

# RIASE

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

**TEAM SATISFACTION IN LONG TERM CARE FACILITIES:  
THE ROLE OF RELATIONSHIPS AND MANAGEMENT**

**SATISFAÇÃO DOS PROFISSIONAIS EM INSTITUIÇÕES  
PARA PESSOAS IDOSAS:  
O PAPEL DAS RELAÇÕES E DA GESTÃO**

**SATISFACCIÓN DE LOS PROFESIONALES EN INSTITUCIONES  
DE MAYORES:  
EL PAPEL DE LAS RELACIONES Y LA GESTIÓN**

Pedro Igor Portela Aguiar<sup>1</sup>, Henrique Salmazo da Silva<sup>1</sup>.

<sup>1</sup>Catholic University of Brasília (UCB), Brasília/DF, Brazil.

Received/Recebido: 2023-08-11 Accepted/Aceite: 2023-11-02 Published/Publicado: 2023-11-13

DOI: [http://dx.doi.org/10.60468/r.riase.2023.9\(4\).632.49-70](http://dx.doi.org/10.60468/r.riase.2023.9(4).632.49-70)

©Author(s) (or their employer(s)) and RIASE 2023. Re-use permitted under CC BY-NC. No commercial re-use.  
©Autor(es) (ou seu(s) empregador(es)) e RIASE 2023. Reutilização permitida de acordo com CC BY-NC. Nenhuma reutilização comercial.

**VOL. 9 NO. 4 DECEMBER 2023**

## ABSTRACT

---

**Introduction:** Given the increase in the elderly population in Brazil, long-term care is becoming a growing demand. Long-stay institutions are the second most popular type of care, which calls for efforts to promote qualified care.

**Objective:** To analyze the satisfaction of professionals who work in Long Term Care Facilities for older adults (LTCF) with regard to the management and operation of these services.

**Method:** This is a cross-sectional, exploratory and quantitative survey on long-term care, organizational, structural and human resources conditions in institutions. Electronic questionnaires were administered to 55 professionals working in Brazilian public, private and philanthropic institutions. The survey was conducted in the second half of 2021, the COVID-19 pandemic period.

**Results:** The greatest impact on work-related well-being was associated with variables that required interaction, communication and care for institutionalized elderly people. It was observed that professionals from private for-profit and non-profit institutions showed greater satisfaction in relation to accessibility and the ambience of the physical space; and indicated, with greater prevalence, that communication with the elderly person was a component that interfered with their work. Professionals with training in the field of ageing were less satisfied with the domains of resident safety, number of professionals and the standard operating procedures manual. There was an association between being a social worker/social counselor and lower satisfaction with actions to prevent violence against the elderly; and being a coordinator/manager and evaluating participation in decision-making processes interfered with well-being in everyday work.

**Conclusion:** The satisfaction of professionals working in LTCFs was associated with interactional variables, ambience and training of professionals.

**Keywords:** Elderly; Health; Humanization; Long Stay Institution for the Elderly; Management; Satisfaction; Work.

## RESUMO

---

**Introdução:** Diante do aumento da população idosa no Brasil, a oferta de cuidados de longa duração torna-se uma demanda crescente. As Instituições de Longa Permanência caracterizam-se como a segunda oferta de cuidados mais ofertada, o que solicita esforços para promoção de uma atenção qualificada.

**Objetivo:** Analisar a satisfação dos profissionais que atuam nas Instituições de Longa Permanência para Idosos com relação à gestão e funcionamento desses serviços.

**Método:** Trata-se de pesquisa transversal, exploratória e quantitativa sobre cuidados de longa duração, condições organizacionais, estruturais e de recursos humanos das instituições. Foram aplicados questionários eletrônicos a 55 profissionais que atuavam em instituições públicas, particulares e filantrópicas brasileiras. A pesquisa foi conduzida no segundo semestre de 2021, período pandêmico da COVID-19.

**Resultados:** O maior impacto no bem-estar relacionado ao trabalho esteve associado às variáveis que demandavam interação, comunicação e atendimento às pessoas idosas institucionalizadas. Observou-se que profissionais de instituições privadas com ou sem fins lucrativos apresentaram maior satisfação em relação a acessibilidade e ambiência do espaço físico; e indicaram, com maior prevalência, que a comunicação com a pessoa idosa foi um componente que interferiu no trabalho. Profissionais com formação na área do envelhecimento mostraram-se menos satisfeitos com relação aos domínios de segurança do residente, número de profissionais e manual de procedimentos operacionais padrão. Houve associação entre ser assistente social/orientador social e apresentar menor satisfação com as ações de prevenção a violência contra a pessoa idosa; e ser da coordenação/gestão e avaliação da participação nos processos de decisão interfere no bem-estar no cotidiano de trabalho.

**Conclusão:** A satisfação dos profissionais que atuam nas ILPI esteve associada a variáveis interacionais, ambiência e formação dos profissionais.

**Palavras-chave:** Gestão; Humanização; Idoso; Instituição de Longa Permanência para Idosos; Satisfação; Saúde; Trabalho.

## RESUMEN

---

**Introducción:** Dado el aumento de la población anciana en Brasil, los cuidados de larga duración se están convirtiendo en una demanda creciente. Las instituciones de larga estancia se caracterizan por ser el segundo tipo de asistencia más popular, lo que exige esfuerzos para promover una asistencia cualificada.

**Objetivo:** Analizar la satisfacción de los profesionales que actúan en Instituciones de Larga Estancia para Ancianos (ILEA) con relación a la gestión y operación de estos servicios.

**Método:** Se trata de una encuesta transversal, exploratoria y cuantitativa sobre las condiciones organizativas, estructurales y de recursos humanos de los cuidados de larga duración en las instituciones. Se administraron cuestionarios electrónicos a 55 profesionales que trabajan en instituciones públicas, privadas y filantrópicas brasileñas. La encuesta fue realizada en el segundo semestre de 2021, período de la pandemia COVID-19.

