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THE INSTITUTIONALIZED ELDERLY PERSON: SELFCONCEPT OF HEALTH

A PESSOA IDOSA INSTITUCIONALIZADA: AUTOPERCEÇÃO DE SAÚDE

EL ANCIANO INSTITUCIONALIZADO: AUTOPERCEPCIÓN DE LA SALUD

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ABSTRACT

Introduction: At a global level, demographic changes are notorious, as a result of the increase in aging and longevity indices. Aging is assumed to be transversal to all regions of the world. In Portugal, the projections indicate a doubling of the aging index until the year 2080. In the face of the changes (sociocultural, political and economic), which are quite significant in the current family dynamics, institutionalization is affirmed as the solution that best responds to the needs of the family of elderly person, who sees their independence and/or autonomy limited, not allowing them to stay at home. In this sense, evaluating the elderly person's perception of health, namely physical, mental and social well-being, may enable an effective knowledge of their needs and limitations.

Objective: To identify the health perception of residents of a residential structure for the elderly in the municipality of Évora.

Methods: Descriptive study with a quantitative approach. The EASYcare survey was used as a data collection tool. This allows the identification of perceived limitations and needs. Intentional sample of 58 people aged ≥ 65 years, living in a nursing home in the municipality of Évora.

Results: Mean age 87.8 years, mostly women. The self-perception of health was validated as "reasonable" by 36.2%, 20.7% as "poor" or "very good" and 3.4% as "excellent".

Conclusion: The perception of health of the population studied is evidenced in a diminutive way in the face of physical, cognitive and social changes.

Keywords: Aged; Aging; Health; Institutionalization; Self Concept.

RESUMO

Introdução: A nível mundial são notórias as alterações demográficas, como consequência do aumento dos índices de envelhecimento e de longevidade. O envelhecimento assume-se como transversal a todas as regiões do mundo. Em Portugal, as projeções indicam uma duplicação do índice de envelhecimento até ao ano de 2080. Perante as alterações socioculturais, políticas e económicas, deveras significativas na dinâmica familiar atual, a institucionalização afirma-se como a solução que melhor responde às necessidades da pessoa idosa, que vê a sua independência e/ou autonomia limitada, não permitindo que permaneça no domicílio. Neste sentido, avaliar a perceção de saúde da pessoa idosa, nomeadamente o bem-estar físico, mental e social poderá viabilizar um conhecimento efetivo das suas necessidades e limitações.

Objetivo: Identificar a perceção de saúde dos residentes de uma estrutura residencial para idosos no concelho de Évora.

Metodologia: Estudo descritivo de abordagem quantitativa. Recorreu-se à escala EASYcare como instrumento de colheita de dados. Esta, permite identificar as limitações e necessidades percecionadas. Amostra intencional de 58 pessoas com idade ≥ 65 anos, residentes num lar de idosos do concelho de Évora.

Resultados: Média de idades 87,8 anos, maioritariamente mulheres. A autoperceção de saúde foi validada como "razoável" em 36,2%, 20,7% como "fraca" ou "muito boa" e 3,4% como "excelente".

Conclusão: A perceção de saúde da população estudada é evidenciada de forma diminutiva face às alterações a nível físico, cognitivo e social.

Palavras-chave: Autoperceção; Envelhecimento; Idoso; Institucionalização; Saúde.

RESUMEN

Introducion: A nivel mundial, los cambios demográficos son notorios, como consecuencia del aumento de los índices de envejecimiento y longevidad. Se supone que el envejecimiento es transversal a todas las regiones del mundo. En Portugal, las proyecciones indican una duplicación del índice de envejecimiento hasta el año 2080. Ante los cambios (socioculturales, políticos y económicos), bastante significativos en la dinámica familiar actual, la institucionalización se afirma como la solución que mejor responde a las necesidades de la familia persona mayor, que ve limitada su independencia y/o autonomía, no permitiéndole quedarse en casa. En ese sentido, evaluar la percepción de salud del anciano, es decir, el bienestar físico, psíquico y social, puede posibilitar un conocimiento efectivo de sus necesidades y limitaciones.

Objetivo: Identificar la percepción de salud de los residentes de una estructura residencial para ancianos en el municipio de Évora.

