

Conceptual structure of aging in different ethnicities

Estrutura conceitual do envelhecimento em diferentes etnias

Estructuras conceptuales del envejecimiento en diferentes etnias



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ABSTRACT

Objective: To develop a conceptual framework that explains how elderly people from different cultures experience aging, formulate concepts and assign values to the process of aging.

Method: Qualitative research conducted with 33 elderly people in a municipality of the triple border. The data were collected between February and August of 2011, using Symbolic Interactionism and the Grounded Theory as the theoretical and methodological strategy.

Results: The central theme identified was: "Having to age: sociocultural practices guiding aging in different ethnicities", which was made up of sub processes that characterize the study's structural concepts: aging conceived as multifactorial (physical, biopsychic and sociocultural); Experiencing aging in the process of cultural adaptation; Experiencing aging as the continuation of life; Redefining social roles; and The culture influencing habits and customs in healthcare.

Conclusion: The experience of aging proved to be a unique process for each individual and the values assigned to it are influenced by one's own culture.

Keywords: Aged. Aging. Culture. Nursing.

RESUMO

Objetivo: Elaborar uma estrutura conceitual que explique como idosos de diferentes culturas vivenciam o envelhecimento, formulam conceitos e atribuem valores ao processo de envelhecer.

Método: Pesquisa de abordagem qualitativa, realizada com 33 idosos, em município da tríplce fronteira. Os dados foram coletados no período entre fevereiro e agosto de 2011, utilizando como estratégia teórico-metodológica o Interacionismo Simbólico e a Grounded Theory.

Resultados: Identificou-se o tema central "Tendo que envelhecer: as práticas socioculturais direcionando o envelhecimento em diferentes etnias", constituído por subprocessos que caracterizam os conceitos estruturais do estudo: A velhice concebida por multifatores (físicos, biopsíquicos e socioculturais); Vivenciando o envelhecer no processo de adaptação cultural; Vivenciando o envelhecer como a continuidade da vida; Redefinindo os papéis sociais e; A cultura influenciando hábitos e costumes no cuidado à saúde.

Conclusões: A experiência de envelhecer revelou-se um processo singular a cada indivíduo e os valores atribuídos ao mesmo são influenciáveis pela cultura.

Palavras-chaves: Idoso. Envelhecimento. Cultura. Enfermagem.

RESUMEN

Objetivo: Elaborar una estructura conceitual que explique cómo ancianos de diferentes culturas sienten el envejecimiento, formulan conceptos y atribuyen valores en el proceso de envejecer.

Método: Investigación de abordaje cualitativa, realizada con 33 ancianos, en un municipio de la triple frontera. Se recolectaron los datos desde febrero hasta agosto del 2011, utilizando como estrategia teórica-metodológica el Interaccionismo Simbólico y el Grounded Theory.

Resultado: La temática central identificada fue: "Teniendo que envejecer: las prácticas socioculturales direcionando el envejecimiento en diferentes etnias", constituído por subprocessos que caracterizan los conceptos estructurales del estudio: La vejez concebida como multifactorial (físicos, biopsíquicos y socioculturales); Vivenciando el envejecimiento en el proceso de adaptación cultural; Vivenciando el envejecimiento como continuación de la vida; Redefiniendo los papeles sociales; y La cultura influenciando hábitos y costumbres en el cuidado a la salud.

Conclusión: La experiencia de envejecer se mostró como un proceso singular de cada individuo y los valores atribuidos al mismo son influenciados por cada cultura.

Palabras clave: Anciano. Envejecimiento. Cultura. Enfermería.

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INTRODUÇÃO

In the last decades, the theme of aging has aroused great interest in the scientific and social environment. Europe is the continent with the largest proportion of people over 60 and Italy ranks the 2nd position in the proportion of the world's elderly (26% of the population aged 60 or over)⁽¹⁾.

In Brazil, although the phenomenon of aging only began in the early 1960s, it is marked by an unprecedented speed of expansion, and unlike other regions of the world, it is considered a young country with 9.1% (52 million) of its population over 60 years⁽²⁾. The accelerated aging of the population entails numerous social, economic and public health problems, which require measures that can minimize or even solve these problems. In this way, knowing the particularities of this public contributes to the development of effective and decisive actions in each situation.

