



A percepção dos idosos sobre a institucionalização de longa permanência

The elderly's perception of long-term institutionalization

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ABSTRACT

The aging of the Brazilian population is a reality that has been noticed for some decades and that tends to become even greater over the years. When aging results in senility, family members often need to shelter the elderly in Long-Term Care Institutions (LTCFs), in which the loss of the uniqueness of individuals may occur. In this context, it is of great importance for nurses to know the reality of the elderly, from their own point of view. Objective: To understand the feelings and perceptions presented by elderly residents of two LTCFs in the west of the state of São Paulo. Method: Descriptive, exploratory research with a qualitative approach. The research subjects were seven elderly residents of two LTCFs in the west of the state of São Paulo. Data were collected through recorded and transcribed interviews, which were later analyzed according to thematic content analysis, raising two thematic categories: 1) Feelings related to personal history and 2) Impressions regarding relationships in the LTCF. Results: The feelings identified in the speeches



were especially loss, loneliness, worthlessness, and guilt. Regarding the LTCFs, feelings of satisfaction and dissatisfaction emerged. Final Considerations: The perceptions arising from the analysis of the results can promote reflections in LTCF professionals and managers. It is also important that the working teams can be composed of diverse professionals who are able to meet the needs faced by the institutionalized elderly.

Keywords: Health services for the elderly, Old, Perception, Nursing.

1 INTRODUCTION

Aging is a biological characteristic that occurs from the moment you are born and, over the years, brings with it psychic and physical changes. These alterations can be distinguished into two categories: senescence, which results in natural aging with loss of functionality, but unaccompanied by pathological situations; and senility, which is aging accompanied by a pathological process (PORTH, 2010). What determines which type of aging will occur is the lifestyle, socioeconomic conditions and biological characteristics of each person (FECHINE; TROMPIERI, 2012).

The elderly population is classified as young elderly (65-74 years), medium elderly (75-84 years) and elderly (over 85 years) (PORTH, 2010). In Brazil, the number of elderly people has been increasing every day. It is estimated that the number of elderly people in the city of São Paulo will double in relation to the number of adolescents in the period from 2010 to 2030. The ratio of elderly to adolescents in 2010 was 6 elderly for 10 adolescents, this number will double in 2030, being 12 elderly for every 10 adolescents. This is due to the drop in the fertility rate from 3.2 to 1.7 children per family from 1980 to 2010 (MACIEL, 2015).

Especially when the aging process results in senility, family members face various difficulties of a socioeconomic and cultural nature. Thus, they often resort to places where they can leave the elderly, who for a long time have been called nursing homes. The first forms of asylums appeared in the sixth century, when Pope Pelagius II transformed his house into a hospital for the elderly, called a gerontocomium. Even with the evolution of societies, nursing homes have always had a charitable character, with the aim of meeting the basic needs of food and housing for the elderly. However, with the difficulty in maintaining themselves in a philanthropic manner, many institutions became private (NEUMANN; PAZZINI, 2017).

Currently, the term used to replace the nomenclature asylum is Long-Term Care Institution for the Elderly (LTCF), regulated in 2005 (ANVISA, 2005). LTCFs can be defined how:

governmental or non-governmental institutions, of a residential nature, intended for the collective home of people aged 60 years or over, with or without family support, in conditions of



freedom, dignity and citizenship (Agência Nacional de Vigilância Sanitária apud PAULA, et al.; 2018, p. 1054)

Since then, it has been trying to overcome the prejudice about the care provided, as the institutionalization of the elderly is still seen as a symbol of abandonment, poor hygiene, poverty, mistreatment and inhumane care (ALVES-SILVA; SCORSOLINI-COMIN; SANTOS, 2013). In Brazil, in 2009, 3548 LTCFs were calculated, where about 83,870 elderly people live. These are found in 28.8% of Brazilian municipalities (ALVES-SILVA; SCORSOLINI-COMIN; SANTOS, 2013).

LTCFs seek to reduce the harm that the elderly are more likely to develop, guaranteeing them comprehensive care, defending their dignity and rights.

As is often the case in closed institutions, LTCFs have rules and routines, often historically determined and reaffirmed by the team's work process, which can condition their residents to reduce or lose their singularities and life history (OLIVEIRA; ROZENDO, 2014). It is necessary to consider that the elderly, once institutionalized, need to adapt to the new routine, to the team and to the people who already live in the place. They also face challenges such as the absence of family and friends and the perception of their own finitude (CORRÊA; OLIVE TREE; BASSANI, 2018). Thus, it is necessary to invest in the knowledge and understanding of these institutions, as a way to improve their practices and functioning, transforming them into dignified places for the elderly to spend their last years.

