

MEANING OF CARE FOR RESIDENT OLDER ADULTS, FAMILY MEMBERS AND PROFESSIONALS WORKING IN LONG-TERM CARE INSTITUTIONS

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ABSTRACT

Objective: to understand the meaning of care from the perspective of resident older adults, family members and professionals from Long-Term Care Institutions for Older Adults.

Method: a descriptive and exploratory study with a qualitative approach, developed with 14 resident older adults, 35 family members and 41 professionals from Long Term Care Institutions for Older Adults, located in the city of Florianópolis, Brazil. The data were collected between May 2017 and January 2018, being organized through the Atlas.ti software for the analysis of qualitative data and analyzed according to the content analysis method proposed by Bardin, in the light of the Theory of Social Representations.

Results: for the older adults, care was linked to three main dimensions: technical care related to the institution, family care, and self-care. The meaning of care from the perspective of family members was related to the moment experienced with the institutionalization of the aged family member, mainly characterized by the dimensions of affective care, when providing comfort and technical care. For the professionals, technical care was related to the affective character.

Conclusion: care could be understood in different ways, from different perspectives, but it also made it possible to identify points of synchrony among the participants.

DESCRIPTORS: Older adults. Long-Term Care Institutions for Older Adults. Family. Housing for older adults. Assistance to older adults.

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SIGNIFICADO DO CUIDADO PARA IDOSOS RESIDENTES, FAMILIARES E PROFISSIONAIS DE INSTITUIÇÕES DE LONGA PERMANÊNCIA

RESUMO

Objetivo: compreender o significado do cuidado na perspectiva de idosos residentes, familiares e profissionais de Instituições de Longa Permanência para Idosos.

Método: estudo do tipo descritivo e exploratório, com abordagem qualitativa, desenvolvido com 14 idosos residentes, 35 familiares e 41 profissionais de Instituições de Longa Permanência para Idosos, localizadas na cidade de Florianópolis, Brasil. Os dados foram coletados entre maio de 2017 e janeiro de 2018, sendo organizados através do *software* para análise de dados qualitativos Atlas.ti e analisados segundo o método de análise de conteúdo proposto por Bardin, à luz da Teoria das Representações Sociais.

Resultados: para os idosos, o cuidado esteve vinculado a três dimensões principais: o cuidado técnico relacionado à instituição, o cuidado familiar e o cuidado de si. O significado de cuidado na perspectiva de familiares esteve relacionado ao momento vivido com a institucionalização do familiar idoso, caracterizado principalmente pelas dimensões do cuidado afetivo, ao prover conforto e cuidado técnico. Para os profissionais, o cuidado técnico esteve relacionado ao caráter afetivo.

Conclusão: o cuidado pôde ser compreendido de formas distintas, sob ópticas diferentes, mas que também possibilitou a identificação de pontos de sincronia entre os participantes.

DESCRITORES: Idosos. Instituições de Longa Permanência para Idosos. Família. Habitação para idosos. Assistência a idosos.

SIGNIFICADO DE LA ATENCIÓN A ADULTOS MAYORES RESIDENTES, FAMILIARES Y PROFESIONALES DE INSTITUCIONES DE LARGA ESTADÍA

RESUMEN

Objetivo: comprender el significado del cuidado desde la perspectiva de los adultos mayores residentes, familiares y profesionales de las Instituciones de Atención de Larga Estadía para el Adulto Mayor.

Método: estudio descriptivo y exploratorio, con abordaje cualitativo, desarrollado con 14 adultos mayores residentes, 35 familiares y 41 profesionales de Instituciones de Atención de Larga Estadía para Adultos Mayores, ubicadas en la ciudad de Florianópolis, Brasil. Los datos fueron recolectados entre mayo de 2017 y enero de 2018, la organización de los mismos se llevó a cabo a través del software de análisis de datos cualitativos Atlas.ti y el análisis mediante el método de análisis de contenido propuesto por Bardin, a la luz de la Teoría de las Representaciones Sociales.

Resultados: para el adulto mayor, la atención se vinculó a tres dimensiones principales: atención técnica relacionada con la institución, atención familiar y autocuidado. El significado del cuidado desde la perspectiva de los familiares se relacionó con el momento vivido a partir de la institucionalización del familiar anciano, caracterizado principalmente por las dimensiones del cuidado afectivo, al brindar confort y cuidado técnico. Para los profesionales, el cuidado técnico estaba vinculado con el carácter afectivo.

Conclusión: el cuidado pudo entenderse de diferentes formas, desde diferentes perspectivas, sin embargo, fue posible identificar puntos de sincronía entre los participantes.

DESCRITORES: Adulto mayor. Instituciones de Larga Estadía para Adultos Mayores; Familia; Geriátricos; Asistencia a adultos mayores.

