



UNDERSTANDING THE FEELINGS OF ELDERLY IN THE INSTITUTION OF LONG PERMANENCE

Compreendendo os sentimentos de idosos em instituição de longa permanência

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Abstract: Introduction: Hodgkin's disease (DH) is a neoplasm of the lymphatic and reticuloendothelial system, responsible for about 30% of lymphomas and can be divided into two subgroups: (1) predominantly lymphocytic DH and (2) classical DH. The main clinical manifestation is adenomegaly mainly in the cervical and supraclavicular region, which may or may not be associated with systemic symptoms. The definitive diagnosis is made by biopsy followed by an analysis study of the lymph nodes involved. **Objective:** To report a case of manifest Hodgkin's lymphoma with anemia and thrombocytopenia without palpable lymph adenomegaly. **Methodology:** This is a cross-sectional, documentary, retrospective and descriptive study, case report type. The findings described in the medical record will be used as instruments. It is a young female patient with anemia refractory to clinical treatment, intermittent fever and severe thrombocytopenia requiring transfusion of packed red blood cells and platelets. At clinical examination there were no palpable lymph nodes. During the propaedeutic an abdominal tomography was performed that revealed retroperitoneal masses, from which the biopsy of these lesions was performed. The result of the immunohistochemical study of the parts confirmed Hodgkin's lymphoma. **Conclusion:** Hodgkin's lymphoma should be suspected in patients with thrombocytopenia and anemia, refractory to clinical treatment, without palpable lymph node.

Keyword: Neoplasms; Hodgkin; Disease; Risk; Factors.

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Resumo: Objetivo: Compreender os sentimentos vivenciados por idosos em uma instituição de longa permanência para idosos. **Metodologia:** Estudo descritivo, exploratório e qualitativo realizado em uma instituição de longa permanência para idosos em uma cidade do Norte de Minas Gerais. Os sujeitos da pesquisa foram dez idosos institucionalizados no cenário do estudo. Os dados foram coletados por meio de entrevista com roteiro semiestruturado, transcritos na íntegra e tratados à luz da técnica de análise de conteúdo. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa da Universidade Estadual de Montes Claros. **Resultados e Discussão:** A análise das falas possibilitou a construção de duas categorias temáticas: 1 - Sentimentos dos idosos em residir na Instituição de Longa Permanência de Idosos e 2 - Do ambiente familiar ao ambiente institucional. Os resultados revelaram que os idosos institucionalizados vivenciam um turbilhão de sentimentos, dentro os quais alegria, satisfação, insatisfação, sensação de abandono, tristeza, solidão e distanciamento, evidenciando a subjetividade do processo de institucionalização e a necessidade do planejamento do cuidado individualizado. **Considerações finais:** Ficou evidente que apesar de vivenciar o mesmo processo, de institucionalização, os idosos desenvolvem sentimentos diferentes e ambíguos. Diante desses achados pode-se afirmar que é urgente o alinhamento de políticas públicas, atuação profissional e gestão das instituições de longa permanência para as necessidades individuais e coletivas dos idosos, considerando a subjetividade e a dignidade humana como norteadores desse processo.

Palavras-chave: Idoso; Saúde do Idoso Institucionalizado; Instituição de Longa Permanência para Idoso.

INTRODUCTION

Population aging is a global reality, it is estimated that in 2050, there will be approximately two billion of elderly people throughout the world, in the Brazilian scenario, this population represents a contingent of 218 million individuals, thus overcoming the graphical representation of children and adolescents. For researchers in the area, in Brazil the number of elderly people has grown considerably since the decade of 1960, going from 3 million to 7 million in 1975. Whereas in 2008, there were 20 million elderly, an increase of almost 700% in less than 50 years.¹⁻⁵

Often, this elderly population, becomes defenseless, fragile, unproductive and impotent, not only by the senescence process itself, but also by the way that is seen by the society and family,^{4,6-8}The one who took care now needs care, however many families do not assume this role, which requires a family and social reorganization.

Thus, residing in a long stay institution (ILPI), nowadays, became an alternative for many elderly people, and this may be considered as a factor of dual dimension: due to being alone when you lose an emotional support beloved partner, or when there is nobody who takes care of the elderly, requiring more specific care of family members and/or caregivers who seek institutionalization as a way of minimizing further damage to the elderly and costs.⁹⁻¹³

In this context, knowing the feelings of the elderly and their experiences about the institutionalization is essential in social and scientific perspectives, because it is necessary to propose strategies, such as public health policies and programs, aiming for the well-being of this audience that, nowadays

already constitute a significant population and increasingly in expansion. Thus, the objective of this study is to understand the feelings experienced by the elderly in an institution of long-term care facilities for the elderly.

