

Ecology of care and health promotion: challenges and potential in the care of institutionalized elderly people

Ecología del cuidado y promoción de la salud: desafíos y potencialidades en la atención a las personas mayores institucionalizadas

Ecologia do cuidar e promoção da saúde: desafios e potencialidades no cuidado a idosos institucionalizados

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Abstract

The aim was to identify, in national and international scientific production published between 2014 and 2024, the health promotion activities carried out in Long-Term Care Facilities for the Elderly (LTCFs). An integrative review, with a qualitative approach, was conducted in the Virtual Health Library (VHL), using the BDNF, LILACS, and MEDLINE databases, using the descriptors "Elderly Health", "Long-Term Care Facility for the Elderly", and "Health Promotion". Thirteen articles were selected, organized into two categories: (1) practices, connections, and experiences focused on health promotion; and (2) strategies and proposals for improving actions in LTCFs. The findings show that interventions that value psycho-affective relationships, autonomy, and recognition of the singularities of the elderly strengthen health promotion and align with the principles of the Ecology of Care. It is concluded that comprehensive and affectively oriented practices contribute to the well-being and empowerment of institutionalized elderly people.

Descriptors: Aging; Long-Term Care Facilities for the Elderly; Health Promotion; Ecology of Care; Autonomy of the Elderly.

Resumen

El objetivo fue identificar, en la producción científica nacional e internacional publicada entre 2014 y 2024, las actividades de promoción de la salud realizadas en Centros de Cuidados a Largo Plazo para Personas Mayores (CEPA). Se realizó una revisión integrativa, con enfoque cualitativo, en la Biblioteca Virtual en Salud (BVS), utilizando las bases de datos BDNF, LILACS y MEDLINE, utilizando los descriptores "Salud del Adulto Mayor", "Centro de Cuidados a Largo Plazo para Personas Mayores" y "Promoción de la Salud". Se seleccionaron trece artículos, organizados en dos categorías: (1) prácticas, conexiones y experiencias centradas en la promoción de la salud; y (2) estrategias y propuestas para mejorar las acciones en los CEPA. Los hallazgos muestran que las intervenciones que valoran las relaciones psicoafectivas, la autonomía y el reconocimiento de las singularidades de las personas mayores fortalecen la promoción de la salud y se alinean con los principios de la Ecología del Cuidado. Se concluye que las prácticas integrales y afectivas contribuyen al bienestar y al empoderamiento de las personas mayores institucionalizadas.

Descriptores: Envejecimiento; Centros de Atención a Largo Plazo para Personas Mayores; Promoción de la Salud; Ecología del Cuidado; Autonomía de las Personas Mayores.

Resumo

Objetivou-se identificar, na produção científica nacional e internacional publicada entre 2014 e 2024, as atividades de promoção da saúde realizadas em Instituições de Longa Permanência para Idosos (ILPIs). Revisão integrativa, de abordagem qualitativa, conduzida na Biblioteca Virtual em Saúde (BVS), por meio das bases BDNF, LILACS e MEDLINE, utilizando os descritores "Saúde do Idoso", "Instituição de Longa Permanência para Idosos" e "Promoção da Saúde". Foram selecionados 13 artigos, organizados em duas categorias: (1) práticas, conexões e vivências voltadas à promoção da saúde; e (2) estratégias e propostas para qualificação das ações nas ILPIs. Os achados evidenciam que intervenções que valorizam relações psicoafetivas, autonomia e reconhecimento das singularidades dos idosos fortalecem a promoção da saúde e se alinham aos princípios da Ecologia do Cuidar. Conclui-se que práticas integrais e afetivamente orientadas contribuem para o bem-estar e o empoderamento de idosos institucionalizados.

Descritores: Envelhecimento; Instituição de Longa Permanência para Idosos; Promoção da Saúde; Ecologia do Cuidar; Autonomia do Idoso.



