

LIVING IN A LONG-TERM CARE FACILITY: DOES INSTITUTIONALIZATION REDEFINE QUALITY OF LIFE IN OLD AGE?

VIDAS ALBERGADAS: A INSTITUCIONALIZAÇÃO REDEFINE A QUALIDADE DE VIDA NA TERCEIRA IDADE?

VIVIENDO EN UNA INSTITUCIÓN DE LARGA PERMANENCIA PARA ANCIANOS: ¿LA INSTITUCIONALIZACIÓN REDEFINE LA CALIDAD DE VIDA EN LA TERCERA EDAD?



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ABSTRACT

Considering the rapid aging of the population in Brazil and the consequent increase in institutionalization in Long-Term Care Facilities for the Elderly, a phenomenon driven by complex family and social dynamics, a complex picture emerges regarding the positive and negative impacts of this process on the quality of life of the elderly population. The objective of this study is to understand how institutionalization affects the quality of life of elderly people, analyzing the factors that lead to this condition and the role played by institutions in the lives of their residents. In this context, a qualitative study was conducted, using semi-structured interviews with four elderly people, a psychologist, and a nurse, whose data were submitted to content analysis. Thus, it was observed that the experience of institutionalization is multifaceted, with adaptation being influenced by a safe physical environment and a relational dimension based on humanized care; family ties are decisive for well-being; and the feeling of belonging is subjective, oscillating between acceptance and resistance. According to that, it is possible to conclude that institutionalization can act both as a protective factor, offering support and security, and as a risk factor, presenting challenges such as depression and family distancing, with the quality of care offered being a fundamental element for promoting well-being and dignity in old age.

Keywords: Quality of Life. Elderly. Institutionalization. Public Health.

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RESUMO

Considerando o acelerado envelhecimento populacional no Brasil e o consequente aumento da institucionalização em Instituições de Longa Permanência para Idosos, fenômeno impulsionado por complexas dinâmicas familiares e sociais, emerge um complexo panorama sobre os impactos, tanto positivos quanto negativos, deste processo na qualidade de vida da população senil. Objetiva-se, neste estudo, compreender como a institucionalização afeta a qualidade de vida dos idosos, analisando os fatores que levam a essa condição e o papel desempenhado pelas instituições na vida de seus residentes. Para tanto, procede-se à realização de um estudo qualitativo, que empregou entrevistas semiestruturadas com quatro idosos, uma psicóloga e uma enfermeira, cujos dados foram submetidos à análise de conteúdo. Desse modo, observa-se que a experiência da institucionalização é multifacetada, sendo a adaptação influenciada por uma ambientação física segura e por uma dimensão relacional pautada no cuidado humanizado; os vínculos familiares mostram-se determinantes para o bem-estar; e o sentimento de pertencimento revela-se subjetivo, oscilando entre a aceitação e a resistência. Dessa forma, conclui-se que a institucionalização pode atuar tanto como um fator de proteção, ao oferecer suporte e segurança, quanto de risco, apresentando desafios como a depressão e o distanciamento familiar, sendo a qualidade do cuidado ofertado um elemento fundamental para a promoção do bem-estar e da dignidade na velhice.

Palavras-chave: Qualidade de Vida. Idosos. Institucionalização. Saúde Pública.

RESUMEN

Teniendo en cuenta el rápido envejecimiento de la población en Brasil y el consiguiente aumento de la institucionalización en Instituciones de Larga Permanencia para Ancianos, fenómeno impulsado por complejas dinámicas familiares y sociales, surge un panorama complejo sobre los impactos, tanto positivos como negativos, de este proceso en la calidad de vida de la población senil. El objetivo de este estudio es comprender cómo la institucionalización afecta la calidad de vida de las personas mayores, analizando los factores que conducen a esta condición y el papel que desempeñan las instituciones en la vida de sus residentes. Para ello, se llevó a cabo un estudio cualitativo, que empleó entrevistas semiestruturadas con cuatro personas mayores, una psicóloga y una enfermera, cuyos datos se sometieron a un análisis de contenido. De este modo, se observa que la experiencia de la institucionalización es multifacética, y que la adaptación se ve influida por un entorno físico seguro y por una dimensión relacional basada en el cuidado humanizado; los vínculos familiares resultan determinantes para el bienestar; y el sentimiento de pertenencia se revela subjetivo, oscilando entre la aceptación y la resistencia. De esta manera, se concluye que la institucionalización puede actuar tanto como un factor de protección, al ofrecer apoyo y seguridad, como de riesgo, presentando desafíos como la depresión y el distanciamiento familiar, siendo la calidad de la atención ofrecida un elemento fundamental para la promoción del bienestar y la dignidad en la vejez.