One of these peculiarities is the Brazilian ethnic formation (miscegenation of Africans, Europeans and Indians), due to the strong immigration of these peoples throughout the national territory over the years, marked by the social and cultural diversity that characterizes the country⁽³⁾. It is believed that the behavior of multiple people cohabiting in the same society can result in the sum of behavioral consequences, or the coordinated interaction of the behavior of these individuals, so the confluence of these peoples on the regency of the Portuguese faces and merges to give place to a new people⁽⁴⁾.

Diverse cultural or intergroup contexts can be associated with diverse concepts about aging⁽⁵⁾. In this sense, it is necessary to address the cultural and anthropological aspects of the individual in order to understand the experiences and phenomena that surround the life of the human being in situations of illness and an advanced age, since these influence in the way the elderly take care of themselves, as well as in the planning of care strategies by professionals⁽⁶⁾.

Due to the large number of immigrants who are part of the aging population in Brazil, and based on the understanding that beliefs about aging and the advanced age, as well as the knowledge about other social objects, provide the basis for justifying, explaining and guiding the actions on healthcare, it is questioned whether the perception of aging is linked to the cultural context that they experience and/or if it brings marks from their country of origin. Thus, the objective of this research was to elaborate a conceptual framework that explains how the elderly of different ethnicities experience aging, formulate concepts and attribute values to the aging process.

METHOD

This study is about a research cut entitled "Aging in different ethnicities and care practices: a view from nursing"⁽⁷⁾. This is an exploratory, qualitative study that adopted Grounded Theory, or Data Based Theory (DBT) as a methodological line and Symbolic Interactionism (SI) as a theoretical reference.

The SI is a theoretical perspective centered on human interaction and presuppositions from which one seeks to understand the symbolic characteristics of social life and reality, through the knowledge of the perception - or meaning - that a certain context or object has for the person⁽⁸⁾. The DBT, on the other hand, has the purpose of understanding social phenomena and is developed in a close relation with the data, from the perspective of the investigated subjects, so that the researcher himself is an instrument for the development of the theoretical work⁽⁹⁾.

The data were collected in the municipality of Foz do Iguaçu, Paraná, a region with a triple border, with more than 50 nationalities, in the period between February and August of 2011, through open interviews. The informants were 33 elderly people of five different nationalities, selected for the cultural representativeness in the city, for preserving their beliefs, religion, and customs; and for contemplating foreigners coming from three continents: Europe, Asia and America, since the number of descendants of Africa and Oceania is small in the city.

It is important to highlight that even if the nationalities of the elderly participants in the study were pre-selected, the principles of sampling and theoretical saturation were respected, as proposed by the DBT. Thus, the sample size and the sample composition were determined during the research process⁽⁹⁾, because it was only through the analysis of the data that the places and actors to be included in the study were identified. In this way, as the elderly were interviewed within each ethnic group and the speeches were compared within the same group and with the others, new elderly and family members were selected to be interviewed. As the process of data analysis progressed, new directions emerged for its collection. The theoretical saturation was determined when no data that allowed new insights to help understand the phenomenon under study were found.

For the constitution of the sample were also followed some inclusion criteria, such as: to be 60 years or older; to belong to an established ethnic group, and to have the capacity to answer questions related to the study. For those of foreign nationality they should have immigrated for at least 30 years, and for the Brazilians that their parents and grandparents also had been born in Brazil.

The contact with the elderly occurred through the referral from other elderly people, the Center for the Coexistence of the Elderly (CCE), Health Units, and foreign language schools. The setting for collecting the data was the elderly's homes, so that the domestic environment, family and daily cultural habits were object of observation to better understand the meanings and relationships of the elderly with the environment and the people.

As for the data analysis, it began concomitantly with the collection and in three phases: open coding, axial coding and selective coding. In the first phase, the data were rigorously analyzed line by line and compared by similarities and differences. The conceptualization, still performed in this phase, was the abstract representation of a fact, object, action/interaction identified as important. The second phase, the axial coding, consisted of the grouping of the data divided in the previous phase and the relationship of the categories to their subcategories.

The third phase, the selective coding, was the moment when it was sought to integrate and refine the categories so that the results of the research could take the theory form, and reach a central category that expressed the research theme, and from that, to seek consistency in the data and validate the theory under construction.

