

## Filial care and the relationship with the elderly in families of different nationalities

*Cuidado filial e o relacionamento com o idoso em famílias de diferentes nacionalidades*

*Cuidado filial y la relación con el anciano en familias con diferentes nacionalidades*

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### ABSTRACT

**Objective:** identify how filial care and the relationship with the elderly occur in families of different nationalities. **Method:** qualitative study carried out in a town on the triple frontier of Paraná, comprising 33 elderly people of five different nationalities, adopting the Symbolic Interactionism and the Grounded Theory as theoretical-methodological strategy. **Results:** among Lebanese people, the Muslim religion teaches children to obey and respect parents; among French, distant family relationships and institutions for the elderly stand out. Paraguayans hold close family relationships; Chinese people consider filial care as a tacit obligation; Brazilians, in turn, tend to embrace and take care of their parents in old age. **Conclusion:** family care prevailed, but the traditions of each society lead the actions of that care, demanding health professionals' capacity of recognizing in which context the elderly is inserted.

**Descriptors:** Aging; Nursing; Family; Care; Aged.

### RESUMO

**Objetivo:** identificar de que forma ocorrem o cuidado filial e o relacionamento com o idoso em famílias de diferentes nacionalidades. **Método:** estudo qualitativo, realizado em município da tríplice fronteira do Paraná com 33 idosos de cinco nacionalidades e que adotou como estratégia teórico-metodológica o Interacionismo Simbólico e a *Grounded Theory*. **Resultados:** entre os libaneses, a religião muçulmana direciona a conduta dos filhos em obediência e respeito aos pais; entre os franceses, destacam-se relações familiares distantes e o cuidado asilar. Para os paraguaios, a relação familiar é estreita; os chineses têm o cuidado filial como obrigação tácita; e os brasileiros costumam acolher e cuidar dos pais na velhice. **Conclusão:** houve predomínio do cuidado familiar, mas as tradições de cada sociedade direcionam as ações desse cuidado, sendo necessário, para a prática assistencial, que os profissionais da saúde reconheçam o contexto no qual os idosos estão inseridos.

**Descritores:** Envelhecimento; Enfermagem; Família; Cuidado; Idoso.

### RESUMEN

**Objetivo:** identificar de qué forma ocurren el cuidado filial y la relación con el anciano en familias de diferentes nacionalidades. **Método:** estudio cualitativo, realizado en un municipio de la triple frontera del Paraná con 33 ancianos de cinco nacionalidades y que adoptó como estrategia teórico metodológica el Interaccionismo Simbólico y la *Grounded Theory*. **Resultados:** entre los libaneses, la religión musulmana direciona la conducta de los hijos en obediencia y respeto a los padres; entre los franceses, se destacan relaciones familiares distantes y hogar de ancianos. Para los paraguayos, la relación es estrecha; los chinos consideran al cuidado filial como una obligación tácita; y los brasileños acostumbran a amparar y cuidar a los padres en la vejez. **Conclusión:** hubo un predominio del cuidado familiar, aunque las tradiciones de cada sociedad direccionan las acciones de dicho cuidado, siendo necesario, para la práctica asistencial, que los profesionales de la salud reconozcan el contexto en el cual los ancianos están insertos.

**Descriptorios:** Envejecimiento; Enfermería; Familia; Cuidado; Anciano.

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## INTRODUCTION

Although Brazil was colonized by the Portuguese, the significant miscegenation of indigenous, African and European people makes up an essentially multicultural, half-breed and hybrid civilization. As such, the Brazilian identity is defined by these cultural arrangements that gave rise to a new people that belong to a colonial world, resulting in singular ethnics<sup>(1)</sup>.

The social and economic development of the Brazilian society these days enabled the increase of life expectancy and, consequently, the experience of a process of population aging. This demographic change, associated with ethnical diversity, makes people assign different meanings to their experiences like, for example, to old age and care in this stage of life.