Introduction

The increase in the elderly population in Brazil is a well-established phenomenon, demanding more sensitive, comprehensive, and qualified action from healthcare professionals, as well as the formulation of public policies capable of addressing the specific needs of this population segment. According to Brazilian law, anyone aged 60 or older is considered elderly, and this group has been growing rapidly compared to other age groups. Projections indicate that, by 2026, Brazil will be the sixth country with the largest number of elderly people, according to the World Health Organization^{1,2}.

In this scenario, it is observed that older people have been seeking to live healthier lives, valuing health promotion practices and measures to prevent illness. To this end, they turn to health services seeking a diverse set of actions, including assistance, care, treatment, rehabilitation, and monitoring of chronic conditions, with the aim of preventing or minimizing comorbidities and thus promoting longer and higher quality aging. It is emphasized that actions promoting and protecting health:

"[...] are fundamental, being an articulation strategy that aims to improve quality of life and reduce health risks through the construction of healthy public policies that provide improvements in lifestyle. Recent studies indicate that, to achieve a better level of health, it is not enough to simply encourage and/or induce the elderly to adopt healthy habits; the social, political, economic, and cultural context in which they are embedded must be considered. The environment generates or favors illness, as well as facilitates or hinders the promotion, prevention, control, and/or cure of diseases"³.

It is observed that, faced with the increasing demands of aging, many elderly people and their families have resorted to both health services and Long-Term Care Facilities for the Elderly (ILPIs), seeking answers to care needs that promote safety, dignity, and autonomy. Within this movement, the demand for Health Units, especially the Family Health Strategy (ESF), stands out, where the elderly seek comprehensive and effective care, maintaining active participation in the health-disease process and exercising their rights, beliefs, values, culture, and preferences⁴.

This shared responsibility must also be strengthened in the context of ILPIs, governmental or non-governmental institutions designed to house people aged 60 or older, with or without family support, ensuring conditions of freedom, dignity, and citizenship⁵. The term ILPI (Long-Term Care Institution for the Elderly) is progressively replacing the term "asylum," which is considered inadequate to describe these contemporary care spaces, since such institutions seek to prevent risks and vulnerabilities associated with the lack of housing and social support^{6,7}.

In this context, promoting the health of the elderly population is an essential action, whether in the family environment, in Family Health Strategy (ESF) units, or in Long-Term Care Facilities for the Elderly (ILPIs). The National Health Promotion Policy (PNPS) defines health promotion as the pursuit of equity and improvement of living conditions and lifestyles, expanding the potential for individual and collective health and reducing vulnerabilities derived from

social, economic, political, cultural, and environmental determinants. Complementarily, health promotion is understood as a continuous and comprehensive process that involves prevention, education, and intersectoral participation in the development of strategies that enhance health education⁸⁻¹⁰.

From the perspective of the Ecology of Care, this process expands even further, considering that the elderly person is a relational being, integrated into networks of affections, temporalities, environments, and ways of living. Caring means recognizing the interdependence between the individual, the territory, and relationships, welcoming their singularities and fostering autonomy, bonds, and a sense of belonging. Therefore, health promotion in long-term care facilities needs to articulate care practices with actions that strengthen coexistence, subjectivity, and the sense of community.

Given this, this study aimed to identify, in the national and international scientific literature, the health promotion activities developed in long-term care facilities for the elderly (ILPIs), analyzing how these practices have contributed to the well-being and quality of life of older people.

Methodology

Aiming to achieve the outlined objective, it is important to highlight that this study adopts a qualitative, descriptive approach, structured as an Integrative Literature Review (ILR). From this perspective, the qualitative method "represents an empirical approach to the object of study, in which the researcher mobilizes their own interpretations, motivations, values, and attitudes to deepen the understanding of the investigated theme, providing greater flexibility to the investigative process"¹¹.

ILR is a methodological strategy applied to reviews, allowing the inclusion of both experimental and non-experimental research, which favors a more comprehensive understanding of the phenomenon examined. Therefore, the methodological approach adopted is presented, encompassing the six stages proposed by the authors¹².

First step: developing the guiding question. For this study, the following question was formulated: "What health promotion activities carried out in long-term care facilities for the elderly, based on the Ecology of Care and focused on the health of the elderly, have been addressed in national and international scientific production in the last ten years?"

