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A look at family participation in the daily life of a long-term care facility for the elderly

Um olhar sobre a participação da família no cotidiano de uma instituição de longa permanência para idosos

Una mirada a la participación de la familia en la vida diaria en una institución de larga estancia para ancianos

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This is a qualitative study, carried out in 2018, in the city of Belo Horizonte, MG, Brazil. It aimed to analyze the participation of the family in practices of socialization and its implications in the daily lives of residents in a long-term care facility for the elderly. The collection was carried out through observation, interviews and documentary analysis. The collected data were submitted to Discourse Analysis. Seven (7) institutionalized elderly women and 13 professionals involved in the institution's daily activities participated. In regards of the elderly, it was found: family distance, adaptation difficulties, family abandonment and care outsourcing. The absence of the family was justified by the professionals due to the family configuration of the elderly. The family's participation in socializing with the elderly was small, which generated sadness and discontent, as well as the non-identification of the institution as a place of residence.
Descriptors: Homes for the aged; Aged; Socialization; Family; Family relations.

Este é um estudo com abordagem qualitativa, realizado em 2018, na cidade de Belo Horizonte, com o objetivo de analisar a participação da família nas práticas de socialização e suas implicações no cotidiano de residentes em uma Instituição de Longa Permanência para Idosos. A coleta foi realizada por meio de observação, entrevistas e análise documental. Os dados coletados foram submetidos à Análise do Discurso. Participaram sete (7) idosas institucionalizadas e 13 profissionais envolvidos no cotidiano da instituição. Nas idosas verificou-se: distanciamento familiar, dificuldades de adaptação, abandono familiar e terceirização do cuidado. A ausência da família foi justificada pelos profissionais devido à configuração familiar das idosas. A participação da família na socialização com as idosas foi pequena, o que gerava tristeza e descontentamento, bem como, a não identificação da instituição como local de moradia.
Descritores: Instituição de longa permanência para idosos; Idoso; Socialização; Família; Relações familiares.

Este es un estudio de enfoque cualitativo, realizado en 2018, en la ciudad de Belo Horizonte, MG, Brasil, con el objetivo de analizar la participación de la familia en las prácticas de socialización y sus implicaciones en la vida cotidiana de los residentes en una Institución de Larga Estancia para Ancianos. La recogida se llevó a cabo mediante la observación, las entrevistas y el análisis documental. Los datos reunidos se sometieron al Análisis del Discurso. Participaron siete (7) ancianas institucionalizadas y 13 profesionales involucrados en el cotidiano de la institución. En las ancianas se observó: alejamiento familiar, dificultades de adaptación, abandono familiar y externalización del cuidado. La ausencia de la familia fue justificada por los profesionales debido a la configuración familiar de las ancianas. La participación de la familia en la socialización con las ancianas fue escasa, lo que generaba tristeza y descontento, así como la no identificación de la institución como lugar de residencia.
Descriptores: Hogares para ancianos; Anciano; Socialización; Familia; Relaciones familiares.

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INTRODUCTION

Population aging is a worldwide process, associated with increased life expectancy, improved health conditions and reduced fertility rate[1]. Historically, children and other family members are expected to take care of their elderly; however, society has undergone changes in its structure, with new family arrangements and different relationships that are established with the elderly population. In addition, the increasing insertion of women in the workforce results in a decrease in the support of home care for the elderly, since they have traditionally occupied this role, which causes an increase in the demand for vacancies in long term care facilities for the elderly (LTCFE)[2,3].

The option for institutionalization in LTCF may be related to several factors such as: family difficulties taking care of the elderly at home, lack of financial resources, insufficient structure due to the individual's degree of dependence, family insufficiency, and, in some cases, the patient's own choice[2] . According to the Ministry of Social Development, since 2012, the number of elderly people in philanthropic LTCF in Brazil has grown 33%, from 45,827 in that year, to 60,939 in 2017[4].