METHODOLOGY

It is a qualitative study, descriptive, conducted in Montes Claros, Minas Gerais, in the establishment of long-term care facilities for the Elderly (LTIES), Asilo São Vicente de Paulo - "Lar Betânia"¹⁴ - Long Stay House. The philanthropic institution is maintained by municipal resources, donations from the population and retirements of elderly local residents with minimum wage income, sheltering a universe of 118 elderly, 73 women and 45 men.

Institutionalized elderly over six months were included in the study herein, who agreed to participate in the study and/or had their cognitive conditions and speeches preserved to answer the questions. The number of participants was defined by means of sampling by saturation, a conceptual tool often used in qualitative research in different areas of the field of health, which establishes or closes the final size of the study sample, interrupting the uptake of new components.¹⁵

The data collection was carried out between July and August 2017, through a semi-structured interview applied individually. The interviews were conducted in the facilities of the institution, with the use of recording for an hour and a half. It was tried to respect the appropriate conditions of comfort and privacy of the elderly, ensuring thus, the spontaneity on the part of the interviewees and the quality of the information.

The data were organized and analyzed by

means of content analysis, thematic modality, as recommended by Bardin^(2011 16), from the descriptions and notes of the elderly in relation to their experiences and feelings in living and mingling in the LTIE.

The steps of the analysis were followed in the following ways: pre-analysis, data exploration, treatment of the results obtained and interpretation.¹⁶ In the pre-analysis, the interviews were transcribed preserving the integrity, being performed multiple readings with the aim of running down the information. Then, speeches detailing was performed, focusing on the main points to facilitate the material visualization as a whole. In the next step, the units of registry were identified, and the necessary cutoffs were performed. And finally, it was attempted to apprehend the information contained in the reports to establish the categorical units of study.¹⁶

The categories derived from the analysis were described in a grouping of ideas between the information gathered and understood from the interpretation of the researchers in the light of the literature. This study project was approved by the Research Ethics (Opinion no. 2,074.052, dated from May 20th of 2017) in accordance with the Resolution nº 466, dated from December 12th 2012, the National Commission for Ethics in Research, the Ministry of Health, which stipulates regulatory ethical standards for research involving human beings.¹⁷ All participants signed the Informed Consent Form agreeing with the survey questions. Elderly who will then be identified with fictitious names (flowers) participated of the study, ensuring the ethical issues and including the secrecy.

RESULTS AND DISCUSSION

The survey results were obtained with 10

elderly, being five women and five men aged 63 to 88 years, with an average age of 77.8 years, this average is closer to the Brazilian National average life expectancy which is 73.1 years.^{4,18} The institutionalized elderly are retired and/or have the Benefit of Continued Provision Organic Law of Social Assistance (LOAS), with average income of one minimum salary, being that some live with society donations. Of these, the majority (06 elderly) said they had studied up to the second year of elementary school (former primary) and managed to sign the name, while others (04 elderly) had not studied having placed a fingerprint as a signature.

The average time of dwelling in the LSIAP was three years, being that had been there from 6 months to 8 years of housing. Of the total number of elderly people, eight are Catholic and two are Evangelic, three are widowed, three are married (but without the presence of the companion), three of them are single and one is divorced. The predominant religion of the institution is the Catholic, however, the reception of the elderly is done regardless of their religious belief.

Camargos, Rodrigues and Machado¹⁹ (2011) argue that elderly individuals with higher levels of schooling generally have greater ability to take care of themselves, because they have a dynamism to administer what they receive, they have greater purchasing power, are more dynamic, functional and have more adequate social health, hardly seek institutions to live, once their hire their own caregivers, thus, the elderly who had the opportunity to study live in the institution for other personal reasons.

The demographic data of the elderly are described in Table 1, maintaining confidentiality of names, in compliance with the ethical principles governing research with human beings in Brazil:

Table 1 - The participants' identification of research ILP- Lar Betânia, Montes Claros (MG), 2017.

