http://dx.doi.org/10.23925/2176-2724.2018v30i2p-402-410

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

Juliana Mendes[*]
Giselle Massi[**]
Mariluci Hautsch Willig[*]
Nadine de Biagi Ziesemer[*]
Ana Paula Berberian Vieira da Silva[*]
Telma Pelaes de Carvalho[*]

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

* Universidade Federal do Paraná, Curitiba, Paraná, Brazil
** Universidade Tuiuti do Paraná, Curitiba, Paraná, Brazil

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.

Correspondence address: Giselle Athayde Massi giselle.massi@utp.br
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

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 destituído 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, imbuída de estereótipos que resultam em um olhar negativo da velhice, merece atenção durante a formação de profissionais de saúde.

Palavras-chave: Envelhecimento; Fonoaudiologia; Educação em enfermagem

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 Sujeto Colectivo. **Resultados:** Las representaciones sociales de los académicos posibilitaron la organización de ideas centrales, anclajes y del propio Discurso del Sujeto Colectivo, indicando que, por un lado, los cuidados dirigidos a los ancianos se fundamentan sólo en su declive físico, siendo el anciano destituido 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[1].

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[2]**.** 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[3].

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[4]. 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[4].

Nevertheless, health education in Brazil offers insipient practical experience towards elderly care, mainly regarding health promotion[5]. Most graduation courses in the health field only address aging in subjects focused on adult health[6]. 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[8].

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[1]. 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[9]. 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[9].

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 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[9].

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[9].

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.

Table 1. Core ideas and anchoring that organized the discourses of the collective subject.

	CORE IDEIA	ANCHORING
DCS 1	1) Experiences on elderly caring during practical training course;	1) Elders need physical decline-related care;
DCS 2	2) Perceptions on elders during academic practical training course in hospital and outpatient settings.	2) Elders are deprived of their power of decision;
DCS 3	3) Negative feelings related to elders' care;	3) Elders, as dependent as a child, demand greater care;
DCS 4	4) Positive feelings related to elders' care.	4) Reciprocal relation between caregiver and elder subject.

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

a jaw joint disorder, she could not communicate properly because of that".

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[10].

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[11]. 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[12].

Study on social representations of aging, elders' care and health, pointed that healthcare un-

dergraduates follow a preconceived idea of caring, away from the understanding that caring must meet subjects' physical and non-physical needs, entailing their families, environment and social relations[13]. It is necessary to review that position so that health professionals' education relies on welcoming and listening to elders' lived accounts, not only on the diseases that they suffer from.

Healthcare job must meet PNSPI guidelines, anchored in the health promotion, in a way that elderly healthcare considers physical, psychological, social and environmental aspects which may interfere in their health[4]. Integrated care aims to keep older people's autonomy and independence, delaying disease onset and improving their quality of life[14]. Thus, professional training is fertile soil for knowledge production which is able to underpin caring actions. That training must take a set of knowledge grounded in experiences built on the lived circumstances between caregiver and cared subject[15].

The DCS related to core idea 2, presented in this study, unveils how undergraduates perceive health professionals' practice in their daily activities, hospital and outpatient settings. The social representations that they have about that practice are centered in a model oriented to undertake tasks and routine activities, which neglect elders' interaction. It is a discourse anchored in the notion that deprives older people from the right of making decisions. They are seen as incapable, physically and mentally frail, deprived of possibilities to deliberate about situations involving their privacy and routine[16].

In that sense, old age, surrounded by preconceptions, negatively affects elderly healthcare. Decisions on caring are usually unilateral and the professional decides what the patient must do. That attitude, centered on professionals' knowledge, prevails in the health education realm, and is grounded in a preconceived view, which takes the elderly as incapable of understanding and deciding on their own health in a coherent way[17].

By restraining older people's power of decision, their rights warranted by the Statute of the Elderly are not being complied, nor the PNSPI guidelines, which claim integrated health, security and social participation as the pillars for active aging[18]. According to the assumptions of active aging, older people's quality of life cannot be assessed only by their physical integrity, but also by their autonomy and independence to carry on the basic and instrumental activities of daily living[19].

Socially-built stereotypes towards the elderly, permeate caring actions and hinder the possibilities for elders to manage their health. Consequently, elderly people become dependent on the professionals who care for them[17]. Therefore, from public health perspective, functional capacity evolves as the concept which is able to operationalize the current policy for the elderly healthcare. The main goal of that policy is to keep aging people's functional capacity as long as possible[20].