**Resultados:** El mayor impacto en el bienestar laboral se asoció a las variables que requerían interacción, comunicación y atención a las personas mayores institucionalizadas. Se observó que los profesionales de instituciones privadas con y sin ánimo de lucro mostraron mayor satisfacción en relación con la accesibilidad y el ambiente del espacio físico; e indicaron, con mayor prevalencia, que la comunicación con la persona mayor era un componente que interfería en su trabajo. Los profesionales con formación en el ámbito del envejecimiento se mostraron menos satisfechos en los dominios de la seguridad de los residentes, el número de profesionales y el manual de procedimientos normalizados de trabajo. Hubo asociación entre ser trabajador social/consejero social y menor satisfacción con las acciones de prevención de la violencia contra las personas mayores; y ser coordinador/gestor y evaluar la participación en los procesos de toma de decisiones interfirió con el bienestar en el trabajo cotidiano.

**Conclusión:** La satisfacción de los profesionales que actúan en el ILEA se asoció con variables de interacción, ambiente y formación de los profesionales.

**Descriptor:** Adulto Mayor; Gestión; Salud; Humanización; Institución de Larga Estancia para Adultos Mayores; Satisfacción; Trabajar.

## INTRODUCTION

---

Population aging has been gaining notoriety due to the progressive increase in the number of older adults in the world. It is estimated that in the next 15 years, the proportion of older adults will be above 2.1 billion people in the world<sup>(13)</sup>. In Brazil, according to the Statute of the Older Adults, the older adult person is someone aged 60 years or over. Thus, according to the Brazilian Institute of Geography and Statistics (IBGE), it is estimated that in 2030, the number of older adults will exceed the total number of children between zero and 14 years old, occupying prominence among the ten largest aging populations in the world<sup>(17)</sup>.

In this context, different modalities of long-term care are proposed to support older people and maximize health, functionality, and well-being. Long-Term Care Facilities (LTCFs) make up one of the types of assistance in this care and are defined as governmental or non-governmental institutions, of a residential nature, intended for collective housing for people aged 60 years or over, with or without family support, in a condition of freedom, dignity and citizenship<sup>(4)</sup>.

Thus, LTCF are places that offer support, care, and treatment for older adults with or without family support. According to the Census carried out by the Institute of Applied Economic Research (IPEA) in 2010, it indicated the existence of around 90 thousand older adults living in 3,600 institutions in Brazil, corresponding at the time to almost 1% of the country's older adult population, of which 60% are from philanthropic character. Most recent data from the 2019 Unified Social System Assistance Census indicates that in Brazil there are 5,769 institutions, of which 2,381 have only older adults. By integrating other databases, the researchers found 7,029 institutions, of which 4,232 were in the Southeast, 1,874 in the South, 493 in the Northeast, 351 in the Center-West and 79 in the North of the country<sup>(2)</sup>.

Given the importance of this type of care, professionals who work in LTCF must have skills that know how to deal directly with older adults with reduced functional abilities, in the search to provide a better quality of life. At the organizational and management level, Brazilian studies on LTCF indicated a predominance of philanthropic institutions with insufficient human resources and difficulties in maintaining a multidisciplinary team that meets the specificities of current legislation<sup>(2;15)</sup>.

Therefore, the characteristics of the older adults residing in LTCF must be identified to assist in the implementation of programs that provide the necessary support to professionals who work in these institutions, offering them the resources for good performance and professional satisfaction. It is known that caring for dependent older adults can involve physical effort, concentration, and planning, which demands support from professionals and support from the organization. Depending on the working conditions and extrinsic or intrinsic factors that moderate the performance of professionals, support for physically impaired older people can be associated with physical and emotional exhaustion for those caring and, consequently, promoting the dissatisfaction and discontent professional feelings<sup>(6)</sup>.

Job satisfaction, protagonism, autonomy are indicators that reflect and enhance professional performance. Investments in work processes, such as improving conditions, adequate remuneration, and the inclusion of a multidisciplinary team; will only be possible if there are changes in the organizational culture of the institutions. For these changes to occur, it is necessary to value long-term care as a legitimate care alternative, and aging as a process that deserves to be assisted and well supported, and the professionals who work in the LTCF care setting<sup>(19)</sup>.

In this way, investigating the satisfaction of professionals and the components that moderate well-being in the work process can help in designing interventions aimed at the quality of life and well-being of the employee, and consequently, of the older adult. The objective of the present study was to analyze the satisfaction of professionals who work in LTCF with the management and functioning of these services, as well as verifying factors associated with satisfaction levels, such as working conditions, role performed, type of institution and motivation to work.

## MATERIALS AND METHODS

---

This is a cross-sectional, exploratory, and quantitative study about long-term care, organizational, structural, and human resources conditions in LTCFs; and the applicability and proposed changes to Regulatory Sanitary System of Health Vigilance – RDC 502 of 2021.

*Sample*

In the present study, a non-probabilistic sample selected by convenience criteria of professional caregivers and technicians from LTFC was investigated. Public, private and philanthropic LTFCs were investigated. The sample was recruited using the snowball technique, a non-probabilistic sampling technique where individuals selected to be studied invite new participants from their network of friends and acquaintances. The final sample size was estimated considering the number of institutions listed in the 2018 Brazilian Unified Social System Assistance (SUAS) Census, using the formula:  $n = N \cdot Z^2 \cdot p \cdot (1-p) / Z^2 \cdot p \cdot (1-p) + e^2 \cdot (N-1)$  where “n” is the calculated sample, “N” is the population, “Z” the standardized normal variable associated with the confidence level, “p” the true probability of the event ( $P=(1-P)=0.5$ , assumption of maximum variation), and “e” the sampling error. Based on the 1280 institutions surveyed by the SUAS Census and using a sampling error of 5% and a confidence level of 95%, the aim was to investigate a sample of 296 professionals. However, the electronic questionnaire collected data from 55 professionals. It is believed that part of the non-engagement in the research is associated with the data collection period, carried out during the second half of 2021, the COVID-19 pandemic period.

The criteria for participation in the present study were: (a) working in an institution that has been in the same physical space for at least two years; (b) have a Technical Person responsible for the work; (c) agree to participate in the study. To motivate participation, videos were created, and meetings were held with researchers, professionals and state and municipal counselors for the older adults in the national territory. This was necessary because many institutions do not have the culture of participating in studies, especially due to the social stigma and possible barriers associated with the organizational culture when viewing that research constitutes “another inspection”.

