

# Perceptions and experiences of elderly residents in asylum

PERCEPÇÕES E VIVÊNCIAS DOS IDOSOS RESIDENTES DE UMA INSTITUIÇÃO ASILAR

PERCEPCIONES Y EXPERIENCIAS DE LOS ANCIANOS RESIDENTES DE UN HOGAR DE ANCIANOS

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## ABSTRACT

The objective of this study was to evaluate the perception of the elderly residents of a long-stay nursing home on the process of institutionalization. We interviewed 14 subjects, five women and nine men, aged between 60 and 92 years. Data collection was conducted with a semi-structured sociodemographic interview, which presented the guiding question: "Tell me about how is your life, what do you do and how did you come to live here". From the analysis, we found topics related to feelings of abandonment, loneliness, anger, ingratitude, living with chronic pain, satisfaction of property in the nursing home, productivity and social relationship. Given the thematic analysis, it was possible to group them into three categories such as: what the elderly feel, what the elderly perceive and what the elderly desire. As a result, we need public policies that addresses to the service provided by institutions regarding elderly expectations.

## DESCRIPTORS

Methodology  
Health promotion  
Aged  
Institution for the aged  
Nursing

## RESUMO

Este estudo teve como objetivo a avaliação da percepção dos idosos residentes de uma instituição de longa permanência acerca do processo de institucionalização. Foram entrevistados 14 sujeitos, cinco mulheres e nove homens, com idades entre 60 e 92 anos. A coleta de dados foi realizada por meio de uma entrevista semi-estruturada que apresentou a seguinte questão norteadora: "Conte-me como é sua vida, o que o senhor faz e como veio morar aqui". A partir da análise dos dados coletados, obtivemos temas relacionados a sentimento de abandono, solidão, revolta, ingratidão, convívio com a dor crônica, satisfação de moradia na instituição asilar, produtividade e relacionamento social. Como resultado da análise temática, foram identificadas três categorias: o que os idosos sentem, o que os idosos percebem e o que idosos desejam. Verificamos também a necessidade de políticas públicas que alinhem os serviços prestados pelas instituições às expectativas apresentadas pelos idosos.

## DESCRIPTORIOS

Metodologia  
Promoção da saúde  
Idoso  
Instituição de longa permanência para idosos  
Enfermagem

## RESUMEN

Este estudio tuvo como objetivo evaluar la percepción de los ancianos residentes de una institución de larga duración sobre el proceso de institucionalización. Entrevistamos a 14 sujetos, cinco mujeres y nueve hombres, con edades entre 60 y 92 años. La recolección de datos se realizó a través de una entrevista semi-estructurada que presenta la siguiente pregunta: "Dime cómo es tu vida, lo que haces y cómo te vino a vivir aquí". A partir del análisis, encontramos temas relacionados con sentimientos de abandono, la soledad, la ira, la ingratitud, que viven con dolor crónico, la satisfacción de la vivienda en el hogar de ancianos, la productividad y las redes sociales. Como resultado del análisis temático, se identificaron tres categorías: la sensación de que personas de edad avanzada, que perciben las personas mayores y lo que quieren de la tercera edad. Necesitamos políticas públicas que se alinean los servicios prestados por las instituciones a las expectativas presentadas por los ancianos.

## DESCRIPTORIOS

Metodología  
Promoción de la salud  
Anciano  
Hogares para ancianos  
Enfermería

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## INTRODUCTION

Brazil was known for many years, as a country of young people. This reality has been changing due to significant increase in its elderly population. In 2025, there will be 1.2 billion people over 60 years, and many of these (who are 80 or older) are the fastest growing age group. In Brazil, it is estimated that there will be about 34 million elderly in 2025, leading Brazil to the 6<sup>th</sup> position among the most aged countries in the world<sup>(1)</sup>.

This event manifests itself heterogeneously in people, being influenced by several bio-psychopathological and environmental factors, and being characterized as multidimensional and multidirectional, varying in pace and direction of changes (gains and losses)<sup>(2)</sup>.

Commonly, the elderly population becomes fragile, defenseless, helpless and unproductive, not only due to loss of functional systems, but by the way they are now being seen by society as a whole and even for their own family.

