

FEELINGS, EXPECTATIONS AND ADAPTATION OF ELDERLY PEOPLE LIVING IN A LONG-STAY INSTITUTION

SENTIMENTOS, EXPECTATIVAS E ADAPTAÇÃO DE IDOSOS INTERNADOS EM INSTITUIÇÃO DE LONGA PERMANÊNCIA

SENTIMIENTOS, EXPECTATIVAS Y ADAPTACIÓN DE ANCIANOS INTERNADOS EN INSTITUCIONES DE LARGA PERMANENCIA

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ABSTRACT

Objective: to identify the feelings, expectations and adaptation of elderly people to the institutionalization process. **Method:** descriptive study with a qualitative approach, in which participants were nine elderly people from a long-stay institution in the city of Santo Ângelo, Rio Grande do Sul, Brazil. Data collection took place in August 2016 through semi-structured interviews that were recorded on digital media and transcribed in full. The analysis of the data was based on the thematic content analysis, from which the following categories emerged: Feelings experienced when starting living in a long-stay institution for elderly people; The elderly's adaptation to the admission process; Requests, dreams and expectations of the institutionalized elderly. **Results:** 55.5% (n = 5) of the elderly were male, with a mean age between 60 and 77 years, 44.4% (n = 4), and prevalence of marital status separated, 33.3% (n = 3). **Final Thoughts:** LSIs are considered important spaces for the qualitative care of the elderly; therefore, their planning and implementation should encompass, besides comfort and welcome, actions that allow the resident to exercise autonomy, increase self-esteem and face the aging process properly.

Keywords: Aging; Institutionalization; Health of Institutionalized Elderly; Family Relationships.

RESUMO

Objetivo: identificar os sentimentos, as expectativas e a adaptação dos idosos ao processo asilar. **Método:** estudo descritivo com abordagem qualitativa, do qual participaram nove idosos de uma instituição de longa permanência de idoso no município de Santo Ângelo, Rio Grande do Sul, Brasil. A coleta dos dados ocorreu no mês de agosto de 2016, por meio de entrevistas semiestruturadas, gravadas em mídia digital e transcritas na íntegra. A análise dos dados se deu à luz da análise de conteúdo temática, evidenciando-se as seguintes categorias: sentimentos vivenciados ao ser internado em instituição de longa permanência de idosos; a adaptação do idoso ao processo de internação; pedidos, sonhos e expectativas do idoso institucionalizado. **Resultados:** dos entrevistados houve predomínio do sexo masculino – 55,5% (n= 5), com média de idade entre 60 e 77 anos 44,4% (n= 4), com prevalência do estado civil separados de 33,3% (n= 3). **Considerações finais:** consideram-se as ILPs importantes espaços para o cuidado qualitativo ao idoso, por isso, em seu planejamento e implantação devem-se incluir, além do conforto e acolhimento, ações que permitam ao residente o exercício da autonomia, a elevação da autoestima e o enfrentamento adequado ao processo do envelhecer.

Palavras-chave: Envelhecimento; Institucionalização; Saúde do Idoso Institucionalizado; Relações Familiares.

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RESUMEN

Objetivo: identificar los sentimientos, las expectativas y la adaptación de ancianos al proceso asilar. **Método:** estudio descriptivo con enfoque cualitativo. Participaron 9 ancianos de una institución de larga permanencia para ancianos de Santo Ângelo, Rio Grande do Sul, Brasil. La recogida de datos ocurrió en el mes de agosto de 2016, por medio de entrevistas semiestructuradas, grabadas en medios digitales y transcritas en su totalidad. El análisis de datos se dio a la luz del análisis de contenido temático, evidenciando las siguientes categorías: sentimientos al ser internado en la institución de larga permanencia para ancianos; adaptación del anciano al proceso de internación; pedidos, sueños y expectativas del anciano institucionalizado. **Resultados:** entre los entrevistados predominó el sexo masculino 55,5% (n = 5), con promedio de edad entre 60 y 77 años 44,4% (n = 4), con prevalencia del estado civil separado 33,3% (n = 3). **Consideraciones finales:** las ILP son consideradas como espacios importantes para el cuidado cualitativo del anciano. Por ello, en su planificación e implantación, deben incluirse, además de confort y acogida, acciones que le permitan al residente ejercer su autonomía, aumentar su autoestima y enfrentar adecuadamente el proceso de envejecimiento. **Palabras clave:** Envejecimiento; Institucionalización; Salud del Anciano Institucionalizado; Relaciones Familiares.

