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MEANING OF CARE: PROFESSIONAL AND INSTITUTIONALIZED ELDERLY VIEW SIGNIFICADO DE CUIDADO: O OLHAR DE PROFISSIONAIS E IDOSOS INSTITUCIONALIZADOS SIGNIFICADO DE CUIDADO: LA MIRADA DEL PROFESIONAL Y DEL ANCIANOS INSTITUCIONALIZADOS

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ABSTRACT

Objective: to identify the care demand in nursing of institutionalized elderly, from their own perspective and of nursing professionals in long-stay institutions for the elderly. **Method:** exploratory research with a qualitative approach. It was performed in two Long-stay Institutions for the Elderly, with 27 elderly and eight professionals. Data collection was obtained by interview recorded, helped by a semi-structured instrument. The data were interpreted from the collective subject discourse technique. **Results:** four categories emerged: "Better one minute of care than a large bottle of medicine", "Be aware of physical needs", "Care directed to the physical needs is to look after the physical" and "It is to give the best of themselves, that person needs to know that it is important the way it is". **Conclusion:** the meaning of care differs from caregivers as those who are cared. **Descriptors:** Long-stay Institution for the Elderly; Nursing Care; Elderly's Health.

RESUMO

Objetivo: identificar a demanda de cuidado em enfermagem de idosos institucionalizados, na perspectiva dos próprios idosos e dos profissionais de enfermagem das Instituições de Longa Permanência para Idosos. **Método:** pesquisa exploratória, com abordagem qualitativa, realizada em duas Instituições de Longa Permanência para Idosos, cujos os colaboradores foram 27 idosos e oito profissionais. A coleta de dados foi obtida por entrevista gravada subsidiada por um instrumento semiestruturado. Os dados foram interpretados a partir da técnica do Discurso do Sujeito Coletivo. **Resultados:** emergiram quatro categorias: "Mais vale um minuto de atenção do que um garrafão de remédio", "Estar atento às necessidades físicas", "O cuidado voltado a elas é cuidar do físico" e "É dar o melhor de si, aquela pessoa precisa saber que é importante do jeito que ela é". **Conclusão:** o significado de cuidado diverge de quem cuida, como também de quem é cuidado. **Descritores:** Instituição de Longa Permanência para Idosos; Cuidados de Enfermagem; Saúde do Idoso.

RESUMEN

Objetivo: identificar la demanda de cuidado en enfermería de los ancianos institucionalizados, en la perspectiva de los propios ancianos y de los profesionales de enfermería de las Instituciones de Larga Permanencia para Ancianos. **Método:** investigación exploratoria, con enfoque cualitativo. Realizada en dos Instituciones de Larga Permanencia para Ancianos, tuvo como colaboradores 27 ancianos y ocho profesionales. La recolección de datos se obtuvo por entrevista grabada ayudada por un instrumento semi-estructurado. Los datos fueron interpretados a partir de la técnica del Discurso del Sujeto Colectivo. **Resultados:** surgieron cuatro categorías: "Más vale un minuto de atención de que una botella grande de remedio", "Estar atento a las necesidades físicas", "El cuidado dirigido a ellas es cuidar del físico", y "Es dar lo mejor de sí, aquella persona precisa saber que es importante de la manera que ella es". **Conclusión:** el significado de cuidado diverge de quien cuida como también de quien es cuidado. **Palabras clave:** Institución de Larga Permanencia para Ancianos; Cuidados de Enfermería; Salud del Anciano.

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INTRODUCTION

Aging is an inevitable global phenomenon growing increasingly over the years. Data indicate that from 1950 to 1998 there was an elderly population growth of almost eight million each year. It is estimated that in 2025 approximately 1.2 billion people will be over 60 years old. This age group will represent one fifth of the world population, changing this scenario average life of 45.5 in 1940 and 72.7 in 2008 to 81.29 in 2050.¹

The aging process involves consequences for the general health of the individual, who will be more susceptible to diseases and disorders, setting the new epidemiological profile of prevalence of chronic diseases, especially non-transmissible diseases.² These diseases, especially those that compromise cognitive function, generally lead to greater demand for care involving, somehow, impaired functional capacity of the elderly.