Metodología: Estudio descriptivo con enfoque cuantitativo. Se utilizó como instrumento de recolección de datos la encuesta EASYcare. Esto permite identificar las limitaciones y necesidades percibidas. Muestra intencional de 58 personas con edad ≥ 65 años, residentes en una residencia de ancianos en el municipio de Évora.

Resultados: Edad media 87,8 años, en su mayoría mujeres. La autopercepción de la salud fue validada como "razonable" por un 36,2%, un 20,7% como "mala" o "muy buena" y un 3,4% como "excelente".

Conclusión: La percepción de salud de la población estudiada se evidencia de forma diminuta ante los cambios físicos, cognitivos y sociales.

Descriptores: Anciano; Autopercepción; Envejecimiento; Institucionalización; Salud.

INTRODUCTION

Aging reflects the socio-economic development of countries, while representing individual enrichment of people, by living longer years. However, a new paradigm of ageing emerges that makes it pressing to ensure the best possible health in "old age" in order to achieve sustainable development[1], as if the gain in years is marked by declines in physical and mental capacities, the implications for older people and society at large can be much more significant, negatively[2].

Today, there is a phenomenon of population aging unprecedented in the history of humanity, reaching today an average life expectancy that outplants the age of 80[2]. Overall, the number of people aged 80 and over is expected to triple by 2050 from 137 million in 2017 to 425 million by 2050[3].

In Portugal, in recent decades, there have been significant demographic changes with consequent increase in aging and longevity rates. In addition to these, there is also an increase in the rate of dependence of the elderly[4]. This reality represents new challenges for health professionals, making it necessary to develop intervention strategies that can meet the specific needs of the elderly population.

Health is essential to guarantee independence, autonomy and, mainly, a continuity and contribution of the old to society. As one gets older, the probability of health problems gaining greater expression, thus affecting health self-perception in a negative way, thus interfering in the well-being described by the elderly[1-3].

The search for a satisfactory self-perception of health is related to sociodemographic, economic, cultural, psychological and physical capacity aspects[5]. However, there is a discrepancy in the measurement of this, inherent to the different contexts in which the population is inserted. One of the mechanisms to assess these aspects is self-perception of health, which can be evaluated by data provided by the people themselves and/or diagnosed morbidities[5].

In fact, aging is seen as a stage of life in which there is a progressive functional dependence, which leads to the presence of limitations in daily life activities such as: food, personal hygiene, mobility, household chores, medication, among others. The elderly fear that institutionalization will increase this functional dependence and consequently make it difficult to conserve independence[5,6].

There is scientific evidence that perceived health status is an excellent predictor of the real state of health, that is, the number of chronic diseases and the degree of functional disability and depression, which can predict the mortality rate in the elderly population[6,7]. Sociodemographic aspects, such as age, gender or education level, are also considered some of the factors associated with health perception found in the literature[7].

From the research carried out, it is verified that there are few studies on health self-perception, especially in institutionalized elderly[5]. However, it is important to develop knowledge about the aspects inherent to self-perception of health, thus being able to identify areas and/or subgroups of vulnerable old people, as well as contribute to the fulfillment of effective health promotion programs. Thus, the aim of this study was the need to identify the aspects inherent to health self-perception of residents of an institution for the elderly in the municipality of Évora, so that health professionals could intervene more effectively in their health problems. The study took place in a Residential Structure for the Elderly from May 14 to June 22, 2018.

METHODS

This is a descriptive study with a quantitative approach. The data were collected in a structured way, using the EASYcare (Elderly Assessment System) as an instrument for collecting information, thus allowing the construction of the situation diagnosis.

EASYcare is an instrument for multidimensional assessment of the old, which provides a profile of care needs and priorities and is available at European level[8,9]. This is a scale developed in order to characterize the quality of life and well-being of the elderly population, aged 65 years or older. The instrument used was the Portuguese version of EASYcare[8] that assesses the perception of the elderly in relation to their abilities (being able...), not indicating the competencies (know-how). It is a multidimensional assessment instrument, developed to assess the needs of the elderly at the social and health level. In this instrument higher scores mean greater disability. This, performs the characterization of the elderly based on the following 26 variables: vision ("see well?"); hearing ("do you hear well?"); chewing ("do you have difficulty chewing food?"); speech ("do you find it difficult to make one's understanding due to problems with speech/language?"); health ("considers that your health is: excellent, ... weak?"); loneliness ("feels alone: never, ... always?"); housing ("your dwelling is: excellent, ... weak?"); carry out housework; prepare their own meals; go shopping; manage your own money; use the phone; take the medicines; get out of the house and walk down the street; move indoors; up and down stairs;

move from bed to chair; use the toilet; use the bathtub or shower; take care of personal appearance; dress up; feeding; urinary incontinence; fecal incontinence; depression and cognitive impairment.

