

The lack of family support to the institutionalized elderly: an integrative literature review

Abstract

Objective: To identify through literature, the consequences of the lack of family support to the institutionalized elderly.

Method: Integrative literature review through databases: SCIELO, LILACS, BDENF, MEDLINE, Scielo. Five descriptors were defined: elderly, family relationships, frail elderly, health of the elderly and health of the institutionalized elderly, associated with the Boolean operator.

Results: 5072 articles were found and selected according to the inclusion criteria, nine of them.

Conclusion: It can be observed that the lack of family support for the elderly has unpleasant consequences in the lives of the elderly, making them susceptible to the appearance of negative feelings, frailty and depression.

Keywords: elderly, daily activities, emotional changes, quality of life, frailty and depression, population aging, dignity and citizenship

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Introduction

According to the World Health Organization (WHO), every person aged 60 and over is considered elderly. Brazil has 28 million elderly people, 13% of our population, this percentage tends to increase in the coming decades according to the Population Projection.¹

Older population growth is a worldwide phenomenon in Brazil, the most conservative projections indicate that by 2020 we will be the sixth country in the world with a population of over 30 million, and by 2050 we will be the fifth largest country on the planet with 253 million. population. However, the expectation of the number of elderly people for the future is wide.²

By 2043 the survey points out that a quarter of the population will be 60 years old or older. It is necessary to guarantee rights such as health, transportation, social assistance and housing for the elderly, and this regulation is regulated by the National Policy of the Elderly, Federal Constitution and Statute of the Elderly.¹

The aging process is unique to each human being, with an effective relationship due to what each person has experienced throughout his or her life. Recognizing that changes accompany the aging process causing changes in health. Successful old age depends not only on the elderly, but also on the chance to enjoy adequate health, education and participation in daily activities.³

It is considered essential that the elderly have projects to grow old, because old age is considered the longest phase of human development. The experience of aging is characterized by psychological, physical and emotional changes, as these life projects include freedom of choice so that the elderly can manage daily life and set personal goals for maintaining health, autonomy and quality of life.⁴

It is a fact that the proper nutrition, income and lifestyle of the elderly are favorable to expectations for longevity and these factors

are under the responsibility of family and society. The extension must be accompanied by decent living conditions, and these conditions reflect directly over the long term of life. In Brazil, mortality has declined, where as mortality levels decline benefits for the elderly and contribute to population aging.⁵

Guaranteeing the rights of the elderly in 2002, the Brazilian Society of Geriatrics and Gerontology was designated the Long Term Care Institution for the Elderly (LTCIE), which was adopted nationally in substitution for the terms: asylum, shelter, nursing home, nursing home and geriatric clinic similar. The LTCIE are governmental or non-governmental institutions, residential, and were created for the purpose of persons aged 60 and over, with or without family support, on the condition of freedom, dignity and citizenship.⁶

Although LTCIE provide support services to the Federal Constitution, they constitute that older children have a duty to help and support parents in old age, needy or sickness, that is, children while parents in old age must provide all care providing better quality of care. assist them in all their needs, not forsake them in their sickness, and offer the utmost care to bring about improvements and achieve longer life expectancy.⁷

Already the National Policy of the Elderly Law n°. 8.842 of January 4, 1994 aims to ensure the social rights of the elderly, requires principles that the elderly should not suffer discrimination; The family, society and the state have a duty to assure it of all citizenship, community participation and welfare rights. The guidelines are to prioritize care for the elderly, human resources in the area of geriatrics and gerontology and the provision of services, ensure care for the elderly in public and private service providers when homeless and without family.⁸

The Statute of the Elderly (Law n°. 10,741 of October 1, 2003), guarantees the rights of the elderly, encompasses rights to life, moral, intellectual and spiritual improvement in conditions of freedom and

dignity, among the rights are: freedom, food, education, sport, laser, professional activity in good condition, decent housing, free public transport over 65 years of age, health care and hospitalized elderly with the right to accompany. It is the obligation of everyone, family, community society and the government to ensure the elderly.⁹

In 2018 happens the event Year of Appreciation and Defense of the Human Rights of the Elderly (Law n°. 13.646), in this event actions are taken as lectures and dissemination about the protection of the elderly, through educational material and advertising campaigns and other measures that clarify and raise awareness of the rights of the elderly.¹⁰ And how should the family approach and provide all this care related to the elderly?

Objective

Identify through literature, the consequences of the lack of family support to the institutionalized elderly.

Method

Integrative literature review for the bibliographical survey, the

electronic databases were used: Nursing Database (BDENF), Latin American and Caribbean Literature in Health Sciences (LILACS) and Virtual Health Library Scientific Electronic Library On Line (SciELO). Five descriptors were defined and used: Aged, Family Relations, Frail Elderly, Health of the Elderly and Health of Institutionalized Elderly, in Health Sciences Descriptors (DeCS). The pairs were used relating to the key descriptor “elderly” main variable of the work. The Boolean term “and” guided the search.

The research took place in the year 2019 from February to November according to the inclusion criteria: articles published in Portuguese between 2014 and 2019; available in consulted databases and in full text. The exclusion criteria adopted were: dissertations, theses, editorials and literature review.

Results

Chart 1 shows the descriptors used, databases, number of articles found. And chart 2 presents the articles found according to methodological criteria (Table 1) (Table 2).

