



ELDERLY'S PERCEPTION ON OLD AGE A PERCEÇÃO DO IDOSO SOBRE A VELHICE LA PERCEPCIÓN DE LOS ANCIANOS SOBRE LA VEJEZ

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ABSTRACT

Objective: to describe the elderly's perception on old age and ageing process. **Method:** descriptive and exploratory study, with a qualitative approach, conducted with 10 elderly in the Integrated Health Center (IHC) of a private Institution of Higher Education in Teresina-PI, from semi-structured interviews, recorded, transcribed and analyzed by content analysis technique in the thematic category analysis mode. **Results:** from the speeches, three categories emerged: << Old age as a conquest >>, << The old age foreshadows dependency and loneliness >> and << Inability to work >>. **Conclusion:** the elderly's perceptions enabled a different look to the demands of the elderly, opening the way for strategies that can actually contemplate their expectations. **Descriptors:** Elderly; Nursing; Ageing.

RESUMO

Objetivo: descrever a percepção do idoso sobre a velhice e o auto processo de envelhecimento. **Método:** estudo descritivo e exploratório, com abordagem qualitativa, realizado com 10 idosos no Centro Integrado de Saúde (CIS) de uma Instituição de Ensino Superior privada de Teresina-PI, a partir de entrevistas semiestruturadas, gravadas, transcritas e analisadas pela Técnica de Análise de conteúdo na modalidade Análise de categoria temática. **Resultados:** as falas extraíram-se as três categorias: << A velhice como uma conquista>>, << A velhice prenuncia dependência e solidão >> e << Incapacidade para o trabalho >>. **Conclusão:** as percepções dos idosos possibilitaram um olhar diferenciado às demandas da pessoa idosa, abrindo caminhos para estratégias que possam de fato contemplar às suas expectativas. **Descritores:** Idoso; Enfermagem; Envelhecimento.

RESUMEN

Objetivo: describir la percepción de los ancianos sobre la vejez y el auto proceso de envejecimiento. **Método:** estudio descriptivo y exploratorio, con enfoque cualitativo, realizado con 10 ancianos en el Centro Integrado de Salud (CIS) de una institución privada de Educación Superior de Teresina-PI, a partir de entrevistas semi-estructuradas, grabadas, transcritas y analizadas por la técnica de análisis de contenido en el modo de análisis de las categorías temáticas. **Resultados:** de las líneas, tres categorías emergieron: << La vejez como una conquista >> << La vejez significa dependencia y soledad >> y << Incapacidad para trabajar >>. **Conclusión:** las percepciones de los ancianos posibilitaron un aspecto diferente a las demandas de los ancianos, abriendo el camino para las estrategias que realmente pueden contemplar sus expectativas. **Descriptores:** Anciano; Enfermería; Envejecimiento.

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INTRODUCTION

Population ageing has been occurring rapidly and intensely, especially in developing countries, such as Brazil. That process emerges as a new paradigm for public health, since it is a complex and multifaceted phenomenon: a substantial portion of the elderly has health conditions that favors vulnerability, such as chronic diseases, social, affective and financial losses¹. In fact, the Brazilian elderly segment is heterogeneous: there is the group of people in full physical and mental vigor and others in greater situation of susceptibility to disease and illness situations. In this sense, one should understand old in all its breadth and totality, since it is a universal biological phenomenon with the most diverse psychological and social consequences. Like every human situation, ageing has an existential dimension that modifies people's relationship with time, generating changes in their relations with the world and with their own history.²

The National Policy for the Elderly and the National Health Policy for the Elderly are legal provisions that guide social and health actions to the elderly segment, guided by the positive view of old age that exalts the need to provide favorable conditions for active and successful ageing.

Successful ageing is a widespread topic among media, services, researches and texts that accompany laws and public policies in the field of gerontology. In that area, the clock time must be increased by active life, a need identified as a product of touted efforts in recent years, largely related to the increase of production in science, technology and care practices to the health of the elderly.³

People want the ageing process to occur with quality and maintenance of the autonomy, seeking to preserve the opportunity for elderly to continue participating in society, thus, minimizing the possibility of social exclusion. Opposite to those ideas, there is the dissemination in current society of an overvaluation of the culture of what is new, productive and functional, incompatible with the social representation that old age assumes - a category marked by diseases that generate disability. In addition, the aged body does

not meet the aesthetic standards widely disseminated.