INTRODUCTION

In the last decades, Brazil has experienced demographic dynamics marked by an aging population, characterized by an increase in life expectancy and a reduction in the birth rate. Current life expectancy is 72.2 years old for men and 79.4 years old for women, and it is estimated that in 2060, a quarter of the population will be over 65 years of age.¹

The aging of the population requires that public social policies be designed that meet the specificities of this segment of the population. Longevity is not synonymous with healthy aging: on the contrary, this process involves progressive changes in functional, biological, immunological, emotional, social, biochemical and psychological aspects, requiring more specialized services, which include welcoming and monitoring.²⁻³

The Long-Term Care Institutions for Older Adults (*Instituições de Longa Permanência para Idosos*, ILPIs) show an increasing trend in demand for these services,³ especially considering the change in family structures, with an increase in women in the labor market and a reduction in the number of family caregivers who could provide home care for older adults.⁴

Suggested by the Brazilian Society of Geriatrics and Gerontology (*Sociedade Brasileira de Geriatria e Gerontologia*, SBGG), the term ILPI arose from the need for institutions to stop being part of the social assistance network and join the health care network. The offer of services can vary according to the legal nature of the institutions: in private ILPIs, medical assistance predominates, according to the need for more dependent aged individuals.⁵

According to the National Health Policy for the Older Adult (*Política Nacional de Saúde da Pessoa Idosa*, PNSPI), the care provided to the older adults must include a global, interdisciplinary and multidimensional approach, considering the important interaction between the physical, psychological and social factors that influence the health of older adults and the importance of the environment in which they are inserted.⁶

Despite the existing legal regulations, there is an absence of a specific care model that includes the knowledge areas and the actors involved in institutionalization. Thus, the biomedical model is present in the institutions, as evidenced in a study in three institutions that reported carrying out the planning of the daily care routine, although the model followed was based on curative medicalization, directed by the medical professional.⁷

Undoubtedly, ILPIs are characterized as a place of relationships and interactions that permeate collective living among the older adults, the family relationships and the assistance provided by professionals from different areas. The characteristics of the institutions can suggest a vast field of symbolism, in such a way that the way of caring and perceiving care can be understood in different ways.⁸⁻⁹

Living in an ILPI enabled a group of aged individuals to meet their basic needs, as well as the possibility of socializing through group living, establishing new family relationships with the members of the institutions.¹⁰ For a group of older adults, adaptation and permanence in the institutions were related to the way in which they enter this environment and the maintenance of the family bond.¹¹

The maintenance of the relationships between family members and resident older adults shows signs of fragility, since institutionalization still carries stereotypes of family abandonment and, in fact, some studies have shown that ILPIs can favor changes resulting from isolation due to family absence, loss of references and scarcity of visits, over time.¹²

However, institutionalization does not have to mean breaking family ties. The maintenance of these family bonds is essential for the well-being of the older adults, since it is in the family that the aged individual builds emotional relationships and expects the support and security necessary for old age.

When considering the complexity between the relationships and the various factors that can interfere in the care systems, the importance of understanding and unveiling meanings is highlighted, collaborating to build an integrated support network between the institution and the family. Thus, the objective was to understand the meaning of care from the perspective of resident older adults, family members and professionals working in ILPIs.

METHOD

A study with a qualitative approach, of the exploratory descriptive type, carried out in three private ILPIs in the city of Florianópolis-SC, Brazil, having as theoretical framework the Theory of Social Representations (TSR), proposed by Serge Moscovici, in the doctoral thesis entitled *La Psychanalyse, son image, son public*, published in 1961.¹³

As participants, 90 individuals were included, namely: 14 older adults, 35 family members and 41 professionals. The inclusion criteria adopted were the following: resident older adults who had been institutionalized for at least three months and preserved cognition, assessed by the Mini Exam the Mental State (MMSE); family members over the age of 18 and who regularly visited the older adult; professionals with work activities who lived and interacted with the older adults and their families and who had worked for at least three months in the ILPI. Thus, general service professionals were also included, who daily cleaned and organized the rooms of the older adults, interacting with them in their activities.

Data was collected between May 2017 and January 2018, using the following techniques: passive observation, search for information in medical records, and individual semi-structured interviews. Passive observation was the first attitude taken by the researcher, to recognize the institutions and to know the routines adopted, the existing relationships and, also, to approach the possible participants. This stage was developed in a period prior to the beginning of the interviews, extending to all moments of permanence in the institutions, with the characteristics of the ILPIs, the interactions and perceived occurrences being taken down in the researcher's field diary.

Data collection in the medical records aimed at knowing the sociodemographic profile of the resident older adults and the clinical history of each of them and the medications for routine use, with an instrument developed by the researcher.

The semi-structured interviews were conducted individually, in reserved spaces of the institutions, using an instrument with questions that guided the research and which allowed outlining the sociodemographic profile of the participants. The interviews lasted a mean of one hour for the older adults and their family members and 30 minutes for the professionals. The recording was performed on a cell phone, with the participants' consent, and the lines were later transcribed in full.