Elderly people with impaired cognitive function with varying degrees of dependency, require more complex care and better physical structure of care scenario, an economic and psychosocial situation improved by the family, and because of this need, it becomes the main group to be institutionalized.³

Acting as substituted families, the Long-stay Institutions for the Elderly (ILPIs) are units aimed at institutional comprehensive care of people aged 60 or more, dependent or independent, who do not have conditions to stay with their families or alone in their homes, providing them house, food, health and social interaction.⁴

With contemporary changes in family structures, there was a need to create places where the elderly could stay a long period entitled ILPIs, in order to feel at ease as he would be in his own home. This type of home is an elderly shelter of various ages so that they feel at home, but these Institutions often become isolation environments, even if they have specialized activities to care for the elderly.⁵⁻⁷

The proportion of elderly living in Long-stay Institutions for the Elderly (ILPIs) in growing countries reaches 11.0%, but in Brazil this demand does not exceed 1.5%. However, with the continuous population growth, there is a chance that this demand increases, although the designation of elderly care is linked to family, social demographic and health factors, reflecting on causes that lead the elderly to live in ILPIs⁷.

Regardless of how they are called - shelter, asylum, home, nursing home, clinic geriatric and “ancianato” - these institutions must provide services in the social, medical, psychology, nursing, physiotherapy, occupational therapy, dentistry and others areas, as the needs of this age group.⁸

Nevertheless, the physical and social environment of ILPIs become also a determining setting of health problems, especially the affective, damaging their self-care, because it involves a rupture of family and social relationships previously established by the elderly.

As for the nursing care, it is noteworthy that the institutionalized elderly need more care than therapy. Thus, the nurse needs to be inserted into the ILPI reality of everyday, performing administrative, care, educational, teaching and research duties.⁴

Thus, nursing care becomes necessary through the promotion, recovery and rehabilitation of social autonomy of the individual and consequently their health, especially with regard to self-care deficit⁸. Such care emerges as a guiding principle for the ratification of the true essence of nursing, culminating in a targeted assistance to the specificities of the institutionalized elderly, distinguishing their individual differences and promoting holism and comprehensiveness.

In this context, it is worth noting that the elderly have their own care needs and demands that cannot be quantified, since they permeate a subjective universe that needs to be understood to be better elucidated. Based on the foregoing, it is highlighted the need of having nursing studies aimed to identify the care needs of the elderly population at ILPIs. Thus, this study aims to:

- Identify the demand for nursing care of institutionalized elderly, from their own perspective and of nursing professionals of Long-stay Institutions for the Elderly.

METHOD

Exploratory study of a qualitative nature. The scenario of the investigation were two ILPIs, located in the city of João Pessoa, Paraíba. The population consisted of all residents of selected ILPIs, totaling a number of 87 elderly, specifically corresponding to 64 from one ILPI and 23 from other chosen institution; all professionals involved with nursing care in both institutions were also included in this study, making a total of 18 professionals, nine of each institution.

The sample was obtained by convenience and data saturation after the adoption of the

following inclusion criteria: being elderly according to the chronological limits and which advocates the Statute of the elderly; have an interest in cooperating with the study by signing the free and informed consent form (TCLE); having the cognitive ability to respond to inquiries from the study after the application of the Mini-Mental State Examination (MEEN) cognition test with the result above 26 to completely literate individuals, with 18 who were up to seven years of study and minimum of 13 for the illiterates⁹; living in an ILPI for more than one year. The sample after the application of these criteria, concluded on 27 elderly. With regard to the professionals, the following inclusion criteria were established: being a professional nursing of the selected ILPIs and working for a longer period than a year in the institution; having an interest in cooperating with the study by signing the consent form. Thus, the sample consisted of eight professionals.

Data collection was conducted during the months of April and May 2014, using the recorded interview technique helped by a semi-structured instrument, covering issues related to socioeconomic and clinical data as well as on the proposed objectives for the study. It should be noted that the interviews were conducted in private rooms provided by the institutions.