Identification	Age	Sex	Education	Profession	Religion	Marital Status	Dwelling Time
Lily	63 years	M	2nd Primary	Retired	Catholic	Married	3 years
Azalea	68 years	F	2nd Primary	Retired	Catholic	Single	2 years
Jasmine	71 years	F	No schooling	Retired	Catholic	Single	8 years
Rose	76 years	F	2nd Primary	Retired	Catholic	Widower	5 years
Hydrangea	78 years	F	No schooling	Retired	Catholic	Widow	2 years
Anthurium	80 years	M	No schooling	Retired	Catholic	Married	3 years
Carnation	83 years	M	1st Primary	Retired	Evangelical	Married	8 years
Delphinium	84 years	M	1st Primary	Retired	Catholic	Widower	6 months
Tulip	87 years	F	No schooling	Retired	Catholic	Single	1 year
Amaryllis	88 years	M	1st Primary	Retired	Evangelical	Divorced	3 years

Source: Data obtained in the research of July/August 2017.

The analyzes of the interviews allowed to identify issues related to feelings of abandonment, loneliness, revolt, ingratitude, living with chronic pain, satisfaction of dwelling in the old-people's home and dissatisfaction to reside. To describe the feelings of the institutionalized elderly, there were two categories: 1- Feelings of the elderly in residing in the establishment of long-term care facilities for the elderly, and 2- family environment to the institutional environment.

Category 1: Feelings of the elderly in residing at the ILPI

In this category the perceptions about aspects of subjective feelings were consolidated which emerged from the interviews transcribed in full, mentioned by the interviewees.

Aging is seen in a prism of limitations by the majority of the population, which represents a perception that must be abandoned and better understood, because the elderly person deserves to be noticed, understood and cared for in an integral fashion, not only through the prism of his or her

possible diseases, restrictions imposed by age and dependency that may occur in the future, but should be seen as a person inserted in his or her environmental, emotional, and spiritual conditions to the promotion of care with quality, in Long Term Care Institutions, as well as outside of them.²⁰

The Long-Term Care Institutions for the elderly have a team of professionals who work in the constant care of the admitted elderly, such as nurses, nursing technicians and other professionals that cater to this audience with the aim of minimizing the suffering, the pain and the of worsening that the elderly face.^{10,21-22}

ILPI to some elderly, is a challenging place, once they like the place and report feeling well living at this location.²³ The feelings emerge with many meanings, thus, the speeches and the reasons for some elderly to reside in an old-people's home follows described below:

"I feel well here, I don't need to work, I have food, house, all the time and at the right time" (Lily).

“I feel good in here, they take care of me. I would like to be at home, but as I am not moving, here is better” [...] “I miss my home, my children, but what can I do?” (Anthurium).

“I feel good, the staff is very welcoming” [...] I have freedom, when I can turn my wheel chair, I go to the chapel to pray, or to other rooms visit My neighbors “ (Jasmine).

The expression of feelings in residing in ILPI exposes the subjectivity of each elderly person, which is expressed with the positive and negative aspects. They are positive when expressed that when living in the institution they have made friends with other elderly or with collaborators, because they do not have more relatives, and negative for the elderly people who are married and living away from their partners or children who do not visit them. “Many elderly and family members eventually end up resorting to ILPI, to ensure the necessary care in this stage of their lives”.⁸

The safe and adequate conditions to live and survive in the institution are what make them consider that it is the best place to reside. “They also believe, that it is the best home that they may have, so they enjoy it, and if they do not like, they learn to live in this environment”²⁴, i.e., to feel safe and supported is a fundamental aspect for these elderly people. The conviviality with other people produces a network of friendships and the formation of a new family group, with other experiences, and this may bring to the elderly the sensation of

liveliness.²⁰ When they demonstrate in their speech to be the best environment, as it can be seen in the following reports:

“I feel good, I am here in my corner, I am happy here!” (Tulip).

“I feel very well here, I help everybody, and I like it here” (Azalea).

“I like y companies, but I prefer to live alone” (Hydrangea).

“I do not feel alone, there is a lot of company here, I like it here” (Jasmine).

Regarding the feelings of abandonment and sadness due to being distant of their families, the elderly has demonstrated that the fragility of the age and the space of coexistence make ILPI the only place where they could find it. “The residents end up living in a world where they lose their individuality, entering into a process of isolation, with the result that a world without personal meaning”.⁵ Some elderly reported feeling sadness and loneliness, expressing in their faces anguish and abandonment, that can be somehow predicted in the discourse of the elderly:

“I feel ill being here, but there is no other way. I feel very lonely! I wanted my children to come and visit me, even my wife, who I am divorced of, I wish they could visit me” (Amarã Lis).