The entire research process obeyed the ethical principles set out in the resolution 196/96 of the National Health Council, guaranteeing secrecy and privacy of information. The research project was approved by the Committee of Ethics in Research with Human Beings of the Universidade Estadual de Maringá (under the Opinion No. 739/2010). All the participants have signed the Free and Informed Consent Form in two copies. To ensure the informants' anonymity, the first letter of the nationality (L - Lebanese, B - Brazilian, C - Chinese, P - Paraguayan, F - French) was used, followed by the respective number of that individual in the sample group, in addition to M for male and F for female and their respective ages.

The analysis of the data allowed the identification of the central phenomenon: having to age: the sociocultural and care practices directing the aging in different ethnicities. The results presented here contemplate the three processes identified in the data: the concept of aging in different cultures; sociocultural practices and healthcare of the elderly and; the culture directing the care regarding the aging of its members.

■ RESULTS

Among the study participants, seven were Lebanese, ten Brazilians, five Paraguayans, seven French, and four Chinese,

who were mostly women, married, living with their spouses, children and grandchildren. The age ranged from 60 to 96 years old, with an average age of 74 years old. The main migratory cause for Brazil was due to political and religious conflicts in their countries, which is why their parents chose Brazil, in order to offer better living conditions for the family.

As to the different meanings attributed to aging, these will be described in the light of the interpretation of the SI. In order to understand and define their own aging, the elderly considered values established in the symbolologies created throughout life, in the sociocultural context in which they have been raised, besides the habits, values and beliefs determined by their culture.

Describing the aging process from the central theme: Having to age

The dimensional analysis used in DBT allowed an extended view of the aging process and its interrelations with the individual, family and society. When analyzing the data, categories and subcategories organized in explanatory dimensions, which composed the sub processes, have been identified: The aging conceived by multifactors; The identification of losses and gains; The search for quality of life; The family care in each culture; The process of acculturation as a root former.

The first sub process demonstrates the conception of aging determined by the subject as a consequence of experiences that, in turn, have cultural reflex, with multifactorial characteristics, since it involved the physical, biological, psychological, behavioral, and sociocultural aspects.

The psychic, physical and biological aspects presented more emphatically, and were reported by the five of the studied groups. The intellectual inoperability, loss of enthusiasm, vitality and disposition were cited as psychic aspects, and inability, dependence, decomposition of the organs, being sick, unable to work, altering the physical image, aging as the end of life and also as a natural process, have been identified as physical and biological aspects, demonstrating that a single factor is not able to determine or describe the phenomenon.

An old person is the one who can no longer do anything, he has to live asking for things for others, even if the person is his child, to be only depending on others, so he is old (B2, F, 74 years old).

There are people in their 70s, they are already down, they are done. It depends on the suffering the person has endured throughout life. From the very condition of the person,

no matter the origin, no matter the color, regardless of the culture, ethnic group. It has no distinction of races (L1, M, 72 years old).

In order for the individual to conceive aging, it is necessary to form values established in the symbologies created during their lives in the environment in which they lived. Therefore, the meaning that the individual gives to the process of aging is strongly linked to the context in which he/she has been raised and to the values attributed to aging by the family and society to which he/she was inserted in.

Elderly people with higher income and schooling, and with better access to health services, evidence more spiritual/family aspects as negative for the aging process, since they are in good physical and biological conditions.

Certainly, the body ages, even without major problems, reducing strength and vitality. But psychologically, the aging brings the awareness of the losses, and that these only tend to grow! The awareness of the vulnerability (F3, F, 62 years old).

I think it's good to be living like this, but I did not want relatives to die so soon. I have a niece, she died young, sixty years old, even her mother, younger than me, passed away. And I'm still alive. I feel alone only with my daughter, I wanted more people, I'm so happy when friends come. Having a family is very important (B5, F, 90 years old).

Thus, the disease becomes the determinant focus for the elderly in the perception of their fragility and dependence, a fact that reminds us of the need of attention of professionals and society, since the aging process is commonly accompanied by diseases and limitations that can take the elderly away from their work activities, praising the sense of uselessness.

The condition of dependence and illness, although they were determinant in the conception of aging, for some was not a reason to give up life, on the contrary, even with some physical limitations, they were able to think, reason and help others.

