

Impacts of Environmental and Social Factors on Illness in Elderly People and Long-term Care Institutions

Impactos de Fatores Ambientais e Sociais no Adoecimento de Idosos e Instituições de Longa Permanência
Impactos de los Factores Ambientales y Sociales en las Enfermedades de Las Personas Mayores y en las Instituciones de Cuidados de Larga Duración

RESUMO

Objetivo: Analisar os fatores associados ao adoecimento de idosos após a institucionalização. **Metodologia:** Revisão sistemática da literatura, utilizando bases de dados como BDENF-Enfermagem, Medline e LILACS, no período de fevereiro a abril de 2024. **Resultados:** Foram encontrados 9 artigos, destacando como fatores associados ao adoecimento: desestímulo da autonomia, sedentarismo, alimentação não balanceada, dificuldade com privacidade, viuvez, abandono familiar, incontinência urinária, isolamento social e falta de plano de cuidados individualizado. **Conclusão:** A institucionalização de idosos representa um desafio para a qualidade de vida. É fundamental planejar rotinas assistenciais, incluindo exercícios físicos regulares, suporte psicológico contínuo e humanizado, e atividades interativas que promovam o convívio social.

DESCRIPTORES: Saúde do Idoso Institucionalizado; Instituição de Longa Permanência para Idosos; Perfil de Saúde.

ABSTRACT

Objective: To analyze the factors associated with illness among elderly individuals after institutionalization. **Methodology:** Systematic literature review, using databases such as BDENF-Enfermagem, Medline, and LILACS, from February to April 2024. **Results:** Nine articles were found, highlighting the following as factors associated with illness: discouragement of autonomy, sedentary lifestyle, unbalanced diet, difficulty with privacy, widowhood, family abandonment, urinary incontinence, social isolation, and lack of an individualized care plan. **Conclusion:** Institutionalization of elderly individuals poses a challenge to their quality of life. It is essential to plan care routines, including regular physical exercise, continuous and personalized psychological support, and interactive activities that promote social interaction.

DESCRIPTORS: Health of Institutionalized Elderly; Long-Term Care Facilities for the Elderly; Health Profile.

RESUMEN

Objetivo: Analizar los factores asociados a la enfermedad en personas mayores institucionalizadas. **Metodología:** Revisión sistemática de la literatura, utilizando bases de datos como BDENF-Enfermagem, Medline y LILACS, de febrero a abril de 2024. **Resultados:** Se encontraron nueve artículos que destacan como factores asociados a la enfermedad: desánimo en la autonomía, sedentarismo, dieta desequilibrada, dificultades para mantener la privacidad, viudez, abandono familiar, incontinencia urinaria, aislamiento social y falta de un plan de cuidados individualizado. **Conclusión:** La institucionalización de las personas mayores supone un desafío para su calidad de vida. Es fundamental planificar rutinas de cuidado, incluyendo ejercicio físico regular, apoyo psicológico continuo y personalizado, y actividades interactivas que fomenten la interacción social.

DESCRIPTORES: Salud de las personas mayores institucionalizadas; Centros de atención a largo plazo para personas mayores; Perfil de salud.

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INTRODUCTION

The institutionalization of the elderly is a growing phenomenon, especially in societies with high life expectancy, which significantly increases the number of elderly people⁽¹⁾.

Although older people have achieved greater longevity, their health presents physiological weaknesses that are expected for their age, as well as pathological weaknesses characterized by chronic diseases, decreased autonomy, independence, mobility, cognition, psychosis, and depression⁽²⁾. These changes lead to people's dependence on care and daily monitoring⁽³⁾.

In this context, there is a high demand for Long-Term Care Facilities for the Elderly (LTCFs), which are government or non-government residences designed for the collective housing of elderly people over 60. LTCFs may or may not provide family support, with freedom, dignity, and citizenship, governed by RCD 502 of May 27, 2021⁽⁴⁾. It has a professional team composed of a technical manager, nursing technicians, elderly caregivers, and in some institutions it

has a professional nurse, in addition to general staff⁽⁵⁾.