Palabras clave: Calidad de Vida. Ancianos. Institucionalización. Salud Pública.

1 INTRODUCTION

According to data from the Brazilian Institute of Geography and Statistics (IBGE), it is estimated that the elderly population in Brazil exceeds 30 million individuals. In Minas Gerais, this age group corresponds to about 2.5 million people, which is equivalent to approximately 17% of the state's population. It is noted that a portion of this population is in Long-Term Care Institutions for the Elderly (LTCFs), exceeding a number of 70 thousand, according to data from the Ministry of Health (MS), with an annual growth trend of 3%.

According to the National Health Surveillance Agency (Anvisa), LTCFs are residential institutions, intended for the collective home of individuals aged 60 years or older, with or without family support, in conditions of freedom, dignity and citizenship. In them, several elderly people live in the same space and are assisted by specialized professionals, who provide them with long-term care. In this sense, according to a survey carried out by the Institute of Applied Economic Research (IPEA) between 2007 and 2010, there are 3,548 of these institutions in Brazil, in which 83,870 elderly people reside, who are called sheltered elderly.

According to a study conducted by Júnia Denise Alves-Silva et al. (2013), the reasons that lead to the institutionalization of the elderly are diverse: the family may not have the financial, emotional and physical structure to provide care to the elderly, nor does it have the support of the State and community organizations to care for the family member at home. In some cases, institutionalization may also be voluntary, related to reasons such as widowhood or the absence of children.

In addition, studies such as that of Freitas et al. (2010) highlight that institutionalization can have significant impacts on the quality of life of the elderly, positively and negatively influencing physical, emotional and social aspects.

According to the World Health Organization (WHO), quality of life (QoL), for any age group, is "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns." From this perspective, Aurora Esteve-Clavero et al. (2018) states that, as in other social groups, the quality of life of the elderly depends on: social relationships; recreational activities and satisfaction; social and environmental factors; social support and use of information technologies. QoL, according to the definition proposed by Silva et al. (2017), encompasses not only the absence of diseases, but also the preservation of autonomy, satisfaction with social relationships, and the ability to adapt to changes.

Regarding the quality of life of institutionalized older adults, most studies have pointed out that the QoL of older adults living in LTCFs, when they are sought, is already

compromised, and that these institutions act to mitigate this condition (Hemanuelle Gomes Venceslau et al., 2023). Also in this context, several discussions, such as Sherrer Júnior et al. (2018), as well as Souza et. al, point out that LTCFs make the elderly feel, for example, happier and more valued, which, without a doubt, are key points to have quality of life as recommended by the WHO.

On the other hand, negative impacts are also observed. The research by Lima et al. (2016) showed that institutionalization is a challenge for maintaining the main aspects of quality of life, and that the weakening of family ties can contribute to a reduction in the QoL of these individuals after this process. In addition, the study by Freitas and Scheicher (2010) emphasizes that institutionalization is one of the stressful situations that trigger depression and causes the elderly to go through several transitions. This transition leads to the loss of identity, freedom, self-esteem, a state of loneliness and, often, the denial of one's own life, which justifies the high incidence of mental illness in nursing homes. According to Araújo, Coutinho and Santos (2006), changes in habits, routines, environments and personal and social relationships can also occur.

Thus, it is understood that population aging, institutionalization and quality of life are permeated by multiple issues. In this scenario, since the search for the association between the reasons that led the senile population to LTCFs and their impacts on quality of life is a relevant theme for public health, there is a need for a deeper understanding of it, in order to minimize the damage and expand the positive role of LTCFs. Thus, the research is justified by the growing social relevance of the institutionalization of the elderly, a phenomenon that reflects changes in family dynamics and in the organization of care for the elderly.

