









Performance of social movements and entities in the COVID-19 pandemic in Brazil: Older adults care in long-term care facilities

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Abstract

Objective: To analyze the content of documents proposed by social movements and professional associations to guide care in Long-Term Care Institutions for the Elderly (LTCF) during a COVID-19 pandemic in Brazil. **Method:** This is a documentary, retrospective, descriptive and exploratory research. It was found four websites and their respective documents were identified to guide the care of the older adults who live in LTCF in the context of the pandemic in Brazil. Thematic analysis was performed using IRaMuTeQ software. **Results:** 28 texts were selected for analysis. The social movement “National Front for Strengthening the LTCF” presented the highest number of productions. In the thematic analysis, three classes emerged: (1) Care as a contagion prevention strategy for COVID-19 at the LTCF; (2) The support of public managers as a right of the older adults living in the LTCF; and (3) The preservation of the social link of the LTCF residents during the pandemic. **Conclusion:** Social movements and organizations had a quick performance in supporting the LTCF in Brazil through the dissemination of documents that guided the care of institutionalized older adults in situations of vulnerability. Greater involvement of public managers in the protection and the right to life of these older adults population is necessary.

Keywords: Health of the Elderly. Homes for the Aged. Coronavirus Infections. Covid- 19. Pandemics.

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INTRODUCTION

COVID-19 is a disease characterized by a severe acute respiratory syndrome caused by a virus of the coronavirus family, SARS-CoV-2. Due to its seriousness and rapid worldwide dissemination, it was recognized by the World Health Organization (WHO) as a public health emergency, in January 2020, and in March of the same year, as a pandemic¹.

The evolution of the pandemic in Asian and European countries highlighted the high risk of the disease for older people, especially those in fragile health conditions and extreme vulnerability. This group has the highest mortality rate when compared to other age groups^{2,3}.

The scenario proved to be even more critical for people residing in Long Term Care Facilities for Older People (LTCF). In Brazil, these institutions can be public or private, with the particularity of functioning as a residence for people aged 60 or over, regardless of whether they have family support or not, and are social assistance equipment².

However, the exact number of institutions with this purpose in the country is still unknown. According to the Institute for Applied Economic Research (IPEA), in a national survey carried out in 2010, approximately 3,548 institutions were counted, 1,617 (45.6%) of them of a philanthropic nature².

The population of older people living in LTCF has a set of factors that favor high vulnerability, such as advanced age, presence of multimorbidities (hypertension, diabetes mellitus, heart disease, lung diseases and others), different degrees of dependence and living in collective environments. Added to this problem is the lack of coping plans in Brazil for the protection of institutionalized older people during the pandemic^{4,5}.

Given the urgency to create efficient measures of contingency for COVID-19 in these environments and the deficiency on the part of the government in meeting this demand, different initiatives emerged by organizations, class entities and social movements. The main objective was to support the institutions with information, protocols, strategies, reports, manifestos and letters⁶.

Thus, some entities and Brazilian social movements organized themselves and prepared several documents with the aim of guiding the care provided to the institutionalized older population. This attitude is legitimized by the invisibility of the implementation of public policies in the country aimed at this audience. Thus, knowing and analyzing this production is of fundamental importance to identify the weak points that can interfere with care at the LTCF, and fundamentally point out the necessary interventions for the adoption of preventive measures against COVID-19 in these spaces.

As a proposal for this study, the following research questions were elaborated: What are the documents elaborated by social movements and class entities in the guidance of care for older people in LTCF during the COVID-19 pandemic in Brazil? What is the content of these documents?

The study aims to analyze the content of documents proposed by social movements and class entities to guide care in LTCF during the COVID-19 pandemic in Brazil.

