

SPEECH THERAPY AND NURSING UNDERGRADUATES' PERCEPTIONS ON AGING PROCESSES AND EDUCATION FOR ELDERS' CARE

Percepções dos acadêmicos de fonoaudiologia e enfermagem sobre processos de envelhecimento e a formação para o cuidado aos idosos

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ABSTRACT

Purpose: to identify speech therapy and nursing undergraduates' perceptions on aging and education for elders' care. **Methods:** twenty-five (25) speech therapy and nursing undergraduates participated in the study from public and private colleges located in southern Brazil. A thematic interview guide with open questions was used for data collection. Data organization and analysis followed the steps proposed by the technique of the Discourse of the Collective Subject, which uses four methodological figures – anchoring, central idea, key phrases and discourse of the collective subject. **Results:** six central ideas and respective discourses emerged from the participants' accounts, which address aging and elders' care in a theoretical and practical view. **Conclusions:** undergraduates view aging as a natural process, however permeated by multidimensional modifications and changes. They point out that multiprofessional care is essential in elders' health care, however undergraduate education is neither specific nor sufficient for elderly-oriented professional practice.

KEYWORDS: Aging; Education, Higher; Nursing; Speech, Language and Hearing Sciences

■ INTRODUCTION

The progressive increase of longevity worldwide shows the relevance of developing studies in order to deepen understanding on human aging process, as well as the increment of professional training for the elderly population health care. Currently, aging is understood as a multidimensional, multifactorial process comprising not only biological, physiological aspects but also social, economic, psychological, ecological, cultural and spiritual ones¹. Human aging is followed by morphophysiological changes, mostly resulting in the human organism decay, "such changes often contribute to the onset of illnesses, which explain elderly vulnerability"².

According to the literature, there are several ways to conceptualize aging and old age, however, the most important is not to understand human beings in a fragmented way, decomposed in consecutive

phases leading to old age, but in a biopsychosocial perspective which entails each individual's living experiences³.

The elderly population over 60 years old corresponded to 6.07% of the whole Brazilian population in 1980, reaching 10.79% in 2010, according to data from the Brazilian Institute of Geography and Statistics (IBGE, in Portuguese). Estimates point to an escalating increase in the elders' population in Brazil, getting to 14% in 2020, and 30% in 2050. Nowadays, Brazil has over 20 million elders. In Paraná State, life expectation from 2005 to 2010 was 74.7 years old from 73.5, being 71.6 years to males and 77.4 years of age to females. In 2010, the number of elders reached 20.13% of the State population. In Curitiba and its Metropolitan area (Paraná State), there are over 300,000 elders⁴. Statistical data show that "the elderly population's growing pace in Brazil will be significantly higher than the one in more developed societies last century"⁵.

Thus, society must be prepared to meet the economical, social and health demands of this age

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Conflict of interest: non-existent

group. However, studies have pointed out concern on the poor development of gerontological, geriatric knowledge among health professionals, and also the lack of synchrony between higher studies institutions and the new demographic and epidemiological reality. This lack of synchrony along with the increase in lifespan brings about scarcity of human resources and materials in elders' health care⁶⁻⁸.

Educational institutions must rethink learning-teaching process in order to qualify health professionals who meet the population's health needs such as the elders⁵. That demand was pointed out by the National Policy for the Elderly which established as competence of the Ministry of Education and Sports along with federal, state and municipal educational agencies, "the incentive to include contents on aging process in their educational programs, and disciplines of Gerontology and Geriatrics in the curricula of superior educational courses"^{6,9}.

The Health National Policy for the Elderly, approved in 2006, claims that elderly care demands a global, interdisciplinary, multidimensional approach (...), and qualified health professionals for elders' health care¹⁰.

Gerontological and geriatric care requires the engagement of qualified professionals from different areas of knowledge, among them, nurses and speech therapists, focused on this study. Nursing has space for a broad performance, either in elderly assistance and care, or specially in health promotion and education for this age group.

