

The sense of self-efficacy in maintaining health promoting behaviors in older adults

O SENSO DE AUTO-EFICÁCIA NA MANUTENÇÃO DE COMPORTAMENTOS PROMOTORES DE SAÚDE DE IDOSOS

EL SENTIDO DE AUTOEFICACIA EN EL MANTENIMIENTO DE COMPORTAMIENTOS PROMOTORES DE LA SALUD DE PERSONAS ANCIANAS

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ABSTRACT

This descriptive study used a qualitative approach and was developed with older adults who were members of a recreational center in Porto Alegre (Brazil). The objective was to understand the influence of the sense of self-efficacy on maintaining health-promoting behaviors among the participants. Interviews were performed with eleven older adults who obtained scores on the WHOQOL-brief questionnaire with standard deviation equal or above the group mean (≥ 85.18). Content analysis of the interviews revealed four categories: positive personal attitudes and attributes; expectation to enjoy a higher quality of life; expectation to live longer; and other aspects that make behavior maintenance easier. The study found evidence that these individuals sustain health-promoting behaviors similar to what is recommended by health professionals and organizations. It appears that they maintain those behaviors due to their positive sense of self-efficacy.

KEY WORDS

Behavior.
Quality of life.
Aged.
Self-efficacy.
Geriatric nursing.

RESUMO

Esta é uma investigação com abordagem qualitativa, que foi desenvolvida junto a idosos participantes de um centro de lazer em Porto Alegre (Brasil). O objetivo foi compreender a influência do senso de auto-eficácia na manutenção dos comportamentos promotores de saúde dessas pessoas. Foram entrevistados 11 idosos, que alcançaram escores com um desvio-padrão igual ou acima da média do grupo ($\geq 85,18$), no questionário *WHOQOL-bref*. Na análise de conteúdo das entrevistas, surgiram quatro categorias: atitudes e atributos pessoais positivos; expectativa de viver melhor; expectativa de viver mais tempo; e priorizar comportamentos promotores de saúde. A investigação evidenciou que esses indivíduos mantêm comportamentos promotores de saúde similares aos recomendados pelos profissionais e pelas organizações de saúde. Além disso, supomos que a manutenção de tais comportamentos foi determinada pelo senso positivo de auto-eficácia desses indivíduos.

DESCRIPTORIOS

Comportamento.
Qualidade de vida.
Idoso.
Auto-eficácia.
Enfermagem geriátrica.

RESUMEN

Esta es una investigación de abordaje cualitativo, que fue desarrollada con personas ancianas asistentes a un centro recreativo para la tercera edad en Porto Alegre (Brasil), con el objetivo de comprender la influencia del sentido de la autoeficacia en el mantenimiento de las conductas promotoras de la salud de tales personas. De los entrevistados, fueron 11 los que alcanzaron scores con un desvío standard igual o por encima de la media del grupo ($\geq 85,18$) en el cuestionario *WHOQOL-bref*. En el análisis de contenido de tales entrevistas surgieron cuatro elementos: actitudes y atributos personales positivos, expectativa de vivir mejor, expectativa de vivir más tiempo y priorizar las conductas promotoras de la salud. La investigación evidenció que dichos individuos mantienen conductas promotoras de la salud similares a los recomendados por los profesionales y por las organizaciones sanitarias. Además, suponemos que el mantenimiento de tales conductas fue determinado por el sentido positivo de autoeficacia de esos individuos.

DESCRIPTORIOS

Conducta.
Calidad de vida.
Anciano.
Autoeficacia.
Enfermería geriátrica.

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INTRODUCTION

The subject of this study resulted from the observation of the difficulty of several individuals to change behaviors that are considered harmful to their health, even aware that these contribute both to the installation and to the aggravation of chronic health conditions, which may result in harmful disabilities to their life quality, especially in the old age. At this stage, many of the health problems could have been prevented or minimized, if during their lives, their carriers had adopted health promoting behaviors, such as practicing physical activities regularly, keeping appropriate the body weight, reducing the consumption of animal fat, avoiding to smoke, among others⁽¹⁾.

