

Long-term care institution for the elderly: a narrative review

Instituição de longa permanência para idosos: uma revisão narrativa

Instituciones de larga estancia para ancianos: una revisión narrativa

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Abstract:

Objective: to understand what is a Long-Term Care Institution for the Elderly. **Methods:** a narrative review considering the following databases: Scientific Electronic Library Online, CAPES Journals, and Latin America and the Caribbean Literature on Health Sciences, conducted in 2024. The descriptors "Long-Term Care Institution for the Elderly" and "History" were used. **Results:** twenty studies were selected. Four thematic categories were elaborated: 1) *Historical aspects and purposes of a Long-Term Care Institution for the Elderly*; 2) *Aspects that lead an elderly person to a Long-Term Care Institution*; 3) *The socioeconomic and health profile of elderly individuals in Long-Term Care Institution*; 4) *Demands and dimensions attributed to Long-Term Care Institution for the Elderly*. **Conclusion:** Long-Term Care Institutions for the Elderly fulfill a social role by providing their medical-social services, not only by increasing longevity, but by the multiple care provided to elderly people who have their rights violated, as well as guaranteeing their rights and dignity, through assistance, food, housing, health care; and providing physical, emotional and social well-being.

Keywords: Homes for the Aged; History; Aged.

Resumo:

Objetivo: compreender o que é uma Instituição de Longa Permanência para Idosos. **Método:** revisão narrativa considerando as bases de dados: *Cientific Eletronic Library Online*, Periódicos da CAPES e na Literatura Latino-Americana e do Caribe em Ciências da Saúde, realizada em 2024. Utilizou-se os descritores "Instituição de Longa Permanência para Idosos" e "História". **Resultados:** 20 estudos foram selecionados. Quatro categorias temáticas foram construídas: 1) *Aspectos históricos e finalidades de uma Instituição de Longa Permanência para Idosos*; 2) *Aspectos que levam uma pessoa idosa a uma Instituição de Longa Permanência para Idosos*; 3) *O perfil socioeconômico e da saúde dos idosos nas Instituições de Longa Permanência para Idosos*; 4) *Demandas e dimensões atribuídas às Instituições de Longa Permanência para Idosos*. **Conclusão:** as Instituições de Longa Permanência para Idosos cumprem um papel social ao prestar seus serviços médicos-sociais, não somente pelo aumento da longevidade, mas pelos múltiplos cuidados prestados a pessoa idosa por ter seus direitos violados, bem como, garantir o seu direito e a dignidade, através de cuidados assistenciais, alimentares, moradia, saúde, proporcionando bem-estar físico, emocional e social.

Palavras-chave: Instituição de Longa Permanência Para Idosos; História; Idoso.

Resumen:

Objetivo: comprender qué es una institución de larga estancia para ancianos. **Método:** revisión narrativa teniendo en cuenta las bases de datos: *Cientific Eletronic Library Online*, Periódicos de CAPES y Literatura Latinoamericana y del Caribe en Ciencias de la Salud, realizada en 2024. Se utilizaron los descriptores «Instituto de larga estancia para ancianos» e «Historia». **Resultados:** se seleccionaron 20 estudios. Se construyeron cuatro categorías temáticas: 1) *Aspectos históricos y finalidades de una institución de larga estancia para ancianos*; 2) *Aspectos que llevan a un anciano a una institución de larga estancia para ancianos*; 3) *El perfil socioeconómico y de salud de los ancianos en las instituciones de larga estancia para ancianos*; 4) *Demandas y dimensiones atribuidas a las instituciones de larga estancia para ancianos*. **Conclusión:** las instituciones de larga estancia para ancianos cumplen una función social al prestar sus servicios médicos y sociales, no solo por el aumento de la longevidad, sino por los múltiples cuidados que se prestan a los ancianos cuyos derechos han sido violados, así como por garantizar sus derechos y su dignidad, a través de cuidados asistenciales, alimenticios, de vivienda y de salud, proporcionándoles bienestar físico, emocional y social.

Palabras-clave: Hogares para Ancianos; Historia; Anciano.

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INTRODUCTION

The history of what is now called Long-Term Care Institution for the Elderly (LTIE) dates back to Christian charity practices, through shelters and the *Santas Casas de Misericórdia* (Holy Houses of Mercy), with their health care and welfare activities¹. The first institution in Brazil in this direction was the Asilo São Luiz, in the 19th century, that was managed by nuns²⁻⁴.

Over time, many classifications and new functions have been attributed to the mission of LTIEs, such as: place of protection, asylum, shelter, support for gerogeriatric care, welfare, health, as well as offering a family environment, residential, collective housing and social interaction⁵.

Currently, there is a consensus among scientific works in associating the importance of LTIEs – among many others – with the demographic transformations, because, as the population ages and the life expectancy increases, the demand for the services of these institutions provided to the elderly grows^{1,2,6-10}.

A Long-Term Care Institution (LTIE) can be of multiple natures, as stipulated by Resolution RDC No. 283 (ANVISA), such as "*governmental or non-governmental institutions, of a residential nature, intended for the collective housing of people aged 60 or over, with or without family support, in conditions of freedom, dignity and citizenship*"^{11,12}.

According to the National Council for Social Assistance (*Conselho Nacional de Assistência Social* - CNAS), through Resolution No. 109/09, LTIEs are part of the High Complexity Special Social Protection Service, and aim to accommodate elderly people "*when all possibilities of self-support and cohabitation with family members have been exhausted*"¹³, as well as being considered an institution "*with a home-like characteristic that welcomes elderly people with different needs and degrees of dependency*"¹³.

