Objective: to examine, the social relations from the perspective of the elderly. Method: an exploratory descriptive study conducted by qualitative methodology, in the light of theoretical completeness. The study included 14 elderly, who had sufficient cognitive skills. Data collection was conducted through participant observation and semi-structured interview whose content was analyzed by thematic categorical. The project was evaluated by the Ethics Committee in Research of Universidade Federal de Alagoas, receiving assent, under protocol n° 008427/2010. Results: through the analysts revealed two categories: 1) Interpersonal relationships, unveiling us to create links; 2) Intrapersonal relationships - revealing bias against aging. Conclusion: it was possible to verify the importance of interpersonal communication as an effective tool capable of providing the emancipation of the elderly individual, beyond the need for recognition of the different feelings that underlie aging so that they can result in (re) signification of ethical attitudes and postures, thus providing opportunities for a careful dignified, humane and integral to the elderly. Descriptors: elderly health; long-term institution for the elderly; interpersonal relationships; qualitative research.

RESUMO
Objetivo: analisar as relações sociais sob a ótica dos idosos. Método: estudo descritivo-exploratório conduzido pela metodologia qualitativa, à luz do referencial teórico da integralidade. Participaram 14 idosos com capacidade cognitiva preservada cuja coleta de dados foi realizada por meio da observação participante e entrevista semiestruturada. Para análise dos dados foi empregada a vertente temática da análise de conteúdo. Inicialmente os dados foram transcritos na íntegra e após leituras e releituras do material foi composto o corpus de análise. Na etapa seguinte iniciou-se o processo de categorização e por fim foram identificados os núcleos de sentidos, emergindo assim as categorias temáticas. O projeto foi avaliado pelo Comitê de Ética em Pesquisa da Universidade Federal de Alagoas, recebendo parecer favorável, sob protocolo n° 008427/2010. Resultados: duas categorias emergiram após a análise das informações: 1) Relacionamento interpessoal; desatando nós para criar laços e, 2) Relacionamento intrapessoal - revelando preconceitos contra a velhice. Conclusão: foi possível verificar a importância da comunicação interpessoal como ferramenta eficaz capaz de proporcionar a emancipação do sujeito idoso, além da necessidade do reconhecimento dos diferentes sentimentos que permeiam o envelhecimento para que possa resultar na (re) significação de atitudes e posturas mais éticas, oportunizando assim um cuidado digno, humano e integral ao idoso. Descritores: saúde do idoso; instituição de longa permanência para idosos; relações interpessoais; pesquisa qualitativa.
INTRODUCTION

The issues, related to aging and longevity, are already being discussed for several decades, which bring up discussions in the academic and scientific environments, as are the target of public policies. Brazil has been following this trend when looking at the increase in life expectancy of its population which, in turn, can be attributed to several factors, such as advances in health sciences, the improvement of environmental sanitation and new forms of social, cultural, economic, political, and family organization present in contemporary.1

Changes in family structure such as a reduced number of components of the family and changes in family and social culture bring consequences in elderly care. Often these situations are unfavorable for the elderly stay in homes of their relatives, who coerced by lack of financial and / or psychological often opt to institutionalize the elderly.2

Caring for the institutionalized elderly transcends the therapeutic conduct in the strict sense, it is necessary to pay attention to quality of life, levels of autonomy, independence and social and physical environment in order to prevent diseases and treat appropriately any condition in force, respecting the elderly in their biopsychosocial dimension.3

In this sense, the "care" only acquires value and meaning as a strategy, through the creation of social relations, and making use of an instrument of bond, friendship, and solidarity. The care can only exist as it supposes a mutual action, marked by the maintenance of social relationship. As such, care is only possible if there is a condition for achieving a dialogue. But often the new settings of healthcare collides and are weakened by the established territories of assistance: organized and stiff ways of doing, making it great challenges for the construction of integrality and humanization in health care.4

Unquestionably, the relationship based on the classical model, authoritarian, vertical, in which the relationship between professionals and users are typically relations of domination and obedience; need to be overcome by the dialectical logic of horizontality. This logic assumes the stripping away of preconceptions and prejudices and the best use of soft technologies - such as communication - to allow the establishment of a humane approach in elderly care. The humanized assistance allows a closer interaction, permitting the exchange of experiences, resolution of conflicts and knowledge on the limitation of another human being, whether through verbal or non-verbal language.5

It is this perspective that places the object of this study: the social relations present among the professionals and the elderly and among the elderly. Assuming that one of the greatest challenges faced in the daily routine of long-stay institutions is the operationalization of humanization and integrality in the face of social relations present in this kind of environment.