The older population suffers the highest prevalence and incidence of diseases, which are mostly chronic – such as the systemic arterial hypertension and the type 2 diabetes mellitus – and often incapacitate the individual, demanding permanent care⁽²⁾. Estimates indicate that, in developing countries, in 2020, 80% of the general diseases will be resulting from chronic conditions, and many of them may be prevented through the maintenance of healthy behaviors⁽¹⁾. Thus, besides the social planning, the individual planning is also necessary. In other words, it is important to plan life in order to reach the old age with autonomy – capability of making decisions – and functional independence – performing activities without the help of other people⁽³⁾.

The intention of this study is not to exempt the responsibility of the State before the sectors related to the economical and social development, involved in the health promotion, nor to disconnect the individual from his context and blame him for the lack of success in keeping health promoting behaviors. However, it is worth highlighting the importance of seeking successful ways of getting old also through its own means, that is, through the choice and adoption of behaviors that may favor the life quality.

The last century was marked by the social-cultural and technological transformation that affected both positively and negatively the behavior of the population and, the individuals who are now old, by experiencing these transformations, which incorporated healthy and harmful innovations to their lives.

The adoption of a behavior involves several individual and collective factors that vary from person to person, and the maintenance of this behavior is linked to the expectation of success. Therefore, whenever a health promoting behavior is expected to be executed, it is necessary to establish the expectations of efficacy and response/result for the individual. The expectation of self-efficacy⁽⁴⁾ derives from the judgment of the personal ability to develop a behavior successfully, aimed at a specific result. According to this theory, this factor is the greatest determinant for the adoption, or not, of a certain behavior. The expectation of re-

sponse comes from the judgment of a certain behavior that will produce the expected result.

In face of the exposed, and focused on understanding what influences older adults to keep a behavior aimed at the health promotion, the following study questions were established: how do old individuals take care of their health? What influences the maintenance of their health behaviors?

OBJECTIVE

The objective of this study is to understand the way the sense of self-efficacy influences the maintenance of health promoting behaviors in older adults who participate in a leisure center.

METHOD

This is a descriptive study, with qualitative approach, which was carried out together with the Celari Extension Project (Sports Center, Leisure and Recreation of the Elder) of the Physical Education School of the Federal University of Rio Grande do Sul (ESEF-UFRGS), in the city of Porto Alegre (RS).

The participants of the study were selected among 125 older adults who answered to the instrument of evaluation of life quality *WHOQOL-bref*⁽⁵⁾. Among the 20 selected individuals, 11 were interviewed – number defined by the saturation of data⁽⁶⁾. The inclusion criteria were: being 60 years old or older, accepting to participate in the study and signing the Term of Free and Clarified Consent, and achieving scores equal or higher than the standard deviation of the mean (≥ 85.18) in the mentioned instrument.

Bioethical considerations: the study project was sent to the Committee of Ethics in Research of the Federal University of Rio Grande do Sul, and approved in March of 2007, under the number 2006653. Before filling in the study instruments, all participants signed two copies of the Term of Free and Clarified Consent, which were previously signed by the researcher and her advisor, and each participant received one of the copies. The researcher's copy is going to be kept for five years, as well as the recorded cassettes. The considerations presented were based on the Resolution no. 196, from October 10, 1996, of the National Health Committee⁽⁷⁾.

Data collection procedures: the interviews were performed in June of 2007, by the researcher. They were recorded in cassettes, and later transcribed. The interviews took around twenty minutes, and during their execution, it was hard to avoid the deviation from the subject in question by some of the deponents.

Data analysis: the technique applied was the content analysis⁽⁸⁾. After the transcription of the interviews, the material transcribed went through exhaustive reading and pre-analysis.

The expectation of self-efficacy derives from the judgment of the personal ability to develop a behavior successfully, aimed at a specific result.

Pertinent data were searched and the operations of text selection were defined in comparable units of categorization for analysis. The authors, then, moved on to the exploration of the material, executing the operations of codification of the content segments, according to the topics that emerged from the statements. The categorization was then executed. For the final analysis, there was the material interpretation, aimed at understanding the content of the interviewees' speeches, having the support of the Theory of Self-efficacy⁽⁴⁾. The participants of the study were identified with the letter E and the number of their life quality questionnaire.

RESULTS AND DISCUSSION

The 11 interviewed individuals – nine women and two men – were characterized because they were, in average, 62 years old, their self-mentioned ethnicity was white (100%), they were married (64%), earned over five minimum salaries (72%) and had higher education (55%). The analysis of the content of the interviews allowed to understand the way the sense of self-efficacy influences the maintenance of health promoting behaviors. And, according to the answers, four categories were established: positive personal attributes and attitudes, expectation of living better, expectation of living longer and other aspects that favor the maintenance of the behavior.

