



Functional capacity and quality of life of elderly people admitted to emergency service

Capacidade funcional e qualidade de vida de pessoas idosas internadas no serviço de emergência
Capacidad funcional y calidad de vida de los ancianos ingresados en el servicio de urgencias

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ABSTRACT

Objective: To correlate the functional capacity and quality of life of elderly people admitted to emergency service. **Method:** This is a cross-sectional and analytical study carried out with elderly patients admitted to a university hospital's emergency service in the city of São Paulo, between December 2015 and January 2017. Data were collected through interviews using a structured questionnaire, the Medical Outcome Study 36, the Katz of Independence in Activities of Daily Living, and the Functional Independence Measure. **Results:** Two hundred fifty elderly people with a mean age of 71.9 years, male (56.8%), white in color (67.2%), married (54.0%), with low education (32.0%), low income (58.0%), with comorbidities (81.2%) and home providers (53.6%) have participated. The most compromised Quality of Life dimensions were physical aspect (11.4%), emotional aspect (21.6%) and functional capacity (25.2%). Concerning functional capacity, independence was characterized for Basic Activities of Daily Living and moderate dependence for Instrumental Activities of Daily Living. The higher the scores of the Functional Independence Measure, the higher the quality of life scores. **Conclusion:** The more independent the elderly the better their quality of life.

DESCRIPTORS

Elderly; Aging; Hospitalization; Activities of Daily Living; Quality of Life; Emergency Nursing.

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INTRODUCTION

In Brazil, the population goes through a rapid aging process. Estimates show that in 2050 the percentage of people aged 60 and over will correspond to approximately 30.0% of the total population in the country⁽¹⁻²⁾.

The impact of aging has a direct impact on health services aimed at elderly people who have more complex health problems, need specialized care, use hospital services more than other age groups and often have longer hospital stays and more complicated recovery; therefore, health expenses rise⁽³⁾.

Emergency Service (ES) is sought for many reasons, such as the difficulty of access to primary health care services and specialties, causing the elderly population to include ES as a possibility of access to the system that, from their perspective, meets health needs⁽⁴⁾.

Knowing the aspects that contribute or limit functional independence is significant for determining an individualized care plan, respecting the peculiarities resulting from aging, according to the potential and difficulties of each elderly person⁽⁵⁾. "Aging while maintaining all functions means greater autonomy and less risk of institutionalization"⁽⁶⁾.

"The concept of active aging presupposes functional independence as the main health marker. Functional capacity (FC) emerges as a new health parameter"⁽⁷⁾, and can be identified as maintaining the ability to perform daily activities for an independent and autonomous life and is directly linked to quality of life.

Quality of life is a multidimensional concept related to social, physical, mental, emotional, and spiritual aspects and plays a role in indicating the disease impact on life⁽⁸⁾.

The increasing numbers of visits added to length of stay of elderly people in ES⁽⁴⁾ impose new challenges for nurses' work, who are responsible for managing these services. It is important to measure quality of life (QoL), at the moment of admission to ES, to establish and manage a specific assistance plan for elderly people, with a view to promoting, maintaining autonomy and functional independence⁽⁹⁾. Early identification of elderly people at risk for functional disability allows the nursing team to plan interventions that enhance autonomy and reduce dependence⁽⁹⁾.

There was an increase in the elderly population in Brazil, as well as a knowledge gap related to the correlation between FC and QoL in this age group, a higher prevalence of chronic diseases, an increasing need for care presented by elderly people and a greater demand of this population for ES. It is important to assess FC and QoL, as they can enable nurses to identify and work care demands that were not previously seen, allowing to minimize or avoid the loss of FC and maintain or improve the QoL of elderly people. This study aimed to correlate the FC and QoL of elderly people hospitalized in ES.

METHOD

TYPE OF STUDY

This is a cross-sectional and analytical study.

SCENARIO

This study was carried out in a university hospital's ES in the municipality of São Paulo, from December 2015 to January 2017.

This study included elderly people hospitalized in that institution's ES. Elderly aged 60 years and over and admitted to ES for at least three days have been included⁽⁶⁾. Elderly people who had dementia recorded in the medical record were excluded.

