ORIGINAL ARTICLE

“I’M HERE THINKING ABOUT MY FAMILY” - FEELINGS AND PERCEPTIONS OF BEING AN INSTITUTIONALIZED OLD WOMAN

“FICO AQUI ASSIM PENSAO NA FAMILIA” - SENTIMENTOS E PERCEPÇÕES EM SER IDOSA INSTITUCIONALIZADA

“QUE ESTRÁ O PENSAO EN LA FAMILIA” - SENTIMENTOS Y PERCEPCIONES DE SER UNA ANCIANA INSTITUCIONALIZADA

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ABSTRACT
Objective: recognizing the feelings and perceptions of elderly women about institutionalization in a Long Term Care Institution for the Elderly. Method: a descriptive, exploratory study of a qualitative approach performed in a ILPI located in the North of Minas Gerais/MG; with eight elderly. The data was produced through individual interviews with a semi-structured guide; then the data were fully transcribed and analyzed based on the Content Analysis Technique with thematic categorization. The research project was approved by the Research Ethics Committee, CAAE 13369313.2.0000.5141. Results: after data analysis three categories emerged: The motives for moving from home; The institution as the only option of housing; and Family affective links and feelings and perceptions experienced in the institution. Conclusion: there is satisfaction and well-being regarding the institutionalization, but the absence of family contact favors the sense of longing and abandonment, the elderly feel the lack of activities for occupation. Descriptors: Health Services for the Aged; Institutionalization; Quality of Life.

RESUMO
Objetivo: conhecer os sentimentos e percepções de idosas acerca da institucionalização em uma instituição de Longa Permanência para Idosos. Método: estudo descritivo, exploratório com abordagem qualitativa realizado em uma ILPI localizada no Norte de Minas Gerais/MG; com oito idosas. Os dados foram produzidos por meio de entrevistas individuais com um roteiro semiestruturado; em seguida, os dados foram transcritos na íntegra e analisados a partir da Técnica de Análise do Conteúdo com categorização temática. O projeto de pesquisa teve a aprovação do Comitê de Ética em Pesquisa, CAAE 13369313.2.0000.5141. Resultados: após a análise dos dados emergiram três categorias: Os motivos que levaram a mudança do lar; A instituição como a única opção de moradia; e Vínculos afetivos familiares e sentimentos e percepções vivenciadas na instituição. Conclusão: Há satisfação e bem estar quanto à institucionalização, porém a ausência de contato familiar favorece o sentimento de saudade e abandono, as idosas sentem a falta de atividades para ocupação. Descriptors: Serviços de Saúde para Idosos; Institucionalização; Qualidade de Vida.

RESUMEN
Objetivo: conocer los sentimientos y percepciones de ancianas acerca de la institucionalización en una Institución de Cuidado a Largo Plazo para la Tercera Edad. Método: un estudio descriptivo, exploratorio con un enfoque cualitativo realizado en una ILPI situada en el Norte de Minas Gerais/MG; con ocho ancianas. Los datos se produjeron a través de entrevistas individuales con un guión semi-estructurado; a continuación, los datos fueron plenamente transcritos y se analizaron en base a la Técnica de Análisis de Contenido con categorización temática. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, CAAE 13369313.2.0000.5141. Resultados: después del análisis de datos surgieron tres categorías: Los motivos para el cambio de casa; La institución como la única opción de vivienda; y Enlaces afectivos familiares y sentimientos y percepciones experimentadas en la institución. Conclusion: hay satisfacción y bienestar en relación con la institucionalización, pero la ausencia de contacto de la familia favorece el sentimiento de anhelo y el abandono, las personas mayores sienten la falta de actividades para la ocupación. Descriptors: Servicios de Salud para los Ancianos; Institucionalización; Calidad de Vida.
INTRODUCTION

Population aging is a current global phenomenon, as the number of people aged over 60 has increased rapidly. At the end of the last century it was estimated 590 million individuals in this age group. In 2005, the projection was of one billion and 200 million, which are expected to reach two billion by 2050. Thus, for the first time in human history, the number of people over 60 years old will surpass the number of children and adolescents.¹

The concern with regard to the aging of the population is increasing with the course of time. In developing countries this increase in the elderly population has been following the context of social inequality. The World Health Organization data (WHO) estimates that in 2025, among the ten countries with the highest numbers of elderly, Brazil will be in the sixth place, with an age range set for 80 years of age or over, so that there is need for an effective health system and prepared to meet the needs of this population.² ³