The great changes in contemporary society and the increasing search for integration into the labor market for family members, including women, increases the number of elderly in nursing homes because it reduces potential caregivers for the elderly<sup>(3)</sup>.

Thus the prospects of growing old in a family environment or expectations for the women to play the role of caregiver of elderly relatives are significantly reduced, even though the Elderly Statute provides that the elderly is the obligation of family, community and society. Given these changes, there is an increase of institutionalization as advancing age<sup>(4)</sup>.

Therefore, elderly perceived as unable to work and unable to fulfill their basic duties of citizenship may have the nursing homes as their destination<sup>(3)</sup>.

According to Finocchio and Silva (2011)<sup>(3)</sup>, only 5% of the elderly are institutionalized in nursing homes, however, on average, 35% need institution attention at some point in life. In 1980 less than 2 million elderly were living in nursing homes, in 2000, there was an increase in that number, and the expectation for 2040 is over 4 million institutionalized elderly.

With the aging process and the comorbidities resulted from this period, many elderly and families end up resorting to Nursing Homes (NH), to ensure the necessary care in this phase of life.

In this scenario, it is noteworthy that the NH are institutions that are undergoing a process of transformation over the years due to the creation of laws involving the rights of the elderly. Among them, we can mention Ordinance No. 810 of 1989 approving the "Norms and standards for the operation of nursing homes, geriatric clinics and other institutions providing care to elderly"<sup>(5)</sup>.

Within this context, assessing the perception of the elderly on living conditions and the process of institutionalization is of great scientific and social importance, since the implementation of alternative interventions are necessary, such as geriatric policies and social programs, seeking to promote the welfare for this group of people that, both in the present world, and in the future, are a large part of the population.

Therefore, the object of study of this research is delimited in analyzing the perception of the elderly on their living conditions and the process of institutionalization of a Nursing home, located in the state of Minas Gerais, Brazil.

## METHODS

This is a descriptive, exploratory study with a qualitative approach. This type of study allows the description and exploration of aspects of a given situation, and allows the researcher to enhance the experience on the subject, helping to find the necessary elements required to contact a given population in order to get the desired results<sup>(6)</sup>.

A qualitative approach is used to understand that it enables the apprehension of the phenomenon under study in greater depth<sup>(6)</sup>.

To Minayo<sup>(7)</sup> the qualitative research enables a unique understanding of the phenomenon under study, since the researcher leads to an immersion in the universe of meanings from where detailed descriptions registered the perceptions, emotions and interpretations of the subject within her/his context.

### A) Setting of Research

This study was conducted at a Nursing Home, linked to municipality of Patos de Minas in the State of Minas Gerais, Brazil, with a population of approximately 124,349 inhabitants. In the city of Patos de Minas the rate of aging of the population has been increasing, from 4.46% in 1991 to 5.61% in 2000 and 7.98% in 2010. The population consists of 20.66% of people with less than 15 years, 71.36% between 15 and 64 years and 7.98% are over 65 years<sup>(8)</sup>.

### B) Participants

Fourteen (14) elderly participated in the research, from a total of 15 (fifteen) who live in the NH. One elderly (01) was excluded due to his score on the Mini Mental State Examination (MMSE) which was lower than 13, proposed by Folstein, Folstein and Mchugh in 1975<sup>(9)</sup>.

### C) Instruments and procedures for data collection

We used as instrument of data collection the semi-structured interview. First, this interview identifies socio-demographic data, such as marital status, gender, education, retirement, if she/he receives visits and subsequently presents a guiding question: "Tell me about how

is your life, what do you do and how did you come to live here". The interviews were previously scheduled and recorded after the personal presentation, explanation of the research objectives and obtaining consent from the participant, with the signing of the Consent Form (CF) by the legal representative and the elderly themselves. Those who were illiterate declared consent with their fingerprint before two witnesses who were not related to the research team.

#### **D) Data analysis**

For analysis of interviews, among several proposed techniques for data analysis, we chose to use the thematic content analysis described by Bardin<sup>(10)</sup>.

The different steps of content analysis are organized chronologically into: 1- pre-analysis, 2- material exploration, and 3- treatment of results, inference and interpretation<sup>(10)</sup>.