At the individual level, EASYcare provides an overview of the needs of the elderly, as it perceives. This evaluation makes it possible to assist and direct health professionals to improve the care they can provide to the old people[9].

An intentional sample was used, consisting of 58 individuals aged 65 years or older, living in a residential structure for the elderly, in the municipality of Évora.

Inclusion criteria were: age ≥65 years, residents in the residential structure, with the ability to answer the questionnaire and availability to participate in the project. Exclusion criteria: individuals with mental alterations, deafness, bedridden and with cognitive deficit that prevented the understanding and application of the questionnaire.

All ethical procedures (informed consent, confidentiality and anonymity) were complied with, according to the Helsinki Declaration of Ethics in Research Involving Human Beings and obtained a favorable opinion from the Ethics Committee of the Regional Health Administration (ARS – Administração Regional de Saúde in Portuguese) Alentejo (Opinion 08/2018/CES). For the application of the questionnaire, authorization was obtained from the Residential Structure Management. The answers of the users to the questionnaire were also voluntary.

The data were collected individually, in a place selected by users, namely, where they felt most comfortable. In order to minimize potential bias, the effective completion of the questionnaire occurred in the presence of the principal investigator in order to prevent erroneous interpretations of the questions, and to work towards the total completion of the questionnaire.

Data analysis was performed using the statistical program Statistical Package for Social Sciences (SPSS) version 24.0.

RESULTS

Fifty-eight individuals answered the questionnaire, 37 female (63.8%), and the remaining 21 males (36.2%). The mean age of the study participants was 87.8 years. The group with the highest representativeness was 90-94 years (34.5%). Regarding marital status, 55.2% were widowed and 22.4% married.

In the result of formal education, it can be found that 65.5% were users with four or fewer years of formal education, and there were also 31% who had never attended any school. It was found that, in relation to the professional situation, the entire sample did not integrate the active population, all of which were reformed.

Regarding the dimension of visual acuity, 43.1% reported having some difficulty, while in the dimension of hearing acuity 37.9% reported having difficulties. In this context, 60.3% reported being able to use their phone/mobile phone without help, as well as 87.9% reported not having difficulties in making themselves understood.

When asked about their ability to take care of their personal appearance (e.g. combing, shaving; putting on makeup; dressing; washing hands and face; eating), 70.7% said they did so autonomously. Regarding the use of the bath or shower, 75.9% of the participants reported doing so with help. Of the respondents, 69% used the toilet independently. Of the total population studied, 56.9% reported not having involuntary urine losses and 77.6% had no involuntary intestinal losses.

In performing household chores, 46.6% reported not being able to perform them; 41.4% performed them with help and 12.1% reported being independent. In the preparation of meals, 51.7% reported doing so with help, 19% unable to prepare them and 29.3% were able to do so with help.

Of the total sample, 62.1% said they moved "home" with technical aid and 34.5% did so without help. We can say that 53.4% of the sample reported not needing help to get out of bed to the chair, 3.4% could not do so, and the rest of them did so with help. Still in the ability to move, 20.7% reported needing help to climb and down stairs, while 41.4% could do it independently. It was evidenced that 41.4% needed help to walk abroad, with 29.3% autonomous in doing so. It was found that 60.3% could not go shopping and that 58.6% had difficulties in going to services. It was found that 86.2% of the sample had no changes in the lower limbs, more specifically, in the feet.

Regarding falls, 70.7% of the sample denied falls in the last 12 months; 24.1% reported a fall and 5.2% reported two or more falls in the same time period. When the degree of risk of falls was evaluated, an average of 1.8 was obtained, which represents a reduced risk of falls, thus reinforcing the value found when assessing the number of falls.

Regarding safety, 96.6% reported feeling safe at home (understood as residential structure); 86.2% feel safe outside the home; 84.5% reported never feeling threatened or harassed by someone; 91.4% never felt discriminated and 91.4% assumed to have someone to help in case of illness or emergency.