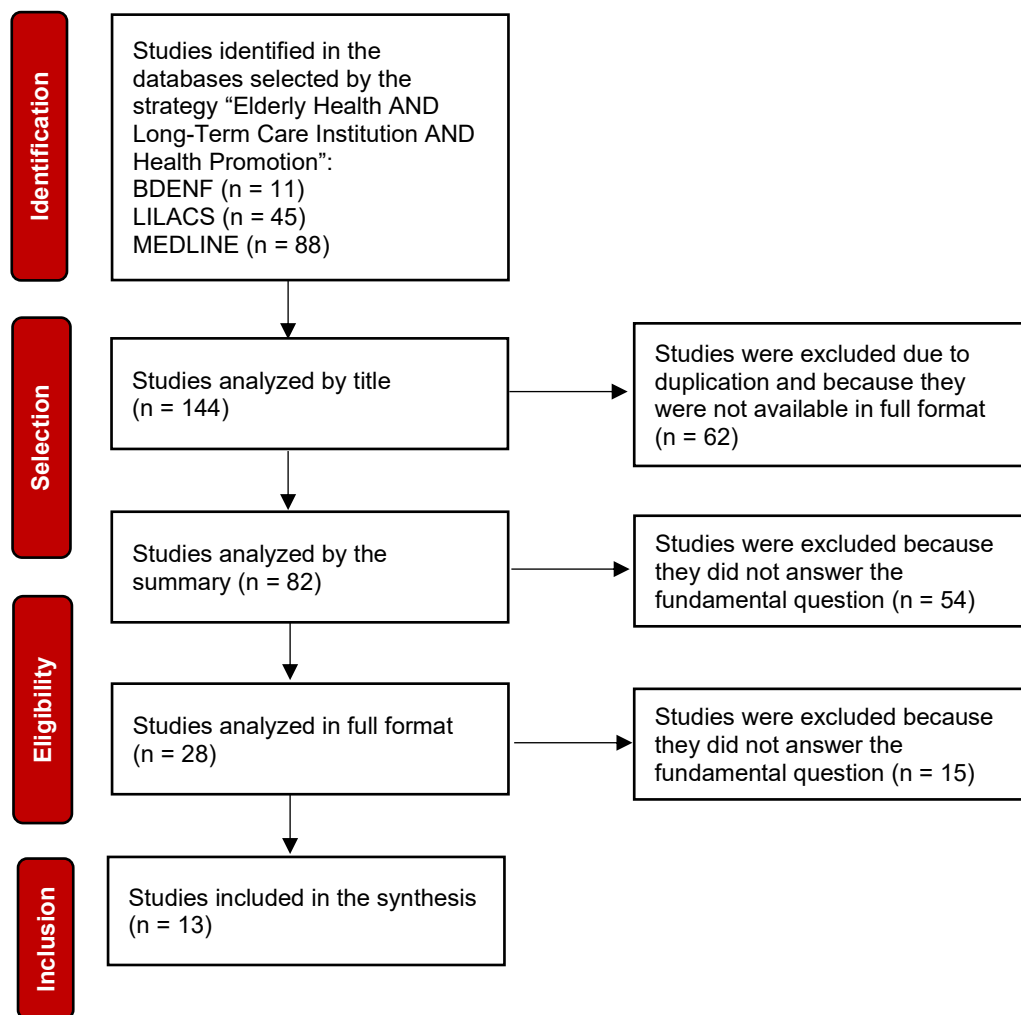
Second step: literature search and selection. The survey of scientific publications was conducted in the Virtual Health Library (VHL) and in the BDEF, LILACS, and MEDLINE databases, between March and April 2024. The time frame defined was the last ten years of publication (2014-2024). The preliminary analysis revealed a scarcity of studies directly related to the topic, reinforcing the relevance of the established period. The inclusion criteria included complete articles, with open access, published in Portuguese, English, or Spanish, between 2014 and 2024. Incomplete publications or those misaligned with the research focus were excluded. Duplicate articles were counted only once.



