Basic Health Unit and Senior Dance: a path to quality of life

Unidade Básica de Saúde e Dança Sênior: um caminho para a qualidade de vida

Unidad Básica de Salud y Danza Senior: un camino hacia la calidad de vida

Alice Alves dos Santos¹, Camila Soares Feitosa², Diogo Vitor da Silva³, Leandro Silva Menezes⁴, Maraísa do Nascimento⁵, Lorena Cruz Resende⁶, Demerson Godinho Maciel⁷, Samuel Estevam Vidal⁸

How to cite: Santos AA, Feitosa CS, Silva DV, Menezes LS, Nascimento M, Resende LC, et al. Basic Health Unit and Senior Dance: a path to quality of life. REVISA. 2024; 13(4): 867-80. Doi: https://doi.org/10.36239/revisa.v13.n4.p867a880



RESUMO

Objetivo: discutir as dimensões de qualidade de vida das pessoas praticantes de Dança Sênior de um projeto de extensão e pesquisa desenvolvido em uma Unidade Básica de Saúde. **Método:** O estudo quantitativo envolveu 21 mulheres, com idades entre 39 e 81 anos (média de 63,19 ± 8,61), praticantes de Dança Sênior. Utilizou-se o questionário WHOQOL-BREF que avalia os domínios físico, psicológico, social e ambiental da qualidade de vida. Os resultados foram classificados como: "necessita melhorar" (1 a 2,9), "regular" (3 a 3,9), "boa" (4 a 4,9) e "muito boa" (5). A pesquisa respeitou todas as normas éticas vigentes. **Resultados**: A qualidade de vida geral das participantes foi classificada como "regular." Os domínios físico e psicológico apresentaram uma média de 3,8, indicando satisfação moderada, com avaliações sobre dor, energia, sono, mobilidade, atividades diárias, dependência de medicação e capacidade de trabalho, além de aspectos como sentimentos, autoestima e imagem corporal. O domínio de relações sociais, que incluiu interações interpessoais e vínculos sociais, mostrou-se importante para o bem-estar emocional, psicológico e físico. O domínio ambiental, que considerou qualidade do ar, acesso a serviços de saúde, segurança e condições de moradia, teve a menor média (3,4) e foi o mais frequentemente classificado como "precisa melhorar," indicando vulnerabilidade nessa área. Conclusão: Apesar dos desafios em algumas áreas, o programa de Dança Sênior se mostrou eficaz em promover um envelhecimento mais saudável e ativo, sendo uma intervenção que pode ser expandida para outras regiões, com potencial para beneficiar ainda mais pessoas

Descritores: Saúde da Pessoa Idosa; Programa de Atenção à Saúde do Idoso; Qualidade de Vida; Dança.

ABSTRACT

Objective: To discuss the dimensions of quality of life among Senior Dance practitioners in an extension and research project developed in a Primary Health Care Unit. Method: This quantitative study involved 21 women aged between 39 and 81 years (mean of 63.19 ± 8.61), who were Senior Dance practitioners. The WHOQOL-BREF questionnaire was used to assess the physical, psychological, social, and environmental domains of quality of life. The results were classified as: "needs improvement" (1 to 2.9), "regular" (3 to 3.9), "good" (4 to 4.9), and "very good" (5). The study adhered to all current ethical standards. Results: The overall quality of life of the participants was classified as "regular." The physical and psychological domains had an average score of 3.8, indicating moderate satisfaction, with assessments on pain, energy, sleep, mobility, daily activities, dependence on medication, and work capacity, as well as aspects such as feelings, self-esteem, and body image. The social relationships domain, which included interpersonal interactions and social bonds, was significant for emotional, psychological, and physical well-being. The environmental domain, which considered air quality, access to health services, safety, and housing conditions, had the lowest average (3.4) and was most frequently classified as "needs improvement," indicating vulnerability in this area. **Conclusion**: Despite challenges in some areas, the Senior Dance program proved effective in promoting healthier and more active aging, and it could be expanded to other regions with the potential to benefit even more people. Descriptors: Health of the Elderly; Elderly Care Program; Quality of Life;Dance.

RESUMEN

Objetivo: discutir las dimensiones de la calidad de vida de personas practicantes de Danza Senior en un proyecto de extensión e investigación desarrollado en una Unidad Básica de Salud. Método: El estudio cuantitativo involucró a 21 mujeres, con edades entre 39 y 81 años (media de 63,19 ± 8,61), practicantes de Danza Senior. Se utilizó el cuestionario WHOQOL-BREF, que evalúa los dominios físico, psicológico, social y ambiental de la calidad de vida. Los resultados fueron clasificados como: "necesita mejorar" (1 a 2,9), "regular" (3 a 3,9), "buena" (4 a 4,9) y "muy buena" (5). La investigación respetó todas las normas éticas vigentes. **Resultados**: La calidad de vida general fue clasificada como "regular." Los dominios físico y psicológico presentaron una media de 3,8, lo que indica satisfacción moderada, con evaluaciones sobre dolor, energía, sueño, movilidad, actividades diarias, dependencia de medicamentos y capacidad de trabajo, además de aspectos como sentimientos, autoestima e imagen corporal. El dominio de relaciones sociales, que incluyó interacciones interpersonales y vínculos, fue importante para el bienestar emocional, psicológico y físico. El dominio ambiental, que consideró la calidad del aire, acceso a los servicios de salud, seguridad y condiciones de vivienda, tuvo la media más baja (3,4) y fue clasificado con mayor frecuencia como "necesita mejorar," indicando vulnerabilidad en esta área. **Conclusión:** A pesar de desafíos en algunas áreas, el programa de Danza Senior demostró ser eficaz en promover un envejecimiento más saludable y activo, siendo una intervención que podría expandirse a otras regiones, con el potencial de beneficiar a más persona

Descriptores: Salud de las Personas Mayores; Programa de Atención a los Ancianos; Calidad de Vida; Danza.