The sample was calculated using the Spearman's correlation coefficient found in a pilot sample of 30 patients. The sample was obtained by the correlation between FC and QoL. The formula used was $N = [(z\alpha + z\beta) \div C] + 3$, where R=correlation coefficient, $C = 0.5 \times \ln [(1 + r)/(1 - r)]$, N=total sample, α =level of significance (bilateral) and β =1 - test power. The values adopted were $Z\alpha=95\%$, $Z\beta=80\%$, $R=-0.248$. Thus, replacing the values in the formula would require 153 elderly.

DATA COLLECTION

Data were collected from 250 patients. The inpatient sector was asked daily to list patients aged 60 and over admitted to the hospital's ES. Then the researcher went to the site and consulted the medical records, to make sure that there was no record of dementia and that they had been hospitalized for at least three days. Then, contact was made with patients to verify the understanding capacity to answer questionnaires and research instruments. All elderly people aged 60 and over who met the inclusion criteria were approached and invited to be part of the study. When they agreed, they were interviewed individually in an office in ES. All instruments were read by the researcher in a single moment, with a mean duration of 40 minutes. If participants did not understand the question, it was repeated slowly until understanding, without providing clarifications or explanations.

Data were obtained through a structured questionnaire with sociodemographic variables: age, sex, education, marital status, occupation, family income, skin color, comorbidities, religious belief and whether or not to be a home provider. There was no question that referred to the reason for hospitalization in the data collection instrument.

DATA ANALYSIS AND TREATMENT

To assess QOL, the generic questionnaire Medical Outcome Study 36 - Item Short-Form Health Survey (SF-36)⁽¹⁰⁾ was used, composed of eight dimensions (FC, physical aspect, pain, general health, vitality, social, emotional and mental health aspect), with the score for each dimension ranging from 0 (worst state) to 100 (best state)). The SF-36 scores were calculated according to the following steps: calculation of each domain (FC, physical aspects, pain, general health, vitality, social aspects, emotional and mental health aspect) and sum of all points obtained in each item relative to the corresponding domain for each elderly person and use of the possible minimums and maximums values in each item to calculate the transformed value, using the formula below:

$$\frac{\text{Value obtained in the corresponding questions}}{\text{Variation (score range)}} = \text{lower limit} \times 100$$

The Katz Scale of Independence in Activities of Daily Living was used to assess patients' performance and degree of dependence in six Basic Activities of Daily Living such as self-care, food, sphincter control, transfer, personal hygiene and the ability to dress and bathe. The total score of the Katz Scale results from the sum of the scores of the six activities and the final classification can result in very dependent (below 2 points), moderate dependence (3 to 5 points) and independent (6 points)⁽¹¹⁻¹²⁾. Elderly people receive 01 point for each activity if it is carried out without supervision, guidance or personal assistance and 0 (zero) point if it is carried out with supervision, guidance or personal assistance, or even comprehensive care.

The Functional Independence Measure (FIM) was applied to assess independence in performing Instrumental Activities of Daily Living such as self-care, mobility/transfer, locomotion, sphincter control, communication and social cognition, which includes memory, social interaction and problem solving. Each of these activities is assigned a score ranging from one (total dependence) to seven (complete independence), and the total score ranges from 18 to 126⁽¹³⁾. Its form of scoring is as follows: 7, for complete independence; 6, for modified independence (with adaptation or slowness or security risk); 5, for moderate dependence with supervision or preparation); 4, for moderate dependency with assistance with minimum contact (99-75% of the effort made by the person); 2, for complete dependence with maximum assistance (49-25% of the effort made by the person); 1, for complete assistance with total assistance (24-0% of the effort made by the person). Thus, the FIM score can vary between 18 and 126, with 18 characterizing complete dependence and 126 total independence.

The data obtained were stored in Excel's spreadsheets, 2003 version.

A descriptive analysis of categorical variables used frequency and percentage for continuous variables, mean, standard deviation, median, minimum and maximum. Spearman's correlation coefficient was used to correlate QoL with FC and functional independence. To associate the sociodemographic, economic, belief and comorbidities variables with QOL, the Mann-Whitney nonparametric test and, if necessary, the Kruskal-Wallis nonparametric test were used. The significance level considered was 5% (p value < 0.05).

ETHICAL ASPECTS

This project was submitted and approved by the Research Ethics Committee of Universidade Federal de São Paulo, with favorable Opinion number 1.232.171, on September 17, 2015.

This study complied with the Brazilian National Health Council recommendations, Resolution 466/12. All

participants signed the Informed Consent Form (ICF) and their identities were preserved and their right of withdrawal guaranteed.

