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Caracterização de uma instituição de longa permanência para idosos

Characteristics of a long-stay institution for the elderly

Características de una institución de larga permanencia para ancianos

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ABSTRACT

Objective: To evaluate the operation of a Long-Stay Institution for the Elderly (LSIE), aiming adequacy of the LSIE according to legislation and improving care. **Methods:** A qualitative, exploratory-descriptive, action research study was performed, in Currais Novos/RN. Routine observation, interviews and records were the used ways for data collection. **Results:** The institution was philanthropic, approaching type II care modality. The elderly were confined mainly by family abandonment. Health team was incomplete, with workload fewer than recommended by law, and the care team worked without coordination and supervision of a nurse. **Conclusion:** We hope that intervention proposal will contribute to improvements in the LSIE, improving care quality provided to the elderly.

Descriptors: Aging, Elderly, LSIE.

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RESUMO

Objetivo: Caracterizar o funcionamento de uma Instituição de Longa Permanência para Idosos (ILPI), visando à adequação da ILPI à legislação e melhoria da assistência. **Métodos:** Realizou-se um estudo de caso, de cunho exploratório-descritivo, qualitativo, em uma ILPI, no município de Currais Novos/RN. A observação participante da rotina, realização de entrevistas e acesso aos prontuários foram os métodos empregados para coleta de dados. **Resultados:** A instituição caracterizou-se como filantrópica, aproximando-se da modalidade assistencial tipo II. O confinamento dos idosos se dava principalmente em decorrência do abandono familiar. A composição da equipe de saúde apresentava-se incompleta e com carga horária aquém do preconizado, e a equipe de cuidados atuava sem a coordenação e supervisão do enfermeiro. **Conclusão:** Espera-se que a proposta de intervenção venha a contribuir para melhorias na ILPI, melhorando a qualidade da assistência prestada ao idoso.

Descritores: Envelhecimento, Idoso, ILPI.

RESUMEN

Objetivo: Evaluar el funcionamiento de una Institución de Amplia Permanencia para Ancianos (ILPA), visando la adecuación a la legislación y la mejoría de la asistencia en la ILPA. **Métodos:** Fue realizado un estudio de caso cualitativo, exploratorio y descriptivo, en un ILPA del municipio de Currais Novos/RN. La observación de la rutina, la realización de entrevistas y el acceso a los prontuarios fueron los métodos utilizados para colectar los datos. **Resultados:** La institución se caracterizó como filantrópica, próxima de la modalidad asistencial tipo II. El confinamiento de los ancianos se daba principalmente debido al abandono familiar. La composición del equipo de salud y cuidados, que actuaba sin la coordinación y supervisión del profesional enfermero, se presentaba incompleta y con carga trabajo más baja que la recomendada por la legislación. **Conclusión:** Se espera que la propuesta de intervención pueda contribuir para que ocurran mejorías en la ILPA y en la calidad de la asistencia prestada al anciano.

Descriptores: Envejecimiento, Anciano, ILPA.

INTRODUCTION

Population aging has changed over the years. Currently, the long life is not inherent only to the population from developed countries, since it has become a worldwide phenomenon.[1]

In Brazil, the increase in the elderly population was due to the decrease in the fertility rate, which resulted from the increasing number of women in the labor market, popularization of the use of contraceptive methods, the implementation of family planning, as well as improving people's living conditions: increasing coverage in basic sanitation and access to medical technologies.[2]

However, all this progress led to the lack of time for families to care for the elderly, making necessary the presence of a caregiver to provide basic care to them, such as helping them to feed, dress or make use of medications at the right time, may or may not be one of their own family members.[3]

The result was an increase in the number of asylums admissions, leading the elderly to the institutionalization process.[4] This process, when it happens, takes the elderly to a new adaptation, away from their family cycle, making it necessary to establish new ties with strangers and the fact of having to get used to a new routine different from that experienced previously with their relatives.[3]

The aims of this study were to characterize the operation of a long-stay institution for the elderly (LSIE), characterizing it according to legal nature of the administration, care modality, description of it physical structure and daily routine; delineate the profile of patients and analyze the composition, working hours and daily routine of the care team.

