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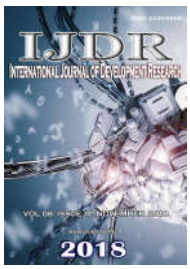

ORIGINAL RESEARCH ARTICLE OPEN ACCESS

PERSPECTIVES OF FAMILIES AND HEALTH PROFESSIONALS ABOUT THE EXPERIENCE OF ELDERLIES WOMEN WHO LIVE IN A LONG-TERM CARE INSTITUTION

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ABSTRACT

This article analyzes the perceptions of accompanying family members and health professionals about the experiences of elderly women who chose to live in a Long - Term Care Institution (LTCI) in light of the Aging in Place (AIP) phenomenon, imbricated to the Lifespan Theory. This is a qualitative study in which a biosocioeconomic questionnaire and an interview with a semi-structured script were used. For the systematization of the results, the technique of content analysis and thematic coding were used. Four companion relatives and four health professionals from the institution were interviewed. The results were arranged in four thematic categories: (I) Identification, belonging to the site and satisfaction with housing, (II) Maintenance of independence and autonomy, safety and health conditions, (III) Social participation and needs (IV) Positive vision, plans and learning. The interviewees believe that these elderly women experience the cycle of old age in a positive way and in a place that, according to characteristics listed, refer to the aging in place phenomenon with a leading role and social support and in a successful way.

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INTRODUCTION

The elderly population in Brazil grows at a pace that has never been seen, which has been posing major challenges for society in terms of health, housing, accessibility, care, preparation of professionals to meet this demand, among others.

While increasing life expectancy is considered one of the greatest achievements of mankind, there is no doubt that it brings costs both in the social and family spheres (Dias, 2015). It is observed that families are increasingly composed of several generations, while decreasing the number of members in each generation. That is, there is an "intergenerational

expansion", meaning the increase in the number of generations that live together, while at the same time there is a "generational contraction", which denotes the decrease of individuals in each generation (Vicente, 2010). The family has also taken on new configurations which brings about changes in their constitution related to bonding, intergenerational relationships and other difficulties that affect their functions of caring, welcoming and protecting the parent or grandfather / grandmother, especially those who are dependent for monitoring the daily life activities (DLAs) (Born andBoechat, 2011).

A homogeneous and stable family pattern is not observed. Family roles and relationships have been changing; families have become less hierarchical and more flexible. There is now a spread of arrangements that escape the standard of the typical nuclear family (Santos, 2013).

Regarding physical issues, it is considered that the stage of old age is permeated by changes - such as loss of physical strength, vitality and decreased body coordination -, psychological and social. Recent studies look not only at identifying the losses or vital aspects that decline over the years, but also the new possibilities that emerge from this stage that is more enduring. It is a phase of the life cycle that, in the face of the various biopsychosocial variables, has aroused the interest of gerontologists, geriatricians and sanitarians all over the world (Alves-Silva, Santos and Scorsolini-Comin, 2013; Gonçalves, Vieira, Siqueira and 2013).

According to Batistoni (2009, p.13), aging and the heterogeneity of old age have become one of the growing and challenging themes of psychology as a "science of behavior and mental phenomena." The paradigm life-span perspective of understanding human development reinforces that the intra and interindividual distinction of aging is observed from the consideration of socio-cultural (gender, cohorts, roles), socioeconomic (education and income), psychosocial (self-regulation mechanisms) and biological (health status, quality of life, and physical functionality) that are present throughout life (Batistoni, 2009).

The desire to remain active and productive tends to be preserved throughout aging, motivating the individual to broaden or develop their social participation. The perception of social protagonism of the elderly and that he can bring contributions to society, family and friends is related to a better physical functioning and greater longevity (Flesch, 2013; Gruenewald, Liao and Seeman, 2012).

The family is of paramount importance in the life and well-being of the elderly, since it can be considered as a support for those who need care. However, intergenerational cohabitation can lead to conflict and relationship problems, which can be aggravated when family members are not able to understand the behavior of their elderly relatives or when they cannot provide adequate care (Freitas, Py, Neri and Cançado, 2011).

Changes in the Brazilian family, associated with the aging population increase, and the growing demand for specialized care services for the elderly population are reinforcing the facilities of institutions that aim to care for the elderly. The Long Stay Institutions for the Elderly (Long Term Care Institution- LTCI) are based on an existing model of care, however, they incorporate a new scenario intersected by collective health and the care line, concepts widely propagated by the Ministry of Health and the Single Health Service.

