

Perception of emotional neglect in institutionalized elderly

Percepção sobre abandono afetivo em idoso institucionalizado

Percepción del abandono afectivo en adultos mayores institucionalizado

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REVISA

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RESUMO

Objetivo: Compreender a percepção dos idosos institucionalizados quanto ao abandono afetivo por parte de seus familiares. **Método:** Trata-se de um estudo exploratório, com abordagem qualitativa. Conduzido por meio de entrevistas semiestruturadas. A organização e análise dos dados foram baseadas na técnica de Minayo. O estudo foi realizado em uma Instituição de Longa Permanência para Idosos, localizada em uma cidade do nordeste de Santa Catarina. **Resultados:** Participaram do estudo nove idosos, com idades entre 60 e 89 anos, com diferentes estados civis (viúvos, casados e divorciados), variando sua escolaridade do nível básico ao superior, além de serem aposentados ou pensionistas. Foram identificadas quatro categorias analíticas: (1) vivência na instituição, (2) motivos para a institucionalização, (3) relacionamento familiar e (4) percepção do abandono familiar. **Conclusão:** alguns idosos enfatizaram sentir-se esquecidos na instituição, o que os deixa tristes e deprimidos. É crucial para a prática de a enfermagem compreender a realidade dos idosos nas Instituições de Longa Permanência, pois essa compreensão está diretamente ligada à prestação de cuidados em todos os níveis de assistência à saúde.

Descritores: Saúde do idoso institucionalizado; Abandono de idosos; Saúde da pessoa idosa; Enfermagem geriátrica; Família.

ABSTRACT

Objective: To understand the perception of institutionalized elderly individuals regarding the emotional abandonment by their family members. **Methodology:** This is an exploratory study, using qualitative methods. Conducted through semi-structured interviews. Data organization and analysis were based on Minayo's technique. The study was conducted at a Long-Term Care Institution for the Elderly located in a city in northeastern Santa Catarina. **Results:** Nine elderly individuals participated in the study, ranging in age from 60 to 89 years old, with different marital statuses (widowed, married, and divorced), ranging in education from basic to higher levels, and being retirees or pensioners. Four analytical categories were identified: (1) experience in the institution, (2) reasons for institutionalization, (3) family relationships, and (4) perception of family abandonment. **Conclusion:** Some elderly individuals emphasized feeling forgotten in the institution, which makes them feel sad and depressed. Understanding the reality of the elderly in Long-Term Care Institutions is crucial for nursing practice, as this understanding is directly linked to providing care at all levels of healthcare assistance in the Health Care Network.

Descriptors: Health of institutionalized elderly people; Abandonment of the elderly; Health of the elderly; Geriatric nursing; Family.

RESUMEN

Objetivo: Comprender la percepción de las personas mayores institucionalizadas con respecto al abandono afectivo por parte de sus familiares. **Metodología:** Se trata de un estudio exploratorio, utilizando métodos cualitativos. Realizado a través de entrevistas semiestructuradas. La organización y análisis de los datos se basaron en la técnica de Minayo. El estudio se llevó a cabo en una Institución de Larga Estadía para Personas Mayores ubicada en una ciudad del noreste de Santa Catarina. **Resultados:** Nueve personas mayores participaron en el estudio, con edades comprendidas entre 60 y 89 años, con diferentes estados civiles (viudos, casados y divorciados), variando en educación desde niveles básicos hasta superiores, y siendo jubilados o pensionistas. Se identificaron cuatro categorías analíticas: (1) experiencia en la institución, (2) motivos para la institucionalización, (3) relaciones familiares y (4) percepción del abandono familiar. **Conclusión:** Algunas personas mayores enfatizaron sentirse olvidadas en la institución, lo que los hace sentir tristes y deprimidas. Es crucial para la práctica de enfermería comprender la realidad de los adultos mayores en las Instituciones de Larga Estancia, ya que esta comprensión está directamente vinculada con la prestación de cuidados en todos los niveles de asistencia sanitaria en la Red de Atención a la Salud.

Descritores: Salud de personas mayores institucionalizadas; Abandono de personas mayores; Salud de las personas mayores; Enfermería geriátrica; Familia.

ORIGINAL

Introduction

Elderly people are individuals aged 60 years or older by the Statute of the Elderly. According to the legal provisions, it is the obligation of family members, the community, society and public authorities to provide the necessary guarantees to the elderly, as a priority, making the right to life effective, including aspects such as health care, good nutrition, access to culture and education, sports and leisure practices ⁽¹⁾.