METHOD

Documentary, retrospective, descriptive and exploratory research. The sample consisted of documents produced by social movements and class entities to guide LTCF care during the COVID-19 pandemic in Brazil. For selection of documents, the following inclusion criteria were adopted: dissemination of content such as technical report, protocol, manifesto, contingency plan, brochure, newsletter, e-book chapter, recommendations, action plan and letter that were intended to guide care in LTCF; content available in full on their respective websites and which presented the keywords inside: Long-Term Care Facility for Older People, Older People and COVID-19 (Coronavirus); documents produced and released from March to October 2020.

Data collection was carried out in October 2020. The search for data was based on three phases: pre-analysis, material exploration and data analysis. In the first, a survey of the websites of

social movements and class entities was carried out, with the selection criteria: movements and entities operating in Brazil, carry out the preparation and dissemination of content about older people in the COVID-19 pandemic and about the orientation of care to the LTCF resident.

In the second stage, all documents produced were screened. In the third stage, the documents found were carefully read, identifying the inclusion criteria. In the final sample 28 productions composed the analyzed textual database. The flowchart of the data collection steps is shown in (Figure 1).

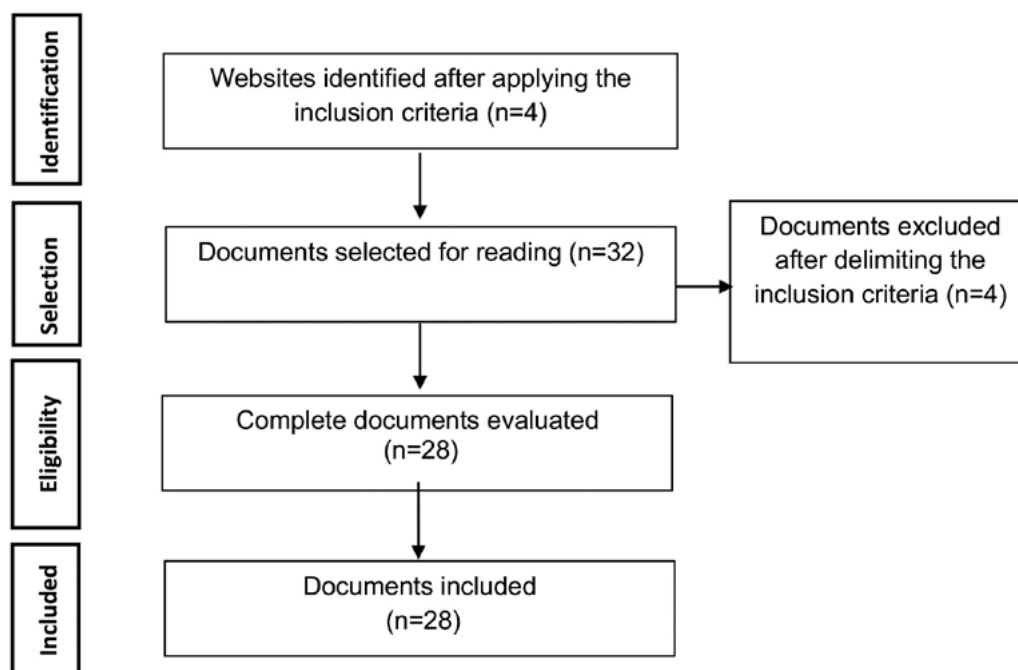


Figure 1. Flowchart of the selection of documents used in the study. Ribeirão Preto, SP 2020.

The documents were organized in a database, making it possible to identify the social movement or entity, title, type of document, objectives and content. After careful reading, the text database was obtained by grouping the texts in a single document, created in the notebook. Then, it was submitted to the textual analysis process, with the help of the software *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires* - IRaMuTeQ, version 0.6 alpha 3⁷.

To assist in the analysis, the thematic analysis was adopted as a reference⁸, whose process consists of six phases: (1) data collection - first contact with the material; (2) creation of a list of initial ideas (codes), when the researcher looks for the existence of themes; (3) classification and grouping of codes into categories; (4) creation of themes, when there

was independence for each theme and the principles of internal homogeneity and external heterogeneity were followed, which is a process that eliminates ambiguity in the process of thematic distribution; (5) assigning a name to each identified theme; and, finally, (6) the writing of the final report⁸.