I do not think I'm old because I'm still alive... I do not think I'm old because my mind and my senses are normal. People come here for me to pray, this is my job (B9, F, 96 years old).

To reveal the capacity for reasoning means that, regardless of the physical conditions, aging has been traced as intellectual inoperation, so that the individual becomes old at the moment he stops thinking, acting, meditating, reasoning, be daring and brave.

Aging is in the mind of the people, it is inoperative, which does not have to be mechanical or physical, it is the intellectual inoperation (A4, M, 60 years old).

The central theme, "Having to age" implies that the elderly have no alternative but to adapt to the consequences of life, which is to reach an advanced age, and with this, develop strategies to experience aging, identify losses and gains in this process and look for a good quality of life.

I studied in Paraguay, I know how to read and write, I like to read, I still want to have fun, I read some news, religion books ... I like and it's good for me not to be forgotten (P4, F, 85 years old).

I try to walk from 30 minutes to 1 hour a day. I travel more often and without worrying about dates, avoiding vacation periods. I read more often, play on the computer and love solving Sudoku... These are my pleasures (F6, M, 64).

However, a negative view of aging prevails, because they first visualize the bad aspects of this process.

Of course it is not good to grow old. It is only a normal process of life that we have to accept (F6, F, 64 years old).

I think it's bad to grow old. Because we're getting weaker for everything. I miss doing what I use to do before, but time does not come back. What happened do not come back (B6, F, 96 years old).

I get older and poorer, more bad life... (C1, F, 60 years old).

At this moment, the choices made by the elderly are identified as an intervening condition of this process. When seeing themselves in an advanced age and identifying the negative or positive aspects of it, the elderly make their choices, they experience the aging as a stage that refers to something pleasurable, that brings freedom, autonomy, wisdom and culture or, symbolizing losses, such as autonomy, independence, beauty stereotyped by the changes of the age, loss of roles in society, family, and work.

I live quietly, I'm fine with my family, I sleep and get up happy. And I eat well. This brings me good quality of life and satisfaction (F7, M, 80 years old).

The only thing I have left now is to think of me, to think that death comes. But if I died, it would be better than being here bothering others with my leg... (B7, F, 75).

Faced with these choices and strategic interactions, it is possible to observe the influence of the conviviality in the family context. Although family care and the responsibility of the children towards their parents predominated, in each ethnic group, the care for the elderly was shown in different ways, and it was by means of the considered values that the elderly described their lives. Elderly people who culturally value the habit of staying with the family, such as the Brazilians, the Lebanese, the Chinese and the Paraguayans, and who for some reason have not done so, manifest the unhappiness of living this stage of life, seeing it as a bad phase, which they would not want to be experiencing.

I would rather be living with my children today... But I am not, I raised nine children and no one ever said: mother, stay here that I'm going to feed you (B10, F, 74 years old).

I lived at my nephew's house after my husband passed away. Then my nephew brought me here (rest home), because I do not work anymore, my body does not give anything anymore... What am I going to do? I have to like living here, because I liked living with him. I think I should have died already, I think: why this long life here? (P3, F, 80 years old).

For the Lebanese, the Muslim religion directs the conduct and the education of the children marked by the demand of obedience and respect to the parents. For this reason, these elderly people find satisfaction in life in their families. They feel supported and cared for by those who they have raised and educated. For them, the family is considered an institution of great respect, being the responsibility of the oldest son to receive the parents in an advanced age, and also take care of the younger siblings when the parents are missing.

Growing old without the family is not possible. I think the person dies before the time. He gets anxious. The Arab is already born, I was born, aware that I have to take care of my parents, not by obligation but by duty (L4, M, 60 years old).

The French perceive distant family relations and accept well the aging, by living in specialized institutions denominated "meurent" or place to die, to wait for the death. For them, take care of parents is perceived as a burden and they believe that children should have the opportunity to work and not bother with the older, unproductive ones. This conception remains with the immigrants who arrived very young to Brazil, who do not relate sadness to this condition. This is likely to occur because the socioeconomic

conditions of these people are considerably better than in other groups, which allows them to acquire financial autonomy to travel and acquire goods that bring them satisfaction and, thus, a better quality of life.

