



QUALITY OF LIVING OF ELDERLY RESIDENTS OF PRIVATE INSTITUTIONS
QUALIDADE DE VIDA DE IDOSOS RESIDENTES EM INSTITUIÇÕES PRIVADAS
CALIDAD DE VIDA DE ANCIANOS RESIDENTES EN INSTITUCIONES PRIVADA

Gerson Scherrer Júnior¹, Meiry Fernanda Pinto Okun², Kleyton Góes Passos³, Rita de Cássia Ernandes⁴,
 Angélica Castilho Alonso⁵, Angélica Gonçalves Silva Belasco⁶

ABSTRACT

Objective: to evaluate the quality of life of elderly people living in long-stay institutions of high economic standard. **Method:** a quantitative, cross-sectional study carried out on a sample of 101 elderly people from four private institutions. Data were collected using the World Health Organization Quality of Life Group - Old instrument, stored in the Microsoft Excel program and submitted to descriptive statistics (mean, standard deviation, coefficient of variation, maximum and minimum values and amplitude), as well as frequencies absolute and relative and presented in table and figure form. **Results:** the mean of the WHOQOL-OLD domain of the sensory functioning facet is 76.67; autonomy, 61,26; past, present and future activities, 64,17; social participation, 62.81, death and dying, 78.53; intimacy, 58.97 and the total score is 67.07. **Conclusion:** the perception of the quality of life of the residents of long-stay institutions of high economic standard in the city of São Paulo is satisfactory. The worst realm of analysis is that of intimacy and the best is death and dying. This work contributes to understanding how the elderly investigated in the domains of QoL and in which they need to implement improvements. **Descriptors:** Homes for the aged; Quality of life; Demographic aging; Nursing; Geriatrics; Health of the Elderly.

RESUMO

Objetivo: avaliar a qualidade de vida de idosos residentes em instituições de longa permanência de alto padrão econômico. **Método:** estudo quantitativo, transversal, realizado com 101 idosos de quatro instituições privadas. Os dados foram coletados com o uso do instrumento *World Health Organization Quality of Life Group - Old*, armazenados no *Microsoft Excel* e submetidos à estatística descritiva (média, desvio padrão, coeficiente de variação, valores máximos e mínimos e amplitude), além de frequências absoluta e relativa e apresentados em forma de tabela e figura. **Resultados:** a média do domínio do WHOQOL-OLD da faceta funcionamento do sensorio é de 76,67; autonomia, 61,26; atividades passadas, presentes e futuras, 64,17; participação social, 62,81, morte e morrer, 78,53; intimidade, 58,97 e o escore total é de 67,07. **Conclusão:** a percepção da qualidade de vida dos residentes das instituições de longa permanência de alto padrão econômico na cidade de São Paulo é satisfatória. O pior domínio de análise é o da intimidade e o melhor é morte e morrer. Este trabalho contribui para que possa ser compreendida a maneira como os idosos investigados se percebem nos domínios da QV e em quais destes é preciso implementar melhorias. **Descritores:** Instituição de longa permanência para idosos; Qualidade de vida; Envelhecimento populacional; Enfermagem; Gerontologia; Saúde do idoso.

RESUMEN

Objetivo: evaluar la calidad de vida de los ancianos residentes en instituciones de larga permanencia de alto poder económico. **Método:** estudio cuantitativo, transversal, realizado con 101 ancianos de cuatro instituciones privadas. Los datos fueron recolectados con el uso del instrumento *World Health Organization Quality of Life Group - Old*, almacenados en el programa *Microsoft Excel*, y sometidos a la estadística descriptiva (media, desviación padronizada, coeficiente de variación, valores máximos y mínimos y amplitud), además de frecuencias absolutas e relativa presentada en forma de tabla y figura. **Resultados:** el promedio del dominio del WHOQOL-OLD de la faceta funcionamiento del sensorio es de 76,67; autonomía 61,26; actividades pasadas, presentes y futuras 64,17; participación social 62,81; muerte y morir 78,53; intimidad 58,97 y puntuación total es de 67,07. **Conclusión:** la percepción de la calidad de vida de los residentes de las instituciones de larga permanencia de alto poder económico en la ciudad de São Paulo es satisfactoria. El peor dominio de análisis es el de la Intimidad y lo mejor es muerte y morir. Este trabajo contribuye a que pueda entenderse la manera en que los ancianos investigados se perciben en los ámbitos de la QV, y en cuáles de ellos hay que implementar mejoras. **Descriptores:** Hogares para ancianos; Calidad de vida; Envejecimiento de la población; Enfermería; Geriatria; Salud del anciano.