To assist in steps three to five, the IRaMuTeQ software was used with the choice of the Reinert method, which performs a hierarchical classification in a descending manner. Such classification is defined by lexical classes, each of which represents a theme and can be described according to the words that define it and the respective text segments⁹. For each class, the segments obtained in the analysis performed by the software and validated by the researchers were used.

In the thematic analysis, three classes emerged: a) Care as a contagion prevention strategy by COVID-19 in the LTCF; b) The support of public managers as a right of the older person residing in LTCF; and c) The preservation of the LTCF resident's socio-family bond during the pandemic.

Similitude Analysis was also used, which creates a similarity graph, representing the links between the analyzed shapes. To prepare the graph, the parameters used in the analysis were the active words and with a frequency greater than 35 ($f \geq 35$), for viewing the most frequent terms, because with a lower frequency, the image has a polluted appearance, making reader's understanding difficult⁷.

Based on the analysis report and the graphs generated, the data were analyzed in the light of the relevant literature according to the thematic content analysis technique.

Because it used free and publicly accessible information, available on the websites of social movements and trade associations, this research was not submitted to the Ethics Committee, in accordance with the Resolution No. 510/2016 of the National Health Council.

In addition to the ethical aspects, the stages of research and preparation of the article responded to the criteria of the Consolidated criteria for qualitative reporting research¹⁰.

RESULTS

Among the social movements and entities selected to analyze the documents produced, the National Front for Strengthening the LTCF (FNILPI)¹¹ presented the largest quantity of documents, totaling 12, with 2 (two) reports, 6 (six) brochures, 1 (one) protocol, 1 (one) manifesto, 1 (one) informative and 1 (one) contingency plan. The Scientific Department of Gerontological Nursing of the Brazilian Nursing Association (DCEG)¹² presented 10, being 1 (one) informative

and 9 (nine) book chapters. The Brazilian Society of Geriatrics and Gerontology (SBGG)¹³ released 3 (three), through recommendations, and the Voluntary Alliance for the Protection of Institutionalized Older People (ILPI.me)¹⁴ totaled 3 (three) documents, 1 (one) action plan, 1 (one) protocol and 1 (one) letter.

In the data analysis, the text database allowed the IRaMuTeQ software to form 154 text segments, which made it possible to identify 1,002 occurrences of terms, of which 332 words were selected. Of these, 190 different words were identified, with a single occurrence, corresponding to 57.23% of the total words analyzed and 18.96% of the occurrences found.

As for the content of the analyzed documents, according to Figure 2, the most recurrent terms using a frequency of words equal to or greater than 35 were: older person ($f=475$); person ($f=250$); LTCF ($f=216$); health ($f=190$); care ($f=169$); professional ($f=138$); social ($f=127$); public ($f=114$); right ($f=111$); action ($f=100$); equipment ($f=98$); family ($f=96$); pandemic ($f=96$); resource ($f=92$); assistance ($f=76$); Advice ($f=72$); consider ($f=72$); life ($f=71$); prevention ($f=70$); protection ($f=69$); service ($f=69$); need ($f=66$); required ($f=66$); plan ($f=52$); isolation ($f=52$).

Figure 3 represents the descending hierarchical classification, with the organization in classes with a word cloud. Classes 1 and 2 make up the same subcorpus (58.9%), with Class 1 containing 46.4% of text segments and Class 2, 12.5% of text segments. In class 1, the most frequent words were: LTCF; COVID; Caution; professional; case; equipment; prevention; suspect. In class 2, the following stood out: family member; network; contact; cognitive; support; virtual; dear; to encourage. Class 3 presents the other subcorpus with 41.1% of the text segments, with emphasis on: public; social; right; resource; assistance; national; council.

The classes obtained in the analysis and some excerpts extracted from the documents prepared by the class movements and entities are represented in Chart 1.