Elders' care is long and distinct, thus in the past decades concern, on the part of health professionals, who deliver care to this population, has increased. Those have been challenged in their actions to stimulate healthy aging of the population, considering elders' promotion and protection under a perspective of valuing the human being¹¹.

Communication takes on significant importance in the interaction of elders with their surroundings, and in this aspect, speech therapists are enabled to work on some aging changes as well as on others which can be avoided and/or treated.

Speech therapy, in relation to the elderly care, tries to establish conditions for the elders in their environment to get appropriate communicative resources which better fit their needs. In addition, it focuses on enhancing elders' autonomy, keeping their independence as long as possible¹².

In addition to the inclusion of Geriatrics and Gerontology discipline in graduation curricula, it is necessary to build a nationwide culture of elderly care in order for the access, welcoming, integrated care and health care rights to be really effected in this age group⁶.

In the light of the aforementioned, this study objectifies to identify speech therapy and nursing undergraduates' perceptions on aging and qualification for the elders' health care.

■ METHODS

Legal and ethical principles were considered in this study by means of the approval of the Ethics Board in Research from the University responsible for the project, under protocol number 04130612.2.0000.0096.

It is a qualitative study which used the Discourse of the Collective Subject (DCS) as the proposed methodology for data organization and analysis.

Twenty-five speech therapy and nursing undergraduates were the subjects in this study from two public and two private universities located in the capital city and interior of Paraná State. Among those, fifteen were from the Nursing course and ten were from the Speech therapy course. Students' inclusion criteria were to be enrolled in the 8th period of the Nursing or Speech therapy course, in an institution of higher studies offering the respective courses for over ten years, and undergraduates who had already rendered elderly care during their field training.

Twenty-four out of twenty-five undergraduates were females, all of them in the 8th period of the Nursing or Speech therapy courses, eight had already taken a Technical Course, one had already taken a Teaching Course and one was a Business graduate. Subjects' average age was 27.8 years.

For data collection, semi-structured interviews were held with a thematic interview guide, entailing open questions recorded in digital media device. Information was collected between August 15th, 2012 and January 15th, 2013.

The discourse of the collective subject is a technique of organization and analysis of qualitative data, verbal in nature, collected by means of accounts. The technique comprises four methodological figures: anchoring (optional figure, not used in this study), central idea, key expressions, and concluding with the construction of the discourse of the collective subject⁹.

The central idea is a statement expressing the essence of the discourse content verbalized by the subjects in their accounts. Key expressions are parts of the subjects' literal discourses, taken from the body of information. The "Discourse of the Collective Subject" is the discourse description which represents the coding of the essential parts of the discourses of each subject in a study, that is, it consists of the synthesis of all the subjects'

accounts, meaning that an individual discourse takes on the shape of a collective discourse^{13,14}.

For the organization of the collected data, the steps proposed by the DCS methodology were used: a) to analyze each research issue individually; b) to identify and highlight the key expressions in the central ideas of each answer; c) to identify the central ideas from the key expressions; d) to group the central ideas with similar meaning or equivalent meaning, or with complementary meaning; e) to create a central idea which expresses all the ideas with similar meaning, and f) to build the Discourse of the Collective Subject (DCS)^{13,14}.

■ RESULTS

In the results, the synthesis of the final steps used in the construction of the DCS is presented – the Central Ideas (CI) and the Discourses of the Collective Subject (DCS) which emerged from the speech therapy and nursing undergraduates' accounts.

CI: Natural, healthy aging, something to be cultivated

The undergraduates were invited to report how they perceive their aging process, their parents' and their grandparents', aiming to identify the discourses and their understanding on aging, and further their relation to health care.

Speech therapy and nursing undergraduates' discourses reflect their understanding on aging as a natural process; however, a healthier one, with more quality of life as they have more knowledge on health.