Based on the network of LTFCs accompanied by the National Front for Support to LTFCs and the 27 state councils for the older adults, videos and invitation letters were created and sent by email to establish links, explain the purpose of the project and the development of activities.

After this approach, the electronic form was made available to managers and technical managers of the LTFCs, as well as deadlines for filling it out and returning it to researchers. To this end, all participants were informed about the objectives of the study and, subsequently, instructed to sign the Free Informed Consent Form (TCLE), respecting the ethical principles of research in accordance with Ordinance 466/2012 of the Ministry of Health (MS).

### *Instruments*

In this study, the self-applicable instrument available through an electronic form on the Google Forms platform was applied. The questions addressed included the challenges faced by LTFCs in caring for the older adults, understanding of RDC 502/2021, work regime, routine care for older adults' people, satisfaction, and motivations in relation to work, training and qualifications in the aging field. The questionnaire was prepared by the team of researchers and brought together questions in line with the assistance offers provided for by RDC 502 of 2021.

The variables investigated included: (a) age; (b) sex; (c) training of professionals in aging; (d) professional category (social counselors/social workers, technical manager/manager, technical professionals, or caregivers); (e) work regime; (f) motivation to work through the question: "From 1 to 5, how motivated do you feel to carry out your daily tasks with the older adults? Rate it from 1 to 5, with 1 - very little motivated and 5 - very motivated"; (g) assessment of factors that impact well-being at work through the question: "How much do the items below impact your well-being related to your current work (in the last two weeks): Support from the institution's management, Recognition for tasks performed, Technical knowledge, Connection with the older adults, Working hours, Overload and accumulation of tasks, Interpersonal conflicts with the team, Interpersonal conflicts with residents, Support in decision-making in resident care, Opportunity for career progression, Participation in decision-making processes regarding care for older adults, Accessibility and ambience of the physical space, Communication with the team, Communication with the immediate superior, Communication with the older adults; (h) Assessment of satisfaction in relation to the management and functioning domains of institutions through the question: "Regarding the institution, rate from 1 to 5 (where 1 - unsatisfactory and 5 - very satisfactory) the components: Structure and space physicist at LTFC; Welcome to residents; Resident security; Resident privacy; Hygiene in spaces; Guidance on routines and standard operating procedures; Actions to prevent violence against older people; Number of professionals to care for older people".

### *Data analysis*

Data from the forms were tabulated and analyzed using the JAMOVI Statistical Program. Exploratory analysis was carried out with the aim of performing descriptive statistics. Categorical variables were presented using absolute and relative frequencies, and continuous variables were presented using means and standard deviations. For categorical variables, statistical differences were evaluated using the chi-square test, corrected by Fisher's exact test. For continuous variables, non-parametric tests were applied due to not meeting the normality assumptions in the Shapiro-Wilk and Kolmogorov-Smirnov tests. A significance level of 0.05 and a 95% confidence interval were used.



*Ethical aspects*

This study was submitted and approved by the Ethics Committee of the Catholic University of Brasília (UCB), number CAE 39648820.0.0000.0029, following the legal and ethical precepts in research with human beings in accordance with resolution no. 466-2012 of the CNS of the Ministry of Health, with free and spontaneous participation.

## RESULTS

---

According to Table 1<sup>7</sup>, most participants worked in philanthropic institutions with or without SUAS agreements and private non-profit organizations; reported being social workers/social counselors (28%), caregivers (18%) or nursing professionals (15%); they had worked at the LTCF for 1 to 6 years (41.8%) and worked in aging field for 7 to 10 years. The most prevalent level of education in the sample was higher education – postgraduate (41.8%).

However, despite the time and high level of education, only 34.5% of participants reported having training in the aging field. Regarding the LTCF region, a large portion of the participants worked in institutions in the Southeast (67.3%) and Central-West (25.5%) of the country (Table 1<sup>7</sup>).

Regarding the participants who informed their municipalities of origin, it was observed that the research reached 30 different municipalities, which denotes the capillarity of the research, covering different regions of the country, which provides heterogeneity in terms of the results presented.

According to Table 2<sup>7</sup>, it is observed that a large portion of the professionals investigated were motivated to carry out their daily assignments, and from 1 to 5, only 5.2% scored between 1 and 3.

Regarding the impact of variables related to working hours and care provision on work-related well-being, the variables that most influenced daily work in the last two weeks preceding the research were: communication with the older adults (83.6); bond with the older adults (76.4); accessibility and ambiance of the physical space (70.9); technical knowledge (69.1); communication with the team (69.1); support in decision-making in resident care (63.7); participation in decision-making processes regarding care for older people (63.6); communication with the immediate superior (63.6); interpersonal conflicts with residents (60% 4 or 5); support from the institution's management (58.1).

Regarding the assessment of employee satisfaction with the institutions in which they worked, the items that presented the best levels of satisfaction (sum of the prevalence of 4 – satisfied and 5 – very satisfied) were: welcoming residents (78.2); actions to prevent violence against older adults (76.4); Space hygiene (74.5); resident safety (72.7); structure and physical space (65.4); routines and standard operating procedures (69.1); resident privacy (60); number of professionals to care for older people (60).

Table 3<sup>7</sup> demonstrates that there was an association between the nature of the institution and employee satisfaction in relation to the physical space, ambiance and communication with the older person. In this regard, professionals from private, non-profit, and non-profit institutions were more satisfied with the accessibility and ambiance of the physical space; and they stated more expressively that communication with older people was a component that interfered in their daily work in the last two weeks than professionals from philanthropic institutions.

In Table 4<sup>7</sup>, it is observed that there was an association between the professional category and satisfaction in relation to the guidelines on violence against older people. In post-hoc analyses, it was observed that the category of professionals composed of social workers/social counselors showed lower satisfaction with actions to prevent violence against older people when compared to management/coordination professionals. It is also observed that the category of management/coordination professionals was the one that most mentioned that participation in decision-making processes interferes with well-being in daily work in the last two weeks when compared to the other categories.

As shown in Table 5<sup>7</sup>, professionals with training in the aging field were less satisfied with the resident safety domains, number of professionals available to care for residents and standard operating procedures manual.