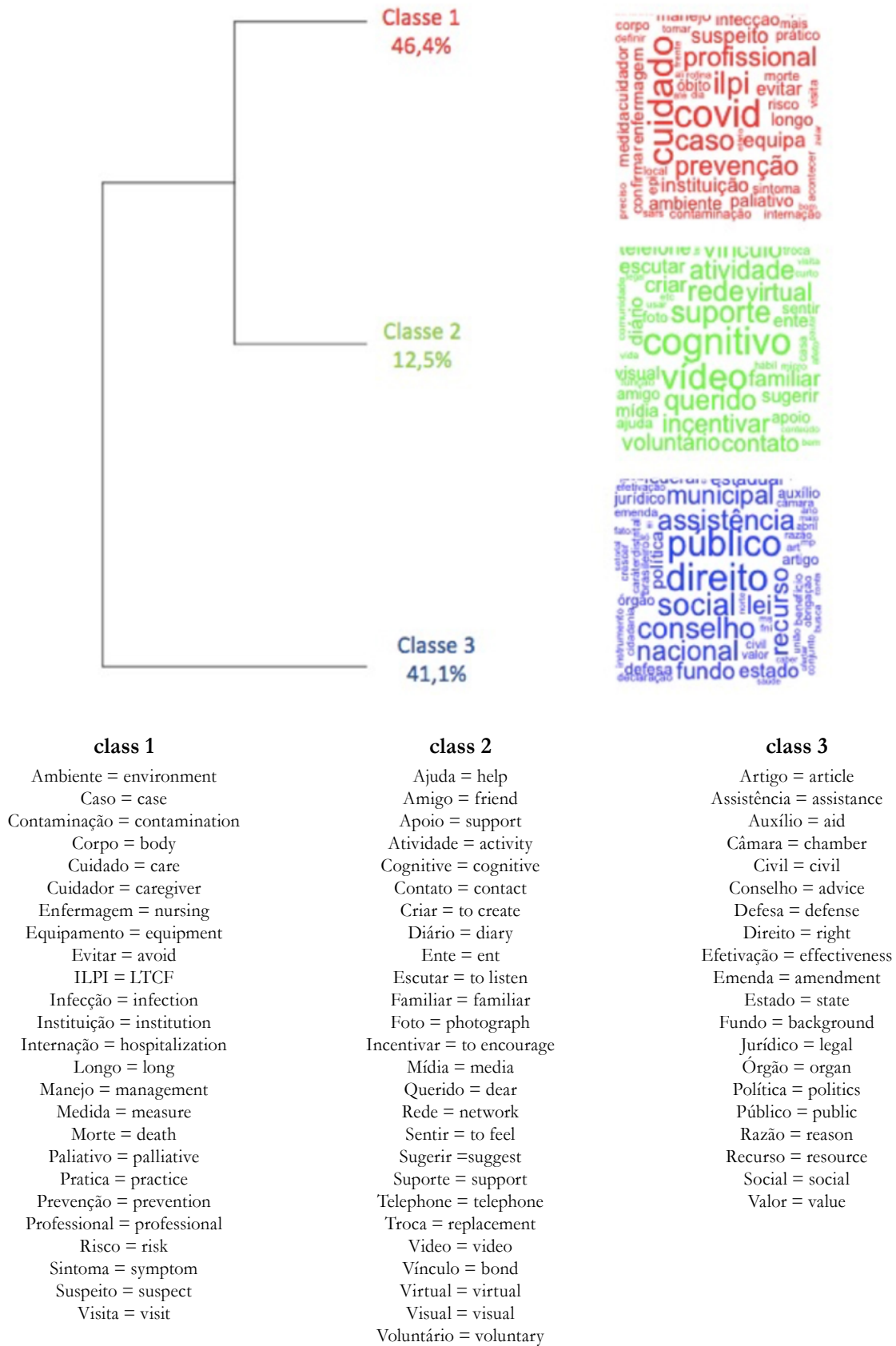


Figure 3. Dendrogram of classes provided by IRAMUTEQ in word cloud format from the analyzed documents that involved the theme of guidelines for the care of older people in the LTCF during the COVID-19 pandemic. Ribeirão Preto, SP, 2020.