It is worth mentioning that the aging process gradually compromises the functional capacity of the elderly, making them vulnerable to the emergence of pathologies or co-morbidities, resulting in heavier responsibilities to their families<sup>(2)</sup>. However, the obligation of taking care of the elderly varies from one country to another. A study on the dynamics of families with elderly people in Porto, Portugal, showed an increasing tendency towards male family caregivers and providing care to the old spouse, in addition to more substantive inclusion of family members providing care, like nephews/nieces; grandchildren, and siblings. In the past, these roles were exclusively assigned to women, notably wives and daughters<sup>(3)</sup>. In other localities, such obligation falls on the family, and the State assistance is limited to elderly people living alone or when the family is incapable of improving the life of this person<sup>(4)</sup>.

Considering the longevity in Europe, some studies<sup>(4-5)</sup> have approached the concern about the increasing demand for long-term care to old individuals and potential costs. To solve this, studies suggest the informal care provided by the family. In this context of population aging, care to elderly people takes on features that are unique to the society where they belong, and that should be identified to effectively provide professional care.

For Brazilian elderly people, who is made up of different nationalities, mainly on frontier regions, identifying the cultural aspects of each social group is an urgent need, considering that viewing aging in different scenarios enables professional practices to have otherness. By doing that, one can understand and respect the world of elderly in a different light that considers their similarities, specialties and differences.

## OBJECTIVE

Do families of different nationalities have different cultural habits regarding filial care delivered to the elderly? If so, are these differences influenced by culturally determined traditions and habits? This study was proposed to answer these questions, aimed to identify how filial care and the relationship with elderly occur in families of different nationalities.

## METHOD

### Ethical aspects

The study development was approved by the Permanent Human Research Ethics Committee of the State University of

Maringá. All participants signed a free and informed consent form in two copies. To ensure anonymity, respondents were identified by the first letter of their country of origin followed by the respective order of the interview in each nationality. Letters M and F were used to identify male and female individuals, followed by their respective ages.

### Theoretical framework and type of study

This study adopted the Grounded Theory (GT) assumptions as methodological line, and the Symbolic Interactionism (SI) as theoretical framework. The GT is aimed to understand social phenomena based on the experiences of social actors and their significant aspects, through comparison, encoding and extraction of similarities in the speeches of each individual<sup>(6)</sup>. The SI, in turn, brings a perspective focused on human interaction, in an attempt to understand the symbolic traits of social life through knowledge, perception or meaning of a given personal context<sup>(7)</sup>.

### Methodological procedures

#### Study scenario

The study sample was made up of old individuals in the municipality of Foz do Iguazu, Paraná, located on the triple frontier region of Brazil, Paraguay and Argentina, where, by the time of data collection in 2011, people of 79 different nationalities used to live. Inclusion criteria were: old immigrants of up to 60 years or more; Brazilians and immigrants with migration time of at least 30 years, because of the need for considering the cultural comings and goings that lead to processes of maintenance, refusal and negotiations related to values, family links and personal and group identity<sup>(8)</sup>. Participants should also be able to answer the study questions and belong to nationalities of great cultural and population representativeness in the municipality characterized by the preservation of beliefs, religion and habits among descendants.

In addition, the researchers tried to include nationalities from three continents: Europe, Asia and America, considering that there are few immigrants from Africa and Oceania in the municipality. Therefore, through the National System of Registration of Foreigners (SINCREF, as per its acronym in Portuguese) of the Federal Police Bureau, the study selected Lebanese, French, Paraguayan, Chinese and Brazilian elderly people. For the last, their parents should also be born in Brazil. It is worth mentioning that, although the nationalities of the elderly people in the participating states was pre-selected, the study complied with the principles of sample and theoretical saturation defined by the GT. Therefore, the sample size and composition were defined during the investigation process<sup>(6)</sup> because places and actors to be part of the study were only identified at data analysis.

Hence, as the old individuals of each pre-defined nationality were interviewed and the speeches of individuals in the same group were compared to the others' speeches, new elderly people were selected to the study. For example, during the initial interviews it was observed that cultures where religion is strongly present, like the Lebanese, family care to the elderly was a natural condition. This brought about the

need for interviewing elderly people belonging to nationalities where religion is present, but to a lesser extent, like the French. As data analysis advanced, new directions emerged for data collection. Theoretical saturation was defined when no data that provided new insights could be found and, therefore, contribute to understand the phenomenon in study.

