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**LONG-TERM CARE INSTITUTION
AND DAY CARE CENTER FOR THE ELDERLY:
BRAZILIAN TYPOLOGY ACCORDING TO MANAGERS' PERCEPTION**

**INSTITUIÇÃO DE LONGA PERMANÊNCIA
E CENTRO DIA PARA IDOSOS:
TIPOLOGIA BRASILEIRA SEGUNDO A PERCEPÇÃO DE SEUS GESTORES**

**INSTITUCIÓN DE LARGA PERMANENCIA
Y CENTRO DIURNO PARA ANCIANOS:
TIPOLOGIA BRASILEÑA SEGÚN LA PERCEPCIÓN DE SUS GERENTES**

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ABSTRACT

Objectives: To verify which Long-Term Care Institutions for the Elderly are currently developing actions related to the services of the Day Center for the Elderly and to identify their managers' comprehension of the typology of these types of institutions.

Methods: Descriptive, exploratory study, with qualitative and quantitative background, and analysis of thematic content. Semi-structured interviews were conducted with managers of the institutions about the type of service, the nature of the places and the understanding of the typology. The institutions were identified through the database of a research group linked to this study. All ethical principles were strictly observed.

Results: Among the 26 Long-Term Care Institution for Elderly, 16 offer Day Care services. Regarding managers, 11 women and 5 men, mean of 44 years and 2.6 years of employment at the Long-Term. Of these, 11 have higher education with additional education in the area of nursing (5) and administration (4). Four managers indicated that the services should have different planning, although the 16 Long-Term Care Institution use the same structure, routine and team.

Conclusion: The managers' view of the typology seems to be wrong. They claim that the offer of Day Care services is related to market opportunity and demand, but without technical and normative criteria. There is a need to clarify about services, strengthen institutional objectives, and expand Day Care for Elderly services.

Keywords: Aged; Aging; Day Assistance; Long-Term Care; Institutionalization; Social Protection.

RESUMO

Objetivos: Verificar quais Instituições de Longa Permanência para Idosos (ILPI) estão desenvolvendo ações relativas aos serviços de Centro Dia para Idosos (CDI) e identificar a compreensão de seus gestores sobre a tipologia desse tipo de instituições.

Métodos: Estudo descritivo, exploratório, de fundamentação qualitativa e quantitativa, e análise de conteúdo temático. Realizou-se entrevistas semiestruturadas com gestores das instituições sobre a modalidade de atendimento, natureza dos locais e a compreensão da tipologia. As instituições foram identificadas por meio do banco de dados de um grupo de pesquisa vinculado a este estudo. Aplicou-se todos os cuidados éticos.

Resultados: Dentre as 26 ILPI, 16 oferecem serviços de CDI. Sobre os gestores, 11 mulheres e 5 homens, média de 44 anos e vínculo na ILPI de 2,6 anos. Desses, 11 tem ensino supe-

rior com destaque na área de enfermagem (5) e de administração (4). Quatro gestores indicaram que os serviços deveriam ter planejamento distintos, embora as 16 ILPI utilizem a mesma estrutura, rotina e equipe.

Conclusão: A visão dos gestores acerca da tipologia parece equivocada. Eles alegam que o oferecimento de CDI está relacionado a oportunidade de mercado e demanda, porém sem critério técnico e normativo. Há necessidade de esclarecer sobre os serviços, fortalecer acerca dos objetivos institucionais, e expandir serviços de CDI.

Palavras-chave: Assistência Diurna; Envelhecimento; Idoso; Instituição de Longa Permanência para Idosos; Institucionalização, Proteção Social.

RESUMEN

Objetivos: Verificar qué instituciones de atención a largo plazo para personas mayores están desarrollando acciones relacionadas con los servicios del centro de atención diurna para personas mayores e identificar la comprensión de sus gerentes sobre la tipología de este tipo de instituciones.

Métodos: Estudio descriptivo, exploratorio, cualitativa y cuantitativa, y análisis de contenido temático. Se realizaron entrevistas semiestructuradas con los gerentes de las instituciones sobre el tipo de servicio, de la naturaleza de los sitios y la comprensión de la tipología. Las instituciones se identificaron por medio de la base de datos de un grupo de investigación vinculado a este estudio. Se aplicaron todas las precauciones éticas requeridas.