When institutionalized, the elderly are inserted in a new scenario, in a shared environment, with strict rules and routines of operation, being removed from their social context, thus creating a need for adaptations for their social insertion in the institution, in a context of gradual distancing from the family and consequent resizing of family relationships. In this context, the institution has two prominent roles in the socialization of the individual: that of deconstructing and that of building a new social context for the elderly[5].

Throughout life, the individual's social behavior is created from birth, through socialization processes, which stages are designated as primary, secondary and tertiary socialization[6].

Primary socialization is that which takes place in childhood, with the family being the first social contact and, later, the school, influencing the formation of the social personality. The secondary occurs in adulthood, with the emergence of other socializing groups, such as the work group. In general, the social personality is already formed, making influences superficial[6].

Tertiary socialization takes place in old age, a phase in which social groups created throughout life can become restricted due to the criteria for choosing the relationships that have been established and the losses that have occurred throughout life. When they cease to belong to certain social groups, desocialization and the appearance of personal crises can happen. In this phase, a new social learning process begins, resulting in a resocialization[6].

The visits that institutionalized elderly people receive are an important form of socialization with the family. In this context, it is important to consider that this practice occurs in a different way when comparing institutions with and not for profit, and in the latter there tends to be a greater concentration of elderly people who do not receive visits from family members[7].

In addition, although children are the family members who most frequently visit elderly people residing in LTCF, most of these elderly people do not have children[8]. Therefore, this study aims to analyze the family's participation in socialization practices and their implications in the daily lives of residents in a Long Term Care Facility for the Elderly.

METHOD

This is a study with a qualitative approach, carried out with institutionalized elderly women and professionals from a philanthropic LTCF in the city of Belo Horizonte, in the state of Minas Gerais, which receives only women as residents.

The institution's funding comes from transfers from the city hall, the contribution of the elderly and resources from the community through a religious foundation to which it is linked.

The number of research participants was not defined at first, but it occurred in the course of the research, when it was judged that the content of the data produced was sufficient, following the data saturation criterion, that is, when the inclusion of new participants did not bring new information[9] about the socialization practices of elderly women in the institution.

The sample was intentional, covering those that met the inclusion criteria. For the elderly, the following criteria were considered: living in the institution for three months or more and obtaining a Mini Mental State Examination (MMSE) score of 20 for illiterates, 25 for people with one to four years of education, 26.5 for those with five to eight years of education, 28 for individuals who studied from nine to 11 years and 29 for those with more than 11 years of education[10].

Elderly women with a deficit of fluency in the spoken Portuguese language that would make dialogue with the researchers impossible were excluded. For the professionals, it was considered as inclusion criteria to be a professional directly or indirectly involved in the elderly's daily care, excluding workers involved exclusively with administrative activities, as well as those of general services.

Data collection took place from January to March of 2018, through interviews with a semi-structured script and analysis of institutional normative documents about public policies related to the care of institutionalized elderly people. The script for the interviews with the elderly women contained the following guiding questions: *1) Whose decision was it for you to come and live here? Why? 2) How is your daily life here? What is it like for you to live here? 3) Tell me a little about your relationship with the people who work here. 4) Now, tell me about your relationship with the other elderly people who live here. 5) You keep in touch with other people outside the institution? If so, with whom and how is this contact?*

In the professionals' script, the questions were: *1) What is it like for you to work at an* LTCF*? 2) Tell me a little about your relationship with the elderly people who live here. 3) What is your perception about the relationship of institutionalized elderly people with their family and friends?* In order to preserve the identity of the research participants, the elderly women were identified by the letter "E" and the professionals by the letter "P", followed by the number corresponding to the order of entry into the study, by category.

All the material collected was treated as text, for analysis. The transcription of the interviews was converted into narrative texts of the reported experiences, field notes conformed to observation texts of the care practices and documents constituted texts that allowed the analysis of the discourses constituted in the daily practices of the LTCF.