## DISCUSSION

---

The results of the present study indicated that work-related well-being was associated with variables that required interaction, communication, and care for institutionalized older adults. Regarding the independent variables, there was a relationship between the type of institution and training of professionals with the satisfaction variables and the components that could interfere in the work process. Although these data are exploratory and based on a non-representative sample of the population of professionals working in LTCF, they offer important clues about the components associated with satisfaction with long-term care.

Regarding the role of interaction, communication with residents and the impact on work, the interaction of professionals with older adults can be a factor that alleviates possible exhaustion and stressors in the care process<sup>(24)</sup>. One of the hypotheses is that professionals can feel recognized for their work, which leads to an experience of pleasure, professional appreciation and personal fulfillment<sup>(8)</sup>. Recognition, therefore, is an indicator of validating the quality of work, with this component reinforcing satisfaction and perception of competence<sup>(11)</sup>.

It is possible that the COVID-19 pandemic scenario has reinforced the importance of interactions and communication at the institutional level, as data were collected in the pandemic scenario during the second half of 2021. During this period, institutions were forced to restrict visits, interactions among residents and to adopt social-distancing measures. However, these issues need to be further explored.

Another factor that stood out in the present study was the impact of the environment on the work process, highlighting ambience and hygiene as processes that interfere with work-related well-being<sup>(25)</sup>. This is because friendly, welcoming, and adapted environments promote health<sup>(1)</sup>, respect for the dignity and values<sup>(12)</sup> of older people. This finding confirms the need for investments in long-term care that are well-structured, as highlighted by the Decade of Healthy Aging 2020-2030. Paradoxically, one of the biggest challenges of LTCF care in Brazil is financing and structure, which became evident in the COVID-19 Pandemic<sup>(10)</sup>.

Other aspects associated with workers' performance and satisfaction were communication with teams, human resource's structure, and connections with older adults. In this regard, institutions that adopt individual-centered care models, which focus on valuing the autonomy of older adults and employees, have more positive outcomes in care measures for institutionalized older people<sup>(20-24)</sup>. These findings also dialogue with the National Humanization Policy (PNH), which provides for the stimulation of communication between managers, workers, and users to build collective processes for confronting relationships of power, work and affection that sometimes produce dehumanizing attitudes and practices that inhibit the autonomy and co-responsibility of the actors involved in the health care process<sup>(5)</sup>.

Regarding the type of institution and the job satisfaction/influence variables, it was observed that professionals from private, for-profit, or non-profit institutions showed greater satisfaction in relation to the accessibility and ambience of the physical space; and indicated, with greater prevalence, that communication with the older adults was a component that interfered with work. This data can be associated with the fact that philanthropic ins-

tutions depend almost exclusively on donations from the community to maintain their activities<sup>(7)</sup>, which reinforces that these institutions tend to experience more difficulties, and this can be reflected in the composition of the teams and professionals working. Another relevant factor is that in the philanthropic LTCF, the government participates with only 12% of the expenses with the signed agreement<sup>(13)</sup>, demonstrating the great dependence of these institutions on donations of resources.

Regarding the associations between satisfaction, training in the aging field and professional category, professionals with training in the aging field were less satisfied with the areas of resident safety, number of professionals and manual of standard operating procedures. An apparent dissatisfaction with these domains is observed due to a possible mismatch between what is academically recommended in gerontological studies and what is carried out in daily work. In Brazilian LTCFs, the professionals who work do not always have training in the aging field and face stigmatization in relation to work, scarcity of resources, lack of interprofessional work technologies, work overload and the need to resolve conflicts between family and older person<sup>(19)</sup>. It becomes urgent to improve the technical and scientific dimensions surrounding long-term care offered in LTCFs, so that we can guarantee the quality of care offers.

There was an association between being a social worker/social counselor and having less satisfaction with actions to prevent violence against older adults; and being responsible for coordination/management and evaluation of participation in decision-making processes interferes with well-being in daily work. It is possible that the category composed of social worker/social counselor guided the assessments based on experience with economic inequalities, social inclusion/exclusion, power relationships and violence in family conflicts, illnesses<sup>(17)</sup>; and the manager through the reference of decision-making processes in the LTCF, especially about decision-making processes that involve human resources, meeting the needs of institutionalized older people<sup>(19)</sup>. In this way, different perspectives on the work process in LTCFs are constructed, varying depending on the specificities of training and the activity of the professionals.

According to inferential analyses, there was no relationship between region of the country, motivation, factors that may interfere with work (last two weeks), and satisfaction of the professionals investigated. It is possible that the federative unit, in isolation, was not able to capture differences between professionals due to a possible underrepresentation of some regions or the reduced sample number. Furthermore, it should be noted that the present study was conducted with a non-probabilistic sample and the data are not representative of the population. Therefore, the present study has the limitations of being exploratory and non-representative research.

Despite these limitations, the data highlight the importance of considering organizational and management variables in the satisfaction of professionals who work in long-term care in LTCFs. For future studies, more comprehensive surveys are suggested regarding how satisfaction interferes with measures of well-being of older people and professionals, as well as investigations with a greater number of professionals.

## CONCLUSION

---

It is concluded that the satisfaction of professionals working in LTCF was associated with interactional variables, ambience, and training of professionals. Although it is not possible to measure the organizational differences and the profile of the institutions, professionals from private institutions showed a higher level of satisfaction compared to professionals from philanthropic institutions, especially in the accessibility and ambience of the physical space, communication with the older adults and working day journey.

Professionals in the social assistant/social counselor category were less satisfied with actions to prevent violence against older adults people and professionals with training in the aging field were less satisfied with the areas of resident safety, number of professionals available to provide care of residents and standard operating procedures manual.

