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Quality of life and perception of health status among hospitalized individuals

Qualidade de vida e percepção do estado de saúde entre indivíduos hospitalizados

Calidad de vida y percepción de la condición de salud entre personas hospitalizadas

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ABSTRACT

Objective: To assess the quality of life (QOL) and the perception of health status among hospitalized individuals, as well as their correlation with each other and with sociodemographic and clinical factors. **Method:** Descriptive, transversal, analytical study, developed between April 2018 and January 2019 with a probabilistic sample (n=132) of individuals admitted to a university hospital in Paraná, Brazil. Data were collected using WHOQOL-Bref, Visual Analogue Scale (VAS) and a form for extracting sociodemographic and clinical data. Descriptive and inferential statistical analysis was applied. **Results:** When assessing QOL, the best and worst scores were from the Social Relationship (72.6±15.46) and Physical (56.1±17.01) domains, respectively. The general score by the WHOQOL-Bref was 64.1±10.41 and the score by the VAS was 7.6±1.74. There was an association between low QOL assessment scores and previous hospitalizations. The correlation between the WHOQOL-Bref domains and the VAS were weak to moderate, with no impact on the assessment. **Conclusions:** VAS obtained a better score when compared to WHOQOL-Bref. Previous hospitalizations favored negative assessments on QOL, as well as regarding the perception of health status. **Implications for practice:** Such information can help the planning of nursing care to reduce the negative impact of hospitalization on the QOL of individuals.

Keywords: Quality of Life; Hospitalization; Health Assessment; Nursing Care.

RESUMO

Objetivo: Avaliar a qualidade de vida (QV) e a percepção do estado de saúde entre indivíduos hospitalizados, bem como sua correlação entre si e com fatores sociodemográficos e clínicos. **Método:** Descritivo, transversal, analítico, desenvolvido entre abril de 2018 e janeiro de 2019 com uma amostra probabilística (n=132) de indivíduos internados em hospital universitário do Paraná, Brasil. Os dados foram coletados por meio do WHOQOL-Bref, Escala Visual Analógica (EVA) e formulário para extração de dados sociodemográficos e clínicos. Aplicou-se análise estatística descritiva e inferencial. **Resultados:** Na avaliação da QV, os melhores e piores escores foram dos domínios Relações Sociais (72,6±15,46) e Físico (56,1±17,01), respectivamente. O escore geral pelo WHOQOL-Bref foi 64,1±10,41 e a pontuação pela EVA foi 7,6±1,74. Houve associação entre baixos escores da QV e internações prévias. A correlação entre os domínios do WHOQOL-Bref e a EVA foram fracas a moderadas, não apresentando impacto na avaliação. **Conclusões:** A EVA obteve melhor pontuação quando comparada ao WHOQOL-Bref. Internação prévia favoreceu avaliações negativas sobre a QV, bem como referente a percepção sobre o estado de saúde. **Implicações para a prática:** Tais informações podem ajudar o planejamento do cuidado de enfermagem para diminuir o impacto negativo da internação na QV dos indivíduos.

Palavras-chave: Qualidade de Vida; Hospitalização; Avaliação em Saúde; Cuidados de Enfermagem.

RESUMEN

Objetivo: Evaluar la calidad de vida (CV) y la percepción de la condición de salud entre personas hospitalizadas, así como su correlación entre sí y con factores sociodemográficos y clínicos. **Método:** Estudio descriptivo, transversal, analítico, desarrollado entre abril/2018 y enero/2019 con una muestra probabilística (n=132) de individuos ingresados en un hospital universitario en Paraná, Brasil. Datos recolectados por WHOQOL-Bref, Escala Visual Analógica (EVA) y un formulario para extraer datos sociodemográficos y clínicos. Se aplicó el análisis estadístico descriptivo e inferencial. **Resultados:** En la evaluación CV, las mejores y peores puntuaciones se encuentran en los dominios Relaciones Sociales (72,6±15,46) y Físicas (56,1±17,01), respectivamente. La puntuación general de WHOQOL-Bref fue de 64,1±10,41 y la puntuación EVA, 7,6±1,74. Hubo asociación entre los puntajes bajos de evaluación CV y las hospitalizaciones previas. La correlación entre los dominios WHOQOL-Bref y EVA fue débil a moderada, sin impacto en la evaluación. **Conclusiones:** EVA obtuvo mejor puntuación que WHOQOL-Bref. Las hospitalizaciones anteriores favorecieron las evaluaciones negativas sobre CV, así como con respecto a la percepción de la condición de salud. **Implicaciones para la práctica:** Dicha información puede ayudar a planificar la atención de enfermería para reducir el impacto negativo de la hospitalización en la CV del individuo.