LITERATURE REVIEW

Asylum may be defined as a social assistance home where poor and helpless people, like beggars, abandoned children, orphans and elderlies are gathered for support and also for education. Thus, the so-called asylum site is related to the idea of gatehouse, shelter, protection, regardless of their social or political character or their physical or mental dependency care.[4]

Aiming to standardize the nomenclature, it has been proposed the name of Long-Stay Institution for the Elderly (LSIE), defining them as institutions for comprehensive care for dependent elderly or not, without family or home conditions for their stay in the home community.[4]

The proportion of older people living in LSIE, in advanced demographic transition countries, reaches 11%. In Brazil, this ratio does not reach 1.5%.[5] In 2010, were identified 3,549 LSIE throughout Brazil. In general, these LSIE are small, with an occupancy rate above 90%, housing about 30 residents, most them dependents, since only 34.9% of the elderly are independents. Most Brazilian LSIE are philanthropic (about 65%). However, most of the institutions created between 2000 and 2009 are for-profit companies (57.8%). This points to a trend of change in the profile of the institutions. The direct participation of the government as LSIE benefactor is very low, less than 7%.[6]

In Brazil, most of LSIE are placed in Southeast (63.5%). Certainly, it is due to the higher population density of Brazilian elderly at this region. The Northeast account for 24.7% of the elderly of the Brazil, but only concentrates 8.5% of those institutions. In Southern, are placed 19.5% of LSIE in Brazil, while the Midwest are placed 7%, and only 1.5% of these institutions are located in the North. The average of elderly residents in LSIE in Brazil is 30.4. Most of Brazilian institutions (27,9%) are small, housing between 10 and 19 elderly. Just 2.1% of LSIE in Brazil house more than 100 elderly.[7]

Operation of LSIE, legislation and residents elderly

The Resolution ANVISA/RDC Number 283, September 26, 2005, p. 46,[8] approves the Technical Regulation laying down the operating rules for LSIE in Brazil, and it defines such institutions as "governmental or non-governmental, of

residential character, intended for collective households of people aged over 60 years, with or without family support, under conditions of freedom, dignity and citizenship."[8: 46]

The LSIE may offer one or more types of care modalities, as described in Chart 1.

Chart 1 - Types of care modalities, according to ANVISA

Concepts	Types of care modalities
Destined to independent elderly, even requiring use of self-help equipment.	Modality I
Destined to older people with functional dependency on any self-care activities, such as feeding, mobility, hygiene, and requiring specific help and care.	Modality II
Destined to the elderly with dependence, requiring full assistance, with specific care, for activities of daily living.	Modality III

Source: ANVISA, 2004.

Also according to ANVISA, Number 41, January 18, 2004,[9] about the above care modalities, LSIE must have the following number of employees to meet the needs of institutionalized elderly (Chart 2):

Chart 2 - Sizing staff according with care modality.

Sizing staff	Care modalities
One caregiver for every 20 elderly, or fraction thereof, with a weekly workload of 40 hours; two workers for general services, with a weekly workload of 40 hours; two cooks, with a weekly workload of 40 hours.	Modalidade I
One doctor, with a weekly workload of 08 hours; one nurse, with a weekly workload of 12 hours; one nutritionist, with a weekly workload of 04 hours; one physiotherapist, with a weekly workload of 04 hours; one nursing technician for every 15 elderly, or fraction thereof, per shift; one caregiver for every 10 elderly, or fraction thereof, per shift; two workers for general services, with a weekly workload of 40 hours; two cooks, with a weekly workload of 40 hours.	Modality II
One doctor, with a weekly workload of 12 hours; one nurse, with a weekly workload of 20 hours; one nutritionist, with a weekly workload of 08 hours; one physiotherapist, with a weekly workload of 20 hours; one nursing technician for every 10 elderly, or fraction thereof, per shift; one caregiver for every 08 elderly, or fraction thereof, per shift; two workers for general services, with a weekly workload of 40 hours; two cooks, with a weekly workload of 40 hours.	Modality III

(To be continued)

(Continuation)

Nursing team composition and their respective functions

The nursing team of a LSIE is composed of elderly caregivers, nursing technicians and nursing.

