

## Conception of old age: a study with health professionals from a university hospital

Concepção de velhice: um estudo com profissionais de saúde de um Hospital Universitário

Concepción de vejez: un estudio de profesionales de la salud de un Hospital Universitario

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### ABSTRACT

**Objective:** The study's goal has been to examine the conception about old age expressed by health professionals working at a hospital setting. **Methods:** It is a descriptive-exploratory research with a qualitative approach, which was carried out in a medical clinic unit from a university hospital in Vitória city, Espírito Santo State. The study had 22 participating health professionals, namely: nurses, physicians, resident physicians and social workers. Data were collected in the period from March to April 2013 through a questionnaire, and subsequently analyzed using the content analysis according to Bardin's perspective. **Results:** The analysis allowed the construction of the following four categories, old age dimensions: biological, chronological, psychological and social. **Conclusions:** It was found that the conception about old age by the health professionals is independent of chronological age but rather guided by factors such as dependence, functional capacity and also how the elderly see their old age life stage.

**Keywords:** Aging, elderly, health staff, nursing, knowledge.

### RESUMO

**Objetivo:** Analisar a concepção de velhice dos profissionais de saúde que atuam no ambiente hospitalar. **Método:** Trata-se de um estudo exploratório descritivo, de abordagem qualitativa, realizado em uma Unidade de Clínica Médica de um Hospital Universitário no município de Vitória, Espírito Santo. Participaram 22 profissionais de saúde: enfermeiros, médicos, médicos residentes e assistentes sociais. Os dados foram coletados no período de março a abril de 2013, por meio de um questionário e analisados pela técnica de análise de conteúdo proposta por Bardin. **Resultados:** A análise desses permitiu a construção de quatro categorias: velhice nas dimensões biológica; cronológica; psicológica; e social. **Conclusão:** Constatou-se que a concepção de velhice dos profissionais de saúde independe da idade

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cronológica, sendo norteada por fatores como dependência, capacidade funcional e de como o idoso vê a sua condição de velhice.

**Descriptors:** Envelhecimento, Idoso, Pessoal de Saúde, Enfermagem, Conhecimento.

## RESUMEN

**Objetivo:** Examinar el concepción de profesionales de la salud de vejez en un hospital. **Métodos:** Es un estudio exploratorio, descriptivo, cualitativo, metido en una unidad clínica médica de un Hospital Universitario en la ciudad de Vitoria, Espírito Santo. Participado 22 profesionales de la salud: enfermeras, médicos, médicos residentes y trabajadores sociales. Los datos fueron recolectados en el período de marzo a abril de 2013, mediante un cuestionario y analizados mediante análisis de contenido propuesto por Bardin. **Resultados:** El análisis permitió la construcción de estas cuatro categorías: las dimensiones de vejez: biológica, cronológica, psicológica y social. **Conclusiones:** Se encontró que el concepto de vejez de los profesionales de la salud independiente de la edad cronológica siendo guiado por factores tal como la dependencia, la capacidad funcional y de cómo las personas ven condición de vejez.

**Descriptor:** Envejecimiento, Anciano, Personal de Salud, Enfermería, Conocimiento.

## INTRODUCTION

In Brazil, the population aging process is not only heterogeneous, individual or group, but also demographic, with a significant transition in age and living conditions of the population in the 20<sup>th</sup> and early 21<sup>st</sup> century. Unlike developed countries, Brazil was not prepared to meet the demands of this growing part of the population that reaches the number of 19.07 million elderly people, currently equivalent to 10.2% of the Brazilian population; in *Espírito Santo* State, the proportion of elderly people is close to the national average.<sup>1</sup>

According to data from the Health Ministry,<sup>2</sup> these changes in population composition cause a series of economic, social, cultural and epidemiological consequences, requiring advances in all areas, especially in the social and health care sector, since an increasing number of people have shown diseases and/or chronic conditions.<sup>3</sup>

Consequently, a high number of this elderly population is prone to need care that demands a greater technological density. Allied to this, it has been observed that the hospitalization of the elderly is frequent, long-term and high cost,<sup>4</sup> and caused mostly by health problems that could be either prevented or managed by Primary Health Care.