The data were submitted to the content analysis proposed by Bardin. To organize the data, the Atlas.ti software for the analysis of qualitative data analysis (version 8) was used. Thus, the pre-analysis included the organization of the data, selecting the documents and inserting them in the software, through individual documents, resulting in 90 documents, total of participants, analyzed based on three groups: older adults, family members, and professionals. The exploration of the material consisted of coding the interviews, through the creation of *quotations* (important fragments) that, in sequence, received the codes related to each fragment. The treatment of the results was carried out based on the analysis and understanding of the *codes* and respective *quotations*.

The analysis resulted in the construction of three major thematic axes, coming from the interviewed groups of older adults, family members and professionals, namely: Perceptions of the older adults about the institutionalization process and living in an ILPI; Family members' perceptions of the institutionalization process and family care relationships; Professionals' perceptions of institutionalization

and family care relationships. Thus, in this study, the Meaning of care category, present in the three thematic axes, was analyzed.

The research was carried out with the prior authorization of the participating ILPIs and was also submitted to the Committee of Ethics in Research with Human Beings of the Federal University of Santa Catarina. The ethical, legal and moral precepts dictated by Resolution 466/12 of the National Health Council, which provides for the conduction of research studies with human beings, were respected. In order to preserve the participants' anonymity, they were identified as follows: Older adults, acronym I. (for "*Idosos*" in Portuguese), followed by the name of a flower and their true age; Family members, acronym Fam., followed by Arabic numerals according to entry in the research and degree of kinship; Professionals, acronym Profis. (for "*Profissional*" in Portuguese), accompanied by Arabic numerals, according to entry in the research and professional category.

The free and informed consent form was read and explained to the participants; once the doubts were resolved, this document was signed in two copies, one for each participant and one for the researcher.

RESULTS

The resident older adults participating in the research were 12 women and two men, aged between 77 and 93 years old, with a mean of 86 years old. The older adults presented some chronic disease, with predominance of Systemic Arterial Hypertension (SAH) and *Diabetes Mellitus* (DM), followed by Heart Diseases, Alzheimer's Disease, Osteoporosis, Stroke (CVA) Sequelae, Hypothyroidism, Dyslipidemia, Depression, Bipolarity and Parkinson's Disease. The older adults with diagnoses of Alzheimer's disease in the initial phase who were included in the study were those who reached a score equal to or greater than 25 points, as assessed by the MMSE scale.

The participating relatives maintained a routine of periodic visits to the older adults: 17% visited once a week; 57% once or twice a week and 26% more than twice a week. Among the 35 relatives, 30 were women and five men, aged between 49 and 73 years old, whose main degrees of kinship were daughters, nieces, daughters-in-law, grandchildren and wives.

The participating professionals were 41 individuals, 36 women and five men, aged between 20 and 60 years old, distributed in the following professional categories: caregivers of older adults; nursing technicians; nurses; general service assistants; coordination assistants; cooks; physical therapists; nutritionists; coordinator; speech therapist; psychologist; and hospitality supervisor. The working time of the professionals varied between four months and 22 years.

For this manuscript, the following categories were analyzed: Meaning of care, from the perspectives of older adults, family members and professionals. For better understanding, the results found are presented from the perspective of each group of participants.

Care for older adults

When asked about the meaning of care from their life experience and the current moment, the older adults pointed three main dimensions: technical care related to the institution, family care, and self-care.

The meaning of care was related to the institution itself as a space that ensures the provision of care needs for the older adults. This perspective reinforces the role of the ILPIs in the Brazilian scenario, in terms of supporting those who need long-term care and who have difficulties in performing basic or instrumental activities of daily living, such as control over the administration of continuous medications, food supplies and assistance for bathing, among other activities.

Also, the care related to the institution is characterized by the techniques used in the daily routine, especially by the Nursing professionals and caregivers. At this point, emotional and affective aspects were related to the technical procedure, with affection, attention and patience being essential requirements for people who exercise care: [...] *I think that care is like this: attention, affection. That is fundamental. See the need of the other. Mainly, being attentive to the person* (I. Petunia, 79 years old). [...] *for those who have to be cared for, having a caring, sweet, warm person and who treats people well* (I. Tulip, 87 years old).

The meaning of care linked to the role of the family members was evidenced through participation in the daily lives of the older adults, whether sharing meals, periodic visits or inclusion in family activities, in addition to the ILTI spaces, representing for the older adult a feeling of belonging to the family and possibility of maintaining affective bonds: [...] *they come to visit me, take me for a walk, to have lunch with them, all this is taken care of for me* (I. Violet, 77 years old).