From the assessment of satisfaction with the place of residence, it was found that 89.7% felt satisfied and 36.2% were in monetary management. Of the entire sample, 5.2% would like to get advice on subsidies or monetary benefits.

Asked about the practice of physical exercise, 34.5% answered positively (activities with the psychotrician), and 58.6% reported not getting dyspneic during daily life activities. All participants denied smoking habits or alcohol intake. A total of 72.4% of the participants reported evaluating blood pressure periodically, and 53.4% presented an updated National Vaccination Plan. A percentage of 81% of users did not show any kind of concern about body weight.

Regarding the ability to perform leisure activities, 58.6% reported maintaining capacity to perform them. For some, it was "a way of not being still without doing anything" (sic), busy with playful games and manual expression work.

The perception they showed in relation to their health obtained a higher percentage in the "reasonable" option (36.2%); "weak" and "very good" with 20.7% and only 3.4% considered having "excellent" health.

Concerning loneliness, 39.7% of the participants reported never feeling alone, followed by the option "sometimes" with 17.2%, "rarely" with 15.5% and "frequently" with 12.1%. It was reported that 15.5% of the users had suffered a significant loss or were experiencing a state of mourning.

In relation to sleep habits, 60.3% reported having sleep alterations in the previous month. Of the sample, 31% reported feeling uncomfortable by feelings of depression or despair. Revealed by 10.3%, little interest and pleasure in performing any activity.

When asked about concerns about memory loss/failures or forgetfulness, 86.2% reported not having them.

Regarding body pain, 19% reported not feeling any type of pain, and in 8.6% the existence of severe pain.

The data obtained also allow us to infer that the mean degree of (in)dependence of the participants was 39.3 points. In none of the participants, the zero value was validated in all questions (considered as total independence), and the minimum score found was 2 (value close to total independence). The maximum value has not been reached either. The maximum score reached was 87 points (a value that we can consider as illustrative of considerable dependence in the execution of daily life activities). Regarding the degree of risk of fall, the average of the participants was 1.8, which represented a reduced risk of fall. The zero value in all questions (inherent value considering the absence of risk) was reached by 18.9% in 5 of the participants. The maximum value (8) was not reached, and the maximum score was 6 (a value considered as significant risk of falls), and that was validated only in the elderly (1.7%). For the degree of risk of failure in self-care delivery, the mean number of participants was 4.1. The zero value in all questions (no risk) was reached by an elderly person. On the other hand, the maximum value was also not verified, and the maximum score reached was 8 (considered as a significant risk of failure in care).

DISCUSSION

It is known that health in the healthy person results from lifelong experiences and is influenced by a set of factors that define the level of health of the person in old age, encompassing areas as distinct as genetics, but also socio-economic, technological and cultural aspects. Although none of these variables alone can be enunciated as an etiological cause of the aging process or the health and well-being status of the older person, their multidimensional analysis predicts how the individual and communities age[10].

The present study showed that, in the older age groups, self-perception of health is reported in a less positive way, given the greater evidence that health problems assume, thus harming the well-being of the elderly. Thus, it seems lawful to affirm that health and aging are social and cultural constructions with biological determination and repercussion in the self-perception of health. It is a relevant aspect to consider when assessing the level of health of people, since self-perception demonstrates, through an integral sphere perceived by the individual, their true level of health[10]. In this context, Román *et al*[11] emphasize that the main component of satisfaction with the life of the elderly is the self-perception of health, and that the positive perception of the health conditions in which

they are found is essential for the balance and maintenance of social roles and interaction with the family and society.

At this juncture, it is necessary to create conditions that allow the old person to feel stimulated to remain active, looking at an effective integration in society, avoiding or postponing the reduction of social and institutional contacts[6]. In the sample studied, the highest percentage (36.2%) perceived their health as "reasonable" while 20.7% considered it "weak", which is consistent with similar previous studies[3,8].

Zanesco *et al*[12] demonstrated that men have a greater capacity to transform physical illness into emotional distress when compared to women. However, women more often see their health as worse, in the same situation. This characteristic, also validated in the present study.