Third step: data collection. For study selection, descriptors and keywords combined with the Boolean operator ("Elderly Health" AND "Long-Term Care Institution for the Elderly" AND "Health Promotion") were used. In total, 144 articles were identified (11 in BDNF, 45 in LILACS, and 88 in MEDLINE). The initial screening, through reading titles and abstracts, resulted in the selection of 82 articles for full

reading (6 in BDNF, 29 in LILACS, and 47 in MEDLINE). Of these, 22 were pre-selected (1 in BDNF, 15 in LILACS, and 6 in MEDLINE). After final refinement, the sample comprised 13 studies: 1 in BDNF, 11 in LILACS, and 1 in MEDLINE. Figure 1 presents, in detail, the sample selection and refinement process.

Figure 1. Flowchart of the selection process for studies included in the integrative review. Rio de Janeiro RJ, Brazil, 2024



Regarding the Level of Evidence (LE), it is noteworthy that the hierarchical classification proposed by the Agency for Healthcare Research and Quality (AHRQ) was adopted, which is widely used to assess the methodological

robustness of research and other sources of information, including scientific articles. This classification organizes the quality of evidence into seven distinct levels, as presented in Chart 1 below.

Chart 1. Level of evidence by type of scientific studies. Rio de Janeiro RJ, Brazil, 2024

LE	Types of studies
01	Systematic reviews or meta-analyses of relevant clinical trials
02	Evidence from at least one well-designed randomized controlled clinical trial
03	Well-designed clinical trials without randomization
04	Well-designed cohort and case-control studies
05	Systematic review of descriptive and qualitative studies
06	Evidence derived from a single descriptive or qualitative study
07	Opinion of authorities or expert committees, including interpretations of information not based on research

Source: Adapted from the Agency for Healthcare Research and Quality¹³.



The fourth step corresponds to the critical analysis of the selected studies, focusing on evaluating the consistency and relevance of their objectives, methods, and results. The fifth step is dedicated to the discussion of the findings, allowing for a comparison of the identified evidence with related scientific productions, identifying existing gaps in the field, and pointing out relevant directions for future investigations. The sixth step refers to the final presentation of the review, in which the synthesized information and reflections derived from the analytical process are presented in a systematic and detailed manner.

To facilitate the organization and examination of the studies considered, each production was identified by a code composed of the letter S (Study), followed by sequential Arabic numerals from 1 to 13. Furthermore, the analysis of the selected materials was guided by thematic approaches, which allowed for the construction of analytical categories and subcategories.

Regarding ethical aspects, it should be noted that, since this is an Integrative Literature Review without the direct involvement of human participants, there was no need to submit it to the Research Ethics Committee (CEP), as established by Resolution No. 466/2012 of the National Health Council (CNS).

Results and Discussion

Record of collected items

The most representative database was LILACS, from which 11 articles were extracted (84.61%). Following this, BDNF and MEDLINE each contributed 1 article (7.69%). Regarding the publication period, studies published between 2014 and 2024 were considered. It was observed that 1 article was published in 2014 (7.69%), 2 in 2015 (15.38%), 1 in 2018 (7.69%), 2 in 2019 (15.38%), 1 in 2020 (7.69%), 2 in 2021 (15.38%), 1 in 2022 (7.69%), 1 in 2023 (7.69%), and 2 in 2024 (15.38%). Regarding the article titles, the most frequent terms were: "elderly" (11) (84.61%), "long-term care institution" (6) (46.15%), "institutionalized elderly" (5) (38.46%), "health" (4) (30.76%), "residents" (3) (23.07%) and "health promotion" (2) (15.38%). Regarding the journals, 2 publications were identified in the Brazilian Journal of Geriatrics and Gerontology (15.38%). The remaining journals each presented 1 publication, distributed among: Cadernos Brasileiros de Terapia Ocupacional, Revista Saúde e Pesquisa, Revista Distúrbios da Comunicação, Revista Brasileira de Enfermagem, Revista Kairós Gerontologia, Revista Enfermagem UERJ, Aletheia, Revista Gaúcha de Enfermagem, Revista da Escola de Enfermagem da USP, Estudos Interdisciplinares sobre o Envelhecimento and Revista Brasileira de Atividade Física & Saúde. Thus, a total of 13 articles were distributed across 12 different journals. Regarding the objectives of the articles, the most recurrent verbs were: "to analyze" (5) (38.46%), "to evaluate" (3) (23.07%), "to describe" (2) (15.38%), "to know" (2) (15.38%) and "to investigate" (1) (7.69%). Regarding methodological approaches, qualitative studies prevailed (7) (53.84%), followed by quantitative studies (5) (38.46%) and studies with a mixed-methods approach (1) (7.69%). In relation to study types, field research predominated (9) (69.23%),