Palabras clave: Calidad de Vida; Hospitalización; Evaluación en Salud; Atención de Enfermería.

INTRODUCTION

Quality of Life, according to the World Health Organization (WHO) has been defined as "the individual's perception of his/her position in life, in the context of his/her culture and the value system in which he/she lives, in relation to his/her goals, expectations, standards and concerns".[1] Synonymous with perceived health status, it focuses on how much the disease or chronic state, in addition to its symptoms, starts to interfere in the daily life of individuals, that is, how much the manifestations of the disease or treatment are felt by them.[2]

The importance of assessing QOL is the fact that it is an indicator in the clinical judgments of specific diseases, evaluating the physical and psychosocial impact resulting from illnesses, allowing better knowledge about the individual and his/her adaptation to the condition of being ill.[3]

The best source of information about an individual's QOL is him/herself, who evaluates it according to his/her health status.[4] The severity, the duration of the disease and the individual response to therapy can influence the QOL, furthermore, the perception that the individual has of his/her health status can also interfere with his/her QOL, as his/her beliefs and values largely contribute to his/her satisfaction in living.[5]

As a way of assessing QOL, various instruments are used, which can be one-dimensional or multidimensional. The Visual Analogue Scale (VAS), used in the one-dimensional assessment, analyzes QOL in a generalized way, according to what the individual considers important. The VAS allows the evaluation of the chosen construct, in this case, the general health status, on a continuous scale, being more sensitive to changes than those measurements based on lists of categorical adjectives.[6] However, it is necessary to analyze several factors involved in the individual's QOL, that is, a multidimensional approach, having global relevance the proposal by the World Health Organization Quality of Life Instruments - Bref (WHOQOL-Bref), which analyzes some factors that influence the person's QOL, objectively, through structured questions.

The assessment of QOL in hospitalized individuals is relevant, considering that the multidimensional construct is an important health indicator.[7] In addition, through the individual's real QOL and his/her perception of it, nursing care planning can be favored, promoting his/her autonomy and improving his/her QOL, based on his/her reality.

Given the above, some questions arose: what is the QOL and the perception of health status among hospitalized individuals? Do these constructs correlate with each other, and with sociodemographic and clinical factors of hospitalized individuals?

To this end, the objective of this investigation was to assess the QOL and the perception of health status among hospitalized individuals, as well as their correlation with each other and with sociodemographic and clinical factors.

METHOD

This is a descriptive, cross-sectional, analytical study, carried out in a public university hospital in Paraná, Brazil, from April 2018 to January 2019. The institution is a regional reference and has 238 hospital beds, exclusively for the Unified Health System (UHS).

The study population consisted of individuals hospitalized in the inpatient unit in medical and surgical clinic, adopting the following inclusion criteria: age≥18 years; absence of neurological and cognitive dysfunction; who were admitted to the unit for at least one day. The exclusion criteria established were: individuals absent from the sector at the time of data collection, in addition to those who were in isolation of any kind.

For data collection, a probabilistic sampling was used, randomly selecting the first element, following to selection of subsequent subjects, with fixed or systematic intervals until reaching the desired sample size.

For the sociodemographic and clinical characterization of the participants, an instrument validated by specialists (semantics, content and face validity) was elaborated with the following data: gender, age, race, marital status, religion, education, among others that are not presented in this study. The clinical data analyzed in the investigation of the relationship with QOL and with the perception of health status were: length of stay, health diagnosis and previous hospitalizations.

