

Academic experiences and health promotion actions in a long-term care institution for elderly: speech-language pathology experience report

Vivências acadêmicas e ações de promoção da saúde em uma instituição de longa permanência para idosos: relato de experiência fonoaudiológica

Experiencias académicas y acciones de promoción de salud en una institución de larga estancia para ancianos: relato de experiencia en fonoaudiología

*Aline Arakawa-Belaunde**

*Anicy Back**

*Camila Cardozo**

*Heloisa Opalowski**

*Maria Guimarães**

Abstract

The change of the Brazilian age pyramid, with the increase of the elderly population, is an aspect that is evident over the years. The Long Stay Institution for the Elderly (LSIE) can be a social structure as a possible alternative for the care of some old aging people. In this context, it can be found in the

* Universidade Federal de Santa Catarina (UFSC), Florianópolis, SC, Brazil.

Authors' contributions:

AMA-B, ATBP, CNC, HDO and MARG, contributed in the elaboration, development and writing of the manuscript. ATBPB, CNC, HDO and MARG carried out the actions and data analysis, and writing of the manuscript. AMA-B, ATBPB and MARG contributed to the development and revision of the manuscript.

Correspondence address: Aline Arakawa-Belaunde arakawaaline@gmail.com

Received: 4/19/2017

Accepted: 3/9/2018

group formation, the strengthening of the subject in face of adversities in favor of a better quality of life that can be possible by carrying out activities to promote health. This paper aims to describe aspects related to the aged group activities in a LSIE located in the south of the country. Weekly activities were carried out with 20 LSIE residents, totaling 12 meetings. It was possible to observe a predominance of the male gender. The actions were performed by the execution of activities like conversation groups, songs and elaboration of handmade products together, being the most part of those activities focused in the playful aspect. It was attempted performing the cognitive stimulation, communication, expressivity and social interaction as well. Throughout the meetings, there was a growing motivation of the residents in the involvement of what was proposed, as well as the approximation of the LSIE professionals with the activities conductors. The speech-language pathology took place by widening the look beyond the technical aspect, but facing the elderly health promotion.

Keywords: Aging; Health promotion; Interpersonal relations; Group structure; Speech, Language and Hearing Sciences

Resumo

A mudança da pirâmide etária brasileira, com o aumento da população idosa, é um aspecto que se evidencia ao longo dos anos. A Instituição de Longa Permanência para Idosos (ILPI) pode ser um equipamento social como possível alternativa para o cuidado de algumas pessoas que envelhecem. Neste contexto, pode-se encontrar na formação de grupos, o fortalecimento do sujeito frente às adversidades em prol de uma melhor qualidade de vida, a qual pode se dar por meio da realização de atividades à promoção da saúde. Este trabalho tem o objetivo de descrever aspectos relativos às atividades em grupo de idosos de uma ILPI do sul do país. Foram realizadas atividades semanais com 20 idosos residentes na ILPI, totalizando 12 encontros. Pode-se observar predomínio do sexo masculino. As ações foram realizadas por meio de rodas de conversa, cantigas e confecção de materiais em conjunto, sendo parte das ações com enfoque ao aspecto lúdico. Buscou-se realizar a estimulação cognitiva, da comunicação, expressividade e do convívio social. Ao longo dos encontros observou-se crescente motivação dos residentes no envolvimento do que era proposto, bem como a aproximação dos profissionais da ILPI com as condutoras das atividades. A atuação fonoaudiológica se deu ao ampliar o olhar além do aspecto técnico, mas voltado à promoção da saúde do idoso.

Palavras-chave: Envelhecimento; Relações interpessoais; Promoção da saúde; Estrutura de grupo; Fonoaudiologia

Resumen

El cambio de la pirámide etaria brasileña, con el aumento de la población anciana, es un aspecto que se evidencia a lo largo de los años. La Institución de Larga Permanencia para Ancianos (ILPA), puede ser un equipo social como posible alternativa para el cuidado de algunas personas que envejecen. En este contexto, se puede encontrar en la formación de grupos, el fortalecimiento del sujeto frente a las adversidades en favor de una mejor calidad de vida que puede darse por medio de la realización de actividades a la promoción de la salud. Este artículo tiene por objetivo describir aspectos relativos a las actividades en grupo de ancianos de una ILPA del sur del país. Fueran realizadas actividades semanales con 20 ancianos residentes en la ILPA, con un total de 12 encuentros. Fue posible observar el predominio del sexo masculino. Las acciones fueron realizadas por medio de ruedas de conversa, canciones y confección de materiales en conjunto, siendo parte de las acciones con enfoque al aspecto lúdico. Se buscó realizar la estimulación cognitiva, de la comunicación, expresividad y del convívio social. A lo largo de los encuentros se observó una creciente motivación de los residentes en la participación de lo propuesto, así como la aproximación de los profesionales de la ILPA con las conductas de las actividades. La actuación fonoaudiológica se dio al ampliar la mirada más allá del aspecto técnico, pero orientado a la promoción de la salud del anciano.