Chart 1. Presentation of classes and some excerpts from the analyzed documents. Ribeirão Preto, SP, 2020.

Class	Excerpt from analyzed documents
Care as a contagion prevention strategy for COVID-19 at LTCF	<i>“LTCF managers must make sure that LTCF and support professionals have been trained and have practiced the appropriate use of Personal Protective Equipment PPE before starting care for the older people in the unit, including services provided in suspected or confirmed cases of new Coronavirus infection [...]” (FNILPI 01)</i>
	<i>“Organizing action plans for the prevention and management of older residents, promoting training of the care team for the programmed measures, reinforcing local hygiene behaviors and hand hygiene protocols and protection of residents and employees [...]” (SBGG 02)</i>
	<i>“Presenting strategies and guidelines for teams of professionals working at LTCF on the prevention of COVID-19 [...]” (ILPI.me 02)</i>
The support of public managers as a right of the older person residing in LTCF	<i>“The LTCFs are places of housing and social assistance facilities, with mostly no structure or human resources to provide specific health care [...]” (DCEG 08)</i>
	<i>“Worldwide, the cruelest face of the pandemic is revealed in the abandonment of older people, in the lack of access to health resources with high mortality of those who live in shelters and institutions [...]” (SBGG 03)</i>
	<i>“The LTCFs represent the place of residence of older people and are social assistance facilities and therefore do not have the structure or human resources to offer specific health care to its residents. [...]” (ILPI.me 01)</i>
The preservation of the LTCF resident's socio-family bond during the pandemic	<i>“Supporting families with institutionalized older people, maintaining a regular communication channel with the socio-family network, promoting virtual contact of families and friends with residents, communicating if there are suspected or confirmed cases of Covid-19 in the LTCF [...]” (FNILPI 03)</i>
	<i>“It is extremely important that family members are adequately communicated, a well-made contact will avoid misunderstandings, will bring family members as allies in protecting the older person, will minimize indignation against restrictive measures, will bring a practical and clear path to guide behavior [...]” (ILPI.me 2)</i>
	<i>“Using digital tools with good connectivity for older people to contact their families with or without cognitive ability, implementing specific schedules for virtual visits, after cleaning tablets or cell phones [...]” (DCEG 01)</i>

National Front for Strengthening the LTCF (FNILPI); Brazilian Society of Geriatrics and Gerontology (SBGG); Voluntary Alliance for the Protection of Institutionalized Older People (ILPI. me); Scientific Department of Gerontological Nursing (DCEG).

DISCUSSION

The results were based on the analysis, making it possible to identify classes that emerged from the content of the documents. Three aspects were found with an intrinsic relation to the degree of importance of the older person residing in the LTCF: care, support from the public authorities and maintenance of the socio-family bond. This finding denotes a concern of movements and entities in relation to the need for protection, reception and defense of the rights of this population to guide better care.

The documents analyzed express the importance of transmuting the look at older people who reside in LTCF, as they present an aging profile accompanied

by vulnerabilities that demand the implementation of urgent public policies.

It is important to recognize that Class 1, which addresses the importance of targeted care as a prevention strategy for COVID-19 among institutional residents, and Class 2, which addresses care as a right, make up the same subcorpus. Thus, it is inferred the need for interaction between the proposed care and the desirable support of public management for the execution of this care.

In Brazil, the LTCF is classified as a place of residence, being directly linked to the Unified Social Assistance System^{5,15}. However, this environment may lack adequate physical structure and human

resources to provide comprehensive care². This characteristic was aggravated during the pandemic due to the high vulnerability of residents to contract the infection and develop complications¹⁶⁻²⁰, due to frailty, greater degree of dependence associated with reduced physiological reserve, loss of physical capacity and less positive reaction to adversities²¹.