^{1,3}Doctorate student in Sciences, Postgraduate Program in Nursing, Federal University of São Paulo / UNIFESP. Escola Paulista de Enfermagem / EPE. São Paulo (SP), Brazil. E-mail: gscherrer@ig.com.br ORCID iD: <https://orcid.org/0000-0001-8958-6690>; E-mail: kleyton.ufac@gmail.com ORCID iD: <https://orcid.org/0000-0002-6655-3412>; ^{2,5,6}PhD in Sciences, Postgraduate Programs in Nursing, Federal University of São Paulo / UNIFESP. Escola Paulista de Enfermagem / EPE. São Paulo (SP), Brazil. E-mail: mf.pinto@unifesp.br ORCID iD: <https://orcid.org/0000-0003-4200-1186>; E-mail: angelicacastilho@msn.com ORCID iD: <https://orcid.org/0000-0002-0307-6225>; E-mail: abelasco@unifesp.br ORCID iD: <https://orcid.org/0000-0002-0307-6225>; ⁴Master in Aging Sciences. E-mail: ernandes_rc@terra.com.br ORCID iD: <https://orcid.org/0000-0003-2272-5320>

INTRODUCTION

It is understood that the world is at the center of an irreversible demographic transition, resulting in older populations everywhere. Population aging occurred first in developed countries, but developing countries are experiencing a considerable increase in their proportion of older people. As fertility rates decline, the proportion of people aged 60 or older is expected to double by 2050, and their current number should more than triple, reaching two billion by 2050. In most countries, the number of people over 80 years should quadruple to almost 400 million.¹

It is perceived, as a consequence of this demographic change, the percentage of elderly with functional losses due to senescence or senility, requiring long-term institutions for the elderly (LTIEs), is increasing significantly.²

It is known that nursing homes are the primary intermediate and long-term care providers outside the hospital setting for individuals whose self-care ability is limited due to physical or cognitive impairments. However, despite their need for care, the residents of nursing homes want to control their lives, establish their routines and do nice things. The extent to which residents can maintain autonomy and dignity is important.³

LTIEs are classified by legal nature, with 65.2% philanthropic, including religious and lay women, 28.2% private for profit and 6.6% public or mixed. From the 1980s onwards, the growth of private institutions was observed, and began to be more significant between 2000 and 2009, where 57.8% of the new institutions had this legal status.⁴

It is added that the main challenge of LTIEs is to provide the elderly with a stimulating environment, with varied activities: theater, occupational therapy, physical activity, dance, cinema among others, occupying idle time and thus promoting quality of life.⁵

It is considered that the increase in human life span is undoubtedly an achievement, and an important social problem, with emphasis on health promotion to improve quality of life (QoL) in the elderly.⁶

It is confirmed that the need to evaluate quality of life in aging emerges and, consequently, the factors relevant to the quality of life of the elderly and definition of interventions capable of causing a positive impact on the improvement, maintenance and preservation of the quality of life in old age.⁷ The health-related quality of life (HRQoL) of the elderly has become an important public

health problem with the aging population in developed and developing countries.⁸

It is explained that, health-related quality of life (HRQoL) is the general subjective perception of health aspects that have compromised quality of life. It is a subdivision of quality of life, referring to the experience of people regarding their overall health and the causes are multidimensional covering the physical, emotional and social components associated with an illness or treatment. The understanding of HRQoL is essential for the development of adequate interventions to preserve and improve the QoL of institutionalized elderly people, since worsening of HRQoL is associated with higher mortality, greater morbidity, and greater use of health services.⁹

The QoL of the elderly is considered satisfactory when there are good family, social, health and material conditions; but a negative evaluation is made when they are dependent, have functional limitations, are unhappy, have reduced social networks, and are suffering from chronic diseases. In this way, the loss of health status, social networks and functional limitations directly affect the quality of life.¹⁰

It is described that in view of this new moment experienced by the Brazilian population, a growth in life expectancy, an increase in the number of elderly people, a prevalence of chronic diseases, functional losses, worsening of population QoL and consequently an increase in the demand for private LTIE, was the base for the following guiding question: What is the quality of life of elderly people living in long-stay institutions of high economic standard in the city of São Paulo?