Table 1 Relationship of the association of the descriptors used with the databases and the number of articles found. Campo Limpo Paulista, SP. 2019

Descriptor	SciELO	Lilacs	Medline	Bdenf
Aged and Family Relations.	30	240	0	90
Aged and Frail Elderly.	155	415	0	128
Aged and Health of the Elderly	602	2348	0	715
Aged and Health of Institutionalized Elderly	42	210	0	97

Table 2 List of articles according to year, author, theme, method and conclusion. Campo Limpo Paulista, SP. 2019

Year/author	Theme	Method	Conclusion
Soares et al. ¹⁴	Feelings, expectations and adaptation of elderly persons in long-term care facilities.	Qualitative research. n=55	Anguish, sadness and the feeling of loneliness for being apart family members.
Figueiredo et al. ¹²	Institutionalized elderly: decision and consequences in family relations.	Qualitative research. n=10	Feeling of loneliness and abandonment.
Melo et al. ¹⁸	Fragility, depressive symptoms and quality of life: a study with institutionalized elderly.	Quantitative research. n=134	Depressive symptoms and depression.
Jesus, et al. ¹⁶	Fragility and social and family support of older people in vulnerable contexts	Quantitative research. n=247	Elderly people who do not have family ties have frailty.
Brandão & Zatt. ¹¹	Perceptions of elderly people living in a long-stay institution in a municipality in the interior of Rio Grande do Sul, regarding quality of life.	Qualitative research. n=8	Even with the distance from family members, they value the institution
Cordeiro et al. ¹⁵	Quality of life of the frail and institutionalized elderly.	Quantitative research. n=33	Difficulty of adaptation.
Borges et al. ¹³	Sociodemographic and clinical characteristics of institutionalized elderly: contributions to nursing care.	Quantitative research. n=54	Sociodemographic characteristics, abandonment and neglect of the family.
Nogueira et al. ¹⁷	Comparing the quality of life of institutionalized and non-institutionalized elderly.	Quantitative research. n=40	Premature removal from family members anticipates their psychological death.
Nóbrega et al. ¹⁷	Prevalence of depressive symptoms and associated factors in institutionalized elderly in Recife, Pernambuco	Quantitative research. n=136	Depressive Disorders Regarding Family Breast Separation

Discussion

The role of the family is very important with the elderly, and the family environment is as a protective support, but nowadays with the conditions of modern life many older people undergo long stay hospitalizations and often their relatives do not return to institutions to visit to them.¹¹

The LTCIE aims, as a way to meet the needs of the elderly who are fully assisted, but generates negative expectations as they live in these institutions and live with people who were not part of their daily lives, causing various changes physical and psychosocial. The lack of family bond causes the breakup of family life generating feelings of abandonment and loneliness, demotivating the elderly due to the loss of family bond.¹²

The most frequent reasons for long stay hospitalizations, is the abandonment and family neglect that consequently contributes to the lack of care for the elderly. Elderly homeless people with poor socioeconomic conditions also contribute to institutionalization, as the financial crisis and the lack of contact with the family consequently influences the institutionalization process.¹³

The number of elderly people living in these institutions is increasing. The family has difficulties in caring for the elderly, due to factors such as lack of financial resources and lack of skills in caring for the elderly. The family is responsible for the care of the elderly, but hospitalization prevents the continuity of this care, and the elderly face the loss of family members, who are leaving and moving away, in this new environment is subject to new routines and living with people who were not part of their daily lives, and this progressive distancing from family members, in turn, turns into abandonment and loneliness.¹⁴

They also emphasize that low family support contributes to the emergence of negative feelings and attitudes, compromising emotional state, adaptation difficulties, feeling contempt, leading to low levels of quality of life.¹⁵

It is essential to highlight that frailty worsens in the absence of the family member, causing impacts such as weight loss, exhaustion, weakness, decreased physical activity, ie, favoring stressful and compromising situations affecting the body's defense systems making the elderly susceptible to disease onset.¹⁶

The reduction in family size and lack of resources causes an increase in long-term hospitalizations, however institutionalization may exert a kind of confinement for the elderly, depriving them of their daily activities with family members, and these changes lead to decreased self-esteem, esteem, loss of interest in daily life and loss of pace of daily activities. And these factors trigger depressive signs in the elderly. Depression is defined as a multifactorial disorder, it has a strong functional impact, presenting symptoms such as depressed mood, deprivation of all activities and loss of pleasure in life.¹⁷

The predisposition in the elderly with family contact deprivation is intense, since the onset of depressive symptoms coupled with inappetence and chronic malnutrition may constitute physiological conditions for the emergence of frailty syndrome that negatively affects the quality of life of the elderly.¹⁸

Fear of death negatively interferes with the quality of life of the elderly, generates anxiety and prevents them from performing their task. It reinforces that the institutionalized elderly fear death,

and premature withdrawal from the family generates suffering and anxiety, negatively interfering in the quality of life, otherwise that the elderly with good relationships optimize the quality of life.¹⁹

Conclusion

It can be observed that the lack of family support to the elderly who live in long-term institutions has unpleasant consequences in the lives of the elderly, making them susceptible to the appearance of negative feelings, frailty and depression.

We identified that support and family support for the welfare of the institutionalized is extremely important. The family represents an extremely important support for the elderly, because it is in them that, in the most diverse situations, they find the necessary support to meet their needs.

We suggest further studies for guided actions in order to reduce these feelings and improve the quality of life of institutionalized elderly.

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Conflict of interest

The authors declare that they have no conflict of interest.

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