Furthermore, in practice, many LTCFs have difficulties in following the recommended hygiene recommendations to interrupt transmission²², which requires the adoption of urgent measures to contain the spread of the virus in these spaces.

Thus, the adoption of effective prevention strategies to prevent the spread of infection in these places includes: organizing the space to avoid very close contact; the restriction of visits; guidance for employees on the importance of simple measures such as regular hand washing and/or use of 70% alcohol, as well as changing clothes and shoes upon arrival at the institution; the reconfiguration of activities carried out in groups; the systematic maintenance of the cleanliness of the place; in addition to the early identification of symptomatic residents^{17,18,23,24}. It is noteworthy that, among these measures, the early identification of flu-like symptoms and their nuances is paramount, as frail older people can present atypical symptoms including the absence of fever, cough or sputum production¹⁶. Thus, it is necessary to train caregivers and LTCF staff for a prior intervention in order to protect residents.

The LTCF, being considered a place of residence, does not have the structural conditions to provide care for decompensated cases of COVID-19, as it was not designed for such situations and caregivers and staff were not trained to intervene in cases of severe respiratory diseases. However, the importance of working together with the health network to provide comprehensive care to its residents is highlighted²².

The social movement of the National Front for Strengthening the LTCF also proposed a document for the intervention of care for older people in the LTCF, in the Good Practices manual¹⁵. The document considered the risk of contamination of residents related to the performance of caregivers, team members, visits, delivery people and even

residents who may have come into contact with contaminated people within the institution^{15,19}.

The adoption of strategies for permanent training of professionals who work at the LTCF must be implemented, using the dissemination of knowledge and adoption of preventive measures based on official protocols and standards. It is necessary that these actions integrate the areas of health, social assistance, labor and human rights¹⁵.

The pandemic signaled the need, in the near future, for a more focused look in relation to care in the LTCF, with the establishment of integrated care models, also involving the social-family bonding network¹⁷.

Class 2 focused on the importance of the role of the government in guaranteeing the social right and protection of the older person's life in the pandemic. In northern hemisphere countries, a high rate of deaths was recorded in LTCFs, reflecting the vulnerability of residents living in these places, and also denoting a weakness of public policies with the non-inclusion of LTCFs in the systematic planning of response to COVID-19. It is important to emphasize that the lack of effective public policies for this group is a long-standing issue, with weaknesses related to funding, deficit of human resources and a team with limited knowledge in gerontology and long-term care^{3,19}.

In addition, the unusual moment experienced in these spaces has required the institution's employees, especially caregivers, to offer the best possible care. In practice, these changes have an impact on the increased workload as a result of the careful adoption of preventive measures and the need to reinvent the provision of safe care, given the scarcity of personal protective equipment and other essential supplies for the quality of care^{19,25,26}. This moment encourages the impetus for changes in health-related policies and guidelines, which can promote a readjustment and be disseminated efficiently¹⁶, especially for the institutionalized older people.

In this sense, emergency measures must be implemented by the States and Municipalities, including federal co-financing. The government must offer actions to protect life, offer aid in material goods and financial values in temporary situations in

the context of public calamity, requiring investment in LTCF in the pandemic²⁷.

The development of contingency plans to respond to the needs that emerged as a result of the pandemic must be adapted to the characteristics and needs of each LTCF. This requires a factual articulation with primary health care, working together with the institution's staff, in order to provide a follow-up that will enable a better quality of life and control of the spread of the virus. However, it will not prove to be a viable proposal if there is no allocation and/or organization of resources for this purpose²⁸.

Another impediment to the implementation of public policies in these places is the lack of integration between social and health services²⁸. The difficulties in providing long-term care are based on the lack of integration of health care paradigms based on individual needs, as well as the absence of integration of health and social care¹⁷. The effective association between both spheres will reflect the availability of an integrated care model that is consistent with the needs of these institutions, as seen in developed countries.

