

Nursing Care for the old women in therapeutic residences

Assistência de Enfermagem à idosas em residências terapêuticas

Cuidados de enfermería para las ancianas en residencias terapéuticas

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RESUMO

Objetivo: buscar na literatura científica dados para especificar as dificuldades encontradas pela equipe de enfermagem e ressaltar a importância da assistência de Enfermagem. **Método:** trata-se de revisão integrativa da literatura científica, utilizando como critérios de inclusão artigos publicados em português; textos completos e disponíveis nas bases de dados; e período estipulado de 1992 e 2021, priorizando a organização das ideias por ordem de importância e a síntese destas que visou a fixação das ideias essenciais para a solução do problema da pesquisa. **Resultados:** obtiveram-se informações relevantes sobre a inovação na perspectiva da saúde mental das idosas, assim como a criação do processo de ressocialização deste paciente que começa a instigar a necessidade de novas análises, reflexões e práticas de saúde. Discutiu-se então sobre o envelhecimento populacional e suas influências sobre a saúde mental dos idosos, a importância da reforma psiquiátrica em prol do fim dos manicômios e por fim a necessidade da constante melhora na assistência de enfermagem prestada a idosas em residências terapêuticas. **Conclusão:** é notória a escassez de materiais atualizados abordando o assunto proposto, sendo assim, é de extrema importância que sejam realizados estudos a respeito desta temática em prol de preparar melhor os profissionais e familiares para a institucionalização de idosas em residências terapêuticas.

Descritores: Enfermagem; Saúde do Idoso; Assistência à Saúde Mental.

ABSTRACT

Objective: to search the scientific literature on data to specify the difficulties encountered by the nursing team and to highlight the importance of nursing care. **Method:** this is an integrative review of the scientific literature, using as inclusion criteria articles published in Portuguese; full texts and available in the databases; and stipulated period of 1992 and 2021, prioritizing the organization of ideas in order of importance and the synthesis of these aimed at fixing the essential ideas for the solution of the research problem. **Results:** relevant information was obtained about innovation from the perspective of the mental health of the elderly women, as well as the creation of the process of resocialization of this patient that begins to instigate the need for new analyses, reflections and health practices. It was then discussed about the population aging and its influences on the mental health of the elderly, the importance of psychiatric reform in favor of the end of asylums and finally the need for constant improvement in nursing care provided to elderly women in therapeutic homes. **Conclusion:** it is notorious the scarcity of updated materials addressing the proposed subject, so it is extremely important that studies on this theme be conducted in order to better prepare professionals and family members for the institutionalization of elderly women in therapeutic residences.

Descriptors: Nursing; Health of the Elderly; Mental Health Assistance.

RESUMEN

Objetivo: buscar en la literatura científica los datos para especificar las dificultades encontradas por el equipo de enfermería y resaltar la importancia de los cuidados de enfermería. **Método:** se trata de una revisión integradora de la literatura científica, utilizando artículos de criterios de inclusión como publicados en portugués; textos completos y disponibles en las bases de datos; y período estipulado de 1992 y 2021, priorizando la organización de las ideas en orden de importancia y la síntesis de estas encaminadas a fijar las ideas esenciales para la solución del problema de investigación. **Resultados:** se obtuvo información relevante sobre la innovación desde la perspectiva de la salud mental de las ancianas, así como la creación del proceso de resocialización de esta paciente que comienza a instigar la necesidad de nuevos análisis, reflexiones y prácticas de salud. Luego se discutió sobre el envejecimiento de la población y sus influencias en la salud mental de los ancianos, la importancia de la reforma psiquiátrica a favor del fin de los asilos y, finalmente, la necesidad de una mejora constante en la atención de enfermería prestada a las mujeres mayores en hogares terapéuticos. **Conclusión:** es notorio la escasez de materiales actualizados que aborden el tema propuesto, por lo que es sumamente importante que se realicen estudios sobre este tema con el fin de preparar mejor a los profesionales y familiares para la institucionalización de las ancianas en residencias terapéuticas.

Descriptores: Enfermería; Salud del Anciano; Atención a la Salud Mental.