The elderly's image in modern society often appears as a negative factor when based on physical decay. At this stage, the society begins to see ideologically the senile as useless, unproductive; someone who disrupts and has lost citizenship. Thus, a care targeted to real health needs of the elderly requires attention to the routine of those people, reaching their way of being and thinking, especially about their own old age, in order to rethink and rebuild priorities for action planning compatible with the individual and collective needs of the elderly.

OBJECTIVE

- To describe the elderly's perception on old age and the ageing process.

METHOD

Descriptive and exploratory study, of qualitative approach, carried out in the Integrated Health Center (IHC) of a private Institution of Higher Education in Teresina-PI. It is an outpatient service with priority attention to the users of the Unified Health System, from the work of a multidisciplinary team.

The study included 10 people aged over 60 years, of both genders, without significant physical and/or mental impairment that hinders answering the questions on the researched topic, and who agreed to participate by signing the Informed Consent Form. In this perspective, the exclusion criteria were not accepting the invitation, people under 60 years and/or with disabling disease process or diagnosis of dementia or depression. Participants signed the Informed Consent Form, in accordance with Resolution 196/96 of the National Health Council, which rules on research involving humans. The Research Ethics Committee of the University Center UNINOVAFAPI approved this study under CAAE Nº 12757713100005210.

The production of data was from semi-structured interview guide, organized in two parts: the first, designated Part 1, listed information that enabled drawing a profile of the elderly participants of the research, which helped the speeches analysis; and the second, named Part 2, with questions directed to meeting the objectives proposed in the study.

Interviews were conducted in a consultation room of the outpatient service, in March-April 2013, aiming at preserving the individual's privacy, after the approval by the Research Ethics Committee/CEP. Data collection occurred through free demand with the elderly who were willing to accept to participate. The interviews lasted an average of 20 minutes and were recorded in mp3, for later analysis, which occurred concurrent with the collection, given that saturation of speech defined the number of subjects to participate in the study. The data were analyzed by content analysis technique in thematic category analysis mode that allowed the construction of three categories: Old age as a conquest; The old age foreshadows dependency and loneliness; Old age as unwillingness to work.

It is noteworthy that the study showed no foreseeable risks to health or physical and mental integrity of the participants, since its development was by interviews. Besides, the participants' privacy and anonymity of the information were guaranteed. It has, as benefit, listening to the elderly, who do not always receive due attention from their families. It will also be possible to understand their needs, from the knowledge of their perceptions on old age and ageing process, which contributes to the development of actions aimed at strengthening strategies of interventions in the elderly, especially health promotion, being able to respond and meet individually and collectively to the real demands of that social segment.

RESULTS AND DISCUSSION

The study subjects were ten people aged over 60 years, of both genders, without significant physical and/or mental impairment that would prevent responding to questions on the researched topic, and who agreed to participate by signing the Informed Consent Form.

The majority of respondents were men; there were only three women, with ages ranging from 64-82 years. The economic situation of the deponents shows certain homogeneity - most of them have the retirement as their single source of income, and only two of the respondents still perform labor activities. In relation to housing, most live with their families, only two live alone. From the educational point of view, the highest percentage is literate;

having, on average, a high school degree; only three are illiterate.

The speeches produced during the interviews allowed the construction of three categories: Old age as a conquest; Old age foreshadows dependency and loneliness; Old age and unwillingness to work. It is noteworthy that, through the speeches, there was a positive view of old age when mentioned in general. However, when looking at their own ageing and reporting their perceptions, the study elderly participants associate that stage of life to negative experiences of losses and disabilities, bringing up the nostalgia of youth, when they could perform activities that are now difficult to continue.

♦ Category 1 - Old age as a conquest

From the analysis of the participants' speeches, when asked about their perception of old age, many find, in that phase of life, gratitude to be able to enjoy a new stage, seeing old age as a gift from God, recognizing it as an achievement, an opportunity to live a unique moment in their existence, as reported by the following speeches.

Old age is a gift given by God and happy is the one that gets old. (Interviewee 4).

Old age is to live well. (Interviewee 1).

Old age is the privilege of getting old. I think it's a learning process. (Interviewee 5).

The increased life expectancy of the population has given rise to changes in representations of old age, in the ways of thinking and living that moment of life. Studies on ageing have produced a scenario of possibilities and encouraged the construction of a context that includes the ageing in a healthy and active perspective, generating, in many seniors, pleasure and satisfaction to experience that stage of their existence.