INTRODUCTION

The elderly population is now a reality in every country in the world. In a fast and significant way, the number of elderly people has increased in all countries and this growth is evidenced by the accelerated changes in the age structure.¹ In Brazil, the changes have taken place in an abrupt way, in a society that is not prepared enough to give the necessary support to this age group, namely the third age.^{2,3}

Studies have indicated that, in 2025, Brazil will have the sixth largest population of elderly people in the world. This corresponds to approximately 15% of the population, that is, equivalent to about 30 million people. The longevity of the country is accompanied by the chronicity of non-communicable diseases, and it is common among the elderly the occurrence of more than one chronic condition with risk of complications and functional impairment, as well as dependence and social isolation.^{4,5}

There is a growing number of elderly people living in long-stay institutions (LSI). The family sometimes finds it difficult to care for the elderly at home due to several factors, such as the lack of financial resources to hire qualified professionals in home care or even the inability to adjust to the real needs of the elderly person, especially regarding the care and skills required by the situation. In these situations, institutionalization in LTIs becomes the most feasible option.⁶

The Statute of the Elderly, in its third article, considers as a priority the guarantee and effectiveness of the elderly's rights to life, health, food, education, culture, sports, leisure, work, citizenship, freedom, dignity, respect and family and community coexistence. Such rights should be guaranteed as an obligation of the family, the community, society and public power.⁷

In this sense, the guarantee of these rights requires the accompaniment and the family support, that go well beyond only taking care of. Attitudes of affection, love and attention should be offered to the elderly person, as it is extremely important for a good quality of life and for the improvement of their self-esteem. When the elderly lives in an LSI, these needs increase,

since, surrounded by people, they may feel lonely and sad because they are not with her loved ones in their daily lives.⁵

At the same time, difficulties in family relationships are also perceived, influencing the way older people are treated. With the aging of the Brazilian population, the presence of at least one person over 60 years of age in the family and who needs care has become common. Relatives sometimes consider LSI to be a better environment than the elderly's residence, as it offers a physical structure geared to their physiological conditions, as well as care provided by qualified professionals 24 hours a day.⁸

It is important to highlight that the quality of life of the elderly is directly related to aging with autonomy and to their active and successful functional capacity, associated to the reduced probability of chronic diseases, as well as to the preserved physical and mental capacities, together with the significant social interactions. Thus, health prevention and promotion programs aimed at the elderly have become relevant.⁹

The interest in studying this theme arose from the assumption that knowing the feelings, expectations and adaptation of the elderly, when institutionalized in a LSI, can contribute to the planning and implementation of singular care strategies for each elderly, with a view to better practices, taking into account their needs and limitations. Thus, the present study may contribute to the formulation of public policies that improve the adaptation of the elderly to LSIs. From the gap found, the following question emerged: what are the feelings and expectations and how has the adaptation of the elderly in LSI been occurring? In order to answer the research question, this study aimed to identify the feelings, expectations and adaptation of the elderly institutionalized in a LSI.