Resultados: De las 26 instituciones de atención a largo plazo para personas mayores, 16 ofrecen servicios de centro de atención diurna. A respecto de los gerentes, 11 mujeres y 5 hombres, promedio de 44 años y enlace en las instituciones de atención a largo plazo de aproximadamente 2,6 años. De estos, 11 tienen educación superior con prominencia en el área de enfermería (5) y administración de empresas (4). Cuatro gerentes indicaron que los servicios prestados deberían tener planeación distinta, aunque las 16 instituciones de atención a largo plazo usan la misma estructura, rutina y personal.

Conclusión: La opinión de los gerentes a respecto de la tipología parece incorrecta. Afirman que la oferta del centro de atención diurna está relacionada con la oferta y demanda de mercado, pero sin criterios técnicos y normativos. Hay que hacer aclaraciones a respecto de los servicios prestados, fortalecer el concepto de los objetivos institucionales y expandir los servicios de atención diurna para personas mayores.

Descriptores: Anciano; Centro de Atención de Larga Permanencia; Envejecimiento; Guardería Diurna; Institucionalización; Protección Social.

INTRODUCTION

The aging process is a worldwide phenomenon with significant emphasis in developing countries. While developed countries, such as England, presented a 50% decrease in fertility rate in six decades at the end of the 19th century, developing countries have begun experiencing reduction in fertility rates only at the end of the 20th century. This is the case of Brazil, a developing country that has seen a 70% reduction in fertility rate in the last five decades^(1,2).

In addition to the experienced decrease in fertility rate, a considerable increase in longevity has also been verified in developing countries, and this gain in longevity is due to several reasons, that include but may not be limited to: (i) reduction in mortality rates; (ii) improvements in health care systems; (iii) better sanitary and housing conditions. The elderly population in Brazil is expected to reach 25% of the total population of the country by 2050^(3,4).

Increased longevity leverages the elderly population, inevitably contributing to the increase of chronic diseases as well as some functional limitations in the population, which in turn, tend to compromise independency and autonomy of the elderly. In Brazil, up to 15% of the elderly population (approximately 3.2 million people) need assistance to perform their activities of daily living (ADL)⁽²⁾.

Because of this verified increase in functional limitations experienced by the elderly, additional care measures dedicated to this portion of the population are needed. The task of caring of Brazilian elderly is still understood as a continuity of current family activities and therefore it is associated to the figure of informal care giver. Additionally, new family organization allied to elderly health demands have generated other needs and new forms of care in the sense of providing additional support for the elderly and their families^(2,4).

Among the Brazilian institutions that offer support to elderly and their families, the so-called Long-Term Care Elderly Institutions and the Day Care Centers for Elderly have deserved special attention. The presence of qualified professionals (formally trained caregivers) in these institutions also points to the direction of a differentiated provided care.

The Long-Term Care Elderly Institutions known in many places as shelters or nursing homes initiated their activities linked to philanthropic institutions, where charity and religion have always been actively present. Offering of charitable comfort to needy and helpless people have begun to be modified around the decade of 1940 and aggregates full time legally supported care elements to elderly that present social vulnerability^(5,6).

In Brazil a total of 3548 institutions that provide care to elderly and that resemble Long-Term Care Institution characteristics were identified, providing care to 83870 elderly people living full time in these institutions, and they are distributed in approximately 29% of the Brazilian towns⁽⁷⁾. In the state of São Paulo, a total of 1543 institutions dedicated to providing long-term care to elderly people were identified and from these a total of 1460 institutions that fit the criteria to be considered a Long-Term Care Elderly Institution⁽⁸⁾.

Despite the fact that Long-Term Care Elderly Institution are associated with the concept of frequency and health space, these institutions are ranked as being locations that provide high complexity social protection, and are characterized as locations that fit into the general concept of habitation, food, hygiene, and recreation. Some of these institutions comply with official health care regulatory norms, however, when it comes to the classification of a Long-Term Care Elderly Institution, health care must be sporadic and related to the offer according to the legal nature of the institution^(5,9,10).

The mission of institutional reception out of the family environment is relevant in the Brazilian society. On the other hand, maintenance of family and community bonds should be prioritized, and towards this direction, provision of services in the Day Care Center for Elderly has recently begun expanding in the Brazilian context, despite still very modest in several municipalities. These Day Care is ranked according to its national typification while special social protection service of medium complexity, aimed to attend the semi-independent elderly population. It stands out in the provision of service in assisting food, occupational activities, health in general, cultural and recreational⁽¹⁰⁻¹²⁾.

On a daily living, the development of activities of the Day Care Centers for Elderly attempt to favor the preservation of social and family bonds of the elderly. The family is an active participant with the services provided, glimpsing over time the possibility of delaying or avoiding total institutionalization^(11,12).