There are countless reasons why elderly people are institutionalized, such as family problems, having nowhere to go, illness, loneliness and homelessness⁽⁵⁾. It is observed that in many cases there is a breakdown of the family, increasing the demand for LTCFs⁽⁶⁾. Due to these factors, LTCFs currently represent a housing reality in the country, and therefore, it is essential to think about how care is conducted in light of the different health problems that the elderly present.

The National Health Policy for the Elderly⁽⁷⁾ suggests that health interventions for the elderly population adopt a multidimensional approach. It is essential to consider the complex interplay between physical, psychological, spiritual, social, and environmental factors that can affect the health of older adults. Therefore, actions are needed to promote healthy aging, ensure a good quality of life, and ensure decent housing, especially for those who lack support in their family environment⁽⁸⁾.

Participating in leisure activities such as dance, music, and crafts is beneficial for life, as it helps improve

physical fitness and self-esteem, thus promoting a better quality of life. On the other hand, factors such as inactivity, excessive sedentary lifestyle, lack of affection, loss of autonomy due to physical limitations, and absence from family have a negative impact on the quality of life of older adults⁽⁹⁾.

The factors associated with illness among institutionalized elderly individuals are multifaceted and include physical, psychological, and social aspects. Studies have shown that institutionalization can lead to an increase in chronic diseases, depression, social isolation, and cognitive decline⁽¹⁰⁾. Furthermore, the quality of the institutional environment, the availability of adequate medical care, and social support play crucial roles in the health of institutionalized older adults.

In this context, this study was developed to investigate the factors associated with illness among elderly individuals after institutionalization, given the scarcity of literature on the topic. Therefore, this study was motivated by the need to understand these factors and contribute information that can foster discussions for appropriate planning and tools for care delivery in LTCFs.

Literature Review

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METHOD

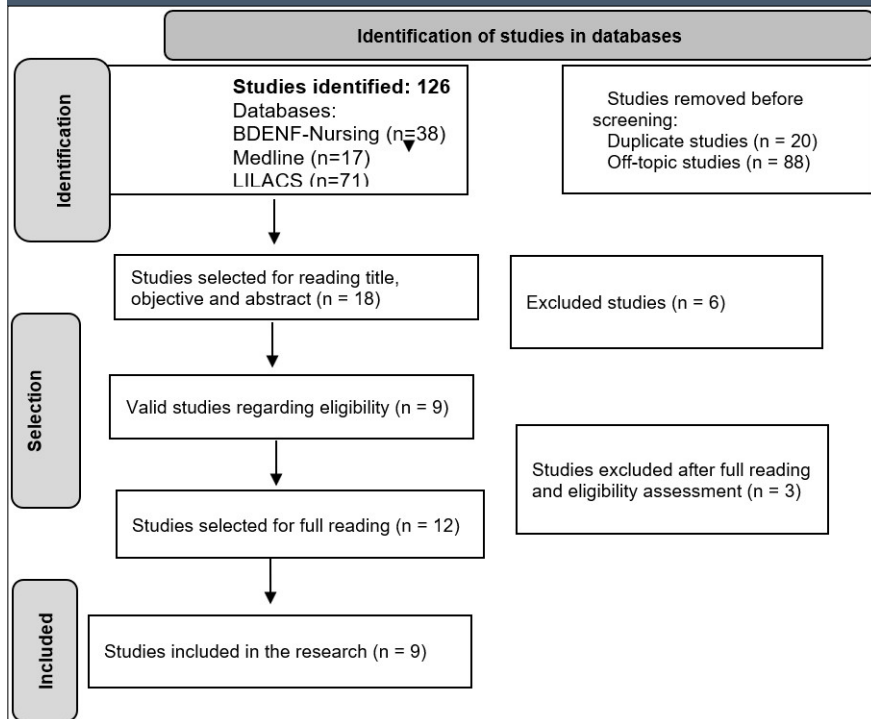
This is a systematic literature review guided by the guiding question: "What are the factors associated with illness in elderly people after institutionalization?". The methodological design followed all steps guided by the Key Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines for synthesizing the results⁽¹¹⁻¹³⁾.

