

SOCIAL ISOLATION: PERCEPTION AND CHALLENGES OF MANAGERS OF LONG- STAY INSTITUTIONS FOR THE ELDERLY IN THE FEDERAL DISTRICT

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Abstract: The article presents the results of research on the social isolation of the elderly carried out with managers of Long-Term Institutions for the Elderly (ILPI), in the Federal District, with the aim of knowing how they perceive and face the problem of social isolation, the main challenges and what the perception of public policies as responses to the needs of older people. Quantitative methodology was used, by applying an online form to fifteen managers, the majority of whom were female, aged between 30 and 49 years old, graduates, but with little or no training in the area of aging. The institutions that the respondents represent have between 20 and 100 residents, and are philanthropic and non-profit. The results indicate the complexity of managing an LTCF, pointing to the lack of partnership with family members and society, the importance of the intervention of a multidisciplinary team to propose new strategies and reformulate socio-educational policies. In general terms, to face social isolation, it is imperative that managers, professionals, residents, family and society come together to give new meaning to old age as a source of wisdom and legacy for humanity, combating ageism and social isolation through promoting coexistence and strengthening bonds.

Keywords: Social Isolation. Elderly. Long-stay institution for Elderly (ILPI). ILPI managers.

INTRODUCTION

Living in society, with family and friends, brings meaning to life. However, the fact that elderly people live with family members or live in institutions may not necessarily mean that they feel welcomed or that family and/or institutions provide coexistence and social participation.

The aging process impacts the loss of social roles and the emptiness experienced by not finding roles and feeling productive, can

bring feelings of anguish, disappointment and suffering, and, consequently, lead to social isolation. The removal of elderly people from social life can have a negative impact and affect their quality of life. Sometimes you may feel abandoned or forgotten, even at home with your family or in an institution surrounded by other people.

ILPI managers are faced with the challenge of combating social isolation, developing action plans to better manage human, structural and economic-financial resources to guarantee dignity, reception and assistance to residents. It is also necessary to create mechanisms capable of maintaining and strengthening socio-affective bonds, with the aim of reducing distances and physical and psychological barriers that exist with the family and society.

METHODOLOGY

A quantitative methodology was adopted, through the application of a structured online questionnaire, containing 13 multiple-choice questions, addressed to ILPI managers in the DF, to obtain standardized, objective and closed answers.

THEORETICAL REFERENCE

Aging is a universal, complex and continuous process that accompanies each human person throughout their life. Therefore, it becomes increasingly essential to intervene to promote healthy aging, that is, autonomous and independent aging for as long as possible (Sequeira, 2010). According to Rodrigues and Soares (2006).

To better define human aging, it is necessary to consider that this is a biological, psychological and social phenomenon that affects human beings in the fullness of their existence, modifying their relationship with time, their relationship with the world and their own history (Teixeira, 2006).

According to the research “Population Projections for the Administrative Regions of the Federal District 2020-2030”, the Federal District will see an increase in the number of elderly people (aged 60 or over) and a drop in the young population, resulting in an aging rate of 95 in 10 years, which means that for every 100 young people (0 to 14 years old), there will be 95 elderly people.

The life expectancy of Brazilians, in 2019, was 76 years; in the Federal District for 78 years. The impact of this scenario on the economy of the Federal District has been a subject of study for both the public administration and the private market, arousing the interest of professionals from different areas of knowledge.

Social isolation can have several consequences: social phobia, loneliness, depression, stress, sadness, rejection, anxiety, drug addiction, suicide, among other mental disorders and illnesses.

Social isolation influences morbidity, mortality, longevity and life expectancy, contributing to the aging of the organism (Berkman et al., 2000).

The WHO and the Brazilian Ministry of Health defend the need to combat social isolation through the implementation and implementation of national and international practices, with adequate planning that produces satisfactory responses in improving the quality of life and social integration.

With the advent of the COVID 19 pandemic, the world went on alert, with high mortality rates among the elderly and especially among LTCF residents and increased physical and psychological barriers to social distancing.

With the growing number of elderly people, the demand for LTCFs consequently increases, requiring effective, efficient and qualified management, to break paradigms and make the institutional environment adequate and humanized, focused on both

the individual and collective interests and conditions of the elderly.