2 METHODOLOGICAL DESIGN

This is a study that aimed to understand how institutionalization affects the quality of life of the elderly, based on their perceptions and those of professionals who work in the health care of the elderly, having as an analytical starting point the transformation in the quality of life of residents before and after institutionalization. To this end, the research sought to understand the factors that led to institutionalization and the role of institutions in the lives of the elderly.

Institutionalization in old age refers to the process by which older individuals are integrated into long-term care institutions, such as nursing homes and nursing homes. Studies such as those by Lima et al. (2016) demonstrate that institutionalization can have significant effects on the quality of life of the elderly, changing their routines, relationships,

and feelings of autonomy. This process can have profound implications for the mental health and overall well-being of residents.

The methodology used in this project was based on the qualitative analysis of data collected through semi-structured interviews, observations and documentary records. The analysis was guided by the principles of content analysis, as described by Mendes and Miskulin (2017). Initially, the material was explored to identify registration units and context units. The registration units may include reports on institutionalization experiences, emotional aspects, and perceptions of quality of life. These units will be analyzed to identify relevant themes, such as changes in autonomy, perception of care and psychological impact of institutionalization.

The categories of analysis will be established based on the theory of institutionalization and quality of life in old age. Categories such as "Impact of Institutionalization on Mental Health", "Changes in Social Relationships", "Emotional Aspects of Institutionalized Life" and "Assessment of Functional Capacity and Physical Aspects" will be explored. The analysis will be carried out following the principles of mutual exclusion, homogeneity, pertinence, objectivity and productivity, as recommended by Mendes and Miskulin (2017).

The data will be treated and analyzed to identify significant patterns and categories. The process will involve a detailed and repeated reading of the data, seeking to understand how institutionalization redefines the quality of life of the elderly. The analysis categories will be adjusted as needed to reflect on experiences in motion.

The analysis will be guided by the concept of "quality of life in old age" and how it is redefined by institutional experience. The approach will allow us to understand individual experiences, as well as the institutional dynamics that influence these experiences. The methodology of this study is guided by a qualitative approach, which is based on a deep and contextualized understanding of the phenomena investigated. Qualitative research is particularly suited to exploring complex issues related to individuals' perceptions and experiences, allowing for a detailed analysis of the nuances of the context in which they are inserted. According to Minayo (2004), the qualitative approach stands out for its ability to capture the richness of the experiences and meanings attributed by the participants, going beyond simple quantifications and seeking a more holistic understanding of the phenomena.

Based on the proposed objective and the theoretical references researched, the method chosen was to conduct individual interviews based on a script (attached), aiming to collect reports related to institutionalization. In this perspective, interviews are a broad instrument, promoting exchanges that provide meaningful discussions, inclining professionals to a process of analysis, reflection, and survey of active, participatory, and

creative possibilities, in the search for transformations that accompany the needs and complexities of daily life in the field (OLIVEIRA, Priscila Borges; 2024).

The study was conducted in (withdrawn to preserve peer review), in the municipality of (withdrawn to preserve peer review) and was divided into three main stages. The first stage involved the recognition of the field of action, where it was sought to understand the environment of LTCFs, their procedures, and the conditions in which the elderly live. This internship also aimed to adapt the researchers to the context and to properly plan the next steps. During this phase, initial observations and interactions were carried out with the residents to familiarize themselves with the environment and with the social and institutional dynamics of the LTCFs.

The second stage consisted of the application of interviews, lasting one hour, with the following themes: Emotional Aspects and General Health Status, Social Aspects, Mental Health and Functional Capacity and Physical Aspects. The themes and questions were delimited by the students based on the adaptation of the Medical Outcome Study 36-item Short Form (MOS SF-36), a generic questionnaire, translated and validated into Portuguese by Ciconelli et al.⁶, composed of 36 items, which assess quality of life. The field researchers were seven students and one professor of the undergraduate medical course at the University of São Paulo.

The inclusion criteria used for the selection of participants were: being officially registered in the long institutional stay and having physical and mental conditions to answer the questions. On the other hand, the exclusion criteria were individuals who were not at the institution during the study, as well as those who were involved in other activities of the LTCFs at the time of the interview. In conversation with the LTCF team, 6 professionals in training or already graduated who work in LTCFs and 6 elderly people were identified, all indicated by the administrative management of the LTCFs. The number of participants interviewed permeated their desire to participate in the proposed activity, and at the end 4 elderly people, a psychologist and a nurse were interviewed.