Due to the multitude of demands and complexity of the service, LTIEs are considered mixed care facilities⁴, as they are subsidized by social and health policies¹, although there is regulation by health policy, the public resources made available to these institutions come from social assistance policies¹.

The places for welcoming and receiving elderly people were (and in many contexts, still are) called asylums, a term that has acquired the meaning of abandonment and mistreatment, assuming negative and derogatory connotations¹⁴. It was necessary to reformulate this image and its practices, starting with the change in name – a suggestion made by the Brazilian Society of Geriatrics and Gerontology^{1,2} – being called Long-Term Care Institution for the Elderly, supported by specific legislation to guarantee the right of people in this phase of life.

Research affirms that much of this image has been overcome, and they are now seen, in the social context, as part of public policies aimed at caring for the elderly¹⁴. On the other hand, there is research that guarantees that the strong social stigma is still widespread in the social imagination, prolonging this “*legacy*”^{1:18}. Thus, this study aimed to understand what is a Long-Term Care Institution for the Elderly.

METHODS

This study has a qualitative nature, following the methodological path of narrative review, which uses books and articles published in print journals and/or electronically available as sources of study, with a view to building a theoretical foundation on a given research object^{15,16}. The searches were carried out in two phases, the first in July 2024, and the second in November of the same year.

For this research, the searches for articles were carried out in the Scientific Electronic Library Online (SciELO) database, in the CAPES Periodicals Database and in the Latin America and the Caribbean Literature on Health Sciences (LILACS), with the descriptors “*Instituição de Longa Permanência para Idosos*” (Long-Term Care Institution for the Elderly) and “*História*” (History), which could be used in cross-combination or not. The aim was to answer the following question: *What has been produced about the history of Long-Term Care Institutions for the Elderly?*

First, the meaning and indexing of the term “Long-Term Care Institution for the Elderly” were sought in the Health Sciences Descriptors (DeCs), which belongs to the Virtual Health Library (VHL) platform. The results referred to institutions providing care for the elderly, long-term geriatric institutions with nursing services, nursing homes, retirement homes, residential care centers for the elderly, asylum institutions, and the acronym LTIE (Long-Term Care Institution for the Elderly).

The inclusion criteria were: articles should refer to LTIE in the title or abstract, and the objective of the article should be a historical understanding of Long-Term Care Institutions for the Elderly, as well as articles that addressed studies on LTIE. For the exclusion criteria, the following were used: articles not fully available electronically, requiring payment, duplicate results, or that did not meet the objectives of this study, and articles that did not present the objective of the research in their abstracts.

For the search in SciELO, the descriptor “*Instituição de Longa Permanência para Idosos*” (“Long-Term Care Institution for the Elderly”) was used, establishing a time filter from 2014 to 2023, without combination or cross-referencing of descriptors. The search in this database was

carried out in July 2024. As for the LILACS database and the CAPES journal, the combination with the cross-referencing of the descriptors "*Instituição de Longa Permanência para Idosos*" (Long-Term Care Institution for the Elderly) AND "*História*" (History) was used, without a time frame, without filters, and in advanced search mode. This search took place in November 2024.

For the analysis of the results, Bardin's (2016)¹⁷ Content Analysis was used, in which each category that come in its raw form is transformed into units of analysis. The units are the first results of the data processing that go through three phases that make up the analysis: 1) pre-analysis; 2) exploration of the material; 3) the treatment of the results, inference and interpretation¹⁸⁻²⁰.

RESULTS

In SCIELO, using the descriptor "Long-Term Care Institution for the Elderly" and the time filter, a total of 424 articles were obtained. Subsequently, the time filter from 2014 to 2023 was applied, resulting in 166 articles, of which all titles and abstracts were read. Of these, 1 article was a duplicate publication, therefore, for reading the titles and abstracts, a total of 165 articles were obtained. Of these, only one article referred to the history and contextualization, however, not directly of LTIEs, but to the history, methodology and evolution of the Forum of Philanthropic Long-Term Care Institutions for the Elderly (LTIE) of the Metropolitan Region of São Paulo²¹.

Thus, it was broadened to other perspectives that are not only the historical aspect, such as: evaluating, analyzing, studying, understanding, describing, contextualizing and characterizing LTIEs. After this initial review, of the 165 articles found initially, 149 were excluded, and 16 studies were selected for full-text reading with metadata extraction: authors, year, title, objective, and the main results will become the thematic area and are presented in the discussion. After reading, 4 did not meet the research objective and were excluded, leaving 12 selected articles.

Regarding the LILACS search, 86 articles were obtained as a general result. Of these, nine articles were not found, and six were duplicates. After reading all the titles and abstracts of the remaining 71 studies, seven articles were selected for full-text reading. Of these, 1 article was excluded for not meeting the research objective, and thus six works were selected.

As for the search conducted in the CAPES journal, 17 articles were obtained, of which, after reading titles and abstracts, seven were repeated with those from the LILACS search, eight did not correspond to the research, and thus two were selected. In total, the articles from the

searches on the three platforms amounted to 21 studies that comprised this research. Figure 1 presents the PRISMA strategy with the screening flowchart.

Figure 1. Flowchart of the selection of studies included, Brazil, 2025.