In this sense, it is observed that the increase of this type of institution in Brazil is increasingly frequent, although in an incipient way and focused on clientelism, because we do not yet have robust public policies to protect the elderly that regulate their functioning (Camarano and Mello, 2010).

In addition, the place as a socially constructed phenomenon has been an essential point of reference for the new health geography (Kearns and Moon, 2002). Thus, considering the residential or institutional care settings as a social, emotional, physical, cognitive and behavioral place (Cheng, Rosenberg, Wang, Yang and Li, 2011), it becomes preponderant to listen to the experience of its residents.

Characterizing living in Long Term Care Institution (LTCI) and in the Community

In Brazil, LTCIs are considerated governmental or non-governmental residential institutions with the function of collective domicile of persons aged 60 or over who receive family support and who offer the service in a condition of freedom, dignity and citizenship (Camarano and Kanso, 2010). To the elderly who do not find family support, when they need help to carry out activities of daily living, there remains the possibility of admission to an LTCI (Tier, Fontana and Soares, 2004).

This insertion can also occur if the family does not have a structure (financial, emotional, physical and personal / caregivers) or, when it does not have the assistance of the State and community organizations to care for the elderly relative at home (Born and Boechat, 2011; Or, when the elderly person having talked or not with relatives, chooses to reside in an institution.

Thus, once the LTCI is denominated as a residence for the elderly, the actions of the multidisciplinary team aim at integrating the humanization, the quality of life, the individualized care and the incentive to self-care of the elderly person. Similarly, health professionals are challenged as to the inventiveness and competence in the management of elderly / institutional norms / family intervention, as well as the introduction of this elderly in this new residential context (Camarano, 2010).

The care in LTCI can be provided from the verification of the inexistence or difficulty in dealing with relatives, abandonment or lack of financial resources of the elderly or his family, also, by own choice. The probability of admission to these institutions increases significantly with the advancement of age and degree of dependency. The fact that they cannot perform daily life activities (DLAs) is a parameter (Menezes, Bachion, Souza and Nakatani, 2011).

Characterizing the Aging in Place (AIP) perspective: There is a preference to consider aging in our homes and in the company of the family, a healthier experience. Although the institutionalization of the elderly cannot be considered a recent issue, there are still opinions of displeasure regarding this type of formal care for the elderly (Prego, 2016).

However, it is important to emphasize that a housing environment can be the one chosen by the elderly, with better

arrangement and harmony, essential for the residence and rest, so expensive in this life cycle, also, where one identifies and feels good, whether it be a house of their own, the house of relatives, an inn, a hotel, a public or private LTPI, among other kinds of dwellings. The housing and care policies of many countries broadly promote the idea of home as the best place to grow old, considering the move to a special housing (LTCI) as a life transition that should be postponed or avoided (Bonifas, Simons, Biel and Kramer, 2014; Vasara, 2015).

There are records of studies in the scientific literature on elderly people who choose to live in LTCI to maintain their independence and autonomy, and not to be a burden on the family (Freitas *et al.,* 2004; Oliveira and Rozendo, 2014; Vieira *et al*.). Both arrangements, when considering the will of the elderly, their biopsychosocialaspects and their participation in the community, whether choosing to stay at home or institution, culminate in the phenomenon aging in place (AIP), focus of the present article.

The appreciation of the literature allowed us to verify the existence of several definitions about the mentioned phenomenon. Pynooss, Caraviello and Cícero (2009) argue that the aging in place phenomenon is an emerging policy that is mainly concerned with understanding the changes that occur along aging and in the environment in which the elderlies are integrated.

There is also the consideration that the aging in place is translated into the permanence of the elderly in their residence, in the residence of relatives or institution, even when their functional levels and daily activities decrease and the needs of the search of aid for the compensation for lost autonomy (Paúl, 2005).

The terminology is popular and advocated in the current aging policy of the United States and European countries. It can be defined as remaining alive in the community, with some level of independence (Prego, 2016), behaviors evidenced in the elderly women studied.