### Data collection

For data collection the participants were exhaustively sought in the municipality at Basic Health Units, Elderly Socialization Centers and language schools, and also appointed by the respondents. After getting the individuals' contact, data were collected from February to August 2011, at the elderly individuals' home to observe the environment and habits and better understand the meanings and their relationships to the environment. An open interview script was used, prepared based on three guiding questions: What is elderly care like in your culture? In your culture, what are the children's responsibilities to their old parents? What does family mean to you? Diagrams and memos were created during data collection and analysis to support new interviews.

### Data analysis

Data were analyzed as they were collected, in a three-stage process: open, axial and selective encoding. In open encoding, data were analyzed line-to-line and compared according to similarities and differences, followed by conceptualization, an abstract representation of a fact or action considered to be important<sup>(6)</sup>, which was further incorporated to new interviews.

In the axial encoding, the data divided during the previous phase were regrouped and the preliminary link between categories and sub-categories was then established. The selective encoding, in turn, was the moment to integrate and refine the categories so that the results could take on the shape of theory. This is the moment when one can reach a central category that expresses the research topic and, based on this, seek for consistence in data to validate the theory<sup>(7)</sup>. Theory was validated by presenting the theoretical model produced to the elderly that made no major changes, thus approving the explanatory model as they recognized themselves and their perceptions and experiences.

The core process identified in the study was called: "Having to age: the sociocultural practices guiding aging in different ethnics"

which is made up of five processes. The five categories part of one of these processes will be presented herein, as follows: Perceiving that sociocultural practices modulate family relationships and bring meaning to filial care in old age.

## RESULTS

In the universe of 33 elderly people interviewed belonging to five different nationalities, ten were Brazilians, seven Lebanese, seven French, five Paraguayan and four Chinese. The following categories emerged from data analysis: "Experiencing embracing, support and appraisal of aging in family", "Showing detachment from family relationships" and "Migratory adaptations and intercultural relationships", which present the characteristics and aspects involved in the care to elderly and are part of the process "Perceiving that sociocultural practices modulate family relationships and bring meaning to filial care in old age" (Figure 1).