For data analysis, in order to enable the identification of the types of care that elderly need, the technique of Collective Subject Discourse proposed by Lefèvre and Teixeira was used.¹⁰ This technique represents a change in qualitative research because it allows knowing the thoughts, representations, beliefs and values of a community on a given topic using scientific methods.

It should be emphasized that the implementation of that technique followed these steps: grouping of individual speeches related to each question/issue; selection of key expressions (ECHs) of each particular speech; identifying the central idea (CI) of each ECHs; identification of ideas/similar or complementary core speeches; meeting of the ECHs relating to central, similar or complementary ideas in a speech synthesis, which is the DSC (Collective Subject Speech).¹⁰

The research was submitted to the Ethics and Research Committee of the Medical Sciences University of Paraíba and approved under protocol number 015/2014. The ethical and legal aspects of research involving human beings were respected, recommended by Resolution number 466/12 of the National

Health Council, especially the ethical principle of autonomy, especially referring to the Consent and Informed Form (TCLE), the Consent Term and essential instruments for the development of research activities with human beings, considering their privacy, dignity and defending their vulnerability.¹¹

It is noteworthy that the authorization for the participation of the research was granted by the elderly of the institutions through the Consent Form and with the consent of the legal caregivers - up to the general site management - through signing the Consent Form and the ECLE by the nurses, being informed about the following aspects: objective of the study, justification, procedure, contribution, anonymity guarantee, reliability in analyzing the data and the right to freedom to participate or decline the study at any time of the research process.

RESULTS

As for the elderly, it can be seen that out of the 27 individuals interviewed, seven were male and 20 female. Their ages ranged between 60 and 104 years old, prevailing an average of 79 years old. With regard to marital status, eight of them were single, 14 widowed, four separate and only one married. These findings corroborate other studies^{9,12-14} with the same theme that identified in their research a large number of elderly widows in the prevalent age group highlighted. The feminization of old age is currently a significant evidence, and is justified by the longer life expectancy for women in Brazil.¹⁵

With respect to family contact of these elderly, it was found that this contact was rarely occurring, in which nine still kept in touch with their children, three of them with their brothers, six with nephews, and nine of them were alone without any family contact.

In the categorization of nursing professionals eight individuals were interviewed, seven females and only one male. The ages ranged from 20 to 43 years old with a prevalence of young adults averaging 31 years old. As for vocational training, two were nurses and six nursing technicians. Out of them, only three had training courses related to the elderly, and ongoing caregiver training. Other professionals conducted training in emergency care, wounds, surgical instruments and administering medications, among others.

It was observed that after analyzing and characterizing the data collected, they were grouped into four Collective Subject Speeches

categories, titled as “Better one minute of care than a large bottle of medicine”, “Be aware of physical needs”, “Care directed to the physical needs is to look after the physical” and “It is to give the best of themselves, that person needs to know that it is important the way it is”. The first two were based on the understanding of the elderly, and the other from the perspective of the professionals interviewed.

The initial aspect analyzed in DSCI concerns the relationship that should exist as care for the elderly in ILPI (Figure 1).

Central Idea - I:	Collective Subject Speeches:
Better one minute of care than a large bottle of medicine.	[...] To me is like a nurse who takes care of us in every way [...] It is when a person has zeal with something [...] the greatest care the person is a company, better a minute of care than a large bottle of medicine, the medicine you take it at that time and ready, the company is hardest. It is not the drug I need, it is attention, people come here I feel great, I talk, play [...] it is to have a good thing, welcome that person, happy [...] is a lot of responsibility with, what is done with the talk [...] is to stay close, is to take care, is to be aware [...] is to be aware of the needs, not only the physical, psychological well [...] is to have surveillance with all [...] is to have love for the elderly, have friends [...] is when we need each other and know he comes to help us [...] as a peace, quiet for me at that age is peace! [...] Is love, patience, friendship and respect [...] is to help the sick person, watch over it, be nice, keep it down, do not cry [...] it means happiness [...] is caring .. is to watch what you have [...] is to take care [...] is the respect we have with each other [...] is to want people, to seek to find out how they are, that's even though I think [...] care is education, is the person using humanity, communication is prestige, wisdom [...].
Central Idea - II:	Collective Subject Speeches:
Be aware of physical needs.	[...] It means that the person when is sick she looks at us and giving medicine, take to the doctor [...] is to bathe, feed in the mouth as they do here [...] is when the person is sick in a bed, needing care [...] waking, bathing, feeding, medicine [...] make things right, work right [...] take care with what you eat, what you say [...] is to be attentive to the movements, feeding, hygiene, bathing, physical needs [...] is to see who is in need of medicine, more care [...] is bathe, have hygiene in the body, in the room [...] is when we are ill, they are helping us, giving medicine, is who do something for us [...] is when I need a medicine [...].