In the case of the majority of the elderly, age is marked by the life devaluation, the inactivity of the labor process, of the subject while active and, especially, for the losses. Remembering the youth free and full of strength shows itself as something to be remembered, as a passage of impossible return, i.e., the time left marks of joy for some and sadness for others. Expressions of sadness marked by vague glances and disordered hands were frequent, especially in moments when it was allowed to recall aspects of the past.^{18, 22}

The family represents a protective bond that brings support to face different environments, allowing the person to hold the physical and psychological integrity in the process of institutionalization.²⁵

The elderly suffers when sees himself or herself deprived of their conviviality, their habits and relationships, this may be expressed by the abandonment of their habits that were once exercised with joy and satisfaction. This causes in the elderly person a saddening process, which entails the restriction of social conviviality and relaxation, as well, the elderly becomes embittered, depressed and lonely.²⁶⁻²⁷

Oliveira and Rozendo¹¹ (2014) affirm that the elderly express feelings of satisfaction in residing in ILPI when describing a personal achievement, a satisfaction and contentment in function of the welcome and have their basic needs met, as well as security to live in a place that is taken care of. For other elderly there is sadness, because they think that it would be better to live with the family, but they conform that there is another option rather than the acceptance.²⁴

In this discussion, it is understood that the age cannot be seen as a negative situation, difficult or painful, but rather, a result of the experiences of life. Despite of being a mistake to associate the

aging diseases and limitations, it is known that aging tends to be permeated by such conditions. So, being elderly could not be indicative of death, but the closure of a cycle, tasks completed during the development and implementation of a whole process of living.²⁷

Category 2: From the family atmosphere to the institutional environment.

The family group, as a rule, is not enabled and does not have a physical, economic structure, knowledge and time to accommodate the elderly at that stage, and due to this, search strategies and environments that are for the elderly care, Long Term Care Institutions for the elderly.²⁰

To Rinco and Bestetti²⁸ (2015), the space environment for the elderly should be guided from three axes: the first is the space that provides comfortability, valuing environmental elements that interact with the people and provides comfort to the users; second, the space allows the production of subjectivities and gatherings of people by means of actions and reflections on the work processes; and, finally, the space is used as a tool to facilitate the work process, promoting the optimization of resources and the humanized, welcoming and influential care.

In this category upon describe the environment in which the elderly always lived, it is realized that the feelings are different and report the experiences in the institution as a place of choice or condition. The elderly realizes that from the moment he or she left his or her residence of origin to go and live in an ILPI, he or she went to live in a new reality, because when there is the remoteness of the subject of his or her home, there is also the shutdown of his personal and sentimental assets of a lifetime. "The past life leaves with her memories,

objects, people, and a time that does not come back again” and in this context, there are some things and objects that have marked, and much the person’s life.⁵

For Duarte^(2014 29), there is always a relationship of dependency to another, because they recognize in the other their denial, in function of the abandonment of another and the lack of belonging to a family group that happen with some when they live in an institution. “In the institution, the elderly establishes the loss of their place in society and the attempt to reconstruct their social reality is restricted to physical space.”²⁹

The shutdown of the family environment causes him or her strangeness, loses the reference and the identity: “there is a concern about the feelings that pervades the life of the old man or woman who leaves his or her family, his or her home, objects and is placed in an environment where little recalls his or her individuality”.³⁰

Carli et al.³¹ (2011) emphasizes that the process of institutionalization, the detachment becomes gradually, once the elderly feels out of his or her space lived, being that the adaptation is time-consuming, a factor that interferes in the relations of the elderly with his or her new environment, configuring, many times, in abandonment. This fact endures as reported by this elderly:

“ I don’t feel well, I do not like it here! They don’t let me out, and my family does not come here [...] I feel abandoned, they left me here only because I’ve been fainting” (Carnation).

Upon being institutionalized, the elderly blames the family for being admitted, counts the days and weeks to come back home, there are moments in which he or she expresses the desire

to go away, but depends on the family to take him or her back home. Oliveira and Rozendo³² (2014, p. 776) state that “it is a place where they are practically ‘imprisoned’, where they only leave taken by others and depend on the desire of others. For these elderly people there is no freedom to come and go,” there is, therefore, a feeling of deprivation of liberty.

