



Quality of life of the institutionalized elderly: Integrative review

Qualidade de vida do idoso institucionalizado: Revisão integrativa

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ABSTRACT

More and more individuals are having a life with greater longevity, due to significant improvements in living conditions, infrastructure, technology and health, and this fact gives rise to a huge concern on the part of the government, especially about aging in a healthy way, with quality of life. It is known that elderly people who are institutionalized have greater weaknesses in their health condition. It is observed that complaints about health status become greater when this elderly person resides in philanthropic institutions. The general objective of this study was to ascertain, through a literature review, how the quality of life of institutionalized elderly people is. It was an integrative literature review research, where data collection was performed after previous research in databases, between the months of April and May 2023. The absence of factors such as autonomy, intimacy and independence within the LTCFs are considered to be influencing factors for them to weaken the institutionalized elderly, especially when they are abandoned both by society and by their families. In addition, factors such as the low level of education, very common in LTCFs, contribute to the emergence of depressive episodes, since few are the elderly who have the ability to develop extracurricular activities. From the literature selected to compose the results of this study, it is clear that the institutionalized elderly do not have a good quality of life, much in relation to family abandonment and the limitations of LTCFs, both in activities and human resources.

Keywords: Elderly, Institutionalization, Long-Term Care Institution for the Elderly, Quality of life.



1 INTRODUCTION

The world follows one parameter, which is the progressive growth in the number of elderly people. According to the Brazilian Institute of Geography and Statistics (IBGE), the population contingent of individuals aged 60 years or older represents 14.7% of the Brazilian population in 2021. In absolute quantity, this percentage is equivalent to 31.23 million people. According to the research, it also points out that in the last decade, the number of elderly residents in the country increased by 39.8% (AGÊNCIA BRASIL, 2022).

More and more individuals are having a life with greater longevity, due to significant improvements in living conditions, infrastructure, technology and health, and this fact gives rise to a huge concern on the part of the government, especially with regard to aging in a healthy way, with quality of life. This is because there is a considerable amount of elderly that aging is marked by physical and cognitive losses (GUIMARÃES et al., 2019). This whole process of demographic transition that crosses humanity was responsible for changing the entire global social reality, making longevity become a triggering factor of significant changes in the structural scope, requiring more specific care for the elderly (CIPRIANI et al., 2010).

It is also observed that the number of individuals, who in old age start to depend on care, whether from family members or specialized caregivers, has been increasing significantly, either to a lesser or greater degree, when a given family can no longer assist its elderly, this oversees the care provided by the state (ARAÚJO et al., 2017). Any social approach that is recommended to address the aging process should include, as a goal, building favorable conditions for older adults, due to the transformation that has occurred in health systems, which should replace curative models, based on diseases, with an integrated and centralized attention to all individual needs (CHAN, 2015).

In Brazil, there are specific legislations for this public, as is the case of Federal Law No. 10,741, responsible for regulating the rights of individuals aged 60 years or older, guaranteeing rights, ensuring that it is the obligation of the family, community, society and public power, to provide and enforce the rights, favoring an active aging and quality of life (BRASIL, 2003).

According to the World Health Organization (WHO), it is important that individuals can live with quality of life throughout all phases of their existence, and this can be measured by instruments capable of contemplating aspects considered as multifactorial of the subjects and the environment they occupy, given from cultural factors, spiritual, social, psychological, degree of dependence among others (WHO, 1996). The concept of quality of life is responsible for expressing the way in which the individual is adapted to their daily activities, which includes their



health status encompassing the physical, mental, functional valences and social inclusion. In addition, it highlights all the perception that the individual has of the space that will occupy in life in a context that covers the social, cultural and value system areas of where he resides, expressing his goals, expectations, standards and concerns (FLECK, 2008).

Pérez-Zepeda et al. (2015) when mentioning about the quality of life of the elderly, it should not be associated only with the pathology that it has, that is, it should be evaluated beyond the biological factors, where a series of factors that need to be investigated is perceived. The elderly have specific demands, which are inherent in this period of their life, where geriatric syndromes need a holistic view, to create forms of treatment that do not fragment the individual. It is known that older people inevitably suffer from metabolic and physiological changes, which leave them vulnerable to numerous pathological processes where, associated with cultural, socioeconomic and emotional changes, they can make the elderly feel like a "social obstacle", and, added to other factors, end up being institutionalized and live there the final period of their stories (DELBONI et al., 2013).