In the third stage, the data were analyzed from the transcription of the interviews. Data analysis was carried out using Bardin's (2016) content analysis methodology and included the organization and interpretation of the information obtained in the interviews, with the aim of identifying patterns, impact phrases, and emerging and significant themes. This methodological approach seeks not only to describe, but also to understand the complexity of institutionalized life and its impact on the quality of life of the elderly, therefore, in relation to the ethical aspects of research with sheltered elderly, it was essential to ensure that the participants are treated with the utmost respect and protection, being approved by the

Research Ethics Committee with the CAAE: 84914524.8.0000.5151. The privacy of the participants was protected, with all information being stored securely and accessible only to researchers. Identifiable data has been omitted from analyses and reports to ensure confidentiality.

3 RESULTS AND DISCUSSION

Initially, each member read the interviews in full in order to become familiar with the set of reports. Subsequently, the most representative excerpts from each of the interviews were organized according to their adequacy to the previously defined codes.

Then, four main codes were identified, which were delimited based on the contents addressed in the interview questions formulated by the group. They were: Emotional Aspects and General Health Status, Social Aspects, Mental Health and Functional Capacity and Physical Aspects

The subsequent stage consisted of a cross-sectional analysis of the content of these codes, with the objective of identifying elements, speeches and meanings that permeated more than one of them. From this process, four broad categories emerged: Setting, Evolution, Socioeconomic and Belonging.

Within each of these categories, it was expected that the reports selected from the interviews would contemplate essential aspects to understand the experience of institutionalization. In the ambiance category, we sought to identify the structural characteristics of LTCFs, their impact on the quality of life of the elderly and the nature of the relationship established with employees. In evolution, emotional and physical aspects were considered in a comparative way, including perceptions and changes before, during and after entering the institution. The socioeconomic dimension encompassed the social dynamics among the residents, the interaction with family members and the influence of financial conditions on the quality of life throughout the institutionalization process. On the other hand, the feelings of the elderly in relation to LTCFs and the degree of integration into the institutional environment were analyzed. The main results resulting from this thematic organization will be presented and discussed below.

3.1 SETTING

The Ambiance category shows how the structural and relational aspects of LTCFs act in the redefinition of the quality of life of the elderly after institutionalization. This finding dialogues with studies that describe LTCF as a space that combines determinant dimensions for the well-being of residents (Camargos et al., 2016). The excerpts analyzed show that the

physical environment, combined with the way human relationships develop within the institution, constitutes one of the central axes for the adaptation and well-being of residents, as already pointed out by Sousa Filho et al. (2022), when they highlight that adequate housing and multidimensional care are essential to the quality of life of the elderly.

Regarding the physical structure, there is an effort by the institution to ensure comfort, accessibility and safety. Reports that highlight "all beds have a rail" or that "the bedrooms, bathrooms and lounges are adapted" point to a space that seeks to promote autonomy and accident prevention — aspects that the literature describes as fundamental, since architectural adequacy reduces risks, favors mobility and contributes to the preservation of functional autonomy (Sousa Filho et al., 2022). NBR 9050/2020 itself, cited by these authors, reinforces that accessibility and ergonomics are pillars for environments intended for the elderly population. The descriptions of cleanliness, maintenance and ambiance — "everything is clean here", "everything changed, tidied up" — reinforce the role of the physical environment as a factor of welcome and dignity, which also appears in the findings of Camargos et al. (2016), when they highlight the importance of environmental conditions for the elderly to perceive the LTCF as a safe and welcoming place, softening the emotional impact of institutionalization.

On the other hand, the relational dimension of the setting is equally determinant. The professionals' discourses demonstrate a commitment to the humanization of care, by emphasizing the importance of respect and affective proximity with residents: "here we work for them", "they miss us, as we feel about them". Such relationships reflect what Duarte (2014) discusses about the need to rebuild bonds and maintain the identity of the elderly within the institution, since humanized practices contribute to avoid isolation and favor the feeling of belonging. In this sense, quality of life is also a result of the way the elderly are recognized and valued within the institutional space, as Camargos et al. (2016) point out, when they show that affective welcoming influences the positive perception of LTCFs.