The literature search was conducted in the BDENF-Nursing, Medline, and Latin American and Caribbean Literature on Health Sciences Information (LILACS) databases from February to April 2024. Health Sciences Descriptors (DeCS) in Portuguese and English were used, alternating search strategies with Boolean operators AND and OR: Saúde do Idoso Institucionalizado/ Health of the Institutionalized elderly AND Nível de saúde/ Health Level (#1); Saúde do Idoso institucionalizado/ Health of the institutionalized elderly AND Nível de saúde/ Health Level OR Idoso/ Old (#2).

Inclusion criteria included original studies published between 2014 and 2024, in Portuguese and English, that investigated factors associated with illness in older adults after institutionalization. Review articles and duplicates were excluded. Rayyan software was used to aid in the identification of duplicates⁽¹⁴⁾. The titles, objectives, and abstracts were then read to select studies that met the inclusion criteria.

This stage consisted of three independent readings by three authors. In cases of disagreement, a fourth author performed this stage to address the discrepancies. Subsequently, the studies were carefully read in full to extract the variables of interest. All stages were systematically performed until the final sample shown in Figure 1 was achieved⁽¹²⁻¹³⁾.

Figure 1 – Flowchart of the selection of articles for the systematic review according to the PRISMA, 2024 recommendation.



Source: The authors, 2024.

The final sample was structured in an Excel spreadsheet developed by the authors, containing a summary of the study information, such as: title, year of publication, methodological design, objective, results, and level of evidence, outlined in Table 1.

The level of evidence was considered to ensure methodological rigor in evaluating the studies and reduce the risk of bias, as recommended by the Joanna Briggs Institute Collaborating Center. These levels were: level I – evidence from a synthesis of cohort or case-control studies; level II – evidence from a single cohort or case-control study; level III – evidence from a meta-synthesis of qualitative or descriptive studies; level IV – evidence from a single qualitative or descriptive study; and level V – evidence from expert opinion⁽¹⁵⁾. For the stage of extracting the collected data, a table was created containing the analyzed variables: diseases in elderly

people after institutionalization and associated factors, Table 2.

RESULTS

The final sample, Table 1, comprised nine articles, two (22.22%) published in 2018, two (22.22%) published in 2019, one (11.11%) in 2020, two (22.22%) in 2021, and two (22.22%) in 2022. Regarding the methodological design, most of them, six (66.66%), were cross-sectional, one (11.11%) was epidemiological, and two (22.22%) were exploratory. According to the Joanna Briggs Institute Collaborating Center (2017), the corresponding levels of evidence were one (11.11%) level III study and eight (88.88%) level IV. Identifying the level of evidence is important to determine the confidence of the analysis of the results found in order to strengthen the considerations of this investigation.

Table 1 - Summary of studies according to title, year, study design, objective, results and level of evidence - 2024.