OBJECTIVE

◆ To evaluate the quality of life of elderly people living in long-term institutions of high economic standard.

METHOD

This is a quantitative, cross-sectional and descriptive study carried out in four private high-income TIEs in the city of São Paulo, with monthly fees of around 15 minimum wages. The conditions offered by TIEs are similar in relation to the complexity of care, services, infrastructure and human resources. The physical environment offers the convenience of a hotel with hospitality, providing the elderly with a quieter and more comfortable stay. The hygiene of the premises is carried out by maids who do the cleaning, the disinfection, the exchange of bed linen

and bath daily with care and efficiency. The gastronomy is healthy and quality, with varied and balanced menus. Elderly care programs are performed by a qualified multi-professional team. These TIEs still feature a weekly grid of activities that stimulate the mind and body while keeping the elderly active.

It was found that the total number of residents in the four TIEs was 650 elderly. Of these, 536 (82.46%) presented impaired cognition and 13 (2%) did not want to participate. Thus, the sample consisted of 101 (15.54%) residents with the following characteristics: both sexes, age ≥ 60 years, resident for at least three months and who had favorable cognitive conditions for the comprehension of the questionnaires.

The Mini Mental State Examination (MMSE) screening test was used, in order to assess the cognitive status. The cut notes used were: 17 for the illiterate; 22 for the elderly with education between one and four years; 24 for those with schooling between five and eight years; and 26 for those who were nine or more years old.¹¹

Data from January (2014) to February (2015) were collected. The social information (age, sex, marital status and color of skin), cultural (educational and religious), economic (income), QOL and level of cognition were raised by the researcher himself through interview.

The QoL was assessed by the WHOQOL-OLD (*World Health Organization Quality of Life Group*), composed of 24 questions and six domains: sensory functioning (assesses sensory functioning and the impact of loss of sensory abilities on activities of daily living and ability to interact with other people in the quality of life of the elderly); autonomy (refers to independence in old age, describing the extent to which one is able to live autonomously and make their own decisions); past, present, and future activities (refers to past, present, and future activities, describing satisfaction over achievements in life projects and future yearning); social participation (it refers to social participation, which delineates participation in daily activities, especially in the community in which it is inserted); death

and dying (it is related to worries, concerns, expectations and fears about death and dying); and intimacy (refers to intimacy, which assesses the ability to have personal and intimate relationships). Each question has answers ranging from one to five points and each domain has its own score. The total score ranges from 24 (worst state) to 100 (best state).¹²

This study was preceded by the approval of the Ethics and Research Committee of the Federal University of São Paulo, under the opinion number 268.997 / 13, CAAE: 12860313.0.0000.5505, authorization of TIEs and free and informed consent of study participants. All were informed as to the guarantee of secrecy of the information, the absence of costs of any nature and the right to withdraw the research at any time, respecting Resolution of the National Health Council nº 466, of December 12, 2012.

The data collected was stored in the Microsoft Excel program, and these were submitted to descriptive statistics (mean, standard deviation, coefficient of variation, maximum and minimum values and amplitude), as well as absolute and relative frequencies and table and graph formatted.

RESULTS

The average age of the residents was 85.49 years, varying from 63 to 108 years, with 81.2% being women and 66.3% being widowers. The predominant color was white, with 97%, and the Catholic religion was highlighted in 73.3%. The level of schooling was high, where 40.6% had completed higher education and there were no illiterates. Income was stipulated equal to or greater than 15 minimum wages and the source of income to cover monthly expenses was public retirement, with 61.4%, followed by 36.6% of applications.