According to data from the Brazilian Institute of Geography and Statistics (IBGE), the country's total elderly population was estimated at 212.7 million in 2021. The agency's expectation was that the number of elderly people would increase the number of children and adolescents by 2030⁽²⁾, there are more than 70 thousand elderly people in Joinville⁽³⁾.

With life expectancy increasing across society. The occurrence of different situations was observed in relation to families and family members, who were not prepared to deal with some cases, in which the elderly had a high degree of dependence to perform basic activities such as self-care ⁽⁴⁾.

Thus, this care began to be delegated by the family members to the Long-Term Care Institutions (LTCF), which provided a form of specialized and prolonged care in an environment prepared to receive them. The bond with an LTCF was associated with the distancing of the elderly from their family, thus characterizing affective abandonment ⁽⁵⁾.

That said, the research was guided by the following question: what is the perception of institutionalized elderly people in relation to affective abandonment by family members? In view of the problem presented, this research aimed to identify the perceptions of the institutionalized elderly regarding the affective abandonment of family members.

Method

This is an exploratory and descriptive study, of a qualitative nature, using thematic analysis⁽⁶⁾. In order to improve the quality of the results presented in the research, the COREQ (Consolidated Criteria for Reporting Qualitative Research) protocol was used, used in qualitative studies⁽⁷⁾.

A Long-Term Care Institution for the Elderly located in a municipality in the Northeast of the state of Santa Catarina. The LTCF is selected because it is in the neighborhood with the highest population density of this age group in the city.

There are 25 elderly people living in this LTCF. However, the sample consisted of nine people. The sample was chosen according to the inclusion and exclusion criteria. The inclusion criterion for this study was the elderly with more than one year of institutionalization. Elderly people with some cognitive impairment were excluded. All those invited to participate in the research accepted the invitation.

Data collection took place between September and October 2023, through a semi-structured questionnaire, containing objective and subjective questions prepared by the researcher. The first group of questions referred to the sociodemographic profile of the participants and the subjective questions were

directed to the object of the study. With an average duration of 1 hour and 1h30 of interview.

Initially, a pilot test was carried out to evaluate the questionnaire, the results of which were not included in the final data of the study. Then, the interviews were conducted and recorded in audio by an electronic device, and later transcribed in full with the aid of Transkriptor software. Then, the researcher read the material, checking it with the audios of the interviews.

After the initial reading of the material, it was perceived that there was a need to return to the field to validate the information, with the elderly, and to clarify incomprehensible issues identified in the transcription. Thus, the data were triangulated.

With the inclusion of the clarifications in the documents, the language defects and concordance errors were corrected by the researcher. The elderly were identified using the letter P followed by an ordinal number, following the order of the interviews. For example, P1, P2... up to P9.

Data manipulation was conducted using the thematic analysis proposed by Minayo⁽⁶⁾. Organized in three phases: pre-analysis, material survey, interpretation and result. In this research, the first stage referred to the intense reading of the material, aiming at the organization, reconstruction of the process and schematization of the ideas. In the second part, the material was explored in order to subdivide it and group it into categories, according to the themes identified.

Finally, in the third stage, the final results and the interpretation of the interviewees' opinions emerged, with the objective of demonstrating the information both descriptively and qualitatively. Thus, four final analytical categories emerged: (1) experience in the institution, (2) reasons for institutionalization, (3) family relationship, and (4) view on family abandonment.

The research began after the favorable opinion of the Research Ethics Committee (REC).

Results

The survey included a total of nine respondents, of which eight were female and one male. When evaluating the profile of the research participants, five were in the age group of 70 to 79 years, three between 80 and 89 years and one between 60 and 69 years. Regarding gender, eight of the research participants were female and one was male. Regarding marital status, seven stated that they were widowed, one married and one divorced. All participants reported having children.

Regarding schooling, three had completed higher education, three others had incomplete elementary school, two had completed high school, and one had no schooling. Regarding the time of institutionalization, four stated that they had been institutionalized for a period of 3 to 4 years, another three had been institutionalized for one month to three years, and two had been institutionalized for more than 4 years.

This study was structured into four analytical categories, which will be discussed in subsequent sections.