Elderly caregiver: is the professional providing basic care, or of practical life, of restrict, sporadic, occasional or intermitente way. This worker cares for elderly people with different levels of dependences, associated with functional inabilities and diseases. Caregivers perform actions of simple and repetitive nature, designed by a nurse, such as hygiene cares, oral feeding, offer companionship to the elderly, promote movement and comfort. Everything under supervision by a nurse.[10]

Nursing technician: develops activities to observe, recognize and describe symptoms and signs; provides and promotes hygiene and comfort cares; measures vital signs; administers enteral medications and food, among others. In LSIE, technical nursing plays an important role at the supervision of caregivers, especially those LSIE which the nurse has a reduced workload.[10]

Nurse: Performs more complex cares, which requires greater scientific knowledge. The work of nurse is presented in four functions: administrative/management, attention, education/teaching and research.[10]

The administrative function (management) is made through the use of instruments that can contribute to the organization of LSIE, becoming viable the workers activities, directing them to that care be given to the highest possible quality, meeting the needs of the elderly. These instruments can be: provide medications and materials needed for the elderly; making monthly schedules of workers; implementation of the medical records of resident elderly in LSIE; the preparation and implementation of the ILPI Nursing Regiment and the Standards, Routines and Techniques Manual for ILPI, among others instruments.[10]

Regarding to the educational role of the nurse, one of the ways to provide quality care and organization to elderly resident in a LSIE is to make use of the Nursing Assistance Systematization (NAS). In NAS, the actions are planned and consist of the following parts: Nursing

History (1. identification data, 2. habits 3. physical nursing examination); nursing diagnoses; nursing interventions and, finally, indicates the date and signature of the nurse who will compose the work scenario, the nursing care.[10]

In the educational and teaching function, the nurse is responsible for the education of human beings and the nursing team who are under his care, and future workers who he will maintain contact. The education of professionals in their work environment is a key strategy for personal development, in order to maintain skilled workers and ensuring quality care for the institutionalized elderly.[10]

The search function provides conditions for the improvement of professional practice to the workers, because through searches and studies about a given topic, are discovered or re-invented new ways to make in nursing.[10]

According to the Federal Council of Nursing (COFEN) Resolution number 146/92,[11] it is prohibited to any institution provide nursing services without the supervision of a nurse.

METHODS

This is a case-study, participatory observation, exploratory-descriptive, qualitative approach, in a Long-Stay Institution for the Elderly, located in the municipality of Currais Novos, State of Rio Grande do Norte.

The subject of research was the institution itself, considering its physical structure, the services offered, the professional care team and residents, the institutionalized elderly. The project was submitted and approved by the UFRN-FACISA Ethics Committee for Research, CAAE: 30488814.1.0000.5568. Soon after, the letter and the Written Informed Consent (WIC) were sent to the LSIE. From August to September of the year two thousand and fourteen (2014), seven (7) visits to the institution were performed to observe daily routine, carrying out semi-structured interviews applied to managers and professionals, and access to information reported in the Individual Medical Records of this institution. The analysis, interpretation and discussion of the collected data will be presented following.

Regarding to LSIE, were surveyed the variable nature of administration, the type of care modality, the description of the physical structure and verification of adequacy in the legislation, composition of income and expenses, as well as a description of the entertainment activities with the elderly.

Resident elderly were analyzed considering the number of total internal, age, gender, naturality, confinement reason, health status and dependency degree.

In relation to the care team, information was collected about composition, working hours, employment and activities.

Based on the literature review and knowledge on the subject, were established the following categorization and stratification for the researched variables:

Institution: Legal nature of the administration; care modality; description of physical structure; income and expenses; entertainment activities.

About elderly: Total number of internal; age; sex; provenance; confinement reason; health condition; degree of dependence.

Care team: Description of the composition; work regime; employment relationship; performed activities.

For data analysis, the characteristics of surveyed LSIE, elderly and professionals were transcribed into a spreadsheet and, from the analysis of the data we carried out to prepare the profile of LSIE, the elderly and the care team.

