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REVISTA IBERO-AMERICANA DE SAÚDE E ENVELHECIMENTO
REVISTA IBERO-AMERICANA DE SALUD Y ENVEJECIMIENTO

DEGREE OF SATISFACTION WITH INSTITUTIONALIZATION A DISCOURSE WITH ELDERLY

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ABSTRACT

Objectives: to identify the degree of satisfaction of the elderly before institutionalization in a discourse.

Methodology: field research of descriptive exploratory character, with a qualitative approach, carried out in an ILPI in the Municipality of Santa Rita, PB. In the data collection, a semi-structured questionnaire. To interpret the data, we used the Bardin content analysis technique, which allowed the identification of categories related to "Satisfaction and dissatisfaction with institutionalization".

Results: the dissatisfaction of being institutionalized is greater. There is some degree of revolt in the speeches of older people dissatisfied with being in an incognito environment with dissimilar people.

Conclusions: The study identified that the elderly interviewed mostly demonstrated that they are not satisfied with the institutionalization, and that the institutionalization option belongs to the family, being the expected support in the aging process. With this, institutionalization represents the rupture of family life, abandonment and social isolation.

Descriptors: Family Relationship; family; seniors; institutionalization; long-term institution for the elderly.

INTRODUCTION

Aging is a phenomenon that affects all human beings independently, changing from individual to individual, being gradual to some and faster to others. Characterized as a dynamic and sequential, progressive and irreversible process, closely linked to biological, psychic and social factors⁽¹⁾.

According to the IBGE, by two thousand thirty, the number of elders is expected to outnumber children and adolescents by about four million, a difference that will increase to thirty-five and five million by two thousand fifty⁽²⁾. With the increase in life expectancy, according to the World Health Organization (WHO), Brazil will be the sixth country in the world with the largest number of elderly people by two thousand twenty-five⁽³⁾. Given the above, a researcher in his study⁽⁴⁾, stated that aging exists, but is not a disease, nor necessarily limiting. Old age is a stage of life that can be as healthy as others, that the individual at the age of sixty does not necessarily have to be a patient, since the number of sick and dependent elderly people is a minority. Also at other stages of life some people, for various reasons, become sick and dependent⁽⁴⁾.

The family plays an important role in the aging process. The family environment is also a major factor in the behavior of the elderly. In environments where the elderly have no respect, recognition, they become socially isolated and afraid of making mistakes when performing their daily activities and being punished, leading to the growing demand for long stay institution by families or even the elderly⁽⁵⁾.

Thus, the family is, or at least should be a support in protecting the elder, taking responsibility for their care, providing them with affection, according to the conditions and needs of each elder. The increase in the elderly population has led to significant socio-economic changes to society, family, health services, which caused the increase in demand for long stay institution by family members⁽⁶⁾.

Corroborating this reality, the aforementioned author understands that the family seeks a long stay institution for Seniors as a place for their family to live, it is trying to provide an environment that offers care and companionship, as well as a space for living and socializing.

However, human beings should not be removed as they age, although younger people do not find the time, patience or willingness to deal with older women⁽⁷⁾.

Long stay institutions are governmental or non-governmental institutions of residential character, intended for the collective domicile of persons aged sixty years and over, with or without family support, on the condition of freedom, dignity and citizenship. Its origin is linked to nursing homes, initially directed to the needy population who needed shelter, the result of Christian charity in the absence of public policies⁽⁸⁾.

The institutions are designed to house elderly people in need of a place to live, food and full-time care, they have always been known as nursing homes, ie, these denominations have become synonymous with abandonment, poverty and rejection⁽⁹⁾.

However, transferring one's home to long stay institution will be the best way to meet the needs of the elderly. In this sense, the present study aims to identify the degree of satisfaction of the elderly before the institutionalization through their own speech.

METHOD

This is a field survey, the descriptive exploratory, qualitative in nature. The study had as research scenario the *Licota Carneiro da Cunha Maroja* Elder Promotion Association - ASPA, a Long stay institution for the elderly, located in Santa Rita, Paraíba.