The aging process causes relevant losses at the level of physical fitness, resulting in a decrease in functional capacity and independence in the performance of basic life activities[13]. However, these losses vary in a unique way and can be mitigated with the practice of physical exercise, which, in addition to increasing cardiovascular health, also influence social and psychological aspects[14]. This conception is corroborated by other authors, who associate with the regular practice of physical exercise by the old person an increase in the quality of life of the same[7,14,15]. In the sample studied, it was found that the majority (65.5%) do not practice physical exercise regularly, which may compromise the health gains inherent to its performance, as well as the self-perception of health evidenced in a derogatory way.

The institutionalization of the elderly implies adaptation to new routines, sharing the personal environment and, in most cases, family leave[16]. Some elderly, although satisfied with the institution where they live, feel longing and desire to return to live in their dwelling, a place they associate with independence over their own life[17]. A total of 89.7% of the sample reported satisfaction with the current place of residence, with only 10.3% of those not satisfied.

The dependence of the elderly is also determined by the environment in which it is inserted. If you feel insecure, you will decrease the tendency to leave the institution, thus being more prone to isolation and depression. It should be noted that, if the place of residence and the physical environment in which the elderly are adequate, they favorably influence their quality of life and self-perception of health[18]. In the sample studied, the mean degree of (in)dependence of the participants was 39.3. Chronic diseases and their complications can lead to dependence and social isolation of the elderly, sometimes observing that the ability to perform daily activities independently is compromised[19].

A large percentage of the Portuguese elderly population is in the situation of pensioners, and most of them started their work before the age of 16. This early onset is synonymous with low level of education and essentially physical work, which is reflected in the phase of life they now experience[5]. In our sample, all were retired and regarding the level of education, it was found that the majority had four or fewer years of formal education (65.5%), with 31% who never attended school. This evidence demonstrates the reality of illiteracy among the elderly in developing countries, especially those of older age, because they experienced childhood at a time when teaching was not a priority or obligation[20,21]. It is also verified that a higher level of education represents a protective factor in relation to cognitive losses[22,23].

One of the main results of aging is the increase in functional dependence and predisposition to fall, revealing a higher incidence with advancing age[13,19]. One of the factors correlated with the higher risk and incidence of falls among the elderly is institutionalization, in view of the greater tendency towards frailty and lower functional capacity[24]. When looking at the assessment of the risk of fall in the sample studied, it was found that the mean obtained (1.8) also represents a value that can be considered as low risk of fall. In this chain, the more independent the elderly, the greater the demand for leisure activities, working as an escape from loneliness, not only to enjoy free time[19], but also to increase self-esteem and perception of health status[18]. In the sample evaluated, 58.6% maintained the ability to perform leisure activities, thus contributing to the elderly remaining healthy and independent[5,7,8,17].

The absence or extinction of independence, and the need for help to perform life activities, can be considered health problems that impair the quality of life of the elderly[2,7,8,10,11]. Regarding self-care, 75.9% of the sample evaluated needed help to perform personal hygiene and 70.7% maintained the ability to care independently of their personal appearance.

With regard to mental health and well-being, the majority (60.3%) reported some degree of loneliness, which may be discursive from the removal from their residence or from the death/loss of family and friends[18]. The elderly who reduce their participation in society may suffer from feelings of loneliness and disrepute in the domain of family and social integration[25,26]. In other studies, the elderly report that the absence of the family contributes to the feeling of loneliness[13]. In the present sample, 31% of the participants reported feelings of depression/despair/feeling low and 55.2% also expressed it (indirectly), because they were widowed.

CONCLUSION

After analyzing the results obtained, it can be seen that they meet several conclusions validated in previous studies. The small sample size and specific context also do not allow to explain the results, although they corroborate many others.

Scientific evidence shows that health perception, with increasing age and higher incidence of health problems, is negatively externalized, which certifies the results obtained, in which 56.9% considered it "reasonable" or "weak".

Losses in terms of physical fitness and consequent loss of functional capacity and independence are affected by the aging process, and can be mitigated with the practice of physical exercise. Of the sample evaluated, only 34.5% participated in physical exercise activities in the residential structure. In this sense, staying physically active does not only imply physical exercise, but also to develop individual and collective activities that provide pleasure, joy and satisfaction. The occurrence of a fall may be an obstacle to regular exercise, however 70.7% reported not having had any drop in the last year, so a higher percentage of activities that promote physical activity would be expected. At this juncture, the low risk of falling differs from previous studies, in which institutionalization is seen as an ally of fragility and decreased functional capacity.