Expressions of concerns on the part of the family members were very significant regarding care relationships, since they go beyond the dimension of care as an action, representing attitudes of accountability. For the institutionalized aged individual, concern is a way of realizing that the family gets involved with the institutions, sharing the responsibilities, thus refuting the status of abandoned older adult: [...] *care is concern, it starts there, when you worry* (I. Amaryllis, 88 years old). [...] *concern is really big* [...] *I don't have to ask for anything* (I. Daisy, 86 years old).

Self-care, although less mentioned, was also in the speeches of some older adults. Attitudes such as cutting and dyeing the hair, maintaining care of the feet and hands, choosing the clothes to wear and feeling good about hygiene, also cover issues of the older adults' autonomy over their own bodies, expressing desires and wishes about these attitudes: [...] *I do everything from head to toe. When I have an appointment, something to go to, I go* [...] *I'm not going to be all tousled, I'm going to be all tidy* (I. Lavender, 93 years old). [...] *it's taking care of people. Cleaning, people's health, that's it* (I. Orchid, 91 years old).

Care for family members

The meaning of care from the perspective of family members was related to the moment experienced with the institutionalization of the aged family member, mainly characterized by the dimensions of affective care, when providing comfort and technical care.

Care as an affective dimension was expressed by words such as love, affection, patience and dedication, mentioned by 14 family members. For some, this was the main support to be offered to older adults who were, especially, in a situation of high dependence, bedridden and with significant cognitive decline, as observed in the statements: [...] *what the home offers is the basics, it's what the mother needs to survive, but the mother's soul needs love, affection* (Fam.10, Daughter). [...] *looking above everything, first I think it's love, care is not just things we have to do, its love, affection, and I think that's what it's worth* (Fam.11, Daughter). [...] *care I think is that we give affection, give love to her, so it was what we already did at home, because she lacked nothing* (Fam.24, Daughter-in-law).

The dimension linked to providing comfort was related to the institutionalization itself, since the vast majority of the respondents considered the ILTIs to be the most appropriate places to offer assistance to the older adults. Likewise, the aspects related to attention refer to promoting everything that is necessary, so that comfort is achieved. In other words, it would be "taking care of care": being present at the institution, observing the care provided by the professionals involved, meeting the needs that, satisfied, can cause well-being and comfort to the resident older adult. Some statements clearly illustrate these aspects: [...] *knowing if she's being well cared for is already care, even though she knows that she has the necessary care here, I think it's important that we are always around to see if she really is being well cared for, if nothing is missing for her* (Fam.10, Daughter). [...] *first, it*

is that you keep your eye on top so that nothing is missing; second, it is you to preserve as much as possible what comforts her, I'm of the theory that if she likes feijoada, she's 93 years old, she has more than to eat, she has to die happy, not in full shape, this thing to cut the salt, cut it, cut it here... it did not produce pain, it produced satisfaction without producing harm or aggravating some harm: it does! this for me is care (Fam.09, Daughter). [...] for me, care is to be so close and to try as much as possible to meet her needs and make her comfortable, it's being available to listen to her within her requests and needs and trying to soften this exit portal that is difficult for many people, then, that's it (Fam.03, Niece).

The care related to the technique was also mentioned in some interviews; however, this aspect was never approached as an isolated element, on the contrary: it was always linked to another dimension. In other words, the participating family members, even pointing out technical care as relevant, demonstrated that it would not be enough to meet the needs in this stage of aging, associating it with affective, emotional, presence and comfort aspects: [...] *I think that he goes through the basic care part: feeding, hygiene, medication [...] and attention, affection, the way you read, the way you speak. The presence. I think my mother still has an affective memory, this is also part of care, to preserve it (Fam.01, Daughter). [...] care goes through several areas and through hygiene and through food and medical care, so it's a very constant concern, but there are other care actions that no one thinks that is emotional care; and what do these people who are here have different from you and me? Nothing. (Fam.11, Daughter).*

Care for professionals

For the interviewed professionals, care was not identified as an isolated action, or as the simple execution of techniques. When aspects of technical care were mentioned, there was a relationship with the affective character, demonstrating the need for technical ability to be linked to emotional ability to provide adequate care to the older adult, as evidenced: [...] *it's the way you pick it up, the way you talk, the way you switch. For me all this, to make a dressing, everything has to be careful. The essential thing for them is love and care. Treating with love and respect because, regardless of the pathology they have, they are human beings (Profis.01, Nursing Technician). [...] caring is giving affection, love, leaving it clean, always scented, attention, because the older adult need attention (Profis.37, Caregiver working in the Institution). [...] from giving them food and cleaning up the poop. Care is everything. Praise, say they are beautiful. I can't see them ugly. I tell them that they look beautiful. And then I see the sparkle in their eyes. I think that care is that too. Care is this transformation that you can see in the patient (Profis.39, Nursing Technician).*

As seen by the older adults and their families, the affective dimension was also evidenced in the professionals' speech, with love, affection and respect being the most prominent items in the interviews. Attentive posture, listening and patience also stood out as relevant elements to establish the care relationships between professionals and institutionalized older adults.