Introduction

In recent years, population aging has become a worldwide phenomenon. This fact is due to the relationship between the significant reduction in birth and mortality rates combined with the constant increase in the population's life expectancy. However, the natural aging process brings with it a functional limitation for the individual, that is, it directly affects the ability to take care of oneself. In this process, there are numerous changes in social, cultural and family arrangements.¹

The elderly brings to the family the need for help, both for daily activities and for the process of any pathology of which they may be a carrier. These needs make the family a demand for time to be devoted to the care of this elderly person. In these circumstances, they become too much responsibility for family members, thus generating a feeling of incapacity. This entire process leads the family to insert the elderly in therapeutic residence accommodation, especially in cases of elderly people with mental illnesses.²

These residences are houses, mostly intended for the care of elderly people with mental illnesses, resulting from psychiatric hospitalizations and that are generally ignored or do not have family support. Therapeutic residences are established through Ordinance No. 106/2000.³ and were created with the main purpose of reducing the occupation of beds in psychiatric hospitals, offering them housing and health care.⁴

According to updates from the World Health Organization, about 450 million people have some type of mental disorder and need health care, and a large number need accommodation in therapeutic homes. That in addition to accommodating mental patients, they also play the role of reintegrating them into society. For its full functionality, a therapeutic residence needs the support of outpatient clinics specialized in mental health and family health and professionals such as nurses and nursing technicians trained in mental health.⁵

Throughout the so-called institutionalization process of the elderly, the nursing team is considered essential, as it develops direct activities related to the care process. Mainly in the reception of elderly women who are withdrawn and frustrated by having been abandoned by their relatives, especially by their own children. This process enables the organization of care directed to elderly women in an attempt to reduce the risk of physical dependence on them, in addition to enabling health determinants through the constant and continuous assessment of functional capacity, and by establishing some goals required in view of the elderly person's needs, individually.⁶

Since then, interest has been aroused in providing the institutionalized elderly in therapeutic residences with qualified assistance, so that this population could develop activities of daily living (ATV) with skill, according to the conditions exposed by each one. Thus, promoting their insertion in the social community and in their own residence, welcoming the resident in the totality of care, with a qualified multidisciplinary and interdisciplinary team. The interest only in the elderly is justified by the fact that they have more difficulty adapting to different places and the aging periods require more affection and attention, although the male elderly also deserve the affection and attention mentioned.

The challenge is to promote qualified professionals in mental health to meet the needs of therapeutic residences, as there is a shortage of specialized

professionals and the need to provide comprehensive and targeted care to residents for a holistic and interdisciplinary care.

In this context, the objective of the study was to search the scientific literature for data to specify the difficulties encountered by the nursing team and emphasize the importance of nursing care.

Method

The integrative literature review consists of building a comprehensive analysis of the literature, contributing to discussions on research methods and results, as well as reflections on future studies. The initial purpose of this research method is to gain a deep understanding of a particular phenomenon based on previous studies. It is necessary to follow standards of methodological rigor, clarity in the presentation of results, so that the reader can identify the real characteristics of the studies included in the review. integrative in the health and nursing scenario.⁷

This is an integrative literature review, which allows the inference of questions about nursing care for elderly women in therapeutic homes.

To prepare a relevant integrative review that can support the implementation of effective interventions in patient care, it is necessary that the steps to be followed are clearly described. It is necessary to follow standards of methodological rigor, clarity in the presentation of results, so that the reader can identify the real characteristics of the studies included in the review.⁸

The integrative literature review aimed to offer research results in a guiding question, through a systematization and ordering of research, which can help to understand how the literature has referred to nursing care for elderly women residing in therapeutic homes.

Formulation of the guiding question

What are the difficulties faced by the Nursing team in caring for the elderly in therapeutic residences?

Literature search

After defining the theme, a search was made in virtual health databases, along with the database through electronic search of scientific articles indexed in the database: Repositories, Scielo (Scientific Electronic Library Online), Lilacs (Latin Literature American and Caribbean in Health Sciences), Electronic journals and periodicals. Ministry of Health and books were also used as a source. The descriptors defined for the search were: elderly women, institutionalization, asylums, nursing, therapeutic residences.