RESULTS AND DISCUSSION

Most of the data was obtained through information gathered from one of the technical managers and professionals, specifically nursing technicians, and others were obtained through observation of the physical structure and the daily routine of LSIE.

During this step, it was noted reluctance of the responsible technical and professional to provide information about various matters, including the monthly amount paid by the elderly (not being informed an exact value, but a range of values); the proportional distribution of incomes and expenses of the LSIE; their care to certain elderly; information about personal lives of a lot of the elderly; interaction with other members of the care team; professional relationship with family members, among others, becoming difficult to obtain more accurate information that could further enrich this work. In an attempt to minimize any shortcomings, we have avoided further discussion about the subjects which information was very sparse.

Institutional diagnosis

This study was performed in a LSIE localized in Currais Novos/RN. It is a philanthropic institution, with capacity to accommodate up to 40 elderly. It is administered by two technicians responsible, both university graduates.

The main source of income of surveyed LSIE is obtained from the monthly amount paid by elderly, a value ranging from R$ 900.00 to R$ 1,000.00, to avail of the services offered. Besides this, another income is derived from various donations from private companies and citizens. The LSIE also has periodic labor-work of some professionals belonging to Municipal Health Department of Currais Novos and others who provide voluntary assistance. The costs of LSIE refer to the payment of its workers, purchase essential inputs for elderly - such as medications, geriatric diapers and other personal care products - food and spending on health care, as specialized medical cares.

In 2009, Brazil had 3,548 LSIE, most of them philanthropic (65.2%), 28.2% private companies and 6.6% public or mixed companies. In the Northeast, the proportion of philanthropic institutions was higher: 81.4%. The Northern had the highest proportion of public institutions (34.7%), and the South had the highest proportion of private institutions (41.2%).[8] In another study, with data from

Olinda city/PE, 57.1% of institutions were philanthropic, 28.6% private and 14.3% mixed.[12]

The main source of income of Brazilian LSIE is the monthly payment by residents, including philanthropics. Considering the institutions together, around 57% of income is obtained from the contribution or monthly payment; other 20% comes from public funding, while the own resources of the institutions account for about 12.6% of total.[8]

In the state of Paraná, an important contribution from the community was verified, responsible for a total of 9% of the ILPI revenues in that state, as well as a higher proportional value of the income coming from the resource provided by the residents.[13] In Olinda, 85.7% of LSIE of that city used the retirement of residents for their maintenance.[12]

Most of the resources in all Brazilian LSIE is destined to expenses with employees or service providers, regardless of their legal status, corresponding to 52.2% of total spending. About 14% of the total are for food, and 9.3% to the payment of fixed expenses (water, telephone, gas). Medications account for a relatively low share of spending (about 5.3%), explained due to its acquisition by the patient or family, or by provenance of most of these drugs in public health programs. The other 19.3% is spent on rent, minor repairs, fuel, maintenance or acquisition of objects. The average per capita spending, in public institutions, is R$ 909.92, while in the philanthropic institutions, this value is R$ 738.18, and in private, R$ 724.52. This value varies, too, according to the services offered by LSIE.[8]

In Parana, 54% of resources are devoted to spending on human resources, 17% to expenditures on food, 11% for home maintenance, 5% with the acquisition of medications, 3% with cleaning products, and 10% with other expenses.[13]

With regard to the physical structure, LSIE surveyed has:

- Twelve bedrooms, each housing 3 seniors, divided mainly according to gender, and then considering the degree of physical and/or psychological dependence;
- Eight bathrooms, all featuring handrail on the walls;
- A dining room and a living area;
- It was not found the presence of architectural barriers that may facilitate the occurrence of falls and fractures, such as frames, staircases and loose rugs;
- The hallways are large, and living environments have proper sizing;
- The hygiene and ventilation are adequate;
- Accessibility and circulation between the compartments are satisfactory, and the light meets the standards environments to ensure proper circulation of elderly.