Grounded in elders' independence and autonomy, research shows that the caring act cannot only involve the performance of routinely established tasks. On the contrary, that act must be planned and promoted in partnership with the elders, valuing their singularities and limitations[21]. In that sense, another study, related to the perception of graduates from a health area course on the development of supervised training courses regarding old age, found that the practice favors the expansion of knowledge, skill and professional performance regarding elderly healthcare[22]. Therefore, it is stressed the importance for the professional health practice to be characterized by actions capable of joining scientific knowledge and humanization. Thus, caring may take on different ways of expression, unveiling interest and valuing both of those involved in healthcare actions: the caring subject and the cared subject. In this perspective, the elderly can be capable of carrying out self-care actions, even if they feature chronic disease-related dependences[22].

However, according to the DCS 3, anchored in a perspective showing that elders demand greater care for being as dependent as a child, the undergraduates who participated in the research, unfold negative feelings towards older people's health care. In addition, such feelings follow the premise from a social representation which tends to infantilize old age. The infantilized behavior towards the elders usually occurs and determines the veiled picture of a complex symbolic violence to be apprehended and recognized for those who impose it as well as for the elders themselves[16]. That attitude deprives aging people from their condition of subjects, turning them into a piece from a puzzle, who must fit into a space that they do not accept or wish. Thus, elders are prevented to exercise their autonomy and manage their own

lives[14], 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[23, 24].

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[16]. 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[14, 25].

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[26].

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[26]. 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[27].

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[26].

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

1. Moscovici S. Representações sociais: investigações em psicologia social. 11a ed. Petrópolis, Rio de Janeiro: Vozes, 2015.

2. Kuchemann BA. Envelhecimento populacional, cuidado e cidadania: velhos dilemas e novos desafios. [artigo online] Soc. estado. 2012; [acesso em 30 mar 2017].27(1):165-80.Disponível: http://dx.doi.org/10.1590/S0102-69922012000100010

3. Bujes RV, Cardoso MCAF. A saúde bucal e as funções da mastigação e deglutição nos idosos. [artigo online] Estud. interdiscipl. envelhec. 2010; [acesso em 30 mar 2017]. 15(1):53-67. Disponível: http://www.seer.ufrgs.br/RevEnvelhecer/article/view/9580

4. Brasil. Portaria n. 2528. Política nacional de saúde da pessoa idosa. Brasília: Diário Oficial da União, 2006.

5. Alberti GF, Espíndola RB, Carvalho SORM. A qualificação profissional do enfermeiro da atenção primária no cuidado com o idoso. [artigo online] Rev enferm. 2014; [acesso em 31 mar 2017]. 8(8):2805-10. Disponível: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/4577

6. Coutinho AT, Popim RC, Carregã K, Spiri WC. Integralidade do cuidado com o idoso na estratégia de saúde da família: visão da equipe. [artigo online] Esc. Anna Nery. 2013; [acesso em 30 mar 2017]. 17(4): 628-37. Disponível: http://dx.doi.org/10.5935/1414-8145.20130005

7. Santana CS, Pereira AP. Percepção de estudantes de graduação sobre as atividades práticas acadêmicas com idosos: Co-educação de gerações e formação profissional. [artigo online] Diversa Prática. 2012; [acesso em 26 jun 2017].1(1): 125-34. Disponível: http://www.seer.ufu.br/index.php/diversapratica/article/view/19630

8. Tavares DMS, Ribeiro KB, Silva CC, Montanholi LL. Ensino de gerontologia e geriatria: uma necessidade para os acadêmicos da área de saúde da universidade federal do triângulo mineiro? [artigo online] Cienc Cuid Saúde. 2008; [acesso em 30 mar 2017]. 7(4): 537-45. Disponível: http://www.periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/viewFile/6671/3921

9. Lefèvre F, Lefèvre AMC. Pesquisa de Representação Social: um enfoque qualiquantitativo. Brasília: Líber Livros, 2012.

10. Moraes EN. Processo de envelhecimento e bases da avaliação multidimensional do idoso. In: Envelhecimento e saúde da pessoa idosa. Manguinhos: Fiocruz; 2012. p.151-75.