## REFERENCES

1. Almeida AJPS, Rodrigues VMCP. The quality of life of aged people living in homes for the aged. *Rev Latino-Am Enferm* [internet]. 2008 Nov; 16(6):1025-31. Available from: <https://doi.org/10.1590/S0104-11692008000600014>
2. Barbosa L de M, Noronha K, Sprydes MHC, Araújo CAD. Qualidade de vida relacionada à saúde dos cuidadores formais de idosos institucionalizados em Natal, Rio Grande do Norte. *Revista Brasileira de Estudos de População*. 2017;34(2):391-414. Available from: <https://doi.org/10.20947/S0102-3098a0004>
3. Barbosa L. De M, Noronha K, Camargo M.C.S, Machado CJ. Perfis de integração social entre idosos institucionalizados não frágeis no município de Natal, Rio Grande do Norte. *Ciência e Saúde Coletiva*. 25(6):2017-2030. Available from: <https://doi.org/10.1590/1413-81232020256.19652018>
4. BRASIL. Agência Nacional de Vigilância Sanitária – Anvisa. As instituições de longa permanência para idosos no Brasil. Brasília. Available from: <https://www.gov.br/anvisa/pt-br/assuntos/servicosdesaude/instituicoes-de-longa-permanencia-para-idosos>.
5. BRASIL, Ministério da Saúde. Humaniza SUS: documento de base para gestores e trabalhadores do SUS. 4.ª ed., 2.ª reimpressão, editora MS, 2009. Available from: [https://bvsmms.saude.gov.br/bvsm/publicacoes/humanizasus\\_documento\\_gestores\\_trabalhadore\\_sus.pdf](https://bvsmms.saude.gov.br/bvsm/publicacoes/humanizasus_documento_gestores_trabalhadore_sus.pdf)
6. Clos, M.B e Grossi, P.K. Desafios para o cuidado digno em instituições de longa permanência. *Revista Bioética*. 24(2),395-411. Available from: <https://doi.org/10.1590/1983-80422016242140>
7. Creutzberg, M., Gonçalves, L.H.T., e Sobottka, E.A. The economic survival of long stay institutions for impoverished aged people. *Revista Latino-americana De Enfermagem*, 15(spe),748-754. Available from: <https://doi.org/10.1590/S0104-11692007000700006>
8. Dejours CA. Banalização da injustiça social. 3.ª edição. Rio de Janeiro: FGV; 2000.
9. De Oliveira M, Pereira C, Soares S. “Relaciones de enfermería para el cuidado de ancianos en atención primaria”. *Revista Uruguaya de Enfermería*. 2022;17(2). Available from: <https://doi.org/10.33517/rue2022v17n2a10>.
10. Domingues, M.A.R. da C., Wachholz P.A., Silva, C.B. da., Peres, L.C.S., Chacon P.F., Bezerra, P.C. de L., Lohmann, S., Moreira, V.G., Duarte, Y.A.O., Giacomini, K.C. Methodological Description of Mapping Brazilian Long-Term Care Facilities for Older Adults. In *SciELO Preprints*. Available from: <https://doi.org/10.1590/SciELOPreprints.3035>
11. *Caderno de Saúde Pública*. 2011;27(11):2276-2276. Available from: <https://doi.org/10.1590/S0102-311X2011001100021>
12. Kanashiro MM. Envelhecimento ativo: uma contribuição para o desenvolvimento de instituições de longa permanência amigas da pessoa idosa. Universidade de São Paulo, 2012 March 20. Available from: <https://doi.org/10.11606/D.6.2012.tde-25042012-172435>.

13. Kalliden, Letasha, et al. "Standards and Quality of Care for Older Persons in Long Term Care Facilities: A Scooping Review". *BMC Geriatrics*. 2022;22(1):226. Available from: <https://doi.org/10.1186/s12877-022-02892-0>.
14. Lacerda, T.T.B., Horta, N.C., Souza, M.C.M.R., Oliveira, T.R.P.R., Marcelino, K.G.S., Ferreira, Q. N., Characterization of long-term care facilities for the elderly in the metropolitan region of Belo Horizonte. *Revista Brasileira De Geriatria E Gerontologia*, 20(6),743-753. Available from: <https://doi.org/10.1590/1981-22562017020.170014>
15. Mariano, P.P., Carreira, L., Prazer e sofrimento no cuidado ao idoso em instituição de longa permanência: percepção dos trabalhadores de enfermagem. *Escola Anna Nery. Revista de Enfermagem*. 2016;20(4). Available from: <https://doi.org/10.5935/1414-8145.20160088>
16. Saude, Ministerio Da. Estatuto Do Idoso. MS, 2006.
17. Oliveira, M.L.C., Hedler, H.C., Santos, E.V. "Percepções do Assistente Social sobre o trabalho que realiza em uma Instituição Filantrópica de Longa Permanência no Distrito Federal". *Serviço Social em Revista*. 2016;19(1):66. Available from: <https://doi.org/10.5433/1679-4842.2016v19n1p66>.
18. Pinheiro, N.C.G., Holanda, V.C.D., Melo, L.A., Medeiros, A.K.B., Lima, K.C. Desigualdade no perfil dos idosos institucionalizados na cidade de Natal, Brasil. *Ciência & Saúde Coletiva*, 21(11),3399-3405. Available from: <https://doi.org/10.1590/1413-812320152111.19472015>
19. Salcher, E.B.G., Portella, M.R., e Scortegagna, H. de M. Cenários de instituições de longa permanência para idosos: retratos da realidade vivenciada por equipe multiprofissional. *Revista Brasileira de Geriatria e Gerontologia*, 18(2),259-272. Available from: <https://doi.org/10.1590/1809-9823.2015.14073>
20. Santos, N.O., Beuter, M., Girardon-Perlini, N.M.O., Paskulin, L.M.G., Leite, M.T., Budó, M.L.D. The perceptions of workers in a long-term care institution for older adults regarding the family. *Texto & Contexto – Enfermagem*, 23(4),971-978. Available from: <https://doi.org/10.1590/0104-07072014003170013>
21. Silva, B.T., Santos, S.S.C. Cuidados aos idosos institucionalizados: opiniões do sujeito coletivo enfermeiro para 2026. *Acta Paulista De Enfermagem*, 23(6),775-781. Available from: <https://doi.org/10.1590/S0103-21002010000600010>
22. Tavares, J.P., Beck, C.L.C., Silva, R.M., Beuter, M., Prestes, F.C., Rocha, L. Prazer e sofrimento de trabalhadoras de enfermagem que cuidam de idosos hospitalizados. *Escola Anna Nery*, 14(2),253-259. Available from: <https://doi.org/10.1590/S1414-81452010000200007>
23. Wanderley, V.B., Bezerra, I.N.M., Pimenta, I.D.S.F., Silva, G., Machado, F.C.A., Nunes, V.M.A., Piuvezam, G. Instituições de longa permanência para idosos: a realidade no Brasil/ Long-stay institutions for the elderly: the reality in Brazil/ Instituciones de larga permanencia para personas mayores: la realidad en Brasil. *Journal Health NPEPS*, 5(1),321-337. Available from: <https://periodicos.unemat.br/index.php/jhnpeps/article/view/4183>