followed by Integrative Literature Reviews (2) (15.38%), documentary study (1) (7.69%), and experience report (1) (7.69%). The most frequently used data collection techniques were interviews (5) (38.46%), workshops/playful activities (3) (23.07%), document review (3) (23.07%), forms (2) (15.38%), questionnaires (2) (15.38%), participant observation (1) (7.69%), and focus group (1) (7.69%). Regarding the thematic aspects, it was observed that 6 articles (46.15%) presented examples of health promotion practices for the elderly (S1, S4, S5, S8, S11, S13) and 7 articles (53.84%) suggested health promotion practices, strategies, and actions (S2, S3, S6, S7, S9, S10, S12). Concerning the Level of Evidence (LE), it was identified that 12 articles (92.30%) are at level 6, corresponding to studies derived from isolated descriptive or qualitative research. Only 1 article (7.69%) presented level 2, originating from a randomized controlled clinical trial.

Based on this set of findings, two categories of analysis were organized: "Practices, connections, and experiences aimed at promoting health" and "Suggestions, strategies, and compositions aimed at promoting health".

Practices, connections, and experiences aimed at promoting health

Promoting health in the context of Long-Term Care Facilities for the Elderly involves actions that go beyond merely providing care, incorporating practices that value autonomy, bonding, social interaction, and comprehensive care. This category summarizes the experiences and initiatives that emerged from the analyzed articles, revealing how different activities as cognitive, motor, recreational, and collective contribute significantly to the physical, emotional, and social well-being of residents.

The selected studies show that structured practices, carried out in groups or individually, can positively transform the daily lives of institutionalized elderly people, offering new possibilities for interaction and expanding sensory, affective, and functional repertoires. Furthermore, such actions favor the creation of more welcoming environments, where care is shared among the elderly, professionals, caregivers, and students, reinforcing the collective dimension of health.

Thus, this category brings together subcategories that clearly demonstrate how health promotion activities developed in long-term care facilities are interconnected, highlighting that healthy aging is a multidimensional process that requires continuous stimulation, strengthened bonds, and spaces for interaction capable of giving new meaning to experiences and promoting quality of life.

Group encounters, bonds, and proximity

The creation and strengthening of bonds emerged as a central axis of the health promotion practices analyzed. Bonding was evident in relationships between older adults, between older adults and students, and between older adults and healthcare professionals, demonstrating that stable and affective connections are essential for building more humanized environments in long-term care facilities. Studies showed that regular interaction, dialogue, and



intergenerational exchanges reinforce feelings of belonging, acceptance, and mutual recognition, being fundamental aspects for healthier and more active aging¹⁴⁻¹⁶.

The deepening of interpersonal relationships within the institutional setting has also proven strategic in reducing feelings of social isolation, often present in the daily lives of institutionalized elderly individuals. The presence of students, for example, contributes to broadening cultural repertoires and enabling interactions marked by curiosity, respect, and mutual learning. This intergenerational coexistence generates positive impacts for both the elderly and young people, who gain a better understanding of the aging process, expanding their civic and professional development. Furthermore, interactions between healthcare professionals and the elderly, when based on bonding and acceptance, strengthen the elderly person's engagement in self-care practices, increasing their autonomy and responsibility for their own health process. Bonding is not synonymous with dependence, but rather with partnership and cooperation. Therefore, professional practices based on solid bonds become strategic tools for health promotion¹⁶⁻¹⁹.