Thus, it is extremely important to encourage and perpetuate the ability to perform activities of daily living independently.

Loneliness, also inherent to self-perception of health, was a feeling reported by 60.3% of the sample studied, which is associated with family changes, decreased

Culturally, and according to some of the individuals surveyed, aging is a phase of life in which more losses than gains are considered to be. This may lead to some reinstatement in adhering to new challenges, namely in the appropriation of institutionalization and self-perception of health. Therefore, in addition to the time limitations of academic work, they can refer to as a difficult aspect, the rooted culture that still leads some elderly to consider this, a phase of life in which there are many losses. Therefore, they are reticent in their suiting activities, because they consider that no gains come from them, preferring to remain seated, each in "their world"/space with little interaction between them, despite sharing the same physical space. Also the scarcity of human resources of the residential structure, which restricted the time they had available to collaborate/participate in the project, together with the resistance to change, can be considered limitations. The small number of technicians together with the various requests, both of the residential

structure and of other valences to which they have to respond, was a difficulty felt, since it limited the time they had to develop the proposed activities aimed at the continuity of them. It should also be noted that the sample studied is a small sample, not representative of the population in ERPI.

Authors' contributions

MJSJ: Study design, data collection, storage and analysis, review and discussion of results.

EC: Study design, review and discussion of results.

TDM: Review, data analysis and discussion of results.

All authors read and agreed with the published version of the manuscript.

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REFERENCES

1. World Health Organization. Integrated care for older people: guidelines on community--level interventions to manage declines in intrinsic capacity. Geneva: WHO; 2017. [accessed 2021 Nov]. Available from: https://apps.who.int/iris/bitstream/handle/10665/258981/9789241550109-eng.pdf?sequence=1&isAllowed=y

2. World Health Organization. World health statistics 2017: monitoring health for the SDGs, Sustainable Development Goals. Geneva: WHO; 2017. [accessed 2021 Nov]. Available from: http://apps.who.int/iris/bitstream/handle/10665/255336/9789241565486-eng.pdf

3. Organização das Nações Unidas. Envelhecimento. [accessed 2021 Nov]. Available from: https://unric.org/pt/envelhecimento/

4. PORDATA. Índice de Envelhecimento. [accessed 2021 Nov]. Available from: https://www.pordata.pt/Municipios/%C3%8Dndice+de+envelhecimento-458

5. Roig Dyego J, Souza L, Andrade F, Filho B, Medeiros R, Oliveira N, et al. Self-perceived health in institutionalized elderly. Ciência Saúde Coletiva. 2016;21:3367-75. doi:10.1590/1413-812320152111.15562015

6. Ferreira PM. O Envelhecimento ativo em Portugal: tendências recentes e (alguns) problemas. Rev Kairós Gerontol. 2015:7-29.

7. N Neri AL, Borim FS, Fontes AP, Rabello DF, Cachioni M, Batistoni SS, et al. Factors associated with perceived quality of life in older adults: ELSI-Brazil. Rev Saude Publica. 2018;25;52:16s. doi:10.11606/S1518-8787.2018052000613.

8. Sousa L, Galante H, Figueiredo D. Qualidade de vida e bem-estar dos idosos: um estudo exploratório na população portuguesa. Rev Saúde Pública. 2003;37:364-71.

9. Sousa L, Galante H, Figureiredo D. (EASYCARE: Um sistema de avaliação de idosos (qualidades psicométricas): EASY-CARE: Eldery Assessment System. Rev Estatíst. 2002; 26:10-25.