DCS:

"I see aging as a life stage. I think of having a natural aging. (...) Nowadays, women try to conceal aging, getting old. (...) I think my aging process will be better than my mother's, my grandparents'. (...) I view aging as something positive, growing old and being a helpful person. Growing old isn't the problem, it's natural to grow old, but taking some care is necessary for aging with quality of life. Knowledge on the aging process is essential to know what is good for you, and what it isn't. I advise elders, who live alone, to visit their children and grandchildren in order for them not to feel lonely, (...) I can perceive some changes in their thoughts, beliefs and life ideologies. They can already associate and accept changes in their lifestyles in a natural way, which used to be totally unacceptable". (Speech therapy undergraduates)

I have a notion of the aging process, of what is to happen, I want to study in order to have a calmer old age. (...) I think I'm taking care of myself while I'm growing older (...), I go to the gym, I've stopped smoking. (...) I've changed my diet, I used to eat very badly, now I'm eating better, I'm aware that everything I do now, will have future consequences. (...) It's a life stage when you'll harvest what you've grown and sown – love, care, tenderness, I take care of my daughter and my parents. (...) My parents' aging won't be as troubled as my grandparents' who didn't have any knowledge or health care, now it's different. I share knowledge with others, but first I need to take care of myself, and then, of the others. (...) I believe that aging is a natural process that happens to everybody, leading to death". (Nursing Undergraduates)

CI: Neglect to elders' care

Undergraduates' accounts express concern in relation to the neglect that elders have been treated. Negligence toward the elderly is evidenced on the part of health care professionals, and on the part of their families as well.

DCS

"My job in clinical practice was important to me as much as to the elders, (...) by listening and talking to them, I started having a different view. (...) I think they have a lot to tell and few people are willing to listen to them. (...) They need a lot of attention, I turned my attention to them and showed them that I wasn't worried about the time, about finishing soon and sending them away. (...) I believe this should be routine in health care services, mainly welcoming them. (...) I met a proactive old man. Different from that idea of elders who stay at home. Sometimes, we notice that an elder is more proactive than a young person. (...) There are elders neglected by their families, they need to talk, tell you about their lives, I think they miss someone to welcome and really take care of them". (Speech Therapy Undergraduates)

"In practice, I notice that the staff (...) neglects the elders, (...) ongoing education has been lacking for health professionals to work with elders (...) to show that many things could be different. Caring could really differ. (...) When I deliver care to an older person, I need to explain what I'm doing so that he/she can understand, (...) we always have to be talking to them. (...) I need to deliver care to the patient as a whole. (...) They think they still

have the same flexibility, the same access to things they used to when they were younger, but they don't. (...) I rendered care to an elder man who had few visits, (...) he complained about being in bed, he had ulcers. (...) There are elderly people who grow old and lose their autonomy, and there are others who keep it. That's the difference". (Nursing Undergraduates)

CI: Valuing elders' singularities in health care

Knowledge on the singularities of the aging process, sensitiveness, respect for sociocultural aspects and patience may facilitate elders' health care. Differences/specificities while caring for the elders must be valued in multiprofessional caring.

DCS:

"I have to know how to approach an elderly person, so that they accept my services, without imposing or treating them as disabled. (...) I believe you can't treat everybody alike, because it's necessary to consider subjects' lives, their problems and their specificities. (...) I understand that it's essential to comply with sociocultural aspects while caring. (...) I think they deserve a little more attention, welcoming them, listening, a special look to the elders, because they get weaker and slower due to the aging process". (Speech Therapy Undergraduates)

"In the elderly health care, it's necessary to work out the multiprofessional aspect. (...) If I carry out a good physical check and nursing consultation, I can already perceive whether the elder person has certain impairment or he/she's totally dependent. (...) While prescribing care, I must take into account patients' cultural and social issues. (...) It's necessary to have sensitiveness and patience. Many people aren't sensitive enough to deliver individual care. (...) I need some knowledge on the physiology of the aging process in order to realize that adult care differs from elderly care in some details and parameters. (...) Not paying attention to these differences may lead to some complications. (...) I think that such a difference must not be used to discriminate or stigmatize the elderly. (...) They have impairments and frailties as a result of the aging process, care rendered to dependent elders requires more time". (Nursing Undergraduates)

CI: Theoretical approaches on aging during graduation

In the accounts of the research subjects, knowledge from the theoretical contents focus on disease and are scarce, but they help understand aging specificities and specific elderly health care.