In the case of formal caregivers, it was observed that the bond is built in the daily routine of small actions, such as hygiene, feeding, medication, mobility, and affective interactions. This proximity favors the creation of meaningful ties that, if well managed, increase the emotional security of the elderly and strengthen their well-being. Thus, it is understood that healthy bonds, in their various forms and intensities, are fundamental to improving care and promoting health in long-term care facilities^{14,15}.

Cognitive activities: between memories and learning

The cognitive activities identified in the studies included writing, reading, memory games, singing, painting, and various workshops, all with great potential to stimulate the memory, creativity, and attention of older adults. These practices act as strategies for maintaining mental capacities and as important tools for socialization, interaction, and emotional expression. Playful activities thus emerge as a therapeutic resource that enhances autonomy and promotes well-being^{17,18}.

Furthermore, cognitive workshops enable the reconstruction of memories and the retrieval of life stories, strengthening emotional bonds among participants. By creating objects, singing old songs, or participating in guided conversations, the elderly reactivate significant memories and share experiences that enrich the group. This process increases self-esteem, reinforces identities, and promotes feelings of continuity and appreciation for their life trajectories^{15,17}.

Another relevant aspect concerns the accessibility of cognitive practices. Activities with simple materials, such as colored pencils, playdough, paper, images, or reused objects, demonstrate that cognitive stimulation can be carried out in an inclusive, economical, and creative way. It is precisely this simplicity that brings the elderly closer to the activities, making them attractive, enjoyable, and meaningful for their daily institutional life^{16,18}.

From a health promotion perspective, cognitive practices contribute to delaying age-related functional losses, promoting greater autonomy in performing daily activities. Furthermore, they foster social interactions that reduce loneliness and increase the elderly person's engagement in the community life of the long-term care facility. In this way, exercising the mind also becomes a way to strengthen bonds and promote emotional well-being¹⁷.

Motor activities: exercises, games and movements

The motor activities identified in the articles, such as exercises, stretches, and games, are fundamental for maintaining functional capacity and independence. The use of balls, sticks, shuttlecocks, elastic bands, and recyclable materials made the practices more dynamic and accessible, allowing older adults with different levels of mobility to participate actively. Regular motor practice demonstrated broad benefits, ranging from improvements in strength and balance to positive effects on mood and socialization²⁰⁻²².

Participation in group physical exercises has also proven to be a powerful way to strengthen bonds and promote social interaction. Activities performed in groups stimulate mutual support, a sense of belonging, and continuous motivation, essential factors for maintaining the adherence of older adults to movement practices. The playful nature of some exercises (games and activities) facilitates participation and makes movement more enjoyable and spontaneous. Several studies have shown that the regular practice of motor activities contributes to the reduction of sleep disorders, improvement of motor coordination, and maintenance of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), promoting greater independence and autonomy. These aspects are crucial for the quality of life of residents of long-term care facilities, who frequently present functional limitations resulting from aging and chronic conditions²⁰⁻²².

In addition to physical benefits, motor activities also promote mental health, reducing symptoms of anxiety, stress, and apathy. Movement awakens energy, improves circulation, and enhances the vitality of the elderly, providing a renewed sense of well-being. Thus, motor practices stand out as tools for comprehensive care, essential for a more active and healthy aging process within institutions²².

Collective meetings and experiments

Group activities, such as discussion circles, reflective groups, and shared activities, have emerged as important practices for reducing isolation and stimulating meaningful interactions among residents of long-term care facilities. These activities provide spaces for speaking and listening, where older adults can share experiences, exchange knowledge, and build closer relationships. Group interaction fosters emotional expression, strengthens self-esteem, and generates greater agency in the aging process¹⁴⁻¹⁶.

Participation in groups also expands social support, one of the main factors associated with quality of life in old age. Studies have shown that, by participating in collective



activities, older adults feel more valued, recognized, and included in the institutional community. These spaces encourage the resurgence of life projects, the planning of new activities, and the development of positive strategies to cope with age-related challenges^{15,16}.