METHOD

DESIGN, PLACE OF STUDY AND PERIOD

This is a descriptive study of qualitative approach, insofar as it addresses the universe of meanings, beliefs, values, from the

analysis of reality in different ways, to represent the experiences lived by the people or the experience of a given phenomenon.¹⁰

The study was carried out in a long-term institution for the elderly in the city of Santo Ângelo, in the northwest region of the state of Rio Grande do Sul, where theoretical-practical activities of the discipline Care for the Elderly of the Nursing undergraduate course of the Universidade Regional Integrada do Alto Uruguai e das Missões (URI), Santo Ângelo *Campus*, are developed. The city has approximately 86,000 inhabitants and has 6 LSIs registered in the municipal network of care for the elderly. The LSI under study is philanthropic, maintained with resources coming from the contributions of the elderly, donations from the local community, grants from the Municipal Social Assistance Department and housed 55 elderly people during the period of data collection. The Agência Nacional de Vigilância Sanitária (ANVISA-BR) considers that LSIs are governmental or non-governmental institutions of a residential character intended for the collective domicile of persons aged 60 or over, with or without family support, in conditions of freedom, dignity and citizenship.¹¹

POPULATION OR SAMPLE; INCLUSION AND EXCLUSION CRITERIA

The researchers entered the field to carry out the study after the authorization of the institution's managers. We made contact with the LSI technical nurse responsible, who acted as facilitator at the time of the approach to the seniors. Nine elderly of both sexes, residing in the LSI and randomly selected, participated in the study. The inclusion criteria in the sample were: being aged 60 years or older, being aware of the research objectives and consciously and voluntarily accepting to participate in the study. None of the elderly approached was excluded, since all had the ability to express themselves verbally. The number of participants followed the interview saturation criterion, in this study, with a total of nine interviewees.

In order to obtain the data, the interview was conducted based on a semi-structured instrument with questions related to the characterization of the participants, the feelings experienced, the expectations and the adaptation to the LSI admission process, which proved adequate to respond to the objectives of the study, therefore, there was no triangulation of data. The participants were asked: what feelings have you experienced when you were admitted to the LSI? What are your expectations regarding the future and how did the adaptation to the LSI occur? This type of interview encompasses a series of questions to be answered by the participants in order to meet the proposed objectives. Because it is flexible, it is also possible to include new questions during the interview, a factor that contributes to obtaining data.¹²

Electronic media recording was used to record the information collected, transcribed immediately after in an integral and reliable manner. Subsequently, the collected data were submitted to thematic content analysis, which was constituted in the understanding of the themes that emerged from the participants' speeches. According to Minayo¹⁰, this process is organized in three phases: pre-analysis; the exploration of the material; and the treatment of the results, contemplating the inference and interpretation of the data.

The pre-analysis consisted in the systematization of the first ideas, when the transcription of the interviews was carried out; therefore, it represented the beginning of contact with the data. Then, the floating reading was performed in order to obtain a more direct relationship with the statements and, afterwards, the *corpus* was composed, which allowed the organization of the empirical material, so that it was possible to obtain an overview of the collected data.

In the case of the present study, the data analysis was done through the interpretation of the thematic contents of the speeches. This method is used when one wants to go beyond the meaning of real reading. In this case, the researcher can evaluate a person's personality, their intentions, and compare them to standards appropriate to their intended purpose.¹⁰

In order to meet the ethical aspects of research, as recommended by Resolution 466/2012 of the Conselho Nacional de Saúde (BR) that provides guidelines and regulatory norms for research involving human subjects, the project was submitted to the Research Ethics Committee of the Universidade Regional Integrada do Alto Uruguai e das Missões-Santo Ângelo *Campus*. Accordingly, and in accordance with Opinion No. 1,678,959, the ethical principles pertinent to this type of investigation were respected, and the project was approved by this Committee.

The participants signed the Informed Consent Form and anonymity was guaranteed by replacing the participants' names with the letter P, followed by cardinal numbers, namely: P.1, P.2, ... P.9.

RESULTS AND DISCUSSION

In general, the profile of the elderly was characterized as 55.5% (n = 5) of males and 44.4% (n = 4) of females, with ages varying from 60 to 77 years (n = 4) = 4), married 22.2% (n = 2) and separated 33.3% (n = 3), with residence time in the institution ranging from six months to five years. Qualitative data converged to obtain the following categories: Feelings experienced when starting living in a long-term institution for elderly people; The elderly's adaptation to the admission process; Requests, dreams and expectations of the institutionalized elderly.