Another prominent element in the construction of the environment is the presence of playful and recreational activities, such as bingo, workshops, musical performances and visits from external groups. These actions, in addition to stimulating socialization, work as mediators of emotional well-being, offering moments of pleasure, relaxation and rescue of affective memories. Studies indicate that such activities are essential practices of coexistence, as they transform the institutional space into a place of interaction and resignification of everyday experiences (Camargos et al., 2016; Sousa Filho et al., 2022). Reports such as "when the music comes, they are totally different" and "those who participate like it a lot and miss it when there is none" show that these practices favor the expression of

feelings and strengthen self-esteem, which converges with Duarte (2014) when he states that the LTCF becomes a "place" when it allows the elderly to rebuild meanings and bonds through meaningful experiences. The statements also reveal that the environment is strained by structural and human resources challenges, such as the limitation of professionals and the difficulty of access to specialized services, a reality often discussed in research on LTCFs in Brazil (Sousa Filho et al., 2022). Such limitations can compromise the comprehensiveness of care, but even so, there is a continuous effort to create positive experiences, especially through recreational and cultural activities, which transform the physical space into an environment of coexistence and emotional stimulation — a phenomenon also reported by Camargos et al. (2016) when analyzing the perceptions of institutionalized older adults.

Thus, the Ambiance category demonstrates that the institutional environment is not restricted to a place of residence, but is configured as a scenario for the reconstruction of bonds, memories and meanings of life. The physical structure and the relationship with employees, when guided by empathy and care, act synergistically to minimize the effects of the loss of the family environment and redefine the quality of life of the elderly — the central objective of this study and also pointed out as a need in the analysis of the institutionalization process (Duarte, 2014; Sousa Filho et al., 2022; Camargos et al., 2016).

3.2 EVOLUTION

The reports reveal that the arrival at LTCFs represents a significant rupture in the daily life of institutionalized older adults, which concerns their evolution during their incorporation into the institution. This initial moment marks the impact of the change of environment and helps to understand the factors that lead to institutionalization, such as the loss of autonomy and the need for a space that offers continuous support to these individuals.

The excerpts that describe the conditions in which the elderly are welcomed, such as "Today, they arrive very weak... more advanced dementia process...", reinforce the character of necessity that often precedes institutionalization. The study by Vasconcelos et al. (2022) speaks to this perspective by highlighting that family and social abandonment is generally justified by the family's difficulty in having the economic condition and personal availability to maintain the care of a frail elderly person and/or with comorbidities. These contexts dialogue with the objective of understanding the factors that led the elderly to the shelter, showing that the institutionalization process occurs, in general, in stages of dependence or advanced disease, when family care is no longer sufficient, emphasizing the importance of the existence of care institutions. In addition, the influence of the mechanisms and methods chosen in the reception of the elderly in their conceptions about physical integrity and expectations in the

face of institutionalization is evident, which reinforces the importance of continuous monitoring and the influence of time and coexistence on physical and mental health.

The statements complement this perspective by showing that, despite the initial discomfort of adapting to the institution, the elderly tend to adapt and experience positive feelings after this phase, marked by the beginning of new routine dynamics that promote integration, improved communication and motivation of residents. Statements such as "I wanted to leave" report the initial resistance, followed by the adaptation to life and routine, reflecting the transition from a feeling of rejection to an experience of belonging, an effect of integration practices that promote positive results even in the face of individual challenges.

However, Vasconcelos et al. (2022) points to a significant number of depressive symptoms in institutionalized older adults, associated with social isolation and poor health, while older adults who attend community centers, but have a residence, have a better quality of life compared to residents, suggesting that depending on the institutionalization model, there is no guarantee of mental well-being. These developments demonstrate that the reception and institutional routine focused on care that includes mental health can favor emotional stability. This perspective is based on the literature of Dias et al. (2013) when they demonstrate that, within the parameters of the WHOQOL-OLD, the institutionalized elderly were satisfied with institutionalization, which validates the idea that it is possible to have mental health within institutions.