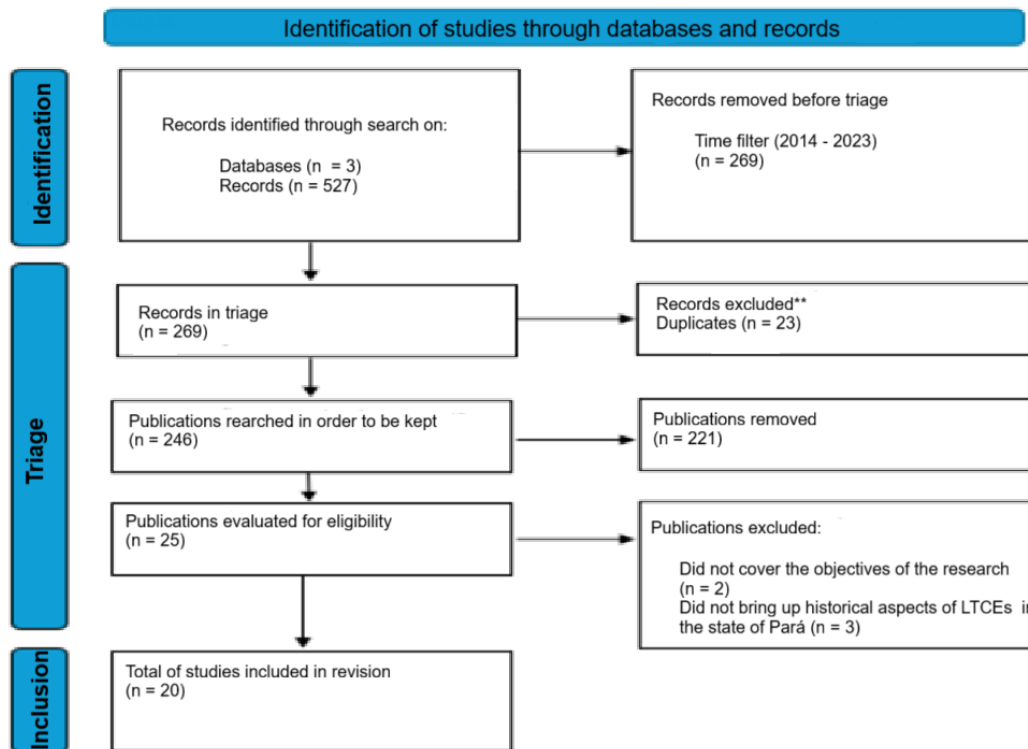


Table 1 shows the articles that were selected for this study.

Table 1. Title and presentation of metadata (author, year, title, objective) of the articles included in this study, Brazil, 2025.

Author	Year	Title	Objective
Neto EFS.	(2023) ²²	Religion and Asylum: old and new settings.	To analyze the interface between former asylums, now called Long-Term Care Institutions for the Elderly (LTIEs), and religion.
Guimarães MR, Giacomini KC, Ferreira RC, Vargas AMD.	(2023) ⁸	Evaluation of Long Stay Institutions for the Elderly in Brazil: an overview of regional inequalities.	To evaluate Brazilian Long-Term Care Institutions for the Elderly (LTIE).
Brito AAC.	(2021) ⁹	Institutional care for the elderly in Rio Grande do Norte (<i>Os cuidados institucionalizantes a pessoa idosa no Rio Grande do Norte</i>).	To analyze the care provided to institutionalized individuals.
Bruinsma JL, Beuter M, Borges ZN, Jacobi CS, Benetti ERR, Backes C.	(2021) ²³	Institutional routines and interpersonal conflicts among elderly in a Long-Term Care Facility.	To describe the influence of institutional routines on the occurrence of interpersonal conflicts among institutionalized elderly women.

Musial DC, Raony Przybycz TR, Rocha F, Marcolino- Galli JF.	(2021) ²⁴	Old People's Home in Rio Azul, Paraná-From history to housing perspective: between collectivity and singularity.	To reflect on the housing and operational aspects of a Long-Term Care Institutions for the Elderly in the municipality of Rio Azul/PR, from a triangular perspective, that is, from the perspective of the elderly residents, the professionals, and the community.
Poltronieri BC, Souza ER, Ribeiro AP.	(2019) ³	Violence and right to care in public policies on long-term care institutions for the elderly.	To study the inclusion of the issue of violence in Brazilian and Rio de Janeiro policies that address Long-Term Care Institutions for the Elderly (LTIEs).
Poltronieri BC, Souza ER, Ribeiro AP.	(2019) ¹⁴	Violence in caregiving in long-term care facilities for the elderly in Rio de Janeiro: perceptions of managers and professionals (<i>Violência no cuidado em instituições de longa permanência para idosos no Rio de Janeiro: percepção de gestores e profissionais</i>).	To analyze the perceptions of managers and professionals working in nine Long-Term Care Institutions for the elderly (LTIEs) in different regions of the state of Rio de Janeiro regarding institutionalization, the difficulties in providing the recommended care, and how to improve it.
Poltronieri BC, Souza ER, Ribeiro AP.	(2019) ²⁵	Analysis of the theme of violence in policies of long-term care for the elderly.	To identify and analyze in national and international literature whether and how the issue of violence is addressed in studies of public policies for the care of elderly people housed in long-term care facilities.
Barcelos BJ, Horta NC, Ferreira QN, Souza MCM, Mattioli CDP, Marcelino KGS.	(2018) ¹	Dimensions assigned to Long Term Care Facilities by managers and health professionals: interfaces and contradictions.	To analyze the dimensions attributed by managers and professionals to Long-Term Care Institutions for the Elderly (LTIE).
Roquete FF, Batista CCRF, Arantes RC.	(2017) ⁶	Care and management demands of long-term care facilities for the elderly in Brazil: an integrative review (2004-2014).	To analyze the care and management needs of Long-Term Care Institutions for the Elderly (LTIE) in Brazil.
Alvez MB, Menezes MR, Felzemburg RDM, Silva VA, Amaral JB.	(2017) ²⁶	Long-stay institutions for the elderly: physical-structural and organizational aspects.	To characterize a Long-Term Care Institution for the Elderly in terms of its physical, structural, and organizational aspects.
Lacerda TTD, Horta NC, Souza MCMR, Oliveira TRP, Marcelino KGS, Ferreira QN.	(2017) ²⁷	Characterization of long-term care facilities for the elderly in the metropolitan region of Belo Horizonte.	To characterize Long-Term Care Institutions for the Elderly (LTIEs) in the Metropolitan Region of Belo Horizonte/MG, Brazil, in terms of administrative and care aspects.
Fagundes KVDL, Esteves MR, Ribeiro JHM, Siepierski CT, Silva JV, Mendes MA.	(2017) ²⁸	Long stay institutions as an alternative for protecting the elderly.	Reflecting on Long-Term Care Institutions as an alternative for the care of elderly Brazilians.
Oliveira JM, Rozendo CA.	(2014) ²⁹	Long-stay institutions for the elderly: a place of care for those who have no choice?	Understanding the meaning of Long-Term Care Institutions for institutionalized elderly people.
Carvalho VL.	(2014) ³⁰	Profile of long-stay institutions for the elderly located in a capital of Northeast.	To analyze the profile of Long-Term Care Institutions for the Elderly (LTIEs).