FEELINGS EXPERIENCED WHEN STARTING LIVING IN A LONG-STAY INSTITUTION FOR ELDERLY PEOPLE

The aging process encompasses several factors, which are directly associated with the culture and life history of each individual, generating changes in different moments and intensities, according to individual characteristics.¹² In view of this, the feelings experienced and the acceptance or not to living in an LSI varies according to each elderly person, since the ways of evaluating the situations that are presented throughout the life are different. Some take a natural look at withdrawal, others accept that there are no other options.^{13,14}

The speeches of 44.4% (n = 4) of interviewees show that institutionalization has become necessary due to family problems. For personal reasons, families could no longer provide the necessary care, a factor that made admission inevitable, arising negative feelings and emotions such as fear, anxiety and insecurity for the elderly. In the speeches, it is also evident that 77.7% (n = 7) of the interviewees showed a good acceptance regarding institutionalization, resulting in the emergence of positive feelings such as satisfaction, comfort, hope and welcome by the institution team. The following statements prove this reality:

When I arrived here I was sad, I was afraid of what was going to happen to me, we did not know what to do, we get lost. I had to accept it. I was harming my daughter. I used to live with my daughter, but before I had a stroke I used to live with my youngest son and he is sick too, but I used to live with him. We were getting along ... After I had the stroke, I went to the hospital and he went to the psychiatric ward; he has schizophrenia. Since then I have not seen him anymore (P. 1).

[...] I was welcomed here, I feel good. I am happy because I have the freedom to do what I want (P. 7).

I felt good because my daughter-in-law was evil for me. Here I feel happy, joyful and cheerful, I sing a lot, I spend the day distracted (P. 2).

The city government brought us here; the city government brought my mother and I, I used to live with my mother, then she became ill, you know. So, from the hospital they brought her here, then we stayed here. Then, when I went to see her, she was dead; she died in front of me. It is sad, until today I cannot remember. I was cheerful when I heard I would live here; it was just the two of us living alone, just the two of us (P. 3).

The previous testimonies reveal that the admission to the LSI occurred predominantly from the decision of third parties

and not by the elderly's own will. The family is considered responsible for caring for the elderly, motivated by feelings such as love and gratitude.¹⁵ Sometimes the family organization does not have a structure sufficiently capable of supporting the stay of the elderly at home; in these cases, institutionalization presents itself as the best alternative.¹⁶

Admission to an LSI appears as an option for families, since many elderly individuals have their functional capacity compromised, a factor that prevents self-care. In the face of the family's decision to institutionalize the family member in an LSI, the elderly person, with no alternative, accepts it passively, starting from that point on, to adapt to the new environment, which may generate both positive and negative feelings and emotions.⁶

From the moment that the individual is admitted to a LSI, the family gradually starts to disconnect from the elderly, which results in a progressive distance between the relatives and that sometimes turns into abandonment. Because the elderly does not have alternatives, he/she accepts what was decided about his/her life and, in this way, comes to live with people who were not part of his/her relational daily life. As a consequence, the elderly person begins to submit to the routines of the new environment where he/she is inserted, leaving behind many customs and values of his/her life history.¹³

Some elderly people face situations of family loss, poor quality of life, reduced acuity, family helplessness, risk of abandonment and, in some cases, even situations of violence.⁵ These conditions underscore the importance of planning and implementing care for these individuals, which should be thought from a multidisciplinary perspective as the dimensions that must be addressed in relation to the needs that emerge from the elderly condition are multiple.

THE ELDERLY'S ADAPTATION TO THE ADMISSION PROCESS

In relation to the adaptation and adjustment to this new phase of life in the LSI, the elderly referred in their speeches acceptance and adaptation, being part of a new group, a new family and being attended in their basic needs, according to the following statements:

It is here I get clean clothes, food, the four meals a day. Everything at the right time, without any problem. I like it, it's good (P. 4).

I felt a lot, because I used to work so I started to feel rheumatism pain, so I had to stop working and I came here annoyed. I would not come, but my brother left me here. When I am upset, I stay more quiet in my place; we feel useless (P. 5).