It is known that elderly people who are institutionalized have greater weaknesses in their health condition. It is observed that complaints about health status become greater when this elderly person lives in philanthropic institutions when compared to private ones. This fact, associated with questions about family abandonment and the unavailability of essential care within Long-Term Care Institutions for the Elderly (LTCFs), may reduce the quality of life of the institutionalized elderly individual (HEREZ-ROIG et al., 2016).

The absence of qualified human materials to perform activities in LTCFs is considered by some studies to be the preponderant factor for the precariousness of the quality of life of the elderly living in these institutions, since, without qualified labor, essential care services are left aside. The professionals residing in some of these LTCFs do not have the training to improve social coexistence, offering a specific and individualized service according to the demands of the institution's residents (JEREZ-ROIG et al., 2016; GUIMARÃES et al., 2019).

Based on the factors presented so far, this study had the general objective of ascertaining through a literature review how the quality of life of institutionalized elderly people is.

2 METHODS

It was an integrative literature review research, where data collection was performed after previous research in databases, especially the National Library of *Medicine National Institutes of*

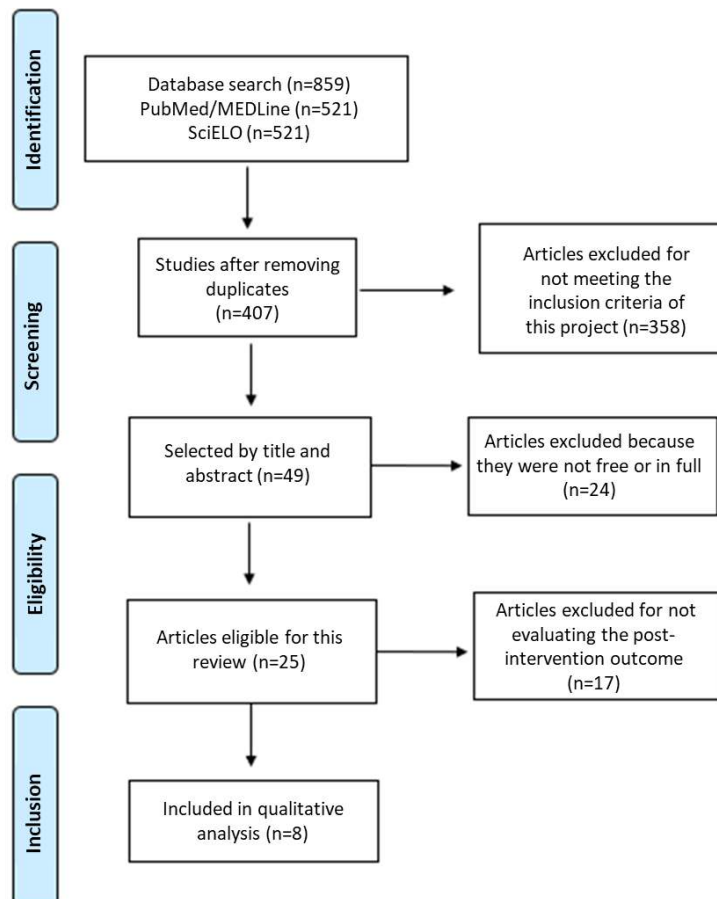
Health (PubMed) via Medline and *Scientific Electronic Library Online* (SciELO), between the months of April and May 2023.

The guiding question of the present study was to ascertain how is the quality of life of the Brazilian elderly who are institutionalized? The following words were used as the descriptors, after previous research in the Health Science Descriptors (DECs): "Elderly", "Quality of Life", "Institutionalization" and "Long-Term Care Institution for the Elderly". To acquire the articles, a cross-search of the descriptors was used, using the Boolean operator "AND".

We used as inclusion criteria studies between 2015 and 2022, scientific articles acquired in full and free of charge, in Portuguese and English, that addressed the theme. Studies outside the stipulated period, paid and incomplete texts were excluded.

The selected articles were grouped in a table in Microsoft Word 2016, containing information about the author, year of publication, article title, objective, methodology and main results. For data interpretation, the methodology of descriptive statistics was adopted in order to promote a synthesis of the main results. The flowchart (Figure 1) represents the steps of search and selection of the articles.