Costa MCNS, Mercadante EF.	(2013) ³¹	The elderly residents of long-term care institutions for older people and what it represents for the older individual	To discuss old age in collective housing, fundamentally that of elderly residents in Long-Term Care Institutions, and what it means for these individuals to reside in this type of institution.
Cornélio GF, Godoy I.	(2013) ³²	Profile of long-term care institutions in a city in the state of São Paulo.	To characterize the profile of Long-Term Care institutions for the elderly in Botucatu/SP.
Kanashiro MM.	(2012) ³³	Active aging: a contribution to the development of age-friendly long-term care facilities (<i>Envelhecimento ativo: uma contribuição para o desenvolvimento de instituições de longa permanência amigas da pessoa idosa</i>).	To identify the essential characteristics for a Long-Term Care Institutions for the Elderly (ILPI) to be defined as elderly-friendly.
Araújo CLO, Souza LA, Faro ACM.	(2010) ⁵	Trajectory of institutions for long stay for elderly in Brazil.	To describe the trajectory and analyze the effect of Long-Term Care Institutions for the Elderly (LTIEs) on the lives of these users in Brazil.
Groisman D.	(1999) ³⁴	Two Approaches to Nursing Homes: from the Santa Genoveva to the Institucionalization of Aging.	This study analyzes a case of mistreatment that occurred in a geriatric clinic in Rio de Janeiro in 1996 and received significant public attention; subsequently, it considers how the field of old people's homes was historically constituted, relating it to the practice of charity, philanthropy, and social medicine in the 19 th century.

Based on the collected data, four categories were created: 1) *Historical aspects and purposes of a Long-Term Care Institution for the Elderly*; 2) *Aspects that lead an elderly person to a Long-Term Care Institution*; 3) *The socioeconomic and health profile of elderly individuals in Long-Term Care Institution*; 4) *Demands and dimensions attributed to Long-Term Care Institution for the Elderly*.

DISCUSSION

Historical aspects and purposes of a Long-Term Care Institution for the Elderly

Institutions providing care, shelter, and support to the elderly are the oldest and most universal in the world, second only to the family institution⁵. This means that the family is the primary institution for the care and support of the elderly; in its absence or due to neglect, long-term care institutions become an option³⁵. This principle remains in effect to this day, with laws prioritizing the family as the place of care for the elderly, as certified by Paragraph V of Article 3 of the Statute of the Elderly Person: "*Prioritization of care for the elderly person by their own family, to the detriment of institutional care*"³⁶. In its absence, long-term care institutions become alternatives^{9,10,28,33}.

The term asylum means, in Greek (*ásylo*) and in Latin (*asylu*), “a social assistance house where poor and destitute people, such as beggars, abandoned children, orphans and the elderly, are taken in for sustenance or also for education”^{5,252}. The practice of caring for the elderly has its first origin in society governed by Christianity; it is recorded that Pope Pelagius II (520-590) was the first founder of what would be called an asylum for the elderly, when he transformed his own house into a hospital for the elderly^{2,9,28,33}.

The connotation of asylum, in the beginning, assumed a favorable social meaning, in the sense of sheltering physical and mental integrity, refuge and support in the face of death, and protection against various dangers and threats. However, throughout history, asylums have not only referred to the elderly population; in Classical Greece, its origin, they served other population segments, as they served as criminal asylums and political asylums. Only in the 20th century did asylums of an economic welfare nature emerge²².

In Brazil, the first proposals to shelter the elderly date back to the colonial period, without the proposition of supporting the elderly as a population segment. The first configuration was called *Casa dos Inválidos* (House of Invalids), which emerged in Rio de Janeiro in 1794, as a military initiative, with a view to sheltering elderly soldiers who had once served the country, so that they could have a peaceful old age and could rest^{5,9,22,31,28,33}.

In the early days of institutions for the elderly in Brazil, old age was not yet a social demarcation; it lacked visibility in the sense of having representation and policies specifically aimed at its support and needs. Shelters, asylums, and care homes received a varied population, such as beggars, orphaned or abandoned children, people with psychiatric disorders, homeless people, the poor, the sick, and the elderly²².

The first institution intended to shelter people, characterized by the nomenclature “helpless old age”³¹ (*velhice desamparada*), was the *Asilo São Luiz para a Velhice Desamparada*, Rio de Janeiro, in 1890^{5,31,28,33}. These initiatives sought to offer rest to those who were already tired of life and waited for their last days³¹.