As for professionals, Paula, Rodrigues and Santana (2018) report that most LTCFs do not have workers with professional qualifications. The authors also state that there are divergences in the legislation regarding the dimensioning of nursing for work in LTCFs, however, it is a fact that professional care of the nursing team provides greater security to the elderly. And, according to the Law of Professional Nursing Practice, it is mandatory to supervise nurses in places where care is provided by nursing technicians and auxiliaries (FEDERAL COUNCIL OF NURSING, 1986). Thus, the figure of the nurse becomes indispensable, as well as the understanding of this professional about LTCFs and the aging process that the elderly go through.

This research presents its relevance in offering reflection material for nurses and other health professionals, so that they can plan their care considering the personal, individual and subjective aspects of the elderly living in LTCFs. As a research question, we have: "What is the feeling of the elderly when being institutionalized?", with the hypothesis that institutionalization awakens negative feelings, which can be minimized with the work of the nurse. To this end, it



aims to understand the feelings and perceptions presented by elderly residents of two LTCFs in the west of the state of São Paulo.

2 METHOD

This is a descriptive and exploratory research, with a qualitative approach for data analysis. The research was carried out in two LTCFs, one of which was philanthropic and consisted of 23 elderly residents – 13 men and 10 women aged between 62 and 104 years; and a particular one characterized by 17 elderly residents – 7 men and 10 women, aged between 62 and 92 years. Both institutions are located in two distinct municipalities in the West of São Paulo.

The research participants were elderly residents of these institutions. The following inclusion criteria were used: minimum three months of stay in the LTCF and being able to answer the questions, using the Mini Mental State Examination (Appendix 1), with cut-off points proposed by Bertolluci et al. (1994). Participants not included were those who did not meet the criteria mentioned above. All eligible participants were invited to participate in the research, totaling 8 subjects. Initially, all of them agreed to participate, signing the Free and Informed Consent Form (ICF – Appendix 1), but one dropped out, totaling 7 participants in the end. These were identified by the abbreviations P1 to P7.

This study was submitted to the Research Ethics Committee of the proposing university and approved under CAAE n° 2.950.637 according to Resolution No. 510 of 2016 (BRASIL, 2016).

Data were collected through semi-structured interviews (Appendix 2) with the guiding question "how do you feel living in this institution?". Other questions could be asked as shown in Appendix 2, if necessary to obtain the results. The answers were recorded and later transcribed, and the audios were discarded after transcription.

Data analysis took place through Bardin's (2011) thematic content analysis. Thus, the transcribed material followed the following steps:

- Pre-analysis: In this stage, 10 floating readings were carried out, 3 readings for the choice of documents, 3 readings for the formation of hypotheses, objectives and referencing of the indexes and elaboration of the indicators.
- Exploration of the material: coding, classification and categorization of the data obtained were performed;
- Treatment of results, inference and interpretation of information: the discourses were separated and regrouped for a better description of the meanings found.



3 RESULTS AND DISCUSSION

Among the participants, 4 were female and 3 were male; the length of stay ranged from 1 to 10 years of institutionalization; the mean age was 72 years; On the other hand, schooling ranged from illiterate to complete higher education, with a predominance in the number of illiterate individuals (3); marital status diversified between married, single, widowed and divorced; religious belief ranged from atheism to Christianity; three had no children and all reported receiving visits from family members.

By analyzing the data of the profile found, the gender with the highest predominance in LTCFs is female, which coincides with the data of this research (GÜTHS et al., 2017). The same can be stated regarding the mean age, which, according to data from Borges et al. (2015), is 72.4 years. A fact that may contribute to explain the presence of illiterate people is that in the past, men dedicated themselves only to work in the fields and women to domestic service due to socioeconomic conditions, leaving studies in the background. Regarding visits, The data found in this research show that all the elderly interviewed receive them regularly, but that they are not the only ones who receive them. et al (2017) show in their research that the majority of the elderly do not receive visits in LTCFs. Another contradiction in the results of the present study was the fact that most of them had children and, according to Güths et al., it is reported that the majority of institutionalized elderly do not have them. Regarding marital status, there was similarity between the data in the literature and those collected, which indicated that most institutionalized elderly do not have a stable marital status.