The integrality is a word that can not even be called a concept; it is a convenient rubric for a set of trends. Being considered more than a guideline of the Brazilian National Health System - Sistema Único de Saúde (SUS), is an “image-object”, it means, a desirable situation that could become real in a defined time horizon.6

In the presence of the various senses of integrality, you can see a clear link of this guideline with the communication. Since communication is the behavior of health professionals, the more personal dimension to the practice of integrality. The effective interpersonal communication involves interested listening when there is the act of undressing the armor of technical and scientific knowledge and is willing to listen to the other from the health professional, while they look into the translation of language codes: speech, body, symptoms, and even the silences. Thus, promoting integrality of health depends crucially on the promotion of activities and communication processes.7

Given the above, this study may contribute to the reflection on the importance of social relations in a Long-Stay Institution - Instituição de Longa Permanência (ILP), because there is still lack of scientific studies that discuss about this kind of interactive process, making it necessary to awakening of consciousness to unravel the critical nodes present in social relations in order to create closer relations.

Relying on these reflections, the objective is to analyze the social relations from the perspective of the elderly.

METHOD

An exploratory-descriptive study conducted by the qualitative methodology, supported by the theoretical framework of integrality, focused on the social relations existing in a Long-Stay Institution, located in Palmeira dos
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- Interpersonal Relationships: unleashing nodes to create links

In many environments, we can see the execution of human and integral practices in health, taking as parameters the social relations existing between members who live daily. In the environment of institutionalization for the elderly would be no different, and it can be stated that the relationship between professionals and the elderly and among the elderly, should be a constant target to be pursued and a primal need to be met for the recovery of citizenship of the elderly.

The interpersonal relationship is a skill that takes place through the good coexistence of the individual with others, it means, shows the ability of a person to understand the intentions, motivations, and desires of others and, consequently, its ability to interact effectively with others. Thus, by institutionalizing the most present in the circle of living of the elderly, are the professionals who work at the institution and other elderly.

(...) I am well received and well attended, and I am communicative with the class, the ones who are high and low, we do not get along with everybody, there are people who are closer, some are less. In just here in village, it is like this in the world, in a transport, is at work, where you have, you're splitting it with someone. (Elder 6)

By speaking of the elderly, it is clear that there is a good relationship in the institutional environment. The elderly makes explicit understanding about the existence of approximations and detachment between some people due to social relations are permeated by conflicts. However, it is not something restricted to the institutional environment and, yes, inherent in the relational process of human being.

The way that professionals and workers interact with the elderly, is the starting point for establishing a more effective care. The host is the first step to winning trust, and so there is the linking or bonding and only then proceeds to communication. It is through interested listening that there will occur the confidences in relation to complaints, needs, fears, desires, satisfaction and dissatisfaction from the part of elderly.

My relationship is good, the director pays attention, the attention she can give, and she gives attention to all. The nurse is good and the girls [employees] also do things for...
The look of the elderly about social relations...

us, all well pleased. (Elder 8)

It stands out through the cut above, that the elderly perceive how it is treated and how much attention the bond stand in the provision of care. These assumptions are important conditions for starting a professional interaction with the elderly, as well as essential for maintaining healthy and effective interpersonal relationships.