Palabras clave: Envejecimiento; Promoción de la salud; Relaciones interpersonales; Estructura de grupo; Fonoaudiología



Introduction

The change in the Brazilian demographic pyramid is an increasing and irreversible process given that in 2011 the elderly population was 20.5 million, corresponding to 10.8% of the total population. The trend is for this number to increase to 30.9 million in 2020, or 14% of the total population¹.

Thus, with the rapid aging of the population, Brazil faces one of the greatest challenges in its history, which evidences the careful analysis of public actions in the medium and long term. The shrinking of the base and the expansion of the top of the population pyramid will affect 66 million Brazilians over 60 years of age by 2050, that is, more than double than the 24 million registered in 2017².

Among the existing social facilities to provide subsidies to this growing population are long stay institutions for the elderly (LSIEs), also known as foster care services, maintained by governmental or non-governmental bodies. These institutions aim to provide full residential care with conditions of freedom and dignity to the resident, targeting elderly people, with or without family support, for free or for remuneration³. LSIEs are presented as one of the alternatives of non-family care to the elderly, in accord with the Federal Constitution of Brazil of 1988, which states that, “the family, society and the State have the duty to support the elderly, ensuring their participation in the community, defending their dignity, well-being and guaranteeing them the right to life.”⁴.

The functioning of LSIEs is also governed and guaranteed by the Senior Citizen Statute, which emphasizes access to health services as well as health promotion, protection and recovery actions, as well as specific measures aimed at promoting the autonomy and social inclusion of the elderly⁵. It is in these geriatric institutions that one can promote the deconstruction of asylum environments with stigmas and prejudices, with the construction of a privileged space of development for the elderly: a promoter of health and autonomy⁶.

Regarding the autonomy and independence of the elderly, the World Health Organization (WHO)⁷ states that autonomy is the ability to control, handle and make personal decisions, since independence is related to the fact that the individual is able to perform functions related to daily life. According to the WHO, the aging process must be built

within a context of active aging, in which there is interdependence and solidarity between the generations, that is, a two-way street with young and old individuals. Ultimately, the quality of life that an individual will have as an adult depends not only on the setbacks and opportunities they have experienced during life, but mainly in later generations, which will provide mutual help and support where necessary.

Some authors believe that for the elderly in LSIEs, their arrival and adaptation is a mixture of feelings such as strangeness, loneliness, conformism and abandonment. Such an aspect may affect the construction of the ideology of a person who has been deprived of their goals because they are removed from family, home, friends, relationships and life history⁸.

The institutionalized elderly individual can present countless losses, such as their social circle, direct contact with the family, their daily habits, their housing, their material assets and their independence, which explains the great incidence of depressive states, feelings of solitude and limitations of possibilities of an active life⁹. Under this scenario, LSIEs constitute a challenge, since at the same time they provide care, they can also generate the sensation (or certainty) of the distancing of the resident and their relative. However, being with the family does not always mean protection for the elderly, since the neglect and physical, psychological, emotional and moral mistreatment committed by some families is a reality whose frequency has been demonstrated in today's society¹⁰.

It is through the insertion in a particular group that the elderly will have opportunities to protect themselves and even differentiate themselves in favor of a better quality of life¹¹. The coexistence in groups generates the opportunity to expand individual and social consciousness, providing the formation of affective bonds, psychological well-being and, from the dialogical moments, the division of anguish and experiences¹².

Actions in health promotion and disease prevention can be implemented in group activities, being able to act as transforming agents with therapeutic potential, providing a space for the strengthening of bonds, feelings, exchange of experiences, coexistence and socialization in the face of the sense of belonging to the group¹³.

The group, therefore, is not characterized as a space of prescriptions nor as a place of immedi-

ate modifications, but it provides the reflection of different social actors and their experiences, generating resignifications through coexistence and mutual support, within the limitations and possibilities of each participant¹⁴. In this context, cognitive stimulation is a strategy of preserving or reacquiring the compromised functions and favoring the acts of daily life¹⁵.