Unlike the other perspectives, some professionals used words that could generalize the meaning of care, in an attempt to expand and contemplate different aspects of this concept. Thus, words such as "everything", "all sectors of life", "integral", "general", "together" stood out in the interviewees' statements: [...] *the older adult came to be fully cared for, you have to look at all the aspects. And you have to respect before anything. Because if you don't respect, you don't love. The older adults have to be respected in their life history, in their affective memories, in their physical and emotional limitations. Then, care, here, encompasses many things (Profis.04, Coordinator). [...] care I think it must be general. From bathing, healing wounds, bruises, talking to him. [...] The older adult likes to be heard very much. I think that care involves many things [...] sharing the moment with*

him, understanding that their times are very different from ours (Profis.23, Caregiver working in the Institution).

Another aspect that differed in the interviews of the professionals was the care associated with altruism. Thus, words such as vocation, donation and love for others were mentioned by some participants, such as: [...] *care for me is to help the other. Looking at others in a more humane way [...]. Everyone needs a salary but giving a little love to your neighbor won't slow you down* (Profis.33, Nurse). [...] *I think it's her well-being, doing good for her, I see myself in person. I'm not going to mistreat a person, and then they end up doing something much worse for me. Care is love for the other, doing good, without looking at who* (Profis.34, General service assistant).

DISCUSSION

The results showed that the meaning of care for the interviewees was related to the current moment of life of the group to which they belong, whether of the resident older adults, family members or professionals of the ILPIs. However, some convergence points were highlighted in the different perspectives, especially in the aspects related to the affective dimensions, discussed below.

When considering that perceptions about the world, ideas and attributions are responses to stimuli in the environment in which they live and these responses are related to a certain definition, common to all who belong to the same community,¹³ the representations and meanings of the older adults living in an ILPI will be related to their own histories, common sense and the institutional socio-cultural context in which they are inserted.¹⁴

Starting from the assumption that long-term care institutions are characterized by a space for human interaction, whose representations can be created in the course of cooperation and communication, when it is sought to assign meaning to something, it is brought to the field of familiarity, in which such representations may be able to influence the behavior of the individual participating in the collective.¹³ Thus, when it is sought to understand the meaning of the same object, but from different perspectives, the movement that the representations can cause in groups are perceived.

The resident older adults meant care as activities performed in the ILPIs, especially when they needed assistance for some basic need, such as bathing, food and medication administration. Such care activities were especially related to the Nursing team and to the way they are treated by these professionals, with the attitudes of respect, affection and love expressed during care being valued.

In the same way, in a research study carried out on the representations of the isolated older adult, attitudes in the act of care, such as affection, attention, dedication and concern, exercised by the professionals, were valued by the older adults, represented by "knowing how to deal and knowing how to care". Care was also signified by warmth, attention and affection.¹⁴

ILPIs express the place where care must be performed, as identified by a group of older adults, who characterize the institution where they lived by meeting basic needs, such as food, hygiene, housing, rest and, also, spiritual.¹⁵ In a similar way, a study identified that the ILPI meant the possibility of feeling care as a way of maintaining life and optimizing well-being, motivated by the search for protection, shelter, security and social coexistence.¹¹

From the perspective of the family members, care was anchored especially in the current reality of institutionalization and health conditions for the older adult. The affective dimension was especially evident in cases where the older adults are in an advanced condition of weakness and, in this way, love and affection meant the most precious act of care that the family could demonstrate. At some moments, it could be inferred that there is a partnership system with the ILPI, even informal, in which the technical care provided by the professionals was complemented by the affective care provided by the family members.

In times of fragility for the older adults, family support is essential for maintaining their well-being and quality of life. A number of studies, from the perspective of social representations, point to the family as a relevant element for constituting the representation of old age, being an important support for more dependent older adults, as well as for coping with the losses that occurred in old age.¹⁶⁻¹⁷

Due to the feelings that may be involved at the moment of institutionalization, it is necessary to establish a relationship of trust between the family and the ILPI, allowing negative feelings to be minimized and this process to be successful. Thus, there is a possible fragility in the participation of the family members in care-related activities, since some relatives can transfer the care responsibility to the institution, moving away from living with the older adult.¹⁸

Regarding the family members who meant care as providing comfort, the reports showed the need to be constantly in the institution. Through the institutional routines, it was also observed that some family members adopted a posture towards the ILPI as a provider of assistance services, and not participating in an older adult-family-institution integrated network, as expected.