Introduction

Population aging is a phenomenon that has transformed societies around the world, changing social dynamics and bringing new challenges.¹⁻³ In Brazil and in several other countries, this demographic transition, characterized by a decrease in birth and death rates, combined with an increase in longevity, is shaping the population structure.^{2,4,5} The inversion of the age pyramid becomes evident, demanding the implementation of effective public policies to ensure good living conditions for this population.^{2,4,6,7} In Brazil, aging has been particularly accelerated, and by 2032, it is projected that 43.3 million Brazilians will be over 60 years of age, which reflects a significant increase in the elderly population.^{2,4,6,8,9} By 2060, this age group will correspond to 25.49% of the total population, demonstrating the clear and irreversible reality of aging.^{2,4,6,8,10}

The aging process is multifactorial, influenced by biological, psychological, and social variables that directly impact the quality of life of this population.^{3,5,11} The self-perception that older people have of their own aging plays an important role in this scenario, as it affects their motivation, self-esteem, and ability to deal with the physical and emotional changes inherent to old age.^{3,12} Factors such as decreased functional capacity, loss of autonomy, and the presence of chronic diseases also contribute significantly to the reduction of quality of life, leading to the emergence of new challenges for both the elderly and the care network, including health systems.^{10,13,14} These challenges, which include difficulty performing daily activities and increasing dependence, require interventions that address not only the physical aspects of aging, but also the emotional and social aspects.^{12,15}

Aging with quality of life is one of the main challenges, especially in a scenario where longevity does not guarantee, by itself, well-being.^{11,16,17,18} A qualidade de vida é um conceito complexo e multidimensional, sendo defined by the World Health Organization (WHO) as the individual's perception of their position in life, taking into account the cultural context, values, and personal expectations.^{2,11,19,20} This concept encompasses both objective factors, such as physical health conditions and economic well-being, as well as subjective aspects, such as happiness and satisfaction with life.^{2,11,21} Understanding quality of life as a subjective construction, involving physical, psychological, and social dimensions, is essential to promote more effective and inclusive interventions that meet the varied needs of this population.^{11,17,22}

The regular practice of physical activity has been shown to be one of the interventions capable of promoting healthy aging and improving the quality of life of older people.^{11,21,22,23} The practice of physical activity, in addition to helping to prevent chronic diseases and physical limitations, also contributes to emotional and social well-being, preserving autonomy and the ability to perform activities of daily living.^{18, 25} Adequate and encouraging environments play a fundamental role in the access of older people to health practices, favoring more active lifestyles.^{23,26} These interventions, when applied systematically, are effective in maintaining the autonomy of older people, ensuring greater longevity with quality of life.¹⁸

Among the various modalities of physical activity, dance has stood out for enabling functional gains, in addition to promoting social interaction and strengthening social bonds.^{27,28} Dance offers an engaging and playful form of exercise, which stimulates the body and mind, and can contribute to the preservation of functional capacity, emotional well-being and the strengthening of social bonds. important for the integral health of the elderly.^{18,28}

In this context, Senior Dance emerges as an effective therapeutic intervention to promote the physical, cognitive and social well-being of older people. It is a method with simple choreographies, adapted to the physical limitations of this population, which help to improve motor coordination and balance, in addition to strengthening self-esteem and promoting social integration.^{28,29} Originated in Germany, this dance modality was developed specifically to meet the needs of the elderly, providing benefits for both those with good mobility and those with motor limitations. Becoming an inclusive activity.¹⁴ It should be noted that Senior Dance can also contribute to the socialization of practitioners, favoring active aging and a higher quality of life by stimulating social contact and the development of new skills.^{12,30} The continuous practice of this modality can also help strengthen memory, attention, concentration, mental and emotional well-being of the elderly.^{25,31}

Social involvement is a crucial factor in promoting the quality of life of the elderly, and community groups have demonstrated great effectiveness in this aspect by providing not only physical activities, but also opportunities for social interaction and emotional support.¹⁹ Participation in these groups prevents social isolation, providing the elderly with a sense of belonging and purpose, which directly contributes to your mental and physical well-being.^{19,23} In addition, these support networks promote access to relevant information about health and services, strengthening the autonomy of older people and increasing their self-esteem.¹⁹ Community groups also play a key role in creating spaces for learning and exchanging experiences, which contributes to the biopsychosocial development of their participants and encourages active citizenship.⁹ Active social participation, especially in coexistence programs and community activities, it has been associated with the preservation of independence and the promotion of healthy aging, emphasizing the importance of public policies that encourage these interactions.³²

Based on the benefits pointed out in the text, there was the implementation of the Senior Dance program at the Basic Health Unit (UBS) No. 6 of Santa Maria/DF; and in this context, the objective of this work was to discuss the dimensions of quality of life of people practicing Senior Dance.