After analyzing the transcribed discourses, two macro-categories were created: 1) Feelings related to personal history and 2) Impressions regarding relationships in the LTCF. According to Aurélio (2010), feeling is the action or effect of feeling; to perceive through the senses; emotion; ability to be impressed or moved by something or someone.

3.1 FEELINGS REGARDING PERSONAL HISTORY

The discourses presented personal feelings related to their own existence, such as a sense of loss, loneliness, uselessness, conformism and guilt. Loss, i.e., the fact of ceasing to possess or having something, appears in the following statements:

"I don't have a house anymore and that's why I came to live here" (P 6, 74 years old, male, LTCF resident for 10 years)

From this statement, it is noticeable that this participant, as well as others, feels that they have lost the people or things that were important to them and, in turn, end up relating this loss to



the fact that they are institutionalized, as if life depended only on what they had. The feeling of loss highlighted in the above statement is an association between loss and institutionalization, showing that institutionalization is a consequence of loss. After all, when something of great importance is lost, it is expected that there will be difficulty in reorganizing (RAMOS, 2016).

Losses are always difficult to deal with because they relate to individuals' life histories, their desires, their expectations, their anxieties and motivations. However, Western culture does not prepare human beings for losses, consequently it does not prepare them for life either – since losses are part of living and are inevitable (HERÉDIA, 2010). The author also states that losses can and should become opportunities for recreation, not being a meaning of finitude. Studies show that admission to LTCFs appears as a condition of access to health care, social support and safety, and the nursing team is responsible for listening attentively, using touch as a therapy, aiming at reducing anxiety (DIAS, 2012)

The participants also showed a feeling of loneliness, which according to the Aurélio dictionary (2010) is the state of those who think they are or feel unaccompanied or alone; isolation. You can see this by saying:

"People are going to turn away from me if I don't keep making jokes [...]" (P 5, 66 years old, male, LTCF resident for 4 years)

The participants clearly report the presence of loneliness in their daily lives. In the speech, it is highlighted that the participant cannot feel sad if he cannot end up pushing people away and this shows a very serious thing because every human being has feelings, has good and bad moments, cannot be well every day and has the right to choose how he will deal with each situation, whether positive or negative. So a person has the right to be happy or sad and the decision is up to him and not to others.

The literature indicates that loneliness may be a consequence of the feeling of loss, mentioned above. Azevedo and Afonso (2016) say that older adults who have already experienced loss are more likely to feel lonely, so the participation of family members is of paramount importance during the experience of these older adults, so that they adapt to this new reality and do not feel excluded from the family. Nursing also plays an essential role in minimizing the situation of loneliness, with the following main functions: transmit empathy in order to promote the verbalization of doubts, fears and concerns on the part of the elderly; create an environment in which spiritual expression can be encouraged; teach the elderly to anticipate the pleasant experiences of each day, such as walking, reading, or others that give them pleasure; communicate acceptance of the various spiritual practices and beliefs, demonstrating non-judgmental attitudes;



be available to listen when the elderly person expresses their own doubts, guilt or other negative feelings, among others. (ANDRADE et al, 2005 apud SILVA JÚNIOR, PINHEIRO, 2011, p.8)

On the other hand, uselessness – absence, lack of utility, of usefulness (AURÉLIO, 2010), was observed in the following statements:

"[...] I get sad when I'm close to them (family) and I can't do anything and it's still a lot of work, they have to pick me up, put me in the car, it's very annoying this situation [...]" (P 5, 66 years old, male, LTCF resident for 4 years)

It is possible to infer that participants feel useless due to various factors, such as physical and financial disabilities. In the statement presented, the participant makes it evident that she feels dependent on people because she cannot perform basic activities without their help, bringing the feeling of uselessness in these situations, even thinking that it is a hindrance, and hindering people in their activities every time they stop performing them to help her.

According to Freitas and Haag (2009), when the elderly no longer perform their daily activities, that is, they lose their independence, a feeling of worthlessness arises that causes a decline in self-esteem, hopelessness and lack of motivation for life, in addition to interfering in their social life. According to Deon and Goldim (2016), the wishes and desires of institutionalized older adults are left aside, as well as their ability to perform their routine activities that would be performed if they were in their homes, which ends up making them more dependent on others. On the other hand, the nurse in the LTCF develops a process of caring for the elderly in a comprehensive way, considering the biopsychosocial and spiritual aspects. In this way, it is possible to promote a healthy and active life, through the use of the abilities and health conditions of the elderly, aiming at their continuous personal development (SANTOS, et al, 2008).