In this sense, it is necessary that health professionals working in the hospital care services also have complete understanding about the matter of aging and old age, since this is a process of biological, psychological and social interaction that is established according to the cultural conditions that the individual is inserted. Thus, historical, political, economic, geographic, and also cultural conditions can influence both the understanding of old age and the categorization of the individual as old or not.<sup>5</sup>

Given the aforementioned, this study aimed to analyze the conception about old age expressed by health professionals working in the hospital environment, since this knowledge will guide the identification of individual

and collective limitations that either facilitate or hamper the effective implementation of health monitoring service toward the elderly person inside the hospital institution.

## METHODS

It is a descriptive-exploratory research with a qualitative approach, which was carried out in a medical clinic unit from a university hospital in *Vitória* city, *Espírito Santo* State. The inclusion criteria of the research participants were as follows: to belong to the hospital staff as civil servant, or hired or conceded by the Health Ministry, State Health Office and *Vitória* City Hall, as well as, resident physicians should be regularly enrolled in the residency programs, working in the medical clinic unit and still working in the institution for a period equal or superior to three months. Professionals that at the time of data collection were included in the following criteria were excluded: they were in the period of time off, vacation, medical leave or any other type of leave or leave from the hospital either by termination or withdrawal from medical residency, or even by work bound termination.

In accordance with the criteria described above, 43 questionnaires were distributed between March 13 and April 1, 2013. The questionnaires contained closed and open questions about identification data and the conception about old age. Subsequently, the questionnaire and the Free and Informed Consent Term signed were obtained a sealed ballot boxes located in the research development sector.

Considering the questionnaires distributed, the participants returned 22 completed. In order to guarantee the anonymity of the participants, they were identified with names of orchestra musical instruments represented as follows: flute (nurses), violin (physicians), trumpet (resident physicians) and bell (social workers). Accompanying each codename of musical instrument were added ordinal numerals as a form of orientation and identification of the speech sequences.

All the material produced was subjected to the "Content Analysis" technique, as proposed by Bardin.<sup>6</sup> Such analysis consists of a tool for understanding the construction of meanings that the social actors exteriorize.<sup>7</sup> Aiming the classification by thematic categories, the data were grouped into elements, ideas or expressions around a concept in order to allow the proposition of inferences, interpretations, then interrelating the data with the theoretical framework initially designed, and even with new theoretical dimensions.

The study was submitted to the Research Ethics Committee from the Health Sciences Center at *Universidade Federal do Espírito Santo*, and approved under the Legal Opinion No. 202.723.

## RESULTS AND DISCUSSION

Herein, 22 health professionals participated, including: 5 nurses, 14 physicians, 8 of whom were residents, and also 3 social workers. Regarding the sex, the majority of

participants were women (18). The age group ranged from 24 to 56 years old, with a predominance of up to four years of professional activity in medical clinic.

It was observed that 16 professionals reported being in touch with elderly people, reaching the percentage of 72.7%. Regarding the type of relationship with the elderly, it was noticed that in the majority, they are father and/or mother. Concerning the existence of dependence of the elderly people, 12 professionals affirm that the elderly do not have dependency and only two professionals report that they have elderly people with physical dependence.

Regarding the Conceptions about the Old Age, the approach in this study will address the following dimensions: biological, chronological, psychological and social, not depleting those existing in the literature on this matter.

### The biological dimension of old age

During the data analysis, it was observed that 11 of the professionals by answering the questionnaire question about what is old age showed that old age presents biological issues, among which the idea of a natural process of the human being is associated with old age.

Old age is a natural and evolutionary event, where the human body loses some of its functions, whether cognitive or physical. (VIOLIN 93)

Some professionals still related old age to the presence of dependence, loss or impairment of the functional capacity of the elderly person:

The first idea that comes to my mind when I hear this word is that old age is a person with some degree of physical dependence (elderly, of course, over 60 years old). (TRUMPET 65)

Old age would be the absence of the elderly person's ability to exercise independently, related to motor and cognitive deficit. (FLUTE 60)

It is also observed the concern with autonomy and independence appears strongly in the records of professionals, stating that the need for care from other people sets a marker for this life phase:

Life stage of a person who is dependent on the care of other person. For me, it has no relation with age exclusively. (TRUMPET 80)

Old age would be the absence of the elderly person's ability to exercise independently, related to motor and cognitive deficit. (FLUTE 60)

The conception can cause a risk for the elderly to be considered by health professionals or even relatives as a dependent, because of a health problem. By itself, it can

contribute to the elderly adopting the self-concept of a debilitated person.