In this discussion, it is noteworthy to mention that ageing is a multidimensional and heterogeneous process, drawing a polysemy of ageing forms. People experience different situations throughout life and make choices that lead to different paths - which will shaping their vision of life, building their capacity to face the challenges and changes that take place over the years.

The heterogeneity of lived and perceived expressions of old age reflect the different possibilities for the elderly to interpret that phase of life, depending on the history of each, the availability of emotional support, the social level and the personal value system. Therefore, being elderly is an event whose views may vary in time and space, depending on the meanings assigned to it. The meanings are different due to family, social and cultural reality.⁴

Therefore, it is evident that the reality found in this study during interviews with the elderly is in line with what the literature is saying nowadays. An ageing, once seen as synonymous of disease and death, is now a gift and a learning experience. Today, it is remarkable that one can get old with health and quality of life. However, it is necessary to implement public policies that see the importance of active and successful ageing and that can reach the elderly in their multiple contexts, reflecting real qualitative gains capable of generating, in practice, a positive and active ageing.

Increased longevity brings an ethical concern with the quality of programs dedicated to that age group and the training of professionals who meet that demand, especially those related to maintenance and quality of life. There is a great need for a new social position given those issues, justifying the need for a reflection on the ethical aspects, between and within communication and education for ageing - challenges that contemporary Brazilian society has to face.⁵

What happens nowadays is a disproportionality in relation to the quantity and quality of programs dedicated to the elderly, in relation to the intensity of the ageing process in our country. In part, that is due to lack of specialized human resources to adequately meet the demands of that emerging population, making essential the projects of training and qualification aimed at professionals working in care programs for the elderly. It is also worth remembering that, in the training of health professionals at the graduate level in general, the pedagogical projects of the courses do not include the aspects related to the ageing process.⁵

Promotion activities to health and universal access of the elderly to health services and social well-being throughout

life are the basis of healthy ageing. Environmental, economic and sociocultural factors strongly influence health. Thus, ageing becomes an emerging issue, requiring a reflection on being old, his/her contact with other generations and the process of social inclusion and participation of those individuals in current society.

It is essential to implement public policies, train professionals and improve health services so that they can provide the elderly a whole apparatus that enables a healthy ageing, with all necessary infrastructure, with a suitable receptiveness in health services and adequate care by professionals. No longer treating the elderly as inactive people who are at the end of their lives, but looking at them as active people who thirst to live - to live well and healthy.

Society needs to cultivate the same expectations for the elderly who feed when young and adult, around new achievements possibilities. Faced with the typical losses of old age, in physiological, psychological and social spheres, it is necessary to reinvent new and different roles and interests that contribute to the construction of perceptions (and especially of experiences) of ageing as a conquest and as a privilege indeed.

♦ Category 2 - Old age foreshadows dependency and loneliness

The elderly participants of the study demonstrated, during the interviews, and when asked about their own ageing, a perception of ageing as a sign of dependency and loneliness, exalting that age brings the need for other's care, at the same time they highlights the lack of will, especially by family members, to be involved in that mission, drawing a context that tends to drive the elderly to isolation, as expressed by the mentioned speeches:

Old age is when we get older and sometimes our own wife does not want to take care of us. (Interviewee 3).

[...] I no longer walk alone. A daughter of mine, everywhere I go, she has to go with me [...] (Interviewee 8).

I think old age is the person who gets to that time when someone else takes care, a person to drive [...] (Interviewee 7).

From the elderly's speeches, it is possible to observe that they sometimes feel overlooked because, as modified by the

natural ageing process, physical limitations appear, often disabling. Therefore, it evidences the dependence on others to help them perform simple daily tasks.

The World Health Organization considers ageing as a sequential, individual, cumulative, irreversible, universal, non-pathological deterioration of a mature organism, common to all members of a species, so that time makes it less able to cope with the stress of the environment; thereby increasing its chance of death. The organization also mentions that the age limit between the adult and the elderly person is 65 years in developed countries and 60 in developing countries. Thus, population ageing is a consequence of the country's development.

The ageing process may be "normal" or physiological (senescence) and pathological "patient" (senility). In normal ageing, or senescence, the individual goes through biological processes, in which the various organs and body systems are decreasing their reserves. Probably, the physical and social environments influence those changes. The physiological ageing, in turn, is divided into the usual ageing, in which the individual has significant damage, but is not qualified as a patient; and successful ageing, in which there is a minimal physiological loss, preserving the individual's function in old age.⁶

In pathological ageing or senility, which is still very prevalent in our society, changes resulting from assaults and diseases during life prevail⁶. In this context, the elderly can have different levels of involvements as impairments, disabilities or abilities losses to perform an activity easily developed; they often require a caregiver.