The interpersonal interaction between a health professional and an elder involves sensitivity, empathy, and perception of implicit feelings. Regardless of the formation area, the health professional work is based on human relationships, being extremely necessary to use interpersonal communication skills. For it is through communication that there is exchange of ideas, teachings and experiences.10

The study shows that there is a good relationship between employees and professionals with the elderly. At the same time other older people make comments regarding the failure of some workers of the institution. In this context, there was the persistence of vertical relations. The selected statement depicts one of those situations in which some health workers have hostile attitudes, as loud, or even silent’ when asked by the elderly:

Is there anything that I do not feel hurt, that either yesterday that someone speak loudly to me, I do not feel it much. But who speaks up, is just only one worker do it, there are other three who are well pleased with me and the relationship with them is very good. (Elder 1)

There are a couple of people so indifferent to me, I ask one thing and they do not answer me, but it is an occasion that does not repeat not always. It is a question of time, one time it is okay, another time it is not good. (Elder 12)

The interpersonal relationship is indeed the driving force to achieve the humanization of health. However, there are barriers and stigma surrounding the socialization and that separate the parties involved, in this case among older people and health professionals and / or workers, those who are more present in daily contact in the institutional environment. The professional who thinks that the elderly do not understand what is going on around it, or even that is an individual that is destitute of opinions, commits a great mistake, and contributes to the perpetuation of the biomedical model based only on the complaint-conduct.

In modern times, we must consider that there have been great advances in treatment and cure of serious diseases. However, by focusing only on parts, professionals now have a reductionist view of the health-disease process losing the entirety of the subject. Thus, the disease became the focus of concern of health professionals. From this perspective, the professional dress of all knowledge and assume command, and the subjects involved is devalued in its ability to provide feedback and share the production of their own health and improve their quality of life.11

Another frustration in interpersonal relationships is the lack of awareness of health professionals with regard to the sentiments expressed non-verbally by the elderly more aphasic and debilitated. This issue was raised by the own internal, which shows sensitivity and understanding of certain requirements by the similar - the elderly - while it brings out the carelessness of many professionals to forget the existence of non-verbal communication.

This old man does not speak, and the other is not speaking. Speak what? If you feel pain, do not know how to say where it hurts. If you want piss or evacuate not tell the right time. They willing, but there is pain, lose weight, suffer, but can not speak, has no power and no one sees it. (Elder 3)

Elderly patients need care in integral form, taking into account, something that is beyond their immediate complaints. It is not enough health professionals to use only verbal communication; they need to watch out for signs expressed during patient care. For the process to be effective it is necessary to learn again how to communicate, learn again to see and hear, including, in this relearning, non-verbal communication. Discovering the multiplicity of meanings, such as in a look, in a facial expression, body posture or even silence in a conversation, that the elderly want to convey.12

The interpersonal relationship between the elderly people takes place with more emphasis on the context of providing aid and assistance to weaker older people. It is interesting to see how the charity is present in this type of relationship between equals. The thread that moves a lot of action is based precisely on promoting the welfare of fellow, helping it with a simple conversation, offering food to bedridden or even be able to recognize implicit needs of other elderly people.

My relationship with the elderly is good, no foul. I like them, talk to them, with some
The look of the elderly about social relations...

meets the elderly in their basic needs for housing, food and medical care, on the other hand, is not always encouraging interaction and formation of bonds.¹⁴

The relationship between the institutionalized elderly is a complex phenomenon, because it depends on the mood and expectations of them, as well as the external conditions that favor or not the formation of emotional bonds. In situations unpleasant and threatening, occurs the destruction of affective bonding, through which some elderly may be more introspective causing a series of repercussions for their health. Given these considerations, encouraging the strengthening of friendly relations emerges as a grand strategy of health professionals to improve the institutional environment; promoting health and making them experience the pleasure of the links in their living.¹³

To have a comprehensive care to institutionalized elderly, the construction of the bond is essential. However, in many actions there is a lack of bonding, beyond the lack of welcoming and interested listening, and it constitutes critical nodes, which must be loosened so that there is the creation of effective links between health professionals and the elderly.

- Intrapersonal relationships: showing prejudice against old-age

The old-age is a concept historically constructed that actively integrates the dynamics of attitudes and cultural values of society. The social mark of old-age is to be in opposition to youth.¹⁵ The old-age represents a multifaceted view, but the dark side full of loss, limitation, disease and dependence prevails over the possibility of gains and acquisition at this age.