Criteria for selection and analysis of articles

In order to answer the guiding question, a literary search was carried out and from the 299 references obtained, the exploratory reading and selection of material was carried out, through the reading of the selected works, which

enabled the organization of ideas in order of importance and the synthesis of these that aimed to fix the essential ideas for the solution of the research problem. Thus, publications will be used between January 1992 and May 2021, which have information relevant to the topic, and outdated materials or with redundant information will be discarded, all that fit will be necessary for the construction of the work, written in Portuguese and English.

The materials included in the article obtained information relevant to the topic, stipulating the quantity and quality of knowledge included between the lines. In addition to being complete texts with relevant information about nursing care for elderly women in therapeutic homes. Dated with recent years of research, updated study, with clarity and effectiveness in its quality as a basis for this work.

Outdated materials dated between 1905 and 1992 and/or with information that were not accurate in the information were excluded. Articles written in foreign languages that did not fit the basis of this study were also discarded. Innovations on the subject were sought.

Interpretation of included results

The method of detailed analysis of the content found was used, complying with the inclusion criteria with previous reading of titles and abstracts of the works found, as well as other information contained in all materials.

The exclusion criteria were based on not using outdated content despite the scarcity of published material on the subject.

Representation of articles

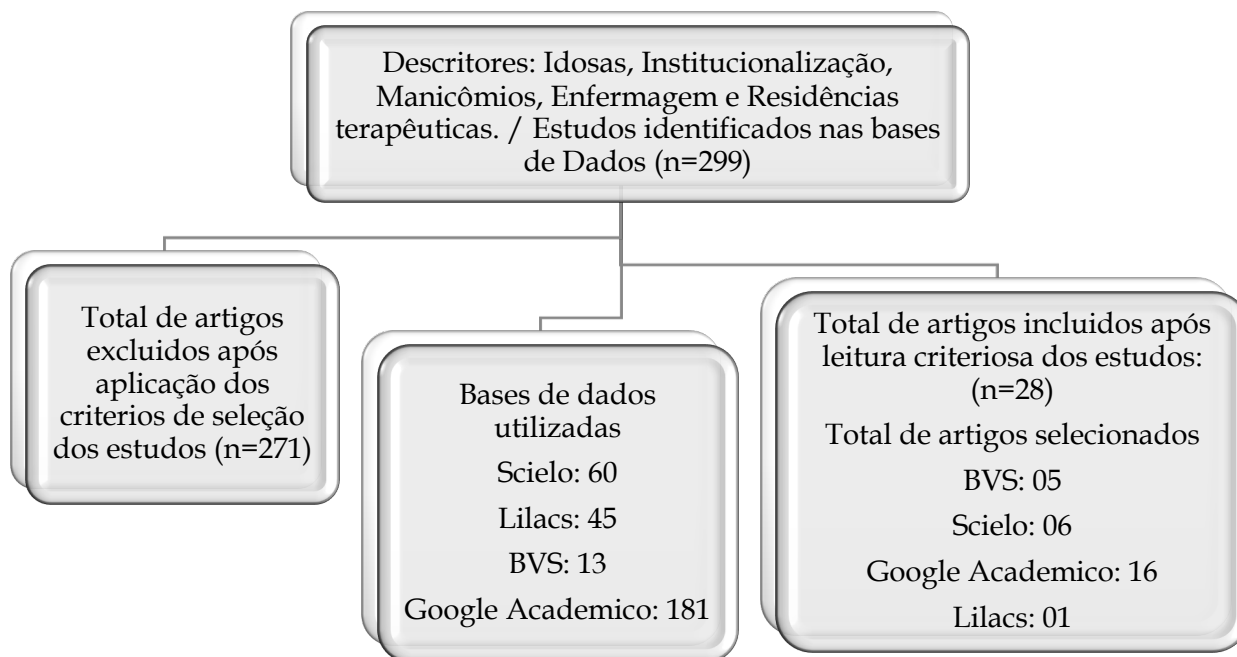
The data obtained through the integrative review were analyzed and separated into categories such as: introduction to aging; institutionalization of elderly women with a retrospective of psychiatry and its advances since the end of the "insane asylums"; introduction to therapeutic residences and difficulties encountered by nursing in providing adequate care to these elderly women. This division is based on the function of guiding the reader to recognize the real objective of this study amidst the events.