The theme of old age takes on greater social importance, and the observation of the needs of the elderly begins, giving it greater characterization of its specificities and its own identity³³. Helpless old age becomes a term used to make visible, classify and separate; to offer institutions geared towards and suitable for the particularities of this segment of the population, but also to *institutionalize old age* [emphasis added]³⁴. It is noted, therefore, that at the beginning of these institutions, the proposition was rest, assistance to the helpless – without housing and self-support – health care, as well as the journey towards the last stage of life⁹.

Something that is at the origin of the emergence of care and shelter institutions for the elderly is personal openness, a childhood dream, the desire for care and, so to speak, a response to a personal calling to commit to this cause and to this population, as was the case of the *Lar dos Velinhos* (Home for the Elderly), in Rio Azul, Paraná, founded in 1984 by Osvaldo Kosciuk, who, in his childhood, after visiting an asylum, and had since a desire to build an institution for the elderly, which came to fruition thirty years later, with the help of the mayor at the time, Ansenor Girardi²⁴.

In any case, these institutions were created to fill gaps left by the public authorities, by families, by precarious financial resources, by the lack of affective ties and community articulation, spontaneously to meet community needs⁹. These institutions are created to fulfill the needs of society⁵.

The emergence of LTIEs is also attributed to the values of charity, compassion, and benevolence that develop within society during certain time periods and social contexts of economic and financial crisis, such as what occurred in the state of Rio Grande do Norte, at the wake of crisis in the pre-Constituent 1980s, marked by the reduction of formal jobs, led to the emergence of most shelters to support the elderly⁹. These scenarios accentuate the poverty rate of the population, leaving them in a state of greater vulnerability, which mobilizes such values.

With the aim of filling the gap left by these multiple absences and guided by these values, LTIEs end up incorporating into their identity characteristics of the population they serve, the demands they propose to assume, and the values that drove their creation, constituting a set of factors that favored their creation and that form the identity of their mission²⁸.

Other names have been given to these initiatives for the care of the elderly, such as: asylum, shelter, home, nursing home, geriatric clinic, hostel, and retirement home^{5,31}. The idea of protection, shelter, asylum refers to the fact that these institutions were exempt from the enforcement of laws, and those who resorted to asylums, or were residents in them or under their care, were protected from suffering any application of the law⁵.

Knowledge and care applied to the elderly date back to ancient Greece, the term "*gerontokomeion* [emphasis added] *being considered one of the earliest records related to the care of older people*"^{33:30}. Caring encompasses affective involvement⁵, emotional disposition, physical disposition, material and financial conditions, and social, community, family, and state support; as well as supporting, protecting, guaranteeing rights and dignity. Caring is also a natural disposition and aims at the survival of oneself and others, through welcoming, attention, and assistance to the needs of those who require care⁹.

It is important to understand the meaning of institutionalization, which for some authors⁵ means the act of living in an institution, belonging to them and receiving care there. On the other hand, there is contestation of these definitions, as they imply that the elderly are institutionalized, however, due to the lack of another or a better definition, the term institutionalization has prevailed as a definition to signify the act of an elderly person living in an institution³³.

Despite all the maturation, advances and new terminologies to signify and offer an increasingly humane and efficient symbolic, cultural and institutional place in caring for the needs of the elderly person, what is now called LTIEs advances over time, assuming new terminologies, new meanings in history and in social contexts, with the mission of mitigating the challenges of aging.

Aspects that lead an elderly person to a Long-Term Care Facility

The topic of long-term care institutions for the elderly (LTIE) raises questions about the reasons why an elderly person moves to these institutions. These reasons can be multiple and complex, such as the social and family transformations brought about by modernity. These changes include the reduction in family size, the emergence of contraceptives, women's entry into the labor market, and the time dedicated to these occupations. In this context, the time available for caring for the elderly has been reduced⁵, since women traditionally provided care within the family²⁸. This transformation causes a fragility in social support, affective bonds, and the willingness to care for the elderly.

Conflicts or intrafamily violence, poverty, lack of family readiness³⁷ to deal with issues affecting the elderly, emotional issues, inadequate physical space, physical independence, absence of companions or caregivers, lack of time for family members to care for the elderly, low financial income, absence of public policies and community coordination to support the elderly and their families^{2,28,33,35,36,37,38}.

A study from Rio Grande do Norte⁹ points to the main causes that contribute to elderly people moving into a long-term care institution, which are: social vulnerability, homelessness, living alone, social or financial needs, weakened family bonds or conflicts, neglect, mistreatment, free will, abandonment, the family's inability to care for them, lack of family bonds, legal or welfare demands, or those from psychiatric hospitals³⁹.

In some cases, when elderly people request to go to a long-term care institution, they are motivated by the search for peace and tranquility, as opposed to a family relationship marked by disputes, conflicts, and violence, such as: alcohol and drug use, and exploitation of the elderly. This leads to emotional exhaustion, stress, and trauma⁹. A study presents data on the reasons

that led women in the state of Ceará to institutionalization, and involves fear of urban violence, loneliness, loss of family members, the need for health care, the search for security and support³³.

Researchers^{5,33} list in their studies some risk factors that lead elderly people to institutionalization in Brazil, namely: immobility syndrome, multiple medical problems, depression, dementia, recent hospital discharge, incontinence, being female, being over 70 years of age, being single, having no children, recently widowed, living alone, social isolation (lack of social support) and poverty³⁹.

As seen, most of the factors are delicate and leave a mark of emotional fragility, ruptures of affective bonds, with history and the usual place⁴⁰. These events leave unspoken, unworked, unprocessed suffering that may be latent, masked or repressed in the experiences and actions of these institutions.