Figure 1. Central idea I and II DSC I and II of elderly participants of the research answering the guiding question: For you, what does care mean? Talk a little how care is in this institution. João Pessoa, PB, 2014.

Below, there are the relationship between the Collective Subject Discourse against the object of study and its reasons in the literature according to the theme in the view of these authors. The aspect analyzed in the last DSCIV and V, about another understanding of nursing professionals about the care (Figure 2)

Central idea III:	Collective Subject Speeches:
Care directed to the physical needs is to look after the physical.	[...] it is you paying attention, so what you can do, whether in hygiene or time to diet, when so [...] in food, in the bath, in the diaper by putting to sleep [...] care back to them is to look after the physical [...] care the way you speak and act as a way of love that you will demonstrate [...] take medicine on time, bathing, conduct hygiene straight [...].
Central idea IV:	Collective Subject Speeches:
It is to give the best of themselves, that person needs to know that it is important the way it is.	[...] Is to do everything with love, with love [...] in general is also listening to the patient [...] sometimes you think is just care with the drug, but they have other things I think it costs nothing you demonstrate affection, that person needs to know that it is important the way she is [...] in general is to show that they are loved [...] is to pay attention, talk to them [...] is to give the best of yourself [...] care needs to come out of the mouth of fashion, talking about humanization, ethics, must be transformed into action to do the best for the elderly [...] is a choice that we make, from the beginning, before starting graduate [...] we must have empathy, compassion, a smile, a look, a handshake, let him speak a little [...] take care for me is you give the best of yourself means you love [...].

Figure 1. Central idea III and IV and DSC III and IV of professionals participants of the research answering the guiding question: For you, what does care mean? Talk a little how care is in this institution. João Pessoa, PB, 2014.

DISCUSSION

The interface between the collective subject discourse against the subject of study and the anchoring of these discourses in literature and the authors’ view of this manuscript is shown.

DSCI of the elderly involved in the study highlights that care is not linked only to physical acts, but involves something deeper. In this context, it is observed that for some elderly care, the biological needs is permeated, reaching the mind needs, and above all, the soul, the spirit as seen in the DSC lines I [...] *is to be attentive to the needs, not only the physical, the psychological well [...]*. Thus, it is learned that the key goes beyond what the eye can see and is within our spirit, reflecting mainly the emotional.

As regards the conceptual aspects of care, it is clear that elderly people relate them to terms used by Leonardo Boff (2005), which emerges the meaning of care as an act or attitude of caring, concern, care for the beloved¹⁶.

Therefore, it is necessary to adapt the care relationships between professional and client, and can thus escape the emergence of some diseases such as depression, facts that are evidenced in the DSC lines I [...] *There is the medicine I need attention [...]*, which is perceived by the interpersonal relationship and reflects on care quality improvement for them and their lives.

The prevalence of depression in the elderly, especially those who are institutionalized, is an important issue in

clinical practice of health professionals who attend this population so that they can intervene appropriately and thus prevent risk factors associated with diseases¹⁶. It is important that these professionals are aware of the changes, and for that to happen they need to know the person they take care, for even being in the care of nursing, these manifestations are often underdiagnosed by those professionals that see as attitudes aging characteristics. Possibly there is a relationship between depression in institutionalized elderly and any limitations/dependency or elderly dissatisfaction with the conditions they live⁹. Fact that may be related to the DSC II, [...] *is when the person is sick in a bed, there needs care [...]* because, through the need for physical care, the elderly pass to be seen as limited, a person will need to follow to carry out any activity, making it the autonomy to take care of yourself, or your responsibility for yourself.