The ability of older adults to age in place has been widely studied in connection with health and care (Andrews, Cutchin, McCracken, Phillips and Wiles, 2007). Aging at the site seems to favor a sense of control over the lives of older adults, even if they need help for daily living activities (Nair, 2005). It is also valued, since it facilitates relations with relatives, neighbors and friends (Rojo-Pérez, Fernández-Mayoralas, Rodríguez-Rodríguez, Rojo-Abuín, 2007; Wiles, 2005). These properties contribute to define meaning of home in old age, which comprises different categories: physical (experience of housing conditions, access and furniture); behavior (daily behavior at home); cognitive (biographical attachment to the home); emotional (intimacy, security, among others) and social (relationships with neighbors, visitors, etc.) (Oswald and Wahl, 2004).

By gathering arrangements closely related to the biosocioeconomic situation of the elderly, their preference, the community in which they are inserted, the cultural dynamics and level of education, also types of services and care offered, as well as organization, basic living conditions (Prego, 2016). In the present study, the authors concluded that the concept of aging in place (AIP) assumes a multidimensional and complex character (Prego, 2016).

In addition to capillarity with the Lifespan Theory, considering the individual perspectives of the elderly, when considering the AIP phenomenon, it is also important to highlight imbrications with the Bioecological Theory (Bronfenbrenner, 1999), which studies the influences and interactions between the individual and the environment , focusing on the changes and arrangements that arise both in the person and in the environment and, therefore, influence the dynamics between individuals, signaling aspects of change and continuity (Santariano, 2006).

The option to grow old at home or in the community drives the need to seek social responses (supports / services) that can help the elderly to live well and integrated into the community. In other words, the emergence and creation of adapted and / or appropriate specialized services may arise more frequently, since it accompanies the growth of studies aimed at identifying, refining and diffusing different aspects of this theme.

In this sense, it is considered that to investigate the perception of health professionals and their families about the experiences of the accompanying elderly people whose home is an institution is socially relevant, since it allows the demystification of prejudices associated with old age and residing in an institution

MATERIALS AND METHODS

In order to deepen the knowledge about old age and life experiences in the nursing home, as well as on the experience of the professionals who work there and the accompanying family members, we opted to work with a comprehensive qualitative approach that seeks to "understand the human reality lived socially" (Minayo *et al.,* 2012).

Research Location

The study was conducted in a private LTCI, under the management of the Order of the Catholic religion and located in a capital of the Northeast region of Brazil, this institution was founded in the 50s of the last century and only accepts the elderly. It has approximately 60 suites available on the ground floor or on the first floor, which access is via ramp. The suites measure approximately 30 m2 and can be decorated to the taste of the elderly.

The institution has a large structure that includes a large garden, heated swimming pool, large dining rooms, party room, cinema room, music room with instruments, three balconies on the upper deck, gymnasium, two infirmaries and a chapel. The team of health professionals at the institution has a general practitioner and geriatric doctor, nurses, physiotherapists, physical educators and nursing technicians.

There are restrictive institutional rules regarding the entrance of visitors, times of entry and exit. There is also provision of service to the part of health professional hired by the elderly and any other service previously scheduled with the direction of the place. The institution is located in a neighborhood that has several health services, supermarkets, banks, boutiques, sports complexes, among others. The surrounding community also has nearby public squares, churches and public service or pay transportation.

Research Participants

Family: This category consisted of four participants, considered to be close relatives in the follow-up to the elderly, according to their own. They were between 20 and 76 years old, being two women and two men. All can be considered as belonging to the middle class, being three male and one female, three with a higher level and one with a higher education; three participants are married and one single; all married participants had children and all accompanied the elderly women on a weekly basis.

The degree of kinship was as follows: an old son with children and grandchildren; a young grandson; a granddaughter and a brother. All the elderly women accompanied by the relatives were autonomous, all had initiative and chose to reside in the institution.

Health Professionals: Participants were four health professionals, two women and two men. They were aged between 28 and 54 years and all also belong to the middle class. Two professionals have higher education and two, technical education, all married and with children. One participant has worked for the institution for 22 years, another participant for four years, another participant for 12 years and one of them for eight years, all under a 6-hour work schedule. Regarding the criterion of choice of participants, the choice was made intentionally, with respective observation regarding information redundancy / saturation.

The choice was based on the following inclusion criteria: being of legal age and frequently accompanying the elderly, in the case of the relative; in the case of the health professional, to work in the institution for at least six months. About the statistical representativeness of subjects in a qualitative study, Minayo (2017) ratifies that this is not a necessary rule and is one of the reasons why the qualitative samples are smaller than those needed in the quantitative studies.