Physical dependence brings to the elderly's life a sense of worthlessness - which results in negative feelings about ageing, for, as already mentioned, they start to need a caregiver - whether a qualified professional or just a family member to carry out activities, sometimes the most basic of their routines. That leads to changes in roles in elderly reality, contributing to a crisis in their identities and compromising their self-esteem.

The elderly are as vulnerable as children, adolescents or adults. However, the factors and the intensity of that vulnerability is the difference between those age groups. Therefore, we should not make it a

condition to reduce the autonomy of the elderly nor infantilize them; but rather consider it a factor, in which the respect for them and the time they deserve special attention in care programs for the elderly should be priorities.⁵

Despite the changes in the family structure and dynamics, the function of care closely associates with the family, especially in the area of childhood, disabled and elderly people. Moreover, although emerging in that societal context, the State as an entity that complemented and/or replaced the family functions in the form of services such as hospitals, nursing homes, family, irrespective of their type, is the support, by excellence, of affective and effective realization of the individual, providing the so-called informal support.⁷

The women's entry to the labor market came to hamper or hinder the exercise of the role that the family took while caring the dependent elderly. Therefore, there is the transfer of that responsibility or its partition with others. The support for the elderly is no longer exclusive to the family, being shared with the public and private social welfare institutions, paid service providers or on a voluntary basis and/or neighbors. The spouses themselves, who, many times, should also benefit from assistance, often assume the care of the other.⁸

As the population gets old, the demand for an institution for the elderly increases and Brazil is not structurally prepared to receive such demand. Most of institutionalized elderly are miserable and abandoned or have mental and physical problems. It is worth remembering that Long-Term Institutions for Elderly (ILPIs) have reduced number of vacancies.⁹

The care is very demanding and can lead the caregiver to stress, especially if care is not a sporadic act, but a permanent and conscious attitude, a duty. In addition to the socio-cultural determinants, it is noteworthy that the exercise of domiciliary care is part of a socio-economic context that makes determinations on the caregiver's routine.¹⁰

Absorbed in the role of caregivers, those people often come to be considered by the family, the health team and patient as someone who is there for the other, causing them to consider natural not having additional time to take care of themselves

and often they do not realize they are sick.¹¹

One may see that many of the caregivers belonging to the lower middle class and the lower class are lonely, sad, overwhelmed, without family support and that, in addition to the specific tasks of home care, need to deal with serious financial difficulties resulting from the illness of the person in their care. Thus, even those who assigned the task of caring - family and health team - usually forgets the caregiver's person, only seeing their work.

The importance of the partnership between health professionals and the people who care for the elderly, pointing out that the partnership should enable the systematization of tasks in the household, privileging those related to health promotion, prevention of disabilities and maintenance of the functional capacity of the elderly, dependent and caregiver. Therefore, it avoids, as far as possible, hospitalization, hospitalizations in nursing homes and other forms of segregation and isolation.¹²

In this sense, the Family Health Strategy (FHS) constitutes a privileged space for comprehensive health care of the elderly, for its proximity to the community and homecare enable working according to the reality experienced by the elderly in the family. The effective integration of the elderly in health units, especially those under the FHS, may represent, for them, the link to the health system. The FHS team develops assistance actions of diagnosis and prevention of diseases.¹³

Nevertheless, the FHS still has great difficulty to provide full assistance to the elderly, since they cannot see their real demands, fragmenting its assistance into two diseases: hypertension and diabetes; not looking at the elderly in all its particularities. One expects primary care to be the stage of to the elderly and their social support network, including family members and caregivers, prioritizing attention to humanized health, with guidance, monitoring and home support.¹⁴

In this perspective, the family must also be looked upon as a focus of care regarding the health of the elderly and not just as protection source to those individuals in order to strengthen the family setting, essential for old age as renewing experience.

♦ Category 3 - Unwillingness to work

Participants say that old age means the interruption of activities they performed satisfactorily and would like to continue, particularly those related to work. They point to old age as the vehicle that enables health changes that prevent them from accomplishing things they liked to do or easily performed. Not only age, but also the occurrence of diseases that prevent them from performing such activities, as evidenced by the speeches below:

[...] I could no longer do what I did. I went to work and could not stand it. When it was noon. Sometimes I went to work, drooped and got back. Many things I stopped doing [...] (Interviewee 4).

