

QUALITY OF LIFE FROM THE PERSPECTIVE OF INSTITUTIONALIZED OLDER PEOPLE

Qualidade de vida sob a óptica da pessoa idosa institucionalizada *Opinión del mayor institucionalizado sobre su calidad de vida*

Original Article

ABSTRACT

Objective: To analyze the concept of quality of life (QoL) from the perspective of institutionalized older people. **Methods:** A qualitative descriptive study conducted with eight older women in a long-term care (LTC) institution of Fortaleza, Ceará, from September to October 2014. Data were collected through semi-structured interviews in previously scheduled individual meetings and Content Analysis steps were followed to organize and analyze the data. The following categories emerged: older people's perception of QoL; behaviors favoring quality of life; and older people's understanding of healthy aging. **Results:** It was found that quality of life involves various objective and subjective factors, such as social life, culture, physical and psychological health, mood, and work, which have been provided by the Long Term Care Institution where the study took place. The absence of disease was the main definition of healthy aging. **Conclusion:** Autonomy and functional capacity are directly linked to quality of life and healthy aging. Thus, the multidisciplinary team should promote activities aimed at maintaining the functionality of older people in order to prevent or delay disability, limitations and dependence in older people.

Descriptors: Quality of Life; Aging; Institutionalization.

RESUMO

Objetivo: Analisar o conceito atribuído à qualidade de vida (QV) sob a ótica de idosos institucionalizados. **Métodos:** Estudo descritivo, com abordagem qualitativa, realizado com oito idosas de uma Instituição de Longa Permanência (ILP) no município de Fortaleza/CE, entre setembro e outubro de 2014. As informações foram coletadas por meio de entrevista semiestruturada em encontros individuais previamente agendados, e foram seguidas as etapas de Análise de Conteúdo para organização e análise dos depoimentos. Emergiram as seguintes categorias: percepção do idoso sobre a QV; comportamentos que favorecem a QV; e concepção do idoso sobre envelhecimento saudável. **Resultados:** Percebeu-se que qualidade de vida envolve vários fatores objetivos e subjetivos, como vida social, cultura, saúde física e psicológica, humor e trabalho, os quais têm sido fornecidos pela Instituição de Longa Permanência onde o estudo foi realizado. A ausência de doenças foi o contraponto marcante para o conceito de envelhecer de forma saudável. **Conclusão:** A autonomia e a capacidade funcional estão diretamente ligadas à obtenção da qualidade de vida e ao envelhecimento saudável. Assim, a equipe multiprofissional deve promover atividades direcionadas à manutenção da funcionalidade do idoso, com o intuito de prevenir ou protelar a incapacidade, limitações e dependência da pessoa idosa.

Descritores: Qualidade de Vida; Envelhecimento; Institucionalização.

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Received on: 01/29/2016

Revised on: 02/16/2016

Accepted on: 03/30/2016

RESUMEN

Objetivo: Analizar la opinión del mayor institucionalizado sobre el concepto de calidad de vida (CV). **Métodos:** Estudio descriptivo de abordaje cualitativo realizado con ocho mujeres mayores de una Institución de Larga Permanencia (ILP) del municipio de Fortaleza/CE entre septiembre y octubre de 2014. Las informaciones fueron recogidas a través de entrevista semiestructurada realizadas durante encuentros individuales marcados con antelación y siguiendo las etapas del Análisis de Contenido para la organización y el análisis de los relatos. Se identificaron las siguientes categorías: percepción del mayor sobre la CV; conductas favorables a la CV y concepción del mayor sobre el envejecimiento saludable. **Resultados:** Se percibió varios factores objetivos y subjetivos involucrados con la CV tales como la vida social, la cultura, la salud física y psicológica, el humor y el trabajo los cuales han sido fornecidos por la ILP donde se ha realizado el estudio. La ausencia de enfermedad ha sido el contrapunto principal para el concepto de envejecimiento saludable. **Conclusión:** La autonomía y la capacidad funcional están conectadas a la obtención de la CV y envejecimiento saludable. Así, el equipo multiprofesional debe promocionar actividades dirigidas al mantenimiento de la funcionalidad del mayor con el objetivo de prevenir o retrasar la incapacidad, las limitaciones y la dependencia de la persona mayor.

Descriptores: Calidad de Vida; Envejecimiento; Institucionalización.

INTRODUCTION

Brazil is a country that is aging fast, which is evidenced by the rapid change in the age structure. In 2010, the older population was 20.5 million people, which corresponded to 10.8% of the total population. Projections indicate that by 2020 the Brazilian older population will be 30.9 million individuals, representing 14% of the total population⁽¹⁾.