However, there is a need to focus on the repetitive patterns of responses, thus interrupting the uptake of individuals and new cases (Minayo, 2017).

Instruments: The instrument used to collect data was a questionnaire with biosociodemographic data (containing questions such as age, schooling, profession, income, diseases, among others) and a semi-structured interview, with the central topic for the different participants: "How do you perceive the life of her relative here? "(aimed at the relatives of the elderly)," How do you perceive the life of the elderly women here? "(aimed at health professionals). The semi-structured interview has as a characteristic, questions that are supported by theories and hypotheses which are relate to the theme of search. The questions would bear fruit to new hypotheses arising from the answers of the informants. The main focus would be placed by the investigator-interviewer. It complements the author, stating that the semi-structured interview. Therefore, it favors not only the description of the social phenomena, but also its explanation and understanding of its totality (Manzini, 2004).

Ethical Care, Collection and Analysis Procedures: All the precepts of research ethics contained in Resolution 466/12 of the National Health Council, which established the guidelines and regulatory norms for research involving human beings, aimed at the protection and integrity of the subjects participating in research, were followed.

The project of this study was submitted to the Plataforma Brazil and approved according to an opinion substantiated under CAAE identification: 54416615.4.0000.5206. With the prior consent of the Ethics and Research Committee of the University in question, and also of the Institution's Administration, the data were then collected in the period between March 10 and April 20, also, September 5 to October 2, 2017, in the morning or afternoon, by means of explanation and previous signing of the Term of Free and Informed Commitment (TFIC) by the participants of the research.

The interviews and all collected material were transcribed integrally, aiming at facilitating the capture of details, such as pauses and voice intonations. For the analysis of data, the content analysis was used in the thematic analysis modality, from the perspective of Bardin (2007).

This method consists of "discovering the nuclei of meaning that make up a communication whose presence or frequency means something to the analytical objective aimed at." It is characterized by being a set of procedures to carry out data analysis. Operationally, the thematic analysis unfolds in three stages: 1) pre-analysis, 2) exploration of the material and treatment of the results obtained, and 3) analysis and interpretation (Minayo, 2004, p.209).

The thematic coding of the interviews was carried out twice: firstly, in order to develop and refine our issue of thematic codes, and then to abstract the essential categories and themes in the data (Saldaña, 2013). Thus, coding began with the lead investigator, who built the preliminary code entry, then the second searcher, who examined and reviewed the coded data, and added new codes based on revisions made separately.

Finally, both reviewed the coding implications simultaneously and made changes together, aiming for consensus. Subjects were abstracted as they emerged from existing unbiased data, using a continuous comparison method (Kleiman, 2004). The codes were grouped into comprehensive themes and sub-themes, based on similarities and differences in content.

RESULTS AND DISCUSSION

In total, 10 codes were identified in the narratives of the two categories of research subjects, and these were reduced to four broad themes, namely: (I) Identification, belonging to the site and satisfaction with housing; (II) Maintenance of independence and autonomy, health conditions, (III) Social participation and felt needs (IV) Positive vision, plans and learning.

Part of the thematic frameworks found convergence with the theorization of Nolan *et al*. (2006), known as Senses Framework, and also with the theorization of Oswald and Wahl (2004), which identified distinct categories of attributions of the meaning of home in old age. The Senses Framework considers that, from the experiences of older people with their families and employees, it opens up the potential to promote understanding of others' feelings and as a result, improve communication and the ability to work in partnership.

Considered as a protocol, especially in the evaluation of gerontological nursing care, this reference is used in Brazil because it considers points of view of the different individuals involved in the follow-up of the elderly (Nolan *et al*., 2006).

The studies by Oswald and Wahl (2004) confirm that the meaning of home in old age comprises five different categories: physical (experience of housing, access, conditions and furniture); behavioral (daily behavior); cognitive (biographical attachment to the home); emotional (security experience, among others) and social (relationships with neighbors, visitors, among others).

Identification, belonging to the place and satisfaction with the dwelling: When talking about identification and belonging, family members and health professionals referred to the idea of being part of a community or group, as well as meeting new people and forming meaningful relationships.

Family members mentioned that when they were informed about the desire for change (when the subject was discussed with the family member), or when they received the report of the change, they felt as if the "family" institution was bankrupt and would receive several criticisms from relatives and society, that they would have done something to their elderly relative, or that she was very unhappy in their presence. They also pointed out that there was a great deal of fear of various restrictions, of the elderly's adaptation to the place of residence and / or the family member's illness.