In view of the above, the aim of this study was to report the health promotion activities carried out in a Long Stay Institution for the Elderly.

Case presentation

The study is a report of the experience from the meetings held at a LSIE located in the southern region of Brazil. The LSIE in question is a centennial, philanthropic and non-profit institution that was initially set up to support street citizens in the locality and in the vicinity, playing a significant role in society. Over the years it has been configured to fulfill its current purpose, which is housing the elderly.

The meetings were held at the LSIE premises, in the institution's living space, with an average duration of 90 minutes each, occurring weekly for 12 weeks in the morning during the first half of 2016, with the participation of elderly residents. The aim of the actions was related to the promotion and maintenance of health and disease prevention in the line of health care of the elderly. The actions were essentially carried out in a circle format, which addressed the residents as well as the conductors, namely, students and professor.

The performance of the speech-language pathology (SLP) team was made possible by the development of a curricular discipline in partnership with the LSIE. The meetings were attended by ten students from the SLP course accompanied by a SLP professor. At first, the institution provided the opportunity to become acquainted with the physical space so that there was more familiarization with the environment, as well as make the first contact with the residents, in order to establish rapport. Thus, part of the routine and schedules for activities of daily living, such as bathing and feeding, could be experienced.

In addition, a situational diagnosis could be carried out with the employees and those responsible, obtaining relevant information about residents such as how long they had been living in

the institution, the reason for institutionalization, educational level, the presence of diseases (i.e., degenerative diseases), sensory difficulties and physical and mental condition. Such information helped in the conduction of activities and establishment of bond with the elderly.

Among the 35 elderly people assisted, 21 were male and 14 were female. The mean age of the residents was 77.7 years, with a minimum and maximum age of 51 and 98 years, respectively.

LSIE was provided by different professionals who provide services such as nursing, nutrition, physiotherapy, social assistance, and general and administrative staff.

The actions proposed with a focus on health promotion were carried out with the participation of approximately 20 adults and elderly, with male prevalence. Individually and prior to the beginning of activities, the participants were invited by the students and the professor, and as a consequence, the number of participants in each meeting oscillated. It is worth noting that group activities did not include the bedridden elderly due to the difficulty in moving them; however, the students made visits to these elderly individuals with proposals for activities similar to those developed collectively.

The institutionalized elderly maintained a pleasant coexistence with the other residents and with the people living outside the LSIE. The data related to coexistence is capable of reflecting on the strengthening of the elderly group in a LSIE, confronting isolation and withdrawal from family life, aspects that may be a routine problem of shelter, deserving attention and implementation of actions that aim to change this scenario^{16,17}.

Institutions now receive a larger number of elderly people, and this increase is due to situations generated by the influence of social, demographic and health related factors of the individual. In this process of transition, which is extremely delicate for the individual, the appearance arises of inevitable changes, such as the feeling of loss, the need to accept the unknown and giving up a life trajectory and the conviviality with friends and family⁸.

In this sense, the experience of the elderly that come to reside in a LSIE can be associated with the loss of autonomy, as well as of restriction to a physical space. Still, it may suggest opposing ideas of deconstruction and construction, in which the elderly person is inserted into a new world, which, even if it restricts them in certain respects,



may enable them to incorporate and even partially recover their dignified condition of being human. In this way, the institutionalized individual begins to attribute feelings to the place where he begins to reside, placing expectations, hopes and beliefs in the emergence of new possibilities, in addition to recognizing himself as belonging to that group¹⁸.

Outline of health promotion meetings

In this context, on the first day of performance, the proposal related to academic activity was presented verbally to the elderly. It was possible to observe the prevalence of residents remained constantly silent, watching television or solitary. In addition, little interaction was observed among residents. These conditions were modified during the meetings in the LSIE and it can be inferred that this modification was through the motivational factor and the sense of belonging to the group that the students provided.

At the first meeting a moment of dialog was provided for all those interested in participating to present themselves by reporting their age, place of birth, and some curiosity or information about themselves, thus strengthening ties and increasing the interaction between the residents themselves and with the conductors of the proposal. Such information was based on the planning of the activities and themes that would be developed. It should be noted that the activities were conducted in order to take into account people with low levels of education and visual and auditory acuity. At that moment, we sought to attend to the different terminologies and speech of the individual, which are derived from places and social positions, values, tastes and beliefs that each individual brings with him¹⁹.