Figure 1 - Process flowchart of articles found in databases



3 RESULTS AND DISCUSSION

To compose the results of this article, the descriptors were applied in the databases where 859 articles were previously selected, where 851 articles were excluded, and 8 articles were selected, where, from the selected articles, it is noted that they were published in 2016 (1), 2017 (5), 2018 (2).

Within the criteria established for the review, there were no articles found that meet the requirements between the years 2019 to 2022, exposing a gap in publications that present continuity of investigations related to the quality of life of institutionalized elderly, favoring a whole implementation of actions and policies in order to bring light to the problems detected in national institutions.

Already related to the search for articles in the databases, the institutionalized elderly have two realities, being the hospital and the LTCFs. It is noted a predominance of women in LTCFs, and this fact comes to be justified due to the longevity that women have compared to men, associated with a greater possibility of loneliness, due to being single or widowed.

Chart 1 shows for a better understanding of the data collected, information about author/year, title, objective, methodology and main results of the studies.

Frame 1 - Description of selected articles

Authors/ Year/	Title	Goal	Methodology	Major results
Freire et al. (2018)	Knowledge of caregivers of institutionalized elderly about fall prevention in Fortaleza-CE	To evaluate the knowledge of caregivers of institutionalized elderly about the prevention of falls.	Study with exploratory and quantitative approach.	It was shown that the caregivers had a satisfactory knowledge about the prevention of falls. However, there is a need to strengthen training by investing in permanent education. This is because the subjects that produce the greatest amount of errors are related to pathologies and the use of medications that may predispose the occurrence of falls, circulation of the elderly throughout their homes, adequacy for elderly people who may have visual problems and care when living with animals.
Melo et al. (2018)	Frailty, depressive symptoms, and quality of life: a study with institutionalized elderly	To evaluate the relationship between frailty, depression, and quality of life of institutionalized elderly.	This is a descriptive, correlational study with a quantitative approach.	Institutionalized elderly with frailty and depressed, have a worsening in the perception of quality of life. Therefore, it is noted that the impacts originating from frailty contribute negatively to the emergence of symptoms of



				depression, which affects the quality of life. Thus, the correlations found between frailty and quality of life, as well as depressive symptoms and quality of life, are higher for non-frail elderly.
Mesquisa et al. (2017)	Factors associated with sarcopenia in institutionalized elderly	To identify the prevalence and factors associated with sarcopenia in institutionalized elderly.	Cross-sectional study	The prevalence of sarcopenia was high among the elderly living in long-term care facilities, especially among men. Elderly with thinness showed greater impairment of their muscle reserves, while obesity was a protective factor for the development of sarcopenia.
Jeréz-Roig et al. (2017)	Activity limitations in Brazilian institutionalized older adults	To evaluate disability in Brazilian institutionalized elderly	Cross-sectional study	Activity limitations affected almost 73% of the institutionalized elderly in this sample and were associated with private homes, age, osteoporosis and institutionalization due to lack of caregiver. These factors indicate the need for actions aimed at the prevention and treatment of disability, which affects the quality of life of the elderly, as well as caregivers and society in general. Rehabilitation programs, based on activities and exercises, can stimulate mobility and physical capacity and, in turn, improve performance in ADLs.
Soler et al. (2017)	Life trajectory in the flow of age: diversity and complexity of paths	To present life histories of a group of elderly residents in LTCFs.	Study of qualitative and descriptive approach	Most of the institutionalized elderly were female, with low socioeconomic and cultural level, retired and receiving an average minimum wage, with cognitive alterations. Among the institutionalized elderly there are reports of suffering, sadness, feeling of being abandoned, occurrence of dependence, longing, vulnerability, absence of affection, affection and dialogue.

Continues...