They are very good here. Take good care of us, treat us well, good food, medicine at the right time. I like living here, I got used to it. Today, if I go home, I do not think I'm going to get used to it, I'll find it strange, because it will not have that movement, you know, it's just me and the woman (P. 3).

In the previous testimonies, the difficulties of adaptation to the admission process faced by the elderly are also evident, represented by the expression of feelings of opposition to the institutionalization and by the manifestation of negative emotions such as isolation and low self-esteem. These findings were also evidenced in a study that found that elderly people with difficulties in relationship and conflicts with the family "tend to experience negative feelings and emotions, such as loneliness, low self-esteem, insecurity, apathy, social isolation and loss of motivation."¹⁷

The withdrawal of the elderly from family life means separating themselves from their home, from their belongings, and from all their history, their space, their place of comfort and rest. In view of this, the organization of the new reality of life can cause great emotional disturbances.¹⁸

Although the new residence offers conditions of housing, good hygiene, food and health monitoring, the elderly, in these institutions, experience limited situations. The fact of living with other people causes the elderly to adapt to the institution's standards, having to adjust to the times established in their daily routine and this generates a situation that can affect their privacy and change their individuality.¹ Perhaps this justifies the lack of dreams before the significant memories of life and that now are undone. The elderly lose the affective meanings to begin a new adaptation of life within this space, the LSI.^{18,19}

The elderly who are more independent seek a place of leisure and new friends in the new dwelling, taking advantage of the time of rest and relaxation so as not to give opportunity to the feeling of solitude, enjoying an active aging for their own well-being.⁶ A study carried out in 2016 revealed that independence, autonomy, psychological well-being and the sense of social usefulness have a strong connection with the dimensions of quality of life.¹

On this sense, the interviews identified that the interpersonal relations, the affective bond with the employees in the LSI and the better acceptance and adaptation were more prevalent among the elderly who maintained their autonomy to carry out the daily activities and that were free to visit their families. It is clear that the family support favors the good relationship of the elderly with the caregivers and other elderly of the LSI.

Participants talked about the needs that emerged after LSI. Among these, we highlight the sexual needs, the family interaction and the separation from the family, as can be seen in the following manifestations:

[...] No, it's because it is not allowed to have sex here, it does not exist. I am 65, so it is a great change (P. 4).

The interaction with my son, because I lost contact with him after I had the stroke. That was what hurt me the most, because I have totally lost contact with my son (P. 1).

I miss my mother, because I stayed alone; she was my companion. That's why I'm here, not to be on the street, right? (P. 3).

The elderly gave mentioned the sexuality, which must be understood in a natural way as any other basic human need, since according to studies does not end with the advancing age.¹⁵ Over the years, changes are inevitable and body aging can interfere with the desire and sexual satisfaction. However, understanding these transformations allows the elderly to experiencing pleasurable experiences.

It has been observed that social changes have altered the family structure, although it is understood that the best place for the elderly individual is next to the family. However, the elderly's conditions and the available time of the family member to accompany them and to be present to take care of them may constitute determinants of admission to a LSI, an environment that is sometimes more welcoming than the home itself.¹⁸

The individual living in a long-term institution may present progressive detachment from the family, sometimes resulting in abandonment. This varies according to the structure and the family context in which the elderly person lives. It is observed that the withdrawal of the elderly from their own home, associated with family distancing, can cause a decrease in the quality of life. Even though the LSI plays an important role in meeting the needs of the institutionalized elderly, family support, family relationships, love and caring are fundamental in their lives.¹

REQUESTS, DREAMS AND EXPECTATIONS OF THE INSTITUTIONALIZED ELDERLY

Respondents, despite being institutionalized, reported that they have dreams and expectations of showing that they are still useful to society and that they can contribute with their life experiences. It is identified that, even in the LSI environment, the elderly maintain the expectation of performing activities that were inherent to them when youngsters of productive age, as evidenced in the following statements:

I would like to work in my same profession as I had before, I used to work as a carpenter, I used to build houses; I liked it, and sometimes I dream that I'm building. I wish I could work again, but my age does not allow (P. 6).