Titles	Ano	Study Design	Objective	Results	Nível de evidência
Frailty, depressive symptoms, and quality of life: a study with institutionalized older adults		Cross-sectional	To analyze the relationship between frailty, depressive symptoms, and quality of life in institutionalized older adults.	A total of 42 institutionalized older adults were evaluated; of these, 57.1% were frail and 42.9% were non-frail. Non-frail older adults showed a better perception of quality of life. There was a negative, moderately strong, and statistically significant correlation between depressive symptoms and frailty ($p=0.008$).	IV
Sarcopenia, obesity, and sarcopenic obesity in community-dwelling and institutionalized elderly women from Caxias do Sul, Brazil			To determine the prevalence of sarcopenia, obesity, and sarcopenic obesity among community-dwelling and institutionalized elderly women in Caxias do Sul, Brazil.	The study included 423 institutionalized elderly women. Sarcopenia was observed in 16.3% of the total sample. Regarding sarcopenic obesity, 0.9% of the community group and 3.8% of institutionalized elderly showed the condition. Non-sarcopenic elderly women showed a high prevalence of obesity.	III
Frailty syndrome in institutionalized older adults		Cross-sectional	To analyze the relationship between the level of frailty and the sociodemographic and health characteristics of older adults living in a Long-Term Care Institution for the Elderly in Ribeirão Preto, SP, Brazil.	The population comprised 56 older adults, of whom 55.4% had cognitive impairment, 62.5% presented depressive symptoms, and 75.0% were classified as frail; 42.9% had experienced falls in the past 12 months.	IV
Activities of daily living, depressive symptoms, and quality of life in the elderly		Cross-sectional	To correlate depressive symptoms with the ability to perform basic activities of daily living and quality of life in institutionalized older adults.	Older adults showed a positive perception of their quality of life, correlated with independence in performing basic activities of daily living. There was statistical significance in sensory, physical, and psychological functioning.	IV
Depression screening in elderly residents of long-term care institutions		Exploratory	To screen for signs of depression in elderly residents of long-term care institutions.	Thirty-one older adults participated. Of these, 16 (94%) residents from nursing home A and six (43%) from nursing home B showed signs of depression, with higher predisposition among men (68%) and divorced individuals (36%).	IV
Quality of life and risk of depression in institutionalized elderly		Cross-sectional	To verify the prevalence of depressive symptoms and their association with quality of life in institutionalized older adults.	Fifty older adults from two private institutions participated. Most (62%) had some degree of depressive symptoms—mild or severe. Quality of life was correlated with health status, lifestyle, and presence of depressive symptoms.	IV
Depressive symptoms and associated factors in institutionalized elderly from the metropolitan region of Belo Horizonte		Cross-sectional	To identify the presence of depressive symptoms and their association with self-perceived health among institutionalized elderly residents.	A total of 127 older adults living in 47 long-term care institutions were evaluated. Among those with depressive symptoms, 32.3% were classified as mild and 13.4% as severe. Regarding self-perceived health, 46.5% considered their health to be poor or very poor.	IV
Prevalence of urinary incontinence in elderly women from a long-term care institution		Cross-sectional	To identify the prevalence of urinary incontinence and its impact on the quality of life of elderly women.	The sample consisted of 33 volunteers living in nursing homes in São Paulo. The mean scores for the eight KHQ domains were: general health perception 46.21; impact of incontinence 32.32; daily activity limitations 21.50; physical limitations 18.18; social limitations 14.14; and severity measures 45.20.	IV

Source: The Authors, 2024.

Literature Review

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Regarding the factors associated with illness in elderly individuals after institutionalization, Table 2 shows that the majority of studies, five (55.55%), reported depressive symptoms associated with feelings of family abandonment, widowhood, lack of privacy, and lack of autonomy. They also cite the prohibition of performing basic activities of daily living, even for those capable of performing them. These studies associated negative changes in quality of life, triggering depressive symptoms in elderly individuals due to a discouraging environment, sedentary habits, and lack of exercise and leisure.

Consequently, of the nine articles selected, one (11.11%) reported the prevalence of urinary incontinence in institutionalized elderly women associated with chronic diseases that cause physical limitations. This finding demonstrates how encouraging physical exercise can be a protective measure against the consequences of

a sedentary lifestyle, especially urinary incontinence, since strengthening the pelvic muscles can prevent this clinical condition.

Another article (11.11%) investigated the prevalence of sarcopenia, obesity, and sarcopenic obesity among institutionalized elderly women. A total of 423 elderly women participated, of whom 53.9% were obese and 3.8% had sarcopenic obesity. Non-sarcopenic elderly women, however, had a high prevalence of obesity. Finally, the authors describe that institutionalized elderly women had a higher prevalence of sarcopenia, highlighting the need for preventive measures such as adequate nutrition, physical activity, and leisure.

Finally, one article (11.11%) reported an increase in uncontrolled high blood pressure and diabetes in 76.3% of participants after institutionalization, along with dental problems and a heightened predisposition to falls.