In DSC II, for other elderly, care reflected in technical actions only to their physiological needs [...] *is to bathe, feed in the mouth as they do here [...]*. Either by experience throughout their lives, the elderly can be characterized as fragile group. It is emphasized that this weakness is a multidimensional syndrome, involving biological, physical, cognitive, social, economic and environmental factors, not being the result solely of the aging process. However, it appears also that the weakness is not necessarily linked to chronic diseases, but may be interrelated with the outcomes for their lives and, above all, to the current situation the elderly is¹⁷. Indeed, it is is

difficult to identify these outcomes by the professional for the care relationship if Leonardo Boff is not always maintained.¹⁶

Thus, it is important to have a good relationship between the professional and the elderly, as this link is the basis to overcome the difficulties that may occur. Social relations are mobilized according to the specific context that structure the everyday behavior of people. They have a key role in care, they contribute to make them feel loved, valued, thus generating a feeling of welcome by the group, decreasing the feeling of loneliness, isolation and anonymity.¹⁶

In order to minimize these feelings, the Nursing professional can opt for strategies that focus on concern for the emotional state and overcoming stress, whether physical or psychological. Initially looking at the problem in a physical way, and then linking their actions to the resoluteness of the physical problem, further seeking psychological improvement that particular problem was causing.¹⁵

It is important that the nurse can respect the elderly as a participant of his life, not restricted their decisions and their choices. They must be respected, above all, their habits and beliefs, so that they feel welcomed and loved by the professionals. The adaptation to the new housing environment happens slowly, being very important the use of patience from the professional, essential feeling to preserve the health of the elderly. Based on this understanding, it is evident that the real need for elderly care is not only based on clinical therapy, but also, attention, the caring, the acts in which the intrinsic feelings speak louder than theoretic facts.

The DSCIII of professional study participants highlights important points about the assistance that is provided in ILPIs, but this care is limited and based only on physical acts [...] *care back to them is to look after the physical [...]*. It is clear to say that for these professionals, the elderly means dependency. This fact evidenced in DSCIII diverge care of perception for some elderly respondents, meeting also to what the literature says, because the institutionalized elderly need more care than therapy.

In this context, it is necessary to opt for strategies to daily identify the real needs of the institutionalized elderly. Among these strategies, there is the Nursing Process (NP), which is characterized as a resource and support in the organization and quality of care provided to individuals lacking care. Among the NP, there are the nursing diagnosis. It is believed that with the identification of

Nursing Diagnoses (NDs), the nursing staff can perform individual care by their real needs, thus getting more positive responses.¹⁸

It is clear to state that although the Nursing plays an important role on the institutionalization, the care exercised by some of these professionals does not meet in full the needs of the institutionalized elderly, since it is based on the technical [...] *in food, in the bath, the diaper, to put to sleep [...]* not being added to the scientific knowledge that can assist them in the development of proper care. The DSC III clearly shows that care is based on physical acts, [...] *take medicine on time, bathing, conduct hygiene straight [...]*, where the real need of them is not always contained in these actions.

Understanding the importance of caring in Nursing, especially in the context of institutionalization, it is essential the perception from these professionals that the aging process is characterized by a complex and dynamic aspect, which involves multi-dimensional elements, where the indivisibility requires attention, guided in the objective and subjective needs of the elderly.

This DSC VI of the study participants professionals differs from the previously mentioned, however corroborates the DSC I evidenced in the response of the elderly. In can be noticed that the view of some professionals also based on holistic care, which are not evident only technical actions but also intrinsic acts that reflect the care of the individual in a more profound way [...] *sometimes we think just be care with the drug, but they have other things I do not think it hurts you demonstrate affection, that person needs to know that it is important the way it is [...]*.