Positive personal attributes and attitudes

The personal sense of self-efficacy regulates the human behavior through different processes – cognitive, emotional, motivational and selective –, which act in a combined and continuous way⁽⁹⁾. Thus, in order to keep a certain behavior, it is first necessary to organize the thought, because that will teach the individual to foresee the success and the way to control it.

During the visits to the study location, it was possible to observe that, in a general way, the participants of the Celari Project were happy and dynamic, showing positive attitudes towards life and with their colleagues.

Attitudes are predispositions to respond before an object and involve the cognitive and emotional components as well as the tendency to the action. The first component includes the evaluative beliefs about a certain object, reflecting, in part, social rules. The second one refers to the feelings of the individual towards the object. Finally, the tendency to the action means the tendency of the individual to interact with the object⁽¹⁰⁾.

Therefore, having a positive attitude towards life was pictured as it follows:

When I open my window, I say: Good morning, sun! Good morning, day! Good morning, to me too! [...] I really like my life (E29, woman, 64 years old).

I get up, I thank. I thank for what I have (E13, woman, 70 years old).

I was a privileged person. My suffering was a growth for me (E98, woman, 64 years old).

The construction of this positive attitude resulted from the life journey of these individuals⁽¹¹⁾, being associated to the perception of happiness, as the following speech shows:

I am happy because I came from a happy family. Thus, I am privileged. In this world we live in, you have to try to be happy wherever you are. If I am working out, I try to be happy here, in the gym (E45, woman, 64 years old).

During the collection of data for this study, whereas some reported to feel privileged, happy and grateful for their lives and highlighted simple moments of the daily life that contributed to it, as shown in the last speech, others also mentioned several losses and important problems they had, which, however, did not stop them from having a positive attitude, suggesting they keep an adaptive potential in the old age⁽¹¹⁾. The statement of E67 (woman, 81 years old) suggests that this happens due to the control of their thoughts through the positive sense of self-efficacy of these individuals⁽⁹⁾:

[...] my good mood to face things. [...] a Poliana for my whole life. [...] life was very poor, but I always faced the it with bravery, I faced all difficulties, all needs.

For E67, believing that she can face the difficulties of life successfully allows her to use her coping capability in face of adverse situations. In other words, in these cases, the positive sense of self-efficacy influences the attitude and the coping behavior⁽¹²⁾, because even in face of anxiety and sad feelings, generally present in these situations, the individual is able to control them and, therefore, minimize them, which may also reduce the risk of depression, since depressed older adults have low sense of self-efficacy⁽¹¹⁾. Besides, the exercised control will reinforce the positive sense of efficacy, thus, there will be more possibilities of success.

The state of mind and the sense of self-efficacy influence each other bi-directionally⁽⁹⁾. Therefore, it is believed that the satisfaction mentioned by these individuals contributes to strengthen their sense of efficacy and vice-versa, which gives opportunity for the maintenance of their behaviors, in this case, health promoting behaviors.

I believe that if someone is happy about herself, if she likes herself, she tries to do something nice to herself. [...] I believe where there is a will, there is a way. [...] I try to be fine with myself, in order to be fine with the others. Everyone can do that. It depends on the person's will. [...] I do not believe someone can live well, if she does not do anything for her own benefit. I think that is inside everyone, isn't it? (E98, woman, 64 years old).

In order to keep a certain behavior, it is necessary to have a strong sense of self-efficacy, as previously mentioned. In a certain way, this is suggested by the deponents, as they refer to: where there is a will, there is a way; doing their best and being persistent.

In order to have healthy behaviors, it is necessary to have willingness. I have it, I like it, [...] I do my best. [...] it is my appreciation (E01, woman, 68 years old).

It is about the will. I think I am very persistent. Whenever I want to do something, I just do it. And the person must have goodwill (E20, woman, 70 years old).

Regarding the self-regulation of the motivation, the sense of efficacy acts as it previously determines the actions that the individual thinks he is capable of executing, aimed at the self-satisfaction for achieving a goal established for himself. Therefore, stimuli are generated to intensify the amount of effort and the time of persistence in face of the difficulties, as well for the resistance to failures⁽⁹⁾.