The demographic transition process, such as the one now Brazil is undergoing fast-paced, associated in many countries, the increased demand for long-stay institutions for the elderly (LTCF's) and also for health services.⁴

The reasons for hospitalization in ILPI's include the difficulties of families in welcoming them for lack of space, resources, family structure that respects the elderly or inability to care for them due to special situations such as insertion of members in the labor market, leaving the family, difficulties in finding a caregiver, poverty, widowhood and the very elderly option because they find an obstacle.⁵

The institutionalization may represent exclusion to the extent that the old is seen away from social relations that are part of his life history. On the other hand, the reset process by which institutionalization has undergone assumes that these institutions can play healthy interpersonal relationships, reframing paths, searching for a living with dignity in old age.⁶

Through ILPI's for older people it can be seen old age privileging the way of living and aging all who live there, is considered an environment where you can find different ways and stories that are identified as trademarks in the lives of the elderly where leaves a positive or negative impression, leaving a meaning about the idea of being an elder.⁷ Whatever the reasons for the institutionalization becomes necessary that the institution favors the establishment of meaningful links, minimizing feelings of helplessness or previous conflicts institutionalizing.⁸

As the population ages, demand increases for ILPI and Brazil is not structurally prepared to receive this demand. Studies on institutionalization of the elderly are few and do not assess in depth the theme.⁹

The results may contribute to the knowledge of feeling and perception of aged causing professionals and society reflect on the attention paid to these seniors, implementing improvement measures in attendance. May contribute also to governments and managers of the institutions are planned to support the required population in need of institutionalization, seeking resources and means to organize and perfect a service with quality of life and well-being. Faced with this context, this study aims to:

- Recognizing the feelings and perceptions of the elderly women about institutionalization in a Long Term Care Institutions for the Elderly.

METHOD

This is a descriptive, exploratory study of a qualitative approach.¹⁰ ¹¹ The study setting was one ILPI's in the municipality of Montes Claros, Minas Gerais. A ILPI can be defined as a governmental or non-governmental institution, of residential character, oriented collective household of people aged 60 years old or over, with or without family support, under conditions of freedom, dignity and citizenship.¹² To participate in the survey the older must be 60 or over, with preserved cognitive capacity, with 60 days or longer hospital stay and take part in this study. The elderly excluded were who showed disabilities (hearing impairment, neurological and cognitive) that compromised the reading or understanding of informed consent and informed research.

Eight elderly were interviewed enough to theoretical saturation and achieving objectives. The number of participants was defined by theoretical saturation through knowledge formed by the researcher as to its subject matter that allows us to understand all the dimensions that are involved in this object, when the volume of information collected is sufficient to explain the object of study.¹⁰

For information gathering it was undertaken a semi-structured interview with...
script with guiding questions, open questions prepared by interviewers and adapted to research objectives, which could be modified at the time of data collection according to the need of the study. These being: 1) How the lady feels living here? 2) Do you like living here? Why? 3) What has changed in your life after coming here? 4) What is the relationship with your family after coming to live here? And before live here? 5) Something bothers you here? What? Why? and 6) What are your plans for the future?

The choice of participants was after ambiance to the place of study where the authors met the residents of the institution. The interview was conducted individually in room reserved by the institution and in agreement with the elderly at a time and pre-booked time to respect the routine of the elderly and the institution.

The interviews were recorded with the use of a tape recorder so that it was not lost any information reported by the participants. Before the interview there were explained to the older the objectives and the same signed the consent form and clear. After conducting the interview, the data collected were heard, fully transcribed, read and analyzed. Data analysis was accomplished through the responses of older according to thematic content analysis and categorization of Bardin.13

The research was permitted by signing the agreement Term of the participating institution. The research project was approved by the Research Ethics Committee of the United Colleges of Northern Minas Gerais - Brazil, FUNORTE the platform, under the CAAE No. 13369313.2.0000.5141, proving the line of research with the provisions of Resolution 466 of December 12nd, 2012, which deals with research involving human beings, and the relevant guidelines.14 After passed all the information regarding the purpose and methodology to respondents, they signed the free and informed consent to the interview, for those who could not write was used to fingerprint, participants were identified by letters followed by Arabic numerals, ensuring anonymity.

RESULTS AND DISCUSSION

Regarding the asylum institution to which the research was conducted, it is characterized by a charity which is maintained by municipal resources, donations and retirement of elderly residents of the local, and all older retirees with incomes of one to three minimum salaries. Regarding the sociodemographic characteristics, the institution reside only female subjects and the total of 35 residents. The interview was conducted with the older age group of age 60 to 101 years old, with time of residence ranging from one to 14 years. Elderly women were mostly illiterate and could not read or write.