To assess QOL, the WHOQOL-Bref instrument, validated in Brazil,[8] valid and reliable for use in various types of population was used.[4,9-11] Comprising 26 questions, two related to general QOL and 24 facets arranged in four domains (Physical, Psychological, Social Relations and Environment), considering the last 15 days experienced by the interviewee. The responses of the domains follow a Likert-type scale, from 1 to 5 points according to the degree of satisfaction, ranging from "not at all satisfied" to "very satisfied". The scores for each domain were transformed on a scale from 0 to 100 and expressed in terms of the average of the items, with higher values in the score indicating a better perception of quality of life.[8,12]

The assessment of individuals' perception of their health status was obtained by asking the question: "In general, how do you assess your health today?" The answer was based on a 10 cm horizontal Visual Analogue Scale (VAS), with the value zero at the left end (worse than ever experienced) and at the right end the value 10 (best ever experienced), recorded by the individual him/herself. Higher values indicate a better global assessment of the current health status. The score was obtained by the distance, in centimeters, from the zero end to the marked spot.[13]

The sample was calculated using specific free software. The data were processed and analyzed using the statistical programs Statistical Package for the Social Sciencies (SPSS) version 23.0 and XLStat (2017). The assumptions of the variables were tested using the normality (Shapiro-Wilk) and homoscedasticity tests (Levene's test).

Descriptive analyses were performed for all variables, using measures of percentage proportion for categorical variables; and measures of central tendency and dispersion for quantitative variables. The Kruskal-Wallis test was performed to test whether there were statistical differences between the categories of sociodemographic and clinical variables (gender, age, first hospitalization, length of stay and diagnosis).

To relate the assessments of QOL and the current general health status to each other, Pearson's correlation test was

performed. For analysis of the magnitude of the correlation between the measures, the classification proposed by Ajzen and Fishbein (1998)[14] was used, which determines that correlation values below 0.30 are of little clinical applicability, even when statistically significant; values between 0.30 and 0.50 indicate a moderate correlation and above 0.50, a strong correlation. In order to relate the assessments of QOL and current general health status with sociodemographic and clinical factors, tests such as Mann Whitney's, Kruskal-Wallis' or Analysis of Variance (ANOVA) were used, according to the distribution of data for each variable. The level of significance was set at 0.05.

The WHOQOL-Bref's reliability was assessed by the internal consistency of its items, measured by Cronbach's alpha coefficient, with values above 0.70[2] being considered as evidence of reliability.

All regulations of Resolution 466/2012 of the National Health Council (2012) were met. The present study is an excerpt from a matrix project entitled "Health-related quality of life and its aspects: investigation of the positive and negative impact on human daily life" approved by the Research Ethics Committee of the Universidade Estadual do Oeste do Paraná, under favorable opinion No. 2,588,565, CAAE: 84505918.6.0000.0107, on April 9, 2018.

RESULTS

The sample consisted of 132 individuals, with a predominance of men (55.3%), of white race/skin color (72.7%); 47% were married/consensual union, followed by 30.3% singles; 72.0% were catholic, with 6.8% not specifying their religion, but mentioning that they believed in God. The average age of the participants was 49.5 years, ranging from 18 to 89 years old, with a concentration of individuals aged 61 years or over (Table 1).

As for the QOL scores related to the WHOQOL-Bref domains, the general assessment resulted in a score of 64.1 points, in which the Social Relations domain stood out, with its highest score, with an average of 72.6, followed by the Psychological domain, with an average of 68.8. The Physical domain was the one with the lowest score, reaching an average of 56.1. The internal consistency of the WHOQOL-Bref items, according to their domains, using Cronbach's alpha, ranged from 0.52 (Psychological domain) to 0.73 (Physical domain), obtaining a value of 0.82 for the total score of the scale. The application of VAS (n=124), indicated an average score of 7.6, with a variation of 2 to 10 points (Table 2).