... I think children do not care much about their parents, and when parents become disabled, I believe they go to a nursing home (F5, F, 69 years old).

The current relations with my French family are minimal due to distance. I have two children who live in France, our relationship is friendly, but distant. In France, the tendency is to shelter the old people in nursing homes (F6, M, 64 years old).

The Paraguayans, on the other hand, have a very close relationship with their children and the family context is considered as essential for well-being in an advanced age. Regarding this, it is observed that the respect for the elderly is an action of all the members of the family. For the Chinese, there is an obligation to filial care, similar to the Lebanese, in which the eldest son has his obligations to his parents and, failing that, to the younger siblings.

In the Brazilian elderly families, the parents' reception in their advanced age is perceived by their children. Many abdicate their own lives, do not get married or build a family to care for their parents when, as a result of delicate health, they become dependent. This happens despite the fact that explicitly nothing has been transmitted to these children in the educational process.

The family experience, a sub process of the central phenomenon, was divided into two subcategories: Receiving support and respect; and Experiencing distancing from family relationships, which have been termed strategies. From these, the data showed as a consequence the phenomenon: The culture influencing habits and customs in healthcare.

According to the answers about experiencing the aging, the analyzes lead us to reflect on the meaning of aging, its interrelationship with the family and the socio-cultural practices of each ethnic group, since in addition to the dimensions that involve different conceptions of aging, the culture is a crucial aspect to understand the family interaction, built up through the history of each one, revealed by feelings and warm words, acts of understanding and care, or distancing relationships, which expressed what means to be old.

From the analysis of the data, an explanatory diagram was elaborated regarding the interrelation of the processes and the analytical categories of the study (Figure 1).