We started from the systematization of three core categories representing the axis around which the product performed dynamic is articulated, to know: The motives for the change of home, the institution as the only option of housing and family affective links and feelings and perceptions experienced in the institution.

• The reasons that made moving from home

Brazilian legislation provides that the care of dependents should be of the responsibility of the family, which has been increasingly difficult for those who are unable to reside or be welcomed by it. In this context, one of the unfamiliar care existing alternatives corresponds to ILPI’s, whether public or private.12

Although the said national legislation care of dependents, should be the responsibility of the family, the number of these have become smaller and smaller as a result of reduced fertility rates, changes in marriage rates and increasing female participation which represented the traditional caregiver in Marketplace work. This fact goes on to require the State and the private market have paper to share with family responsibilities in caring for the elderly population. Faced with this context, an alternative non-family care absent corresponds to the long-term care facilities for the elderly (ILPIs), whether private or public.12

The following stories demonstrate that the elderly do not have conditions to live alone:

Because I stayed on the street, the house I lived had fallen, was made of brick, I was living alone, there arrived at the house to fetch me, I took and came. (E2)

I came to live here because I have no one. Oh, it was a man who brought me. (E4)

Because I broke my leg, I lived alone and had no one to stay with me. (E8)

Still have those seniors who, although having family, prefer to live in an institution for various reasons, justified by being widowed, have no children, prefer to be independent, to bother children and grandchildren; not achieve good understanding with employees, in the role of informal carers and relatives fear of ill-treatment.7
The house in the old residence is a condition that must be maintained and encouraged by all the family. But one can not ignore that aging is a reality of many faces, and that the alternative for housing in ILPI is sometimes the best solution.  

The speech below shows that the elderly can go live in the institution on its own:  

Because I wanted to, I came myself, not my family put me here not. (E3)

Institutionalization is often the case, the difficulties encountered by families in welcoming the elderly, such as lack of resources, family structure that respects the elderly, integration of members in the labor market, family abandonment, poverty, widows and the elderly option because it find a nuisance for the family.  

According the following statements, elderly could not live with the family:  

It is because of what I, I was living in a place that was not working well, then my son put me here. I came to live here. (E1).  

It's because my parents all died, I was alone with my brother, my brother works; there he took me and brought me here. (E 6)

The increase in the quota of the elderly population and a shortage of caregivers, whether formal or informal, result in the institutionalization search.  

The institution as the only option of housing and the affective links with family  

The quality of life of the institutionalized elderly also depends on the interaction of people nearby, through friends or family in order to avoid the state of loneliness or isolation that many live through the diversion of people, making paramount the next affective links to ensure the welfare of institutionalized elderly.  

In the following lines, there is a lack of contact and the difficulty of relationships with family members:  

Living together was not good no! Had a lot of confusion, all the people against me. [...] The relationship is that my family, I have four children, is're away from me, other're away, I don't see a ... one comes here, the other does not come not. (E1)  

[...] Each one in his home, now this month came here to see my daughter if I'm good, before they were calling for here, now do not call no more, I do not know why. A daughter comes to visit me, the rest does not come not. (S E)  

I have no relationship with them. And before living here, also had no [...]. Ah is a very long case that you can not comment me

“...I'm here thinking about my family” - feelings... not, and do not even like to mention this subject. (E6)

The elderly without family relationship is the same as not to be careful, and not having someone take responsibility for their basic human needs. Being in a nursing home without family makes the elderly live waiting for something divine.  

In the reports that follow the family is seen absent, being elderly women who lived alone or with people with no degree of kinship:  

My family seems that died [...] I was alone, I live life is alone. Oh when I worked I lived with my colleagues from service, right? But now I live there, I live with the people who come here. (E 4)  

[...] I have no family not, son. I have the people I lived with them, she raised me along with her children. (E7)

The aging population and the increased survival of individuals with reduced physical, cognitive and mental capacity are in need of ILPI's, which fail to make only part of welfare network and form a health care network, that is, offer more than an under.  

The ILPI's assume the responsibility of caring when the elderly lose their links to their social network, supporting or watching their needs in order to improve their health and quality of life that do not have conditions to stay with family or in their homes by providing these housing, food, health and social coexistence. This type of care acts as a foster family.  