1. Pre-Analysis - is an organization step which covers a period of intuitions, but it aims to operationalize and systematize the initial ideas, so as to lead to a precise scheme of development of successive operations, in an analysis plan.
2. Material exploration - essentially consists in the encoding operation, aiming to reach the core of understanding the text. Refers to the analysis itself. It is recommended to quote the text in registry units, which can be a word, phrase or a theme, and even the choice of counting rules, classification and aggregation of data, constituting the categorization.
3. Treatment of Results Obtained and Interpretation - *Raw results are treated to be meaningful ("speakers") and valid* <sup>(10)</sup>.

## **RESULTS AND DISCUSSION**

Fourteen elderly who were between 60 and 92 years old, with a mean age of 76 years old, age which is close to the age of life expectancy in Brazil, were interviewed. This finding is similar to other studies conducted in Brazil, involving institutionalized elderly, it was found an average age of 71.04 to 82.71 years<sup>(11,12,13,14)</sup>.

Regarding gender, five (05) were women and nine (09) were men, what differentiates most studies on the theme, since in Brazil the number of elderly women has been higher due to the existence of differential mortality of gender.

Five (05) of them were widows, six (06) were single and three (03) were separated. Twelve (12) are retired and receives a minimum wage<sup>1</sup>, the other two (02) had no income and are awaiting retirement. This demonstrates the low purchasing power, a striking feature in the elderly population.

<sup>1</sup> The minimum wage in Brazil corresponds to R\$ 724,00 reais or US\$ 323,27 dollars according to the Central Bank of Brazil on August 30<sup>th</sup>, 2014.

With regard to education, nine (09) elderly were illiterate, two (02) semi-illiterate and three (03) completed only elementary school.

Low educational levels found among elderly in this sample was expected, since the year of birth of the elderly ranged from 1901 to 1942 and the illiteracy rate at the time of birth and youth was high and permeated by cultural, social and political factors, which were not favorable to education.

These findings corroborate the data with low education presented by the elderly found in studies conducted in a town of Norway<sup>(15)</sup> and in Canada<sup>(16)</sup>, where the proportion of elderly who had not completed high school was high in NH.

Regarding religion, all of them were Catholics. The religious aspect has great influence in this stage of life. The reasons for the occurrence of this fact, as it appears, is that the practice of a religion by the elderly allows them to establish a link between the use and the limitations of their capabilities or, when this does not occur, it helps them to more easily overcome this last stage of life<sup>(17)</sup>.

Data analysis of the interviews allowed us to identify themes related to feelings of abandonment, loneliness, anger, ingratitude, living with chronic pain, satisfaction of housing in the nursing home, productivity and social relationship. Given the themes presented, they were grouped into three categories such as: what the elderly feel, what the elderly perceive and what the elderly desire.

#### **A) What the elderly feel**

During the interviews, there was an emphasis of some elderly regarding the feeling of abandonment and loneliness, which is related to missing children and spouse. The statements of the participants have much of this reality:

*"I do not know why my children put me here. Living here is not bad, but I like living on the farm."*(Jose)

*"My husband left me to live with another woman."* (Maria)

*"I have no visits, I feel very alone. I have no children, but cared for a nephew and he rarely comes to visit me."*(Paulina)

It is noticed that the elderly are currently alone (single, widowed, separated), some do not have children and do not even have any close relatives. This fact led to observe that the sense of abandonment and loneliness reported by participants is related to the past and the fact of them having not formed a family.

One of most present feelings in the lives of institutionalized elderly is "exclusion", besides the anguish for being abandoned and the belief that they are a burden to the family<sup>(17)</sup>. When they are institutionalized, they face with the difficulty of losses, such as participation and social role, having to face health and economic problems, isolation, rejection, social marginalization, among other issues.