The collected data were submitted to Discourse Analysis (DA), which aims to understand the methods of operation, the principles of organization and the forms of social production of meaning. The basic assumptions of DA are divided on the principle that the meaning of a word, an expression or a proposition does not exist in itself, but expresses ideological positions at stake in the socio-historical process in which words, expressions and propositions are produced[11].

DA provides a means to investigate the interaction between people, in a direct and naturalistic way, by allowing the understanding of communication details[11]. However, in the methodological framework of AD, there is no method dictatorship, the path to be followed, which is formed by a set of knowledge, concepts, techniques and concepts about discourse and the subject, inherited from different disciplines. Thus, the fundamental tool of this type of research is the investigative's interpretive capacity[12].

As for the operationalization of data, the following steps were followed[12]: organizing order of data, classification of data and final analysis. The order of data included the transcription of recordings made in Media Player equipment, and then, the re-reading of the material and systematic organization of the reports.

The classification of the data occurred through an exhaustive and repeated reading of the speeches organized in texts, which allowed aprehention of the relevant structures and

constitution of a corpus of communication or more, in a set of non-homogeneous information. Data analysis consisted of searching for meanings and senses that give materiality to the participants' speeches.

The research team was comprised of nurses with a PhD in nursing and currently working on a master's degree, in addition to a nursing student inserted in a scientific initiation program, which was guided and supervised, in all activities in which she participated, by nurses.

The research project was approved by the Research Ethics Committee of the Universidade Federal de Minas Gerais, under Opinion No. 2,470,752. LTCF's acceptance to participate in the research was obtained by signing a Letter of Consent. All participants signed the Free and Informed Consent Form and were informed about the guarantee of anonymity, as provided for in Resolution 466/2012, of the National Health Council.

RESULTS

The researched institution has a capacity for 30 vacancies, but, at the time of the research, it had 28 institutionalized elderly women, aged between 60 and 93 years old, eight of whom were independent for daily life activities (DLA), eight partially dependent and 12 with high degree of dependence, according to random assessment of the institution.

A weakness of the institution is the lack of a scale to assess the functional capacity of the elderly. The multidisciplinary team responsible for the care of these elderly women is composed of: a nurse, three nursing technicians, six caregivers, a doctor, a social worker, a psychologist.

The MMSE was applied to 28 elderly women, 8 of whom met the established inclusion criteria, but 1 refused to participate. Thus, saturation was achieved with the participation of seven elderly women and 13 professionals involved in the daily life of the LTCF practices.

The age of the seven elderly women who participated in the study ranged from 71 to 92 years, with institutionalization time in the LTCF between one and 13 years. One was a widow and all the others were single. Regarding their education, one reported having finished higher education, two had finished high school, one finished elementary school and three incomplete elementary school.

In relation to the 13 professionals, 1 was a man and 12 women, aged between 26 and 65 years, and with an amount of time spent working on the facility between 1 to 30 years, with five of them having higher education and eight of secondary education.

The decision to institutionalize is recognized, by the elderly participants in this study, as an issue that involves elements of different natures, among which we can highlight: dissolution or reconfiguration of the family nucleus, decrease in the functional capacity of the elderly person and lack of financial conditions that allow for the basic expenses of a home and the maintenance of health.

I lost my entire family at different times. I lost my father, I lost my brothers and, finally, I lost my mother. And I was alone, with no one else, in that clan. And then, what I had of equity, I lost too. Then, I had nothing. (E1)

Because my parents were already dead and my brothers were married. I was the only one single [...] *when I retired, then, I was invited to live here.* (E4)

Because I have no family or financial conditions. I'm not healthy enough to live alone. I had small salary, a minimum wage and here I had good conditions. (I6)

I have a nephew. I have a sister. My father and mother died. (E7)

On the other hand, from the perspective of the professionals, a look at the configuration of the family nucleus of origin of the elderly allows us to understand the complexity and subjectivity of the relationships that are formed, which bring marks of their historical-social context:

[...] *the majority of people who are here have no family, right?! Some do, but with very weak bonds* [...] *there are two... two, who have living children, right ?! [...] but the majority is this: single, who did not marry, who had no children, or else, those who had children who passed away. We have one who had two children. They passed away, she lost contact with her grandchildren.* (P3)

Most of them have no family. [...] *many of them were domestic workers and never had family contact* [...] *were abandoned by the original family, went to live in the houses of families they worked at and then came here.* (P10)

In the new context, in which the elderly person is inserted through institutionalization, the restricted presence of the family in the institutional daily life can be a factor that causes suffering and difficulty in adapting to the reality of the LTCF:

So, it gets a little painful, because when they get here, it is hard for them to adapt, right?! They want to leave, they want to escape... Got it? Because if they stay here, their relatives don't come to visit as much as they should, right?! [...] *So, people already arrive, like this, very sad.* (E3)

Even recognizing the quality of care provided to residents, this is relativized when the fact that the institutional environment is not compared to that of the home is questioned:

It's great here! People are treated very well, with great affection, with everything, but it is not the same as at home. They miss relatives. (E3)

This report shows the elderly woman's perception of the dissatisfaction of other colleagues who live in the institution, as they miss their family. Even with the recognition that the interns are well cared for, the participant reinforces that institutional care does not replace family care, received in a home environment.

In another situation, the professional recognizes that there are cases in which the family bond has been completely broken, with no possibility of reconstitution, and the multidisciplinary team is responsible for exercising a substitutive role in the daily lives of the elderly, although admitting that this substitution occurs at the level care procedures and techniques, but not at the affective level:

The others do not receive or even do not have this familiar bond. It is already totally broken, there is no family to try to rebuilt and, when there is, it is not strong[...] *the family would enter this place that we do not replace, right?! As a family. We replace as a team, each with their multiprofessional knowledge, in daily care, right?! In bathing aid, feeding aid.* (P5)

The process of distancing the family member from the institutionalized person takes place in an increasing way, in a process of gradual transfer of responsibility for care to the institution. The decrease in family commitment is based on the lack of understanding of the dimension of the meaning of this absence, since, when transferring the responsibility for care to the other, it is outsourced, disregarding the subjectivity that surrounds it:

I think that every person who leaves a relative at the LTCF ends up leaving, more and more, this place, the responsibility they have with that person. [...] *I had a family involved and, at a certain moment, for a period, when the family leaves, we make this contact, we really call them out, we say: oh! Come on, you're missing them, right?! Why not? But what we realize is that from the moment we are here, in an LTCF, we start to manage everything about the life of this elderly person, right ?!* [...] *It is even comfortable for their family.* (P7)

The belief, on the part of the family, that the institutionalized person is receiving the necessary care is also pointed out as a factor for the distance and lack of responsibility with the daily life of the elderly at the LTCF:

As we supply most of the elderly person's demand, the family puts itself in a position of distance, because they understands that everything is being done. [...] *those who have bonds and the family is not present, I see it that way.* (P5)

Certainly, family visits to elderly women are the most concrete expression of the bond between them:

Ah! There are some [family members] *who are present, apparently present. It looks like it's ok. There are others, I never saw a relative here, no. Understand?! I don't even know if there is any. I've heard that there are some who have it, but I never saw it.* (P2)

When asked if she is visited by relatives, one of the elderly answers, with a certain conformity, that she does not, but immediately afterwards, she naturalizes the situation by admitting that she shares the visits of other residents:

Look, I, visits for myself are few. So, but the visits of others are my visits. (E3)

In this sense, in the perception of professionals, the fact that they are not visited, as well as the fact that they have no relatives who can visit, leads to the feeling of abandonment by the family, which seems to be a reason for suffering for them, they feel very abandoned:

[...] *They complain a lot, question this a lot. They are tearful on festive dates, because they stay here. They don't have a visit, they don't go to a relative's house.* (P1)

However, even recognizing the importance of the presence and participation of family members in the institutionalization of elderly women, they recognize that certain situations can justify this absence:

The family that is not present today, you can notice that it is for some financial reason, health reasons, inability to care for the elderly. (P3)

The professionals' discourse of justifying family abandonment can be understood as a way of distancing themselves from the problem, since it can be easier to justify it than to create effective strategies to reestablish the link between the elderly and their family members.