The population is not being properly ‘prepared’ to aging, and in the current context of technological race, the advance of biomedical resources is increasingly contributing to delay and deny the natural aging process. This category reflects the appreciation of society to youth and beauty; and that thought is embedded in the minds of some old people, who do not accept the aging process and have prejudice against such a lived state, expressing direct discrimination against old-age and even to the elderly present in their midst.

The interviewees allude to other elders in a discriminatory manner. An elder judge itself like it was different from the others, and reveals in its speech that “old” makes a point

then I’ll help you up. Those who are bedridden I give food. (Elder 1)

It is when you’re in need, of something like this, we know. I even know who’s in need, and this person will help. After they (elderly dependents) take a shower, I’ll pick up the comb and comb their hair and help. (Elder 2)

Regarding me, the relationship with them is good. I help to feed those who can not eat alone. I also put the men on them bed. Here’s what I can help I help. (Elder 3)

It is known that the process of institutionalization leads to a progressive distancing between the elderly and their families, sometimes even going to abandon. Thus, friendship is considered as a component of the social network of the elderly and in some situations of family abandonment, the friendship can represent it (elderly) in its entirety. When you establish emotional links among the elderly, they feel more empowered to face the sorrow or illness. The pain, anxiety and worry are shared between them; there is also solidarity and mutual assistance in activities of daily living such as hygiene and physical space, mobility, locomotion and feeding.¹³

It was found, that although there is good relationship between the residents, there are conflicting situations, even if sporadic. On certain occasions the relationship between the elderly becomes difficult, especially when some elderly patients with behavior problems expressed verbal or even physical violence in relation to other elders. This situation generates enough discontent and sorrow, and this factor may lead to a behavior of social isolation from the part of those receiving aggression.

I'm just here and don't leave this place tomorrow, because I have no car. One proud woman with short hair, she reached the bedroom door and said: Who is this bitch? What are you doing in my room? Then after it happened, I got so sad. (Elder 13)

I do not talk to them. He [referring to an elderly person] is that one has got crazy and walking giving slap on people, we're in a corner and when we perceive, it comes with two, three slaps. (Elder 4)

The institutionalized elderly is often an unmotivated person for life, without expectations, due to lack of family support. Moreover, he/she still sees the condition of having to live with very different people, sometimes not old people, with disabling diseases, mental, psychiatric, which makes the environment uncomfortable. Thus, although the institutional context in part
of needing help. Another elder note that most elders present at the institution (in question) are crazy, because when there is some conversation between them is not possible understand. Both cases are instances of discrimination concerning the state of old-age and can be seen below in the statements.

I am different; other old people like to receive help from others. When I want I go after, I'm feeling I'm going. Why can not stand here, here is a place for those who have no health, can do nothing, lives in bed, here called the place of old person. I can walk out, I have nowhere to stay, but I stayed here to recover my health. (Elder 3)

I want to talk to one person, but I'm nervous, I look at the conditions of them, and they are so much worse than me, so on a topic of conversation, knows no more talk, I talk a thing, he or she understands as it was on other matter, here is few people I can talk. I know when the person still has an understanding of listening and responding to something. Almost everybody here is crazy, don't understands things, then I prefer to keep quiet. (Elder 8)

The elderly population is one of the most frequent targets of negative stereotypes in the media. The diffusion of preconceived notions about old-age involves several vital areas such as cognition, social skills, personality, sexuality and ability to work. In this context, the elderly does not seem worthy highlights in our society, which creates stereotypes and makes no one want to reach or even remember that it will necessarily aging, and these myths and stereotypes cause great disturbance in the elderly, who end up denying this natural process.16

In another report, one old man notes that prefer to give up any food that harms itself, until then a sensible choice, but in the course of the testimony that question reveals itself as an act of pre-conception, because this elderly compares the “sick” with the condition of just need cares from the family or caregiver, and raises the question of the need for other elderly people need help, as an act of shamelessness.