When observing discourses such as "sometimes you start to lose and forget." and "It is expected that some get a little depressed, which is what happens, but, in general, they adapt well... An important observation is that the emotional state of the elderly varies greatly according to the reason why they came here.", brings to light the functional impact of aging and cognitive limitations that will still be present in the experience of institutionalization, since this physiological process occurs regardless of actions that seek to preserve and improve physical and mental performance.

Institutionalization, as an alternative to promote health support for the elderly, is not limited to minimizing the loss of these functions by making it possible to overcome some conditions. This strengthens the idea of the potential for recovery that institutionalization can provide, as contextualized in the excerpt "It's been very good to stay here, it's helping me with motor coordination... I'm almost getting up.". The reports summarize the idea that institutionalization favors the feeling of optimism generated by daily achievements, as they reveal that the institutional environment can stimulate personal achievements, promote self-esteem and resignify the notion of functional capacity in old age.

In addition, when stating "I'm trying my best, taking a bath alone", and then, "it's something I've achieved", the elderly express satisfaction and pride in regaining small independence within the shelter, highlighting another aspect of adaptation, the reconstruction of autonomy. Although the analysis by Vasconcelos et al. (2022) points to the loss of autonomy and depression as frequent risks of institutionalization due to the rigidity of routines, the present reports of this study lean towards the conclusions of Dias et al. (2013), strengthening the conception that welcoming aimed at meeting physical needs, mainly as a result of family helplessness, promotes an upward improvement in the perception of physical mastery and full integration.

3.3 SOCIOECONOMIC

The Socioeconomic category addresses how interpersonal relationships, family ties, and material and financial conditions influence the experience of institutionalization and, consequently, the redefinition of the quality of life of the elderly. This understanding dialogues with the findings of Dorlivete and Silva (2024), which show that socioeconomic factors, such as low income, dependence, and lack of family support, are among the main aspects that impact well-being in old age, reinforcing that institutionalization is often crossed by social inequalities. The discourses analyzed reveal that the quality of life in the institutional environment is strongly related to the presence (or absence) of affective and economic support, both in the period before and during the stay in the institution, which is also discussed by Barroso (2006), when he points out that the family constitutes the main basis of emotional and social support for the elderly.

The reports indicate that the family bond is an important determinant of emotional and social well-being. Testimonials such as "My niece comes here a lot... we talk a lot, draw, color together" and "they are very attentive and come a lot... We are not abandoned" show that the visit and participation of family members work as mechanisms of belonging and continuity of social life, reinforcing the identity and the feeling of appreciation of the elderly. This finding is echoed in the data by Dorlivete and Silva (2024), which highlight that the presence of the family contributes to strengthening bonds, promoting emotional security, and reducing feelings of abandonment.

On the other hand, family distancing appears as one of the main sources of loneliness: "usually they (the family) do not even come to see the elderly", showing that the absence of bonds reinforces isolation and can compromise the meaning of life after institutionalization. According to Barroso (2006), the lack of family support is directly associated with increased emotional vulnerability, especially among elderly people in situations of dependence.

The social context between residents and employees also emerges as a relevant component. The statements "there are elderly people who are very difficult to take care of... he will complain about everything" and "the elderly are needy, they are needy as hell" express the complexity of coexistence relationships, marked by affection, emotional dependence and tensions typical of collective life. This complexity is observed by Dorlivete and Silva (2024), when they identify that institutionalization creates new arrangements of sociability that can both generate conflicts and favor significant ties. Despite the tensions, there are expressions of solidarity, such as the report of those who help their bedridden colleague: "I take the cover before covering the night... I do all this for her." These gestures reveal the capacity for empathy and cooperation that develops in the institutional space, configuring new forms of sociability that contribute to the feeling of usefulness and belonging, a phenomenon also described by Barroso (2006), when he recognizes that relationships between peers can play a protective role in institutional experience.

With regard to the economic dimension, it is observed that financial vulnerability is a determining factor both for entering the institution and for the perception of improvement in quality of life. Professionals report that "there was an improvement for those who were more financially vulnerable, because they never had close monitoring", indicating that, for many, LTCFs represent an opportunity for regular access to basic care and health care, which did not exist before. This perception is consistent with Dorlivete and Silva (2024), who identify that elderly people in low-income situations are more dependent on institutions and report improvements in basic conditions when they start to receive systematic monitoring.