Experience in the institution

The first category was related to the level of well-being of the elderly in the institution, their coexistence, the level of quality of care provided, training and variety of professionals. The participants' reports discussed some of the main aspects related to their experience at the institution:

Here's good. I have to like it, get used to it, and I also don't think I'm going to stay here forever (P6).

I feel good, I'm well taken care of, I don't do anything. My job is just to eat and sleep. Even in the shower, I can't be alone (P8).

Even though most of the elderly affirm that they are satisfied, there are some objections, as described in the following reports:

In the beginning, it was very difficult. Not for the sake of visits, but to understand the service. To get along, to be able to control yourself, to get used to it. But I'm hopeful that I'll be out by next month, it's just depending on the doctor (P3).

Well, sometimes, there are a few things, of course, but, in general, I feel good (P4).

I didn't really like coming here, but I have no other choice (P5).

Another aspect emphasized by some research participants concerns the rules of visits, which had a strong influence on the quality of the elderly people's experience in the institution, in view of the importance of visits by children and family members, as shown in the following reports:

Twice a week, or by calling to let you know in advance (P4).

It's just that here you have to make an appointment to come and visit, you can't arrive and enter at any time. They come too, but it's not our home, it's not the same (P6.)

Reasons for institutionalization

The second category was related to knowledge about the reasons that led the elderly to be institutionalized. In this sense, some reports on the reasons that led to their institutionalization are presented below.

I came because I had a serious problem, I attempted suicide. I have borderline (P1).

There would be no way for me to be alone at home, and I've fallen, sometimes, it's dangerous for me to be alone (P7).

A large portion of the participants went to the institution on the recommendation and initiative of family members, according to the reports described below.

After the hospital, they (family members) looked for a home and found this one, they liked it and brought it to me, and I liked it (P1).

It was my children's choice, they decided it was better for me to live here (P5). My children have decided. (P6)

Family Relationship

The third category aims to identify the relationship with the family before and after institutionalization, and whether there was a significant change in this aspect. The following are some reports that showed what the family relationship of the participants was like before institutionalization.

I've never had a family problem. My relationship has always been nice with my siblings. The longing increases and we are always together when we can(P1).

Yes, there was [contact with family members] more with my nephews, my brothers have already passed away, there were 7 of us and I am the one who is left. [...] (the relationship) has always been very good (P4).

Many stated that this relationship continued to be good, even after moving into the house, as described in the following reports:

She hasn't changed at all, she's always been very good (P1).

My son comes to visit me here more often, before he lived in another city, now he is able to come more often (P5).

However, some participants believed that aspects such as distance, visitation rules, among other factors of institutionalization, had a negative impact on the family relationship, according to the reports described below.

Yes, it has changed a lot, but there's nothing to do, it's their wish, the relationship was good, my brothers always visited me on weekends (P3).

They visited me more at home, because here they know that there are more people, you know, and at home they knew that I was alone, and here they know that I am protected (P6).

Another aspect that has a strong impact on the quality of family relationships is the frequency of visits, which is a very important factor for the quality of life of the institutionalized elderly. Below, some reports will be presented that highlight the importance of family visits.

They all come to visit, but they never come to visit us to stay here, but they come to pick me up so we can go out, so we can do something (P1).

They don't stay long without coming to see me for a maximum of two, three weeks, we miss them, right? [...], but they call every week (P6).

In the reports provided, it is evident that the elderly expressed enthusiasm and contentment in the face of family visits. In the same way, the lack of visits causes frustration in the elderly, as evidenced in the following reports:

It's been a few days since anyone came [...], but to do what, it's business to leave it at that, I'm already resigned (P3.)

Perspective on family abandonment

Category 4 aims to identify if there is any type of abandonment by their relatives, what is their view of family abandonment and what aspects can be seen as forms of abandonment in the view of the institutionalized elderly. In this sense, the following reports present comments from the elderly about the feeling of abandonment by their relatives.

I feel like I'm being abandoned here, my reality here is different, my brothers always visited me on weekends [home], now, because of the distance, they don't come much (P3).

Here they know that there are more people, here they know that I am protected (P6).

The reports showed that some elderly people felt abandoned by their family members and pointed out disregard for the autonomy of the elderly, by taking them to an institutionalization house without their knowledge and consent. Others evidenced situations of contempt and abandonment that occurred in the period before institutionalization, as shown below.

I went to sleep on the couch, she (daughter-in-law) didn't want me to stay (P2).

