Social representations of old age and care enunciated by speech-language and nursing undergraduates

Representações sociais da velhice e do cuidado enunciadas por acadêmicos de fonoaudiologia e de enfermagem

Representaciones sociales de la vejez y del cuidado enunciadas por académicos de fonoaudiología y de enfermería

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Abstract

Objective: To analyze the social representations that nursing and speech-language students have about old age and elders’ care. Methods: Qualitative research, grounded in the Theory of Social Representations. Twenty-five (25) undergraduates from the health area, who attended two public and two private universities from a State located in the South of Brazil, participated in the study. A thematic interview with digitally

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Authors’ contributions:
JM contributed with the bibliographic and field research, data collection, knowledge and application of the method used to ground the study;
GM contributed with text organization and writing, objective delimitation, consistency between the pursued method and the theoretical framework that grounded the research;
MHW contributed with the bibliographic research, text organization and formatting, maintenance of the consistency between the theoretical framework and the methodological direction given to the study;
NBZ contributed with text planning and organization, taking into account the formal and textual aspects of the manuscript;
APBVS and TPC contributed with the textual organization of the manuscript.

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Received: 16/10/2017
Accepted: 18/02/2018
-recorded open questions was used for data collection. The survey data was organized according to the Discourse of the Collective Subject method. **Results:** Undergraduates’ social representations enabled the organization of central ideas, anchoring and the Discourse of the Collective Subject, evidencing that, on one hand, elderly healthcare is only based on elders’ physical decay, in addition, they are denied power of decision, and old age is infantilized. On the other hand, undergraduates’ social representations also show that the reciprocity in the relationship between care provider and elderly subject may revitalize the caring process, overcoming negative preconceptions on old age. **Conclusions:** Representational construction on elderly healthcare, filled with preconceptions resulting in a negative view of old age, deserves attention during health professionals’ education.

**Keywords:** Aging; Speech, Language and Hearing Sciences; Education, Nursing

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**Resumo**

Objetivo: Analisar as representações sociais que estudantes de fonoaudiologia e de enfermagem têm sobre a velhice e sobre o cuidado ao idoso. **Métodos:** Pesquisa qualitativa, fundamentada na Teoria das Representações Sociais. Participaram do estudo 25 acadêmicos, matriculados em duas universidades públicas e duas privadas, situadas no Sul do Brasil. Para a coleta das informações utilizou-se de entrevista semiestruturada, composta por questões abertas, que foram gravadas em mídia digital. Os dados da pesquisa foram organizados segundo o método do Discurso do Sujeito Coletivo. **Resultados:** As representações sociais dos acadêmicos possibilitaram a organização de ideias centrais, ancoragens e do próprio Discurso do Sujeito Coletivo, indicando que, por um lado, os cuidados voltados aos idosos são fundamentados apenas no seu declínio físico, sendo o idoso deixa do seu poder de decisão e a velhice infantilizada. Por outro lado, as representações sociais dos estudantes, também, mostraram que a reciprocidade na relação entre cuidador e sujeito idoso pode dinamizar o processo de cuidar, ultrapassando estereótipos negativos sobre a velhice. **Conclusões:** A construção representacional sobre o cuidado voltado ao idoso, imbuida de estereotipos que resultam em um olhar negativo da velhice, merece atenção durante a formação de profissionais de saúde.

**Palavras-chave:** Envelhecimento; Fonoaudiologia; Educação em enfermagem

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**Resumen**

**Objetivo:** Analizar las representaciones sociales que los estudiantes de fonoaudiología y de enfermería tienen sobre la vejez y sobre el cuidado al anciano. **Métodos:** Investigación cualitativa, fundamentada en la Teoría de las Representaciones Sociales. Participaron del estudio 25 académicos, matriculados en dos universidades públicas y dos privadas, ubicadas en el sur de Brasil. Para la recolección de las informaciones se utilizó de entrevista semiestructurada, compuesta por cuestiones abiertas, que fueron grabadas en medios digitales. Los datos de la investigación fueron organizados según el método del Discurso del Sujeito Colectivo. **Resultados:** Las representaciones sociales de los académicos posibilitaron la organización de ideas centrales, anclajes y del propio Discurso del Sujeito Colectivo, indicando que, por un lado, los cuidados dirigidos a los ancianos se fundamentan sólo en su declive físico, siendo el anciano deslindado de su poder de decisión y la vejez infantilizada. Por otro lado, las representaciones sociales de los estudiantes, también, muestran que la reciprocidad en la relación entre cuidador y sujeto mayor puede dinamizar el proceso de cuidar, superando estereotipos negativos sobre la vejez. **Conclusiones:** La construcción representacional sobre el cuidado orientado al anciano, imbuida de estereotipos que resultan en una mirada negativa de la vejez, merece atención durante la formación de profesionales de salud.