24. Barreira, Luís F., Abel Paiva, Beatriz Araújo, and Maria J. Campos. "Challenges to Systems of Long-Term Care: Mapping of the Central Concepts from an Umbrella Review." *International Journal of Environmental Research and Public Health* 2023;20(3). Available from: <https://doi.org/10.3390/ijerph20031698>.

25. Bae, Suyeon, and Abimbola O. Asojo. "Ambient Scent as a Positive Distraction in Long-Term Care Units: Theory of Supportive Design." *HERD: Health Environments Research & Design Journal*, (2020). Available from: <https://doi.org/10.1177/1937586720929021>.



#### Authors

**Pedro Igor Portela Aguiar**

<https://orcid.org/0009-0004-7578-1902>

**Henrique Salmazo da Silva**

<https://orcid.org/0000-0002-3888-4214>

#### Corresponding Author/Autor Correspondente

Henrique Salmazo da Silva – Universidade Católica de Brasília - QS 07 – Lote 01 – EPCT – Taguatinga, Brasília/DF - CEP: 71966-700. Brazil.  
henriquesalmazo@yahoo.com.br

#### Authors' contributions/Contributos dos autores

PIPA: Study coordination, study design, collection, storage and analysis of data, review, and discussion of results.

HSS: Study design, data analysis, review, and discussion of results.

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

#### Ethical Disclosures

Conflicts of Interest: The authors have no conflicts of interest to declare.

Financial Support: National Council for Scientific and Technological Development – CNPq – Brazil – MCTIC/CNPq (420859/2018-7).

Provenance and Peer Review: Not commissioned; externally peer reviewed.

Ethical considerations: The study was approved by the Ethics Committee of the Catholic University of Brasília, CAAE: 39648820.0.0000.0029, Opinion Number: 4.399.272, respecting the rights of research participants, confidentiality, anonymity and voluntary participation. All participants consented to participate in the study through a Free and Informed Consent Form.

#### Responsabilidades Éticas

Conflitos de Interesse: Os autores declararam não possuir conflitos de interesse.

Suporte Financeiro: Conselho Nacional de Desenvolvimento Científico e Tecnológico – CNPq – Brasil – MCTIC/CNPq (420859/2018-7).

Proveniência e Revisão por Pares: Não comissionado; revisão externa por pares.

Considerações Éticas: O estudo foi aprovado pelo Comitê de Ética da Universidade Católica de Brasília, CAAE: 39648820.0.0000.0029, Número

do Parecer: 4.399.272, respeitando-se os direitos dos participantes de pesquisa, a confidencialidade, anonimato e a participação voluntária. Todos os participantes consentiram em participar da pesquisa mediante Termo de Consentimento Livre e Esclarecido.

©Author(s) (or their employer(s)) and RIASE 2023.  
Re-use permitted under CC BY-NC. No commercial re-use.  
©Autor(es) (ou seu(s) empregador(es)) e RIASE 2023.  
Reutilização permitida de acordo com CC BY-NC.  
Nenhuma reutilização comercial.

Table 1 – Characterization of professionals according to sociodemographic variables, region, municipality and working conditions, Brazil, 2021.<sup>→↖↗</sup>

Characterization of professionals	N (%)
Nature of the institution	
Philanthropic institution with SUAS agreement	20 (36.4)
Philanthropic institution without SUAS agreement	6 (10.9)
Others	1 (1.8)
Private for profit	5 (9.1)
Private non-profit	11 (20)
Public	12 (21)
Operating time	
1 to 6 years	23 (41.8)
7 to 10 years	15 (27.3)
More than 10 years	7 (12.7)
Less than 1 year	10 (18.2)
Do you hold another position at LTCF?	
No	47 (85.5)
Yes	8 (14.5)
Education	
Elementary School	3 (5.5)
High school	15 (27.3)
University education	14 (25.5)
Postgraduate	23 (41.8)
Do You have training in aging field?	
No	36 (65.5)
Yes	19 (34.5)
How long have you been working and working with older adults?	
1 to 6 years	19 (34.5)
7 to 10 years	21 (38.2)
More than 10 years	10 (18.2)
Less than 1 year	5 (9.1)
What is your working period?	
Daytime	50 (90.9)
Reveler	4 (7.3)
Nocturnal	1 (1.8)
Do You have another paid job?	
No	40 (72.7)
Yes	15 (27.3)
State	
Ceará	1 (1.8)
Distrito Federal	3 (3.6)
Goiás	8 (7.3)
Minas Gerais	21 (10.9)
Pará	1 (1.8)
Rio de Janeiro	3 (1.8)
Maranhã	1 (1.8)
São Paulo	16 (16.4)

Table 1 – Characterization of professionals according to sociodemographic variables, region, municipality and working conditions, Brazil, 2021.<sup>↵↵↵</sup>