LTIEs are understood as shelters, welcoming and providing support for these needs and helplessness experienced by elderly people, leading them to seek a solution or support for these sufferings in these places.

The socioeconomic and health profile of elderly individuals in Long-Term Care Facility

The elderly arrive at long-term care institutions for multiple reasons; they are men and women of various ages, backgrounds, health conditions, and dependencies, with numerous health and assistance needs. This research will address the profile of these elderly individuals, with the aim of learning more about the specificities and characteristics of this population.

According to the 2022 census, published by the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística* - IBGE)⁴¹, there are around 30 million elderly people, which corresponds to 15.83% of the Brazilian population, and of these, 57% are women²².

In a review, the city of Natal was examined, where it was stated that at that time, most people residing in long-term care institutions were female, and their living conditions were marked by low economic power; in other cases, they lacked housing, had little social contact, and experienced family conflicts⁵.

From the same investigation, data from the city of Belo Horizonte showed the prevalence of institutionalized women, accounting for 81.1%. Research conducted in 14 long-term care institutions for the elderly (LTIEs) in the state of Rio Grande do Sul found that 64.9% of institutionalized women have low levels of education and income, are widows, and are over 70 years old. Of these women, 42.6% had children, 44.3% earned less than two minimum wages, and many, in terms of health needs, relied on special care⁵.

LTIEs can be mixed, housing elderly men and women together, or exclusively male or exclusively female institutions, with a predominance of elderly women making up this profile^{26,27}. Several explanations are possible for this predominance, such as: women living longer than men, being less exposed to risky situations³⁷, and, consequently, eventually becoming widows, when many depend on their partner's retirement, and are left with financial hardship after the death of their partners^{9,27}. ANVISA resolutions^{11, 12}, RDC No. 283/2005 and RDC No. 502/2021 classify elderly people according to their level of dependency:

Table 2. Level of dependency, Resolution RDC, No. 283/2005; Resolution RDC, No. 502/2021.

Level of dependency	Description
Level of dependency I	Independent elderly individuals, even if they require the use of self-help equipment.
Level of dependency II	Elderly individuals dependent on up to three activities of self-care for daily living, such as: feeding, mobility, hygiene; without cognitive impairment or with controlled cognitive impairment.
Level of dependency III	Elderly individuals with dependency who require assistance with all self-care activities for daily living and/or with cognitive impairment.

Source: ANVISA, 2005, 2021^{11,12}.

Comparing the levels of dependency of the elderly in long-term care institutions in the cities of Maceió and Olinda, 48% of the elderly in Maceió are independent, while 38.4% of the elderly in Olinda are dependent. Regarding the level of dependency of elderly people, a survey conducted in Minas Gerais showed that, of the 2,184 elderly people surveyed, the majority were in conditions with level II of dependency (874), followed by conditions of level III of dependency (633) and intermediate conditions with level I (677)⁹.

Health issues of the elderly that demand these institutions are conditions that affect the elderly in their aging in general, such as: Alzheimer's, Parkinson's, high blood pressure, cataracts, osteoporosis, osteoarthritis, stroke, diabetes. There are also issues related to behavior, such as alcohol and other drug use, and mental illnesses, such as depression or cognitive impairment³¹. Important questions for profiling elderly people are the degree of dependence, mobility, ability to perform activities of daily living, personal hygiene, and nutrition⁹.

The affective relationship should not be forgotten; elderly people fall in love and get married in these institutions²⁴, start living together, or couples decide to live in a long-term care institution and remain there until the end of their lives. It is noted that the relationships, creativity, subterfuges, and social fabrics created within a long-term care institution are the same as any human interaction outside its walls. This denotes that, in these institutions, life happens and vibrates in its flows. The elderly exist fully, with their habits, beliefs, and values.

Demands and dimensions attributed to Long-Term Care Facility for the Elderly

Demand, in terms of personal or collective needs, transforms into a search for a solution. Demand is something that presents itself as a need that aims to find a satisfactory answer to be met⁶.

Regarding the understanding of dimension, the definition that encompasses concepts about the production of meaning, significances, and forms of understanding attributed to LTIEs, is presented as being of "*multiple senses and meanings attributed to LTIEs, fundamental to be understood from a political and care perspective, guiding care practices*"^{1:18}.

And, by public policies, "*they can be understood as a field of knowledge that aims, simultaneously, to put the government into action and/or analyze this intervention and, if necessary, propose changes in these actions*"^{3:2}. On another spectrum, policies are aimed at ensuring attention to the population, guaranteeing the principles of health promotion, protection and recovery¹⁴.

Brazilian Long-Term Institutions for the Elderly (LTIEs) are philanthropic in nature, informal in character due to precarious state support²⁵, followed by private institutions, private for-profit institutions, and lastly, public institutions^{3,6,8,30,37}.

In Maceió, the capital of the state of Alagoas, according to research that points to data from the years 2009 to 2010, 88% of institutions are philanthropic, of which 33% receive government subsidies; 12% have operating licenses and 45% are residences where men and women live together³⁰.

It is observed that 78% of the workers do not have training in gerontology, as well as 67% of these LTIEs did not meet the requirements and none presented the Comprehensive Health Care Plan recommended by resolution No. 283/05 (ANVISA)³⁰.

Religious institutions, mostly Catholic, but also Evangelical and Spiritist, stand out as the most expressive. However, in the contemporary context, institutions with a more market-oriented vision or as a health and assistance service have emerged, as they try to resemble outpatient or hospital services; these profiles have been adopted precisely by private initiatives²⁴.