Although services provided in Long-Term Care Elderly Institutions and the Day Care Centers for Elderly present their own specificities, they offer support to the elderly and his family, and present distinct objectives with respect to their target customers, activities offered, physical infrastructure and differentiated human resources. However, it is common practice to find Long-Term Care Elderly Institutions offering services that would be intended to a Day Care Centers for Elderly in the same location^(13,14). If one service is intended to complement the other and, legal and normative Brazilian distinction is clear by regulating them as distinct services according to their typology, a natural and pertinent question is what has happened in these spaces? In this sense, the perception of managers

of Long-Term Care Elderly Institutions that provide day care services on the typology of these locations can contribute positively or not to the proper functioning of these places.

Hence, the present study had as major goals to verify which Long-Term Care Elderly Institutions are currently developing actions relative to Day Care services for elderly as well as identify the understanding of their managers about the typology of such institutions.

METHODS

The present study comprises quantitative as well as qualitative research activities with exploratory and retrospective nature, focusing in the analysis of thematic contents, performed in the period covered from May and June, 2019^(15,16).

Participants of the present study were the LTEI managers of two Brazilian towns, Araraquara and São Carlos, State of São Paulo, respectively. Managers are those people directly responsible for the administration or management of the institutions.

Identification of the active Long-Term Care Elderly Institutions in both municipals was performed by accessing data banks belonging to the research team on Law, County and Aging, that is part of the Department of Gerontology (DGero) of the Federal University of São Carlos (UFSCar). This research group is certified by the Brazilian National Council of Scientific and Technological Development (CNPq) and develops research activities in both municipals in themes directly related to elderly care policies. Part of the data used in the present study are connected to previously conducted investigations.

Both towns, Araraquara and São Carlos present similarities in terms of population, about 250 thousand people in each one, and from these, approximately 16% correspond to elderly population. The towns present each human development index of 0.8, what can be considered high in comparison with other Brazilian towns of the same proportions.

The inclusion criteria chosen was defined as: (i) all Long-Term Care Elderly Institutions in the two towns that offer day care options similar to what is understood by Day Care Centers for Elderly; (ii) Additionally, for all interviewed managers, the legal work bond with the institution should guarantee a minimum of six months previously worked as well as the formal acceptance to participate in the survey according to the signed Informed Consent Form (TCLE), a standard document required for all survey participants in investigations of the nature of the present research.

The survey consisted on the application of the application of a semi-structured questionnaire inquiring about key elements on the characterization of the institution, population coverage served, institutional routine and on the profile of the manager with emphasis on his understanding of the typology of what is Long-Term Care Elderly Institutions and Day Care Centers for Elderly. This questionnaire was developed by the researchers of this study and evaluated by professionals in the field of gerontology for its improvement and clarity of contents.

For data analysis, the fundamentals of simple and descriptive statistics calculation procedures were applied, by means of frequency and percentage. Also, the fundamentals of content analysis with categorical organization were applied in the light of the theoretical framework on the studied topic^(15,16).

The research was conducted under the guidance of ethical criteria established by the National Health Council (Resolution 466 of December 12, 2012)⁽¹⁷⁾. The proposal was submitted to the Human Research Ethics Committee of the Federal University of São Carlos/UFSCar (CEP/UFSCar), obtaining approval under decision report No. 04097418.4.0000.5504. The team of authors involved in the present study shows no interest conflicts for its achievement.

RESULTS

Until the first semester of the school year of 2019, a total of 26 Long-Term Care with Long-Term Care Elderly Institutions characteristics were identified in both towns proposed in the project, namely, 10 in São Carlos and 16 in Araraquara. Among the 26 Long-Term Care Elderly Institutions, a total of 16 (15 private and 1 philanthropic) offer day care that are characterized in the provision for elderly, being 11 of them localized in Araraquara and 5 in São Carlos. On the participating managers: 11 women and 5 men, age ranging from 26 and 66 years old, average age of 44 years old. Legal work bond of the managers with the corresponding institutions varied from 6 months to 10 years, with an average institutional work bond of 2.6 years.

Regarding the education background of the managers, 11 hold university degree, 4 hold high school, and 1 has only fundamental or middle school. The university background presents emphasis on nursing (5) and business administration (4), followed by exact (1) and human (1). As far as complementary education is concerned, 4 managers declared to have additional training on studies related to gerontology while 11 of them never have had the opportunity to work in this area prior to the present position in the Long-Term Care Elderly Institutions.

As for the view of the managers with respect to the care services provided by the Long-Term Care Elderly Institutions reports were classified according to three major divisions: dimension, category and subcategory, and they are shown in Table 1.