**Palabras clave:** Envejecimiento; Fonoaudiología; Educación en Enfermería
Introduction

The Theory of Social Representations (TSR) has grounded research concerned with the understanding of consensual universes, expressed in daily relations. It is a theory which enables the understanding on how beliefs, values, attitudes and opinions are developed by subjects and socially shared. In the context of social representations, the understanding of the reality depends on the influence of conventions which are organized within social relations and strains. Actually, those relations guide subjects on their way of acting and understanding the social context that they live in at a certain time.

Thus, keeping in mind that social conventions influence the way subjects understand the world they live in, social representations on old age must be considered to elaborate studies on human aging. Following the world trend, research on old age has been gaining ground in Brazil, to the extent that elderly population’s increase has outpaced the other age groups. This phenomenon has guided governmental decisions and civil society. Grounded in a more positive and productive conception of old age, such decisions aim to favor elders’ quality of life, promoting their health and reducing disease-focused healing interventions.

The National Elderly Health Policy - Política Nacional de Saúde da Pessoa Idosa (PNSPI) – points to the need of health professionals to broaden their view about caring, underpinning their actions on health promotion. Therefore, PNSPI claims to be essential that knowledge related to older people’s quality of life must be addressed during health professionals’ education, as it is understood that such education is highly responsible for the success of caring grounded in the autonomy and independence of the aging subject.

Nevertheless, health education in Brazil offers insipient practical experience towards elderly care, mainly regarding health promotion. Most graduation courses in the health field only address aging in subjects focused on adult health. Such courses do not provide, in their curricula, either theoretical subjects, or lived caring practices specifically related to aspects on aging and older people’s integrated care.

In that sense, it should be pointed out that health graduation institutions need to review their curricula, and work on professional education able to meet Brazilian population’s demands, including elderly people’s health promotion. Teaching institutions must systematically stress on the aging process. That process has been challenging in Brazil, which cannot rely on an economic structure able to provide quality education and health care to the population, and handle with a high number of aging people in poor living conditions and impressive social inequalities.

Thus, keeping in mind that health professionals have a significant role to develop integrated caring practices to aging people, the current study aims to analyze the social representations that Speech, Language Pathology and Audiology and Nursing undergraduates have on old age and elderly healthcare.

Method

The current study, approved by the Research Ethics Board from a University located in Paraná State, according to the document number 04130612.2.0000.0096, has a qualitative approach and is grounded in the TSR. The research participants were 25 undergraduates, who signed the Free Informed Consent Form, according to the guidelines of the Resolution 466/2012, where the objectives, methodology and release of the results were stated, as well as their voluntary participation, free from financial gains or losses.

Among the 25 participants, 15 were Nursing students and ten were Speech, Language Pathology and Audiology undergraduates, who attended two public and two private institutions, three of them located in the capital city, and one in the interior of a state from Southern Brazil. Those courses have been offered for over ten years and graduation classes have a varied number between 15 and 20 students.

As inclusion criterion, students enrolled in the last year of graduation, who were concluding the supervised training courses. Data collection was carried out by means of a semistructured interview, digitally recorded and subsequently transcribed, contemplating identification data and open questions on how the undergraduates perceived their qualification regarding old age and elderly healthcare.

The interviews lasted approximately 30 minutes each and were individually held in previously assigned rooms by the course coordination.
in the respective participant Universities. First, the research objectives were clarified, as well as the related ethical issues. The students were randomly allocated, and following the data saturation criterion, five students from each class comprised the participants, research subjects.

Data were organized and analyzed according to the Discourse of the Collective Subject (DCS) technique, which is acknowledged as a discursive synthesis, elaborated in the first person of the singular, considering the enunciations produced by all the participants in the study. It is a discourse taking up the study participants’ enunciations, and expressing a collective reference to the extent that a subject (“I”) produces a text influenced by the social representations developed in a community.

That method of organization and data analysis, according to the TSR, consists of considering all the verbal information collected in the discourses produced by the study participants, and extracting from that the key-phrases, anchoring and core ideas. The key-phrases, according to the DCS, are literal transcriptions of fragments or parts of the texts produced by the subject. Such phrases constitute the text productions that underpin each participant’s perceptions on a given object or phenomenon inserted in their daily lives. Therefore, the key phrases unfold the essence of each participant’s discourse, providing the raw material for the construction of the DCS.