In a second moment they were asked to tell stories of their lives, old stories and known legends. The residents were observed to show interest and motivation when initiating or maintaining dialogues among themselves in the moments in which the meetings happened. In addition, one of the strategies to give continuity to this experience was the delivery of images of old jokes causing the dialog to be stimulated at the moment the participant revisited their past.

In the other moments in which the meetings were held, activities were sought to carry out stimulation to the memory and communication of the elderly. Activities were focused on sensory

memory, music, the creation of festive homemade items corresponding to holidays, cards and tickets, as well as games such as a sound bingo, riddles, and Pandora's Box.

During the actions a focus was given to the play aspect, which showed a motivational strategy throughout the activities, strengthening the bonds between all participants. A study carried out through a systematic review showed that individuals with mild cognitive impairment presented positive results through playfulness, affecting social, intellectual and self-esteem aspects¹⁵.

SLP therapy was aimed at promoting the health and well-being of the participants, seeking cognitive stimulation, communication, expressiveness and social interaction among residents of the institution. Health promotion with a focus on these aspects refers to social, personal and economic development, as well as maintenance of quality of life.

Cognitive stimulation may have a beneficial effect on the improvement of visuospatial function, as well as on the improvement of depressive and anxious symptoms. Accordingly, the results can have repercussions in the strengthening of the social insertion and feeling of mutual cooperation among the elderly participants²⁰.

Actions were previously agreed with the management of the LSIE in face of their demands and needs, promoting a two-way street with the university. The implementation of practices based on local needs provides for the reinforcement of community action and dialog between the various forms of popular, traditional and scientific knowledge and their social actors in care and health, in line with the one proposed in one of the transversal themes of the National Policy of Health Promotion²¹.

The interdisciplinary relationship can be evidenced in moments that the professionals of the institution dialogued with the conductors of the activities on the themes that involved speech therapy as well as the actions proposed to the elderly. In addition, the exchange of experiences and orientations about the possible facilities and difficulties that the conductors could find when engaging with some elderly individuals in face of the behavioral and/or cognitive peculiarities of the elderly can be punctuated. These aspects enriched the professional practice of the students, who were able to experience the interdisciplinarity as well as the social context of the residents. In addition, when

necessary, residents were referred for evaluation and SLP therapy.

When the link between this reality and SLP therapy is realized, there are innumerable demands that are evident in the elderly, such as those related to presbylarynx signs and presbyphonia (aging voice), presbycusis, dental loss or inadequate adaptation of dental prostheses²², functional alterations of phonoarticulatory organs, slowness in the processes of speech and orofacial practices, difficulties in speech and language²³. These findings are in agreement with the importance of SLP therapy in LSIE in order to promote improvement in the quality of life of the residents²².

It is understood that this is an experience report, so it is necessary to carry out scientific studies in order to verify the effectiveness of actions in groups with elderly residents of LSIEs with representative samples of the population.

Final considerations

During the health promotion activities at the LSIE, the growing motivation of the elderly to participate in the proposed activities besides the expansion of socialization among residents, residents and academics, and academics and professionals of the institution was observed.

The activities with a playful approach were the viable strategy for the approximation and motivation of the residents, paying attention to the rhythm of each subject involved.

SLP therapy must work in these institutions without restricting itself to a specific intervention of a technical nature, but considering the comprehensiveness of the subject, in an interdisciplinary and multiprofessional way. It is in activities such as these that one can realize and experience health promotion, favoring moments of communication, integration, social development and improved brain functioning of individuals, in view of integral health and better quality of life, especially in the situation of the institutionalized elderly.

References

1. Kuchemann BA. Envelhecimento populacional, cuidado e cidadania: velhos dilemas e novos desafios. *Revista Sociedade e Estado*. 2012; 27(1): 165-80.