Table 1 – Managers' vision on the care services provided by the Long-Term Care Institution for Elderly.

Dimension	No. of Mentions	Category	No. of Mentions	Sub-Category	No. of Mentions
Support to the Elderly	16	Qualified Care	11	Health	9
				Finitude	1
		Housing Care	13	Home	8
				Hotel	4
				resort	1
Support to the Family	6	Integral Care for the Elderly	3		
		Shared Care	2		

In a similar manner the view of the managers of the care services provided by the Day Care Centers for Elderly were categorized, and the results are shown in Table 2 according to its dimension, category and subcategory.

Table 2 – Managers' view of the Day Care Centers for Elderly.

Dimension	No. of Mentions	Category	No. of Mentions	Sub-Category	No. of Mentions
Support to Elderly	15	Qualified Care	3	Health	2
		Partial Care	11	Socialization	6
				Transition to Long-Term	3
Support to Family	4	Partial Care to Elderly	3	Decrease overload on caregiver	3
				More accessible cost	1

Regarding the routine described by Long-Term Care managers, it was possible to identify similarities between them, designated from some conducting activities of the institutions' daily life, with the moments destined to food, personal hygiene and some activities that involve time occupation (watching television and listening to music) stood out. Other activities of a therapeutic nature, such as the provision of physical therapy and occupational therapy services, were also mentioned less frequently, distributed on weekdays (2 to 3 times).

Activities related to pharmacological treatment control, conducted in the provision of services in the nursing area, were also relevant in the institutional routine, distributed throughout the day (average of 4 times). Regarding activities related to commemorative dates, it was reported that they are sporadically present in the institution, as well as activities with the involvement of family members and people from the community, which usually take place during visiting hours.

Regarding Long-Term Care opening hours, 24 hours in institutional reception. For the elderly who attend the Day Care system, the schedule is flexible and determined according to the needs of each family. The elderly in the partial and daytime at the Long-Term Care in this study have arrived at the institution at the desired time and are included in the routine established as a Long-Term.

Four managers reported that the Long-Term and Day Care services could have a different schedule and routine, considering that the elderly in the Day Care regime are more independent and seek support for socialization and not for health. However, according to the managers' report, the institutions that offer the Long-Term and Day Care services do not have any distinction, except for the fact that the elderly with Day Care do not stay during the night. Regarding the differences between the services in the study, the participants indicated that there was no difference in the provision of the services offered, including both physical, human and care resources.

For the managers participating in this study, the typologies do not differ and the demand for daily care compatible with what the Day Care Center for Elderly should offer is expanding. Therefore, as the Long-Term Care Institutions had vacancies available in their structure, they will be filled by market demand, compatible with one of the purposes of the private sector, since most Long-Term Care Institutions are allocated in this segment.

DISCUSSION

All participants in the present study believe that the services provided in the Long-Term Institution comprise the support to elderly people as well as to their families, with emphasis to the offering of assistance to housing qualified care, in the scope of health support.

According to the National Economic Activities Archival, the Long-Term Institution for Elderly embraces:

“Social assistance activities for the elderly who cannot afford to be provided in public, philanthropic or private establishments (nursing homes) equipped to meet the needs of accommodation, food, hygiene and leisure. These establishments can offer sporadic medical care.”⁽⁹⁾

Health care for Long-Term Institution for Elderly is recommended in sporadic situations and the emphasis on social assistance as indicated by the classification of social assistance services should be the priority^(9,10). In this study, managers highlight the provision of more healthcare services in detriment to the social area, thus challenging the structure and planning of the actions of these spaces with respect to their typology.

In the view of managers regarding the Long-Term Care service, it was possible to identify the concept of finitude by one of them. According to Soares⁽¹⁸⁾, the service at the Long-Term Care is related to the finitude of an intense life, since the prospect of returning to previous housing seems remote. When comparing the Long-Term Care and services provided in the hospital area, it is possible to identify that in the last one, the return to the previous home seems to have a greater possibility⁽¹⁸⁾.

The Long-Term Care Institution for Elderly as a living space for managers was highlighted. According to the national classification, it is a special social protection service of high complexity that offers housing, food, hygiene and leisure⁽¹⁰⁾. However, other terminologies were identified in this study, denoting similar or complementary aspects to housing, including home, hotel and resort. The term home is closer to the notion of permanent space and belonging. And the closest hotel and resort is the representation of the partial use of space in a transitional period.