With the epidemiological transition and the new family configurations, there is also an increasing institutionalization of older people in many countries, including Brazil. This phenomenon usually occurs when the individual becomes dependent and needs to be assisted by family members or third parties who – due to their inability to care for them, the lack of resources or difficulties in finding a caregiver – choose to take their older family members to long-term care (LTC) institutions⁽²⁾.

The institutionalization can produce a progressive distancing of the family in relation to the older person, leading in some cases to situations of abandonment. However, depending on the family structure, context and dynamics in which the older person lives, LTC institutions can have an important role in social reintegration^(3,4).

The living and health conditions of older people living in LTC institutions range from total dependence to partial dependence to independence in the performance of activities of daily living. Thus, the search for older people's autonomy is an important point to be discussed in LTC institutions, which should increasingly encourage health promotion activities⁽⁴⁾.

One of the oldest and most influential theories about the adaptation to aging states that the well-being in old age is promoted by high levels of participation in social activities, leisure activities and the change of roles⁽⁵⁾.

Thus, the concern with older people's QoL has gained momentum in recent decades due to the increased life expectancy of the population. Although there is no exact definition of QoL, researchers have used the definition by the World Health Organization Quality of Life Group (WHOQOL), which defines it as the perception that the individuals have of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns⁽⁶⁾.

Although LTC institutions are capable of meeting older people's needs such as housing, good hygiene, food and medical care, there is a kind of isolation from their family and social activities; in addition, they often live in limited situations, which can affect their quality of life (QoL).

In view of this context, there is a need to identify how institutionalized older people understand quality of life and which activities or behaviors are developed and encouraged to achieve this well-being aspect.

Thus, the following question should be asked: what is the definition of quality of life according to institutionalized older people? The answer to this question should be found in order to identify deficit areas requiring greater organizational and political impetus for their development as well as discover individual and collective capacities in the search for QoL in institutionalized older people.

The aim of the present study was to analyze the concept of quality of life (QoL) from the perspective of institutionalized older people.

METHODS

This is a qualitative descriptive study conducted in a long-term care (LTC) institution that is home to 28 older women in the municipality of Fortaleza, Ceará, Brazil. The LTC institution is managed by and linked to a religious institution and provides housing, health care, hygiene, good food, and several other activities. For admission of older women, family members must contact the LTC institution; if there is availability, the older woman is interviewed and then embraced by the institution. The criteria for admission

of older people are: age 60 or older, female gender, clarity for a better performance of activities, and 70% of their retirement pay benefits for the institution maintenance and other needs.

Study participants were eight older women who met the criteria for validation of information: older women living in the institution under evaluation, with stable health and good cognitive and mental conditions to answer the research instrument. The study excluded older women who did not meet these criteria and others who had no interest in contributing to the study.

The number of respondents was determined by data saturation, which occurs when the information becomes repetitive or the sampling of new data is minimal to be submitted to the analysis procedures⁽⁷⁾.

Data collection took place from September to October 2014 through scheduled individual meetings between researchers and respondents for the application of the semi-structured interview with questions containing identification data (age, length of institutionalization and morbidities), factors that affect quality of life and activities of daily living.

The information that emerged from the interviews underwent thematic and content analysis, which is defined as a technique for determining approximate and subjective descriptions of the content in order to highlight the objectivity, the nature and the relative strengths of the stimuli that an individual is subjected to⁽⁷⁾. Thus, it was decided to list the steps of the technique according to the author⁽⁷⁾, who organizes them into three phases: 1) pre-analysis, 2) exploration of material and 3) treatment of results, inference and interpretation. The pre-analysis is the phase in which the material to be analyzed is organized in order to make it operational, systematizing the initial ideas.

The exploration of the material constitutes the second phase, which is the definition of categories (coding systems) and identification of registration units (unit of meaning to be coded corresponding to the content segment to be considered as the base unit, aimed at the categorization and frequency count) and context units in the documents (units of comprehension to encode the registration unit that corresponds to the message segment in order to understand the exact meaning of the registration unit). The exploration of the material is the phase of analytical description, which relates to the corpus (any collected textual material) undergoing an extensive study guided by assumptions and theoretical frameworks.

The third phase refers to the treatment of results, inference and interpretation. This step is intended for the treatment of the results. In this phase, the information are condensed and highlighted for analysis, culminating in inferential interpretations; is the moment of intuition, of reflective and critical analysis⁽⁷⁾.

After reading and reflection on the content produced through the interviews, three categories emerged: older people's perception of QoL; behaviors favoring QoL; and older people's understanding of healthy aging.