DISCUSSION

Although the home is considered the best place to care for the elderly, as it allows them, together with family and friends, to choose how to live their lives[13], with the changes in the sociodemographic conformation of the Brazilian population, the institutionalization of the elderly in LTCF has been a reality to be increasingly considered by the elderly and their families[2,3].

The elderly women's discourse on the causes that led them to institutionalization is consistent with the reasons that motivate the institutionalization of elderly people in studies carried out in the cities of Natal and Porto Alegre[14,15]. These reasons are related to the reduced capacity for daily life activites (DLA), family insufficiency, being over 80 years old, being female, having a marital status as a widow, divorcée or single, in addition to low schooling and fragility of financial condition[14,15].

In the present study, the speeches of the professionals regarding the reasons that resulted in the institutionalization of the elderly, such as family configuration, the fragility of family relationships and in some cases the absence of family members, corroborates with another study[16]. In a survey conducted from the perspective of family members, about the reasons for choosing institutionalization, the justifications were: insufficient number of members in the family, family caregiver with advanced age, in some cases with weak health[17].

The family member, when making the decision to institutionalize the elderly, seeks support, an alternative of care to meet the demands of the elderly, when the family, due to various factors, can no longer manage this care[18]. However, it emerged in the speeches that, after institutionalization, it becomes common for family members not to return to visit them as often as they should, or even not to return, transferring the responsibility for care to the institution.

In a study carried out with eight institutionalized elderly people in Sergipe, with a view to analyzing the participation of family members in the lives of the elderly, only three received visits from family members, either fortnightly or monthly. It was observed that, from the first year of institutionalization, visits gradually decreased, until they no longer exist[18]. When the family transfers its care responsibility to others, this care is outsourced, disregarding the subjectivity that involves the care-care relationship, and this outsourcing is not uncommon in the context of the institutionalization of the elderly in LTCF[19].

Naturally, the institutionalization process requires the elderly to adapt to a new reality, in which their daily lives, until then limited to a domestic and family environment, are permeated by the performance of different professionals who assume decision-making on various aspects. elderly people's life. These decisions involve the menu of meals, the times and places of each daily activity, such as bathing, leisure, prayers, among others. Institutionalization creates a barrier between the world within the institution and the external world, leading to a social limitation, since all the individual's activities start to happen in this environment, collectively, with rigid routines and a disciplined environment[20].

The speeches of the research participants show the difficulty of adaptation and the sadness of the elderly when they started to live in the institution. These feelings also stood out in a study that found that this process generates negative feelings, such as loneliness,

heartbreak, low self-esteem, demotivation and social isolation[3]. In this new environment, the contact of the elderly with the outside world is restricted and the visits of family members are few or, sometimes, do not exist, and the people who work or live at the LTCF become their family[20].

When institutionalizing an elderly person, family members gradually, but progressively, move away, and in some cases may reach complete abandonment[3]. Thus, institutionalization at the LTCF has, as a consequence, the isolation of the elderly, excluding them from their relationship with society, contact with family and social life[21]. In this sense, it is worth considering that isolation is not only individual, but also individualizing, as, in principle, it leads the individual to isolate himself from the outside world, as well as isolating one individual from another[22], within the institution itself.

The family detachment process begins when the visits decrease, or do not exist, showing the loss of the family bond. This process can demonstrate that the bond had already been broken even before institutionalization, due to previously unresolved family issues[16]. However, it is important to understand the reasons that lead to this situation, assessing family strengths and weaknesses, so that institutionalization does not necessarily represent a formalization of abandonment of the elderly[2,21].