Study participants spent an average of 7.94 (± 8.15) days hospitalized, predominantly due to gastrointestinal causes (41.7%), followed by cardiological causes (15.1%), skin / soft

Table 1 – Sociodemographic characteristics of individuals admitted to the medical and surgical clinic unit (n=132). Cascavel, PR, Brazil, 2019.

Variables	n (%)	Average±S.D.	Amplitude
Gender (n=132)			
Male	73 (55.3)		
Female	59 (44.7)		
Age (years) (n=132)		49.5±18.3	18 to 89
Less than 20	6 (4.5)		
21 to 30	20 (15.2)		
31 to 40	20 (15.2)		
41 ro 50	21 (15.9)		
51 to 60	20 (15.2)		
Over 61	45 (34.1)		
Race / Skin color (n=130)			
White	96 (72.7)		
Black	17 (12.9)		
Brown	17 (12.9)		
Marital status			
Married / consensual union	63 (47.7)		
Single	40 (30.3)		
Widowed	17 (12.9)		
Separated	12 (9.1)		
Religion			
Catholic	95 (72.0)		
Protestant/Evangelical	28 (21.2)		
Other	9 (6.8)		

SD = Standard Deviation

tissue (12.1%), pulmonary/pneumological (11.4%), external (8.3%), hematological (7.6%), as well as neurological and renal (3.8% each), urological (3.0%), among others cited at least once, such as endocrinological, infectious and orthopedic (0.8% each), except for ophthalmic causes, cited twice (1.5%).

When analyzing the perception of health by means of (VAS) in relation to gender, it was found that there was no statistical difference (H=0.501; *p*=0.479) between them. The same could be seen between the different variables: age (H=6.472; *p*=0.263); first hospitalization (H=0.171; *p*=0.679); length of stay (H=1.853; *p*=1.853); and health diagnosis (H=9.205; *p*=0.162).

When comparing the mean of the QOL by WHOQOL-Bref with the variable "first hospitalization", the result was statistically significant for the total score and for the Physical domain (*p*=0.031 e *p*=0.043, respectively), that is, the individuals hospitalized for the first time obtained a better assessment of the Physical domain and total QOL scores than those who had previous experience of hospitalization.

However, there was no statistical significance between the mean scores of the WHOQOL-Bref domains in relation to gender, age, length of stay and diagnosis. The total QOL score (WHOQOL-Bref) was similar between men and women, in different age categories; individuals with shorter hospital stay (between 5 and 15 days) had a better evaluation, as well as those hospitalized for neurological causes (mean total QOL score = 73.1).

When testing the correlation between the assessment of health perception through VAS and the assessment of QOL through WHOQOL-Bref, it was observed that VAS indicated a low and positive correlation regarding the WHOQOL-Bref domains, not being statistically significant. There was an exception for the correlation with the assessment of general QOL with VAS, with which it presented a moderate correlation (r=0.43), as well as with the Physical domain, with low correlation (r=0.21), both statistically significant (p=0.000).

It is observed that the total QOL score showed a strong correlation with all WHOQOL-Bref domains; VAS and general QOL showed a moderate correlation; the Physical domain presented a moderate correlation with all other domains, with the exception of Social Relations, which presented a weak correlation (Table 3).

Table 2 – Distribution of QOL scores (total score and in each domain) using WHOQOL-Bref, and the perception of the current health status (VAS) among individuals admitted to the medical and surgical clinic, Cascavel, PR, Brazil, 2019.

Variables	Average±S.D.	Median	Minimum	Maximum	Cronbach's Alpha
WHOQOL-Bref (n=132)					
Physical	56.1±17.01	57.1	21.4	100.0	0.73
Psychological	68.8±12.21	70.8	29.2	95.8	0.52
Social relations	72.6±15.46	75.0	8.3	100.0	0.55
Environment	63.4±12.54	65.6	25.0	93.8	0.65
Overall QOL	64.7±18.56	62.5	25.0	100.0	0.53
Total score	64.1±10.41	64.4	31.7	89.4	0.82
VAS (n=124)	7.6±1.74	8.0	2	10	-

SD = Standard Deviation; the number of participants differs in the assessment of WHOQOL-BREF and VAS, since those with missing data were excluded.