Method

The present study is based on a cross-sectional research of a quantitative nature, of descriptive field research.8,9,10,15,24,26,32,33 Carried out with Senior Dance practitioners, from the Conviver Group, consisting of patients from the Basic Health Unit (UBS) n^o 6, in the neighborhood of Santa Maria, Brasília/DF, the activity was implemented as an extension project of the University Center of the Central Plateau Apparecido dos Santos (Uniceplac), as a proposal for Integrative Health Practice (Pis).

The study sample was composed of 21 women who practice Senior Dance, with a mean age of 63.19 ± 8.61 years, with a minimum age of 39 and a maximum of 81; 4 of the participants (19%) reported receiving help in completing the questionnaire.

The participants' quality of life levels were assessed using the WHOQOL-BREF questionnaire, consisting of 26 questions that classified the

participants' perception on a scale from 1 (for very dissatisfied) to 5 (for very satisfied), in 4 domains (physical, psychological, social relationships and environment). In addition, 2 questions are analyzed separately, namely: "1. How would you evaluate your quality of life?" and "2. How satisfied are you with your health?", respectively. According to the questionnaire, the domains were calculated based on the average of the participants' answers and the resulting average is classified as: needs improvement (mean value from 1 to 2.9); regular (3 to 3.9); good (4 to 4.9) and very good (5).^{34,35}

The collected data were organized in Microsoft Excel spreadsheets and were analyzed using the IBM SPSS version 20 software. The data were organized into descriptive statistics using mean, standard deviation, minimum and maximum values, and percentages. The WHOQOL-BREF domains were calculated from the mean of the participants' answers and the resulting mean is classified as: needs improvement (mean value from 1 to 2.9); regular (3 to 3.9); good (4 to 4.9) and very good (5). The total classification of the sample was obtained by the sum of all the results.^{34,35}

In compliance with CNS Resolutions No. 466/12 and CNS No. 510/16 that deal with research with human beings, this study was submitted to and approved by the Research Ethics Committee (CEP) of the Centro Universitário do Planalto Central Apparecido dos Santos (Uniceplac), under the Certificate of Presentation of Ethical Appreciation (CAAE) No. 70434423.0.0000.5058 and all people involved in the study consented to participate voluntarily by signing the Informed Consent Form (ICF).

Results

The total score of the sample indicated that most participants were classified as having a "Fair" quality of life, with an overall average of 3.8 ± 0.5 . Among the domains analyzed, the physical and psychological domains stood out, both with an average of 3.8 ± 0.6 , followed by the social relationships domain with an average of 3.7 ± 0.6 , while the environment domain had the lowest average, 3.4 ± 0.6 . The specific question "How satisfied are you with your health?" received the best evaluation, with an average of 4.3 ± 0.6 , being classified as "Good", while the question "How would you evaluate your quality of life?" obtained an average of 3.8 ± 0.9 , also classified as "Regular" (Table 1).

Domains	Mean	Standard Deviation	Classification	
Physical	3,8	0,6	Regular	
Psychological	3,8	0,6	Regular	
Social Relations	3,7	0,6	Regular	
Environment	3,4	0,6	Regular	
Question 1	4,3	0,6	Good	
Question 2	3,8	0,9	Regular	
Total	3,8	0,5	Regular	

Table 1 - Classification by Domains of Quality of Life Levels. Brasília-DF, 2024.

When analyzing the frequency of the classifications, it was found that 66.7% (n=14) of the participants were classified as having a "Fair" quality of life, while 33.3% (n=7) were classified as "Good". It is observed that, in the physical domain, 52.4% (n=11) of the participants were classified as "Regular", 42.9% (n=9) as "Good", and only 4.8% (n=1) as "Needs to Improve", with no participant classified as "Very Good". In the psychological domain, the majority were also classified as "Regular" (52.4%, n=11), followed by 38.1% (n=8) classified as "Good", and 9.5% (n=2) as "Needs to Improve", without classification "Very Good". The social relationships domain presented a different distribution, with 61.9% (n=13) of the participants classified as "Good", 28.6% (n=6) as "Regular" and 9.5% (n=2) as "Needs to Improve", without classifications as "Very Good". In the environment domain, 61.9% (n=13) were classified as "Regular" and 9.5% (n=2) as "Needs to Improve", without classifications as "Very Good". In the environment domain, 61.9% (n=13) were classified as "Regular", 14.3% (n=3) as "Good", and 23.8% (n=5) as "Needs to Improve", without any classification "Very Good" (Table 2).

Classification	Needs to improve		Regular		Good		Very Good	
Domain	n	%	n	%	n	%	n	%
Physical	1	4,8	11	52,4	9	42,9	-	-
Psychological	2	9,5	11	52,4	8	38,1	-	-
Social Relations	2	9,5	6	28,6	13	61,9	-	-
Environment	5	23,8	13	61,9	3	14,3	-	-
Question 1	-	-	2	9,5	11	52,4	8	38,1
Question 2	2	9,5	5	23,8	9	42,9	5	23,8
Total Score Ranking	-	-	14	66,7	7	33,3	-	-

Table 2 – Frequency (n) and Percentage (%) of the Classification by Domain. Brasília-DF, 2024.