The field research is the type of search you want to get the information directly to the studied population⁽¹⁰⁾. Demanding from the researcher a more direct encounter. In this case, the researcher needs to go to the space where the phenomenon occurs or occurred and gather a set of information to be documented. In support of field research, it will be articulated with exploratory research, which describes types of research developed in order to provide an approximate overview of a given fact. This type of research is carried out especially when the chosen theme is little explored and it becomes difficult about it to formulate precise and operable hypotheses⁽¹¹⁾.

However, descriptive research has as main objective the description of the characteristics of a given population or phenomenon or property has to relationships between variables. There are numerous studies that can be classified under this title and one of its most significant features is the use of standardized data collection techniques⁽¹¹⁾.

The study population consisted of ten institutionalized elderly in the aforementioned institution. For sample selection, the non-probabilistic sample method was used for convenience of research. Data collection took place from January to March two thousand sixteen. For data collection, the semi-structured interview technique was used based on a script containing questions, pertinent to the objectives proposed for the research.

The researchers took into consideration the ethical aspects of research involving human beings, advocated by Resolution number 466/2012 of the National Health Council. The research project was submitted and approved by the Ethics Committee and Research with Human Beings and the Ethics Committee of the João Pessoa University Center, with CAAE: 50047515.0.0000.5176. It is important to mention that, to guarantee the anonymity of the elderly, they were given fictitious names of Flores and all participants signed the two-way Informed Consent.

As an instrument for data collection, a recorded interview was conducted with institutionalized elderly where it was stored in a recorder, aiming to identify the degree of satisfaction of the elderly facing institutionalization, guided by a semi-structured script composed of objective and subjective questions. The objective questions addressed demographic social aspects, the subjective questions were related to the institutionalization of the elderly and the relationship with their family members.

RESULTS

According to the data analyzed fifty percent (five) elderly were aged sixty-seventy years, forty percent (four) aged seventy-one-eighty years and ten percent (one) elderly over eighty years. Being fifty percent (five) male and fifty percent (five) female.

Of the ten elderly interviewed, twenty percent (two) were married, forty percent (four) widowed and forty percent (four) single. Also, eighty percent (eight) had elderly basic conditions, sixty percent Diabetes/Hypertension and twenty percent (two) had mental disorder, twenty percent (two) had not declared diagnosis and residence time of one-two years fifty percent (five) elderly were found, and over two years old fifty percent (five) interns.

After transcribing the participants' recorded speeches, two analytical categories were listed based on the speeches presented, where they discuss the satisfaction and dissatisfaction of the elderly regarding the institutionalization process.

CATEGORY one: Satisfaction with institutionalization

"I'm satisfied, it's better here than on the street... drinking, smoking, I even quit" Orchid, sixty-three years old, one year and nine months of institutionalization.

"I'm satisfied, I don't have a family... I'm right here... (laughs)" Daisy, eighty-five years old, five years of institutionalization.

"I am satisfied, I live well here..." Violet, seventy-three years old, six years of institutionalization.

"I am pleased... on the one hand and not on the other... nobody comes to visit me. I miss my children... (crying)" Bromelia, eighty years, three years and seven months of institutionalization.

"I'm satisfied... I like it here I do things I didn't do at home, I have someone to talk to... I have my friends" Pink, sixty-one years old, one year and three months of institutionalization.

CATEGORY two: Dissatisfaction with institutionalization

"I'm not happy to be here... I was fooled. They put me in a corner with people I don't know and I don't have intimacy... they left me and left" Jasmine, sixty-six years old, seven years and seven months of institutionalization.

"I'm not happy to be here... I'm very humiliated. I've endured a lot of humiliation ... " Lily, sixty-one years, one year and five months of institutionalization.

"I'm dissatisfied that you're here... this is not my home. I was admitted to the hospital ... I left the hospital thinking I was going home ... not to this place" Carnation, seven-one years old, three years old and a month of institutionalization.