According to the National Social Assistance Policy, the family must provide protection and socialization for its members, constituting a reference for affective and social bonds, in addition to mediating relations with social institutions[23]. In the study carried out at the LTCF in the state of Sergipe[18], it was observed that the elderly felt embarrassed for having to assume family abandonment, as well as for the reasons they considered to be those who led them to this condition: fragility, dependence, loss of autonomy, or, simply, the cooling of affective bonds.

The Resolution of the Collegiate Board 28323, which regulates the rules of operation of LTCFs in the country, defines them as places for the collective housing of people aged 60 or over, with or without family support. However, in the institutional routine, the LTCF is not always perceived, by the elderly, as a place of residence, approaching more than a place of hospitalization. The report of one of the elderly women (E3) translates their perception in relation to the dissatisfaction of other colleagues at the institution for living in the house and for missing their family.

Despite the recognition that the interns are well cared for, the interviewee reinforces that institutional care does not replace family care. Everyday life in an LTCF is homogenized, not only because of the commonplace, but because of the repetition of daily and collective activities, regulated times, established routines and norms, which standardize the way of life of individuals[20] and keep them away from an environment that refers family warmth.

When institutionalized, the elderly leave behind the family environment and start living in a shared environment, living with new people, established rules and routines. As a result, their individuality and privacy are impaired, and they are forced to give up their habits, values and routine, which makes adaptation difficult.

Along with this, family absence contributes to the environment becoming a place of difficult acceptance. On the other hand, the view of professionals aims at meeting the basic needs of elderly residents. They no longer worry about subjective issues, such as their desires and concerns, and thus, a gap is created in the establishment of complete psychosocial well-being[20].

CONCLUSION

This study allowed us to understand the speeches of professionals and the elderly related to the socialization of institutionalized elderly people with the family. In the speeches of the elderly, the feeling of family detachment and difficulties of adapting to the institutional and everyday life emerged, as they did not identify in the LTCF characteristics of their own family comfort. Family abandonment and care outsourcing were evidenced in the speeches, as

the family member gradually leaves the elderly's life, until he is no longer present, thus transferring the responsibility of caring for the elderly to the LTCF.

The family absence was justified by the professionals, due to the fact that the elderly women did not get married and therefore did not have a family. However, it was noticed that this justification is associated even with elderly women who have family members, which points to a naturalization of the situation of outsourcing of care. However, in view of this naturalization, it is important that society, in general, rethink the institutionalization practices of its elderly people in a more comprehensive way, and that institutions, together with the family, think of strategies that enable the inclusion of family members in daily life. institutional whenever possible.

This study looks to contribute to reflections on the importance of redimensioning the participation of the family in the lives of institutionalized elderly people, as well as of institutions creating new dynamics of inclusion of the family in the institutional daily life. The main limitations of the study refer to the fact that it was carried out only in one institution and to the homogeneity of the gender of the elderly women participating in the study, in addition to not having the participation of family members of the elderly women. In this sense, it is important to emphasize the need for new studies that broaden the view on the socialization practices of institutionalized elderly people with regard to family participation, which include the perspectives of the family members themselves.

REFERENCES

1. Miranda GMD, Mendes ACG, Silva ALA. O envelhecimento populacional brasileiro: desafios e consequências sociais atuais e futuras. Rev Bras Geriatr Gerontol. [Internet]. 2016 [cited in 12 Oct 2018]; 9(3):507-19. Available from: https://www.scielo.br/pdf/rbgg/v19n3/pt_1809-9823-rbgg-19-03-00507.pdf

2. Figueiredo MCCM, Ferreira FA, Nunes ESC, Araújo AM, Araújo PE, Souza GP, et al. Idosos institucionalizados: decisão e consequências nas relações familiares. Rev Kairós [Internet]. 2018 [cited in 5 July 2018]; 21(2):241-52. Available from: https://revistas.pucsp.br/kairos/article/view/40931/27620