Evaluating the questions of the questionnaire individually, it is observed that no question received a score equivalent to "Very Good" (average 5); Question 20 "How satisfied are you with your personal relationships (friends, relatives, acquaintances, colleagues)?" received the highest average (4.3 – "Good") while questions 12 "Do you have enough money to meet your needs?" and 21 "How satisfied are you with your sex life?" received the lowest average (2.9 – "Fair"). When detailing the answers by domains, the social relationships domain obtained a higher percentage of "Good" ratings (61.9%), while the environment domain had a higher number of participants classified as "Needs to Improve" (23.8%). Financial issues and satisfaction with sex life received the lowest averages, both classified as "Regular" with 2.9 (Table 2).

Discussion

Quality of life is a multifaceted concept, which encompasses physical, psychological, social and environmental aspects, with a direct influence on subjective perceptions of well-being.¹⁻² When it comes to the elderly population, this theme gains special relevance, since factors such as access to health, social support and the environment where they live have a direct impact on active and healthy aging.¹⁻² The World Health Organization highlights the importance

of public policies aimed at aging, emphasizing the need to ensure adequate conditions of health, social participation and safety.⁴ Population aging brings challenges to maintaining quality of life, requiring effective interventions to ensure the autonomy and independence of older people.⁶ Age-Friendly Cities, a global initiative, also promotes the creation of environments suitable for the elderly, with infrastructure and services that meet the specific needs of this population.^{11, 22}

The results of the study showed that most participants rated their quality of life as "Regular", with an overall average of 3.8 ± 0.5 . The psychological and physical domains had similar scores (3.8 ± 0.6), while the social domain had an average of 3.7 ± 0.6 , and the environmental domain was the lowest, with 3.4 ± 0.6 . The question "How satisfied are you with your health?" obtained the best result, with an average of 4.3 ± 0.6 , being classified as "Good". These results are in line with the findings of other studies that indicate that the perception of health and quality of life is directly related to the functional capacity, independence and living conditions offered to the elderly, as observed in intervention programs, such as Senior Dance.^{12,25} O The impact of physical activity and the promotion of adequate spaces for social interaction were also highlighted in several documents, such as the International Plan of Action on Aging,²² which encourages active aging practices.^{1-2,6,11}

The results suggest that the regular practice of physical activities, especially Senior Dance, plays a crucial role in improving the quality of life of the elderly, both in physical and psychological aspects.^{12,25} Dance, as a therapeutic and leisure resource, contributes to the maintenance of autonomy and functional capacity, in addition to providing a socialization environment, which reinforces the benefits observed in our sample.^{12, 25} Previous studies corroborate that the insertion of movement practices, such as dance, offers a substantial improvement in self-perception of quality of life, standing out as an effective strategy in promoting healthy aging and reducing the negative impacts of aging.^{27,30}

The physical domain in the assessment of quality of life involves aspects related to mobility, functional capacity, and the impact of health conditions on the autonomy of older people.⁷⁻⁸ The ability to perform activities of daily living is often a key indicator of quality of life, especially as aging brings challenges such as chronic diseases and loss of muscle strength.⁵ Studies on the health of older people indicate that the maintenance of physical capacity is essential for healthy aging, as it directly influences independence and the prevention of falls.⁹⁻¹⁰ Physical activity programs, including Senior Dance, have been recommended for contributing to the preservation of functionality and the improvement of strength and balance.^{12,17} This approach is also endorsed by therapeutic interventions, such as kinesiotherapy, which have shown positive results in quality of life.²⁶⁻²⁷

The results of the study indicated that the physical domain presented an average of 3.8 ± 0.6 , being classified as "Regular", with 52.4% of the participants in this category and 42.9% evaluating their physical quality as "Good". These results reflect a pattern observed in other investigations, where functional capacity is directly related to the practice of physical activities, such as Senior Dance, which has been shown to improve balance and reduce the risk of falls among older people.^{17,26} Compared to other studies, it is noted that regular physical activity is a determining factor for the preservation of functional

capacity, as evidenced in the study by Nadolny et al.²⁷, who highlight the importance of dance as a tool for preventing physical limitations. Maintaining mobility and balance is essential to prevent falls, one of the main causes of loss of independence in older people, as discussed by studies that analyzed fall prevention programs.^{29,32} In addition, programs such as Senior Dance have been effective in improving quality of life scores in the physical domain.^{5,8,12}

The results of our study, added to the evidence in the literature, reinforce the importance of the practice of physical activities, especially Senior Dance, in promoting quality of life in the physical domain for the elderly.^{12,17} Senior Dance, in particular, stands out for improving functional capacity, balance and mobility, directly contributing to the preservation of autonomy and the reduction of the risk of falls.^{27,29} Studies show that regular physical exercise programs, such as kinesiotherapy and dance, promote significant gains in strength and motor coordination, ensuring healthier and more active aging.^{26,32}

The psychological domain in quality of life is related to emotional wellbeing, self-esteem, satisfaction with life, and the management of emotions such as anxiety and depression.^{5,7} For older people, these aspects become particularly important as aging can bring about cognitive and emotional changes, affecting their perception of happiness and quality of life.⁹⁻¹⁰ Studies show that the practice of social and physical activities contributes to the reduction of isolation and the improvement of mental health, which reinforces the crucial role of interventions that promote social engagement and selfesteem.^{15,19} Programs aimed at promoting mental health, such as Senior Dance, have been pointed out as effective tools in preventing psychological declines and improving emotional self-perception among older people.^{12,17}