The swimming aroused it in me, as it was a challenge. I felt very frustrated because I could not swim. And, at the moment I learned it, after I panicked a lot, I learned how to swim, [...] I feel satisfied [...]. I feel proud [...]. This is very good. It is like breaking a limit [...]. Before I thought I could not do it, I was afraid of the water, I thought I was never going to be able to swim (E85, woman, 62 years old).

It was observed that, in order to achieve a goal, such as learning how to swim, self-limiting psychological barriers were left aside, such as frustration, panic and fear. The personal determination strengthened the sense of self-efficacy, determining the continuity of the action, which, being successful, feeds the self-efficacy again.

[...] I believe it because I always did what I wanted, I achieved it with greater or lesser difficulties, but I always won, I always did it. Sometimes I ask myself: was I unable to do anything? Probably not (E29, woman, 64 years old).

And when we sing well, it is even better, isn't it? I try to sing well (E114, man, 82 years old).

Therefore, the authors believe that the positive sense of self-efficacy of the deponents acts in several areas, since they firmly believe in their personal capability to assure the maintenance of the actions.

Expectation of living better

The benefits resulting from the adoption of a certain behavior act as motivational factors for its maintenance. Thus, the individual will have a certain behavior according to the perception of his efficacy and, in part, due to the specific results generated by this behavior⁽⁴⁾.

I think it improved my ability to move, my balance. I have better balance than many younger people when they are going to do an exercise [...]. And, in the early 60's, I do it very naturally, very easily. And I think that is because I have been working out for many years [...]. My body is very flexible, my legs, my arms, my head, everything, because I read a lot [...]. I think that [reading] helped me a lot, in every way [...]. Then, I think this [social experience] contributed a lot. The environment, mainly [...]. We do not have any stress, that thing, what am I going to do today? That sadness (E103, woman, 63 years old).

It was observed that the awareness of the fact that certain behaviors improve health and life quality because they bring physical and psychosocial benefits contributed to keep them. It is worth highlighting that feeling socially included is an important benefit for older individuals, since it reduces the monotony and sadness, as evidenced, and reassures the possibility of being active.

Other statements also mention the psychological benefits, besides the physical ones, generated due to their participation in the Celari. It is necessary to highlight that, in the old age, the pain is a complaint that results mainly from degenerative changes of the osteomuscular system, therefore, relieving it is important for the life quality.

And, then [with healthy eating habits], I felt better. Also, after I started here [doing physical activities at the Celari], it helped me a lot. [...] Your way of thinking changes. I think it is good for my memory, for my head. [...] The music makes me happy, makes me calmer, it is very good. [The physical activity] also helps me a lot. How can I say it? I feel fine, healthier. If I stop it, I starts to hurt [laughter], that is why I like to exercise (E20, woman, 70 years old).

According to the statement of E20, it is possible to understand that, at some point, she interrupted the practice of physical activities, which caused her pain. However, the authors believe that it was the positive sense of self-efficacy of E20 – related to the greater control of pain⁽¹³⁾ – and her expectation for the results – eliminating pain and, consequently, feeling better – that favored her return to the behavior in question, because when the individual has a positive sense of self-efficacy, a little retrocession does not stop him from returning to the proposed behaviors⁽⁴⁾. In the next speeches, the expectation that a certain behavior will bring the expected result is also evident:

I am struggling, because I would like to be less fat [...] (E45, woman, 64 years old).

[Making breathing exercises] to strengthen my lungs. I must have a good breathing, good and clean lungs, in order to reach high pitched tones. [Singing] is wonderful, it cheers up the spirit. [The activities performed at the Celari] cause me something good. [...] I am glad too, I feel happy. I feel fine, here. It is good. Coming to the Celari makes me feel good (E114, man, 82 years old).

The expectations of results refer to the personal benefits that may be obtained in the short, medium and long term. Besides, these expectations are also associated to the culture, which shows its strength, as in the speech of E45, when she says she would like to be less fat, probably to feel socially accepted.

In order to achieve the expectation of living better, these older adults also perform other activities, as E67 (woman, 81 years old) states

[...] that way [doing volunteer work], I am helping my daughter, the school [...]. I honor my promises there, when I need.

The volunteer work allows her to feel socially active and useful, factors that promote health and life quality⁽¹⁴⁾. Besides, she faces stressful life events⁽¹¹⁾ making promises, because she believes she is capable of honoring promises. However, this is the only deponent that mentions to benefit the community through her behavior.