Anchoring is understood as the expression of a given worldview, ideologies or myths advocated by the researched subjects. A discourse is said to be anchored when it is grounded in assumptions, theories, values, concepts or preconceptions previously claimed by the community that they live in. Finally, the core ideas are the linguistic expressions which describe, in a concise and precise way, each homogeneous cluster of key phrases.

Results

Twenty-four (24) out of 25 participants were female, eight had attended a technical course, one had graduated from Teaching, and one was graduated from Business. Undergraduates’ minimum age was 20 years, and maximum age was 47 years (mean age = 27.8 years).

Below, the DCS built due to Speech, Language Pathology and Audiology and Nursing undergraduates’ training on elderly caring are shown. Such discourses are anchored in four distinct core ideas, according to Table 1.

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**Core Idea 1**: Experiences on elderly care during hospital and outpatient training.

**Anchoring 1**: Elderly people need physical-decline related care.

**Discourse of the Collective Subject 1**:

“I think it is necessary to pay attention to speaking louder, and take more care when they are in their wheelchair because of the step. I cared for an elderly person in traction, did his dressing, he had femur fracture. I explain the Elder that bone healing is slow due to the aging process itself. I also assessed swallowing because most elderly people have Cerebrovascular Accident and cannot swallow. I advised the change in diet habits. Elders with hearing loss got a hearing aid, and I guided them on cleaning, maintenance and battery Exchange. I cared for an elderly patient who had...
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Core Idea 2: Elders’ perceptions during hospital and outpatient training

Anchoring 2: An older person is deprived of his power of decision.

Discourse of the Collective Subject 2:
“It was complicated to work with elders because you can see how elders are treated. Elderly people need more attention. Everybody wants to do their job and leave. In practice, I realize that the professionals somewhat neglect the elders. I observed a situation where the older person did not want bed bathing because it was cold, so he wanted the weather to get warmer, otherwise he could get ill. However, the routine should be complied with, and it was necessary to take a morning bath, which is demeaning for the elder. Another older person did not want bed bathing, nobody could understand what he wanted. Elders should deliver self-care, and not only be cared because sometimes you think that you should do everything for them. It is necessary to let them deliver self-care, to understand them. I realized that hospitalized elders have to accept what is being done for them, and their will is not respected. I went with an elder to a doctor’s appointment, and the doctor asked me about him. I told him that the elder was level-headed, but the professional told me that the elder could not understand him. Professionals usually address the elders’ companion, underestimating their capability”.

Core Idea 3: Negative feelings towards elderly caring

Anchoring 3: The elders, as dependent as a child, demands greater care.

Discourse of the Collective Subject 3:
“I see professionals complain that elders are grumpy. Even when I say something in the easiest possible way, they cannot understand me, I don’t think it’s easy. I explain them that they can’t stand up from the chair by themselves, and they want to do that all the time, getting aggressive and relentless. Elders are stubborn, I tell them that they should take the medication, and they don’t want to. Some of them end up getting quieter. Sometimes you ask the elders a question, and a family member answers it. So, they demand greater care because they’re as dependent as a child. I’d rather care for younger ones because older people don’t want to participate, don’t want to collaborate with you, with your care rendering. It’s not a job that I want to do, but I do if it’s necessary”.

Core Idea 4: Positive feelings towards elderly care

Anchoring 4: Reciprocity between caregiver’s and elderly subject’s relationship

Discourse of the Collective Subject 4:
“The job I did on that day was important to me and to the elders, by listening and talking, I ended up having a distinct view. They have a lot to tell, and very few willing to listen to them. When I turned my attention to them, and didn’t show any concerns about the time, they would enjoy talking to me. I believe this should be usual in healthcare services, mainly during admission. I have longer time in the teaching clinic, so they feel well, they get surprised about the fine care delivery. I cared for an older person who had scarce family visits, he complained about being in bed, including having scars. He would smile when I cared for him, passing cream on him”.

Discussion

In the DCS, related to core idea 1, anchored in the understanding that elders need physical-decay related care, participants in this research report excessive concern with diseases over quality of life and health promotion for cared elderly people. In this discourse, social representation related to elders’ healthcare is clearly grounded in the traditional biomedical model, assuming a fragmented and technicist view of caring. Thus, it is opposite to practice grounded in the integrated care for the elderly, in keeping their independence as well as valuing their protagonism. That reductionist view, focused on the disease, goes apart from the conception that assumes aging as a broader process connected with social, cultural and environmental aspects. In that sense, it is essential to point out human-needs related care, which goes beyond the physical changes which occur as people age. Health professionals’ education needs to adopt a broader approach on aging people, as they need, along their lives, to be recognized, respected, participant in all decisions which involve their daily lives.