In this sense, institutionalization, although it can mean loss of autonomy and of the family environment, is also configured as a space of protection and stability for those who faced material deprivation, an affirmation that also appears in Barroso (2006), when he points out that many institutionalized elderly people lived, before entering, in precarious subsistence conditions.

In addition, the discourses suggest that the impact of institutionalization varies according to the family and financial support available. "When there is the family walking together, it is another department. The person is only in another house, but the relationship continues" - this statement summarizes the idea that institutionalization does not need to break affective ties, but can resignify them when there is active family involvement and adequate support structure, as reinforced by Dorlivete and Silva (2024), when describing the importance of continuous family support in institutional adaptation.

Thus, the Socioeconomic category demonstrates that the quality of life of the institutionalized elderly is the result of the intersection between material and relational

aspects. The economic structure, the maintenance of affective bonds and the social network within LTCFs form a set of factors that define the way the elderly experience institutional aging. This understanding reinforces the central objective of the research, by showing that institutionalization not only alters the living space, but reconfigures the meanings of belonging, security, and dignity in old age, as highlighted by both Dorlivete and Silva (2024) and Barroso (2006), when they demonstrate that financial conditions, social relationships, and affective support are central determinants of quality of life in old age.

3.4 BELONGING

The statements of the individuals interviewed are directly linked to the category of belonging, showing how the elderly redefine their own perception of quality of life after the institutionalization process, a phenomenon widely described in the geriatrics literature, which points out that adaptation involves individual emotional, social and life history factors (Bessa et al., 2012 ; Oliveira & Rozendo, 2014). It is observed that the feeling of being in LTCFs is constructed in a plural and subjective way, varying between acceptance, gradual adaptation and resistance - as also reported in studies that simultaneously identify satisfaction, conformism and psychological suffering among institutionalized elderly (Rissardo et al., 2012 ; Porto, Roecker & Salvagioni, 2013).

For some, the institution is perceived as a structured environment, which offers comfort, opportunities for activities and coexistence, being evaluated in an extremely positive way: "For me it is very good. If you ask me a grade that I give for this here, I give a thousand and one, it's all very good." In this case, quality of life is reinterpreted based on the availability of resources, security, and the possibility of maintaining social and cultural bonds, aspects that the literature also associates with the feeling of psychological well-being and social utility (Lima et al., 2016 ; Oliveira & Rozendo, 2014). This reinforces a sense of belonging to the space, as perceived in the statement: "The structure helps in psychological development. Those who want to seek knowledge have opportunities: reading, art, volunteering, interaction with girls who come on Saturdays to the games. I myself have gone to support the girls." The literature shows that meaningful activities and positive coexistence favor autonomy, self-esteem, and active aging (Avelar et al., 2017 ; Miyamoto & Chubaci, 2016).

On the other hand, you say things like "Oh, there are some that look good, right? There are others who want to leave. There are a couple of owners there who want to leave. Oh, you're homesick, right?" reveal that, although there are moments of pleasure and interaction, the feeling of "homesickness" and the desire to return home remain present in some elderly people. Studies show that the rupture with the domestic environment, belongings and

personal history can cause psychological suffering, insecurity and feelings of loss (Minayo, 2012; Clos, 2010 ; Oliveira & Rozendo, 2014). Thus, the process of belonging is neither immediate nor homogeneous, often marked by ambivalences (Rissardo et al., 2012).

In addition, tensions related to coexistence emerge, as evidenced in the statement: "I don't mix. Because here's the thing, these are people who don't add anything to me [...] So, I can't do it." This attitude demonstrates that belonging is also linked to the construction of identity and to the way each elderly person interprets their place within the collectivity: a perception consistent with studies that indicate that cultural, educational and personal trajectories differences influence social integration in LTCFs (Marin et al., 2012 ; Souza, 2009). At the same time, reports such as "One thing that draws too much attention... Here they walk well. He arrives on the street, grabs it, because he is afraid, he does not see properly... It generates insecurity, they grab you, right?", when mentioning that the institutional environment offers greater physical security in relation to the "outside world", they show that the institution can represent a space of protection, even when it is not perceived as a home - something also highlighted by Carli et al. (2011).