Data grouping

After collecting data, carefully reading the information contained in the selected materials, the important data considered relevant within the context discussed were gradually grouped, starting with the introduction of aging considered a natural cause of senility and diseases acquired throughout life. As the human organism ages, it ends up losing its capabilities and decreasing its functions, thus generating pathologies mainly associated with factors to which the individual has been exposed throughout life. Mental illness is one of them and allied to it are the institutions of therapeutic residences, the second stage mentioned during the construction of the study.

The institutionalization of elderly women and the nursing care they receive in therapeutic homes in view of their needs is the main survey of this study

Figure 1- Flowchart with inclusion and exclusion criteria.2021.



Results

Of the articles found, only 08 contained information about the difficulties faced by nursing in providing assistance and care to elderly women in therapeutic homes, 10 reported on natural aging and its impacts on the individual's health, and the other 11 refer to the history of institutionalization elderly women and therapeutic residences. So, we'll look at the selected content below.

Previously, the hospitalization process of elderly women in psychiatric hospitals was surrounded by mysteries about the treatments performed, the type of care provided, however, everything was resolved and exposed clearly when the media disclosed the reality of daily life in these hospitals, demonstrating horror situations, with shocks, torture, abuse, hunger, among others.

Currently, these units have been institutionalized as therapeutic residences and receive elderly women with mental illnesses, house about eight patients as a family and now have adequate multidisciplinary care to improve the health and quality of life of elderly residents.

From this innovation in the mental health perspective of elderly women, the process of resocialization of this patient begins to instigate the need for new analyses, reflections and health practices. In addition to the notorious lack of training of health professionals to act in this new model of mental health care, as proposed by the aforementioned Psychiatric Reform, it is extremely important that nurses build actions with a new position, displacing it from the already assigned and assumed from watchman and repressor, to a new position of therapeutic agent. Such modification implies a care that goes beyond welcoming the patient with guarantees of food, clothing and medication.⁹

In an attempt to minimize the fact that the patient feels alone or abandoned by the family, as in some cases, nursing must always be present and welcoming in a way that gives the patient the proper trust and credibility in their interest in it, that it is just to hear stories that other people are not willing to hear.

In addition to the assistance provided to the elderly in their pathologies and daily needs, evolutions in the activities performed by them, control of emotions and stunning feelings.

Thus, it is notorious that nursing care aimed at elderly women in mental health is based on the Psychiatric Reform and seeks to offer the psychiatric patient mainly adequate care and treatment based on the precepts of humanization, as well as guiding the nursing care offered in the systematization nursing care, guaranteeing the elderly more effective and quality care.

Discussion

Aging

A study on aging highlights that it is a phenomenon that is growing globally. The number of elderly women increases at a significantly faster rate than the number of births, causing constant changes in society in all its aspects (social, economic and political). Brazil had approximately 26 million people aged 60 years or more, representing 14% of the population, while in 2004 this proportion was limited to 9.7%. However, this growth implies deep social pressures, especially in the health system, generating high-cost medical treatments, the need for training of caregivers and social security support.¹⁰

Neuropsychological mental illnesses bring a greater degree of disability and dependence to the individual, visibly compromising their quality of life. Among the main diseases of this group, the most common are depression and common mental disorders, presenting symptoms such as anxiety, insomnia, forgetfulness, somatic complaints, associated with negative impacts on the life of the elderly.¹¹

According to the World Health Organization (WHO), about 450 million people worldwide have some type of mental disorder. Brazil is one of those with high numbers of mental illnesses, especially in adolescents and the elderly, with a percentage ranging from 20% to 56%. In the elderly, the most common are anxiety, depression and mood disorders.⁵