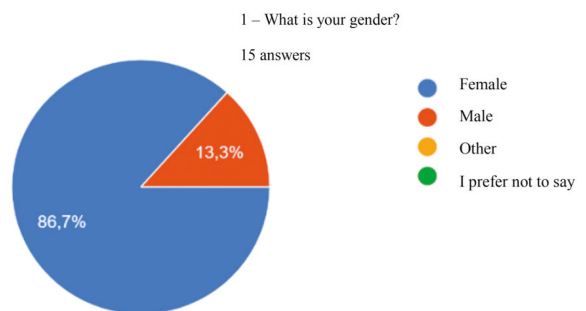
According to the National Health Surveillance Agency, through Resolution of the Collegiate Board (RDC) No. 502/2021, the coordination of the ILPI must be carried out by a higher-level professional from any area of training, with a minimum workload of 20 hours per week.

Therefore, the management of an ILPI must receive due attention, including the permanent improvement of qualifications, as an area of knowledge and action of vital importance for the proper functioning of institutions and society.

The current and future manager needs to be prepared to promote the necessary improvements and offer a positive experience and a satisfactory response for all those involved, residents, family members, professionals and the community in which it operates.

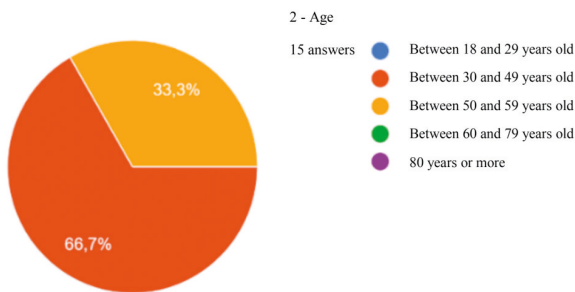
RESULTS AND DISCUSSION

We present the results obtained from the application of the questionnaire to LTCF managers:



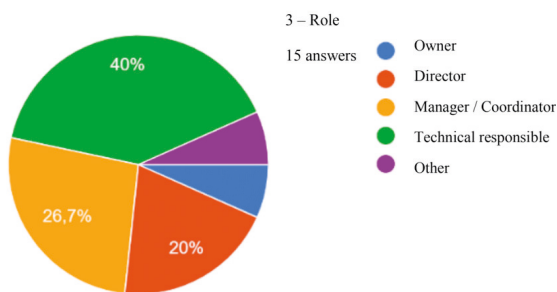
Graph 1 - Distribution of the sample according to gender.

According to gender, the majority, representing 86.7%, are female and 13.3% male, with 13 (thirteen) women and 2 (two) men, respectively.



Graph 2 - Distribution of the sample according to age

Regarding age, ten professionals, corresponding to 66.7% of the sample, are between 30 and 49 years old and five professionals, representing 33.3% of the sample, are between 50 and 59 years old.

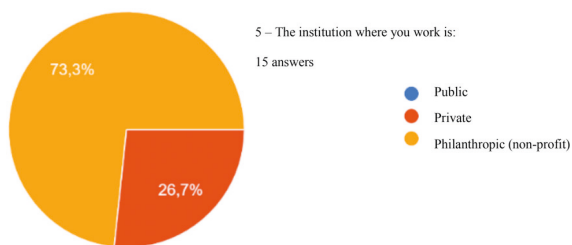


Graph 3 - Distribution of the sample according to position or function

It is observed that 40% of respondents occupy the role of technical manager of the institution, legally responsible for the establishment. Followed by 26.7% of managers/coordinators and 20% of directors. Only one is an owner of the institution and another respondent does not indicate his position.

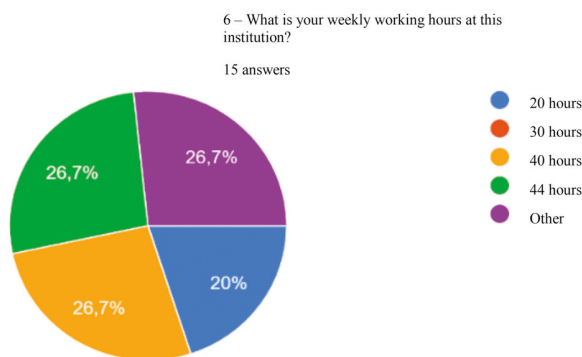
We noticed that of the 15 managers, only three exclusively perform the role of technical manager; the others, that is, twelve, cumulatively perform more than one function, in some cases being the only manager responsible for all areas of the institution, accumulating the role of technical director, administrative director, financial director, responsible for people management

and others activities not described.