- Cultural Demands

In the early days of the first institutions providing shelter for the elderly, precarious living conditions, family abandonment, homelessness or begging on the streets, illness, and the need for rest in the final stage of life gave these institutions meanings that persist to this day¹. These stigmas attract a repulsion towards these institutions; they are imaginaries that populate the collective thought in a negative way³⁷.

The term asylum can resonate as expropriation of one's dwelling, of one's homeland, a place where no bonds of belonging are established. These institutions were born to fill gaps left by public authorities, by the family, by the precariousness of financial resources, by the lack of affective ties and community articulation⁹. To occupy the place of these multiple absences, the LTIEs end up incorporating into their identity the characteristics of the population they serve and the demands they propose to assume.

To overcome public rejection of these institutions, new terms were created in legislation to minimize it, such as: shelters, nursing homes, hostels, residences, geriatric clinics³¹. Currently, attempts continue to be made to create new conceptual configurations for new institutional meanings that overcome the welfare-oriented conception and evoke the idea of housing, home, family, woodland, boarding house, hotel.

The lack of knowledge about the peculiarities of this age group and the nuances of a long-term care institution can contribute to a negative self-perception by the elderly person. This disabling self-perception limits the potential and existential possibilities of the elderly, which can prevent a greater disposition towards autonomy and seeing themselves as more independent⁶.

These classifications can hinder the elderly person's adaptation to these realities, or even prevent them from having their rights guaranteed by these institutions, when rights violations occur. There are multiple factors that contribute to the maintenance of these stigmas, and they are associated with historical aspects.

Sometimes, the relocation of elderly people to a long-term care institution is often an experience of abandonment by the family, thus attributing to the long-term care institution an image of a place for abandoned elderly people¹. On the part of the institution, when they do not meet the requirements established by the competent bodies, or do not comply with the legislation aimed at guaranteeing rights, or when they do not receive incentives from the State, they can also contribute to reinforcing such stigmas.

Overcoming these stigmas takes time and requires new meanings, through new perspectives and with administrative and assistance efforts to broaden the understanding of new values, such as a place of rights, well-being, care, production of quality of life, leisure, culture and freedom⁶.

Certain that meanings are not static and that with the advancement of new knowledge and the offer of increasingly qualified services, a new perspective can be built, supported by the construction of spaces that meet regulatory standards and the production of knowledge offered by science.

- Medical and Social Demands

The institutions for welcoming and caring for elderly people emerged according to the Christian charitable spirit of providing assistance and support to elderly people deprived of this attention. These values that encouraged the creation of these institutions permeate and sustain the way these care facilities are signified even today, being incorporated into the laws that regulate LTIEs¹.

The meanings of care and treatment attributed to LTIEs dialogue with the reality of the elderly, who at this stage of life, demand services aimed at preventing health risks caused by decline and losses in aging^{10,37,40}. Reorganizing spaces into suitable locations to receive and care for sick elderly people transforms them into places similar to hospital beds.

In this way, health professionals participate in the occupation of these spaces, establishing a chronological time for the exercise of the profession, which is relatively rigid⁴², and influence the perception of the care and treatment institution, in the mold of a ward, a hospital or a clinic^{1,7}. The routine of the home or care institution changes according to the health needs of the elderly residents. Another influence that contributes to the production of meanings in health is the fact that the institution is regulated by a public health policy.

Research that interviewed elderly people, professionals and managers of long-term care institutions confirms the understanding of these places as places of health^{1,37}. The health demands presented by the elderly residents in these institutions transform the scenario from home and care to a professional, clinical, hospital and ward scenario¹.

Care models expand to include palliative care for sick elderly people⁴³. In France, *Établissement d'hébergement pour personnes âgées dépendantes* (EHPAD), an institution equivalent to Brazilian LTIEs, are considered medical-social establishments, as they are devices with both hospital and home-based characteristics⁷, and have become places where elderly people are referred for the end of their lives when they are alone or do not receive family support, thus avoiding death in this space, which generally occurs in hospitals⁷.

Some Brazilian legislation already signals the importance of palliative care being carried out at home, relieving the burden on hospital beds; such as: Ordinance No. 825, of April 25, 2016, on home care (HC), within the scope of the SUS, and Resolution No. 41/18, of the SUS⁴⁴, which includes palliative care in the health care network⁷.

- Assistance Demands

The types of care demands refer to a multidisciplinary team, trained in geriatric and gerontological issues^{37,43}; to guarantee dignified aging, with rights enshrined in legislation, such as: independence, autonomy, freedom, leisure, attention, affection and the presence of family^{5,45}.

The multidisciplinary team required in a long-term care institution must work in an integrated manner with the demands arising from the physical and mental state of the institutionalized elderly person and their degree of dependence or autonomy, to prevent and try to reduce the risks inherent in institutional life, as well as to provide quality of life, comfort and independence^{10,22}.

By health, the elderly understand having or not having the symptoms that diseases, many of them chronic, cause, as well as not suffering the burden of loss of autonomy. The perception of autonomy also characterizes feeling healthy, in the same way that experiences of negative feelings – loneliness, abandonment, dependence, unproductivity – can be complicating factors for states of mental and physical health⁵.

Autonomy refers to the ability to perform daily tasks and make one's own decisions, based on will and discernment. It is the state of health and autonomy, or the lack thereof, that will establish the organizational and structural direction of a long-term care institution for the elderly (LTIE)⁵, and classify its professionals in accordance with the demands and needs of its population.

Care demands refer to multidisciplinary care that addresses needs related to health, social needs, nutrition, leisure, education, culture, and religion. These are vital to ensure the well-being of the elderly, stimulate their skills and competencies, and keep them active, functional, autonomous, and independent^{5,46}.