In this sense, the statements show that the quality of life after institutionalization does not depend only on the infrastructure and activities offered, but above all on the ability of the elderly to rebuild affective bonds, resignify their history and recognize themselves as part of the new environment. The literature reinforces that autonomy, family support, social bonds, and a feeling of welcome are central determinants of adaptation and satisfaction in LTCFs (E1124, 2018 ; Oliveira & Rozendo, 2014). Thus, the feeling of belonging acts as a central element for the redefinition of quality of life: the greater the possibility of establishing bonds, participating in meaningful activities and feeling recognized in one's uniqueness, the greater the positive perception of life within the institution - a perspective aligned with the notion of active aging and psychological well-being defended by authors such as Araújo & Paúl (2013).

From another perspective, when homesickness, non-identification with the group or difficulty in adapting predominate, quality of life tends to be perceived in a more limited way, as studies that describe feelings of sadness, uselessness, isolation and loss of motivation among institutionalized elderly people (Jacinto; Porto et al., 2013 ; Lima et al., 2016). In this way, the category of belonging shows how living in an institution requires a continuous process of reconstruction of identity and the sense of being in the world, directly influencing the way the elderly experience and evaluate their own quality of life - a conclusion consistent with research that highlights the subjective and relational impact of institutionalization (Goffman, 2013 ; Marin et al., 2012).

4 FINAL CONSIDERATIONS

The analysis of the interviews shows that institutionalization has a profound and multifaceted impact on the quality of life of the elderly. It is observed that, although many enter LTCFs in conditions of physical frailty, functional dependence or cognitive deterioration, the institutional environment can offer structured support, security and activities that favor adaptation.

Over time, older adults tend to evolve from an initial state of resistance and insecurity to an adaptation marked by greater integration, participation in activities, and bonding with professionals and other residents. However, challenges remain, such as the presence of depressive symptoms, the weakening of family ties, and structural limitations of institutions.

The findings reinforce that institutionalization, despite frequently starting in contexts of vulnerability, can act both as protection and as a risk factor, depending on the quality of care offered. Thus, understanding the experiences of residents and the factors that influence their adaptation is essential to strengthen institutional practices that promote well-being, autonomy and dignity. The study evidences, therefore, the continuous need for qualification of LTCFs, ensuring that they play a positive and humanized role in the lives of the elderly.

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ANNEX

Table 1

Interview Script

1 Emotional Aspects and General Health Status	<ol style="list-style-type: none"> 1. Emotional Aspects: How would you describe the emotional state of the elderly from institutionalization, that is, which feelings predominate in daily life and there was a change or labilities in the emotional state? 2. General Health Status: How do you evaluate the general health of the elderly today compared to the beginning of institutionalization? 3. General Health Status: How do you feel your energy level throughout the day of the elderly? Do you notice any changes such as fatigue or other signs and symptoms? 4. Emotional Aspects: from your perspective, how does the environment impact emotional well-being? Are there things that help or hurt, for example? 5. General Health Status: How do you perceive that medical and health needs are met? What is the participation of the SUS? and other institutions?
2 Social aspects	<ol style="list-style-type: none"> 1. Social Integration: How do you perceive the level of social interaction within the hostel? 2. Recreational Activities: What recreational/recreational or socialization activities do you identify? Could you describe, please? 3. Social Relations: How are the relationships between residents? And with the teams that work in the shelter? 4. Family: Do you participate in moments with the families of the sheltered? Can you present insights about these moments? 5. Social Integration: Are there any activities or events you would like to see more often here? What do you think could help improve social interaction?
3 Mental Health	<ol style="list-style-type: none"> 1. How do you describe the mental health of the elderly and the professionals who work in the institution?
4 Functional Capacity and Physical Aspects	<ol style="list-style-type: none"> 1. Functional Capacity: How do you assess the ability to perform daily activities, such as dressing, bathing and eating, from those who are in the shelter? Are there physical limitations that make it difficult to perform certain activities? If so, what are these limitations? 2. Physical Aspects: How would you describe the adaptation of the shelter's facilities to the physical, psychic and cognitive needs of the elderly? 3. Functional Capacity: Are there activities or services or partnerships that you think could help improve the shelter's performance? What would they be?