Graph 5 - Distribution of the sample according to the type of institution

No respondent works in a public institution. The majority of 73.3%, represented by 11 professionals, work in non-profit philanthropic institutions (aimed at low-income people), and 26.7%, representing four professionals, work in private for-profit institutions.

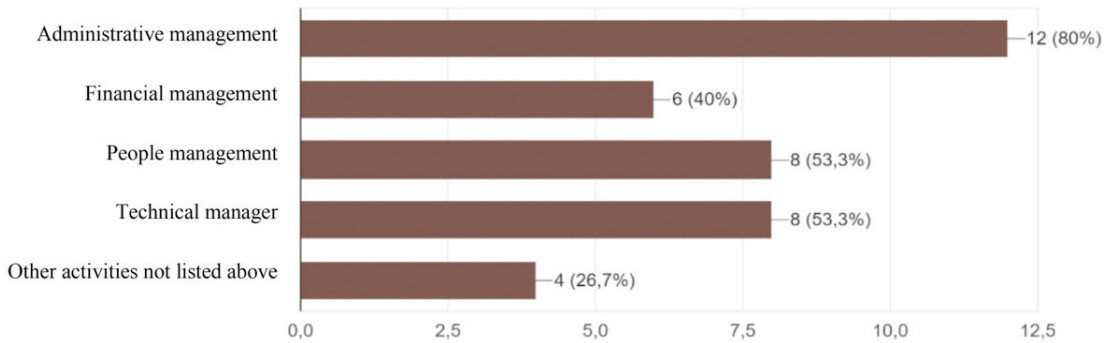


Graph 6 - Sample distribution according to managers' working hours

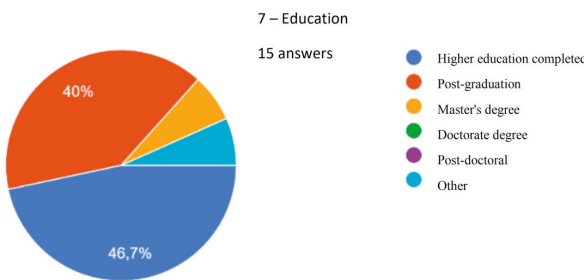
Regarding working hours, the sample is quite proportional, with those working 40 hours, 44 hours or other unspecified weekly hours being equal in percentage terms (26.7%). Only 20% of the sample, that is, three respondents, work 20 hours a week, that is, the minimum provided for in the regulations.

4 – What activities do you carry out in the institution as a manager? Check all the options that are under your responsibility.

15 answers.



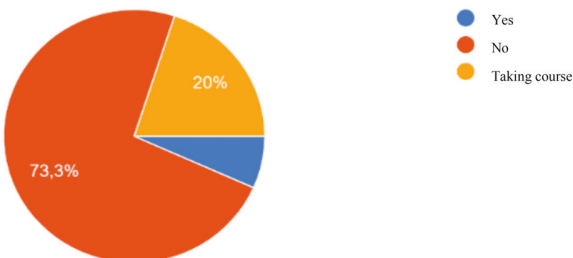
Graph 4 - Distribution of the sample according to the activities carried out



Graph 7 - Distribution of the sample according to education

Regarding the level of education, only one respondent has a master's degree, six have a postgraduate degree and seven have a higher education degree. One manager did not specify the level of education.

8 – Do you have any training in elderly health and/or gerontology (science that studies the process of human aging)? 15 answers



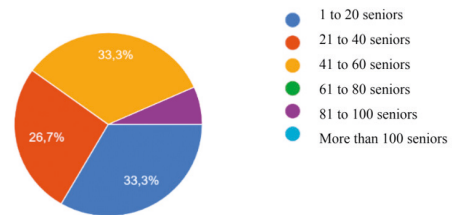
Graph 8 - Sample distribution according to training in Gerontology or Elderly Health

It is observed that the majority of respondents (eleven) do not have any training in gerontology or elderly health; three

professionals were studying and only one had studied the aging process. This is data that highlights the very low rate of managers trained in the aging process.

9 – How many elderly people are currently in education?