2. Brasil. Congresso Nacional. Câmara dos Deputados. Centro de Estudos e Debates Estratégicos. Consultoria Legislativa. *Brasil 2050: desafios de uma nação que envelhece*. 8. ed. Brasília: Edições Câmara, 2017. 293 p. (Estudos estratégicos).
3. Oliveira JM, Rozendo CA. Instituição de longa permanência para idosos: um lugar de cuidado para quem não tem opção? *Rev Bras Enferm*. 2014; 67(5): 773-9.
4. Brasil. Constituição (1988). *Constituição da República Federativa do Brasil*. Brasília, DF: Senado Federal: Centro Gráfico, 1988. 292 p
5. BRASIL. Ministério da Saúde. *Estatuto do idoso*. 1.ª ed. Brasília, DF: Ministério da Saúde; 2003.
6. Alves-Silva JD, Scorsolini-Comin F, Santos MA. Idosos em instituições de longa permanência: desenvolvimento, condições de vida e saúde. *Psicologia Reflexão e Crítica*. 2013; 26(4): 820-30.
7. OMS. Organização Mundial da Saúde. *Envelhecimento ativo: uma política de saúde*. Brasília: Organização Pan-americana de Saúde, 2005. 61 p.
8. Bentes ACO, Pedrosa JS, Maciel CAB. O idoso nas instituições de longa permanência: uma revisão bibliográfica. *Revista Aletheia*. 2012;196-205.
9. Marin MJS, Miranda FA, Fabbri D, Tinelli LP, Storniolo LV. Compreendendo a história de vida de idosos institucionalizados. *Revista Brasileira de Geriatria e Gerontologia*. 2012; 15(1): 147-54.
10. Porto I, Koller SH. Violência na família contra pessoas idosas. *Interações*. 2006; 12(22): 105-42.
11. Assis M, Silveira TM. Ação educativa em saúde com idosos. In: Assis M. *Promoção da saúde e envelhecimento: orientações para o desenvolvimento de ações educativas com idosos*. ed. CRDE UnATI UFRJ; 2002. p.16-29.
12. Wichmann FMA, Areisa SVC, Lepper L, Couto NA, Cardoso CMC, Moreira EP. Satisfação do idoso na convivência em grupos. *Revista Contexto e Saúde*. 2011; 10(20), 491-8.
13. Nogueira ALG, Munari DB, Santos LF, Oliveira LMAC, Fortuna CM. Fatores terapêuticos identificados em um grupo de promoção da saúde de idosos. *Rev Esc Enferm USP*. 2013; 47(6): 1352-8.
14. Souza APR, Crestani AH, Viera CR, Machado FCM, Pereira LL. O grupo na fonoaudiologia: origens clínicas e na saúde coletiva. *Revista CEFAC*. 2011; 13(1): 140-51.
15. Pinheiro SB, Gomes ML. Efeitos das atividades lúdicas no idoso com alteração do cognitivo leve: uma revisão de literatura. *Revista Pesquisa em Fisioterapia*. 2014; 4(1): 71-7.
16. Mello JG, Gresele ADP, Maria CM, Fedosse E. Subjetividade e institucionalização no discurso de idosos. *Revista Distúrbios da Comunicação*. 2013; 25(1): 35-45.
17. Louveiro RS, Silva HP. Possíveis impactos na saúde de idosos institucionalizados pelo seu afastamento do convívio familiar. *Revista Kairós Gerontologia*. 2015; 18(3): 367-80.
18. Duarte LMN. O processo de institucionalização do idoso e as territorialidades: espaço como lugar?. *Revista Estudos Interdisciplinares sobre o Envelhecimento*. 2014; 19(1): 201-17.
19. Santana AP. Grupo terapêutico no contexto das afasias. *Revista Distúrbios da Comunicação*. 2015; 27(1): 4-15.
20. Casemiro FG, Rodrigues IA, Dias JC, Alves LCS, Inouye K, Gratão ACM. Impact of cognitive stimulation on depression,



- anxiety, cognition and functional capacity among adults and elderly participants of an open university for senior citizens. *Revista Brasileira de Geriatria e Gerontologia*. 2016; 19(4): 683-94.
21. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Secretaria de Atenção à Saúde. Política Nacional de Promoção da Saúde / Ministério da Saúde, Secretaria de Vigilância em Saúde, Secretaria de Atenção à Saúde. - 3. ed. - Brasília: Ministério da Saúde, 2014.
22. Gutierrez SM, Zanato LE, Pelegrini P, Cordeira RC. Queixas fonoaudiológicas de idosos residentes em uma instituição de longa permanência. *Revista Distúrbios da Comunicação*. 2009; 21(1): 21-30.
23. Estrela F, Motta L, Elias VS. Deglutição e processo de envelhecimento. In: Jotz GP, Carrara-de Angelis E, Barros APB. *Tratado de Deglutição e Disfagia: no adulto e na criança*. Rio de Janeiro: Revinter; 2009. p. 54-8.