RESULTS

The mean age was 71.9 years (± 8.53), male predominance (56.8%), white skin color (67.2%), married (54.0%), Catholic (76.0%), incomplete elementary education (33.2%), retirees or pensioners (68.8%), family income of one to four minimum wages (58.8%), home providers (53.6%) and who had comorbidities (81.2%). The prevalent personal history was: cardiovascular diseases (54.8%), systemic arterial hypertension (41.6%) and diabetes mellitus (35.2%).

The mean score among the interviewees in FC, assessed by the Katz scale, was 3.6. Most of the elderly assessed were classified as independent (n=108, 42.8%), followed by very dependent (n=95, 38.0%) and with moderate dependence (n=48, 19.2%) (Table 1).

Table 1 – Katz Scale assessment of elderly people admitted to Emergency Service – São Paulo, SP, Brazil, 2016-2017.

Katz scale	
Score	
Mean (Standard Deviation)	3.6 (± 2.3)
Median	4
Minimum-Maximum	0-6
Classification	
	n (%)
Moderate dependence	48 (19.2)
Independent	108 (42.8)
Very dependent	95 (38.0)

Table 2 presents elderly people's functional independence, assessed by the FIM. The total score ranged from 20 to 126 points, with a mean of 95.4 corresponding to moderate dependence.

Table 2 – Functional Independence Measure assessment of elderly people admitted to Emergency Service – São Paulo, SP, Brazil, 2016-2017.

Activities	Mean \pm Standard Deviation	Median	Minimum-Maximum
Self-care	30.2 \pm 12.8	35	6-42
Social cognition	17.9 \pm 4.5	20	3-21
Mobility	14.2 \pm 7.2	17	3-21
Communication	12.8 \pm 2.7	14	2-14
Sphincter control	10.7 \pm 4.7	14	2-14
Locomotion	9.3 \pm 5.1	12	2-14
FIM* Total Score	95.4 \pm 34.0	110	20-126

*FIM – Functional Independence Measure.

Table 3 presents QoL assessment. The most compromised dimensions were physical aspect (11.4), emotional aspect (21.6) and FC (25.2).

Table 3 – Quality of life assessment through the SF-36 of elderly people admitted to Emergency Service – São Paulo, SP, Brazil, 2016-2017.

Dimensions	Mean ± Standard Deviation
Mental health	56.3 ± 9.51
Global health status	37.7 ± 19.2
Pain	34.9 ± 23.7
Vitality	32.5 ± 24.1
Social aspects	32.1 ± 26.8
Functional capacity	25.2 ± 31.7
Emotional aspect	21.6 ± 39.5
Physical aspect	11.4 ± 28.6

The association between sociodemographic variables and the SF-36 domains showed that older adults had a significant reduction in the FC domain of the SF-36 ($p=0.0008$), the same for married and divorced people, compared to singles and widowers ($p=0.0165$), retirees and pensioners, compared to unemployed ones and housepersons ($p=0.0001$) and home providers in relation to non-providers ($p=0.0021$). Providers had higher scores in the vitality and global health status domain in relation to non-providers $p=0.0421$ and

$p=0.0130$, respectively. Elderly who declared themselves white had higher scores in the global health status domain than the others ($p=0.0214$).

Married and single patients had a higher emotional score when compared to divorced and widowed patients ($p=0.0165$). The older the patient was, the lower the emotional aspect score ($p=0.0174$).

Concerning the mental health domain, home providers when compared to non-providers ($p=0.0378$) and men when compared to women ($p=0.0436$) had higher scores.

In the physical aspect, retirees and pensioners had a higher score when compared to unemployed ones and househusbands ($p=0.0038$). The older a patient was, the lower the score in the physical aspect domain ($p=0.0043$).

Married patients had a better score in the pain domain than divorced patients ($p=0.0476$).

Married and single elderly presented higher scores in the social aspects domain when compared to divorced and widowed ($p=0.0019$).

Table 4 shows that the higher the FIM domain scores, the higher the SF-36 scores, i.e., the more independent the elderly, the better their QoL.

Table 4 – Correlation between the Functional Independence Measure and the quality of life of elderly people admitted to Emergency Service – São Paulo, SP, Brazil, 2016-2017.

