

ANALYSIS OF THE QUALITY OF LIFE OF THE 3RD AGE GROUP LIVING IN LONG-TERM CARE INSTITUTIONS IN BRAZIL: AN INTEGRATIVE LITERATURE REVIEW



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ABSTRACT

INTRODUCTION: Currently, the number of Long-Term Care Institutions for the Elderly (LTCF) has been increasing in Brazil, presenting a great challenge for public health systems due to the aging of the population, being a significant portion of Brazilian society (Ayoub, 2024; De Oliveira et al., 2021). According to Ayoub (2024), in Brazil, the profile of older adults living in LTCFs consists predominantly of women, with little education, victims of abandonment, the presence of family conflicts, and the absence of a retirement plan, as well as older adults who already have poor cognitive function and are dependent to perform basic activities of daily living.

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INTRODUCTION

Currently, the number of Long-Term Care Institutions for the Elderly (LTCF) has been increasing in Brazil, presenting a great challenge for public health systems due to the aging of the population, being a significant portion of Brazilian society (Ayoub, 2024; DE OLIVEIRA ET AL., 2021).

ACCORDING TO AYOUB (2024), IN BRAZIL, THE PROFILE OF OLDER ADULTS LIVING IN LTCFs CONSISTS PREDOMINANTLY OF WOMEN, WITH LITTLE EDUCATION, VICTIMS OF ABANDONMENT, THE PRESENCE OF FAMILY CONFLICTS, AND THE ABSENCE OF A RETIREMENT PLAN, AS WELL AS older adults who already have poor cognitive function and are dependent to perform basic activities of daily living.

Depressive symptoms in elderly LTCF residents are the most common, ranging from 46.3 to 76%, however, their diagnosis and treatment are often neglected, and with regard to cognitive impairment, the rate varies from 62.4 to 86%, requiring a deeper evaluation to verify the needs and choose the appropriate therapies (Ayoub, 2024; Nascimento, et al., 2022).

OBJECTIVE

This study sought to analyze the quality of life of the 3rd age group living in long-term care institutions for the elderly in Brazil.

METHODOLOGY

The scientific research method is an integrative review of the literature with the purpose of analyzing the quality of life of elderly people in long-term care institutions. The material was researched in the last five years, where we identified the problem or questioned, established criteria for inclusion/exclusion of articles, defined the information to be extracted from the selected articles, and evaluated the studies included in the integrative review.

The data collection stage took place during the month of December 2024, using the Virtual Health Library (VHL), in databases and journals on the main platforms, such as LILACS, SCIELO and Medline. The criteria entered were: Portuguese language, published in the period 2019 - 2024. The Health Sciences descriptors selected for the search of the articles were: "Elderly", "Quality of life", "Aging", "Health of the Institutionalized Elderly" and "Long-Term Care Institution for the Elderly".

In the first search, a total of 30 articles were found, and in the second, 26, totaling 56 articles, as shown in flowchart 1. Abstracts and titles were analyzed to verify the inclusion criteria: original articles such as randomized and non-randomized clinical trials, observational studies, quantitative and qualitative descriptive studies, published from 2020 to 2024, in Portuguese that were in accordance with the objective of the work.

Articles whose focus on quality of life was not related to the institutionalized elderly, bibliographic review articles that did not contemplate the research objective were excluded. In the end, 16 articles were selected to carry out the integrative review article.

DEVELOPMENT

LONG-TERM CARE FACILITIES FOR THE ELDERLY

According to the Resolution of the National Health Surveillance Agency, LTCFs are places of care for people aged 60 years or older, of both sexes, in the context of collective residence and who have or do not have family ties, and aim to shelter elderly people who need social support and who have weakened ties or do not have family ties (Corsini and Varoto, 2023; Santos, Are and Calheiros, 2021).

LTCFs are places where services are provided to the elderly, in various forms of care, and should plan care in order to offer adequate and qualified care when the search is necessary (Corsini and Varoto, 2023).

The staff must operate their activities with higher education for leisure, health, and nutrition activities, with the verification of professional records from the respective class councils, together with professionals from the administrative service and daily cleaning, as well as the outsourced service: food and laundry (Corsini and Varoto, 2023).