Discussion

In the sense of institutional experience, Scherrer Júnior⁽⁸⁾ emphasized that the elderly's perception of the environment was of great relevance, considering that the time spent in this space expressed their privacy and place. The interviewees pointed out their private bedroom and bathroom, representatives of their home and this perspective of change occurred during the transition of the house to the new place of residence⁽⁹⁾.

In general, all participants in the study stated that they were satisfied with the quality of life and treatment at the institution. In this regard, Bigatello⁽¹⁰⁾ pointed out that the elderly went through several stages, which they needed to go through in the adaptation process. However, this process of adaptation unfolded harmoniously when he developed greater confidence and contentment, while maintaining emotional stability⁽¹¹⁾.

The family adds feelings of positivity, positively impacting mental health and the adaptation process, in addition to influencing the motivation to participate in the proposed activities. The attitude of visiting the elderly in the institution showed that the family cared about and valued the elderly and opposed the abandonment that many elderly people went through ^(12, 13).

Another aspect that directly influenced the decision to institutionalize was the changes in the family structure, making it difficult to carry out everyday activities. Due to several factors, families have been resorting to LTCFs in order to meet the needs of the elderly ⁽¹²⁾.

According to this study, family members, especially children, were the main responsible for the decision to institutionalize the elderly. It is also crucial to point out that family issues have a significant impact. Thus, in cases of more favorable socioeconomic situations, institutionalization was seen as an important resource to reduce family burden ⁽¹⁵⁾.

Regarding the importance of a good relationship with family members, Gama⁽¹⁶⁾ emphasized that attention and care could be seen as important actions that had a positive impact on the active and healthy aging of the elderly. Based on this finding, the importance of the participation of all family members was emphasized, aiming at improving the elderly's relationships with health care, social and community coexistence and safety, thus improving their quality of life⁽¹⁷⁾.

Fermentão, Thomazini and Baldasi⁽¹⁸⁾ emphasized that the participation of family members in the experience of the elderly in the LTCF is of great importance for their adaptation and satisfaction, having a direct influence on the health and joy of the elderly. As a result, the elderly felt they belonged to a certain environment, family and society.

It was found that some participants considered that the family relationship worsened after institutionalization. In line with these statements, the study conducted by Santos⁽¹²⁾ showed that many family members justified the fact that they did not visit the elderly due to illnesses, excessive distance, overwork and other commitments. Thus, the distance from the family for a long time can bring negative consequences to the elderly, such as: feelings of loneliness, depression and anguish⁽¹⁹⁾.

From the perspective of Fermentão, Thomazini and Baldasi⁽¹⁸⁾, social relationships were a factor that had direct impacts on quality of life, prosperity and sociability. In this sense, it is emphasized that the abrupt interruption of contact and affection and family members could negatively affect it.

As verified through the reports, it was found that the low frequency of visitation is an aspect that directly impacts the joy of the elderly and their view of family members. For many older adults, the fact of going to live in an LTCF represents the rupture of social and family ties⁽²⁰⁾.

Through this mentality, the families reproduced this way of thinking and, thus, used the institutionalization of the elderly as a resource, where they did not consider the wishes and desires of the elderly who did not want to move away from their family. In many cases, the elderly went to the LTCF against their will, since they believed that being by their family's side was the best for them and not being discarded in an institution⁽¹⁹⁻²¹⁾.

Mafra⁽²⁰⁾ presented some of the main reasons that impacted situations of abandonment by the elderly person's family: changes in the family structure, divorces and new relationships on the part of the children, financial problems and refusal of the elderly to accept care. These are some of the most relevant situations that directly impacted the level of stress of those involved and, as a main consequence, the neglect and abandonment of the elderly, either at home or after institutionalization.

Understanding the reality of older adults in Long-Term Care Institutions is crucial for nursing, given its impact on care at all levels of health care. One limitation of the study is the impossibility of covering several institutions, which would have provided a more comprehensive view of family abandonment.

Conclusiom

The study highlighted the relevance of factors such as cleanliness, care and visitation in the lives of institutionalized older adults, many of whom were due to health problems. Although they maintained good family relations, some felt forgotten in the institution, with reasons for abandonment varying. Despite achieving its goals, the study did not deeply explore family abandonment due to the low reported incidence. Knowledge about the living conditions of the elderly in institutions is crucial for nurses, encompassing care, psychological support and communication with family members, highlighting the serious consequences of affective abandonment.

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