3. Soares NV, Corrêa BRS, Fontana RT, Brum ZP, Guimarães CA, Silva AF, et al. Sentimentos, expectativas e adaptação de idosos internados em instituição de longa permanência. REME Rev Min Enferm. [Internet]. 2018 [cited in 22 June 2018]; 22:1124. Available from: https://www.reme.org.br/artigo/detalhes/1255

4. Ministério do Desenvolvimento Social (Brasil). As organizações da sociedade civil no Sistema Único de Assistência Social. In: Encontro sobre Integração entre Serviços e Benefícios Socioassistenciais para a Pessoa Idosa; 2018; São Paulo. São Paulo: MDS; 2018 [cited in 2 Dec 2018]. Available from: http://www.mds.gov.br/webarquivos/publicacao/assistencia_social/ApresentacoesIdoso/

5. Duarte LMN. O processo de institucionalização do idoso e as territorialidades: espaço como lugar? Estud Interdiscipl Envelhec. [Internet]. 2014 [cited in 10 June 2018]; 19(1):201-17. Available from: https://seer.ufrgs.br/index.php/RevEnvelhecer/article/view/33754/31010

6. Savoia MG. Psicologia social. São Paulo: McGraw-Hill; 1989. 200p.

7. Pinheiro NCG, Holanda VCD, Melo LA, Medeiros AKB, Lima KC. Desigualdade no perfil dos idosos institucionalizados na cidade de Natal, Brasil. Ciênc Saúde Colet. [Internet]. 2016 Nov [cited in 14 Mar 2020]; 21(11):3399-405. Available from: https://www.scielo.br/pdf/csc/v21n11/1413-8123-csc-21-11-3399.pdf

8. Güths JFS, Jacob MHVM, Santos AMPV, Arossi GA, Béria JU. Perfil sociodemográfico, aspectos familiares, percepção de saúde, capacidade funcional e depressão em idosos institucionalizados no Litoral Norte do Rio Grande do Sul, Brasil. Rev Bras Geriatr Gerontol. [Internet]. 2017 [cited in 14 Mar 2020]; 20(2):175-85. Available from: https://www.scielo.br/pdf/rbgg/v20n2/pt_1809-9823-rbgg-20-02-00175.pdf