Entertainment activities are performed by LSIE, among them the realization of recreational activities, parties celebrating the birthday of the elderly and other holidays, music, crafts and gastronomy workshops, as well as tours of various places, such as religious events, fairs and visits to communities and surrounding cities.

Despite the architectural appropriateness, the LSIE does not offer full suitability for permanent accommodation of elderly, if we consider the Resolution 41/2004 of ANVISA.[10] Disagreeing, we did not find emergency bell in bathrooms, bedrooms and kitchen, as well the lack of waking light on the door of bathrooms, externally and internally, and also the lack of rooms for performing individual activities, administrative or meeting rooms, and lack of rail and signaling on ramps and stairs.

In the Northeast, between the years 2007 and 2008, The proportion of public and mixed institutions that had a cafeteria is 83.3%, of philanthropic 95.9% and of private for-profit, 100%. Owned TV room 72.2% of public and mixed LSIE, 84.2% of philanthropic and 100% of private. Ecumenical room or chapel was available in 55.6% of public and mixed LSIE, in 69.3% of philanthropic and 21.6% of private. 94.4% of public and mixed LSIE, 94.4% of philanthropic and 94.6% of private had laundromat.[14]

At the time of this work, the number of elderly in this LSIE was 36. The age range of them ranged between 60 and 90 years, average age was 75 years. Regarding gender and origin, this institution housed 19 (52.78%) men and 17 (47.22%) women, from various cities of Rio Grande do Norte and Paraíba, and one from Rio Grande do Sul. Most of the elderly were from Currais Novos, followed by those who were from surrounding towns.

The reasons that led to confinement were family abandonment, judicial determination, motivated by mistreatment of their families, or own will of the elderly. The most common diseases among users of this were hypertension, *diabetes mellitus*, diarrheal disease, respiratory diseases and mental disorders: depression, schizophrenia, panic disorder and Alzheimer's disease. Twenty two (61.1%) elderly had dependency degree I; 7 (19,45%) had dependency degree II and 7 (19,45%) had dependency degree III.

In Paraná, in 2006 and 2007, the data revealed that about 17% of the elderly who lived in LSIE had total dependence (degree III), 37% had a degree of dependence II and most of them, about 46%, was considered independent (degree I).[12]

Comparing the results with those found in other works, in Parana, in 2006 and 2007, the 6499 internal housed in LSIE surveyed, 50.4% were men and 49.6% women. The Characterization of Conditions of Service in Long-Stay Institutions for the Elderly Manual of Paraná[12] shows that the main containment reason is the family (70.3%), social services (62.4%), friends or neighbors (34.5%), the elderly (25.8%) and the Public Ministry (10.9%). The main health problems of the elderly reported by institutions in Paraná, between 2006 and 2007, in descending order, were hypertension/heart diseases, chronic degenerative diseases and motor limitations.

The health team in this LSIE is composed for:

- A nursing technician, with a weekly workload of 40 hours, met in daytime; and two caregivers, each with weekly working hours of 40 hours, met at night;
- There is another nursing technician working exclusively on Saturday and Sunday, completing their individual weekly workload of 24 hours on shift, working 12 hours in each day, during the day;
- A physiotherapist belonging to the City of Currais Novos, and meeting schedule of 4 hours per week, corresponding to a morning shift each week.
- Two doctors, one general practitioner and one cardiologist, who provided voluntary work to the institution, each working eight hours every two weeks, making outpatient care.

The institution in question, according to its capacity to care for the elderly with different degrees of dependence, is closer to type II, considering as a denominator factor the composition of the care team.

If doctors are absents and an elderly needs access to health services, in principle, they are conducted to a Basic Health Unit. If necessary, according to the complexity of care, elderly are conducted to the hospital or to private service doctor. For elderly who can not go to a health service, the LSIE hires a private transport or requests the public service support for the provision of ambulance because the institution does not have proper and adequate vehicle for this type of service. If an elderly needs medical care and does not get medical care in the public service, the LSIE finances this attendance through own resources from the income of the institution.