Several managers (6) believe that the Long-Term Care expands the care offered to the elderly and includes support for family members. It is noteworthy that this integration between the elderly and the family is guided by the Statute of the Elderly⁽¹⁹⁾ and should be practiced in these spaces, as well as, the involvement of the community in daily institutional activities.

The importance of providing services at the Long-Term Care is related to supporting the elderly without a family or with a weakened bond. However, with the changes in the family structure and organization, the scenario of care demands for the elderly is modified. Some family members are in stressful situations due to the care that an elderly person can demand, and this scenario was identified in this study. However, it does not exempt the responsibility of those involved as much as to establish actions to maintain family bonds and extend to their community^(18,20).

The managers' view of the services provided at the Day Care also highlighted the support for the elderly, through qualified care and in part daytime. Also, in offering assistance for the health of the elderly, in their socialization and in the possibility of being an adaptation period to be a resident at the Long-Term Care Institution.

The services offered at the Day Care for Elderly are classified as special social protection of medium complexity and comprise the municipal social assistance network. It is defined as "a space designed to provide shelter, protection and coexistence for semi-dependent elderly people whose families are unable to provide this care throughout the day or part of it"^(10,21), and in this study, some managers identify it much more related to provision of health care services.

The emphasis on socialization aspects for the elderly in Day Care is coherent with one of the objectives of these spaces, and is pointed out by several managers (6)^(10,22). Others (3) also believe that attending the Day Care in the same space as the Long-Term Care favors the adaptation of the elderly to be future residents.

It appears that the services provided in the Day Care in relation to the Long-Term Care have different complexity of care and the target audience to be served, in addition to the fact that the first is of a non-asylum nature and aims to avoid total institutionalization⁽²³⁾. However, this study identified the provision of services in the same space, in two different modalities, the practice of which may favor accelerating total institutionalization.

The Day Care practices, for some managers, indicate that they effectively support families and corroborate the objective of partial day care⁽²²⁾, in terms of reducing the burden on family caregivers and because it is more attractive. The use of terminologies that are more appropriate to partial day care should also be disseminated among working professionals and managers, avoiding, for example, the term "creche" mentioned by 4 managers in this study as a term used for children.

Regarding the routine of the study institutions, similar for both spaces and the elderly, a similarity was identified with a study of three Long-Term Care in Santa Catarina⁽²³⁾ guided by activities related to: meals, personal hygiene, some physical therapy and occupational therapy. Throughout the year, some festive activities on commemorative dates are included in the institution's calendar⁽²⁴⁾. These data are similar to this study, denoting in general, a weakness of institutional planning with individual and collective plans more structured according to the public served, and with their interests, given the integration of two types of service sharing space, team, activities and care.

The moment of personal hygiene, especially the morning bath allocated as the first activity of the day, is highlighted by Mansano-Schlosser *et al*⁽²⁴⁾, as one of the activities with the greatest institutional time spent and requires more individualized monitoring, and therefore, greater number of caregivers in carrying out this activity. This study-related activity had similar similarity in Long-Term Care Institution. For visitors to the Day Care, this activity is not always integrated with the services provided, and if it occurs it happens more frequently at the end of the period of stay.

In general, the routine of the study sites is governed by Activities of Daily Living, such as food and hygiene. The elderly follows the routine in an organized way according to the schedules of each one. In addition, in the free time between basic activities, leisure activities are scarce and have passive evidence, such as watching television, listening to music and sunbathing, and little interaction between the elderly for the performance⁽²⁵⁾.

CONCLUSION

The social relevance of this study contributed to strengthen clarifications to local managers of care for the elderly, since the study participants indicate mistaken perceptions about the Brazilian institutional typology.

The managers claim that the provision of daytime vacancies in a space for the indication of comprehensive care for housing and basic care for life, is related to market opportunity and demand. However, the study warns that this Day Care for Elderly is not based on technical and normative criteria according to the type of each service.

At the end of each interview, the managers received information on the types and regulations in force about this study, in addition to feedback on the results. In continuity with the partners involved in this study, reflection and qualification workshops on the theme were organized, increasing the participation of people from both municipalities that work with the topics of interest.

As a limitation of this study, we highlight the specificity of the sample from two Brazilian municipalities in the interior of São Paulo and, therefore, do not generalize the data, even though isolated studies that indicate the same trend are observed.

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Confidentiality of Data: The authors declare that they have followed the protocols of their work center on the publication of data from patients.

Protection of Human and Animal Subjects: The authors declare that the procedures followed were in accordance with the regulations of the relevant clinical research ethics committee and with those of the Code of Ethics of the World Medical Association (Declaration of Helsinki).

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