11. Willig MH, Lenardt MH, Caldas CP. A longevidade segundo histórias de vida de idosos longevos. [artigo online] Rev. Bras. Enferm. 2015; [acesso em 30 mar 2017]. 68(4): 697-704. Disponível: http://dx.doi.org/10.1590/0034-7167.2015680418i

12. Moreira RSP, Alves MSCF, Silva AO. Percepção dos estudantes sobre o idoso e seus direitos: o caso da saúde. [artigo online] Rev. Gaúcha Enferm. 2009; [acesso em 30 mar 2017]. 30(4): 685-91. Disponível: http://dx.doi.org/10.1590/S1983-14472009000400015

13. Schaffer KC, Biasus F. Representações sociais do envelhecimento, cuidado e saúde do idoso para estudantes e profissionais de enfermagem. [artigo online] RBCE. 2012; [acesso em 30 mar 2017]. 9(3): 356-70. Disponível: http://dx.doi.org/10.5335/rbceh.2012.049

14. World Health Organization. II Assembleia Mundial sobre o Envelhecimento. Madri: World Health Organization, 2002.

15. Mártires MAR, Costa MAM, Santos, CSV. Obesidade em idosos com hipertensão arterial sistêmica. [artigo online] Texto e Contexto Enferm. 2013; [acesso em 30 mar 2017]. 22(3):797-803. Disponível: http://dx.doi.org/10.1590/S0104-07072013000300028

16. Serra JN. Violência simbólica contra os idosos: forma sigilosa e sutil de constrangimento. [artigo online] R. Pol. Públ. São Luís. 2010; [acesso em 30 mar 2017]. 14(1):95-102. Disponível: http://www.periodicoseletronicos.ufma.br/index.php/rppublica/article/view/357

17. Cunha JXP, Oliveira JB, Nery VAS, Sena ELS, Boery RNSO, Yarid SD. Autonomia do idoso e suas implicações éticas na assistência de enfermagem. [artigo online] Saúde em Debate. 2012; [acesso em 30 mar 2017]. 36(95):657-64. Disponível: http://dx.doi.org/10.1590/S0103-11042012000400018

18. Brasil. Lei nº 10.741, de 1º de outubro de 2003. Dispõe sobre o Estatuto do Idoso e dá outras providências. Brasília: Presidência da República, 2003.

19. Organização Mundial de Saúde. Envelhecimento ativo: uma política de saúde [documento online]. Brasília, DF: Organização Pan-Americana de Saúde; 2005. [acesso em 26 jun 2017]. Disponível: http://bvsms.saude.gov.br/bvs/publicacoes/envelhecimento_ativo.pdf

20. Veras R. Estratégias para o enfrentamento das doenças crônicas: um modelo em que todos ganham. [artigo online] Rev. Bras. Geriatr. Gerontol. 2011; [acesso em 30 mar 2017]. 14(4): 779-86. Disponível: http://dx.doi.org/10.1590/S1809-98232011000400017

21. Prochet TC, Silva MJP. Percepção do idoso dos comportamentos afetivos expressos pela equipe de enfermagem. [artigo online] Esc Anna Nery Rev. 2011; [acesso em 30 mar 2017]. 15(4): 784-90. Disponível: http://dx.doi.org/10.1590/S1414-81452011000400018

22. Vasconcellos KMA, Almeida MHM. Percepção de egressos sobre estágios de terapia ocupacional em geriatria e gerontologia. [artigo online] Rev. Ter Ocup Univ São Paulo. 2013; [acesso em 30 mar 2017]. 24(1): 48-56. Disponível: http://dx.doi.org/10.11606/issn.2238-6149.v23i3p48-56

23. Sousa L, Ribeiro AP. Prestar cuidados de enfermagem a pessoas idosas: experiências e impactos. [artigo online] Saude soc. 2013; [acesso em 28 jun 2017].22(3): 866-877. Disponível: http://dx.doi.org/10.1590/S0104-12902013000300019.

24. Floriano LA, Azevedo RCS, Reiners AAO, Sudré MRS. Cuidado realizado pelo cuidador familiar ao idoso dependente, em domicílio, no contexto da estratégia de Saúde da Família. [artigo online] Texto Contexto Enferm. 2012; [acesso em 30 mar 2017]. 21(3): 543-48. Disponível: http://dx.doi.org/10.1590/S0104-07072012000300008

25. Souza MBS; Argimon IIL. Concepção dos cuidadores a respeito do cuidado prestado ao idosos. [artigo online] Rev enferm UFPE 2014; [acesso em 31 mar 2017]. 8(9): 3069-75. Disponível: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/4674

26. Küchemann BA. Envelhecimento populacional, cuidado e cidadania: velhos dilemas e novos desafios. [artigo online] Rev. Sociedade e Estado. 2012; [acesso em 30 mar 2017]. 27(1): 165-80. Disponível: http://dx.doi.org/10.1590/S0102-69922012000100010

27. Almeida MHM, Ferreira AB, Batista MPP. Formação do terapeuta ocupacional em gerontologia: contribuições de docentes de cursos de graduação em terapia ocupacional no Brasil. [artigo online] Rev. Ter. Ocup. Univ. São Paulo. 2011; [acesso em 30 mar 2017]. 22(3): 289-97. Disponível: http://www.revistas.usp.br/rto/article/view/46457