A number of studies have shown weaknesses in the relationship between family and institution. The established care routine itself proved to be an exclusion factor for family participation, since the predominant biomedical model adopted valued the performance of techniques by the professionals.¹⁹ Even in a group of family members participating in direct care for resident older adults, there were situations in which the professionals restricted or delimited the family's performance, especially in decision-making related to health conditions.²⁰

In the perception of ILPI workers, families rarely visited the institutions, being more present on commemorative dates, even evidencing situations of abandonment. Thus, for these professionals, it becomes indispensable to maintain and strengthen the family ties with the older adult, aiming at their well-being.²¹

From the professionals' perspective, the meaning of care was distinguished from the meaning of other findings since it was understood as expanded and integrated actions. In a study that analyzed the conceptions of care by formal caregivers of institutionalized older adults, it was identified that the caregivers had a fragmented view, dissociating care as the execution of tasks aimed at meeting the basic needs of the older adults, from the aspect of care related to attention, warmth, and affection.²²

Also, regarding the representations of care from the perspective of the professionals, segregation of care was identified, seeing it as an act of love, warmth and attention, not linked to capacity and technical knowledge. Two management models permeated the professionals' representations: the charity-based model and the biomedical model. However, both converge to the practice, in which professionals take responsibility for themselves, personally, for all actions that concern the older adults, without them being able to participate in decisions about their own daily activities.²³

When the professionals mentioned words that sought to expand and encompass the meaning of care, the need was expressed to incorporate dimensions beyond the technique, in the care of institutionalized older adults. In the ILPI under study, the performance of professionals from different backgrounds was observed, but all of them, in work processes, converged towards care integration.

In a study carried out on the practice of care for institutionalized older adults in the perception of the professionals, care was characterized by fragmentation and systematization, even though they recognized the importance of humanized care, considering the basic needs of the older adults. The importance of specific professional training and qualification in the field of Geriatrics and Gerontology is also emphasized, contributing to these health professionals being better prepared to face the current challenges.²⁴

Also corroborating these results, another study highlighted the relevance of valuing all knowledge areas involved in care, encouraging the team to adopt a broader and more responsible perspective,

considering the complexity and multidimensionality of the older adults, integrating them into the family, cultural, historical and social contexts.⁹

The ILPIs are characterized by the human relationships that comprise them, with the older adults, family members and professionals, whose generations of meanings are constructed or deconstructed in the agreements or disagreements. When considering the specificities of this environment, in which the groups build and share a set of knowledge, concepts and explanations about a certain fact or theme, during the interpersonal conversations they establish in daily life, the similarity found in care as an object of representation is understood.¹³

The convergence in the speeches of the three perspectives – older adults, family members and professionals – refers to affective aspects when caring, mainly including words such as love, affection and respect. Such affective dimension so inherent to human beings and in their relationships could be understood, based on Boff's reflections and Heidegger's influence, in which caring is represented by an attitude of occupation, concern, responsibility and affective involvement with the other. Going further, care would be the origin, prior to the attitude, "it means recognizing care as an essential way of being", being part of the constitution of the human being.²⁵

In the conception of the older adults, affection was more related to the professionals who worked directly in technical care, while in the conception of the family, it was related to presence, concern and meeting material needs. Such a distinction can be understood precisely by the care relationship as a work process, especially of the Nursing professionals. In a study carried out with ILPI Nursing workers, it was evidenced that the creation of bonds with older adults was related to feelings of pleasure in the work relationships, differentiating themselves from other environments that do not provide this interaction.²⁶

The study allowed the relationships of affection established between the older adults and the professionals to emerge from the speeches and observations, as well as in research whose creation of affective bonds transcended the professional relationship to the family relationship.²⁷

The affective component found in the result of this research is close to the Structural Approach, proposed by Abric, in the Theory of the Central Nucleus. According to this perspective, the social representation is characterized by being organized around a central nucleus, constituting one or more elements that give meaning to the representation. Considering that the structured knowledge of a representation is determined by the way individuals see and react to a given reality, the affective loads will compose the elements of a representation.²⁸

The representations are marked by affective loads, not only as mere constituents, nor even randomly in the studied representation structure, but they make up the socio-cognitive-affective structure coherent with the study object. In addition, in objects socially marked by the affective load, as in this research, which involves questions about family care for older adults, the affective elements are more evident, reinforcing the perspective that the representations go beyond the cognitive aspects, but that also enable social sharing of emotions.²⁸

Thus, in this research, it was noticed that the affective components were represented in the speeches of the three groups of interviewees, demonstrating an influence in the daily relationships that are constituted in the spaces of institutionalization and how the understanding of care is reflected in the inter-human dimension.

And, finally, in view of what has been presented, the following is pointed out as a limitation of the study: the fact that it was carried out only in private institutions but considering the weaknesses in family bonds in public institutions, it was decided to delimit the study to the ILPIs under study. In any case, the importance of carrying out studies in this field is also acknowledged, in all the realities that these services offer to the aged population.

CONCLUSION

This study made it possible to construct knowledge about the meanings of care in the relationships that permeate the ILPIs. Although it does not seek representation on the object of care, the Theory of Social Representations allows understanding the individuals and their way of acting in the face of the realities they must confront.