Table 3 – Correlation between health perception assessments (VAS) and QOL (WHOQOL-Bref total score and its domains) among hospitalized individuals. Cascavel, PR, Brazil, 2019.

	VAS	*p*	Physical	*p*	Psycho-logical	*p*	Social relations	*p*	Environment	*p*	Overall QOL	*p*	Total score	*p*
VAS	1	-	0.21*	0.23										
Physical	0.21	0.23	1	-										
Psychological	0.14	0.129	**0.40****	0.000	1	-								
Social relations	0.01	0.904	**0.24****	0.006	**0.35****	0.000	1	-						
Environment	0.14	0.117	**0.39****	0.000	**0.45****	0.000	**0.42****	0.000	1	-				
Overall QOL	**0.43**	0.000	**0.41****	0,000	**0.40****	0.000	**0.29****	0.001	**0.44****	0.000	1	-		
Total score	**0.27****	0.002	**0.77****	0.000	**0.72****	0.000	**0.55****	0.000	**0.78****	0.000	**0.64****	0.000	1	-

Correlations obtained by Pearson's correlation; *p≤0.05; **p≤0.01; QOL = Quality of Life.

DISCUSSION

As for the WHOQOL-Bref domains, Table 2 indicates that the Physical domain had the lowest evaluation compared to the other domains, while the Social Relations domain presented the best evaluation, followed by the Psychological domain. Other studies also showed that the most impaired domain was the Physical, varying the score of the best domains, between Social Relations and the Environment.[4,15] Corroborating this, a study[11] identified that hospitalized octogenarians obtained the Physical domain as the most impaired, while the most preserved was Social Relations. In a study carried out with patients linked to a program for the prevention of chronic noncommunicable diseases, assisted by supplementary health care in the city of São Paulo, Brazil, and in another carried out with patients hospitalized in medical, surgical and infectious disease wards, for more than 10 days, in a university hospital in Campina Grande, Paraíba, Brazil, found that the best performance in QOL was in the Psychological domain, while the Physical domain was the most impaired.[10,16]

When using VAS as a tool to assess the perception of health status among participants, in a self-reported way, the obtained average was of 7.6, that is, 76% favorable to their health. Concomitantly, the WHOQOL-Bref presented an average of the overall QOL of 64 points. The assessment of QOL through WHOQOL-Bref indicated a better evaluation of the domains of Social and Psychological Relations; and worse, the Physical domain. Given this, it seems discrepant that the participants who rated Physical domain as the worst, self-report their general health status with 7.6 points. This leads to the question of which elements these individuals consider to be the most important for QOL and their care.

It can be considered a change in the perception of individuals regarding the meaning of health, that is, currently, they are understanding that health is not limited to physical factors, but also involves psychological, social, economic, environmental, safety and protection, as well as spiritual and moral beliefs and values. Recently, health was considered as the absence of disease, and nowadays, as something more than that, it can be influenced by the Social Determinants in Health, provided, including by Law 8.080/90, that is, health is determined by biological, social, environmental, safety and personal fulfillment factors.

It is also noteworthy the difficulty of some in remembering what happened 15 days ago, as demanded by WHOQOL-Bref, which may explain the Physical domain to have been worse evaluated in relation to VAS. This may be related to the clinical improvement presented during these last 15 days, considering that the VAS requested the registration of their health score that day.

Another point to be considered is that VAS is a subjective, unidimensional scale, in which each individual evaluates their perceived health status, judging what seems convenient to them to have a good QOL, varying according to personal perceptions, of what is most important for each one. In addition to understanding the subjective side of the individual, it is necessary to have a more objective look at the dimensions of health and QOL, as proposed by the WHOQOL-Bref domains. Furthermore, it is important to consider the concurrent administration of different instruments, which guarantees the complementation of the desired information in the investigation.