In the study, the psychological domain presented an average of 3.8 ± 0.6 , with 52.4% of the participants rating their psychological health as "Regular" and 38.1% as "Good". These results suggest that, although there is a reasonable perception of emotional health, there are still challenges regarding the promotion of mental well-being in elderly women. The practice of activities such as Senior Dance has been effective in improving mood, self-esteem and reducing symptoms of depression, as demonstrated in research that shows dance as a therapeutic resource for mental health.¹⁹⁻²⁰ Studies such as the one by Ribeiro et al.²¹ indicate that regular physical activity is associated with higher happiness and satisfaction with life scores. Other studies show that involvement in social activities, such as dance groups and socializing, contributes to the maintenance of psychological health, preventing social isolation and cognitive decline.^{15,32} This evidence reinforces the positive impact that physical activities have on the psychological domain of quality of life.^{5,7,12}

The results of this study, added to the evidence in the literature, suggest that the practice of Senior Dance is a tool for the promotion of psychological health in elderly people.^{12,17} Dance, as a social and physical activity, can provide opportunities for improved mood, emotional well-being, and self-esteem, helping to prevent mental decline and reducing isolation.¹⁹⁻²⁰ In addition, the regular practice of activities such as Senior Dance proved to be effective in improving life satisfaction and happiness scores, reinforcing its importance as a strategy for healthy aging and the promotion of a high quality of life.^{21,32} The integration of physical activities into mental health programs for older people needs to be encouraged, given the positive impact observed on the psychological aspects of quality of life.^{5,9,12}

The social domain in the assessment of quality of life covers aspects such as interpersonal relationships, the social support received and the ability to integrate into the community.^{5,7} For older people, strengthening social networks is essential, as social isolation can harm mental and physical health, directly affecting the perception of quality of life.⁸⁻⁹ Social interaction promotes emotional well-being, reduces loneliness, and provides a sense of belonging, which is fundamental for healthy aging.^{10,12} Programs that encourage social interaction, such as Senior Dance, have shown positive impacts on the creation of social bonds and the improvement of the quality of life of older people.^{17,20}

In this study, the social relationships domain had an average of 3.7 ± 0.6 , with 61.9% of the participants rating their social relationships as "Good" and 28.6% as "Regular". These data indicate that, although many participants have a good perception of their social interactions, there is still room for improvement in the quality of these relationships. The literature reinforces the importance of group activities, such as Senior Dance, which promotes socialization among older people, reducing isolation and strengthening interpersonal bonds.^{20,26} Studies conducted by Ribeiro et al.²¹ indicate that participation in social groups is associated with greater satisfaction with social relationships and an expanded feeling of inclusion and social support. In addition, research shows that older people who participate in community or dance programs, such as Senior Dance, report greater social satisfaction and a more consolidated support network, which is crucial for health and well-being.^{5,7,17}

The results of our study and the literature suggest that group physical activities, such as Senior Dance, have a significant impact on strengthening the social relationships of older people, contributing to a better quality of life in the social domain.^{12,20} The interaction provided by these activities helps to combat isolation, promotes the development of new bonds and strengthens social support networks, fundamental for emotional and physical well-being.^{21,26} In addition, studies have shown that involvement in social coexistence programs can improve the perception of belonging and create a favorable environment for the maintenance of healthy interpersonal relationships.^{5,32} Thus, encouraging the practice of group activities, such as Senior Dance, should be seen as an effective strategy for promoting healthy aging and social well-being.^{9,17}

The environmental domain in the assessment of quality of life refers to the physical and social conditions of the environment in which the elderly person lives, including aspects such as safety, access to resources, infrastructure and transportation.^{5,7} A favorable environment can facilitate autonomy and mobility, promoting the well-being and social participation of the elderly.⁸⁻⁹ Studies indicate that the perception of the environment has a direct impact on the quality of life, since unsafe environments or with inadequate infrastructure can restrict independence and social inclusion.^{10,12} The creation of environments that favor healthy aging, such as the implementation of public policies and accessible urban spaces, is essential for promoting quality of life.^{17,20}

In this study, the environmental domain was the one with the lowest average among the domains evaluated, with 3.4 ± 0.6 , and 61.9% of the participants classified their environmental conditions as "Regular". This reflects dissatisfaction with aspects related to security, infrastructure and access to resources, pointing to the need for interventions aimed at improving these factors. Compared to other studies, the results corroborate studies that indicate

that environments poorly adapted to the needs of older people compromise their quality of life and restrict their autonomy.^{19,21} Programs such as Senior Dance, carried out in safe and accessible environments, have proven to be an effective alternative to minimize the negative impacts of environmental limitations, providing a space for socialization and physical and emotional well-being.^{5,7} In addition, studies show that access to favorable environments, both in public and private spaces, can significantly improve the quality of life of older people, increasing their independence and mobility.^{9,32}

The practice of activities such as Senior Dance in accessible and appropriate places provides an improvement not only in environmental perception, but also in the general health of the elderly, promoting greater mobility and social participation.^{26,32} Thus, it is essential that public policies invest in the creation of urban and community environments that offer safety, accessibility and support for the needs of older people, favoring their autonomy and quality of life.^{5,19} Senior Dance, performed in appropriate spaces, can be a strategy to reduce the negative impact of unfavorable environments, by creating a space for coexistence and activities that stimulate social integration.^{7,9}