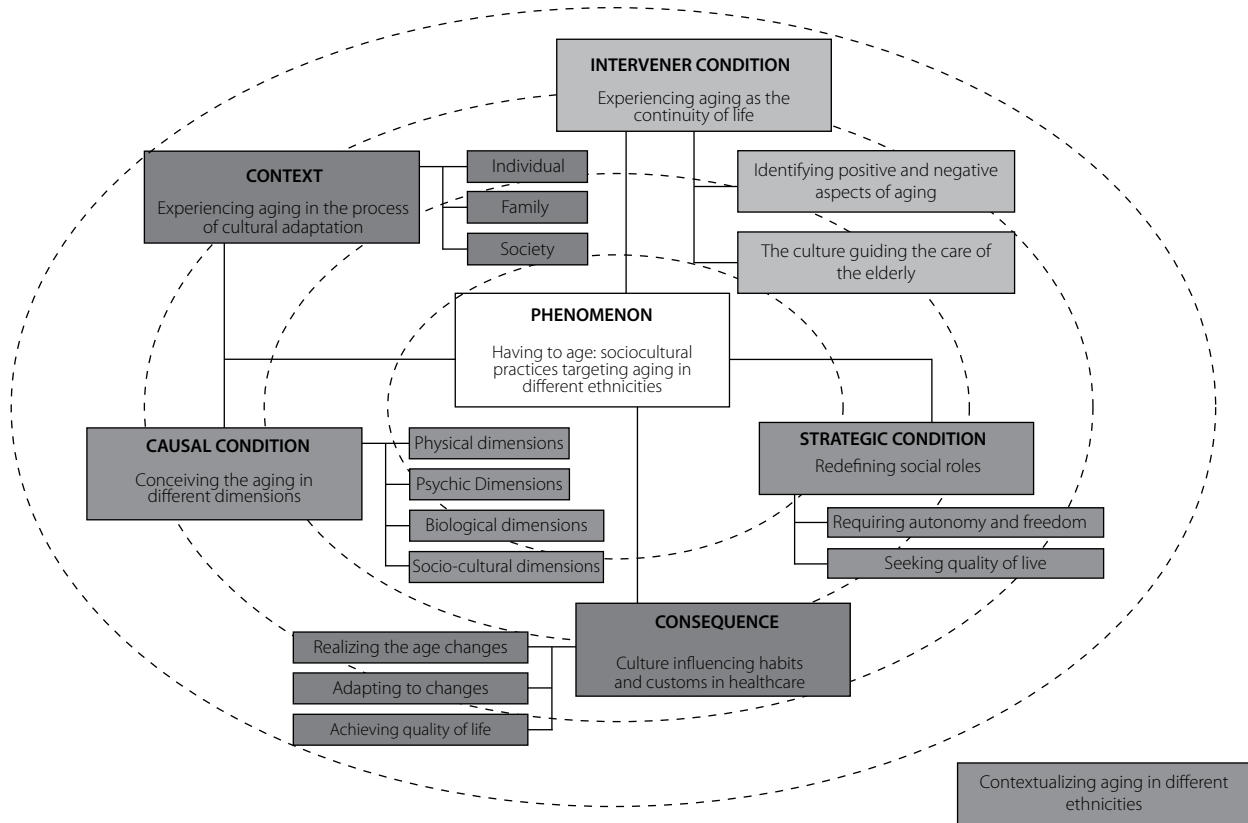


Figure 1 - Conceptual structure of the aging phenomenon in different cultures.

Source: Faller JW⁽⁷⁾.

The responses of the elderly to the circumstances presented were reactive, depending on the group or culture to which they belong and the representations or images used by the society in which they belong.

DISCUSSION

The aging of the population in Brazil, which occurred mainly due to the drop in fertility that began in the 1970s⁽²⁾, it has brought changes of a social order to the structure of Brazilian families, observed by the increase in the proportion of families with elderly people, either as head of the house or in co-residence with their adult children⁽¹⁰⁾.

With the new family arrangements, concepts and models related to aging have also changed over the years, due to the transformation of the society. The negative and stereotyped exposure of aging can negatively affect the elderly's perception of this stage of life, and this perception is closely related to the reduction of well-being and health and socio-affective seclusion⁽¹¹⁾. If, on the one hand, the negative aspects to them refer to passivity, uselessness, and social isolation; the positive aspects are related to social involvement,

the exercise of citizenship, and the promotion of health.

The fact is that, regardless of the negative or positive view on aging, the elderly seek to reinvent their image, to demonstrate their capacity, their experience and wisdom acquired in order to overturn the stigmas that being "old" is being incapacitated for life. Although some changes are inherent in the aging process, such as the presence of gray hair, wrinkles, and reduced capacity for heavy work, it cannot be said that these are dictated exclusively by the aging process, since they are defined genetically or by the environment, which reaffirms the uniqueness of the aging process⁽¹²⁾.

In both developed countries and in Brazil, the term "old" is no longer adequate for naming these people and their new way of life. The term "elderly" is more appropriate because it distances itself from the image strongly associated with the signs of physical decline and productive incapacity that was used to refer in a derogatory way, especially the old poor in France⁽¹³⁾.

The construction of negative identities of aging can be determined as a result of cultural conditions. However, a positive image can be actively constructed, once the old image is broken, resulting from the articulation between different practices, habits and languages, interpreted from a speci-

fic point of view. In this aspect, the support of gerontology comes to stimulate the adoption of a new way of life in an advanced age, as it discloses the benefits derived from the engagement of the elderly in a new way of aging⁽¹³⁾. Thus, it is up to the elderly to choose to live better, in order to take advantage of the opportunities to achieve longevity with quality, through activities that satisfy them, such as physical activity, dance, participation in groups, travel and music; or give up all this and expect death.

A study of elderly people in Italy and the United Kingdom, which investigated the self-perception of the appearance associated with suffering and dysfunction, showed that the Italians were more distressed with their appearance compared to the UK, as well as presenting significant differences between the genders, so that Italian women had more difficulties in accepting their appearance⁽¹⁴⁾, showing the cultural and gender differences between the groups.

Aging must include the ability to accept physiological changes due to age, combined with the prevention of morbidity, which gives it characteristics of a healthy aging, as well as the well-being, essential criterion for a successful old age. Well-being involves subjective criteria and has a cultural context difficult to be captured by objective measurements, since aging with health is a personal concept, historical and related to physical attributes and individual expectations, and that characterizes aging as a journey and not an end. Thus, even in unfavorable situations such as illness, the elderly seek strategies of coping and adapting in order to align their perception of aging with their experiences⁽¹⁵⁾.