The importance of a multidisciplinary team lies in providing comprehensive care and a more holistic view of the needs of the elderly person, as well as promoting health, quality of life, and well-being for the elderly³⁵. However, despite being essential, institutions operate with a basic team⁵. Research conducted in nine LTIEs in São Paulo revealed a shortage of professionals and a lack of training²⁹.

Depending on the elderly person's level of dependency, mobility, and self-care capacity, according to RDC No. 283/05, the caregiver's working hours may vary, being: for a caregiver of 20 elderly people, with dependency level I, 8 hours/day; for a caregiver of 10 elderly people, with dependency level II, one shift; and for a caregiver of 6 elderly people, with dependency level III, one shift^{11,26}. Professionals for leisure activities are required to have a higher education degree, and for health professionals, professional registration with the respective Class Council is required¹¹. Also according to this resolution, for the technical coordination of a Long-Term Care Institution for the Elderly (LTIE), higher education is required, and they must work at least 20 hours per week^{26,29}. However, the prerogative regarding Human Resources stipulated in RDC No. 283/05 is not fully met by LTIEs in Brazil²⁶.

The profile of professionals working in these institutions generally meets the medical-social characterization, being: doctors, nurses, nursing technicians, physical therapists, occupational therapists, dentists, nutritionists, psychologists and social workers¹³. But there are cleaning professionals, cooks, administrative professionals who, according to RDC No. 286/05, are employees with formal ties, important for hygiene, cleaning and food issues²⁹. The skills expected for a professional working in a long-term care institution are: responsibility, compassion, attention, technical preparation and commitment to their role with the elderly⁷.

Despite this survey, and the ideal scenario that is expected, a large part of the long-term care institutions operate with an insufficient number of employees to meet their demands and dimensions, and with defaults regarding the labor rights of these professionals or operate informally.

- *Management Demands*

Management demands relate to strategic planning, financial and asset resources, human resources, and compliance with legislation⁵. It is necessary to take into account: medications, health instruments and utensils, adapted furniture and physical structure, hygiene materials, beds, tables, bath linens, among others. In order for the multiple demands to be met, there are evaluative instruments with criteria to be guaranteed and that are aligned with assumptions guaranteed in the legislation³⁵. The role of the manager and the management team needs to be qualified.

The monetary sources of a long-term care institution come from several fronts, the elderly person's pension being the main one^{26,30}, however there is the transfer of public funds, which on many occasions arrive late and with reduced amounts compared to what was requested, and partnerships with private initiatives through donations and volunteering⁵.

Other ways to obtain financial incentives depend on the profile of each manager, to create new initiatives to raise financial resources, such as: fairs, promotions, bazaars, festivals, and celebrations of festive dates. Despite this understanding, each management team plays an important role in producing well-being and quality of life provided in the long-term care institution.

- *Collective Housing*

ANVISA¹¹, through Resolution RDC No. 283, and CNAS¹³, through Resolution No. 109/09, name LTIEs as places of collective housing. Understanding LTIEs as a home where the elderly can create family ties and give new meaning to the space, favors understanding beyond stigmas⁴⁷. All the actors that make up the scenarios of these institutions are protagonists in engaging in the production of new symbolic dimensions.

Rules, responsibilities, customs, and autonomies are established and modified according to the interaction of each family group. In the context of LTIEs, the experiential flow establishes and shifts customs, rules, responsibilities, and autonomies¹⁴.

For managerial reasons, there is a need to establish some standards, schedules, and rhythms of life that, for some, may be an impediment to the exercise of personal freedom²⁷. Often, personal desires must yield to the desires of the institution and the community¹, this movement is called "mortification of the self"^{3:3}.

The limits imposed on the freedom and desires of the elderly are a characteristic of long-term care institutions, since many factors contribute to the inflexibility of the temporal structure and the rigidity of the daily routine of these institutions. The issue of autonomy is one of the central points for the elderly person to give meaning to the place with appropriation of space, and to develop with well-being. Research carried out in long-term care institutions in the city of Rio Grande do Norte showed that the degree of autonomy among institutionalized elderly people was the lowest, after the application of the instrument that assesses quality of life (WHOQOL)¹⁴.

Balancing the multiple desires in a long-term care institution without interfering with care and assistance practices, and with the professionals' schedules, becomes a challenge, between personal desires and institutional norms, because, in many cases, personal desires do not see the collective and institutional norms, but want to transcend them to achieve their satisfactions.

CONCLUSION

This study found a lack of articles addressing the understanding of what an LTIE (Long-Term Care Institution for the Elderly) is, in terms of its purposes in each historical period and its contexts. The time frame established for this review, from 2014 to 2023, is also considered within the limits of this study.

The meanings attributed by health professionals, administrative professionals, and the elderly themselves associate LTIEs with nursing homes and geriatric institutions. From the perspective of what leads to the emergence of an LTIE, it aims to address a social need: abandoned elderly people, those under abuse, without family or resources for survival. On the other hand, these institutions are born from personal disposition based on charitable sentiment. Currently, the market bias constitutes a driving factor for the emergence of new LTIEs.

It was observed, from the descriptors used for the search, an effort for the term LTIE to assume more modern meanings based on technical knowledge of health, well-being, the importance of freedom, and the encouragement of social interaction. Perhaps due to the political proposal to distance itself from the cultural memories associated with the term "asylum."

There is a contingent of technicians who work voluntarily in these institutions due to a lack of monetary resources. Thus, the role of managers in ensuring the successful fulfillment of rights guaranteed by law inevitably involves economic incentives.

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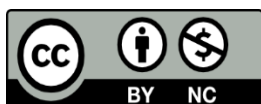
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