Characterization of professionals	N (%)
Regions of Brazil	
Midwest	14 (25.5)
North East	2 (3.6)
North	1 (1.8)
Southeast	37 (67.3)
South	1 (1.8)
City	
Alto do rio doce	1 (1.8)
Angatuba	1 (1.8)
Alterosa	1 (1.8)
Araguari MG	1 (1.8)
Arcos/MG	1 (1.8)
Bauru/SP	1 (1.8)
Bragança Paulista/SP	4 (7.3)
Brasília/DF	2 (3.6)
Catalão/GO	1 (1.8)
Coração de Jesus/MG	1 (1.8)
Fortaleza/CE	1 (1.8)
Goianésia/GO	1 (1.8)
Goiatuba/GO	1 (1.8)
Guarulhos/SP	1 (1.8)
Indaiatuba/SP	1 (1.8)
Inhumas/GO	1 (1.8)
Ipatinga/MG	15 (27.2)
Itumbiara/GO	1 (1.8)
Juiz de Fora/MG	1 (1.8)
Morrinhos/GO	1 (1.8)
Planaltina/DF	1 (1.8)
Pontalina/GO	1 (1.8)
Redenção/PA	1 (1.8)
Ribeirão Preto/SP	1 (1.8)
Rinópolis/SP	1 (1.8)
Rio de Janeiro/RJ	2 (3.6)
São Paulo/SP	6 (10.9)
Teresópolis RJ	1 (1.8)
Tiros/MG	1 (1.8)
Vicentinópolis/GO	1 (1.8)
São Luís/MA	1 (1.8)

**Table 2 - Motivation of professionals to perform their activities, and the impact of variables related to working hours and caregiving on well-being related to current work (in the last two weeks), Brazil, 2021.<sup>^</sup>**

Variables	1 Very little N (%)	2 Little	3 More or Less	4 Very	5 Very Much
<b>Motivation to do the work</b>					
Motivated to complete daily assignments	0	1(1.8)	2(3.6)	20(36.4)	32(58.2)
<b>Factors that impact well-being at work</b>					
Support from the institution's management	4(7.3)	7(12.7)	12(21.8)	13(23.6)	19(34.5)
Recognition for the tasks performed	7(12.7)	8(14.5)	12(21.8)	15(27.3)	13(23.6)
Technical Knowledge	3(5.5)	4(7.3)	10(18.2)	18(32.7)	20(36.4)
Bond with the older adults	2(3.6)	2(3.6)	9(16.4)	11(20)	31(56.4)
Current working hours	2(3.6)	5(9.1)	13(23.6)	15(27.3)	20(36.4)
Overload and accumulation of tasks	5(9.1)	14(25.5)	15(27.3)	11(20)	10(18.2)
Interpersonal conflicts with the team	6(10.9)	8(14.5)	13(23.6)	19(34.5)	9(16.4)
Interpersonal conflicts with residents	9(16.4)	4(7.3)	9(16.4)	15(27.3)	18(32.7)
Support in decision-making in resident care	2(3.6)	5(9.1)	13(23.6)	17(30.9)	18(32.7)
Opportunity for career progression	6(10.9)	15(27.3)	12(21.8)	9(16.4)	13(23.6)
Participation in decision-making processes regarding care for older adults	1(1.8)	7(12.7)	12(21.8)	16(29.1)	19(34.5)
Accessibility and ambience of the physical space	2(3.6)	3(5.5)	11(20)	21(38.2)	18(32.7)
Communication with the team	4(7.3)	2(3.6)	11(20)	21(38.2)	17(30.9)
Communication with the immediate superior	4(7.3)	5(9.1)	11(20)	13(23.6)	22(40)
Communication with the older adults	2(3.6)	1(1.8)	6(10.9)	17(30.9)	29(52.7)
<b>Regarding the institution, evaluate the components from 1 to 5 (1 being unsatisfactory and 5 being very satisfactory):</b>					
Structure and physical space of the LTCF	4(7.3)	4(7.3)	11(20)	17(30.9)	19(34.5)
Welcome to residents	1(1.8)	3(5.5)	8(14.5)	20(36.4)	23(41.8)
Resident security	5(9.1)	4(7.3)	6(10.9)	19(34.5)	21(38.2)
Resident privacy	4(7.3)	7(12.7)	11(20)	16(29.1)	17(30.9)
Hygiene in spaces	1(1.8)	4(7.3)	9(16.4)	13(23.6)	28(50.9)
Standard operating routines and procedures	2(3.6)	4(7.3)	11(20)	23(41.8)	15(27.3)
Actions to prevent violence against the older adults	1(1.8)	2(3.6)	10(18.2)	20(36.4)	22(40)
Number of professionals to care for older adults	4(7.3)	6(10.9)	12(21.8)	19(34.5)	14(25.5)

Table 3 – Relationship between motivation and satisfaction of professionals for philanthropic places and private institutions (in the last two weeks), Brazil, 2021.<sup>κ</sup>

Variables	Philanthropic with agreement with SUAS and Public	Private for-profit or non-profit	P value
From 1 to 5 how motivated you feel to carry out your daily duties with the older adults? Evaluate from 1 to 5, where 1 – unsatisfactory and 5 – very satisfactory.	5.00	5.00	P=0.336
<b>Factors that impact well-being at work</b>			
Remuneration	4.45	4.63	P=0.068
Overload and accumulation of tasks	2.92	3.50	P=0.158
Interpersonal conflicts with the team	3.18	3.50	P=0.260
Interpersonal conflicts with residents	3.47	3.56	P=0.463
Support in decision-making in resident care	3.63	4.13	P=0.084
Opportunity for career progression	2.92	3.56	P=0.109
Participation in decision-making processes regarding care for older adults people	3.63	4.19	P=0.088
Accessibility and ambience of the physical space	3.66	4.44	P=0.009
Communication with the team	3.68	4.00	P=0.131
Communication with the immediate superior	3.79	3.75	P=0.906
Communication with the older adults	4.08	4.69	P=0.014
Management support for the institution	3.66	3.56	P=0.945
Recognition for the tasks performed	3.39	3.13	P=0.727
Technical knowledge	3.82	3.94	P=0.457
Bond with the older adults	4.03	4.63	P=0.059
<b>Factors that influence the institution</b>			
Structure and physical space of the ILPI	3.76	3.75	P=0.657
Welcome to residents	4.03	4.25	P=0.413
Resident security	3.89	3.94	P=0.764
Resident privacy	3.61	3.63	P=0.754
Hygiene in spaces	4.00	4.44	P=0.197
Guidance on routines and standard operating procedures	3.82	3.75	P=0.944
Actions to prevent violence against the older adults	3.95	4.38	P=0.128
Number of professionals to care for older adults people	3.50	4.00	P=0.140
Working day	3.66	4.19	P=0.086