DCS:

"Aging stages, elders' needs, Parkinson's, Alzheimer's diseases and CVA were addressed. (...) I've also learned about elders' sensory impairments, specifically in their speech. (...) In preventive speech therapy discipline, I've studied public policies aiming at elders. (...) I need to attend a specialization course, and search for more because it was superficial, really basic. [...] I've learned the importance of elders' quality of social life, living with their families". (Speech therapy Undergraduates)

"I had contact with the aging theme during the discipline adult's health in the 5th period, a very brief discipline. (...) All physiopathologic process, actions of urgency and emergency using the protocol were addressed. (...) I noticed that elders' health care is very specific. (...) During aging, a progressive degeneration occurs, bringing about frailty. (...) I shouldn't assume that an elderly person is ill only for suffering from some pathology. (...) In the content, I went over lung diseases, diabetes, hypertension and others which elders may suffer from, elders' and clinical psychology, elders' health care in all aging stages, in primary and hospital health care. (...) I noticed it's very different from child's or young people's health care because the elders have their own pace". (Nursing Undergraduates)

CI: Theoretical-practical relationship in elders' health care in graduation

The DCSs point to the theory-practice relationship as necessary knowledge to underpin elders' health care process, as well as the understanding that there are differences between normal and pathological aging process.

DSC:

I've carried out swallowing assessment because most elders had suffered Cerebrovascular Accident, and couldn't swallow. (...) Elders with hearing impairment received a hearing aid, and I provided instructions on cleaning, maintenance, battery replacement. (...) I consulted an elderly patient who was wearing a dental prosthesis and had a problem in the jaw articulation,

that's why she couldn't communicate well. (...) I also delivered care to others with cancer-related problems, with venous and arterial ulcers. (...) I got to know elderly dysphagia, a serious condition that I didn't know of". (Speech therapy Undergraduates)

"In physiology, I've learned about the healing process, and that vision and hearing weaken, and also about nutrient uptake. (...) What was addressed in theory, was applied in practice. (...) Knowledge enables nurses to enhance their work process, communication and bonding with elders because they get closer to patients and their family. (...) I've learned that there's a difference between a natural aging process – the senescence – and the pathological one – the senility, which brings about changes in elders' quality of life. (...) I understand that elders are debilitated, I must be careful on how to treat that person, I can't infantilize but treat them in a special way, not differing the treatment." (Nursing Undergraduates)

IC: Consequences and influence of communication disorders in older people's life and health care

The students point out hearing, swallowing and speech disorders that elderly people suffer from and their consequences along the course of life.

DCS:

"I think that aging weakens ear anatomy, furthering hearing loss. (...) Along the time, hair cells of the inner ear get damaged, and presbycusis occurs. (...) Elderly people presenting significant hearing loss must wear a hearing aid. However, most of them can't adapt to it and their family doesn't follow them up. (...) I think I'm not qualified to work with that. I've realized how difficult it is for elders with hearing impairment to socialize with their family, this ends up hindering communicative process, and the possibility for any interaction. (...) We can only observe swallowing disorders if they complain about or come to be evaluated. (...) Swallowing becomes harder and slower due to the lack of teeth or ill-fitted prosthesis. (...) If an elderly person has cough, throat clearing, this signals aspiration, I must be alert for dysphagia". (Speech therapy Undergraduates)

"I had trouble with a hearing-impaired patient, I couldn't understand because he had left his hearing aid in the emergency; wearing that, the problem was solved. When patients have hearing impairments, shouting doesn't help,