The activities performed by nursing technicians and by caregivers with elderly were: measurement of vital signs; bath of patients; exchange of geriatric diapers; administering medications according its prescription; monitoring of elderly during medical consultations, carried out within or outside the institution; observation and compliance with feeding schedules. In this LSIE, none of the professionals had any training course for care for the elderly, or there were not any initiative from the ILPI to offer courses or partnerships for the improvement of its professionals.

The importance of the multidisciplinary team within the LSIE is given for providing to elderly residents an extended care, being the main requirement to know the aging process to determine the actions that can fully meet the needs of elderly residents and serve them so that respects the principles of autonomy, in order to perform a sensitive, safety, maturity and responsible assistance.[15]

It is observed, in accordance with the recommendations in Resolution 41/2004 of ANVISA[10], the deficiency in the composition and workload of the health team, which should compose a LSIE modality II: lower workload of physicians (8 recommended hours per week at 8 hours met fortnightly), and the absence of a nurse and nutritionist on health team.

In another state, in LSIE from Northeast, the following data were found: 12 medical professionals, 83% of volunteer professionals; 33% had physiotherapists, 100% volunteers; 11% had psychologists (100% volunteers); 11%, pharmaceuticals (volunteer 100%); 11%, occupational therapists (100% volunteers); 22%, nutritionists (50% volunteers); 33%, nurses (67% volunteers); 22%, social workers (with formal work), and 22%, dentists (50% volunteers). In all LSIE there were nurse technicians (total of 26 professionals, 15% volunteers).[16]

Each elderly has an individual medical record, but none of these medical records had the stamp of the institution. The procedures and the cares provided to elderly were not recorded in the records for the team, except for medical records, which were signed, dated and stamped by their professionals. The information available about the elderly were scarce and incomplete. Medications were kept in plastic boxes, labeled with the elderly's name. They were stored in lockable cupboard. The administration of the drug was carried out as a medical prescription, according to information verbally obtained. However, it was not viewed any records in the medical records of institutionalized elderly, thus hindering communication between professionals.

The multidisciplinary care was held precariously, with no interaction between different professionals, which becomes communication between team members at different levels of complexity difficult, and helps to reduce the quality of multidisciplinary care. Thus, it had not any interaction among professionals of the same category.

The elderly's medical record is indispensable to be able to provide qualified care to the elderly, because the records serve to provide better care, in addition to facilitating access to information by health workers. It is intended to record of the care provided by each member of the multidisciplinary team, with a single document which should be noted all the information regarding the health of each elderly. The record is also a communication tool between the workers and, therefore, results in better care to the elderly; is the legal document that health professionals should record all information related to the medical and social history of the patient, their illness or problem and its treatment.[5] Still, they need to contain the identification of the elderly, history and physical examination, medical prescriptions, evolution sheet, nursing records, among other data. They must be organized properly to ensure its immediate location. The filing methods are given by elderly's name or surname, or according to the number of medical record, serving to facilitate its location.[5]

CONCLUSION

From the realization of this study, it was observed that the LSIE, despite being a philanthropic institution where the main source of income is the payment of the monthly fee for the elderly and other incomes are derived from different donations, shows the need for adequacy of its physical structure, for better accommodation of the elderly, and the composition and workload of the health team, according to the established by law.

It identified the need for better structuring of human resources, considering that the nurse is fundamental in the care to the age group in question, as well as an increase in the number of professional care team, to provide better assistance to institutionalized elderly.

The advancement of medicine and public policies for the elderly enabled the increase in the number of elderly in the population and, consequently, an increase in the number of institutionalized elderly, caused by lack of relatives of time to provide the care needed for this age group.

Thus, we see the importance of qualified professionals for this care, since they need to understand about the aging process, how to act on these residents and the importance of a multidisciplinary team with expertise in geriatrics. We saw the need for a multidisciplinary team active in the provision of care to these elderly, fulfilling the established workload and conducting training courses and update, for continuity and quality of care.

It is necessary a coherent supervision of LSIE, noting the problems presented by the service, leading them to a restructuring, setting priorities and fulfilling them, improving service to these elderly institutionalized.

There was resistance from professionals and responsible for management of the institution to provide certain information relating to financial matters, the elderly and their families, as well as on the professional.