10. Ramos OM, Soares S. Qualidade de vida e a autoperceção da saúde relacionada com a saúde oral: o caso particular de idosos institucionalizados. Millenium J Educ Technol Health. 2021;14:29-36. doi:10.29352/mill0214.21418

11. Román XA, Toffoletto MC, Sepúlveda JC, Salfate SV Grandón KL. Factors associated to subjective wellbeing in older adults. Texto Contexto-Enferm. 2017;26. doi:10.1590/0104-07072017005460015

12. Zanesco C, Bordin D, Santos CB, Müller EV, Fadel CB. Fatores que determinam a percepção negativa da saúde de idosos brasileiros. Rev Brasil Geriatria Gerontol. 2018; 21:283-92. doi:10.1590/1981-22562018021.170210

13. Silva J, Barbosa M, Castro P.& Noronha M. Correlação entre o risco de queda e autonomia funcional em idosos institucionalizados. Rev Brasil Geriatria Gerontol. 2013;16:337-46. doi:10.1590/S1809-98232013000200013

14. Camões M, Fernandes F, Silva B, Rodrigues T, Costa N, Bezerra P. Exercício físico e qualidade de vida em idodos: diferentes contextos sociocomportamentais. Motricidade. 2016;12:96-105. doi:10.6063/motricidade.6301

15. Mendes J. Envelhecimento (s), qualidade de vida e bem-estar. A Psicologia em suas Diversas Áreas de Atuação. [accessed 2021 Nov]. Available from: https://www.researchgate.net/profile/Jose-Mendes-11/publication/342365705_Envelhecimentos_qualidade_de_vida_e_bem-estar/links/5ef12f56a6fdcc73be96b4c5/Envelhecimentos-qualidade-de-vida-e-bem-estar.pdf

16. Souza C, Valmorbida L, Oliveira J, Borsatto A, Lorenzini M, Knorst M, et al. Mobilidade funcional em idosos institucionalizados e não institucionalizados. Rev Brasil Geriatria Gerontol. 2013;16:285-93. doi:10.1590/S1809-98232013000200008

17. Batista M, Meneses K, Pompeu L, Silva R, Sousa C, Lago E. A Percepção Do Idoso Sobre Sua Vivencia Em Instituição De Longa Permanência. Rev Enferm UFPE Online. 2014;8:1988-96. doi:10.5205/reuol.5963-51246-1-RV.0807201421.

18. Lopes M, Araújo J, Nascimento E. O envelhecimento e a qualidade de vida: a influência das experiências individuais. Rev Kairós Gerontol. 2016;19:181-99. doi: https://doi.org/10.23925/2176-901X.2016v19i2p181-199

19. Josino J, Costa R, Vasconcelos T, Domiciano B, Brasileiro I. Análise do estado de funcionalidade de idosos residentes em unidades de longa permanência. Rev Bras Promoç Saúde. 2015;28:351-60. doi:10.5020/18061230.2015.p351

20. Silva TB, Magalhães CM, Abreu DC. (2015). Capacidade funcional de idosos acolhidos em instituições de longa permanência da rede pública em uma capital da região NORTE. Estudos Interdisciplinares Sobre O Envelhecimento. 2015;20. doi:10.22456/2316-2171.45506

21. Barbosa GC, Araújo Vilela D, Campos ML, Silva Santos R, Lima A, Leal L, et al. Desempenho cognitivo e autopercepção de saúde em idosos institucionalizados: estudo prospectivo. Rev Kairós-Gerontol. 2020;23:341-59.

22. Paula T. Prevalência e fatores associados ao declínio cognitivo em idosos longevos assistidos na saúde suplementar [Master's Thesis, Universidade Federal de Pernambuco]. [accessed 2021 Nov]. Available from: https://attena.ufpe.br/handle/123456789/35354

23. Nascimento R, Batista R, Rocha S, Vasconcelos L. Prevalence and factors associated with the decline in the elderly with cognitive low economic condition: MONIDI study. J Brasil Psiquiatria. 2015;64:187-92. doi:10.1590/0047-2085000000077

24. Ferreira L, Jerez-Roig J, Andrade F, Oliveira N, Araújo J, Lima K. Prevalência de quedas e avaliação da mobilidade em idosos institucionalizados. Rev Bras Geriatr. 2016; 19:995-1003. doi:10.1590/1981-22562016019.160034

25. Castro M. (2016). Qualidade de Vida e Solidão em Idosos residentes em Lar. Rev Port Enferm Saúde Mental. 2016;Ed Especial:39-44. doi: doi.org/10.19131/rpesm.0115

26. Silva L, Silva M, Adelaide M, Bezerra P, Almeida V, Aparecida S, et al. Representações sociais sobre solidão por idosos institucionalizados. Rev Pesq Cuidado Fundamental Online. [accessed 2021 Dec]. Available from: https://www.redalyc.org/articulo.oa?id=50575077200