I talk, mime, they understand and reply, I must be patient. (...) I think nurses rush to do their job and forget to listen to their patients. (...) I think patients who present swallowing impairment after nutritional therapy with orogastric, nasogastric or nasoenteric tube, need nursing bedside follow-up. (...) I believe that in the transitional phase to oral feeding, it's important to check if the older person presents any swallowing difficulties for solid or very liquid food in order to prevent bronchoaspiration. (...) Food and nutrition are also affected by missing teeth". (Nursing Undergraduates)

■ DISCUSSION

Speech therapy undergraduates' DCS points out the need to know about the aging process to get to old age in conditions to live it at its full.

The inclusion of Gerontology and Geriatrics contents, specifically in the curricula of graduation courses from the health area, may reflect in the professionals' qualification to concentrate resources and assist the growing number of elders with competency. However, according to the authors, it is deemed necessary to foster undergraduates' awareness regarding their own aging process⁸.

Aging is viewed by the undergraduates as the result of the lifestyle adopted along the years. They believe that knowledge, information and understanding on health care may help the population live better and face the aging process in a positive way. This claim corroborates the statement that subjects involved in nursing care understand elders' care according to their perception of the aging process, how it happens in their family and social contexts and how they interpret it themselves¹⁵. University has the social role of graduating qualified health professionals so that they can develop care strategies aiming to improvement and quality of life in old age¹⁶.

A study carried out to analyze nursing qualification and updating in the area of human aging from hospital network in a regional health center in Rio Grande do Sul state, showed that nursing professionals have positive expectations regarding their own aging process, viewing possibilities to have a more stable financial status, which will enable them to live through this last life stage quietly and pleasantly. To fulfill that, they propose some conditions that should be effected throughout adulthood, such as having a job and a family¹⁵.

It is relevant that content on human aging be part of the curriculum of health graduation courses, so that teachers think over their aging process as well

as their students'. This consideration may lead to the construction of a critical thinking in this aspect. Viewing aging as a social issue, it should be part of school curricula, by addressing it through cross-linked themes¹⁷.

Authors claim the need to include gerontology contents in graduation as many nursing professionals assume that they aren't prepared to work in this area. They mention caring experience as a facilitating strategy in sites that provide conditions for living qualification and elders' care¹⁸.

By comparing speech therapy and nursing undergraduates' speeches, it is perceived some uneasiness on the way elders are treated and cared in daily practice in both of them. Participants in the study recognize the importance of a differing practice in elderly people's healthcare, and the need of ongoing knowledge acquisition so that it can really occur.

Authors point out that professionals often feature a domination-subordination behavior while rendering care to the elderly or guiding their family members, based on a strictly biological view of the health-disease process, disregarding individual features and needs of the ill being and the people involved in their daily care¹⁹.

Elders due to their features require increasing care. Therefore, Geriatrics and Gerontology disciplines in graduation courses may provide undergraduates with the proper knowledge on human aging process, in its biopsychological, socioeconomically, environmental aspects. Such knowledge enables to qualify professionals capable of perceiving the shortcomings and idiosyncrasies of this life stage, thus providing elderly people with better quality care⁸. Therefore, it is deemed necessary that health professionals who render care to elderly patients, know and distinguish the body of physiological changes in aging, named "senescence", from pathological aging or senility²⁰.

Study aiming at describing health undergraduates' perceptions on the specificities regarding academic practices toward the elders, evidenced that students learned to be more respectful to elders, and their patience and listening skills were enhanced as well as a better understanding of family relations²¹.

Speech therapy and Nursing undergraduates call the attention to care diversity, pointing that it is necessary to take into account the aspects that elders consider relevant such as respect for cultural and social issues. Different authors²² understand that some aspects must be prioritized in elders' health care, for example, knowledge refinement assuming that human beings present diverse needs in the distinct stages of their lives regarding values,

beliefs and perspectives of each individual. Another aspect to be considered is the term aging, which is not currently related to a negative connotation of old age, but something achievable that must be lived, with all the vital potentiality linked to age advance.