DISCUSSION

Studies show that social interaction and leisure activities, such as dancing and crafts, as well as healthy habits, provide an increase in quality of life, as they increase physical fitness and autonomy⁽¹⁶⁾. Furthermore, Article 29 of the Elderly Statute states that older adults have the right to adequate care in long-term care facilities. These facilities must ensure conditions that promote dignity, respect, and a high quality of life for older adults.

Furthermore, Article 30 establishes that it is the State's duty to promote public policies that guarantee the rights of older adults in institutions, including protection against abuse and the promotion of activities that encourage socialization and autonomy. Therefore, these legal provisions seek to ensure that institutionalized older adults have access to an environment that respects their rights and specific needs⁽¹⁷⁾.

Study participants already had diagnoses of chronic diseases, depression, cognitive impairment, obesity, sarcopenia, and frailty syndrome. Because these are diseases predicted to occur in aging, minimizing the worsening of clinical conditions in institutionalized elderly individuals is possible through actions that promote quality of life, foster social interaction, and encourage autonomy in daily activities⁽¹⁸⁾.

The results revealed that the most prevalent factors associated with illness among elderly individuals after institutionalization are related to the discouragement of autonomy in performing basic activities of daily living. Elderly individuals who have undergone institutionalization become more sedentary due to social isolation, leading to loss of functionality and worsening of pre-existing conditions⁽¹⁹⁾.

Physical inactivity, poor diet, and certain medications can all contribute

Table 2 - Description of diseases in institutionalized elderly people and factors associated with illness after institutionalization - 2024.	
Disease(s)	Factor(s) associated with illness in elderly people after institutionalization
Chronic diseases, depression, and cognitive impairment	Discouragement of elderly individuals' autonomy in performing basic activities of daily living
Obesity, sarcopenia, and sarcopenic obesity	Inadequate lifestyle: sedentary lifestyle, unbalanced diet, social isolation, and loss of autonomy in self-care.
Cognitive impairment and frailty	Discouragement of elderly individuals' autonomy in performing basic activities of daily living
Depression	Discouragement of elderly individuals' autonomy in performing basic activities of daily living and sedentary lifestyle.
Cognitive impairment and frailty	Increased degree of dependence of elderly individuals in performing basic activities of daily living
Depression	Loss of privacy, widowhood, family abandonment, and discouragement of elderly individuals' autonomy in performing basic activities of daily living
Depression	Poor self-perception of health, abandonment, widowhood, lack of privacy, and discouragement of elderly individuals' autonomy in performing basic activities of daily living
Chronic diseases and cognitive impairment	Urinary incontinence, dependence, social isolation, and loss of self-esteem

Source: The authors, 2024.

significantly to obesity. Furthermore, sarcopenia can be exacerbated by immobility and lack of physical activity, malnutrition, and chronic diseases such as diabetes and heart disease, which are common in older adults and can contribute to muscle loss. Studies show that most institutionalized elderly individuals experience sarcopenia and obesity, largely due to a lack of autonomy, the diets offered, and preexisting conditions⁽²⁰⁾.

Social isolation and separation from support networks are frequently discussed in articles. The quality of the institutional environment and the availability of activities that promote autonomy and are interactive play an important role in ensuring the health of the elderly. A lack of social interaction is one of the factors that can lead to cognitive impairment and worsen conditions such as depression. Institutionalization often results in the loss of contact with family members, increasing feelings of loneliness and isolation. Therefore, strategies to promote socialization and preserve family ties are essential to minimize these negative effects⁽²¹⁾.

Studies show that institutionalized elderly people often have a poor quality of life due to several factors, including a lack of autonomy to carry out their daily activities. This lack of autonomy can lead to a negative perception of their daily lives⁽²²⁾. Furthermore, cognitive impairment and physical frailty are conditions frequently observed in institutionalized elderly individuals, exacerbating the challenges they face and contributing to a reduced quality of life. Elderly individuals whose autonomy is not preserved become increasingly dependent on simple daily activities⁽²¹⁾.