"I'm dissatisfied, I feel like leaving... I want my house... I like it here, but I want my house. This is not my home" The Ifazema, sixty-four years, four years and eleven months of institutionalization.

"I'm not happy to be here... I want to leave... I leave... I walk, I disappear... I don't get that in my head" Anis, seven-sixty, one year and five months of institutionalization.

Nothing beats family conviviality. According to the lines above, the dissatisfaction of being institutionalized is greater. There is some degree of revolt in the speech of the elderly dissatisfied with being in an incognito environment with dissimilar people. Although health professionals try to perform benign actions, it is not their home anyway.

DISCUSSION

A study conducted on the decision of institutionalization⁽¹²⁾ state that even with a family relationship is not positive, family life is troubled with children and relatives, and also marked by the loss of a partner. Widowhood was one of the factors mentioned as a synonym for loneliness and abandonment.

However, the asylum of the elderly constitutes distancing from the outside world, from family life. From the moment the subject leaves his own residence, he does not only set aside his personal property, but also the meanings of a lifetime. Emotional effects, adaptation to a new reality can lead the elderly to isolation and loneliness⁽⁹⁾.

The study showed that five elderly reported dissatisfaction with the institutionalization, according to research⁽⁷⁾, many elderly are dissatisfied with the rules imposed by the institution, because they limit the exercise of their autonomy, imposing schedules and routines, which primarily meets the needs institutional and not related to older people themselves.

However, other studies^(13,14) confirm the idea that dissatisfaction with being institutionalized, being considered an impact of the insertion of the elderly in the institution, can lead the elderly to a stage of depression, prevalence of feelings of anxiety, anguish, sadness, distress, lose the will to live. According to the authors understand that life has reached a stage without return, showing feelings of revolt, changing their daily routine, which affect emotionally, physically, psychically and socially.

Corroborating the above authors, in their study⁽¹⁵⁾, they state that the depression identified in institutionalized elderly is linked to the absence of family visits and the routine imposed by the asylum, which is not appropriate with their occupation prior to institutionalization.

CONCLUSIONS

The purpose of this study was to seek a greater understanding of the reality of institutionalized elderly, seeking to investigate the understanding of satisfaction with institutionalization.

The study identified that the elderly interviewed mostly showed not being satisfied with the institutionalization, and that the institutionalization option is the family, and it is the expected support in the aging process. Thus, institutionalization represents the breakdown of family life, abandonment and social isolation.

Thus, it is suggested that further research may be developed in order to deepen the issue of aging, the institutionalized elderly and their family relationships in view of the increased demand for institutionalization as a way to alleviate suffering, or even isolation of the elderly. Although this process is natural and sequential, the best scope for living with an elderly is next to their family.

REFERENCES

1. Fechine BRA, Trompieri N. The aging process: the main changes that happen to the elderly over the years. *Interdisciplinary magazine Science Place*. [Internet] 2015. [Cited on: June 4, 2016]; 1(20). Available from: <http://ftp.interscienceplace.org/isp/index.php/isp/article/view/196>