The individual who ages in this way suffers a double exclusion. One because of being chronically mentally ill and another because they are old, exclusions that do not have the same standards. These old people also classified as mentally ill, unlike those who get older in society, are permanently absent from social discourses and political movements in favor of the rights of the elderly. Therefore, they do not know what "third age" is, nor what healthy aging is. They don't travel, don't vote and don't go to gyms. As such, it is not a good calling card for the success of old-age policies. In turn, the psychiatric reform, with the consequent deinstitutionalization, does not take them as a model either. As they have lived almost all their lives in asylum, they have little chance of being fully reinserted in society, which, due among other things to "ageism", no longer excels in welcoming the elderly in general, let alone elderly people with mental disorders chronic. Your relatives, neighbors, friends, colleagues have already

forgotten you or are dead. Many of these seniors no longer have anyone to turn to. They are forgotten. The double exclusion that these patients undergo is reflected in the scarcity of studies in the area. The specific element capable of making the psychiatric institution a place of care beyond an asylum, beyond a shelter, is precisely the production of knowledge associated with practice, or a practice inseparable from the construction of a theory related to it. A permanent theoretical reflection, elaborated in the daily life of a practice.^{12,13}

Soon, family members began to opt for the institutionalization of elderly women with mental illnesses in psychiatric hospitals, which would be institutionalized in the future and called therapeutic residences to obtain the assistance and care necessary for their better quality of life.¹⁰

Accordingly, it is addressed that therapeutic residential services, in turn, have been the object of quantitative study, both to know the operating characteristics and the profile of their clientele in general, and to verify the effectiveness of a given program through the application of an international use scale in the population assisted by it.^{14,15}

There are few qualitative works dedicated to directly studying the SRT population, but it has brought in many ways material of great importance. For example, based on interviews with residents, to determine how the reconstruction of their contractual power takes place, that is, in anthropological language, their ability to establish relations of reciprocity and solidarity.¹⁶

However, through the analysis of the entire work of a service, highlight the role of leisure in the process of recovering dignity, autonomy and joy of living. Ethnographies, in turn, are rare, and aim to understand how the residents of the SRT reconstruct their identity, but they do not specifically assess the elderly who live there.¹⁷⁻¹⁸

Psychiatric Elderly and Institutionalization

The recent history of these institutions in Brazil, or mental health services, can be divided into three moments. The first, from its origins to 1950, is characterized. Due to the predominance of institutions aimed at the removal and confinement of patients, be they general hospitals, nursing homes and agricultural colonies, always following the logic of social exclusion of people diagnosed as mentally ill or elderly people unable to care for themselves through their confinement in these establishments. The second, from the 1950s to the 1980s, is characterized by the beginning of movements aimed at the deinstitutionalization of mental health care and the decline of asylum as a therapeutic strategy, based on the post-war social context and the emergence of neuroleptics in the arsenal therapeutic. What is conventionally called the Psychiatric Reform corresponds to this second period and the three pillars on which it is based are the decrease in hospital admissions by closing psychiatric beds and hospitals and the provision of community services, the de-hospitalization of patients in long-stay hospitals, after proper preparation, and the creation and maintenance of a network of services to substitute asylum in order to serve them.¹⁹

The reform is still ongoing and if in the 1960s and 1970s, the focus of treatment was on symptom control in order to help patients remain asymptomatic outside the hospital, the most recent actions aim at adapting the

patient to life outside the hospital. asylum and encouraging the creation of day care centers, CAPS, NAPS e SRT.

Thus, the third period, which started in the 1980s, has as its main characteristic the emphasis on community care and the balance between promotion and mental health care strategies, as attention turns to rehabilitation, with the purpose of to help the patient to reintegrate into society, with employment and housing, giving him independence, autonomy and quality of life. Thus, the construction of an appropriate physical and symbolic space, together with the constitution of a social network of protection and belonging, enters into the context of treatment and rehabilitation of patients with chronic mental disorders. They become fundamental actors and an integral part of psychiatric care to be developed in the new houses of the history of Psychiatry, the therapeutic residences. The Therapeutic Residences or Therapeutic Residential Services (SRT), according to Ordinance No. 106 of February 11, 2000,³ are defined as dwellings or houses inserted, preferably, in the community.²⁰