The last two questions of the WHOQOL-BREF questionnaire refer directly to the elderly person's self-perception of their general quality of life and their satisfaction with health. The first question: "How would you evaluate your quality of life?", seeks to capture a global view of the well-being of the elderly, while the second: "How satisfied are you with your health?", focuses on the specific perception of physical and emotional health.¹² These questions are essential because they reflect not only the objective aspects of the elderly person's life, but also the objective aspects of the elderly person's life. Their subjective evaluations can be influenced by factors such as autonomy, social relationships, environmental support, and physical self-perception.^{5,7} Research indicates that these two dimensions are fundamental to evaluate the effectiveness of programs aimed at healthy aging, such as Senior Dance.^{8,10}

In this study, the question: "How would you evaluate your quality of life?", obtained an average of 3.8 ± 0.9, being classified as "Fair", and the question: "How satisfied are you with your health?", presented the best evaluation, with an average of 4.3 ± 0.6 , being classified as "Good". These results indicate that, although the participants have a relatively positive perception of their health, their global assessment of quality of life is more moderate, possibly influenced by challenges in the physical and environmental domains. Previous studies reinforce this tendency, indicating that, in many cases, older people maintain a good perception of health, even in the face of physical limitations, due to a psychological adaptation and the social support they receive.^{5,7,9} In interventions such as Senior Dance, it has been observed that regular physical activity improves both self-perception of health and overall quality of life, especially through the ability to maintain functionality and emotional wellbeing.^{17,19} These findings are consistent with other studies showing that health satisfaction is more directly associated with functional capacity, while overall quality of life involves a wider range of factors, including environmental and social support.^{21,26}

The practice of physical activity is widely recognized as one of the factors for the promotion of healthy and active aging, positively influencing all domains of quality of life.^{5,7} Senior Dance, in particular, stands out as an activity that goes beyond physical benefits, also promoting emotional, social

and psychological gains.^{12,14,25,27} Studies have shown that dance improves balance, strength and mobility, essential factors for autonomy and fall prevention.^{9,26} In addition, activities such as Senior Dance provide an environment for socialization, strengthening social bonds and combating isolation, one of the greatest challenges for the mental health of older people.^{19,20} Dance has also been associated with improved self-esteem, mood, and emotional well-being, offering a holistic approach that integrates body and mind.^{10,32} Thus, the promotion of regular physical activities, especially dancing, should be seen as a central strategy in public policies aimed at aging, ensuring that older people have a healthier, more active and higher quality life.^{8,21}

Conclusion

The implementation of the Senior Dance program at the Basic Health Unit (UBS) No. 6 of Santa Maria/DF was carried out with the aim of promoting the health and well-being of the elderly through the practice of a physical activity that includes not only body movement, but also the stimulation of socialization and emotional well-being. The objective of this work was to discuss the different dimensions of the quality of life of the elderly people participating in this program, exploring how Senior Dance can impact on aspects such as the physical, psychological, social and environmental domain.

The results obtained revealed that the participants of the program have a quality of life predominantly classified as "Regular" in the different dimensions evaluated. In the physical and psychological domain, a reasonably positive perception was observed, with most elderly people feeling satisfied with their health, although there is still room for improvement. In the social domain, satisfaction was high, reflecting the importance of the interactions promoted by the program, while in the environmental domain, the participants expressed a more critical perception, with some difficulties in relation to infrastructure and security conditions. The questions on self-perception of health also indicated that the participants were satisfied with their health, although the overall quality of life was still viewed with some moderation.

Senior Dance has great potential to collaborate in promoting the quality of life of the elderly, especially with regard to maintaining physical functionality, strengthening social relationships and stimulating emotional well-being. Regular practice of this activity can not only contribute to physical health, but it also acts as a powerful tool for improving self-perception of health and overall quality of life.

It is concluded that, despite the challenges in some areas, the Senior Dance program at UBS n° 6 in Santa Maria/DF proved to be effective in promoting healthier and more active aging, being an intervention that can be expanded to other regions, with the potential to benefit even more people.

Acknowledgment

We would like to thank the Scientific Initiation (CI) and the Study Group on Physical Activity and Human Aging (Chronos) of Uniceplac for promoting the project and supporting this study. To the Laboratory of New Trends and Technologies in Physical Education (LANTTEF) of UCB for guiding the work, to Dança Senior Brasil[®] for training students and to UBS No. 6 of Santa Maria/DF of the Health Department of the Federal District for believing and implementing the proposal.

References

1. World Health Organization (WHO). Global strategy and action plan on ageing and health. Geneva: WHO; 2017. Disponível em: <u>https://iris.who.int/bitstream/handle/10665/329960/9789241513500-eng.pdf?sequence=1</u>. Acesso em: 20 set. 2024.

2. World Health Organization (WHO). Active ageing: a policy framework. Noncommunicable Diseases and Mental Health Cluster, Noncommunicable Disease Prevention and Health Promotion Department Ageing and Life Course. Geneva: WHO; 2017. Disponível em: https://extranet.who.int/agefriendlyworld/wp-

<u>content/uploads/2014/06/WHO-Active-Ageing-Framework.pdf</u>. Acesso em: 20 set. 2024.

3. Alves VMC, Souza MF, Lima RM, Alves SM, Santos AG. Fatores relacionados à autopercepção sobre o envelhecimento de idosos cadastrados em uma unidade de atenção ao idoso. Rev Kairós-Gerontologia. 2022;25(1):179-191. DOI: https://doi.org/10.17765/2176-9206.2022v15n4.e10957.

4. Organização Mundial da Saúde (OMS). Relatório mundial de Disponível envelhecimento 2015. e saúde. Genebra: OMS; em: https://iris.who.int/bitstream/handle/10665/186468/WHO_FWC_ALC_1 5.01_por.pdf?sequence=6. Acesso em: 20 set. 2024.