15 answers



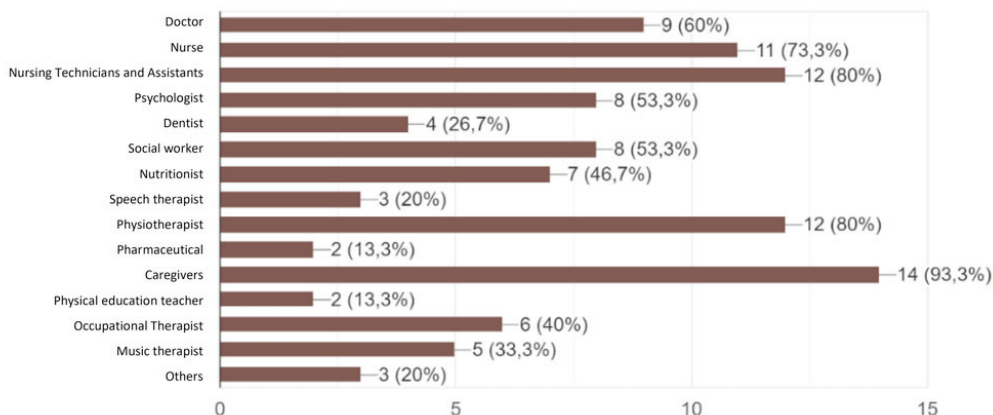
Graph 9 - Distribution of the sample according to the number of institutionalized elderly people

Most institutions for the elderly in the Federal District have up to 60 elderly people. Only one institution has between 81 and 100 elderly residents. Therefore, they are small and medium in size. Only one institution can be considered large.

We can verify that no responding institution has all the professionals listed in the answer options. That 93% of institutions have professional caregivers. Most have a psychologist, social worker, doctor, nurse, technicians and nursing assistants. And less than half of the institutions do not have a nutritionist, occupational therapist, music therapist, dentist, speech therapist, pharmacist and physical educator.

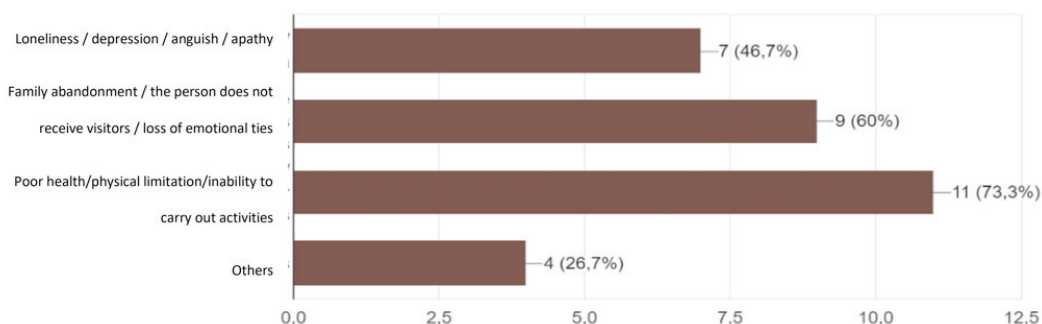
10 – Which professionals below are part of and/or carry out activities at the institution? Please tick all that exist below.

15 answers



Graph 10 - Distribution of the sample according to professionals working in the institutions

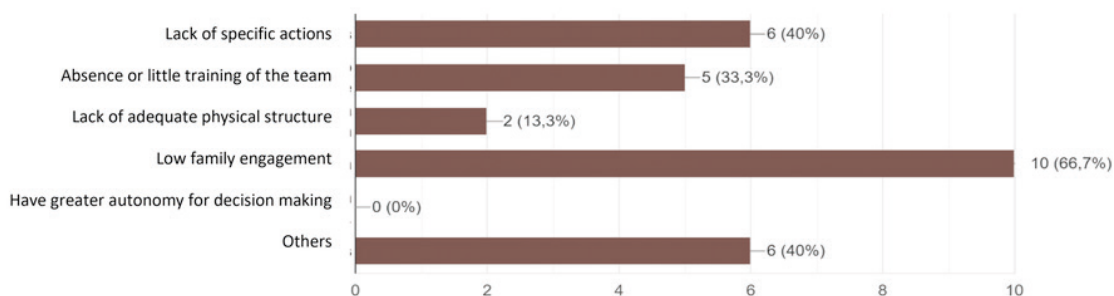
11 – In your opinion, as a manager, among the options below, what is the main reason for the resident’s social isolation?



Graph 11 - Distribution of the sample according to the reasons for social isolation of the elderly perceived by managers

12 – In your opinion, what is the biggest challenge in combating social isolation?