SF-36 [*]		Functional Independence Measure Domains						FIM [†] Total
		Self-care	Sphincter	Mobility	Locomotion	Communication	Cognition	
FC [‡]	R	0.82	0.57	0.77	0.78	0.42	0.64	0.80
	p value	<0.0001	<0.0001	<0.0001	<0.0001	<0.0001	<0.0001	<0.0001
PA [§]	R	0.37	0.24	0.36	0.37	0.20	0.28	0.38
	p value	<0.0001	<0.0001	<0.0001	<0.0001	<0.0001	<0.0001	<0.0001
Pain	R	0.46	0.34	0.44	0.43	0.32	0.39	0.45
	p value	<0.0001	<0.0001	<0.0001	<0.0001	<0.0001	<0.0001	<0.0001
GHS	R	0.43	0.29	0.38	0.38	0.27	0.38	0.41
	p value	<0.0001	<0.0001	<0.0001	<0.0001	<0.0001	<0.0001	<0.0001
Vitality	R	0.45	0.27	0.40	0.39	0.38	0.43	0.43
	p value	<0.0001	<0.0001	<0.0001	<0.0001	<0.0001	<0.0001	<0.0001
SA [¶]	R	0.50	0.33	0.45	0.46	0.29	0.43	0.48
	p value	<0.0001	<0.0001	<0.0001	<0.0001	<0.0001	<0.0001	<0.0001
EA ^{**}	R	0.29	0.25	0.26	0.27	0.22	0.29	0.29
	p value	<0.0001	0.0001	<0.0001	<0.0001	0.0004	<0.0001	<0.0001
MH ^{**}	R	0.08	0.14	0.11	0.13	0.15	0.12	0.10
	p value	0.1971	0.0328	0.0726	0.0368	0.0151	0.0524	0.1099

*SF-36 – Quality of Life Assessment; †FIM – Functional Independence Measure; ‡FC – Functional Capacity; §PA – Physical Aspect; ||GHS – Global Health Status; ¶SA – Social Aspects; **EA – Emotional Aspect; **MH – Mental Health.

DISCUSSION

Interviewees had a mean score according to the Katz Scale of 3.6 (± 2.37). Most were classified as independent (42.8%), followed by very dependent (38.0%) and moderate dependence (19.2%). A study carried out with elderly people with leprosy in Fortaleza, Ceará state, in a reference service of the State Health Department, showed that elderly people with leprosy had a mean of 1.0 (± 0.1) on the Katz scale, most of which were classified as independent (87.0%),

followed by moderate dependence (9.1%) and total dependence (3.9%)⁽¹⁴⁾. However, the results obtained in this study differed from another, carried out in the municipality of Sobral, Ceará state, where the proportion of moderately dependent elderly (46.7%) was higher than that of independent (38.7%) and totally dependent (14.5%)⁽¹⁵⁾.

The mean score of patients according to FIM was 95.4 points, indicating moderate dependence, i.e., the need for assistance in up to 25% of the tasks performed. Another study carried out with elderly hospitalized in inpatient units of two

large teaching hospitals in a Brazilian capital found higher scores, with a mean in the total FIM of 105.9, which represents functional independence; it is suggested that all activities are carried out safely, without technical assistance and in a reasonable time⁽⁹⁾. The studies emphasize the importance of a specific care plan, with actions that can delay the onset of disabilities and enable rehabilitation when detected to reduce dependence and promote better QoL for elderly people⁽⁵⁾.

The elderly people in this research had low mean scores of activities related to locomotion and sphincter control. These results support a study carried out with patients who were admitted to a General Adult ICU in Santa Maria, Rio Grande do Sul state. These findings may be related to the fact that hospitalization leads elderly people to be more restricted to the bed, which can contribute to an increased incidence of complications in addition to directly affecting independence⁽¹⁶⁾.

In this study, the QoL dimensions that showed the greatest impairment were physical aspect, emotional aspect and FC. A study carried out with elderly patients with stroke sequelae, institutionalized, in Barbacena, Minas Gerais state, found similar results, with the physical aspect and FC domains being more compromised⁽¹⁷⁾. A possible explanation for these findings is that with increasing age, there is a decrease in FC characterized by anatomical, physiological and psychological changes that can cause greater impairment in the physical aspect, FC and emotional aspects domains of the QoL of elderly people⁽¹⁷⁾.

It was noted that as the age group increased, there was a progressive decline in the scores obtained from the FC, vitality, physical aspect and emotional aspect domains; these data corroborate those reported in a study carried out in the municipality of Canindé, Ceará state, which assessed the QoL and health status of elderly people⁽¹⁸⁾. Although aging is not synonymous with disease, with advancing age, elderly people become more susceptible to the onset of diseases, especially chronic, degenerative and disabilities resulting from diseases that can negatively impact QoL^(1,19).