The feeling of disgust and ingratitude is present, such as:

"I've had a lot of money, I am here today because my business went bankrupt. I feel very ashamed and never want to see anyone in my family again." (Pedro)

"I'm disgusted of my sons for putting me here." (Jose)

"My daughter receives my retirement and does not bring me all of the money." (Clarisse)

We noticed that the feeling of anger reported by participants do not have a specific common cause, but is related to their past life history. In other words, accepting the reality, the facts as they were during the life cycle of each one ends up being a difficult task during aging. The opposite would be desperation, feeling that they did not enjoy life, everything was wasted and that if they had another chance they would have lived differently. With this feeling, the person becomes bitter and unhappy in their final stages of life<sup>(18)</sup>.

According to the studies of Almeida and Rodrigues<sup>(19)</sup> in 46.2% the decision for the institutionalization was made by the elderly, following by the initiative on their children with 30.1%. Regarding the reason for the above decision, we can see that there were several reasons for choosing this social support, and the main one was loneliness with 49.4%. At the same time, Carmo et al.<sup>(17)</sup> bring in his studies that 64.2% answered that the reasons were also related to being alone and the rest of the elderly were due to financial factors and disease.

The choice of institutionalization by the family may be misunderstood by the elderly, leading to possible dissatisfaction. What we can understand is that, in fact, the loss of autonomy of the elderly in deciding for the institutionalization, positive or negative, creates dissatisfaction and that the imposition of the elderly in relation to institutionalization is interpreted in the right way, as a disrespect of their right of choice<sup>(17)</sup>.

## **B) What the elderly perceive**

As a second theme found in the analysis of the interviews was the elderly perception concerning the institution as one can see in the following statements:

"I love living in the village, I am happy here and just want to get out of here when I die." (Valmir)

"Living in the village for me was like getting out of hell from the farm to the skies." (Damiao)

"I like it here because here I have peace." (Marta)

Soares<sup>(20)</sup> says that the reason the elderly live in institutions is related to their needs and circumstances of their family, being more amenable to the elderly who live alone, those who do not participate in social activities, those whose daily activities are restricted by poor health or disability, and those whose caregivers are overwhelmed.

Choosing an institution does not necessarily mean a diminished importance of family for the support and care of their dependent family members, but a new organization and division of responsibilities between the State and the private market. Institutionalization does not necessarily mean a rupture of family ties. The author also says that living in an institution may represent an alternative for support and protection and also safety<sup>(21)</sup>.

Nursing homes are significant because they are a safe place for the elderly, providing protection and care. The authors described that, for some elderly, institutionalization seems to return a little joy, because they feel less isolated, have friendships, are well cared, properly feed and have their own objects<sup>(17)</sup>.

Almeida and Rodrigues<sup>(19)</sup> brings the following concept in relation to Nursing homes (...) *"it is necessary that our retirement homes are real homes where older people find home, family, country, bread and flatness, so that they do not feel like an insurmountable blow remoteness of their home, their friends, their family, their routines and even themselves."*

Still regarding Nursing homes, the elderly report having friends in the village and have a pleasant social relationships with other residents. The common statement among them is:

"I like everyone here in the village, I consider that I have friends." (Valmir)

"I do not participate in village events, but I get along with the people from here." (Damiao)

"I have many friends here" (Paulina)

The elderly living in Nursing homes becomes a "family" context and they find support in their participants' own colleagues. Thus, the day-to-day with their similar, which experiences who have the same era, and affective bonds, gathering with new friends, thus becoming a manifestation of affection and confidence found through participation in Nursing home life<sup>(17)</sup>. In this sense, despite the institutional environment away from being a family atmosphere, the study participants see it as a nice place to live than living alone.

An important indicator for the welfare of the elderly is social participation. It is considered that social isolation is related to declining of mental and physical health. This disappearance from social life can be seen both among institutionalized elderly and community, depending on the conditions of life to which the individual is subjected to<sup>(22)</sup>.

It is also known that the presence of the elderly in group activities, contributes satisfactorily to better self-esteem and autonomy. It is important to emphasize that the coordinators of NH should develop strategies for stimulating social relations as cultural activities, leisure, physical activity among institutionalized elderly, as certainly, if they are not encouraged they might have their perception of quality of life reduced<sup>(22)</sup>.

### C) What the elderly desire

To contextualize this thematic area is important to use the studies of Braga et al.<sup>(23)</sup> that evaluated the quality of life in elderly and found a moderate association between physical, psychological and environmental domains, while the social level showed high satisfaction. Thus highlighting the need for social interaction for the elderly.

