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Preview Notes



## Quality of life among disabled retired public employees: an epidemiological study

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### ABSTRACT

**Aim:** to analyze the quality of life and factors associated with it among disabled retired public workers of a public university. **Method:** this is an epidemiological study, featuring an observation-analysis, and a transversal, quantitative approach. The sample is composed of 59 disabled public employees who retired between 2000 and 2014. The data was collected through a questionnaire of socio-demographic characteristics and the SF-36v2 form in order to evaluate the retirees' quality of life. For the quantitative variables, the evaluations of absolute and relative frequencies, measurements of central trends, and variability were observed. The Mann-Whitney test, Chi-square test, and Wilcoxon W test were used due to the asymmetrical distribution of the variables found. The level of statistical significance was determined to be  $p < 0.05$ . **Expected Results:** this study will provide support to personnel management in order to implement policies for the promotion of health, illnesses prevention, and the reduction of injuries; as a result, a decrease in the rate of early retirement, higher productivity in the labor market, an improvement in self-esteem, and the decline in retirement fund expenses are expected.

**Descriptors:** Quality of Life; Insurance, Disability; Universities.

## SITUATION-PROBLEM AND ITS SIGNIFICANCE

Disabled retirement is provided to insured workers who become chronically incapacitated due to an illness or accident. This condition must be declared by medical expertise<sup>(1)</sup>.

Disabled retirement leaves the incapacitated individual unable to work in their previous role in any function, as well as in other roles. Therefore, it is understood that this condition may affect the quality of life (QL) of these people due to the imposed limitations, in both physical and mental spheres.

QL is an abstract term that does not have a clear definition, and it has been discussed at length throughout the years. The Health World Organization, based on a meeting held by specialists, defined QL as a perception that a person has about himself/herself, taking into consideration the cultural context and the values, which will affect his/her goals, expectations, standards, and worries<sup>(2)</sup>.

The desire to understand QL comes from the influence it has had on policies and practices in the area of health in the past decades; this means that improvement in QL became a goal to be reached in both care practices and public policies in the areas of health promotion, prevention of illnesses, and reduction of injuries.

Based on these elements, studies of QL of disabled retired individuals are important for company managers, the workers themselves, and public policies in order to coordinate events to promote health, prevent illnesses, reduce injuries, and maximize QL.

## RESEARCH QUESTION

How do disabled retired public workers from a public university perceive their quality of life?

## AIM

To analyze the quality of life and associated factors among disabled retired public workers from a public university

## METHOD

This is an epidemiological study, featuring an observation-analysis and a transversal, quantitative approach.

This study will have as the sample 70 disabled retired public workers from a public university, located in the Brazilian state of Paraná, who left their positions between 2000 and 2014. Based on this number, the calculation was done to achieve a sample with a margin of error of 5%, a level of significance of 95%, and a proportion of 50%, thus resulting in a minimal number of 59 interviewed retirees.

The criteria of inclusion were: either gender, former public worker with a tenured position, living in the metropolitan area where the university is located, and retired for at least two years. The exclusion criterion was physical and/or psychological disability that would impede the former server to answer the questions. If necessary, the mini-exam for mental health (MMH) will be applied.

The participants invited to participate in this research will receive a phone call, identified through a list provided by the University's Human Resources Desk at the Dean's Office. A meeting will be scheduled to collect the data.

A socio-demographic questionnaire was used to characterize the sample, to acquire the clinical data and lifestyle of the retirees, which included the following variables: age, gender, marital status, schooling, number of dependents, year of retirement, position before retirement, past work shift, years working in the university before retirement, and reason for the

early retirement. With regards to the clinical data, the evaluation analyzed traces for depression, arthritis/rheumatism, cancer, chronic neurological disease, stroke, hypertension, mellitus diabetes, asthma/bronchitis/emphysema, musculoskeletal disorders, and others, with an open field to be filled out. The information will be gathered from the medical records of the retirees available at the Specialized Service in Safety Engineering and Labor Medicine of the studied university. The variables used to evaluate the lifestyle after retirement are: specific diet, consumption of alcoholic beverages, performance of physical activities, smoking habits, and leisure activities.

The second instrument to be used is the *Short Form Health Survey*, version 2 (SF-36v2), to evaluate the quality of life<sup>(3)</sup>.

The Cronbach's alpha coefficient evaluates the internal consistency of the SF-36v2 form. To analyze the quantitative variables, this study will use absolute and relative frequencies, a measurement of central trends and variability, asymmetric distribution of variables, and the Mann-Whitney, Chi-square, and Wilcoxon W tests. The established level of significance is  $p < 0.05$ .

This project is a portion of the Project Quality of Life of Retired Public Workers of a Public University, approved by the Committee of Ethics in Research Involving Human Beings from the Londrina State University, under protocol #916,930, and CAAE #39524814.5.0000.5231; authorization was given to apply the SF-36v2 under protocol #QM032612 in December 1st 2015.

The signature of the Free and Clear Consent Agreement (FCCA) guarantees the anonymity of the participants.

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