Feelings and Perceptions lived in the institution  

The feeling of being institutionalized is different for each individual, and can pass on positive and negative aspects. For some elderly is notorious sadness, because they think that with the family would be the best home for living, but asylum is not disregarded and the recognition that they can remain there until the death is not ruled.  

As testimony perceives the feeling of abandonment, longing and dissatisfaction about being away from her family:  

[...] I'm here just thinking about the family. They went my home were all there, gave more assistance, then I'm here they don't come here. (E1)  

[...] I really miss my family all there and they're not coming here and they do not know what I'm going [...] it seems I'm far away from family. I am troubled, I thought, worried. (E8)

The abandonment in old age is a feeling of sadness and loneliness, caused by circumstances relating to losses, which are primarily reflected in the organism functional

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deficiency and frailty of affective and social relationships, which in turn lead to a distancing, and result in social isolation.19

The satisfaction and joy in being there was mentioned, but this is part of their conditions of life which could not give you something better:

I feel happy. Look, I’ll talk to you, I worked already too, and here I do nothing. (E4)
I feel happy. Because here I take the medicine, I’m here because of that medicine, because my family cannot afford the same right I’m getting. (E5)
Here is too good, I did not think would find such a wonderful place as I found here [...]. (E7)

For some elderly asylum is a safe environment, with the conditions needed to live. They also believe that is the best home that may have, so enjoy, and do not like, learn to live in this environment.18

The quality of life of institutionalized elderly also depends on the host institution in the process of redefinition in which institutionalization has undergone assumes that these institutions can play healthy interpersonal relationships.17,6

The subjects of the study demonstrate that the institution offering them support and resources needed for their stay:

Here is good. It treats people well. It has power as well. It’s all right. (E1)
Here I get all the care and treatment. I think here is my right place, until the day God calls me. (E3)
I feel good, I feel, because here I get all the care and treatment, so I feel good. (E8)

Thus the support and security that are offered in ILPIs, becomes the main factor to provide the welfare and happiness of its inhabitants.18

To promote conditions conducive to the expression of affection, it can offer the elderly a chance to feel empowered, enlightened, supported, informed, to relate in a better way with the team that cares for.19

The search for active aging tends to camouflage the reality of old age. But on the other, it is thought to leave the old waiting for the responsibility of their lives will not provide any benefit to them or to those around them. However, it is worth encouraging this autonomy, always remembering and considering the limitations that aging causes.7

It is evident in the speeches lack in some activities for occupancy:

Here? Here I do nothing. Now that I’m they’re doing this work here, writing, doing something, colors, makes thing. (E1)

“...I’m here thinking about my family” • feelings...
Hey I do not do anything here, they do not put me to cut a vegetable [...] I do nothing. (E5)

[...] Here at home what bothers me is that I cannot work, but I’m already old. (E6)

Before being institutionalized, both men and women performed routine activities, which favored maintaining the autonomy and independence; after institutionalization, because of scarce suggested activity, many lost their functional capacity, it is understood that the quality of life in institutionalized elderly tends to be poor, especially in institutions that do not offer alternatives such as recreation and/or physical therapy.9

Professionals working in all health care contexts should be aware of the existence of environments as ILPIs, guided to assist with the quality of life of the elderly population, as aspects that relate to socialization and recreation are essential in all stages of life.10

Yet it should be remembered that the health of the elderly, being a complex process, needs from the health professionals, scientific and technical support for promoting comprehensive care, humane and meets the multiple dimensions associated the guy who gets old. However, it takes more targeted thematic studies.21-22

FINAL NOTES

The story of life, socio-demographic status, dependency and lack of emotional ties, be they family or not, favors institutionalization. The research identified satisfaction with the perception of the elderly in the environment in which they live, but it is clear that the lack of coexistence and family contact alter the welfare of elderly in the institution providing sense of longing and abandonment. This study also shows that older feel the lack of an occupation within the institution.

There are different ways of how each individual sees the process of institutionalization, and it becomes important to know his beliefs and perceptions so that he can reflect about the life situation of the elderly, the institutionalization of reasons, the meaning and the impact suffered before this process. Institutions precision drive innovation, leisure, activities that do occupy the time of the institutionalized elderly so that they can feel useful in the environment they live in, the possibility of recreational activities improve the quality of life and self-esteem of those who dwell there. Such data can contribute to the planning and support offering necessary to this population in need of institutionalization, seeking resources and...
means to organize and improve the social and health actions to improve living conditions.

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“I'm here thinking about my family” • feelings...


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