudo comparativo Brasil-Portugal. (2011)	Assessing the quality of life of older people assisted at the basic care network in Brazil and in Portugal and comparing the needs of these people from different locations.	Sample was made of 349 older people from the municipality of Marília/Brazil and other 100 from the municipality of Porto/Portugal. Data collection was performed with WHOQOL-bref in Brazil and Portugal, and WHOQOL-old in Brazil.	Data showed that the dimension best assessed by the subjects from Marília was the psychological and the worst was the physical dimension. The spiritual aspect was well assessed by both groups.	The study showed that in the municipality of Porto, an instrument named "assessment grid of quality of life" is used in association to the clinical approach of older patients.

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