As for marital status, there was variation in the FC score. Married or divorced elderly people scored higher than singles or widowers. A similar result was observed in a study carried out with hypertensive elderly people, assisted by the Family Health Program, in the city of Montes Claros, Minas Gerais state, in which elderly people with spouses had a higher score in this domain and better QoL than those without a spouse⁽²⁰⁾. These data can be attributed to the fact that a partner can predispose various types of assistance as a company, provision of assistance in daily activities, emotional support, improve self-confidence and self-esteem⁽²⁰⁾.

Concerning the global health status domain, patients who declared themselves to be white had a higher score compared to the others. This result was consistent with a study carried out with elderly people living in 24 municipalities in the Triângulo Sul Macroregion, Minas Gerais state, which assessed QoL through the World Health Organization Quality of Life Group-Old (WHOQOL-OLD) and found that the highest scores were associated to elderly people of white color/ethnicity⁽²¹⁾. This finding is

related to the fact that non-white individuals may be more exposed to social adversity and tend to have worse QoL⁽²²⁾.

Elderly men had a higher score in the mental health domain compared to women. The hypotheses that explain these findings may be related to the new roles taken over by women in society and in the family, which influence the way they perceive health⁽²³⁾.

Married elderly people had a higher score in the pain domain than divorced ones. Pain is a subjective sensation, which can be physical and/or psychic and be associated with the process of anguish, emotional vulnerability and feeling of loneliness, often caused by lack of affective bond⁽²⁴⁾.

Elderly individuals who are home providers obtained higher scores in the FC, vitality, global health status and mental health domains. Being able to work and considering one's own work as a mediator of the state of biological, psychological health and social competence⁽²⁵⁾ can explain this finding.

Retirees and pensioners scored higher in the FC and physical aspect domains. Retirement can be seen as a time for stress-free activities; moreover, it is a time to find ways to start over, make projects, keep operating as subjects of their destiny and agents in the family and society⁽²⁶⁾.

In this research, the higher the score on the Katz Scale, the higher and more significant the scores in the SF-36 domains, except the mental health domain. This result was partially compatible with that found in a study carried out in a health center in Belo Horizonte, Minas Gerais state, where elderly people with no education had a lower score in the mental health domain. Low educational and economic level showed an unfavorable condition for the studied elderly, since this fact can compromise access to information and health services, in their social life and in understanding their treatment and self-care⁽²²⁾. These findings suggest that the low perception of health related to the lower mental health score may be associated with greater exposure to social and economic adversity⁽²²⁾.

In this study, the higher the FIM scores, the higher the SF-36 scores, i.e., the more independent the elderly were, the better their QoL. These results corroborate with another that assessed QoL through the WHOQOL-OLD and the FIM of elderly people who attend *Clube do Idoso* (freely translated as Elderly Club, this club aims to offer more QoL to elderly people who do not have options for social interaction, leisure, entertainment or learning new activities) in Sorocaba, São Paulo state⁽²⁶⁾. It is important to promote and maintain elderly people's autonomy, since functional independence has an impact on QoL⁽²⁷⁾.

The results of this study allowed one to identify that the more independent the elderly, the better their QoL. FC impairment might affect all aspects of elderly people's lives. Its effects extend to the family, which can lead to family and caregiver burden, and high costs to health services. Lack of independence creates great vulnerability for elderly people, compromising their well-being and QoL⁽²⁸⁻²⁹⁾.

It should be noted that the study was carried out in an emergency service of a university hospital of high complexity, responsible for covering an area that covers more than five million inhabitants. Furthermore, this institution serves

patients from other states⁽²⁹⁾, especially the elderly population, who use hospital services more than other age groups⁽³⁾. Most of the elderly who enter the hospital do so through the first service provided at the aforementioned emergency room; therefore, assistance initiated in ES cannot lose sight of FC maintenance that will interfere with the better or worse QoL of elderly people treated in this service.

The fact that this study was carried out in a single health service is a limiting factor. This fact may make it difficult to compare the results obtained with other realities of populations and regions of Brazil.

This study pointed out most of elderly people as independent, according to the Katz scale, and with moderate dependence, according to FIM. FC assessment allows nurses to plan their assistance with effective interventions for health promotion, by encouraging self-care, independence and autonomy, keeping the individual limitations and specificities of that population⁽³⁰⁾. Understanding the relationship between FC and QoL is useful to support health actions and clinical procedures that minimize the impact of loss of FC on the QoL of elderly people.