Lima et al. (2017)	Nutritional assessment of elderly residents in long-term care facilities	To investigate the nutritional status of elderly residents of LTCFs	Cross-sectional study with a descriptive and quantitative approach	There is a strong association between institutionalization and nutritional factors of the elderly, and it is necessary to adopt adaptive measures by LTCFs. In the study, it was found that there is an association between institutionalization and the elderly with risk of malnutrition and malnutrition. It is recommended the adoption of a systematic follow-up by nursing professionals, based on efficient and easily executed instruments for the assessment of nutritional status in geriatric institutions.
Araújo and Bós (2017)	Quality of life of the elderly according to the level of institutionalization	To investigate differences in the quality of life of elderly people on the waiting list to live in LTCFs, residents of the institution, and those who are not waiting.	Cross-sectional study	Institutionalization does not promote worsening in the quality of life of the elderly, because this perception may be compromised from the moment the elderly seek institutionalization. For the elderly, the ideal was to be in their home, with family support, since there is a positive reflection on their quality of life, because it is known that the reality of Brazilian families is marked by obstacles to the care of elderly people who have physical and/or functional impairment.
Cucato et al. (2016)	Health-related quality of life in Brazilian Community-dwelling and institutionalized elderly: Comparison between genders	To compare the quality of life between institutionalized elderly men and women with those who live alone or with family members.	Cross-sectional study	Institutionalized men have better quality of life scores for the physical and psychological set compared to those who live in the community. Among women, similar results were observed between the groups. Given that HRQoL is related to the perception of life, men probably have a better perception of their physical fitness and cognitive function. In addition, chronic conditions such as arthritis, back problems, or depression are found more often in women, and these chronic conditions have a greater effect on HRQoL

Legend: LTCFs – Long-Term Care Institutions for the Elderly; ADLs – Activities of Daily Living; HRQoL – Health-Related Quality of Life.



From the moment we talk about institutionalized elderly who are not hospitalized, all the articles found to compose the results of the present study were related to research on elderly residents of LTCFs. It can be observed by the selected studies that elderly residents in LTCFs compared to those who participate only in Services for the Living of the Elderly, or elderly who live alone or with relatives or are waiting for a place in LTCFs, have worse quality of life scores (CUCATO et al., 2016).

However, the research of Araújo and Bós (2017), identified that elderly people when seeking the LTCF have impairment throughout their quality of life. In this scenario, it is observed that institutionalization is considered by them as the only way to mitigate all the unhealthy effects verified throughout the social and/or family context of the elderly. Therefore, for these authors, their analysis shows that institutionalization would be responsible for improving quality of life, contrary to what the literature demonstrates, where institutionalization could be related to reduced quality of life.

The study by Soler et al. (2017), presented the life history of 20 elderly people in LTCFs in two cities in the interior of São Paulo. It is noticed that most of the institutionalized elderly were women, of low socioeconomic and cultural level, were retired with a minimum wage. Of the total sample, 25% had some alteration in cognitive level. Regarding institutionalization, the elderly reported that they did not perceive the passage of time, and therefore did not end up preparing for an old age with satisfactory quality of life, especially with their respective families. Therefore, there are reports of suffering, sadness, feeling of being abandoned, dependent, vulnerable. In addition, living in LTCFs brings with it longing, absence of affection and affection, as well as dialogue.

Initially, the elderly considered institutionalization as something impactful for their lives, however, over time, the space ended up being incorporated into their routine, and although it does not represent the condition neither ideal nor satisfied for such, the elderly affirm that in the institution they were welcomed and are cared for. Therefore, it is revealed in the study that the individual must prepare individually for aging (SOLER et al., 2017).

In a comparative study between institutionalized elderly and community residents Cucato et al. (2016), comparatively evaluated the indicators of health-related quality of life (HRQoL) from the HRQL, Katz (Activity of Daily Living) and Lawton (Instrumental Activity of Daily Living questionnaire). According to the authors, elderly and institutionalized men obtained better scores for the physical and psychological domains compared to community residents.



Jerez-Roig et al. (2017), conducted a study in 10 LTCFs in Natal-RN, in order to investigate the functional disability of institutionalized Brazilian elderly and its relationship with quality of life. Activity limitations were assessed using the Katz questionnaire, which identified a prevalence of activity limitation for 72.9% of the sample. Among the main activities with limitations, the authors found that bathing (71.6%) was the most affected; followed by "dressing" (65.4%); and going to the bathroom (62%). It is known that the limitations caused by physical disability cause great socioeconomic impacts, affecting the quality of life of institutionalized elderly. According to the authors, the importance of developing a strategy to prevent and treat this condition is emphasized, in an attempt to reduce these aggravations.

Elderly residents in LTCFs who perhaps have reduced intimacy, very much in view, the rooms are collective, there is a constant need to adapt to a new environment, with rules, where in many cases the elderly is there upset by not having an alternative life. Thus, the quality of life of the institutionalized elderly needs to be understood from the world's views at a time marked by physical decline, the emergence of chronic pathologies that have implications for the elderly (LIMA et al., 2017; SOLER et al., 2017).