### The chronological dimension of old age

The temporal dimension of old age takes into account the diversity of the reality of living, health, socioeconomic and cultural conditions existing in the different regions of the planet that influence the life expectancy at birth and the life quality of its citizens. When asked about the age at which the person is considered old, the records show the following:

The chronological age for classification purposes is 60 years old in developing countries, but it has to take into account social, biological and psychological aspects. (VIOLIN 90)

Old age encompasses social, behavioral, biological aspects that involve restriction in the development of social roles and that is related to economic, cultural and biological factors, being therefore difficult to define in a mathematical logic. (BELL 119)

It is recognized that functional well-being is independent of chronological age and is of extreme importance for the elderly. The presence of this marker was more evident in the health professionals, nurses and resident physicians, and possibly in the first ones, because their profession has the object of work care.

This conception was also perceived in the records of professionals that refer to the age factor, but always conjugating it with other factors present in the aging process, showing that age is only an indicator for public policy purposes:

I believe that the aging clipping is somewhat reductionist, disregarding key issues in this process. However, for the purpose of implementing public policies in the workplace, we assume the elderly person composing age equal to or greater than 60 years old, as addresses the elderly statute. (BELL 119)

A mix of ages ranging from 60 to 85 years old to designate a person as an elderly person was also significantly present in most records of all professional categories, with temporal dilation within the elderly category being evident, and also the association of older ages in order to consider an elderly individual, as can be seen below:

About 75 years old, because, generally at this age, the clinical picture of the elderly is becoming more complicated. (BELL 117)

People over the age of 80 years old and/or those who get carried away by the feeling that the old person 'is useless and serves no other purpose. (FLUTE 60)

Greater than 85 years old. In general it is a phase where independence and autonomy are not complete. (VIOLIN 88)

Furthermore, it is important to point out that this age dilation to consider an old person may be due to the growing number of elderly people in the country and the increase in life expectancy accompanied by a better health condition, different from those experienced by previous generations, which is reflected in the way that the society identify the elderly and old age.

The professionals have expressed mixed opinions about when they consider an old person. It was pointed out that they expressed discontent with the use of the term "old", as evidenced by the following speeches:

An elderly person is over 60 years old, an old person can be of any age, just limit their world and their activities. (TRUMPET 68)

Elderly from age 60, nonetheless, the old status is according to age and dependency. (Trumpet 66)

### The psychological dimension of old age

It was observed that 5 of the 22 professionals reported that old age gives rise to psychological issues. Two professionals attribute to old age wisdom, experience and learning, as can be seen, for example, in the records below:

It is about life time where the experiences accumulate [...] (BELL 118)

Old age is a natural evolution, when we become savvy, and it must be respected by all. (VIOLIN 84)

It was still evident in the records of two professionals in the category of nursing professional and medical doctor over the age of 45 years old, the need for the individual to prepare for this phase of life considering it as the fall of life, indicated as follows:

Old age is the fall of life, where we can exchange experiences. It's a time of [...]. (VIOLIN 90)

It is a very important stage of life, but not everyone is prepared for this new stage of life. (FLUTE 61)

The relationship made by professionals indicates that old age does not establish itself in a solitary, somber or other negative way, but rather as a positive period, to harvest and thus feed on what it has built over the years, and this includes social, family, affective, spiritual and professional relations, among others. Then presenting old age as the fall of life, differently of what is shown in the image of old age portrayed in the plastic arts as winter, lonely and somber period.