With respect to productivity, elderly relates it to the ability to perform tasks of daily life. Most interviewees reported keeping their house alone, cleaning, cooking, dressing up and performing daily hygiene.

"I cook food, clean my room and wash my clothes." (Baltazar)

"I take my bath alone, dress alone, I do not need anyone" (Jose)

"I make retail rugs to sell." (Maria)

"I'm very angry, I don't get along with some locals, so I do everything myself, organize my room, take bath and get dressed" (Evandro)

Sociological theories attempt to explain social interactions and roles that contribute to successful aging. Among them, we have the theory of activity, this suggests that life satisfaction is related to the maintenance of active life in old age. Besides this, we have the continuity theory that proposes the continuity of living standards in old age through the continuation of habits, values and interests that are part of the lifestyle of the person<sup>(24)</sup>.

Usually elderly have more free time in social and mental aspect. It is possible that, when not stimulated, or involved in activities and having goals, may feel isolated, unmotivated and show compromised emotional aspects<sup>(22)</sup>.

Despite this search for productivity, the elderly reported as the main limiting factor, the presence of pain.

"I like to make retail rugs, but I feel a lot of back pain and this has disrupt me." (Maria)

"I still run home errands, but I feel a lot of back pain and dizziness." (Joao)

"I feel a lot of pain in my legs and back." (Damiao)

"I feel a lot of pain in my body, I can't stand for a long time, I no longer do home services." (Paulina)

Studies reporting that the elderly are more vulnerable to chronic diseases of insidious start, such as cardiovascular and cerebrovascular, cancer, mental disorders, pathological conditions that affect the musculoskeletal system and the senses. Admittedly, as the years move the likelihood to happen some physical problem increases. As our population has a higher average age of 70 years, it is natural that the consequences are felt more urgently. The disease being acute or chronic, usually result from several factors rather than a single etiology<sup>(19)</sup>.

Carmo et al.<sup>(17)</sup> pointed to several demographic, epidemiological and socio-cultural factors that contribute to aggravate the situation, such as retirement, loss of co-workers, increased downtime, changes in social norms, impact of age on the individual, social impact of aging, loss of economic security, rejection by the group, children who turn away, difficulties cited by industrialized society, difficult in transportation, traffic, air pollution affecting their health, increased frequency of certain diseases, difficulties in accepting new ideas that clash with traditional behavior models, making the elderly doubt what has to come.

Santos et al<sup>(25)</sup> in their study showed that the predominant response on the biggest concern of the elderly at the time was about their health state. Somehow expected, since the human body with aging becomes more fragile.

With the changing profile of the population, that is, the increasing number of elderly related to increased life expectancy, the rate of mortality tends to decrease due to infectious diseases and increasing prevalence of chronic degenerative diseases.

However, the healthy state in a broad sense for the elderly would be the result of the balance between the various dimensions of functional capacity without necessarily mean absence of problems in all dimensions<sup>(26)</sup>.

Scientific research shows the beneficial effect of an active life style, from individuals engaging in physical activity programs, highlighting the effectiveness of physical exercise in the prevention and minimization of losses due to the aging process<sup>(23)</sup>.

## FINAL CONSIDERATIONS

In general, the elderly shows conflicting feelings about their daily lives in Nursing homes. While they refer to positive aspects as the good relationship between residents and the possibility of getting involved with activities of daily living, they also describe a feeling of isolation and loneliness, especially when referring to their relatives.

NHs are presented as a break from life lived so far. For many, going to these institutions makes their home, their family, their friends to become just a story to be told. Something alive only in their memories.

So, with all the fragility and limitations inherent in the life cycle, they still need to find strength to start a new life in a new home, new friends, and often without family. They are orphans of their children in foreign lands.

Thus, the environment that will receive this population need to be prepared so that there is a humanized caring environment and also this place should have a proposal to offer opportunities to health promotion of the individual and not just provide food and medicine.

At this point, we need commitment to creating policies and strategies to ensure quality of care in Nursing homes, so as to guarantee quality of life to those who need these services.

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