The National Policy for the Elderly regulates that it is up to the family, together with society and the State to ensure the elderly all rights inherent in citizenship, enabling their participation in community³. What cannot be observed in long-term institutions, where the inmates are limited to family environment and the family.²⁷

Other times, the decision to reside in an ILPI comes from the elderly himself or herself, that is, the desire of the elderly person in search for a location in which he or she finds attention, protection, warmth, and especially care for their basic needs. For some elderly, this initiative was essential to find a home, a place of welcome, functions that the long-term institutions seek to describe as shelters for helpless people and unable to live with their families or for not having a family.³³

“I feel very well! It was my choice to come here, it was me who chose to come here” [...] “As I have no children and neither family, here I managed to form a family” (Delphinium).

Upon reporting that it was his or her own decision to go and live in the institution the elderly says that is the only place that a person should live when he or she does not have anyone to take care of them. However, some elderly reported that are not satisfied, however there is no alternative but to live

in that place. Being in such a place without having family makes the elderly live in the expectation that something may happen, when they report they do not feel well or when report having been abandoned by the family in the ILPI³⁴, according to reports described in the following speech:

“ I don't like it! here Place that everyone gets stuck, I would like to go away, my niece put me here and went away however [...] I miss my little house. In here we feel abandoned by the family, by my only sister” (Hydrangea).

Family seems to arise as an unbreakable bond. However, Martins^(2013, p. 30 217) argues that “an idealized vision of family, tends to lead to the understanding that the bond of an individual with his or her family can mean a safe harbor”, but can be influenced when this elderly exits the daily care of the family and goes to live in unknown places. Therefore, this denotes that the subjectivity and the historical identity of the elderly were forgotten and, many times, a camouflage when he or she goes to the conviviality with the collective.²⁶

In this context, there is a challenge: redeem, at least, the minimum of dignity in this place, to feel (a) welcomed and valued (a) even though the place does please him or her. You can envision this issue in the report as follows:

“ I don't like it here, but I prefer to live here than to live in a place that no one sees you. Here I am well treated, food at the right

time, I take my bathroom alone, I have my room, so I don't feel much sorrow” (Rose).

In the absence of these parameters appear conflicts and the elderly seek, as a defense mechanism, the alienation around themselves, in relation to the environment and the other elders. This new way of doing life, conditioned and determined by the institutions, implies some changes in the institutionalized individuals' behavior, which may distort their identity and affect their individuality and subjectivity.^{5,35}

The understanding of issues related to the elderly person, behaviors and emotions revealed by the elderly people who are institutionalized, are responsibilities of those who are involved with their welfare and protection, being a viable implementation of mechanisms and care that allow to glimpse positive feelings with joy and satisfaction in this moment of frailty and vulnerability of the elderly.²⁰

A study with institutionalized elderly revealed that some elderly people wanted death, as a relief to set themselves free from the institutionalization, living in an old people's home can cause negative feelings, such as the loneliness and frustration.²⁷

The behavioral and emotional demonstration of the elderly can be transformed within the family and interpersonal relations in which the elderly lives in Long Term Care Institutions the same is subjected to, emerging the importance of the contribution of the caregivers either at home or even in these institutions, for the encouragement of autonomy, independence that is possible and the exploitation of the elderly person with respect to the experienced emotions and behaviors.²⁰

FINAL CONSIDERATIONS

From this study it was possible to understand the feelings of the institutionalized elderly, as well as their experiences. Relevant Aspects emerged during the interviews with the elderly, being possible to realize how they feel and how they experience the institutionalization.

The institutionalized elderly experience a whirlwind of feelings, among which: happiness, joy, satisfaction, dissatisfaction, feeling of abandonment, sadness, loneliness and alienation, highlight the subjectivity of the institutionalization process, requiring the alignment of public policies, professional performance and management of long-term institutions to the needs of the elderly, considering the subjectivity and dignity as guiding this process.

Finally, some limitations are identified to the development of this study, highlighting the regionality of the research. Another limitation pointed out is that the measures tend to be more subjective and there is the possibility of observation bias. Thus, it is suggested that further studies be conducted in order to maximize the knowledge about the theme in different scenarios and long-term care institutions for the elderly.

COLLABORATORS

All authors participated in all stages of preparation of this manuscript and declare no conflicts of interest.

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