The feeling of conformity was also observed, which means the "act or effect of conforming, accepting, agreeing; conformation, agreement" (AURELIO, 2010) in the following statements:

"Oh, at first I felt abandoned, now I don't, you get used to it." (P 4, 71 years old, female, LTCF resident for 1 year and 2 months)

In the speech presented by the participant, a feeling of abandonment is highlighted due to the infrequent visits and the absence of the nephew who went to another country. Thus, with the persistence of these facts, the participant saw no other solution than to get used to the situation, creating a feeling of acceptance. It was also perceived in other discourses that, after a period of permanence in the institution, there is a certain conformism with this reality.



According to Carvalho (2015), during institutionalization, there is a conformity to the new way of living and not an adaptation. This happens because the elderly end up living in a closed environment in which there is a routine in all areas of their lives, with a scheduled time to do each task, which are always in groups. Thus, it is very important that the LTCF work team can promote the creation of new opportunities for the elderly, seeking to overcome conformity and assisting in the achievement of new goals, such as the maintenance of an active and autonomous life, the development of new artistic, musical, and handicraft attributes, among others.

Finally, there is a relationship with the feeling of guilt, which is responsibility for damage, evil, disaster caused by others (AURÉLIO, 2010).

"I started using drugs... Then the bug caught on! I think I was the one who caused it, it was the drug that caused this stroke and that's why I'm here" (P 5, 66 years old, male, LTCF resident for 4 years)

In the discourse presented by the participant, it indicates a feeling of guilt related to the use of psychoactive substances, because in its conception a cerebrovascular accident (CVA) occurred, leading to institutionalization. It is thought that the chemical dependency weakened the family ties and this contributed to this elderly man being taken to the LTCF. It is clear that the participant attributes his institutionalization only to himself, increasing the burden and placing institutionalization as a punishment for his "bad behavior".

The elderly, according to Silva (2015), have a greater capacity for affection with others, but there is a very great victimization of themselves and when we associate their low self-esteem, we understand that their attention will always return to themselves, reinforcing the existing feeling of guilt.

This category presented the most present feelings in the participants' speeches and it can be seen that the feelings related to their own lives have a negative connotation.

The work of nurses with the elderly should be very thorough when performing nursing consultations focused on the problem inserted or the potential problem and also to evaluate the activities performed by the elderly prior to the installed condition, always considering their aging and all the changes that occur. It is up to the nurse to evaluate the daily activities practiced and to propose measures so that this elderly person does not feel useless is of great importance for a better insertion of this elderly person in the LTCF environment, and daily or weekly tasks can be created for the residents themselves to volunteer to perform them. Nurses should be able to promote team activities in order to ensure social interaction among residents so that they do not feel alone. Working on the causes for institutionalization is important so that they don't hold grudges and take



away this prejudice that they themselves have from the institutions and not try to hide or camouflage this cause, show that everything is fine.

3.2 IMPRESSIONS REGARDING RELATIONS IN THE LTCF

From the guiding question of the interview feelings of satisfaction and dissatisfaction were found in relation to LTCF institutionalization.

The feeling of satisfaction, i.e., the act or effect of satisfying (oneself); contentment, pleasure arising from the accomplishment of what is expected, what is desired, in relation to the care provided in the place, or the structure.

"[...] They (nursing technicians) are very good, they do everything I want. (pause) This is a family, right? (pause)" (P 4, 71 years old, female, LTCF resident for 1 year and 2 months)

Participant 4, at the beginning of the interview, explicitly presented the feeling of abandonment by her family members and consequently longing, however, in the statement above, she refers to having created family bonds with residents and the team, filling the void created by abandonment, in addition to showing gratitude for the care and affection she receives within the institution, from the nursing team.

According to Ferri et al (2018), satisfaction occurs when there are recognitions that can be related to some requirements present in institutionalization, such as food in the right quantity and time based on chronic diseases such as diabetes and hypertension, attention to care related to medications, catheters, and preventive measures to avoid falls or injuries.

On the other hand, it also appeared in the reports that there is dissatisfaction with institutionalization, demonstrated by discontent, displeasure, annoyance, and annoyance (AURÉLIO, 2010).