So, on this theme, it was perceived the importance of other studies be developed in the area in order to contribute to better care for the elderly and support a better reflection of the health professionals operating in this field.

REFERENCES

1. Kalache A, Veras RP, Ramos LR. O envelhecimento da população mundial. Um desafio novo. Rev. saúde pública. 1987;21(3):200-10.
2. Ramos PRB, Logrado YSC, Perdigão VF, Lima GKS, Caldas AM. Políticas públicas direcionadas ao idoso: aplicabilidade do artigo 4o do decreto no 1.948/96. In: Anais da II Jornada Internacional de Políticas Públicas; 2005 ago 23-26; São Luiz (MA), Brasil. São Luiz (MA): UFMA; 2005. P1-5.
3. Colomé ICS, Marqui ABT, Jahn AC, Resta DG, Carli R, Winck M et al. Cuidar de idosos institucionalizados: características e dificuldades dos cuidadores. Rev. eletrônica enferm. 2011;13(2):306-12.
4. Araújo CLO, Souza LA, Faro ACM. Trajetória das Instituições de Longa Permanência para Idosos no Brasil. Hist. enferm., Rev. eletronica. 2010;1:250-62.
5. Vellozo GMR, Banhato EFC. Perfil do idoso residente em instituições filantrópicas de longa permanência em Juiz de Fora. CES Rev. 2011;25:307-20.
6. Camarano A A, Kanso S. As instituições de longa permanência para idosos no Brasil. Rev. bras. estud. popul. 2010;27(1):232-5.
7. Kanso S, Camarano AA, Mello JL, Carvalho DF. As Instituições de Longa Permanência para Idosos no Brasil. In: Anais do XVII Encontro Nacional de Estudos Populacionais; 2010 set 20-24; Caxambu (MG), Brasil. Caxambu (MG): Ipea; 2010.
8. Agência Nacional de Vigilância Sanitária (BR). RDC no 283, de 26 de setembro de 2005. Regulamento técnico para o funcionamento das instituições de longa permanência para idosos. Brasília: ANVISA, 2005, p.46.
9. Agência Nacional de Vigilância Sanitária (BR). Consulta Pública no 41, de 18 de janeiro de 2004. Brasília: ANVISA, 2004. Disponível em: <http://www4.anvisa.gov.br/base/visadoc/CP/CP [7626-1-0].PDF>. Acesso em: 10 de jun 2014.
10. Santos SSC, Silva BT, Barlem ELD, Lopes RS. O papel do enfermeiro na instituição de longa permanência para idosos. Rev. enferm. UFPE on line. 2008;2(3):291-9.
11. Conselho Federal de Enfermagem (BR). RESOLUÇÃO COFEN-146/1992, Normatiza em âmbito Nacional a obrigatoriedade de haver Enfermeiro em todas as unidades de serviço onde são desenvolvidas ações de Enfermagem durante todo o período de funcionamento da instituição de saúde. Brasília, 1992.
12. Angelo BHB, Silva DIB, Lima MAS. Avaliação das Instituições de Longa Permanência para Idosos do município de Olinda-PE. Rev. bras. geriatra. gerontol. 2011;14(4):663-73
13. Instituto Paranaense de Desenvolvimento Econômico e Social (PR). Instituições de Longa Permanência para Idosos Caracterização e Condições de Atendimento. Curitiba: IPARDES, 2008.
14. Christophe M. Instituições de Longa Permanência para Idosos no Brasil: uma opção de cuidados de longa duração [dissertação]. Rio de Janeiro (RJ): Escola Nacional de Ciências Estatísticas, UFRJ; 2009.
15. Lemos JC, Barros JDC. Equipe multidisciplinar: essencial para o cuidado dos idosos em institução de longa permanência [Internet]. 2014 [acesso em 2014 out 10]. Disponível em: http://189.75.118.67/CBCENF/sistemainscricoes/arquivosTrabalhos/I12375.E3.T1637.D3AP.pdf.
16. Carvalho VL. Perfil das instituições de longa permanência para idosos situadas em uma capital do Nordeste. Cad. saúde coletiva. 2014;22(2):184-91.

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