However, later, with conversations, explanations and visits, they found the opposite: their relative was adapted and in the presence of other people of similar age with whom he could leave, experience activities together and share experiences. Both family members and health professionals mentioned that the accompanying women chose to reside in the institution and did not verbalize or intend to change.

It's so good to realize she's happy here. She is separated so she could feel alone in a house, as she said it would happen before everyone was working or at school. It's no different from her house here, even because she has absolutely everything in her room that she valued when she lived with us. The difference is that a sorting of objects was made because the space is smaller, but even the decoration and details are the same as the old room and the room (Family, grandchild of one of the residents, 20 years).

I have been accompanying several ladies for a long time and I see that they are happy and that there is a very good sense of conviviality here because of friendships even with ourselves. It is not everyone who has the opportunity to live in a place like this in old age, I would say they are fortunate. (Health professional - Nursing technician, 28 years).

I am their brother and I am the youngest. I confess that when they told me that they were going to live in an asylum, I was upset and nervous. I thought, "How can you give up the comfortable house" to live in a kind of "pension for old people"? Then I talked to my wife and daughters and came to understand that my life is different, and theirs, because they did not marry and did not have children, needed companionship and facilities that were difficult to attain. They were already active, but now they do not stop, it's trip, participation in the neighborhood church, parties, gymnastics ... a bustle. Here they are happy and so are we (Family, brother of two residents, 76 years old).

Similar results are found in the study by Neri and colleagues, carried out in 2007, in which good environments adapt to the capacities and preferences of the elderly individual, leading to their control and self-efficacy (Neri, Born, Grespanand Medeiros 2009).

Moreover, in the environmental model there is a relation between individual competences and social and physical pressures, considering the subject and the environment as an interdependent system, in which both variables influence the internal characteristics of the other. According to this model, adaptive behaviors arise when individual competences and the environment are congruent (Macrodimitris and Endlerns, 2001).

An investigation suggests that residential satisfaction and a sense of belonging may play a protective role against loneliness in the elderly living in the home or in an institution (Prieto-Flores, Fernandez-Mayoralas, Forjaz, Rojo-Perez and Martinez-Martin, 2011).

Therefore, it means to emphasize that in old age it is possible to preserve the habitual levels of adaptation of the individual, conserving the individual potential and respecting the limits of the plasticity of each one. Thus, such variations require new subjective positions that, in turn, trigger development mechanisms (Magnabosco-Martins, Camargo and Biasus, 2009; Moreira, 2012).

The person-environment dimension that characterizes the ecological literature was another factor found in the present study, since the results found reveal that the individuals interviewed mentioned that the elderly women followed seem to establish a relation with their place / context that can be interpreted as optimal. They believe that this fact could be facilitated by the possibility of the elderly women having access to architectural designs to the liking of each one, using their own furniture and decoration, reflecting on the dimensions of familiarity and affection present in their previous homes.

Maintenance of independence and autonomy, safety and health conditions: When mentioning adjectives for this category, emphasis was placed on the individual and psychological needs essential for adaptation and coexistence, emphasizing autonomy, sense of security, quality of life and comfort perception.

With capillarity to the previous theme, the discourses in this approach valued mainly the social relations mobilized according to each specific context and as structuring of daily behaviors, favoring their social integrations.

Regarding health conditions, relatives were perceived to be alert to the health of relatives and that, in general, reports mentioned that chronic diseases such as diabetes and high blood pressure were under control and were not frequently scored, but diseases related to pains in the body, especially in the back and legs were quite common and made them more alert.

She is accompanied by several health professionals both out here and here. The medical recommendation included regular physical therapy sessions. She is very active and active, she does not complain so much about this pain in the spine, but we know that when she does not go out she must be in more pain than usual (Familiar, son, 52 years old).

The elderly here receive treatment focused on a quality of care for their individual and life needs. It happens because we are satisfied with our tasks and it is very good to be professionally recognized for it. (Health professional - Nursing technician, 49 years old).

Regarding the health and safety aspects, the findings correspond to those of the study by Bentes, Pedroza and Falcão (2015), who endorsed that living in a place that promotes safety and care for the elderly entails the satisfaction of the elderly in there.