"I suffer a lot of disgust (pause) because since I entered here, instead of treating me as someone who is sick, who wants support and affection, I only fight, only fight, there is only fight here, not only with me, with all the elderly" (P 3, 82 years old, female, LTCF resident for 3 years and 6 months)

In this discourse, the participant portrays a more delicate situation in relation to the care provided in the institution. However, when analyzing the interview in its entirety, it is possible to perceive that at all times the participant demonstrates neediness related to short visits from her family members, in addition to the need to receive constant attention and difficulty in sharing belongings with her companions. Thus, it is possible to infer that the participant projects her



personal dissatisfaction to the LTCF, because she wants much more care than can be offered. It is important to highlight that this statement was the only one presented with negative characteristics regarding the care provided in the institution.

The discourses show that there is dissatisfaction with the physical structure of LTCFs and, according to Ferri et al (2018), dissatisfaction can be a factor due to elements present or absent in institutionalization, such as the physical structure that results in excessive heat, which may not please the elderly, it can be an internal discontent in which there is not a good relationship with the institution's workers. The onset of LTCF can lead to a decrease in the general condition of the elderly – a situation that will tend to change if the LTCF offers favorable conditions for the elderly to review their new condition, not as a guest, but as a resident of that new address (SANTOS et al, 2008)

LTCFs need a multidisciplinary team to ensure comprehensive and quality care for the elderly, so that they can maintain a satisfactory quality of life. This care is based on two dimensions: one related to the care of the needs of the different degrees of dependence of the residents, seeking to reduce weaknesses and prevent the most frequent diseases; the other dimension is related to bonds and social roles, both within LTCFs and with the community (SANTOS, et al, 2008). The challenge of the multidisciplinary team is, therefore, to work to achieve these two dimensions present and necessary in the institutionalization of the elderly.

In short, institutionalization is satisfactory for the vast majority of residents, and the greatest dissatisfaction is due to the physical environment of the LTCF, a fact that can be minimized by the professional nurses in the development of their management action. Thus, according to Santos et al (2008), nurses, in order to work in an LTCF, must have a deep knowledge of the dynamics of aging in order to offer more welcoming, humanized care, with systematic and comprehensive evaluation. The aim is to make institutionalization a new reality for the elderly, a reality filled with care, comfort and dignity to continue their path in the aging process.

In the institutions participating in the research, there is the presence of nursing technicians and assistants providing care to the residents. According to the Law of Professional Nursing Practice (COFEN, 1986), the supervision of the Nurse in the performance of the Nursing Technician and Auxiliary is mandatory, that is, one more justification to justify the professional Nurse as the technical responsible in Long-Term Care Institutions.

It is the LTCF's responsibility to try to minimize negative feelings by exploring areas of therapeutic activities with the aim of socializing that can give back to the user the feeling of capacity, thus increasing their acceptance and satisfaction. For this to happen, it is necessary to



work in a multidisciplinary way, not only with health professionals, but also with a nurse to manage the care provided, psychologists to meet emotional demands, occupational therapists for therapeutic activities to stimulate the cognitive and motor system, in addition to minimizing the retrograde effects of senescence, physical educators and/or physiotherapists to stimulate the practice of physical exercise. thus avoiding muscle atrophies, among other professionals who can offer a more dignified and efficient care to the institutionalized elderly.

4 FINAL CONSIDERATIONS

This study made it possible to understand the feelings and perceptions of the elderly living in LTCFs, identifying feelings such as loss, loneliness, uselessness and guilt, as well as impressions of satisfaction and dissatisfaction with institutionalization. It was possible to perceive that the negative feelings presented during the study, for the most part, do not originate from the treatment offered by the LTCF, but from the distancing from the family, from the reduction of tasks that cause feelings of uselessness and loss of function.

It is possible to understand the nurse as the most appropriate professional to exercise the technical responsibility of LTCFs, since they receive training since their training to plan, organize, direct, control, and coordinate institutions and their own care, thus being able to see the individual in a comprehensive way, understanding and intervening in the real causes of the complaints found.

The study had limitations of a small number of participants, due to the need to achieve the minimum MMSE score as an inclusion criterion, which limited the number of elderly people able to participate in the research, in addition to the withdrawal of one participant during data collection.

It is necessary to transcend the prejudice related to the institutionalization of the elderly, as this represents receiving care in general, which was often not possible to receive in their homes. For the residents, being institutionalized enables the creation of affective and friendly relationships with other residents, making the house lighter and more relaxed. It is worth noting that, with the general aging of the population, we are all subject to institutionalization. Therefore, it should not be masked, but conducted with transparency, lightness and naturalness, living intensely each stage of our lives.



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