As a space of symbolisms and meanings, the reality of the ILPIs, in which the research participants are inserted, demonstrated that care can be understood in different ways, under different perspectives, but that it also allows for points of synchrony, as described in the results.

The ILPIs constitute themselves as providers of technical care, especially linked to professionals who provide direct care to the residents. However, in the results found, it was emphasized that the technical dimension was not isolated, under any perspective; on the contrary, it was linked to emotional and affective aspects. Such results are important to build a new perspective on institutionalization, expanding the possibility for more humanized and supportive care for the older adults, who generally are very fragile.

The professionals sought to bring care to a more expanded dimension, referring to the importance of the multidimensionality of the older adult. Thus, it was significant for the research not to include only Nursing professionals, considering that care does not materialize as an isolated element, but requires a multidisciplinary approach.

REFERENCES

1. Ministério da Fazenda (BR). Envelhecimento da população e seguridade social. Brasília, DF(BR): Ministério da Fazenda; 2018. [cited 2019 Jul 19]. Available from: <http://sa.previdencia.gov.br/site/2018/06/colprev37.pdf>
2. Ghelen MH, Pereira AD. Enfermagem em gerontologia. Porto Alegre, RS(BR): Ed. Moriá; 2018. 190p.
3. Roquete FF, Batista CCRF, Arantes RC. Care and management demands of long-term care facilities for the elderly in Brazil: an integrative review (2004-2014). *Rev Bras Geriatr Gerontol [Internet]*. 2017 [cited 2018 Jul 10];20(2):288-301. Available from: <https://doi.org/10.1590/1981-22562017020.160053>
4. Miranda GMD, Mendes ACG, Silva ALA. Population aging in Brazil: current and future social challenges and consequences. *Rev Bras Geriatr Gerontol [Internet]*. 2016 [cited 2019 Jul 08];19(3):507-19. Available from: <https://doi.org/10.1590/1809-98232016019.150140>
5. Camarano AA, Barbosa P. Instituições de longa permanência para idosos no Brasil: do que se está falando? In: Alcântara AO, Camarano AA, Giacomini KC, eds. Política Nacional do Idoso-velhas e novas questões. Rio de Janeiro: IPEA; 2016. p. 479-514.
6. Ministério da Saúde (BR). Cadernos de atenção básica 19. Envelhecimento e saúde da pessoa idosa. Brasília, DF(BR): MS; 2006.
7. Medeiros FAL, Oliveira JMM, Lima RJ, Nóbrega MML. The care for institutionalized elderly perceived by the nursing team. *Rev Gaúcha Enferm [Internet]*. 2015 [cited 2018 May 15];36(1):56-61. Available from: <https://doi.org/10.1590/1983-1447.2015.01.45636>
8. Coimbra VSA, Silva RMCRA, Joaquim FL, Pereira ER. Gerontological contributions to the care of elderly people in long-term care facilities. *Rev Bras Enferm [Internet]*. 2018 [cited 2019 Jul 08];71(Suppl 2):967-75. Available from: <https://doi.org/10.1590/0034-7167-2017-0357>