2. Brazil. Brazilian Society of Geriatrics and Gerontology (SBGG). *Aging in Brazil and Elderly Health: SBGG publishes open letter to the population*. [Internet]. 2010 [Cited on: June 4, 2016]. Available from: <http://sbgg.org.br/envelhecimento-no-brasil-e-saude-do-idoso-sbgg-divulga-carta-aberta-a-populacao-2/>.
3. Silva MF, Goulart NBA, Lanferdini FJ, Marcon M, Dias CP. Relationship between physical activity levels and quality of life of sedentary and physically active elderly. *Brazilian Journal of Geriatrics and Gerontology* [Internet]. 2012. [Cited on: May 29, 2016]. 15(4). Available from: <http://www.scielo.br/scielo.php?script=sciarttext&pid=S180998232012000400004&lng=en&nrm=iso>.
4. Dalvi MG; Ramos MHR. The elderly in long-stay institutions in Vitória / ES: family relationships and institutionalization. *The old age* [Internet]. 2012. [Cited on: June 4, 2016]. 23(54). Available from: https://www.sescsp.org.br/online/artigo/6554_IDOSO+EM+INSTITUICOES+DE+LONGA+PERMANENCIA+NO+MUNICIPIO+DE+VITORIAES+RELACOES+FAMILIARES+E+INSTITUCIONALIZACAO.
5. Pilger C, Dias JF, Kanawava C, Baratieri T, Carreira L. Understanding about aging and actions developed by nurses in primary health care. *Science Nursing Conception*. [Internet]. 2013. [Cited on: June 04, 2015]. 19(1). Available from: https://scielo.conicyt.cl/scielo.php?script=sci_abstract&pid=S0717-95532013000100006&lng=es&nrm=iso&tlng=pt
6. Rissardo LK, Furlan MCR, Grandizolli G, Marcon SS, Carreira L. Conception and feelings of institutionalized elderly about family. *Science Care and Health*. [Internet]. 2011. [Cited on: June 04, 2015]. 10(4):682-689. Available from: <http://www.periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/18311/pdf>.
7. Carmo H, Rangel J, Ribeiro N, Araújo C. Institutionalization: Why They Brought Me Here?. *Kairós Gerontology Magazine*. [Internet]. 2012. [Cited on: April 15, 2018]. 15(2), 191-201. Available from: <https://revistas.pucsp.br/index.php/kairos/article/view/6005/10191>.
8. Camarano AA, Kanso S. Long stay institutions for seniors in Brazil. *Brazilian Journal of Population Studies*. [Internet]. 2010. [Cited on: May 22, 2015]. v. 27, n. 1, p. 232-235. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-3098201000100014
9. Costa MCNS, Mercadante EF. The elderly resident in Long stay institutions for seniors and what this represents for the elderly subject. *Kairós Gerontology Magazine*. [Internet]. 2013. [Cited on: August 15, 2015]. 16(2), 209-222. Available from: <http://revistas.pucsp.br/index.php/kairos/article/view/17641/13138>.

10. Piana MC. The field research. *Scielo Books*. 2009. [Internet]. São Paulo. Publishing company UNESP. [Cited on: August 17, 2015]. Available from: <http://books.scielo.org/id/vwc8g/pdf/piana-9788579830389-06.pdf>.
11. Gil, A. C. (2008). *Methods and techniques of social research*. (6a ed.). São Paulo, SP: Atlas.
12. Figueiredo, M. do C. C. M., Ferreira, F. A., Nunes, E. S. de C., Araújo, A. M., Araújo, P. E., Souza, G. P., & Damaso, C. R. Institutionalized elderly: decision and consequences in family relations. *Kairós Gerontology Magazine*. [Internet]. 2018. V. 21, n. 2, p. 241-252. [Cited on: June 17, 2019]. Available from: <https://revistas.pucsp.br/kairos/article/view/40931/27620>.
13. Porto AR, Roecker S, Salvagioni DAJ. Aging and death: understanding the feelings of institutionalized elderly. *Nursing Journal of UFSM*. [Internet]. 2013. v. 3, n. 1, p. 35-43. [Cited on: June 04, 2016]. Available from: <http://periodicos.ufsm.br/index.php/reufsm/article/viewFile/7205/pdf>.
14. Abreu TA, Fernandes E J, Sousa, AMBD. Reflections on the Psychosocial Impacts of Elderly Institutionalization in Brazil. *Kairós Gerontology Magazine*. [Internet]. 2017. [Cited on: April 15, 2018]. Available from: <https://revistas.pucsp.br/index.php/kairos/article/view/35838>.
15. Hartmann J, GOMES JAS, Cordeiro G. Depression in institutionalized elderly: cognitive patterns and quality of life. *Science & Cognition*. [Internet]. 2016. [Cited on: May 27, 2018]. v. 21, n. 1. Available from: <http://www.cienciasecognicao.org/revista/index.php/cec/article/view/1028>.

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