I prefer to stay weak, on the bed, than eating something that offends me and keep me illness, giving worry to others, to walk holding onto the other. I'll tell my daughter that is not to me, there are people who feel good walking holding in others, I think it is wrong, that I have not a habit of holding to walk with nobody but someone grabbed me and held me because it was the only way, when I suffered a surgery in my eyes. (Elder 8)

This condition of discrimination embedded in the environment of institutionalization increasingly isolates the internals, because there is no socialization between who is considered to be on another level. The appreciation of the other human being should be the target of professionals, seeking to break such beliefs that misrepresent the elderly in its aspect of being human and therefore natural. Because, each one elderly have its qualities, strengths and essential values that should be discovered, recognized and praised.

In the short term, as a measure to mitigate this intrapersonal conflict of elderly, the health workers in long-stay institutions need to encourage communication and integration among residents through the development of social and educational group activities, minimizing the negative representations on the aging process in seeking to create images that reinforce old-age as a stage with the possibility of gains and acquisitions.17

The practice of integrity in this social context of health is complex, particularly because it requires from all those involved an emotional exchange, not always possible or desirable when dealing with inter-human relationships. This occurs because the technicist practice, focusing on a hegemonic biomedical model, is still dominant, returning to a “routinized”, “compartmentalized” doing.18

In a wide-ranging study performed by Souza, it was provided an intergenerational encounter between elementary school students and elders and after intervention phase, the results reveal that there was more contact, which facilitated the sharing of life stories and through these dialogues there was reflection and change of attitude by students toward aging process.19

Drawing a parallel with this study, it is possible to extract that the meeting between the generations is one of the educational tools that can transform the stereotypical representations about old-age and aging process, while preparing people for this stage of life. Accordingly, emergency measures are needed, however macrosysstematics in order to operationalize effective results with great coverage.

To achieve it in long-term, an investment is needed for the interaction between health and education because in pursuit of social and professional more “human” looks, it is urgent to pay attention and make efforts in education, since this environment is training, either basic education or higher, it can be
It was perceived that in the interpersonal relationships there is the perpetuation of the biomedical model, where there is a lack of care in a holistic way, focusing only on the parties involved and the execution of routines, which leads to deficits in attention. The questions intrinsic to intrapersonal relationship arise as a challenge, not only institutionally, but also as centers of actions by government mobilizing before the public policies that encourage the transformation of the stereotypical view of old-age.

It is believed that this study may contribute to the reflection on the importance of communication when caring for an elderly, since this process can be interpreted by simple conversation, under a glance, simple gestures, faces of pain, among many other items. Lack of communication is commonplace in the provision of care, either by verbal or non-verbal communication, noting that the latter is even more difficult to happen. Thus, the subjectivity of care lies in this very important aspect, at the same time it is simple, but what is left, favoring one (un) humanized care.

The institutional environment should be a medium of exchange of knowledge, where there should be no overlap between those who know more on who knows less, but an intimate relationship whose purpose lies in the growth and well-being of both parties. Thus, for the health professional can enter in the nuance of the needs of the elderly, it takes more than technical and scientific knowledge, it is necessary to work internally, to translate their scientific actions in simple care to meet the needs of people who require assistance.

Indeed, it is necessary to make changes in the current scenario, so that health professionals work hard to step into the inner being, and there is commitment to make decipherable any act, gesture or word expressed by the elderly. This requires constant effort towards that perception becomes sharp to detect in simple body postures, the translation of the real need to be met by the professional care.

Given the complexity of care to the elderly, it is necessary that health professionals use all the relational devices, such as host, interested listening, so that bond is formed, the recognition of the uniqueness of each one elder in order to establish an effective interpersonal communication, able to provide the emancipation of the elderly individual and make him/her a participant in its own health.

We emphasize the importance of health professionals, the population and the politicians take heed to the recognition of different feelings that underlie the aging process for both the elderly and for children, youth and adults, the special aim is to fight for the construction of interaction between generations, at the same time it can generates sharing of wishes even among the older people.

These dialogic meetings form a chain reaction in the micro-institutional and macrosystemic levels, and in different spheres of the time, it means, gaining resonance in the short, medium and long term and that these processes can result in (re) signification of attitudes and more ethical postures in relation to aging process and the old-age. Only this way, will happen the implementation and execution of a healthy relationship, thus providing opportunities for a dignified, human and integral care to the elderly.

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