One of the limiting factors of quality of life for the institutionalized elderly is nutritional changes, making it necessary to adopt adaptation measures by LTCFs, improving the nutritional support that is indispensable for health. An inadequate eating pattern becomes a risk factor for the emergence / worsening of chronic conditions, so it is important to encourage a balanced diet, which will favor healthy aging. In this sense, Lima et al. (2017), identified that in a LTCF in Fortaleza-CE, there was a risk of malnutrition, statistically associated with sex, age and time of institutionalization.

The absence of factors such as autonomy, intimacy and independence within the LTCFs are considered to be influencing factors for them to weaken the institutionalized elderly, especially when they are abandoned both by society and by their families, because aging in the country has become increasingly challenging due to gradual growth, stereotypes and prejudices (SOLER et al., 2017). In addition, factors such as low educational level, very common in LTCFs, contribute to the emergence of depressive episodes, since few elderly people have the ability to develop extracurricular activities (JEREZ-ROIG et al., 2017).

In their study Araújo and Bós (2017), they promoted a comparative study between three groups of elderly, the first was those who lived in LTCF; the second, of those who were waiting for a vacancy in the LTCF; and the third, of elderly people who did not wish to live in LTCFs. The elderly who were waiting for a vacancy had a lower quality of life compared to the other groups.



Thus, it is perceived that with institutionalization, although they have their gaps, they still tend to offer a service based on care, which in some cases, the family is not able to provide due to socioeconomic factors, new family arrangements and the growing departure of women to the work environment.

From the perspective of quality of life Melo et al. (2018) identified that the degree of depression in institutionalized elderly tend to be higher and several factors are responsible, namely, family and social distancing, low performance of activities of daily living (ADLs) and the occurrence of frailty due to pathologies throughout the aging process. Therefore, depression is an important factor in reducing the quality of elderly individuals living in LTCFs. Note the importance of encouraging the autonomy and independence of the institutionalized elderly, as pointed out by Mesquita et al. (2017), and this should be independent of the degree of a possible pathology or impairment that the elderly may present.

The elderly living in LTCFs according to the present study by Mesquita et al. (2017), have higher levels of frailty due to an unbalanced diet, impacting on quality of life. And this fact can be explained because, basically, there are few employees in these institutions, which is not enough to meet the demand, thus preventing the emergence of extracurricular activities. Complements Freire et al. (2018), stating that these characteristics, in association with the absence of training/qualification of employees, creates a barrier for the caregiver to come to understand the real needs of the elderly, and therefore, there is no incentive to perform ADLs or activities that may come in a certain way to improve the quality of life of the elderly.

Caregivers according to Freire et al. (2018), have an essential role to prevent the occurrence of falls. It is known that the fall is a traumatic event of enormous magnitude for the quality of life of the elderly, and may even in some cases lead to death. In turn, the caregivers who are responsible for assisting the institutionalized elderly in numerous daily activities and throughout general care, makes these professionals have adequate knowledge so that they can identify and prevent the occurrence of falls in LTCFs.

Melo et al. (2018), evaluated, through a study, the relationship of the association between frailty, symptoms of depression and quality of life of 42 institutionalized elderly. For the research, the authors used the following questionnaires and scales: *Quality of Life Scale for Nursing Home Residents*, *Tilburg Frailty Indicator*, and *Geriatric Depression Scale*. Of the sample, 57.1% were female, with no symptoms of depression. It is observed that non-frail elderly had better perceptions about quality of life along the domains used for evaluation. It can be observed that there was a



negative correlation, with moderate and statistically significant magnitude for depressive symptoms and the five domains in the quality of life instrument.

4 CONCLUSION

From the literature selected to compose the results of this study, it is clear that the institutionalized elderly do not have a good quality of life, much in relation to family abandonment and the limitations of LTCFs, both in activities and human resources. It is noted that elderly people who frequently participate in Coexistence Services had a better quality of life, in which such places offer socialization, information and diversified activities.

In addition, it is important to understand that there are difficulties to measure the quality of life, since the institutions end up not offering the independence, freedom and autonomy of the elderly public, and therefore, it is difficult to measure improvements along the weaknesses that usually the elderly already had even before entering the institution.



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