In the domain of social relations and its facets, it was observed that the perception of individuals was satisfactory, as it was the best evaluated in relation to QOL, covering the social support they receive from their family and friends, feeling of security, in addition to satisfaction with sex life. The fact was observed, mainly, in elderly people, with care dependence and who generally receive the necessary family support. Social support is a relevant aspect in the lives of individuals, as it makes possible to overcome difficult situations. Coming from family and friends it is an important psychosocial aspect that influences the rehabilitation and treatment of the individual, as it has beneficial effects on general well-being and life satisfaction.[17]

The best result for the Social Relations domain can be linked to the satisfaction of the interviewees with the support received from the family and/or professionals, generating a positive influence on their lives, which may also have influenced the grade they registered in the VAS. However, further investigations can be carried out in this regard, to better elucidate the factors involved.

The Psychological domain was the second best evaluated. These are the factors of positive and negative feelings; ways of thinking, memory and concentration; self-esteem; body image and appearance; spirituality / religiosity / personal beliefs; self-satisfaction.[8]

As observed in data collection and in daily clinical practice, despite not showing statistical significance in this study, it was noticed that the younger ones seemed to be psychologically more affected when compared to the older ones and that the last group seemed to have a different coping with life in relation to the first.

Stressors vary according to age. While young adults experience more stress in areas related to work, money, home maintenance, personal and social life, older people tend to experience more stress related to the factors and limitations of aging. As people get older, they use more and more the past coping experiences as a guide to deal with new stressful situations.[18] Studies with different methodological approaches may be useful to explore this information, bringing more subsidies for the assessment of QOL.

The Physical domain, which obtained the lowest evaluation, is related to energy, fatigue, sleep and daily activities.[8] Sleep and rest, explored in this domain, can interfere in this result, since hospitalization often contributes to pain and fatigue and decreases the quality of sleep, impacting the performance of the individual's daily activities. Consequently, their functional capacity and autonomy are impaired, interfering with QOL, corroborating with data from another investigation.[9] Therefore, it is understandable that the Physical domain has an impact on the individual's self-care, since fatigue, indisposition and pain can make it difficult to perform basic activities, commonly seen in hospitalization. In view of this, the feeling of incapacity and non-socialization can have a negative impact on the subject's emotional health.

The WHOQOL-Bref showed adequate internal consistency for this population, referring to the Physical and total score domains (α=0.73 and 0.82, respectively). However, the other domains indicated alpha values below 0.70 (ranging from 0.52 to 0.65), which can be considered moderately acceptable for these participants.[19]

In the present study, it was observed that the high correlations involved all WHOQOL-Bref domains with their total score, while the other tested correlations were low or moderate, which could explain the low values of Cronbach's alpha for the Psychological, Social Relations, Environment and General QOL domains. Further investigations would need to be developed to clarify this fact.

As for the other variables tested, the study showed a predominance of men, over the age of 61 years, however, this was not considered statistically significant to impact QOL, either by WHOQOL-Bref or by VAS. Corroborating this, another investigation,[20] when testing the correlation between QOL by WHOQOL-Bref and age, identified that these variables did not present statistical significance. On the other hand, other researchers[21] identified that age was associated with QOL in the domains of Social Relations and Environment, when in this first domain, individuals between 40 and 59 years old presented worse perception of QOL, when compared to young adults.

In a study conducted with patients with cardiovascular disease (CVD), there was a positive correlation between age and CVD, as well as age and social support, and the older the age, the better the QOL and social support. However, they still argue that there were negative correlations, for example, between age and Physical aspects (domain of the SF-36 instrument), in which the physical component was influenced by age progression and aging factors.[22]

Considering the assumptions above and the empirical observation at the time of data collection, even though it did not show statistical significance, it was noticed that age seemed to be linked to better or worse perception of the individual's general health and QOL, in the sense that, older people seemed to have a worse QOL. However, they compensated for their difficulties related to the disease, based on transcendent beliefs, being optimistic about their QOL and their insertion in the world. Through this observation, other studies are already being conducted by this study team, with the intention of clarifying these relationships.