I was feeling, because working in heavy duty because I had no education and then I was used to working, I was getting old, but thanks to God. What I felt is because I am retired [...] (Interviewee 9).

Working 16 hours/day. I'm tired of course, because I start at five, six o'clock in the morning without interruption. If I worked three, four hours a day I wouldn't get tired [...] (Interviewee 10).

The work is seen as a moral obligation of the individual. The society demands that everyone produces through it. The one who does not work is not in accordance with the ethics of that society. It affects even those who have worked, acquired the right to retirement, and, when they retired, they are still victims of that ethics. Individuals, even after spending most of their lives playing a specialized activity, and sometimes dull, feel incomplete and/or useless for being out of the labor market.

The work also has a psychological meaning, since it characterizes as a source of identity, when from the union with others. Besides being a source of personal fulfillment, it also gives a time rhythm to our lives. Whereas, over the years, energy and willingness to work are decreasing; announcing, therefore, the arrival of retirement, which brings a feeling of worthlessness, for the productive being is no more "valuable" for the labor market, which for some, retirement avoids overwork and reduces mortality, particularly associated with certain occupations. For others, retirement essentially leads to reduced self-esteem and social status.¹⁵

Old age and retirement have become a synonym for "disability", excluding many seniors from the active construction of social life, such as those, by the way, quite healthy, able to work, to management functions and various other activities.¹⁶

Adapting to retirement depends on several factors. Under the psychosocial point of view, it is essential that workers' attitudes are analyzed on the gains and losses that accompany that transition, in order to strengthen the gains and overcome the impact of losses through planning. 17

With the emergence of the end of the working day, many people came to believe that due to the age limit, retirement meant disability, even without a convincing biological basis. After all, 55, 60 or 65 years do not mean that the individual does not have a professional capacity anymore, even because, as already mentioned, the ageing varies from person to person.

Lack of productivity in old age is not a problem for the State. The problem is the disorganization of that State, when not being able (or doing it badly) to repay the contributions of years given by the elderly that had, at the end, the chance to retire smoothly.

It is also important to mention that the participants' perception of ageing as a time of incapacity for work was constantly placed in opposition to the youth phase, exalted by them as a capacity and strength phase. Here, one prints up a trap when analyzing the age, because when positioning it as opposed to other stages of life, one may fragment the vision of old age and not look at it as a continuation phase, not of the previously experienced standards, but of reinvented standards with motivating and transformer potential.

Those changes happen at different rates in individuals, depending on people's genetic apparatus and their environmental conditions, habitat, modus vivendi and aggressions they have suffered throughout their lives. They are, mostly, the result of lifestyles adopted still at the stage of childhood or adolescence. Thus, preventive and promotional work carried out by health professionals with the population must be a priority and as early as possible in order to contribute to a healthy life in all ages as a way to ensure ageing with minimal limiting and/or incapacitating consequences.⁴

One verifies, therefore, through the respondents' speeches and literature, that old age brings an unwillingness to work - which emerges from the physiological and pathological ageing and the consequent progressive deterioration, leading the elderly to a feeling of helplessness. It also brings the reality of retirement, which may be positive or negative, depending on the moment, as the elderly become idle and many of them do not see it as a stage to live other experiences.

CONCLUSION

The studied group stood out for positive events in relation to old age when they observe it in a more general way, showing gratitude for that stage of life, recognizing it as a gift and a conquest. In contrast, when reporting their perceptions on their own ageing process, they highlight that ageing brings out the need for other's care, while there is lack of will, especially by family members, to get involved with that mission, drawing a context that tends to drive the elderly to isolation. They also claim that old age foreshadows the interruption of activities they performed satisfactorily and would like to maintain, especially in relation to work.

Taking as its starting point the view presented by the elderly on their ageing process, nursing should focus on creating new strategies that bring the family and the elderly together, so that they do not feel isolated, adding value to that relationship, solidifying the bonds from the conduct of also considering the family their focus of care. Trying, along with the FHS, to develop groups in which senile can share their experiences, their fears and doubts about that new phase of life. Opening paths so that they realize that, even though retired, they must seek new ways to occupy their time, entering into cohabitation spaces to stay active and healthy, in order to improve their quality of life.

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Medeiros DV, Santos WN dos, Sousa MGM et al.

Elderly's perception on old age.

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