9. Minayo MCS. Amostragem e saturação em pesquisa qualitativa: consensos e controvérsias. Rev Pesq Qual. [Internet]. 2017 [cited in 10 June 2018]; 5(7):01-12. Available from: https://edisciplinas.usp.br/pluginfile.php/4111455/mod_resource/content/1/Minayosaturacao.pdf
10. Brucki SMD, Nitrini R, Caramelli P, Bertolucci PHF, Okamoto IH. Sugestões para o uso do Mini-Exame do Estado Mental no Brasil. Arq Neuro-Psiquiatr. [Internet]. 2003 [cited in 31 Aug 2020]; 61(3-B):777-81. Available from: https://www.scielo.br/pdf/anp/v61n3B/17294.pdf
11. Cornelsen EL. A análise do discurso no âmbito dos estudos organizacionais: uma abordagem teórica. In: Carrieri AP, Saraiva LAS, Pimentel TD, Ricardo PAGS. Análise do discurso em estudos organizacionais. Curitiba: Juruá; 2009.
12. Minayo MCS. O desafio do conhecimento. São Paulo: Hucitec; 2004. 406p.
13. Santos CCN, Silva HSS, Gutierrez BAO. Os cuidados de longa duração e a percepção de idosos institucionalizados sobre velhice, velhice bem-sucedida e qualidade da atenção. Rev Kairós [Internet]. 2017 [citd in 18 June 2018]; 20(3):151-78. Available from: http://revistas.pucsp.br/index.php/kairos/article/viewFile/29138/20369
14. Andrade FLJP, Lima JMR, Fidelis KNM, Jerez-Roig J, Lima KC. Incapacidade cognitiva e fatores associados em idosos institucionalizados em Natal, RN, Brasil. Rev Bras Geriatr Gerontol. [Internet]. 2017 [cited in 20 June 2018]; 20(2):186-97. Available from: https://www.scielo.br/pdf/rbgg/v20n2/pt_1809-9823-rbgg-20-02-00186.pdf
15. Clos MB, Grossi PK. Desafios para o cuidado digno em instituições de longa permanência. Rev Bioét. [Internet]. 2016 [cited in 31 Aug 2020]; 24(2):395-406. Available from: https://www.scielo.br/pdf/bioet/v24n2/1983-8034-bioet-24-2-0395.pdf
16. Santos NO, Beuter M, Girardon-Perlini NMO, Paskulin LMG, Leite MT, Budó MLD. Percepção de trabalhadores de uma instituição de longa permanência para idosos acerca da família. Texto & Contexto Enferm. [Internet]. 2014 [cited in 15 Mar 2020]; 23(4):971-8. Available from: https://www.scielo.br/pdf/tce/v23n4/pt_0104-0707-tce-23-04-00971.pdf
17. Braga C, Koike MK, Saad KR, Pitan F. Idoso institucionalizado: sentimentos dos familiares em relação a institucionalização. Intern J Health Manag. [Internet]. 2019 [cited in 14 Mar 2020]; 1:1-13. Available from: https://www.ijhmreview.org/ijhmreview/article/view/153
18. Santana JDM, Pajeú CN, Pereira RSF, Gonzaga MFN. Participação dos familiares na vida do idosos institucionalizados no Lar São Francisco de Assis em Simão Dias/SE. Saúde Foco [Internet]. 2016 [cited in 18 Sep 2018]; 8:625-36. Available from: http://unifia.edu.br/revista_eletronica/revistas/saude_foco/artigos/ano2016/062_artigo_lar_sao_francisco.pdf
19. Locatelli PAPC. As representações sociais sobre a velhice na perspectiva dos usuários de uma instituição de longa permanência. RBCEH [Internet]. 2017 [cited in 21 June 2018]; 14(1):65-82. Available from: http://seer.upf.br/index.php/rbceh/article/view/6107
20. Souza RCF, Inácio AN. Entre os muros do abrigo: compreensões do processo de institucionalização em idosos abrigados. Pesqui Prát Psicossociais [Internet]. 2017 [cited in 20 Oct 2018]; 12(1):209-23. Available from: http://pepsic.bvsalud.org/pdf/ppp/v12n1/15.pdf
21. Esposito GL, Gonçalves AK. Histórias vividas e memórias. Estud Interdiscip Envelhec. [Internet]. 2015 [cited in 9 Nov 18]; 20(2):567-82. Available from: https://seer.ufrgs.br/RevEnvelhecer/article/view/46689/35458
22. Foucault M. Vigiar e punir: nascimento da prisão. Petrópolis: Vozes; 1987. 255p.
23. Ministério do Desenvolvimento Social e Combate à Fome (Brasil), Secretaria Nacional de Assistência Social. Política Nacional de Assistência Social PNAS/2004: Norma Operacional Básica NOB/SUAS. Brasília, DF: MDS; 2009. [cited in 9 Nov 2018]. Available from: http://www.mds.gov.br/webarquivos/publicacao/assistencia_social/Normativas/PNAS2004.pdf
23. Agência Nacional de Vigilância Sanitária (Brasil). Resolução de Diretoria Colegiada - RDC nº 283, de 26 de setembro de 2005. Regulamento técnico para o funcionamento das instituições

de longa permanência para idosos. Brasília, DF: MS, ANVISA; 2005. [cited in 9 Nov 2018]. Available from: http://portal.anvisa.gov.br/documents/10181/2718376/RDC_283_2005_COMP.pdf/a38f2055-c23a-4eca-94ed-76fa43acb1df

CONTRIBUTIONS
Carolina Sales Galdino and **Isadora Queiroz Correa Garchet Furtado** collaborated in the design, collection and analysis of data, writing and review. **Isabela Silva Cancio Velloso** participated in the design, writing and review.

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