It should be noted that, before data collection, the older women were informed about the study objectives and then signed the free informed consent form. The confidentiality of the information provided and the omission of their identities were granted to them – the participants are identified by flower names. Complying with Resolution 466/12⁽⁸⁾, the project was approved by the Research Ethics Committee of the Federal University of Ceará (*Universidade Federal do Ceará – UFC*) under protocol No. 953.312.

RESULTS AND DISCUSSION

This section presents the identification data of the study participants. The results that follow explore the subjectivity of older women living in LTC institutions regarding QoL according to the thematic categories.

Identification data of participants

At first, it is shown that the identification data collected in the interview allow the identification of the following profile: eight older women aged 60-80 years with an average of seven years living in the institution. Regarding the clinical picture, five participants had diabetes mellitus, and one of the most frequent reasons for admission to the LTC institution was the unavailability of family members to care for them.

It can be noted that this profile is consistent with the Brazilian reality⁽⁹⁾, evidenced by the significant increase in life expectancy in recent years and the high frequency of endocrine and metabolic diseases. Also, the new family configurations do not have availability to provide care for older people and usually follow two alternative ways: the abandonment or the responsible institutionalization⁽⁹⁾.

Older people's perception of quality of life

This category explores the variables that, according to the older women, influence the concept of QoL while aging in an LTC institution.

Generally, the perception of QoL can be influenced by various factors involving emotional, social, cultural and physical dimensions; thus, aging can present certain circumstances that praise some dimensions at the expense of others⁽¹⁰⁾.

Aging is a process of adaptation that is beyond the biological sphere and affects, therefore, all the subjective and objective dimensions of life and a person's self-esteem. And, depending on the environment in which

the individual experiences this stage, the concept of QoL changes and gives rise to the need to identify the attributes considered important by institutionalized older people for the development of this concept⁽¹⁰⁾.

The QoL assessment must be performed based on a holistic and multidimensional approach, and it is possible to notice the influence of these factors through the following reports:

"Quality of life is to be healthy, to live in peace, with no stress and without fighting other people in the institution." (Jasmine)

"I had a better quality of life when I lived with my family." (Lily)

"To have quality of life we need retirement, because then we can live a more comfortable life. It is when you can perform the activities by yourself; it is to feel useful and be healthy." (Iris)

The narratives show that QoL involves various objective and subjective factors, such as social life, culture, psychological and physical health, mood and work. It is remarkable in Lily's report the existing split between two periods: the one when she lived with her family and the other when she started to live in the LTC institution. Such finding indicates that the environment and the family relationships can affect healthy aging.

With regard to older people's QoL, it is important to know the different positions and situations in which these individuals can be inserted. It is known that when a person is living with the family, there are many enriching relationships and exchanges that take place in this environment and in community actions, especially for those who see their autonomy and functional dependence threatened, as is the case of the older population⁽¹¹⁾.

This concept, although it can be created subjectively, is related to several intrinsic and extrinsic factors, such as: environment, economic resources, relationships network, autonomy, independence, physical health, time for work and leisure⁽¹²⁾. All these dimensions were present in the statements of the respondents in the present study and allow to think that the way this concept is developed depends on the environment where the older person lives as well as the level of importance assigned to each of the factors.

Behaviors favoring quality of life

This category seeks to describe the behaviors adopted by the older women to increase their level of satisfaction with QoL during institutionalization.

The transfer from the home to an LTC institution lead the older person to various conflicts in their adaptation given the changes in life⁽¹³⁾ during this transition process. In order

to improve the adaptation, LTC institutions can provide a stimulating environment by allowing interaction with others in the same age group and an active and independent life, respecting the typical restrictions of age and helping to improve their adaptation to the new environment away from their families.

The reports highlight the things that the older women do in order to reach their level of satisfaction with QoL:

"I try to perform my daily activities without the help from another person. It makes me feel good and independent." (Jasmine)

"I take care of my health, I do not surrender to disease. I try to do things that make me happy." (Lotus)

"I perform my daily activities without depending on anyone, I go to the bank when necessary. What leaves me in peace, quiet, feeling good with life is when I do my sewing, because I know I'm being useful." (Iris)

In this sense, it can be seen the importance of allowing the older women to maintain their autonomy as they feel happy and useful when performing activities independently, as highlighted by Lotus and Iris.

Independence, autonomy, psychological well-being and the sense of social utility are strongly related to QoL dimensions. In addition, activities of daily living (ADL), which integrate cognition, mood, mobility and communication, should also be encouraged, especially in institutionalized environments⁽⁹⁾.