Another conception of psychological age appears in the speech a nurse, relating the old age with state of mind, as follows:

I think it means more of a state of mind than age, as I see older people with more disposition than very young ones. (FLUTE 58)

### The social dimension of old age

By replying the questionnaire about old age, 6 professionals described it under the support of the social dimension, relating in two writings the old age to respect and participation in society:

People over the age of 60 are not necessarily 'old' if they are young in spirit and actively participate in society. (VIOLIN 92)

It was also present in the professionals' writings the association of old age to unproductiveness and accommodation, as can be observed in the following speech:

Phase of life where the individual is not seen as productive financially, but is still responsible for the support of many families and where it is more conducive to the development of diseases. (TRUMPET 69)

With regards to this conception, one must be aware that the individual's ability to adapt to the performance of roles and the behavior expected for people of his age vary according to the historical moment and the society in which he lives; in other words, his status is guided by the society in which it is inserted.

As a result of the distinction of individuals, imposed by society through personal labels, the disengagement of the individual can occur instead of being a phase of enjoying life, as registered by professionals:

It can be a time to enjoy life with retirement, to stay with the grandchildren [...] (TRUMPET 74)

## DISCUSSION

The majority presence of female subjects is equivalent to the profile found in a study carried out on stereotypes of the elderly in professionals working with the elderly.<sup>8</sup>

The conception of old age presented by professionals is in line with the guidelines set forth in the National Policy of the Elderly Health, in which "[...] one does not get old at 60 years old. Aging is a natural process that occurs throughout the life experience of the human being, through choices and circumstances."<sup>2</sup>

Considering the different interpretations about when one begins to consider a person as old, in Brazil, the reference of 60 years or more, is used to establish a citizen as an old person, being recognized by the legal mantle of

the National Policy of the Elderly in its Art. 2<sup>nd</sup> in 1994, and reaffirmed by the Art. 1<sup>st</sup> from the Statute of the Elderly in 2003. Since 1982, the temporal delimitation in years of life, whether or not an individual is an elderly person, is recommended by the United Nations Organization, which establishes as an elderly person the individual having 65 years old or more for developed countries, and 60 years old or more for developing countries.<sup>9</sup> Nevertheless, for the exercise of certain rights, such as the granting of a continuous benefit and gratuity in urban transport in Brazil, the age of 65 years old was established.

In contemporary societies, the mechanisms of control are based on chronological age, becoming increasingly a relevant marker. However, it should be pointed out that age should not be used in isolation to understand old age, since it is, above all, a continuous process of reconstruction and cannot attribute to the advancement of age the mark of the most significant stages of life. The age limit is a decision almost always established by the State when it rules about pensions, benefits, or by international organizations that establish comparisons of development indicators.<sup>10</sup>

The records of the professionals are similar to the conception of old age manifested in a study about the meaning of old age and aging toward the elderly person, which concluded that old age and the aging process, in the elderly opinion, mean the loss of functional capacity, autonomy and independence.<sup>11</sup>

It is worth mentioning that each age group presents different health needs and specific professional performance. For example, in order to identify fragile or frail elderly individuals, one has, as a standard, the age of 75 years old or more,<sup>2</sup> indicating to professionals that these individuals should be monitored with greater frequency, so that they have systematized and adequate care according to their health needs.

Functional well-being should be the subject of intervention by the health professional, who must recognize that the prevalence of disabilities increases with age, but age alone does not predict disability, as well as functional incapacity and limitations, whether physical, cognitive or sensorial, which are not inevitable consequences of aging.<sup>2</sup>

In this sense, as the individual grows older, his quality of life is strongly determined by his ability to maintain autonomy and independence, which are defined as follows:

[...] Autonomy - the capacity for self-government and expressed in freedom to act and to make decisions. Independence - being able to perform the activities without help from another person. Dependence - not being able to perform everyday activities without the help of another person.<sup>12</sup>

A paradigm often associated with old age is the wisdom, but study shows that the fact of being old does not necessarily constitute a sufficient condition for the emergence of wisdom. The occurrence of other elements such as profession, types of socio-historical experiences to which the individual has been exposed, wealth of personal

experiences, personality and intelligence contribute to the appearance of wise performances in old age. Thus, the occurrence of wisdom increases with age, because it entails the accumulation of relevant experiences.<sup>13</sup>