Attention and respect to elderly care specificities are the keynote in nursing and speech therapy undergraduates' speeches. Authors⁸ claim that elders' issue deserves a careful look on its specificities and health needs. Thus, it is necessary to know the chronological concept of aging, geriatrics and gerontology concepts, besides others, such as autonomy, independence, self-care, and other changes occurring along with the aging process. Such understanding enables health action planning in an individualized, more effective way. Elderly population requires new demands, which impose challenges to meet them as they can present chronic-degenerative polymorbidities. Multiple illnesses may lead to dependences which demand conceptual understanding and refinement, such as health promotion, disease prevention, remedial care, support, social support and frailty. The population aging, according to the literature²³, comes with a higher load of diseases, more impairments and increase in the use of health services.

Aging is manifested by the failure in the functions of many organs, which differs not only from an organ to the other, but also from one older person to another in the same age group, therefore, it is deemed necessary to consider natural aging-related issues as well as perceiving this moment as the possibility of more specific health care, taking into account the distinct and natural shortcomings that aging features²⁴.

Literature points out that patients should be ideally consulted by a multiprofessional team with an interdisciplinary performance, which is not always possible, mainly elderly patients due to the diversity of aspects related to the natural process of aging, to the innumerable chronic diseases that elders usually suffer from, and psychosocial phenomena frequently associated as causes and/or consequences²⁵.

By confronting speech therapy and nursing undergraduates' accounts, it is evident the need of more hours available for the discipline of gerontology in graduation for better professional qualification. This apprehension is shared by authors in the literature, claiming that Geriatrics and/or Gerontology contents, and their brief introduction in graduation curricula cause qualification in this area to face a bigger challenge⁸. Current curricula do not provide proper training "to the demographic and epidemiological profile" if you keep in mind current population aging. Educational changes in

the graduation of health professionals “with specific skills and competencies to deliver elders’ health care, do not generally meet the fast population aging experienced in Brazil”^{4,7,10,12}

Thus, it is necessary to invest in the qualification of health professionals as a priority in the educational system, considering the current national age change, with a predicted increase in the over-60-year-old population for the coming years. A strategy to qualify professionals must be considered, aiming to perceive the context of individual and social aging, focusing on what is being taught in graduation, and leading undergraduates to participate in the aging process²².

Professionals must know social and health reality of this population group, the existing technologies, the available resources and legal devices as concrete instruments for the development of health actions. Recent study²² evidenced the need of constant assessment of the teaching-learning process to qualify professionals, encouraging check on how knowledge is being built, and undergraduates’ perception regarding the proposed contents.

Nursing undergraduates’ accounts call the attention to the importance of distinguishing normal aging process from the pathological one, and that is only possible if you have the specific knowledge to deliver care. Literature⁶ reinforces students’ accounts, claiming that elders due to their specificities in the human aging process require multi-dimensional care, which entails social, political, cultural and economic aspects, among others. Thus, it is imperative to struggle in order to treat hospitalized elderly patients distinguishing their specificities, encouraging their independence, and reassuring the respect for their autonomy to make them health care protagonists, and health professionals, supporters of the process²⁶.

Among the deficits presented by the elders, speech therapy undergraduates point out the physiological hearing decline. The decline in the hearing sensitiveness or the physiological hearing decline, known as presbycusis, is one of the most frequent impairments in elders’ lives²⁷. It is indispensable for the speech therapist to be attentive, searching for mechanisms that may keep the necessary hearing skills in order to secure the maintenance of communication among people¹².

Speech therapy and nursing undergraduates’ accounts resemble what is expressed by authors²⁶ in the literature when they claim that elderly people have faced many difficulties. The elders still need to face the difficulty in communicating with others due to aging-related hearing loss, which may hinder their relationship to family members and friends. That is, one more impact in their psychosocial life. Current studies report that aging makes the elders prone to

natural age shortcomings, pointing to the decline in vital functions, the decline in visual and hearing acuity, decrease in tactile and pain sensitivity.