Studies report that in the past, patients with mental disorders or illnesses, mainly elderly, were admitted to psychiatric hospitals called asylums. However, the media revealed the secrets of the place and the real treatment intended for the elderly, the elderly were harassed and mistreated, victims of violence, shock, used as a justification for the rage and illness presented by the patients. After this exposure of the media about the reality of the facts, the family members started not to approve the hospitalizations and the SUS started to fight for a kind of psychiatric reform in favor of improvements in the quality of care and even the extinction of the asylums. The first reported movements in relation to Brazilian psychiatric care emerged in the mid-1970s, when scenarios of neglect and violence with patients were exposed, the need for institutionalization becoming marked.²¹

After several themed conferences in favor of a society without asylums. During the II National Conference on Mental Health, in December 1992, he highlighted the strategic importance of implementing the so-called "sheltered homes" for the restructuring and reorganization of mental health care in the country. Years later, they came to be called "sheltered homes" therapeutic residences, constituting housing alternatives for elderly women with mental disorders who have been hospitalized for years in old psychiatric hospitals because they do not have adequate support from the family and the community.²²

Therapeutic Residences

Welcoming elderly women is carried out in a humane way and defended by a policy based on the enactment of Federal Law 10.216, of April 6, 2001, which provides references on the protection and rights of individuals with mental disorders and restructures the health care model in the country. Another process to be carried out with the elderly is their resocialization, which starts with group and individual activities, motivating them to express their feelings, desires, fear, insecurity, doubts about the routines of a house, going out by city its characteristics and personal preferences.²³

This need for attention, care and especially help to perform their simple tasks required by the elderly, leads family members to leave them in therapeutic

homes. The Therapeutic Residential Services (RTS) are characterized as a housing alternative, inserted in the community, aiming to accommodate patients with mental disorders, usually discharged from long-term psychiatric hospitalizations who do not have or are rejected for what should be family support. These are houses located in the urban space, implemented in order to respond to the housing needs of these people. The Ministry of Health made this service official through Ordinance 106/2000.³ as a service provided by the Unified Health System (SUS), to supply these “resident patients” whether in public or private psychiatric hospitals in Brazil. And in 2011, Ordinance 3090, provided references on the transfer of financial resources for the proper and complete functioning of the SRTs.²⁴⁻²⁵

This same ordinance, when defending the creation of therapeutic residences, established characteristics necessary for the complete functioning of this service, highlighting: The physical and functional characteristics of the Therapeutic Residences, the financial resources necessary for the implementation of the service, the multidisciplinary team that will act in assistance to people with mental disorders, in addition to the principles and guidelines of the Therapeutic Project that will be developed.²³

Regarding the physical and functional characteristics necessary for the operation of Therapeutic Homes, each house must be properly inserted in different neighborhoods of the city, that is, in full contact with the community. It must house a maximum of eight patients, it must be furnished with equipment that meet the needs during household activities such as personal hygiene, food preparation, cleaning and washing clothes, among others, have two to four bedrooms and offer at least three meals a day. Financial maintenance comes from the budgetary resources of the municipality that implements the service.

According to Ordinance 175/2001, which amends article 7 of Ordinance 106/2000, “the Therapeutic Residence must be linked to outpatient services specialized in mental health, such as the Psychosocial Care Centers” (p. 23), in addition to counting on a minimal team responsible for monitoring and assisting the residents, composed mainly of a medical professional and two professionals with high school education and mental health training, a nurse with experience in psychosocial rehabilitation.^{21,26}

The nursing professional is extremely important in the care provided to institutionalized elderly women, from their reception to their daily stay, ensuring an improvement in their quality of life in addition to providing the necessary care for each individual who lives in the therapeutic residence.²²

Nursing care for elderly women in therapeutic residences

The nursing care provided to elderly women living in therapeutic residences is complex, as it must be linked to knowledge actions in gerontology and especially in mental health. Assistance is aimed at expanding their autonomy and capacity for self-care; in addition to promoting their cognitive functions and recovering their citizen status. Therefore, these institutions develop different and varied therapeutic and social activities, such as workshops, social inclusion tours, museum visits and interactive trips.²⁷

One of the great difficulties in nursing care provided to elderly women in therapeutic homes is the lack of specific knowledge in the practice of elderly care.