However, many LTCFs face problems related to human, physical, and financial resources, such as: insufficient health professionals and caregivers, lack of professional qualification, and lack of physical, recreational, or occupational activities, which reflects in reduced interaction, and little motivation and encouragement for the elderly (Queiróz, Figueiredo, and Oliveira, 2022).

According to a survey carried out in São Paulo, the search for vacancies in these Institutions was verified in the period of 12 months, and 214 requests for vacancies in the 26 LTCFs were found, of which 174 (81.3%) were made by the family of the elderly who seek this type of social support, however it was observed that currently the characteristics of the target audience to be served have been different, as in the past it was for elderly

people without family or with weakened family ties (Corsini and Varoto, 2023).

It was also observed that women correspond to almost 68% of the vacancies occupied, and the residents are between 60 and 101 years old, in addition, the depressive symptoms corroborate with the data in the literature that point to a high prevalence > 40%, due to factors related to institutionalization, such as: distance from other important people, low levels of privacy and freedom, which aggravates the mood of individuals (Ayoub, 2024; Corsini and Varoto, 2023; Silva and Aléssio, 2023).

In addition, the articles demonstrate a high prevalence of elderly residents with a low level of education, which can be correlated with the level of education of the Brazilian elderly, especially in the Northeast region, due to the majority of the population being classified as 'illiterate', which also happens in other regions of Brazil (Scherrer Júnior et al., 2022).

LTCFs have rigid routines, with pre-established rules and schedules for carrying out activities for the 3rd age, however, residents are unable to express their wishes due to lack of space, limiting the social and affective life of the elderly, due to the different routine from their previous one (Ayoub, 2024).

Another observation to be pointed out refers to the small number of professionals who carry out activities with the elderly, limiting the possibility of participation of these residents, especially with those who are more dependent (Ayoub, 2024).

Studies show the importance of effective changes in LTCFs, which should develop stimulating environments with diversified activities appropriate to the profiles of residents in order to increase the autonomy, independence, and quality of life of the elderly, and consequently reduce symptoms of depression and maintain cognitive functions (Corsini and Varoto, 2023; Hemanuelle, et al., 2023).

Studies carried out with residents found that about 30% of the participants negatively evaluated their experiences in the ILDI, due to conflicts with employees and little variety of activities, and most reported that they performed no or even two leisure activities/in addition to those offered, which demonstrates the monotony and social isolation that several residents experience, which partially explains the high prevalence of depressive symptoms in the sample (Ayoub, 2024).

According to the analysis of the articles studied, only a small portion of the elderly practice physical activity, which is associated with physical therapy sessions, and in leisure practice, less than half of the elderly participated in the activities of painting on fabric and

canvas, crafts, and board games (Scherrer Júnior et al., 2022; Vasconcelos, Bastos and Souza, 2022).

It was also found that even though the elderly were independent in the basic activities of daily living, most were not authorized to leave the institution, which refers to environmental containment, which implies emotional suffering, which enhances social isolation, reducing the autonomy and independence of the elderly, which causes damage to their sociability and well-being (Scherrer Júnior et al., 2022).

Thus, it is important to review the institutional culture in a way that contributes to the qualification of social and health care provided to this public in physical and social vulnerability (Scherrer Júnior et al., 2022).

QUALITY OF LIFE OF THE 3RD AGE GROUP LIVING IN LONG-TERM CARE INSTITUTIONS FOR THE ELDERLY

The functional independence of the elderly allows them to perform activities of daily living, which demonstrates their motor and cognitive conditions to perform activities, and their limitation mainly implies the risk of falling, which according to statistics shows a rate of 30 to 50% annually (Paula, et al., 2020).

Research shows that the routine in institutions is established based on meals, personal hygiene, and nursing care schedules, where most of them are offered five to six meals a day, however, there was little participation of the elderly in the choice of the menu (Corsini and Varoto, 2023).