It is worth highlighting that the human being has a great potential to change the environment, since their actions result in effects both for their daily lives and for the next generations, and that promoting the welfare of the individuals through the continuous work of those who have resistant sense of self-efficacy and believe in the value of what they do⁽⁹⁾. On the other hand, individuals who do not believe they can improve their lives or their community feel unfamiliar and dissatisfied, and quickly convince themselves that their efforts are useless⁽⁹⁾.

Expectation of living longer

Despite of the fact that most of the interviewees did not speak of disease or death, with exception of three individuals, it was interpreted that the conscious of their own finitude contributes for the maintenance of health promoting behaviors. The statement of E46 evidenced that he keeps healthy behaviors because:

The age is also coming [...]. [Keeping himself active prevents the feeling] you retire, and life ends, doesn't it? [...] I mean, you already played your part, so you're just waiting [for death?]. [...] I believe that if I hadn't stopped smoking, maybe I would have gotten a disease, or something (E46, man, 64 years old).

When death happens, all body systems stop functioning. Therefore, its antithesis is the movement, which most of the interviewed older adults said they did not stop.

You cannot stop, you cannot stop [...]. You have to show that life is not just [...] Look, if you give in [...] (E01, woman, 68 years old).

And now, after you are older, you try even harder to make it right. Then you have to try not to stop, you have to look for activities, be fine with yourself (E13, woman, 70 years old).

The old age usually brings with it prejudice, discrimination and negative stereotypes – mainly those related to losses. Besides, advertisements influence and determine the ways of acting and the consumption needs aimed mainly at young individuals, who are considered productive, healthy and beautiful, but it also reaches older age groups, which try to assume the same standard of that group. In this context, the interviewed older adults take care of their appearance, often showing difficulties to accept aging signs.

I try not to let my hair get too white. I always dye it, to cheer me up [...] trying to keep a pretty appearance too, because we have to worry about the appearance, not to look too old, to be healthier, with a better look [...] and I am always warning a friend who smokes, because cigarettes make you

old, they make your skin drier, more wrinkled, all these things (E85, woman, 62 years old).

I do not feel old, I feel like a big boy (E114, man, 82 years old).

The authors understand that the negative perception of the old age, influenced by the standards dictated by the social rule, may reduce the motivation of the older individuals to perform certain activities, if the sense of self-efficacy goes down. This did not occur in this group, because, even though this perception makes them try to look and feel younger than they are, they go on keeping healthy behaviors. Besides, they try to develop new abilities, to be independent and active, because they believe that helps the extension of life with quality, consequently delaying death.

I want to live as long as God allows me to, but healthily [...] and conscious, independent. If that is not possible, at least let me try [...]. I think that is the main thing for me, loving life. I love to live [...]. Then, I think that is the encouragement I have in life (E29, woman, 64 years old).

If the person wants to have life quality, she must try [to keep] what is going to give her this life quality. That gives you life longevity, a very important thing (E13, woman, 70 years old).

The fear of the physical and social dependence in the future, in the perspective of living longer, motivates them to keep behaviors that are considered health promoting, because most of the people worry about keeping actions aimed at preventing losses instead of searching benefits⁽⁴⁾. Nevertheless, besides trying to keep the health, these older adults develop other abilities in the expectation of living better. Thus, the authors believe that the focus to be given should not be based on the fear, but on the expectation of obtaining positive results (health promotion and life quality) and on the strengthening of the sense of personal efficacy. Even though the capabilities of the individuals decrease as age advances, and that may interfere in the achievement of their personal goals, if the sense of self-efficacy is kept strong, they will make an effort to overcome barriers and to reach these goals, even in more advanced age groups⁽⁴⁾. In the old age, the sense of self-efficacy may keep strong when the individuals compare themselves to other people who are the same age, keeping activities they have always done well and minimizing those they consider less important – making some sort of compensation and mediation among their capabilities⁽⁴⁾. Therefore, the authors suppose these factors assure the maintenance of health promoting behaviors of the older individuals in this study.

Prioritizing behaviors that promote health

The cognitive, emotional, motivational and selective processes are activated by the self-efficacy, which regulates the human functioning, and capacitate the individuals to create conditions that benefit the exercise of self-control⁽⁹⁾. In face of difficulties, individuals with weak sense of self-efficacy concentrate in their deficiencies and in the obstacles to over-

come in order to achieve the proposed goal, not dedicating themselves to make the effort. Thus, they avoid activities and environments that go beyond their capability of handling⁽⁹⁾.