Table 4 – Relationship between professional category and satisfaction in relation to guidelines on violence against older adults people (in the last two weeks), Brazil, 2021.<sup>κ</sup>

Variables	Social worker/ social counselor	Physiotherapist, Nutritionist, Music Therapist, Others	Management or coordination	Nursing team	Psychologist	Professional caregiver	P value
From 1 to 5, how motivated do you feel to carry out your daily tasks with the older adults?	4.50	4.29	4.56	4.70	4.20	4.60	P=0.643
<b>Factors that impact well-being at work</b>							
Remuneration	2.79	2.57	3.89	3.20	3.20	3.50	P=0.250
Overload and accumulation of tasks	3.43	3.29	4.22	3.90	3.60	4.50	P=0.185
Interpersonal conflicts with the team	3.21	2.43	3.89	3.60	3.80	3.00	P=0.291
Interpersonal conflicts with residents	3.57	3.00	4.11	3.40	3.80	3.30	P=0.840
Support in decision-making in resident care	3.43	3.29	4.44	3.80	3.40	4.30	P=0.105
Opportunity for career progression	3.07	2.86	3.44	3.30	2.60	3.30	P=0.865
Participation in decision-making processes regarding care for older adults' people	3.64	2.86	4.67	3.90	3.40	4.10	P=0.026
Accessibility and ambience of the physical space	3.71	3.43	4.56	3.70	3.80	4.20	P=0.214
Communication with the team	3.57	3.29	4.00	4.00	3.60	4.30	P=0.323
Communication with the immediate superior	3.21	3.71	4.33	3.70	3.60	4.40	P=0.118
Communication with the older adults	4.07	3.71	4.67	4.40	4.20	4.50	P=0.398
Management support for the institution	3.14	3.86	4.11	3.70	3.60	3.80	P=0.370
Recognition for the tasks performed	2.71	3.86	3.78	3.20	3.40	3.60	P=0.270
Technical knowledge	3.79	3.71	4.11	4.10	4.20	3.50	P=0.806
Bond with the older adults	4.07	4.00	4.33	4.30	4.20	4.40	P=0.908
<b>Factors that influence the institution</b>							
Structure and physical space of the ILPI	3.71	3.57	3.78	3.80	4.00	3.90	P=0.985
Welcome to residents	3.86	3.86	4.22	4.70	4.00	4.00	P=0.270
Resident security	3.71	3.86	4.44	4.20	3.80	3.20	P=0.248
Resident privacy	3.29	3.57	3.89	4.10	3.00	3.80	P=0.282
Hygiene in spaces	3.64	4.00	4.44	4.40	4.20	4.40	P=0.308
Guidance on routines and standard operating procedures	3.50	3.29	3.78	4.30	3.60	4.30	P=0.102
Actions to prevent violence against the older adults	3.57	3.57	4.67	4.50	3.80	4.40	P=0.017
Number of professionals to care for older adults'	3.14	3.43	4.00	4.20	3.60	3.40	P=0.130
Working day	3.43	3.29	4.22	3.90	3.60	4.50	P=0.123

Table 5 – Relationship between training in aging factors that impact well-being at work and factors that influence the institution, Brazil, 2021.<sup>κ</sup>

Variables	Training Group in Aging Field	N	Mean	Median	P value
From 1 to 5, how motivated do you feel to carry out your daily tasks?	No	36	4.50	5.00	P=0.632
	Yes	19	4.53	5.00	
<b>Factors that impact well-being at work</b>					
Remuneration	No	36	3.22	3.00	P=0.779
	Yes	19	3.11	3.00	
Working day	No	36	3.89	4.00	P=0.719
	Yes	19	3.47	4.00	
Overload and accumulation of tasks	No	19	3.47	4.00	P=0.292
	Yes	36	3.25	3.00	
Interpersonal conflicts with the team	No	36	3.28	3.50	P=0.674
	Yes	19	3.37	4.00	
Interpersonal conflicts with residents	No	36	3.47	4.00	P=0.540
	Yes	19	3.63	4.00	
Support in decision-making in resident care	No	36	3.83	4.00	P=0.606
	Yes	19	3.74	4.00	
Opportunity for career progression	No	36	3.17	3.00	P=0.863
	Yes	19	3.11	3.00	
Participation in decision-making processes regarding care for older adults	No	36	3.94	4.00	P=0.261
	Yes	19	3.58	4.00	
Accessibility and ambience of the physical space	No	36	3.92	4.00	P=0.948
	Yes	19	3.89	4.00	
Communication with the team	No	36	4.03	4.00	P=0.169
	Yes	19	3.42	4.00	
Communication with the immediate superior	No	19	3.42	4.00	P=0.094
	Yes	36	4.03	4.00	
Communication with the older adults	No	36	4.39	5.00	P=0.185
	Yes	19	4.05	4.00	
Management support for the institution	No	36	3.81	4.00	P=0.234
	Yes	19	3.37	3.00	
Recognition for the tasks performed	No	36	3.53	4.00	P=0.238
	Yes	19	3.00	3.00	
Technical knowledge	No	36	4.03	4.00	P=0.258
	Yes	19	3.58	4.00	
Bond with the older adults	No	36	4.22	5.00	P=0.875
	Yes	19	4.21	4.21	
<b>Factors that influence the institution:</b>					
Structure and physical space of the LTCF	No	36	3.92	4.00	P=0.444
	Yes	19	3.53	4.00	
Welcome to residents	No	36	4.19	4.00	P=0.395
	Yes	19	3.95	4.00	
Resident security	No	36	4.11	4.00	P=0.045
	Yes	19	3.37	4.00	
Resident privacy	No	36	3.72	4.00	P=0.577
	Yes	19	3.47	4.00	
Hygiene in spaces	No	36	4.28	5.00	P=0.278
	Yes	19	3.89	4.00	
Guidance on routines and standard operating procedures	No	36	4.06	4.00	P=0.039
	Yes	19	3.37	3.00	
Actions to prevent violence against the older adults	No	36	4.22	4.00	P=0.144
	Yes	19	3.84	4.00	
Number of professionals to care for older adults	No	36	3.97	4.00	P=0.001
	Yes	19	2.89	3.00	