This is a tough one [...] Fulfilling a dream that is already stuck does not solve much. It has been so long we do nothing, but this is because of the age, too (P. 2).

My wish is to walk again. I need to go back to walk again if I want to have a normal life. I stopped walking after I had the stroke. My wish would be this because then I could visit my son, could have my house; I would not need to be here (P. 1).

The elderly expressed references to their past and present identity, long for the paths they have walked throughout their lives along with the people with whom they have built links and stories. Talking about the past has allowed the elderly to express themselves about their experiences, to reconstruct and update images, to recall positive experiences and negative experiences as social actors of a constructed history, each in their own way.

It was also noticed in the interviews that the elderly are resigned to their situation of life, although they have stated that this is not their choice of life for old age. They expressed a sense of sadness in facing old age and its consequent limitations, such as the impossibility of making their own decisions about their future.

The subjects emphasized that functional and organic impairment contribute to the inactivity and non-fulfillment of their dreams, and from that point on, to negative feelings and psychic suffering resulting from their isolation from the outside world. Such difficulties can be justified by the way in which institutions perform daily activities among the elderly, since those who cannot, for some reason, do them adequately feel powerless, incapable and even abandoned.^{18,19}

This study presents limitations related to the regional context of the participants, which does not allow the generalization of the results found. The findings emphasize the importance of conducting research that adopts a longitudinal methodology with triangulation of results, which may contribute to a better understanding of the feelings, expectations and adaptation of the elderly admitted to a long-term institution.

FINAL THOUGHTS

This study aimed to identify the feelings, expectations and the adaptation of the elderly to the process of admission to an LSI. As it is a descriptive study of a qualitative approach, we sought to broaden the knowledge about this subject by understanding the phenomena involved in this process, such as the importance of family support for the well-being of the institutionalized being, such as the implementation of care strategies.

Based on the studies carried out, we analyzed the living conditions of the elderly in these institutions and their feelings as institutionalized, which can vary from degree of satisfaction to feeling of abandonment by the family. It was found that, in

terms of care, these institutions satisfactorily fulfill their organizational commitments both in terms of the basic needs of the admitted persons and in relation to the necessary individual follow-up to each of the elderly.

Nurses and caregivers must pay attention to the needs of the elderly in order to provide care and better living conditions. Likewise, nurses working in the Family Health Strategy (FHS) should identify situations in the community in which the elderly need to be admitted so that they can discuss with family members about the best decision to be adopted in relation to the patient.

Another important finding is that, in the present days, the family may not always be together with the elderly person as they wish, and that factors such as patience with the elderly, attention and acknowledgment for their social contribution must be raised. Health practitioners, especially nurses working in LSI, should favor the elderly with a pleasant and affective relationship, thus minimizing the anguish, sadness and feeling of loneliness for being away from family members.

Therefore, in the planning and implementation of programs that promote the elderly health, it is necessary that the nurse meets the demands of these users, increasing their quality of life, active aging, preserving their functional capacities, stimulating their autonomy and developing activities that make them interact with society.

Getting to live more does not mean living better, because old age is also related to increased dependence, physiological decline, feelings of sadness, social isolation, among other factors. The third age should be lived with quality, with physical and social well-being, with good humor and, preferably, with the permanence of the elderly with the family, the people they like, those who like them, since these are prerogatives of a healthy old age.

Given the importance of LSIs as spaces for qualitative care for the elderly, it is recommended that in their planning and implementation, besides comfort and welcome, actions be taken to allow the resident to maintain their autonomy, valuing and strengthening their self-esteem and facilitating also the coping with the aging process. It is necessary to encourage the adoption of strategies that help the elderly to maintain their functional independence, being able to feel more cheerful, useful and stimulated to build dreams, supporting new creations and demonstrating that institutionalization is not the end of life, but a new restart. It is the beginning of a new phase, in which the main and fundamental characteristics are the care, the quality of life and the respect for the elderly in their new social condition.

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