It is believed that the individuals of the present study have strong sense of self-efficacy in several functioning areas, and that the selection of strategies and the factors used by them facilitated the exercise of the control over their health promoting behaviors, helping them overcome barriers. Enjoying what you do is one of these factors, according to E29 (woman, 64 years old):

Then I started on a diet by myself, getting to know what was good for me, what I liked. There are things that I don't like very much, but I know they are good, they have vitamins, they have this, they have that.

Besides enjoying it, being aware of the importance or the need for certain behaviors also facilitates their maintenance, as evidenced in the statement of E103 (woman, 63 years old):

I just still cannot eat brown rice. I think it is very bad, so I rather eat just a little white rice than eating the brown rice.

The sense of self-efficacy interferes in the amount of effort made and in the persistence to overcome barriers that may reduce motivation. Therefore, it is believed that, by saying she *still* cannot eat brown rice, E103 is thinking about it and elaborating strategies to do so, that is, she is making an effort. Individuals with strong sense of self-efficacy are convinced that the difficulties will not stop them from complying with the proposed behaviors⁽⁴⁾.

In order to facilitate the control and execution of their activities, the studied group uses the creativity, the incorporation of the behavior to the daily life and the organization of the personal commitments.

I have already created this habit, however, in order to balance it well with the other activities, because I do other things too, I come three times a week. [...] Thursday and Friday I spend the day at home. Then I organize my house. [...] Then you get used to it, and it becomes something more common (E85, woman, 62 years old).

I have always been able to coordinate everything. I try to do everything that is possible [...] there are some days that I go to the church, other days I go walking (E13, woman, 70 years old).

Therefore, in order to keep health promoting behaviors, it is important to highlight the decision to choose them⁽¹⁵⁾ and prioritize them, what is evident for E98 (woman, 64 years old):

It is true that many times you don't feel like doing an activity, for instance coming here. Today, I could have gone out, taken some tea, gone here or there. But I did not, because my health comes first.

Regarding the care to eating habits, none of the interviewed older adults has any food restriction, however they

show concern towards their diet, in other words, they control the amount of some kinds of food, without removing them from their menu.

[...] I realized I did not need so much pasta, so much lasagna [...]. I leave the red meat for the days in which there is a barbecue at home (E29, woman, 64 years old).

[...] I eat little fat (E98, woman, 64 years old).

[...] I am already used to it. I do not eat too much. [...] Whenever people ask me, aren't you going to eat some more? I am satisfied (E114, man, 82 years old).

Therefore, it is possible to observe that these individuals believe in their ability to have control over their actions, being satisfied about the way they do it. And by believing that some behaviors strengthen and promote health, they prioritize them in their daily life.

FINAL CONSIDERATIONS

The authors consider that, in order to keep these health promoting behaviors, the studied older individuals successfully left their psychological barriers behind, which helped them intensify the amount of effort and the time of persistence in face of difficulties, as well as the resistance to failures. Thus, the sense of self-efficacy was strengthened, determining the continuity of the behaviors. Besides, the authors believe that the perceived psychosocial and physical benefits, the conscious of their own finitude, the perspective of living longer and the fear of the physical and social dependence in the future acted as motivational factors for the maintenance of the adopted behaviors, as well as they created conditions to benefit the exercise of the self-control over the executed actions, incorporating the behavior to their daily life, organizing the personal commitments and prioritizing the execution of their health promoting behaviors.

The authors recommend that nurses and other professionals from the health area use the theory of the sense of self-efficacy as instrument of education in health, since the strengthening of this sense helps the compliance and maintenance of the behavior of the individuals. Thus, these professionals will be able to use this theory whenever their patients and clients wish and need to change behaviors, or both.

It is worth highlighting that the results of the present study are limited regarding their generalization. The limiting factor is that these older adults have a differentiated profile, that is, they are healthy and practice physical activities regularly. Besides, the authors recommend the development of other studies with the older population, aimed not only at contributing to the knowledge about this population group, but, mainly, at identifying ways to provide good health and life conditions. The authors also suggest the extension of studies that use the theory of the sense of self-efficacy and the use of specific instruments to measure it.

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