In addition, the care provided by the institution's health professionals reinforces the reception, trust and safety in the asylum environment (Carli, Kolankiewicz, Loro, Rosanelli, SonegoandStumm, 2012), characteristics that are verified in the speeches of the participants of the present research.

I hardly see anyone here complaining, only if it's pain, but then I'll get it over with. Sometimes memories come and it is common for some to cry a little bit, but there is no one very sad here, there have been cases, but now, for example, there are none of them dependent on psychotropic or sleep disorder. We are dealing here with some demented elderly women, but it is not part of the universe we are talking about. (Health professional, doctor, 54 years).

Regarding the possibility of free access to the institution (the institution has a strong security scheme and works with identification and free access of visitors until 10:00 pm, provided that previously scheduled traffic can be made available at another time of convenience for the elderly) , it is verified that this reinforces autonomous elderly women, also confers devices such as adequacy, freedom, valued personal agenda and possibility of participation in institutional activities as long as desired. Abreu, Fernades-Eloi and Sousa, 2017).

This situation is illustrated by situations that foster pleasure, autonomy and strengthening of friendship cycles for the elderly, outside the institutional context. Freitas, Guedes, Galiza, Nogueira and Onofre, 2014):

What's funny is that my great-aunt spends so much time traveling or visiting relatives that many of them wonder if she still lives in the institution and goes so far as to say that she has a good life. Really, there is a lot of flexibility and support in this service, that's why he has the fame he has and a waiting list that only grows. (Family, granddaughter, 47 years old).

Linking, social participation and needs: In this category and in similarity to the studies of Prieto-Flores, Fernandez-Mayoralas, Forjaz, Rojo-Perez, Martinez-Martin (2011), family and professional speeches valued mainly the social relations mobilized according to each specific context participation in a new activity such as attending a neighborhood academy and as a structuring of everyday behaviors (the search for the expansion of social relations), they perceived the elderly benefiting from situations of social integration and coexistence.

Indeed, these networks of social support for the elderly have a primary role in helping them to feel loved, valued and have a sense of belonging to the various groups in which they are involved outside and within the institution. It is important to emphasize that there was a semantic equivalence of the felt needs aspect to questions related to the feelings felt by the elderly women and related to them.

According to the interviewees, these were related to the past, to the life of each of them, generally, giving a connotation of nostalgia of the time, generally unrelated to the present or to the future:

I do not see my great-aunt complaining, but I realize that sometimes she is very homesick, reminiscing about the past in detail. I believe that in addition to the feeling of longing, may have a little feeling of loneliness when compared to the resident friends who had children. Although we are very close (my brothers are also and she is my godmother), I think this feeling is very normal in a woman's life. We blame ourselves a lot throughout our lives, right? (Family, granddaughter, 47 years old).

Relatives and health professionals participating in the research delivered speeches highlighting the importance of the affective and relational bonds that the elderly women created with the people in the neighborhood (such as bakery, market, neighborhood church) and institution employees (employees, elderly and relatives of the elderly, visitors and service providers), with the place of residence chosen, with the spaces frequented around the institution (community) and with the material goods brought from the old residence and organized in the new dwelling.

Undoubtedly, these dimensions also allowed the construction of the individual identity of the elderly as an individual being and as a collective being. Research in this field also reveals that it is the affections and memories that people nurture for their peers and their spaces and assets that make them more connected with each other and with the place, creating strong affective bonds, the idea of social bonding and participation (Oswald and Wahl, 2004).

These elderly women here represent a small portion of what I call lucky in Brazil. They have reached a stage in their lives that has lived everything they wanted, planned and decided to live here because of the good name. They are, in my opinion, active and experienced donors, who knew what was best for each one. People who talk badly about asylums before they know the place quickly change their minds. I do not see them complaining about anything ... I think they are happy and sad as any lucky person at this stage. Feelings of sadness are transient and happily pass quickly. (Health professional, doctor, 54 years).

As in the study by Carli and collaborators (2012), the reports collected highlight that support and security, verified in the asylum environment, are the main factors that provide well-being and happiness. In the institution studied, this relationship between the elderly and the professionals was evident and manifested by the individuals interviewed. In this regard, it is believed that the satisfactory feelings evoked by the subjects

are due to the attention and care provided by family and professional staff, generating safety in the asylum environment in which they live and in the choice they made (Carli *et al*., 2012).