Regarding gender, diverging from the current study, authors reported the impact of sex on QOL, with a worse perception of health by women,[21,23] which may be related to the fact that they are more aware of their health status, and therefore seek more health care than men, influencing QOL impairment when compared to these.[24]

The fact that the individual was hospitalized for the first time was considered a factor of positive impact for the Physical domain and for the total QOL score, that is, they presented a better evaluation in relation to those who mentioned having already been hospitalized other times.

Authors consider that the experience of hospitalization significantly alters the patient's life, and that the degree of disability caused by the disease, length of stay, or loss of autonomy directly influences QOL,[16,22] even more in the Physical domain.

A study carried out at a university hospital in the city of Porto, Portugal, involving individuals followed up in a pulmonary outpatient clinic, found that those who had been hospitalized at least once for respiratory disease, in the previous year, had a worse QOL.[25] As observed by the participants under discussion, this seems to be related to the fact that these individuals are already aware of their disease, as they have already suffered the impact – emotional or physical – of previous hospitalizations, believing that they may experience similar situations to the previous ones. This can also be explained by the level of complexity of patients admitted to this ward, considering that they are patients with severe pathologies and comorbidities and already have a clinical history that affects QOL, given that these frequent hospitalizations can directly impact their daily lives, also when they are at home.

For the study in question, the length of hospital stay does not seem to have influenced this assessment, either through VAS or WHOQOL-Bref, in which the comparison with both did not present statistical significance.

In addition, it is important that nurses know how to value the experiences that were grasped by the individual in previous hospitalizations. It is essential that the professional is sensitive to the understanding that, not infrequently, all the negative aspects experienced previously in the hospital environment come back to the patient's recent memory, which, therefore, brings with him/herself, even if unconsciously, a pre-judgment about his/her quality of life and health perception. Thus, it is up to the nurse to establish a care plan that respects and considers the patient's previous experiences, but that also makes it possible to give a new meaning to the past experiences responsible for negative behaviors, judgments and perceptions during the current hospitalization.

It is noted, in clinical practice, that the longer the patient remains hospitalized, the worse the perception that he/she has of his/her health, as he/she can only perceive this period as a factor of greater vulnerability. In fact, an investigation involving chronic renal patients undergoing hemodialysis,[22] identified that the length of stay had a negative impact on the QOL of these individuals, diverging from the current study, although involving different populations. This can be understood, since hospitalization can disrupt the individual's daily life, with a feeling of abandonment and loneliness, which can cause fear and insecurity.[17]

The worse perception of QOL among subjects with prolonged hospitalization may also be related to physical and mental impairment resulting from the pathology and the long and idle period in the hospital, with a feeling that he/she is abdicating his/her personal, family, social and professional life. Therefore, the individual may feel vulnerable, troubling his/her QOL.

In view of the correlations made, the Psychological domain had a moderate correlation with the Social Relations domain, suggesting that it has a certain impact on that domain. The correlations between the Social Relations domain and the other domains were low, with the exception of the Environment

domain, obtaining a moderate correlation. A study carried out in Portugal, correlated the WHOQOL-Bref domains and highlighted that the Social Relations domain had no statistical significance when related to the social support of family and friends.[26]

Stands out the moderate correlation between VAS and the total QOL score, and between the Physical domain and the other domains, with the exception of the Social Relations domain. Moderate correlations between the Physical, Psychological and Social domains with the Environment domain, associated with daily observations of the practice, suggest that this may be associated with the security that individuals feel in their homes, considering their homes as a safe place to live, influencing the physical and psychological components. This is because, the hospital is naturally a different environment for the individual, which can generate fear and anxiety, in addition to the physical functions evidently impaired by the disease/situation that generated the hospitalization.