Considering the above, it was understood that assessing the FC and QoL of elderly people hospitalized in ES will provide better care, measure and needs adequacy and continuity.

Thus, it is expected that the results of this study can contribute to the accumulation of knowledge on this relevant

theme, with the implementation of effective measures for prevention, protection, maintenance of autonomy and encouragement of self-care in ES.

CONCLUSION

Elderly patients hospitalized in ES had a high age, most of them men, white in color, married, with low education and income, retirees or pensioners, home providers and with comorbidities.

Concerning QoL assessment, the most compromised dimensions were physical aspect, emotional aspect and FC.

Most of the elderly assessed were classified as independent by the Katz scale and moderate dependence by FIM, emphasizing low mean scores of activities related to locomotion and sphincter control.

Elderly people with greater FC had better QoL. They also showed greater dependence on performing Instrumental Activities of Daily Living when compared to Basic Activities of Daily Living.

Hospitalization is followed by repercussions that often lead to decreased FC and autonomy and changes in QoL that can be irreversible.

It is evident that nurses must plan and implement care for hospitalized elderly people taking into account preventing deterioration of FC and also factors that interfere positively and negatively with their QoL.

RESUMO

Objetivo: Correlacionar a capacidade funcional e a qualidade de vida de pessoas idosas internadas no serviço de emergência. **Método:** Trata-se de um estudo transversal e analítico, realizado com idosos internados no serviço de emergência de um hospital universitário no município de São Paulo, entre dezembro de 2015 e janeiro de 2017. Os dados foram coletados por meio de entrevistas, utilizando questionário estruturado, o *Medical Outcome Study 36*, a Escala de Independência em Atividades de Vida Diária e a Medida de Independência Funcional. **Resultados:** Participaram 250 idosos com média de idade 71,9 anos, sexo masculino (56,8%), cor de pele branca (67,2%), casados (54,0%), baixa escolaridade (32,0%), baixa renda (58,0%), com comorbidades (81,2%) e provedores do lar (53,6%). As dimensões da qualidade de vida mais comprometidas foram aspecto físico (11,4%), aspecto emocional (21,6%) e capacidade funcional (25,2%). Sobre a capacidade funcional, caracterizou-se independência para as Atividades Básicas de Vida Diária, e dependência moderada, para as Atividades Instrumentais de Vida Diária. Quanto maior os escores da Medida de Independência Funcional maiores foram os escores de qualidade de vida. **Conclusão:** Quanto mais independente o idoso, melhor é sua qualidade de vida.

DESCRITORES

Idoso; Envelhecimento; Hospitalização; Atividades Cotidianas; Qualidade de Vida; Enfermagem em Emergência.

RESUMEN

Objetivo: Correlacionar la capacidad funcional y la calidad de vida de los ancianos hospitalizados en el servicio de urgencias. **Método:** Se trata de un estudio transversal y analítico, realizado con ancianos ingresados en el servicio de urgencias de un hospital universitario de la ciudad de São Paulo, entre diciembre de 2015 y enero de 2017. Los datos fueron recolectados a través de entrevistas, utilizando un cuestionario estructurado, el *Medical Outcome Study 36*, el Índice de Katz de Independencia en las Actividades de la Vida Diaria y la medida de independencia funcional. **Resultados:** Participaron 250 ancianos, con edad promedio de 71,9 años, varones (56,8%), color de piel blanca (67,2%), casados (54,0%), baja escolaridad (32,0%), rentas bajas (58,0%), con comorbilidades (81,2%) y provedores a domicilio (53,6%). Las dimensiones de calidad de vida más comprometidas fueron aspecto físico (11,4%), aspecto emocional (21,6%) y capacidad funcional (25,2%). En cuanto a la capacidad funcional, se caracterizó la independencia para las Actividades Básicas de la Vida Diaria y la dependencia moderada para las Actividades Instrumentales de la Vida Diaria. Cuanto mayor sea la puntuación de la medida de independencia funcional, mayor será la puntuación de la calidad de vida. **Conclusión:** Cuanto más independientes son los ancianos, mejor es su calidad de vida.

DESCRIPTORES

Anciano; Envejecimiento; Hospitalización; Actividades Cotidianas; Calidad de Vida; Enfermería de Urgencia.

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