9. Quadros MRSS, Patrocínio WP. O cuidado de idosos em instituições de longa permanência e em centros-dia. *Rev Kairós* [Internet]. 2015 [cited 2018 Jul 20];18:77-97. Available from: <https://revistas.pucsp.br/index.php/kairos/article/view/26601/19028>
10. Camargos MCS, Santos MCV, Bomfim WC, Silva KR. Viver em instituição de longa permanência: o olhar do idoso institucionalizado. *Rev Kairós* [Internet] 2016 [cited 2019 Jul 08];19(3):135-50. Available from: <https://revistas.pucsp.br/kairos/article/view/32358/22372>
11. Gomes RM, Rocha JO, Santos MCQ, Sales ZN, Linhares EF, Bastos NLMV. Significado da vivência em instituições de longa permanência. *Id Online Rev Psicol* [Internet]. 2018 [cited 2019 Jul 08];12(40). Available from: <https://idonline.emnuvens.com.br/id/article/view/1166/1696>
12. Ferreira FPC, Bansi LO, Paschoal SMP. Aged care services and home health care and institutional strategies. *Rev Bras Geriatr Gerontol* [Internet]. 2014 [cited 2018 Jul 10];17(4):911-26. Available from: <https://doi.org/10.1590/1809-9823.2014.13053>
13. Moscovici S. *Representações sociais: investigações em psicologia social*. Petrópolis, RJ (BR): Editora Vozes; 2007.
14. Souza DM, Rosa DOS, Souza MM. Representações do idoso asilado sobre os cuidados da família. *Rev Kairós* [Internet]. 2011 [cited 2018 Jul 15];14(30):149-65. Available from: <https://revistas.pucsp.br/index.php/kairos/article/view/6498/4711>
15. Oliveira JM, Rozendo CA. Long-stay institutions for the elderly: a place of care for those who have no choice? *Rev Bras Enferm* [Internet]. 2014 [cited 2018 Aug 17];67(5):773-9. Available from: <https://doi.org/10.1590/0034-7167.2014670515>
16. Brito AMM, Camargo BV, Castro A. Social Representations of Old Age and Good Old Age Among Elders and Their Social Network. *Rev Psicol IMED* [Internet]. 2017 [cited 2018 Oct 01];9(1):5-21. Available from: <https://doi.org/10.18256/2175-5027.2017.v9i1.1416>
17. Santos FS, Júnior JL. O idoso e o processo de envelhecimento: Um estudo sobre a qualidade de vida na terceira idade. *Id Online Rev Psicol* [Internet]. 2014 [cited 2018 Oct 01];8(24). Available from: <https://idonline.emnuvens.com.br/id/article/view/300>
18. Brandão VC, Zatt GB. Percepção de idosos, moradores de uma instituição de longa permanência de um município do interior do Rio Grande do Sul, sobre qualidade de vida. *Aletheia* [Internet]. 2015 [cited 2019 Jul 08];46:90-102. Available from: <http://pepsic.bvsalud.org/pdf/aletheia/n46/n46a08.pdf>
19. Rodrigues-Martin B, Martínez-Andrés M, Notario-Pacheci B, Martínez-Vizcaíno V. Conceptualizations on care for persons with dementia in nursing homes. *Cad Saúde Pública* [Internet]. 2016 [cited 2018 Jul 16];32(3):e00163914. Available from: <https://doi.org/10.1590/0102-311X00163914>
20. Baumbusch JL, Phinney A. Invisible hands: The role of highly involved families in long-term residential care. *J Fam Nurs* [Internet]. 2014 [cited 2018 Jul 16];20(1):73-97. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/24122579>
21. Santos NO, Beuter M, Perlini- Girardon NMO, Paskulin LMG, leite MT, Budó MLD. The perceptions of workers in a long-term care institution for older adults regarding the family. *Texto Contexto Enferm* [Internet]. 2014 [cited 2019 Aug 25];23(4):271-8. Available from: <http://doi.org/10.1590/0104-07072014003170013>
22. Vieira CPB, Gomes EB, Fialho AVM, Silva LF, Freitas MC, et al. Concepções de cuidado por cuidadores formais de pessoas idosas institucionalizadas. *Rev Min Enferm* [Internet]. 2011 [cited 2018 Jul 16];15(3):348-55. Available from: <http://www.reme.org.br/artigo/detalhes/44>
23. Barbieri NA, Sarti C. Too much love: institutional care for old age. *Vibrant* [Internet]. 2016 [cited 2018 Jul 16];16(1). Available from: <http://www.scielo.br/pdf/vb/v13n1/1809-4341-vb-13-01-00071.pdf>

24. Damaceno DG, Chirelli MQ, Lazarini CA. The practice of care in long-term care facilities for the elderly: a challenge for the of professionals. *Rev Bras Geriatr e Gerontol* [Internet]. 2019 [cited 2019 Jul 12];22(1):e180197. Available from: <https://doi.org/10.1590/1981-22562019022.180197>
25. Boff L. *Saber Cuidar: ética do humano - compaixão pela terra*. [Internet]. Petrópolis, RJ (BR): Editora Vozes; 2017.
26. Mariano PP, Baldissera VDA, Martins JT, Carreira L. Nursing work organization in long-stay institutions for the elderly: relationship to pleasure and sufferin at work. *Texto Contexto Enferm* [Internet]. 2015 [cited 2019 Aug 25];24(3):756-65. Available from: <https://doi.org/10.1590/0104-070720150-1150014>
27. Mariano PP, Carreira L. Pleasure and suffering in the elderly care in long-term care institution: perception of nursing workers. *Esc Anna Nery Rev Enferm* [Internet]. 2016 [cited 2018 Jul 10];20(4):e20160088. Available from: <https://doi.org/10.5935/1414-8145.20160088>
28. Campos PHF, Rouquette ML. Abordagem estrutural e componente afetivo das representações. *Psicol Reflex Crit* [Internet]. 2003 [cited 2019 Oct 01];16(3):435-45. Available from: <http://www.scielo.br/pdf/prc/v16n3/v16n3a03.pdf>

NOTES

ORIGIN OF THE ARTICLE

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CONTRIBUTION OF AUTHORITY

Study design: Lourenço LFL, Santos SMA.

Data collection: Lourenço LFL.

Data analysis and interpretation: Lourenço LFL.

Discussion of the results: Lourenço LFL, Santos SMA.

Writing and/or critical review of the content: Lourenço LFL, Santos SMA.

Review and final approval of the final version: Santos SMA.

APPROVAL OF ETHICS COMMITTEE IN RESEARCH

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CONFLICT OF INTEREST

There is no conflict of interest.

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