Although the discussion about these spaces is still timid, especially when it comes to government positions, immediate reflections and actions are necessary, as these places, being more vulnerable to the spread of the virus, require urgent support and actions to protect against misfortune²¹. Furthermore, data indicate that the effects of the pandemic will persist even after its end, with serious repercussions on the economy and health²⁹. Therefore, the need for political managers to prioritize the crisis in the care of older people in LTCF and to establish models of integrated care, also involving the social-family bonding network is ratified¹⁷, as pointed out in Class 3.

Class 3 represented the importance of maintaining the socio-family bond as a strategy to minimize the effects arising from social isolation, a condition that is often common in the daily lives of LTCF residents. The restriction of visits was one of the first measures adopted to minimize the risks of contamination^{17,19,20,25,26}. However, this determination caused suffering and had repercussions on the mental health of older people²⁹, in many cases triggering cases of depression and anxiety, being more evident in older people with dementia²⁵.

Social isolation among older people is a public health problem due to the high risks of neurological, cardiovascular and autoimmune complications, in addition to cognitive and mental health impairments³⁰. Such conditions are even more evident among LTCF residents, who already live socially isolated²² and present reduced opportunities for communicating with other people, spaces and engaging in social activities that have particular meaning. Thus, there is an urgent need for support and adaptation to communication needs in order to help decision-making and, consequently, improve the quality of life and well-being of this population³⁰.

It is essential that older people are informed about the threats to their health and about the procedures aimed at safety and protection so that they can adhere to the new moment demanded by the pandemic¹⁷. There is also an urgent need to rethink strategies for maintaining social and family bonds at this time.

The use of online technologies is a mechanism for social support, maintenance of the support network and a sense of belonging³⁰. Interventions can be simple and involve virtual visits, sending letters, phone calls, video calls, exchanging photos, among other strategies^{19,23,31} carried out with significant others, family, friends, and voluntary organizations that serve in the LTCF. On the other hand, the resident's family requires security for the prevention of COVID-19, but also dialogue with the older person and the team to transmit security for the care of their family member who lives at the LTCF.

In times of health emergencies, the older population is the invisible part of the crisis and, referring to the older person living in LTCF, this characteristic requires the adoption of strategies to ensure these people's lives. The carrying out of information campaigns for society should be directed towards protecting the most vulnerable, making them visible to the social body³².

During this period, there was a rapid eruption of information related to care in these environments³¹. In Brazil, the Ministry of Health released technical notes³³⁻³⁵ with guidelines for the prevention and control of infections by the new coronavirus in LTCF. However, initiatives carried out by movements and entities such as the National Front for

Strengthening the LTCF, the Scientific Department of Gerontological Nursing, the Brazilian Society of Geriatrics and Gerontology and the Voluntary Alliance for the Protection of Institutionalized Older People reinforced and favored the dissemination of information through documents, guidelines for care and adoption of best practices for infection control. All these initiatives contribute to the defense of older people living in LTCF and to the visibility of this collective for society.

A limitation of this study is identified as the selection of the main social movements and entities that made content available online, not covering possible publications in other dissemination formats.

CONCLUSION

The pandemic resulted in deaths of older people in several LTCFs worldwide, given the high vulnerability of its residents to infection and

complications of the virus. Social movements and entities had a swift dynamic in supporting the LTCFs through the preparation and dissemination of documents to guide the care provided in these institutions in the context of the COVID-19 pandemic. They pointed out the urgent need to adopt preventive measures to control the spread of the virus in these places.

The documents analyzed also emphasized the need for guidance on care directed towards the prevention of COVID-19, with a focus on staff training, on the importance of the government's role in supporting these places, which are still forgotten and not valued, with co-financing to guarantee materials and equipment for quality care and maintenance of the support network for older people. These measures were highlighted in view of the great impacts on mental health and quality of life for everyone involved.

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