Generating insecurity for both professionals and patients themselves. This lack of knowledge is often justified by the scarcity of information processes that refer professionals.²⁸

Also according to the aforementioned author, another difficulty is the lack of a support network, such as the lack of preparation to deal with the patient's death, lack of resources, materials, finances and social isolation. In addition to the exhausting emotional and physical day-to-day burdens for both parties. If health institutions offered nursing professionals and family members support groups in order to share some of their experiences and feelings, perhaps it could contribute to reducing emotional suffering and improving the care provided by professionals and the understanding of family members about the situation of patients. In addition to opportunities for technological updates, specialization and improvement of professionals.

As for references in nursing care provided to elderly women in therapeutic homes, there is a notable lack and scarcity of studies addressing this issue, thus justifying the use of a small number of materials for the construction of this study. During the research and analysis of the materials, only eight studies were found with an emphasis on nursing care (tab.1).

Table 1- Articles with references to nursing care provided to elderly women in therapeutic homes.2021.

| Study | Article title | Year | Kind of study | Considerations |
|-------|--|------|--|--|
| 1 | Therapeutic residencies and public mental health policies | 2016 | Study based on literature review. | The article investigates how Therapeutic Residences contribute to the insertion of individuals with mental disorders in the community context to which they belong. |
| 2 | Therapeutic residences: what they are, what they are for | 2004 | Comparative study between different dates and updates in the history of psychiatry and nursing care. | It is a booklet with information about the phases of psychiatry, as well as the evolution of nursing care and its difficulties in implementing it in therapeutic residences. |
| 3 | Therapeutic residential services: the power of contractuality and the psychosocial rehabilitation process. | 2006 | Integrative review study, descriptive of qualitative nature. | The article analyzes the nursing care services for the rehabilitation of institutionalized elderly people. |
| 4 | Therapeutic residential services in the state of Rio de Janeiro: an initial diagnosis. | 2004 | Descriptive, cross-sectional study, based on information from managers of SRTs. | A study refers to the Psychiatric Reform in Brazil has as one of its pillars the proposal of deinstitutionalization and the power of nursing. |
| 5 | Integrative review: research method for incorporating | 2008 | Qualitative integrative review study. | The study is based on evidence-based practice is an approach that |

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|---|---|------|---|--|
| | evidence in health and nursing. | | | encourages the development and/or use of research results in clinical practice.. |
| 6 | Nursing diagnosis of residents of therapeutic residences in the light of the theory of basic human needs. | 2016 | Study with integrative review, cross-sectional census sample. | The study refers to the need for nursing care, focused on comprehensive care for people with mental disorders, understood in its biological, psychological, social and spiritual aspects, through systematic nursing care. |
| 7 | The difficulties of nursing care with elderly patients in palliative care - integrative review. | 2021 | This is an integrative literature review with a quantitative basis. | The study describes the difficulties of palliative nursing care for elderly patients according to the scientific literature. |
| 8 | Nursing interventions for aging elderly in psychiatric institutions: cross mapping. | 2016 | This is a cross-mapped documentary research with an intentional sample. | The study performed the cross-mapping of terms in the Nursing language with the Nursing Interventions Classification system, in medical records of elderly people with psychiatric disorders. |

Conclusion

This study allowed us to verify that one of the best forms of care for elderly patients in therapeutic residences together with the nursing team, when dealing, for example, with the finiteness of care, in the work environment, which are strengthened by actions of the possibility of survival, although deaths occur at one time or another. It also demonstrates the professionals' lack of experience, the feelings experienced throughout the process, and especially the lack of emotional support from the health institution where they work. It was also observed that the communication and interaction of the nursing team with the family must always remain open, as there is a constant need to inform, guide and understand the entire process experienced by both. In this sense, it is important to reflect directly on the planning of actions that favor the understanding of family members and the care directed towards the elderly.

However, the scarcity of updated materials addressing the proposed subject is notorious, so it is extremely important that studies are carried out on this theme in order to better prepare professionals and families for the institutionalization of elderly women in therapeutic residences.

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