Group activities also play an educational role, allowing older adults to reflect on self-care, health, and well-being. By participating in guided conversations or thematic activities, residents better understand their limitations, needs, and potential, strengthening their autonomy and decision-making capacity. Thus, group interaction becomes an instrument for promoting health and strengthening citizenship^{18,19}.

It was observed that group meetings give new meaning to the daily routines of long-term care facilities by replacing repetitive routines with shared, pleasurable, and emotionally meaningful experiences. Individual loneliness is replaced by companionship, exchange, and collectivity. The elderly begin to build together a lighter, more active, and more humane daily life, demonstrating that health promotion is also achieved through interaction, affection, and the joint construction of experiences¹⁴⁻¹⁷.

Suggestions, strategies, and compositions aimed at promoting health

The second category brings together a set of suggestions, strategies, and compositions identified in the analyzed articles, offering potential ways to improve health promotion in Long-Term Care Facilities for the Elderly. Unlike the first category, which addresses already implemented practices, this section highlights possibilities for institutional reorganization, sustainable educational actions, improvements in care processes, and guidelines to strengthen the comprehensiveness of care for the elderly. It is, therefore, a set of proposals aimed at improving the quality of life of residents, reinforcing the importance of planned and continuous interventions²³⁻²⁷.

The studies analyzed show that promoting health in long-term care facilities requires interdisciplinary approaches, participatory planning, and strategies that articulate physical, psychological, social, and environmental dimensions. These recommendations range from infrastructure improvements and the incorporation of systematized activities to professional training and the expansion of intersectoral projects. Thus, this category offers a broader view of the possibilities for strengthening institutional care and promoting healthier and more welcoming environments for the elderly population^{23,24,27}.

Furthermore, the strategies presented point to the need to promote structural changes that encourage autonomy, active participation, and dignity in old age. These proposals reflect the importance of valuing the elderly as protagonists in their aging process, recognizing their potential, uniqueness, and rights. In this sense, the suggestions presented in this category reinforce the central role of long-term care facilities for the elderly as spaces not only for housing, but also for social interaction, health promotion, and comprehensive care^{25,26}.

Reorganization of the institutional environment and structural improvements

Several studies indicate that promoting health in long-term care facilities depends directly on the quality of the physical, social, and organizational environment. A safe, accessible, and stimulating environment contributes to greater autonomy, accident prevention, social interaction, and a sense of well-being. Recommendations include adjustments to lighting, reduction of architectural barriers, creation of green spaces, and environments dedicated to leisure, culture, and social interaction^{23,24}.

Beyond physical improvements, the importance of environments that promote air circulation, open spaces for walking, and comfortable indoor areas that encourage older adults to spend time in common spaces is highlighted. The reorganization of spaces should consider the needs for mobility, privacy, safety, and social interaction, ensuring multifunctional areas for different activities (cognitive, motor, recreational, and therapeutic)^{23,27}.

Still within the context of reorganizing the institutional environment, studies recommend that long-term care facilities adopt flexible routines, avoiding rigid and excessively institutionalized environments. More welcoming environments, with soft colors, personalized decoration, and appropriate sensory stimuli, contribute to reducing anxiety, agitation, and sadness among residents. Thus, the composition of the physical space should be seen as a central element in promoting health and well-being²⁴.

Ongoing training and valuing the multidisciplinary team

Another recurring strategy in the studies refers to the need for continuous training of professionals working in long-term care facilities. Promoting health requires up-to-date knowledge, sensitivity to humanized care, and skills to deal with the complex demands of old age, such as frailty, polypharmacy, cognitive decline, and specific emotional needs. Thus, investing in continuing education strengthens the quality of care and expands the technical and relational competence of the teams²⁵⁻²⁷.