In addition, it was found that baths are preferably done in the morning and although there was a schedule of activities, the rate of adherence by residents was low, corroborating studies that signal the fragility of the involvement of the elderly in activities of a more participatory nature and cognitive development (Corsini and Varoto, 2023; Schmidt and Penna, 2021).

Thus, LTCFs end up becoming a stressor for the elderly, as it implies abrupt changes in their lives, which explains the high prevalence of depressive disorder among the residents of these entities (Corsini and Varoto, 2023).

According to studies, when the elderly live in a LTCF and are away from their family ties, the health promotion proposal should be to promote a better quality of life, providing the elderly with greater independence and freedom. Otherwise, they may be affected by one of the main chronic diseases that affect the aging population, depression, impairing the

functionality of the elderly and becoming a serious public health problem, since there is a loss in quality of life and an increase in spending on health services (Queiróz, Figueiredo, and Oliveira, 2022; Barbosa and Sousa, 2021).

Depression is characterized by a strong physical and mental impact, however, the symptoms of the disease have often been neglected, and its recognition can minimize the causes and/or effects of this mental condition that has so many negative impacts on the life of the elderly (Queiróz, Figueiredo, and Oliveira, 2022).

During the research, it was found that the rate of depressive symptoms was 55%, being prevalent in elderly people aged 70-79 years and without a spouse, considering that most residents have a sedentary lifestyle, reduced self-esteem, autonomy and abandonment of the family, which contributes to a deficient quality of life (Queiróz, Figueiredo and Oliveira, 2022).

Another study showed the relationship between depressive symptoms and family functionality of institutionalized older adults, and it was found that most older adults with depressive symptoms also had family dysfunction, and in this condition, the chance of having depressive symptoms is increased by six times that of other older adults (Schmidt and Penna, 2021).

Dementia and cognitive deficit had a rate of 85% and 45% in the elderly studied, in addition to which it was found that dementia was the disease that most caused impairment in the functional performance of the elderly, due to the impairment of cognitive functions caused by the condition (Schmidt and Penna, 2021; Fagundes, et al., 2021; Izzo, et al., 2021).

In general, the care of elderly people with a high degree of dependence, demands specialized and high-cost services, and philanthropic institutions tend to have limited budgets, so the characteristic of elderly residents in LTCFs was verified, which showed a high rate of women and independent residents for daily activities. however, in principle, the higher degree of dependence should be a determining factor for institutionalization (Schmidt and Penna, 2021).

The results obtained in the research suggest that the institutional conditions offered to the elderly and the prevalence of disorders such as depression and dementia are very similar in LTCFs in different regions of the country, and it is necessary for professionals to seek interventions that can reduce the psychological suffering of institutionalized older adults (Schmidt and Penna, 2021).

In view of this, there is a need to invest in improving the quality of life of the elderly who live in the ILDI, in order to provide social integration, exchange of experiences, and independence (Scherrer Júnior et al., 2022).

FINAL CONSIDERATIONS

At this stage of life, it is necessary to provide care support that meets the needs of daily life, the routine employed in these institutions is fragile with regard to the involvement of residents in activities that can increase their independence, to the detriment of offering activities related to basic care, such as: hygiene, food, drug treatment and emotional and social support so that the elderly can achieve a satisfactory quality of life (Corsini and Varoto, 2023).

Actions can be implemented and contribute to changing the thinking of the general population, through strategies to improve the quality of life of elderly residents, seeking to increase functional and cognitive independence, aiming to reduce the depression rate for a good maintenance of the mental health of the elderly (Schmidt and Penna, 2021; Scherrer Júnior et al., 2022; Rodrigues, Santos, Soares, 2023).

It is understood that it is necessary to expand studies related to senile life, in order to influence and perhaps mobilize the public power, especially in the implementation of measures that improve the quality of life of the elderly, such as through an Institution for the Long-Term Elderly that offers excellent services.