Positive vision, plans and learning: Both family members and health professionals reported that the experience of the institutionalization process seemed to unleash a potential for learning and teaching, since they have observed in several occasions situations of orientation in order to help future residents in the process of entering the home, in order to to deal positively and adaptively with this event. In accordance with the study by Prieto-Flores *et al*. (2011), it is inferred that residential satisfaction generates a positive affective response in the individuals and their social and physical activities in which they are engaged, making them always active and with planning in short time.

The residential satisfaction of the elderly is related to positive cognitive evaluations triggering residential attachment and affective ties with the extended residential environment, and the interesting thing was to hear from the interviewees some situations in the explanation of the arrivals of new arrivals in the institution. The investigated population did not at any time show issues related to isolation, lack of desire, vulnerability or major depression in the elderly women.

There were occasional speeches evoking longing for a loved one or past time, and sadness. It is inferred that this fact is related to the close monitoring of relatives and professionals, autonomy, activities outside and inside the institution, active social participation in the neighborhood, self-care of the health, enthusiastic coexistence and positive vision of the life of the elderly residents.

We're together every day. My grandmother has always been very positive and cheerful, I say she is contagious! Also, if it was not, it would be very difficult to have gone through the separation, my mother's death and cancer. I'm proud of her because she's beautiful and a warrior. The learning she has here in this coexistence I think is that nothing is limited, everything is possible, it is what it happens to us every day. (Family, grandchild of one of the residents, 20 years).

This thematic category also evoked discourses related to the constructs spirituality, temperance, hope and death. The findings reported resemble those of the study by Fontes and Neri (2015), which reinforce that in old age, adversities can be represented by experiences of accidents and diseases of the elderly themselves and death or illness of descendants or loved ones.

That is, individual plasticity, individual's potential for change and resistance to dealing with limiters or losses are influenced by the life trajectories of the elderly. The same research also endorses personal resources such as: good health, maintenance of activities, optimism, positive affections, flexibility, life planning, sense of belonging, psychological well-being and religiosity/spirituality, neighborhood/community participation, and other social resources offered by networks of relationships are predominant (Fontes and Neri, 2015)

We were talking one day in living room and she told me that she lived with this son and her family before, which was great, but with the death of her husband he thought he was holding them in her programming and was giving work. She said that she had thought more about old age and the fact that death was near; then living here, going to mass every day, traveling and going out even more, and having the vision that she was really lucky (Health professional, physical educator, 52 years old).

Conclusion

The present research had the objective of investigating the perception of health professionals and their relatives about the experiences of the follow - up of elderly women whose home is a long - term care institution (LTCI) chosen by them. The first ideas that arose in the relatives about this option of dwelling, crossed by prejudices and stigmas as the abandonment and the familiar bankruptcy, as well as the unhappiness of the elderly in relation to the coexistence with them.

However, through the conversations with the elderly, the knowledge of the place and the lived experiences, these ideas were dissipating. In the reports, the perception that the elderlies are active, socially participative, with life goals is well evidenced, which undoubtedly has to do with their autonomy to decide on their life and also with the care received in the institution.

It can be said that all are showing a healthy aging, although there are times when they feel sad and homesick of their past, as any old person feels, regardless of where they live. Family members and health professionals interviewed indicated that the elderly women judged their housing as safe, welcoming and flexible, especially with regard to schedules.

Considering both groups, it is believed that the present research contributes to the demystification of the elderly people living in LTCI as fragile, sick and dependent, and that living in an institution is being relegated to forgetfulness and unhappiness.

Therefore, the option to reside in an LTCI indicates that old age can be lived in the institutional context as if one were living in the home, thus extending the consideration of choice, acceptance, belonging, security, involvement and affection, issues currently respected in the meaning of what it becomes a home.

In this sense, the findings indicate that there has been a gradual change not only in family compositions and developed social roles, but also in the conceptions about the elderly as active and self-motivated individuals, and who increasingly seek to reside in a welcoming place that can make possible new experiences and circles of friendship.

Finally, it is pointed out that this exploratory study presented limitations on the sample, since the information presented deals with a small part of a growing universe. In addition, it is a differentiated institution, which is intended exclusively for women.

For future research, it is recommended, for example, to investigate the elderly, both sexes, as well as their relatives and caregivers, residents of other institutions and perhaps with different administrative arrangements, such as mixed and public institutions. The understanding of other realities.

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