Noteworthy is that all statements did not mention physical activity, although the LTC institution offers this type of service in partnership with other institutions of the third sector. It should be noted that, although regular physical activity or exercises were not highlighted, an alternative for increasing older people's QoL is the regular physical activity, which has numerous physical and psychosocial benefits. Thus, it is important to implement programs that encourage and inform older people about such habit⁽¹⁴⁾.

The findings of the present study show that older people living in LTC institutions must be active and able to perform their activities of daily living in order to have QoL, which corroborates a study⁽¹⁵⁾ conducted in Rio Grande do Sul, where the Center of Activities for Older People (*Núcleo de Atividades para Terceira Idade – NATI*) promotes physical activity focused on older people's functionality in order to promote health and provide a healthy aging.

The functional capacity of older people is directly related to their active and successful aging, taking into account that healthy aging requires older people's autonomy to perform their activities of daily living; to do so, the individual must have a good disposition and functional capacity, as shown in the statements of Jasmine and Iris.

Thus, it is understood that the LTC institution should observe relevant aspects of older women's self-concept of the most important attributes of QoL. However, they cannot refuse working with aspects that are also crucial, such as socioeconomic and emotional assistance, social interaction, encouragement of intellectual activities, encouragement of self-care and the health care support.

Older people's understanding of healthy aging

QoL is closely related to the understanding of integral physical and mental health⁽⁶⁾. However, while aging, it is natural that some systemic bodily functions suffer some decline because of cellular aging, which often creates the idea that aging is synonymous with acquiring diseases. Based on this assumption, this category aims to present the older women's understanding of healthy aging.

In most cases, the aging process is experienced with some regret because of the difficulties dealing with this transition, which can trigger physical and psychological illnesses⁽⁴⁾. It can be seen that QoL is a key factor to healthy aging.

In view of this relationship, it is perceived that the older women of the LTC institution understand healthy aging as the absence of diseases, as highlighted in the following statements.

"It's when a person ages healthily, which is almost impossible; in fact, it is when you age and do not have many diseases." (Camellia)

"Healthy aging is when we get old with no diseases, and, when we perform our daily activities without the help from another person." (Iris)

"It's very hard to get old without having any disease, but healthy aging is when you take care of your health to avoid having many diseases." (Daisy)

A study conducted in Portugal reports that aging is part of the life cycle of all people and causes many changes in the body that should be seen as a natural process⁽¹⁶⁾. However, the decline in physiological functions and body strength due to old age cause disorders.

Autonomy is a key factor in active and healthy aging. The promotion of older people's autonomy and self-determination maintains their dignity, integrity and freedom of choice, which are key factors in the promotion of better health conditions⁽¹⁵⁾. In addition, it is important to promote the autonomy of older people living in LTC institutions so they can perform their activities of daily living⁽⁴⁾.

It is known that an active lifestyle is extremely important to reduce mortality and promote health⁽¹⁷⁾. The findings of the present study corroborate this assumption as they show that older people should develop some work in

which they can feel useful, thus improving their self-esteem and providing a healthy and quality life.

In this context, health professionals are seen as health promoters who, through the care provided to older people, should work on the maintenance and improvement of their autonomy with the aim to develop the highest possible degree of functional independence⁽¹⁸⁾.

Thus, in order to have QoL, older people living in LTC institutions must engage in educational and playful activities and perform physical and mental exercises; additionally, they need monitoring by the multidisciplinary team that should assist older people based on a biopsychosocial approach.

The willingness to perform daily activities such as eating and bathing without assistance is essential for the autonomy and independence of older people, which are affected due to the onset of diseases.

CONCLUSION

The study showed that the independence and autonomy, psychological well-being and the sense of social utility are strongly related to QoL dimensions.

It was seen that leaving home and being away from the family is an aggravating factor for healthy aging among older women. Interviewees also reported that the onset of diseases in this stage of life interferes with the autonomy and independence of the older person. In order to minimize this problem, the multidisciplinary team can facilitate older people's adherence to activities through information and guidelines aimed at a healthy aging.

Some limitations were found in the present study. For instance, the small number of older women who participated, the fact that data were collected in only one LTC institution and the participation of women only, which was the profile accepted for admission to the LTC institution. Despite the limitations found, the study explores important issues regarding institutionalized older people's perception of quality of life.

It should be reiterated, therefore, that in the context of institutionalization, the multidisciplinary team aims to promote activities aimed at maintaining the functionality of older people in order to prevent or delay disability, limitations and dependence in older people.

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