Successful aging is defined as a state in which the individual is able to make good use of the psychological and social potentials to compensate for physiological limitations and achieve a quality of personal life satisfaction, even in the context of diseases and disabilities⁽¹²⁾. Therefore, the concept of well-being and health manifested by the elderly of the five ethnic groups of this research reveal similarities to the study that investigated characteristics of a successful aging⁽¹⁵⁾ in which the presence of disease did not limit the quality of life.

A study carried out with the scope to verify which aspects the elderly consider when referring to the perception and vision that they have of their bodies identified that the advanced age should not be considered as a period of losses and incapacities, since many elderly can have their functional capacity preserved. It also revealed that, in an adverse way, the negativity associated with the aging process, each elderly person has the power to build a good image of aging. In this context, it is emphasized that the way individuals perceive and deal with everyday situations and with the changes of aging influence the process of constructing a healthy advanced age or not⁽¹⁶⁾. Physical

limitations and skill deficits do not seem to affect the subjective perception of the elderly with their health, however, they should be valued by health professionals⁽¹⁷⁾.

It can be observed that, for each subject, aging presents numerous possibilities of concepts and results, depending on the paths selected and the determinants of aging. Among these determinants, the family network for most of the elderly in this study, symbolizes the embracement and retribution for everything they did to their children. A study that evaluated the quality of life of the elderly in the same city of this research, but only with Brazilian elderly, identified that the lack of family structure interferes in the quality of life, which was considered as a support network, initiated from birth to the adult life⁽¹⁷⁾, that is, it corroborates with the data when realizing that the way they experience this process will be passed on to other generations.

In this context, considering the ethnicity of each group or individual is determinant to recognize the conceptions of aging and to contribute to the practice of care and create new spaces of care, both for health professionals and for society. Overcoming the hegemonic biomedical model is to make the elderly subject active during the aging process.

Gerontological nursing care requires skills and knowledge, a dialectic relationship between the professional and the elderly, associated with a posture of professionals of permanent reflection and effective investment. In this way it is possible for the care provided to respond concretely to the needs and potentialities of the elderly and their family. It is worth stressing that planned care strategies should be open to creativity, intuition and imagination that integrate the true sense of caring based on the different realities involved in the meaning of the aging process⁽¹⁸⁾.

Considering and respecting the cultural knowledge of the elderly contributes to breaking the barriers of the impersonality of the nurse towards the patient. Since the nurses recognize the elderly in its entirety, with closer contact with daily habits and everyday events, they can contribute to the establishment of a common base in the communication between both, and in the identification of interventions that are more adequate to reach and maintain the experience of a successful aging⁽¹⁵⁾.

■ FINAL CONSIDERATIONS

It is perceived that Brazil is like a great "mother" land, which welcomed all peoples, sought integration without many conflicts, and its society shows pluralistic marks, and have learned to live with differences and similarities. Thus, knowing the different meanings of the events related to the process of living/getting sick/getting old people can make it possible to

reconstruct more effective and rewarding professional practices, both for health professionals and for the population.

Living with the other, understood as the other cultural groups, allows a constant internal (re)organization of each individual. And in this social dynamic, in a complex context of cultural relationships and interactions, the immigrant individual constructs his ethnic identity, based on concepts that he carries with him, brought from a social-historical production of the group to which he belongs.

Thus, formulating and understanding the conception of aging in the light of the cultural optics of each individual facilitates nursing care nowadays, since caring requires transpersonal interaction between professionals, client, family, and the environment. In this context, the assumptions of Symbolic Interactionism as a reflexive point allows for an interactive care, in addition to demonstrating how much progress in gerontological care needs to be made.

The elderly of the five ethnic groups have shown that they shape their concepts in order to maximize their well-being, but within the limits and definitions of their respective cultures. In this sense, there is a need to invest in the health education process in order to reveal that changes take place throughout life and that the elderly are able to cope with them, and this knowledge contributes to removing the image of fragility and to plan the care considering the specificities.

Among the limitations of the present study, it is possible to emphasize the impossibility of expanding the sample groups due to time limitation and the fact that it is a qualitative research whose results cannot be generalized. However, it is believed that they can awaken the professional to the importance of the aspects identified here.

Due to the limited number of studies addressing aging in different cultures, it is suggested that other ethnic contexts are investigated to broaden the conceptual structure identified, as this may be useful to support the development of intervention policies and programs to this population segment.

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