In a research study carried out to verify the occurrence of speech, voice, hearing impairments as well as food disorders in older people living in a nursing home in São Paulo city, Brazil, it was concluded that elders presented a high incidence of speech and hearing complaints, reflecting on their physical and emotional well-being. That may hinder elders’ social interaction, which would justify a systematic speech therapeutic action as a routine element in multiprofessional care at nursing homes. Such an initiative will contribute for the promotion of elders’ health, bringing about better quality of life for those people²⁸.

Elderly people with hearing impairment may present memory loss, causing those individuals some constraints to perform daily activities. This, in turn, may hinder elders’ conditions of autonomy and independence facing the challenges of family, professional and social interactions. Older people, quite often for lack of understanding or inadequate responses, and misunderstandings, may be taken to situations of frustration, isolation or neglect by their family¹². Aging must be considered a natural stage of life, however, this does not occur, as older people are neglected by their own family in situations such as getting dependent, less healthy, becoming a burden for their family and the State²⁹.

Results in this study, aiming to apprehend health team’s view on elders’ health care, point to the high importance that professionals attribute to older people’s multiprofessional health care, besides recognizing the need of family support in order to improve elders’ health conditions. Authors concluded that aging process is viewed as a natural process, and family participation is essential for the quality of care³⁰.

Difficulties reported by the participants in this study, related to older people’s diet and swallowing, are also pointed by literature³¹, disorders that mostly hinder elders’ well being are directly related to swallowing. Elders’ diet conditions change mainly by the loss of structures and functions during the aging process, as well as the onset of mouth diseases, fostering the decline in elders’ quality of life.

■ CONCLUSION

Older people present speech and hearing disorders which reflect on their physical and emotional well being. Elders’ health care has its specificities; therefore, professionals delivering care to elders need the support of specific knowledge.

In the undergraduates’ view, older people’s health care must have a multiprofessional focus,

being essential other professionals' participation and cooperation for care planning and elders-related problem-solving, regarding humanized, integrated care to be delivered to that population.

Accounts pointed to the relevance of speech therapy and nursing professionals for elders' health care, however, they think that gerontology teaching in graduation is still incipient. In order to bridge this

gap, they evidence the need of a specialization course in this area.

It is perceived that despite the existence of legislations pointing to the need of elderly health care qualification in the graduation, justified by the fast increase of this age group in the national context, there are few Higher Studies Institutions which have already adapted their curricula to meet this demand.

RESUMO

Objetivo: identificar as percepções dos acadêmicos de fonoaudiologia e enfermagem sobre o envelhecimento e a formação para o cuidado ao idoso. **Métodos:** participaram do estudo vinte e cinco acadêmicos de Fonoaudiologia e Enfermagem, de faculdades públicas e privadas, situadas na região sul do Brasil. Para a obtenção das informações, utilizou-se de entrevista com roteiro temático, composto por questões abertas. A organização e análise das informações seguiram os passos propostos pela técnica do Discurso do Sujeito Coletivo, que utiliza quatro figuras metodológicas: ancoragem, ideia central, expressões chave e discurso do sujeito coletivo. **Resultados:** emergiram das falas dos acadêmicos participantes da pesquisa, seis ideias centrais e seus respectivos discursos, que versam sobre o envelhecimento e o cuidado aos idosos na visão teórica e prática. **Conclusões:** os acadêmicos entendem o envelhecimento como um processo natural, porém permeado de modificações e transformações multidimensionais. Referem que o cuidado multiprofissional é essencial na atenção à saúde do idoso, contudo, a formação na graduação não é específica e tampouco suficiente para a prática profissional direcionada aos idosos.

DESCRITORES: Envelhecimento; Educação Superior; Enfermagem; Fonoaudiologia

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