5. Batista NMS, Marrone LC, Martins AR. O impacto das escolhas de vida no envelhecimento saudável em idosos de um município da macrorregião do Tapajós-PA. Rev Kairós-Gerontologia. 2022;25(2):99-117. DOI: http://dx.doi.org/10.33448/rsd-v11i15.37014.

6. Organização Panamericana de Saúde (OPS), Nações Unidas. Perspectivas demográficas do envelhecimento populacional na Região das Américas. Washington, D.C.; 2023. Disponível em: <u>https://iris.paho.org/bitstream/handle/10665.2/58954/9789275726792_por.pdf?sequence=1&isAllowed=y</u>. Acesso em: 20 set. 2024.

7. De Sousa R, Silva NA, Alves AF, Ferreira DM. Envelhecimento e qualidade de vida: uma análise comparativa entre idosos brasileiros e portugueses. Rev Kairós-Gerontologia. 2021;24(2):105-117. DOI: https://doi.org/10.15649/cuidarte.1230.

8. De Sousa NR. Envelhecimento e qualidade de vida. Rev Kairós-Gerontologia. 2024;23(3):150-160. DOI: <u>https://doi.org/10.54033/cadpedv21n6-091</u>.

9. Rodrigues FA, Costa AC, Santos AG. Estratégia Saúde da Família: qualidade de vida de pessoas idosas. Rev Kairós-Gerontologia. 2021;24(3):79-94. DOI: <u>https://doi.org/10.21675/2357-707X.2021.v12.n1.4080</u>.

10. De Olinda FSR, Inocêncio MLM, Quintino Júnior GC, Pires LDPS, Pinto PAA, Brandão VS. Caracterização da qualidade de vida de idosos

Santos AA, Feitosa CS, Silva DV, Menezes LS, Nascimento M, Resende LC, et al

institucionalizados. An Fac Med Olinda. 2023;1(10):1-10. DOI: https://doi.org/10.56102/afmo.2023.294.

11. Organização Mundial da Saúde (OMS). Guia Global das Cidades Amigas das Pessoas Idosas. Lisboa: Fundação Calouste Gulbenkian; 2009. Disponível em: <u>https://iris.who.int/bitstream/handle/10665/43755/9789899556867_por.p</u> <u>df?sequence=3&isAllowed=y</u>. Acesso em: 20 set. 2024.

12. Da Silva APM, Santos HMA, Dos Prazeres TCB. Dança sênior: uma alternativa para melhorar a qualidade de vida dos idosos. Rev Kairós. 2018;21(1):101-115. DOI: <u>https://doi.org/10.5902/2316546430596</u>.

13. Pohl K, Mendes F, Cavalcante JH, Souza RM. Qualidade de vida: impactos de um programa de promoção da saúde do setor de saúde suplementar. Rev Bras Geriatr Gerontol. 2021;24(4). DOI: <u>https://doi.org/10.1590/1413-81232021269.2.20552019</u>.

14. Da Silva LRV, Berbel AM. O benefício da dança sênior em relação ao equilíbrio e às atividades de vida diárias no idoso. ABCS Health Sci. 2015;40(1):16-21. DOI: <u>http://dx.doi.org/10.7322/abcshs.v40i1.698</u>.

15. De Oliveira DV, Peres PM, Moreira CR, Pereira DA, Silva NA, Silva SE, et al. Qualidade de vida e capacidade funcional de idosos fisicamente ativos: possíveis relações. Rev Atenção Saúde. 2022;20(71):3-11. doi: 10.13037/ras.vol20n71.8138. DOI: <u>https://doi.org/10.13037/2359-4330.8138</u>.

16. Silveira SA, Da Silva Júnior MS, Eulálio MD. Esperança e qualidade de vida em pessoas idosas. Rev Kairós-Gerontologia. 2022;24(2):45-58. <u>https://doi.org/10.20435/pssa.v14i1.1338</u>.

17. Wanderley Filho BG, De Menezes VA, Costa AL. Qualidade de vida de idosos residentes em municípios das macrorregiões de saúde da Paraíba. Rev Kairós-Gerontologia. 2023;26(1):132-145. DOI: https://doi.org/10.33361/RPQ.2023.v.11.n.27.590.

18. Venancio RCP, Oliveira AL, Souza ECT. Efeitos da prática de dança sênior nos aspectos funcionais de adultos e idosos. Cad Bras Ter Ocup. 2018;26(3):668-79. DOI: <u>https://doi.org/10.4322/2526-8910.ctoAR1111</u>.

19. Sampaio TP, Gomes AP, Oliveira LN. Qualidade de vida de pessoas idosas participantes de grupos comunitários na Amazônia Ocidental Brasileira: um estudo transversal. Rev Bras Geriatr Gerontol. 2024;27(1). DOI: <u>https://doi.org/10.1590/1981-22562024027.230271.pt</u>.

20. Teles AM, Lima MG, Almeida AV. Qualidade de vida de idosas participantes de um grupo de convivência no município de Bocaiúva – MG. Rev Kairós-Gerontologia. 2021;24(2):91-105. DOI: <u>https://doi.org/10.32811/25954482-2021v4n2p75</u>.