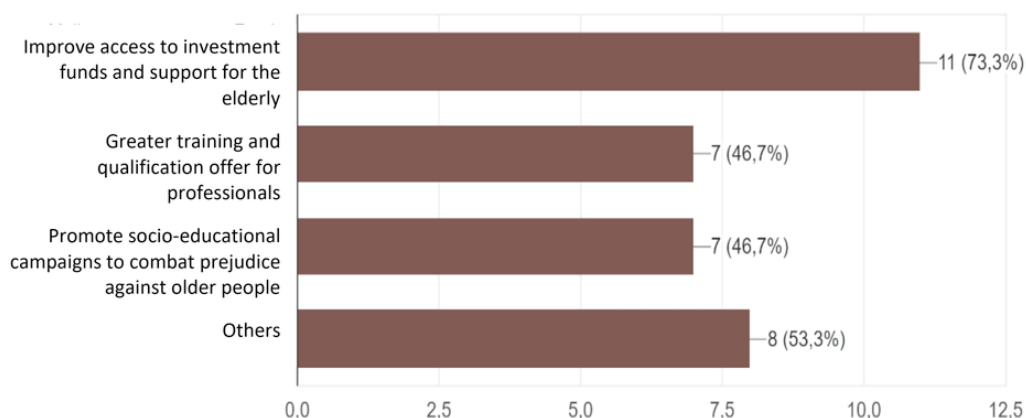
15 answers



Graph 12 - Distribution of the sample according to the challenges faced by managers in combating the social isolation of the elderly

13 – In relation to social policies for the elderly in Brazil, what would be necessary to better serve this elderly population?

15 answers



Graph 13 - Sample distribution according to managers' perception of social policies for the elderly

In the perception of the respondents, the REASONS or CAUSES of Social Isolation of Institutionalized Elderly People:

1st place - poor health/physical limitations/inability to carry out Activities;

2nd place - family abandonment/does not receive visitors/loss of emotional ties;

3rd place - loneliness/depression/anguish/apathy;

4th place - other reasons.

According to the variables represented, managers considered the main challenges to combating social isolation among institutionalized elderly people to be:

1st place - low family engagement (participation)

2nd place - the lack of specific actions by the institution in the work plan to combat isolation of the elderly and other reasons not listed

3rd place - the absence or little training of the multidisciplinary team, requiring greater training of professionals to prevent and combat the reasons that lead the elderly to social isolation

4th place - the physical structure of the institutions is not adequate to promote actions to combat the social isolation of the

elderly and provide greater interaction.

No respondent attributed the lack of management autonomy in decision-making as a challenge to coping with the social isolation of the elderly.

According to the respondents, for Public Social Policies to better serve institutionalized elderly people in the Federal District, it would be necessary to:

1st place - simplify the process of accessing investment funds and support for elderly people;

2nd place - other actions not listed;

3rd place - expand the training and qualification offer for professionals and promote socio-educational campaigns to combat ageism.

FINAL CONSIDERATIONS

Given the results, we can infer that it is urgent for the Federal District to develop and invest in technical qualification and continued and permanent training of professionals who work in institutions for the elderly, so that they can better play their role as protagonists of the changes essential for the society can age fully and with dignity.

Given the life expectancy of elderly people

in the DF, the tendency is for the number of LTCFs to increase, making it imperative that social responses adapt as quickly as possible to offer integrated care, support

and individual guarantees for each resident person, promoting and re-establishing social and emotional bonds, combating ageism and social isolation.

REFERENCES

- BONIFÁCIO, Gabriela; GUIMARÃES, Raquel. TD 2698 - Projeções Populacionais Por Idade e Sexo Para o Brasil Até 2100. Disponível em: <https://www.ipea.gov.br/portal/index.php?option=com_content&view=article&id=38575 & Itemid=457> Acesso 11.fev.2022.
- BRASIL. MINISTÉRIO DA SAÚDE. AGÊNCIA NACIONAL DE VIGILÂNCIA SANITÁRIA (ANVISA). Resolução da Diretoria Colegiada, 502, de 27 de maio de 2021. Disponível em: <<https://www.in.gov.br/en/web/dou/-/resolucao-rdc-n-502-de-27-de-maio-de-2021-323003775>> Acesso em: 02 abr.2022.
- ATÉ 2030, DF TERÁ AUMENTO NO NÚMERO DE IDOSOS E QUEDA NA POPULAÇÃO JOVEM. Secretaria de Estado de Justiça e Cidadania. <<https://www.sejus.df.gov.br/ate-2030-df-tera-aumento-no-numero-de-idosos-e-queda-na-populacao-jovem/>> Acesso em: 11 jun.2022.