Table 1 indicates the scores assigned to each of the domains listed in the WHOQOL-OLD instrument. It is noticed that the autonomy and intimacy domains obtained the means 13,80 and 13,44 respectively, presenting the worst performance in relation to the other domains; while the death e die domain obtained the highest mean (16,56).

Table 1. Descriptive statistics of the WHOQOL-OLD domains of elderly people living in long-term institutions of high economic standard. São Paulo (SP), Brasil, 2015. (N=101).

Domains	Average	Standard deviation	Coefficient of variation	Minimum value	Maximum value	Amplitude
Sensory functioning	16.27	3.68	22.60	7.00	20.00	13.00
Autonomy	13.80	3.16	22.91	6.00	20.00	14.00
Past, present and future activities	14.27	3.19	22.34	7.00	20.00	13.00
Social participation	14.05	3.19	22.74	6.00	20.00	14.00
Death and Dying	16.56	3.34	20.14	6.00	20.00	14.00
Intimacy	13.44	4.17	31.02	4.00	20.00	16.00

It was observed in Figure 1 it is possible to observe the scores of the WHOQOL-OLD domains, and, in general, the quality of life of the elderly was evaluated in a good way, with an average of 67.07. In a specific analysis, the

death and dying domain is the one with the best score, with 78.53%, followed by the functioning domain of the sensorium, with 76.67%. In contrast, the lowest score found was the intimacy domain, with 58,97%.

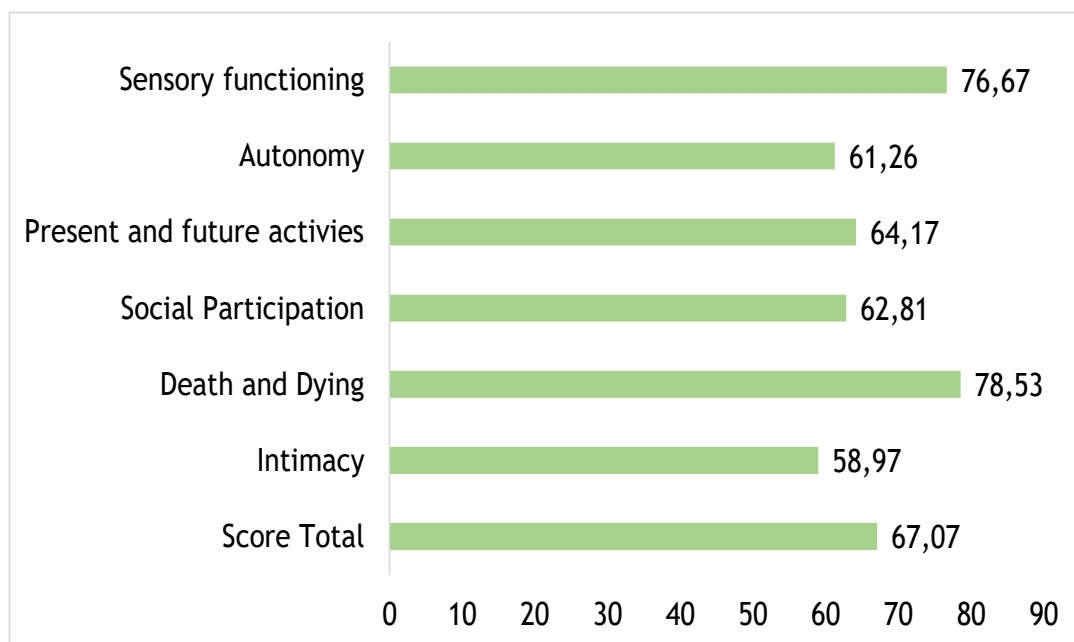


Figure 1. Scores of the domains of quality of life, according to WHOQOL-OLD. São Paulo (SP), Brasil, 2015.

DISCUSSION

It is revealed that the main finding of the study was that the economic standard and the cultural level influence the quality of life of the institutionalized elderly in TIESs considered by the general score to be good.