Conversely, some literature indicates that older adults who maintain their independence in performing basic daily activities report a more positive view of their quality of life. These studies show that, in contexts

where autonomy and encouragement to perform daily activities predominate, older adults have better sensory, physical, psychological, and cognitive domains, as well as less physical frailty⁽¹⁶⁾.

Loss of privacy is a significant concern for institutionalized elderly people, directly impacting their quality of life. In many LTCFs, the physical layout and social dynamics can create an environment where seniors feel constantly observed, which can generate discomfort and anxiety. The lack of private spaces to encourage their daily autonomy can create a sense of control⁽²²⁾.

Widowhood and family abandonment negatively impact the lives of institutionalized elderly people, increasing feelings of loneliness. The loss of a partner and family abandonment can lead to a worsening of emotional and mental health, increasing feelings of isolation. This situation can exacerbate loneliness and absence due to a lack of family visits⁽²²⁾.

Furthermore, illnesses present in the elderly's lives can interfere with their quality of life, generating symptoms of depression. Studies highlight that urinary incontinence (UI) is common in institutionalized elderly people and directly impacts their quality of life and physical and mental well-being, especially in women⁽²³⁾.

Furthermore, this study also reveals that chronic diseases, such as hypertension and diabetes, are prevalent among institutionalized elderly individuals. The presence of these chronic conditions is associated with a lack of physical activity and specific preventive care. Inactivity and a sedentary lifestyle, common in long-term care facilities, aggravate these conditions, suggesting the need for regular exercise programs to improve physical health and prevent disease⁽²⁴⁾.

Social isolation is one of the most impactful factors in the lives of institutionalized elderly people, often re-

sulting in a significant loss of self-esteem. The lack of interaction and distance from family members can lead seniors to feel invisible and devalued, affecting their self-image and emotional well-being. This isolation can be intensified by circumstances such as widowhood or family abandonment, which further isolate the individual in an environment where socialization is limited. The lack of opportunities to carry out daily activities and the feeling of being just another person contribute to a negative cycle, where self-esteem deteriorates and loneliness worsens⁽²¹⁾.

The lack of an individualized care plan can exacerbate problems related to illness among elderly individuals living in long-term care facilities, including physical, psychological, and social aspects. These articles demonstrate the need for integrated approaches that consider all these factors to improve the health and quality of life of these institutionalized elderly individuals. Interventions such as physical exercise programs, psychological counseling, interactive activities, and individualized care are essential to reduce the negative effects of institutionalization.

The study on the institutionalization of elderly individuals highlights the importance of promoting autonomy, social interaction, and physical activity to improve the quality of life of these individuals. Promoting autonomy is fundamental to the quality of life of institutionalized elderly individuals, as it allows them to maintain their independence and actively participate in activities. Furthermore, social interaction is essential to prevent isolation and loneliness among institutionalized elderly individuals. Physical activity is also essential to maintaining the physical and mental health of institutionalized elderly individuals.

This research reveals significant limitations, including a lack of rep-

representativeness in the sample, which may not be applicable to all institutionalized elderly individuals. Furthermore, the lack of variable control may have influenced the results, as not all variables that may impact these individuals' quality of life were considered. In conclusion, this study highlights the importance of promoting autonomy, social interaction, and physical activity to improve the quality of life of institutionalized elderly individuals. It is essential to consider the limitations of this study to interpret the results more accurately and

ensure the validity of the conclusions.

CONCLUSION

The study demonstrated the importance of promoting autonomy, social interaction, and physical activity to improve the quality of life of institutionalized elderly individuals. The results showed that lack of autonomy, social isolation, and physical inactivity are significant factors contributing to the illness of these individuals. It is crucial that long-term care facilities for the elderly adopt strategies

to promote autonomy, social interaction, and physical activity to improve the quality of life of institutionalized elderly individuals. Furthermore, healthcare professionals and caregivers must be trained to meet the specific needs of these individuals, providing comprehensive and humane care. Finally, it is essential that public policies prioritize the health and well-being of institutionalized elderly individuals, ensuring access to quality healthcare services and promoting their social inclusion and dignity.

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