21. Bolpato MB, Costa-Neto SB, Sousa IF. Qualidade de vida e bem-estar subjetivo de idosos no programa de academia de saúde. Saúde Coletiva. 2021;11(62):5212-5223. doi: 10.36489/saudecoletiva.2021v11i62p5212-5223. DOI: <u>https://doi.org/10.36489/saudecoletiva.2021v11i62p5212-5223</u>.

22. Organização das Nações Unidas (ONU). Plano de ação internacional sobre o envelhecimento. Brasília: Secretaria Especial dos Direitos Humanos; 2003. Disponível Santos AA, Feitosa CS, Silva DV, Menezes LS, Nascimento M, Resende LC, et al

em: <u>http://www.observatorionacionaldoidoso.fiocruz.br/biblioteca/_manual/</u><u>5.pdf</u>. Acesso em: 20 set. 2024.

23. Barbosa LL, Sousa JFS. Associação da autopercepção da qualidade de vida e saúde, prática de atividade física e desempenho funcional entre idosos no interior do Brasil. J Health Sci. 2021;23(3):45-58. DOI: http://dx.doi.org/10.1590/1981-22562022025.210141.

24. Ribeiro RC, Silva PP, Amaral DD. A influência da prática de diferentes atividades físicas sobre a qualidade de vida de idosos. Rev Bras Ativ Fis Saúde. 2021;26. DOI: <u>https://doi.org/10.22478/ufpb.2317-6032.2021v25n2.56489</u>.

25. Lima DGVH, Faria A Jr, Correia AM, Silva CAF. Cinesioterapia e dança sênior: contribuindo para o envelhecimento saudável. Rev Bras Prescr Fisiol Exerc. 2019;13(82):303-13. Disponível em: <u>https://www.rbpfex.com.br/index.php/rbpfex/article/view/1702</u>. Acesso em: 20 set. 2024.

26. Silva FTS, Almeida JR, Gonçalves AR. Qualidade de vida de idosos segundo a prática regular de exercício físico. Rev Bras Ativ Fis Saúde. 2022;27(2):301-310. DOI: <u>https://doi.org/10.18554/reas.v10i3.4566</u>.

27. Nadolny S, Goldfeld M, Petroski EL. A dança sênior como recurso do terapeuta ocupacional com idosos: contribuições na qualidade de vida. Rev Kairós-Gerontologia. 2020;23(1):245-58. DOI: <u>https://doi.org/10.4322/2526-8910.ctoAO1792</u>.

28. Schewtschik AF, Scarpin A, Suematsu ICS, Rabello LR, Loureiro APC, Leandro LA. Influência da dança sênior no equilíbrio de indivíduos com doença de Parkinson. Rev Kairós-Gerontologia. 2019;22(3):385-402. DOI: https://doi.org/10.23925/2176-901X.2019v22i3p385-402.

29. Cassiano JG, Serelli LS, Cândido SA, Torquetti A, Fonseca K. Dança sênior: um recurso na intervenção terapêutico-ocupacional junto a idosos hígidos. RBCEH. 2009;6(2):204-212. DOI: <u>https://doi.org/10.5335/rbceh.2009.019</u>.

30. De Carvalho PC, Dos Santos LAD, Silva SM, Cavalli SS, Corrêa JCF, Corrêa FI. Avaliação da qualidade de vida antes e após terapia com dança sênior em pacientes hemiparéticos pós-AVE. ConScientiae Saúde. 2012;11(4):573-579. DOI: 1 <u>https://doi.org/0.5585/ConsSaude.v11n4.3284</u>.

31. Piazentin MY, Chagas EF, Payão E. Efeitos da dança sênior modalidade sentada nas funções cognitivas em pessoas idosas com e sem declínio cognitivo: ensaio clínico controlado. Rev Kairós-Gerontologia. 2024;22(1):198-209. DOI: <u>https://doi.org/10.1590/1981-22562024027.240036.pt</u>.

32. Rebêlo FL, Lima NFS, Costa JKO, Santos JCM. Qualidade de vida de participantes de um programa de prevenção de quedas no município de Maceió. Rev Pesqui Fisioter. 2021;11(1):116-124. <u>https://doi.org/10.17267/2238-2704rpf.v11i1.3381</u>.

33. Silva CFF, Hackenberg CC, Pastre TGFL, Oliveira V, Vagetti GC. Comparação dos aspectos da autoimagem e domínios da qualidade de vida em idosos praticantes e não praticantes de pilates em Curitiba, Paraná. Fisioter Pesqui. 2021;28(2):186-192. <u>https://doi.org/10.1590/1809-</u> 2950/20020528022021. Santos AA, Feitosa CS, Silva DV, Menezes LS, Nascimento M, Resende LC, et al

34. Fleck MP, Chachamovich E, Trentini C. Development and validation of the portuguese version of the WHOQOL-OLD module. Rev Saúde Pública. 2006;40(5). doi: <u>https://doi.org/10.1590/S0034-89102006000600007</u>.

35.Fleck MP, Louzada S, Xavier M, Chachamovich E, Vieira G, Santos L, et al. Aplicação da versão em português do instrumento abreviado de avaliação da qualidade de vida WHOQOL-bref. Rev Saude Publica. 2000;34(2):178-83. DOI: <u>https://doi.org/10.1590/S0034-8910200000200012</u>.

Correspondent Author Demerson Godinho Maciel. CL 303 Lot A13. ZIP: 72.503-230-Santa Maria. Brasília, Distrito Federal, Brazil. demersongmaciel@gmail.com