An investigation that correlated WHOQOL-Bref variables with the perception of health among the elderly,[27] identified a strong association between the perception of health and the mean score of their domains, with the QOL domain most strongly associated with it being the Physical, that is, the elderly people with negative perception of the Physical domain were approximately four times more likely to have a negative perception of health.

Corroborating with the current study, referring to the weak correlation between the perception of health (VAS) and the total QOL score (WHOQOL-Bref), such investigation,[27] also identified that the general score of the four domains showed a weak association with the perception of health. The other QOL domains were significantly associated with health perception, while the current study showed a moderate correlation.

Analyzing the correlations and the set of concepts used for the multidimensionality of QOL (physical, psychological, social and spiritual), it is noted the relationship with the individual's perception of his/her health, and that one domain significantly interferes in another. This could also explain the fact of obtaining a moderate correlation with the general QOL domain and weak relation with the total sum of QOL scores through WHOQOL-Bref. VAS is better associated with the unidimensionality of the general QOL domain and not so much with the sum of its various dimensions. This highlights the importance of associating instruments in a study, with the intention of obtaining broad coverage of QOL investigation, clarifying variables that may have a positive and negative impact on that subject's life.

In order to study and understand people's QOL, the subjective and objective QOL construct must be combined. However, further investigations are needed to clarify which aspects of the domains, specifically, impact QOL. Knowing the individual's living conditions (biological, socioeconomic, environmental and spiritual) is essential to understand his/her QOL and his/her health status. Therefore, in order to contribute to the nursing care practice in health care, individually and collectively, it is necessary the understanding of the complexity of the QOL of the person being cared for and his/her surroundings, as well as the understanding of the way in which the individual sees him/herself inserted in the world, so that he/she can draw up a care plan and evaluate his/her health evolution, focusing on continuity of care.

One of the limitations of the present study was the difficulty in delving into the theme of QOL involving patients hospitalized in a medical and surgical clinic unit, due to the lack of publications with this population, since investigations on QOL among individuals affected by some morbidity, have focused on outpatient studies and/or with specific pathologies.[4,28] In addition, there was a preference for the use of instruments other than WHOQOL-Bref, making it difficult to compare data with current research. Another limitation refers to the heterogeneity of the characteristics of the participants, this profile may have had an impact on the variation of responses, making it difficult to analyze the correlations between the factors studied. Cronbach's alpha values less than 0.70 for some WHOQOL-Bref domains (psychological, social relations, environment and general QOL) can also be considered a limitation of the study, as it could express its fragility to assess what it is proposed.

CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

It is concluded that although the unidimensional assessment (VAS) of the QOL of hospitalized individuals has been considered good, there was a lower score for the Physical domain and better for the Social Relations domain in the multidimensional assessment (WHOQOL-Bref). This brings up a reflection on which dimensions are most important for each individual in hospitalization, to the point of considering their health average (7.6 points), despite being physically impaired.

It was possible to verify that individuals have a better perception of their QOL by VAS when compared to the general assessment by WHOQOL-Bref, however, further studies with more specific approaches are needed in order to investigate what in fact these people consider important when assessing their QOL.

In this study, the correlations between the domains and sociodemographic and clinical factors showed that these variables did not influence the assessment of the individual's QOL, either by means of VAS or WHOQOL-Bref, with the exception of the variable first admission, in which those with previous admissions indicated a negative assessment of QOL when compared to the others.

The results of the study pointed to the importance of the concurrent use of scales, aiming to meet the uni/multidimensionality of the human being, or, that compatible with their reality. The nurse has an important role in promoting the health of individuals and is a protagonist in nursing care planning. For that, can make use of means and instruments that are feasible to reality, in order to identify the individual's perception of health and seek interventions based on this systematic assessment, and that go beyond a single dimension of the cared subject, which is still challenging in the hospital environment.

AUTHOR'S CONTRIBUTIONS

Review study design. Acquisition, data analysis and interpretation of results. Writing and critical review of the manuscript. Approval of the final version of the article. Responsibility for all aspects of the content and the integrity of the published article. Letícia Katiane Martins. Ariana Rodrigues da Silva Carvalho.

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