The literature reinforces that a multidisciplinary approach is fundamental for the effective implementation of health promotion strategies. Teams composed of professionals from nursing, physiotherapy, nutrition, psychology, social work, gerontology, occupational therapy, and other fields broaden the scope of care and ensure a comprehensive and intersectoral approach. Furthermore, periodic meetings and individualized therapeutic plans strengthen internal communication and contribute to the development of more coordinated practices^{25,26}.

Valuing care teams also includes adequate working conditions, balanced working hours, and institutional support. Overburdened professionals tend to experience emotional burnout, which can compromise the care provided to the elderly. Therefore, it is recommended to develop internal policies that promote healthier working conditions, strengthening both the well-being of workers and the quality of care²⁷.



Health education and active participation of older adults

Health education emerges as an important strategy to empower older adults, promote autonomy, and encourage self-care. Studies show that educational workshops, discussion groups, reflective groups, and guidance activities promote understanding of chronic diseases, medications, healthy habits, and prevention strategies. The active participation of older adults in these activities strengthens self-esteem and increases their involvement in their own care process^{20,25,26}.

The active participation of older adults also involves the use of accessible and dynamic pedagogical methodologies capable of engaging with their realities, limitations, and potential. Playful materials, visual resources, music, body movements, and interactive activities are tools that facilitate understanding and make the encounters more engaging. Thus, health education ceases to be a vertical practice and becomes a collective and transformative process^{25,26}. Another relevant recommendation is the creation of permanent listening spaces where older adults can express their needs, report difficulties, and contribute to the planning of internal actions. This participation contributes to care practices that are more aligned with the residents' expectations, as well as strengthening citizenship and a sense of belonging to the institutional community²⁰.

Coordination with intersectoral networks and projects

Studies indicate that promoting health in long-term care facilities also depends on collaboration with other sectors of society, such as universities, healthcare services, cultural institutions, and community organizations. Such partnerships broaden care possibilities, strengthen ties to the community, and allow older adults to access leisure, cultural, educational, and health activities in a more comprehensive and integrated way^{23,24}.

The relationship with Higher Education Institutions, for example, enables students to participate in intergenerational activities, extension projects, and curricular practices in Long-Term Care Facilities for the Elderly, enriching both academic training and the daily lives of residents. This interaction generates knowledge exchange, fosters affection, and creates opportunities for innovation in care practices^{18,19}.

Final Considerations

This study identified examples and suggestions for health promotion practices developed in long-term care

facilities for the elderly (ILPIs), focused on the well-being of the elderly. These experiences were extracted from a set of 13 articles published in the last decade. In this regard, it is emphasized that health promotion should occupy a central place in actions carried out in the institutional context, especially by health professionals, with a focus on nurses. The joint participation of the team is essential to strengthen the autonomy, quality of life, and empowerment of institutionalized elderly individuals.

In general, health promotion activities need to be planned according to the characteristics of the context, the available resources, and the needs of professionals, caregivers, and the elderly. It is equally important to consider the interests and preferences of the residents, as well as to adapt or create materials and devices that enable the practices. Among the activities identified, the following stand out: strengthening bonds (between the elderly, university students, and professionals), cognitive practices (written production, playful workshops, reading, among others), motor activities (games, stretching, exercises), and collective meetings focused on reflection, sharing, and experimentation.

Regarding the suggestions pointed out in the literature, the following stand out: the need for multi-professional action with an interprofessional focus; valuing the role of the nurse as educator, caregiver, and manager; expanded attention to the needs of the elderly; preventive and rehabilitative actions for maintaining functional capacity; revision of the curricula of health courses, especially Nursing; continuous training of professionals working in long-term care facilities; and implementation of public policies more aligned with the demands of aging.

Further studies are recommended to delve deeper into the topic of health promotion in long-term care facilities, considering that workshops, groups, games, and other activities can significantly favor healthy aging. The need to increase investments in professional training, capacity building, and public policies to improve the quality of care offered is also evident. Regarding the limitations of this review, the scarcity of specific studies on health promotion in long-term care facilities stands out, which necessitated expanding the time frame to obtain enough publications. Furthermore, the predominance of national research with a qualitative or descriptive approach resulted in a body of evidence with less methodological robustness.

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