In this context, a draw a parallel between the DSCVI and the thought of Emmanuel Levinás¹⁹⁻²⁰ can be done about care, mentioning that it is only possible to extract the other's need when it cancels the other, in a way that the physical being is canceled and the psychic being to come forth, generating thus the enchantment of this being. When it comes to see this being in its totality, considering its real meaning. The real encounter between beings only occurs when the "I" becomes to see in fact the "other", when one realizes that the "I" is infinitely responsible for the life of the "other". In this sense, human beings tend to conflict of conscience, in which questions about the encounter with the other, varies between the threat and fear of approaching to break the chains that bind thinking about the other.

The encounter of being with each other is only valid from the time when we are facing the face. The face means the real encounter with the expressions and feelings, not plastic and tested acts or precast. The other comes into our lives after the meeting of nudity in the face to face does not mean translating be through my thoughts, but bring it to my world, making it one subject, not pre-conceptualized.¹⁹⁻²⁰

Another evident thing in the DSC IV is the maintenance of communication between the nurse and the elderly, [...] *in general is also listening to the patient [...]*. Thus, it can be realized the importance to communicate and interact with each other, showing the communication is also essential for the maintenance of care. It becomes a determining factor for the continuity of a good teamwork, and exceptionally to the relationship between the nurse and the elderly²¹. Therefore, when you know the other, we are going to meet their needs in fact, whether they care or just for clarification, from when you get the right information care comes with quality.²²

In fact, which involves the practice of nursing in an ILPI is its staff, the elderly and the events involving both during care situations. In this regard, the importance of understanding and use of nursing theories is evident, especially Interpersonal Relationships proposed by Peplau²² in 1952, citing nursing as a therapeutic and interpersonal process. To this theoretical, since each professional nursing comprises their own function, it also comprises the patient's situation and how best to meet together this situation.²³

The professionals have carried out the care in an intrinsically humane way, without realizing that they are doing, however, the growth of this relationship can be improved and at the same time, weakened by intrinsic and extrinsic factors. However, when there is an absence, this relationship can be created, depending mainly on the personal interest of each one, which is shared by the professional and the elderly, dynamically, in which one can recognize, clarify and build an understanding about what happens when the nursing professional is related to the elderly.²³

It is worth noting that the thought of professionals in DSCVI is extremely significant because it makes clear the idea of caring for the elderly in a holistic way, accounting for the quality of life and spread of health in ILPI through intrinsic attitudes, which can be stoned in quality and number, in order to promote a comfortable and reliable environment for a healthy aging.

CONCLUSION

The aging in an ILPI, most often, is no choice for the elderly. This point makes clear the idea that they need to work their minds, so that the impact of institutionalization does not reflect on concussions in health. The nursing team must therefore be alert, and above all be present in the lives of institutionalized elderly, to know him and realize their daily experiences, their behavior, cognition or simply their humor.

Regarding the findings of this research, it became clear that the meaning of care varies for both professionals and elderly people. However, care in the form of attitudes and intrinsic feelings of concern, caring, attention, affection and love is a key point for both the essence of the nursing profession and for the quality care they need. It is emphasized that some elderly people and professionals still have a limited view of care for service, a fact that reveals the need to expand the knowledge of the conceptual aspects of care beyond the obligations of professionals.

It is necessary to rise the interest in looking at this fragile group and realize what is inside of each one, emotionally and spiritually, pointing that nursing theories may arise as aid to this meeting, especially Interpersonal Relationships. Another important strategy for the care of institutionalized elderly is to use the Nursing Process that allows an individualized and qualified assistance to this population.

It is necessary to go against the other without judgment, without idealizing it in the wrong way before they know it. There is a need to open to the elderly on what he has to tell us, often with a view. It should be noted that care back to the institutionalized elderly should be based on subjective, not to mention the assistance, but transforming it and summing it to what is intrinsic. Therefore, it is highlighted the need to develop new studies to show the experience of the elderly in an ILPI, thus corroborating for better holistic care to this group.

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