REFERENCES

1. Ayoub, M. F., Manfredo, L. C., & Schmidt, A. (2024). Residents in institutions for older adults: Characteristics and their relationship with the institution. *Paidéia*, 34, e3409. <https://doi.org/10.1590/1982-4327e3409>
2. Barbosa, R. da C., & Sousa, A. L. L. (2021). Associação da autopercepção da qualidade de vida e saúde, prática de atividade física e desempenho funcional entre idosos no interior do Brasil. *Revista Brasileira de Geriatria e Gerontologia*, 24(4), e210141. <https://doi.org/10.1590/1981-22562022025.210141>
3. Corsini, T. V. M., & Varoto, V. A. G. (2023). Caracterização e rotina de instituição de longa permanência para idosos. *Revista Eletrônica Multidisciplinar de Investigação Científica*, 2(3), 1–14. <https://doi.org/10.56166/remici.2023.5.v2n3.4.18>
4. de Oliveira, L. F. S., & outros. (2021). Qualidade de vida relacionada à saúde de idosos institucionalizados: Influência do estado de saúde físico, nutricional e autopercebido. *Geriatria de Arco e Gerontologia*, 92, 104278. <https://doi.org/10.1016/j.archger.2020.104278>
5. Fagundes, D. F., & outros. (2021). Prevalence of dementia in long-term care institutions: A meta-analysis. *Jornal Brasileiro de Psiquiatria*, 70(1), 59–67. <https://doi.org/10.1590/0047-2085000000298>
6. Hemanuelle, G. V., & outros. (2023). Envelhecimento e qualidade de vida dos idosos institucionalizados. *Revista de Psicologia*, 17(67), 1–9. <https://doi.org/10.14295/online.v17i67.3796>
7. Izzo, T. F., & outros. (2021). Immediate physiological effects of listening to music before physical exercise in institutionalized older people with dementia. *Fisioterapia e Pesquisa*, 28(3), 308–317. <https://doi.org/10.1590/1809-2950/20028628032021>
8. Nascimento, M. S., & outros. (2022). Estímulo cognitivo e socialização de idosos institucionalizados na pandemia por Covid-19. *Revista Brasileira em Promoção da Saúde*, 35(7), 11860. <https://doi.org/10.5020/18061230.2022.11860>
9. Paula, J. G. F. de, & outros. (2020). Correlação entre independência funcional e risco de quedas em idosos de três instituições de longa permanência. *Revista da Escola de Enfermagem da USP*, 54, e3601. <https://doi.org/10.1590/S1980-220X2019016503601>
10. Queirós, L. R. M., Figueiredo, B. Q., & Oliveira, R. C. (2022). Análise do alto índice de depressão em idosos institucionalizados: Uma revisão integrativa de literatura. *Pesquisa, Sociedade e Desenvolvimento*, 11(10), e318111032943. <https://doi.org/10.33448/rsd-v11i10.32943>
11. Rodrigues, A. C., Santos, A. L., & Soares, L. S. M. L. (2023). Saúde mental do idoso institucionalizado. *Revista Brasileira de Medicina de Família e Comunidade*, 18(45). [https://doi.org/10.5712/rbmfc18\(45\)3589](https://doi.org/10.5712/rbmfc18(45)3589)

12. Santos, T. C. V., Ary, M. L. M. R. B., & Calheiros, D. dos S. (2021). Vínculos familiares dos idosos institucionalizados. *Research, Society and Development*, 10(12), e194101220246. <https://doi.org/10.33448/rsd-v10i12.20246>
13. Scherrer Júnior, G., & outros. (2022). Atividades de vida diária, sintomas depressivos e qualidade de vida de idosos. *Acta Paulista de Enfermagem*, 35, eAPE0237345. <https://doi.org/10.37689/acta-ape/2022AO0237345>
14. Schmidt, A., & Penna, R. A. (2021). Instituições residenciais brasileiras para idosos e condições psicológicas e cognitivas de residentes. *Psicologia: Ciência e Profissão*, 41(spe 4), e191768. <https://doi.org/10.1590/1982-3703003191768>
15. Silva, E. P. L., & Aléssio, R. L. S. (2023). Diferentes contextos de institucionalização da velhice: Perspectivas de idosos institucionalizados. *Revista Subjetividades*, 23(1), 1–16. <https://doi.org/10.5020/23590777.rs.v23i1.e13444>