Study on social representations of aging, elders’ care and health, pointed that healthcare un-
subjective and contextual factors that influence the perception of care. This study is among those that evaluate the perception of care from the perspective of undergraduate students.

The perception of care is influenced by several factors, including the patient’s age, gender, and cultural background. The perspective of the patient towards care is also a significant factor in the perception of care. The student’s perception of care can be affected by their personal experiences, knowledge, and beliefs. This study is important because it provides insight into the factors that influence the perception of care and how it can be improved.

The perception of care is important because it affects the patient’s experience of care and their overall satisfaction with the healthcare system. A positive perception of care can lead to better health outcomes and increased patient satisfaction. Therefore, healthcare professionals need to be aware of the factors that influence the perception of care and take steps to improve it. This can be achieved by providing high-quality care, ensuring communication and empathy, and involving the patient in decision-making.

In summary, the perception of care is a complex and multifaceted phenomenon that is influenced by several factors. This study is an important contribution to understanding the factors that influence the perception of care and how it can be improved. It is hoped that this study will encourage healthcare professionals to consider the patient’s perspective when providing care and to take steps to improve the perception of care.
lives, situation expressed not only in the physical dependence manifested by the elders in relation to the caregiver, but also in their resistance to caring, which is often interpreted as stubborness.

That distorted representational construction, grounded in a preconceived view that older people have lost their capacity to perceive what is good or not for them in their daily lives, and what is occurring around them, is a consequence of the understanding that capitalist society has on aging. In the consuming society, old age is viewed as the end of a process which makes people ill and inactive. Permeated by that detrimental understanding, elders’ care is hindered, as it denies the contributions that elders have to offer the community they live in. Thus, the Second World Assembly on Aging evidences the need for contemporaneous society to recognize old age as a social success. Only by doing that, older people’s human resources will be assumed as beneficial for the development of mature and fully integrated human societies.

It is perceived that superficial training for elderly care and students’ preconceived view on old age are also reflected in their difficulty to carry on listening and dialogue with elders. However, it is just in the reciprocity of shared feelings between the one who cares and the cared one that the undergraduates report satisfaction in their interaction with the elders. Therefore, it is that interaction which may contribute to the development of effective care, not limited to technical procedures or scientific knowledge.

The positive feelings featured by the undergraduates’ social representations, which comprise the current study, show in the DCS related to core idea 4, the need of a more dialogical elderly care training. Interpersonal and dialogical exchange steadily influences the actions of the people involved in care practice. By considering that it is not possible to exist without effective interaction among the human beings, it is understood that dialogue and reciprocity in caring actions can be decisive to humanize the caring process.

In daily caring practice, affective aspects must be considered, connecting the subjects involved in care relationship. Caring must be understood as an action which enables the dialogical encounter between the involved subjects in caring. Therefore, feelings that bring satisfaction to caring and cared subjects need to be valued. During the process of health education, it is possible for students to identify, in a more and more expanded way, aspects favoring pleasure in the care relation.

It should be pointed out that in the health area, undergraduates must get not only technical-scientific knowledge to care for the physiological and biological changes during aging, but also they need humanized education, able to understand the sensory, behavioral and social disorders that elders may develop during the aging process. Thus, it is relevant to organize and deepen, in the curricula, elderly care-related contents in specific subjects, extrapolating their traditional fractioning along the course, and focusing on health promotion.

Conclusion

The social representation that participants in this research study have on old age is commonsensical, deprived of critical or scientific accuracy, reduced to physical decay. In that sense, elderly care is viewed from a biologicist bias. Such a representational construction, filled with preconceptions which result in a simplistic view of old age, deserves attention during health professionals’ education. It evidences the ultimate need of a curricular organization grounded in theoretical and practical foundations which focus on the aging process in its multidimensional perspective, clearing preconceptions around older subjects, beyond merely biologicist care.

It is worth pointing out that the current study considered a restricted population of students in just two educational areas: Nursing and Speech Language Pathology and Audiology. Among that population, part of the undergraduates attribute positive meanings to old age, which are depicted in the reciprocal relationship between caring subject and cared elder. Such representations show the relevance that health education, focused on the exercise of pleasantly delivered care, may have in the construction of interaction-promoted settings while caring for the elderly.
References