The idea of relating the representation of human ages to the solar cycle, known as seasons of the year, as observed in the present study, has its origin in ancient Greece, with Hippocrates “[...] the first to compare the stages of human life to the four seasons of nature, and old age to winter.”<sup>14</sup> This comparison crosses the centuries and is also present in the plastic arts, with reference to the human figure depicting spring, summer, fall and winter.<sup>15</sup>

Old age associated with wisdom, experience, state of mind is also noted in the study on social representation of old age, with professionals from the family health centers, demonstrating that their view differs from that of professionals working in hospital services.<sup>16</sup>

Psychological characteristics, such as learning, memory, intelligence, emotional control, among others, and also their use to a greater or lesser degree, can contribute to people being considered young or old psychologically.<sup>5</sup>

The difficulty in using the expression “old” and thus the use of different terms, depending on the context, may serve to mask prejudgments by the elderly themselves or by professionals that guide or meet the needs of the elderly person, and thus the preference for terms such as third age, an elderly person, may sound good, then masking prejudice and denying reality. So, it is better to simply use the words “old” or “elderly” to designate the people that have lived for more time.<sup>17</sup>

Socially, when an individual is no longer part of the labor market, he occupies the status of the elderly by the direct association of the economically active person with the young person, the adult, and the non-economically active person. With this, the society assigns to its members labels such as productive and unproductive.<sup>5</sup>

It can translate into a rupture of the society, since “as people age, they gradually move away from society, and there is a decrease in the number of relationships between individuals over time.”<sup>18</sup> Also, the experience of aging is, as a stigmatized experience, revealing different meanings in a context of values passed according to which being old is being devalued, diminished and excluded. Aging, therefore, represents a continuous battle over self-acceptance and the natural course of human existence, a flow in which the “inevitable” is experienced as “undesirable.”<sup>19</sup>

The health professional that is in touch with the elderly must play the role of an active social subject, an agent of cultural change, capable of acting to deconstruct a stereotyped view of old age, and this change begins in the relationships established by the health professional with the elderly.<sup>20</sup> In this sense, it is worth considering that the health professional training deserves to be highlighted, and also events that address the issue of aging, in order to add greater knowledge and awareness of professionals to the aforesaid issue.<sup>8</sup>

The condition of the old person is not simply dependent on biological data, but is marked by the intervention of

cultural and socioeconomic factors, “[...] the old person is not the one who can no longer struggle, but who that cannot work anymore...”<sup>14</sup> The speech of Violin 92 indicates as old the person that cannot perform his social role satisfactorily in society, considering, therefore, that the social dimension of old age leads to “[...] obtaining of habits and social status by the individual to fulfill many social roles or expectations in relation to the people of his age, in his culture and in his social group.”<sup>15</sup>

## CONCLUSIONS

Old age is presented by various conceptions that, in this study, are expressed in the biological, chronological, psychological and social dimensions.

Regarding the conception of old age in its biological dimension, professionals refer to it as a natural evolution of the human being, related to the presence of dependence, loss or reduction of functional capacity, recognizing that functional well-being is independent of chronological age, and is extremely important for the elderly. On the other hand, the old age correlation, constructed by Nursing, Medicine and Social Work health professionals, with a presence of dependence, it can express not only the vision of these professional categories, but also the way in which these professionals will conduct their practice in relation to the elderly and the need to appropriate these professionals in the aging process.

It is evident, in the chronological conception of old age, an extension of the years of life to consider a person as old, being present the association of the age of 60 to a purely indicative need for public policies implementation.

It was also observed that from the group of professionals emerged resistance reactions to “old” terminology, revealing how complex is the aging process. But, it remains denied, avoided or even feared in the society.

The idea of old age related to the psychological dimension attributes to this wisdom, experience and learning; paradigm often associated with aging. However, the valuation of positive attributes should be viewed with caution, so that expectations regarding the elderly and old age do not incur frustrations, both for the elderly and for the health professional.

Old age, in its social aspect, is related to respect and social participation indicating that, as long as the individual remains active, the society does not recognize him/her as an Old Being.

Given the results, it was evident that for the health professionals working at the university hospital studied, the conception of old age is independent of chronological age, since it is guided by factors such as dependence, functional capacity and social participation.

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