The population of this study consisted of elderly people with an excellent social, cultural and economic standard, which does not correspond to the reality of institutionalized Brazilian elderly. However, the characteristics are often similar, in the aspects of the high age group, female gender, widowed civil status, white color, Catholic religion, low children average and retired occupation.¹³⁻¹⁵ The great differential of this study is the high income and the level of complete higher education, which is also not similar to study with European and Latin American institutionalized elders.¹⁰

In this study, the intimacy domain was the one that presented the lowest score (58,97), similar to a study in Bauru, SP,¹⁶ and different from studies conducted in the Northeast¹⁵ and in the Southeast¹⁴ Brazilians,

in which the lowest domain was the autonomy, with 56.90 and 40.70, respectively. Old people living in the community of Rio de Janeiro, without any intervention, perceive the autonomy domain neither good nor bad (56,88) and satisfactory in the intimacy facet (70,56).¹⁷ In this study, the autonomy facet presented the second worst score (61,26). A generally monotonous routine with low autonomy in activities and limited social contact with usually few family members and friends contribute to low self-esteem and loss of quality of life.¹⁵ Thus, it is perceived that aging brings loss in autonomy and institutionalization does not provide the quest to find any kind of intimate relationship, be it a companion or a close person with whom one can share their intimacy.

It is identified that independent adults to perform basic activities of daily living, who remain participative in social groups and build personal relationships with which they can exchange intimacies, present a better perception of their quality of life.¹⁸

It is also worth noting that the death and dying domain was the one that presented the

best score (78,53), surpassing researches conducted with elderly people living in the community of Rio de Janeiro under the intervention of traditional Chinese medicine (71,50),¹⁷ institutionalized elderly people in the Northeast (65,55)¹³ and Southeast (71.8).¹⁴ These same studies present better scores in the sensory functioning domain: Northeast (68,17), Southeast (73,7), and Rio of Janeiro (86,13) than in the current study where this facet presented the second best score (76.67%). These findings may infer that institutionalization, advanced age and high educational level make the elderly reflect and prepare for finitude and that losses in the sensory system, which is a fact in aging, are repressed by shame or improved in function residual by technology.

It is emphasized that when the total score was analyzed, the quality of life, according to WHOQOL-OLD, was satisfactory (67.07%). This fact corroborates with findings from a study carried out in two long-term institutions in Pouso Alegre and Santa Rita do Sapucaí, MG.¹⁴ However, a study carried out in an LTIEs in the city of Três Lagoas (MS), quality of life was evaluated as regular.⁷ Research completed in a Reference Center in Belo Horizonte, MG, identified that 63.4% of the elderly considered their QoL good and were satisfied with their health.¹⁹

It is noticed that the WHOQOL-OLD global score of the elderly in this study is higher than the elderly living in the community of Rio de Janeiro, without intervention (61,69),¹⁷ elderly people attending day care centers in Portugal (62,87),²⁰ elderly people from Rio Grande do Sul who participate in a cohabitation group for the elderly,²¹ and younger than the institutionalized elderly in Rio Grande do Norte¹⁸ (68,17), Minas Gerais¹⁴ (73.7) and the elderly in the community of Rio de Janeiro were treated with traditional Chinese medicine techniques (77,25%).¹⁷

It is concluded in the research developed with elderly individuals living alone, with the family and institutionalized, in the city of Barra Bonita, SP, concluded that, despite what was expected, the institutionalized elderly did not present a worse perception of their quality of life when compared to non-institutionalized individuals.¹⁸

It is informed in the bibliographic review carried out for this research, no studies were found with elderly people living in institutions of high economic standard. Thus, this population is unknown, because in the country 65.2% of the Brazilian institutions are philanthropic and do not maintain the

standard of the researched institutions, this limited the comparisons of the study findings.

CONCLUSION

It is believed that the results obtained with the accomplishment of this study allowed to conclude that, in a general way, the QoL of the residents of the institutions of long stay of high economic standard of São Paulo is satisfactory. The worst realm of analysis is that of intimacy and the best is death and dying. This work contributes to the understanding of how the elderly investigated in the domains of QoL and in which of these it is necessary to implement improvements.

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Corresponding Address

Gerson Scherrer Júnior
Rua Augusta, 561, Ap. 46
Bairro Consolação
CEP: 01305-000 – São Paulo (SP), Brazil