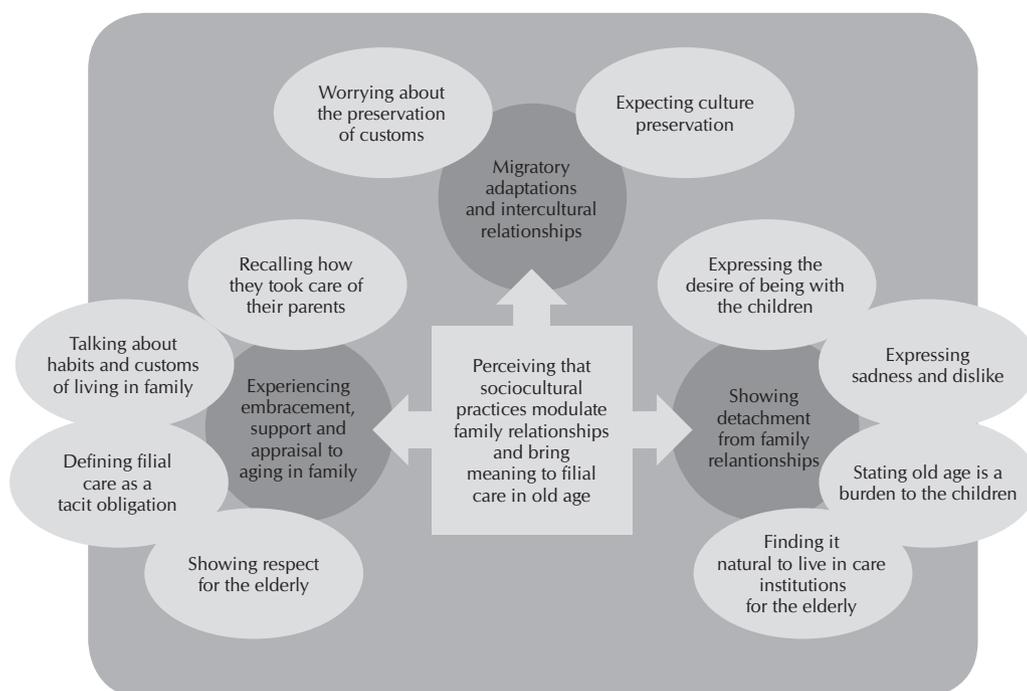


Figure 1 - Diagram of the phenomenon representation: perceiving that sociocultural practices modulate family relationships and bring meaning to filial care in old age

### Experiencing embracing, support and appraisal to aging in family

Most of the families showed strong links permeating the members' lives. The Lebanese, for instance, through respect and by raising their children based on religious and cultural principles, showed their actual responsibility to their parents, expressed by embracement in old age.

*Family really worries about me, both the wife and the children. [We] should die near our family. When everything is*

*well, ok, when things are going bad the family sends you away. It is not right. Thanks God our race is different; the Arab people is this way, we respect the elderly.* (L3, M, 75 years old)

In order to preserve culture, understood as habits and uses, the Lebanese keep respect for the elderly, although not as effectively as in their country of origin.

*We always try to preserve our culture, our uses. But we don't raise them as if we were there (Lebanon) because there they respect more than here, respect father and mother more than they do here.* (L2, F, 60 years old)

To them, the family - rather than other people - should take care of the elderly and should not send them to care institutions. They believe that as long as they can take care, this is their obligation, because interactions among family members build perspectives, define social objects and symbols, and define the relationship of an individual to the other and/or to the environment. This interaction involves construing the meanings of actions observed among individuals, which show how each one is expected to act.

Among some Brazilian elderly people, in turn, the feeling of union and the concern about staying close to their children prevail. To them, aging in the family is a reason for happiness and fulfillment. They say that just like their children they have also taken care of their parents:

*My mom I left in Paraíba and came to Paraná. Every time she got sick, my brothers called me and I spent some time there, taking care of her, I only returned when she was feeling better; I took care of her until she died.* (B2, F, 74 years old)

Those with some disease-related dependence proudly reported the concerns of their children about them.

*This son of mine stays here because my daughter works all day long, so they fear to leave me alone, that I fall, get hurt. He has the workshop back there, so he works a little there and takes care of me. If I need anything, he does it.* (B7, F, 75 years old)

It is worth mentioning that for Brazilians, care institutions are not the best place to live in old age; elderly people should live with their families.

*I believe it's wrong, it's sad dying in a care institution, because you were useful for some time and when you get older they send you to an institution.* (B8, F, 86 years old)

Brazilian elderly people also said that when they were young, mainly when one of the parents died, they intuitively took on the responsibility over the younger siblings. And now, in the old age, needing care, they feel awarded because they feel embraced by their children.

*When my mom died, I came to live with my father, because my younger siblings were now alone, so I came to take care of them. When my husband died, seven years ago, my daughter came to live with me and take care of me, because I was all by myself.* (B9, F, 94 years old)

Among the Chinese, when a family member dies, providing care to the elderly and to the family is a tacit obligation, although they question the preservation of this habit out of China:

*The oldest son or daughter has the obligation, when the father or mother dies, to take on the responsibility over the siblings. That's why there should be a son in the family, to continue with the family's surname. In the past, yes, but now...* (C1, F, 60 years old)

They believe that when the elderly is rejected by their children, they made a mistake when raising those children.

*Chinese likes being together, if there is an ill-mannered child, they send the father or mother to an institution. Why don't they care? They have no responsibility.* (C2, M, 70 years old)

In respect for the habits of his culture, one of the old Chinese said he immigrated to Brazil when he found that his father was sick and needing care:

*By that time my father was here in Brazil alone, and was not very healthy, so I came to Brazil, I wanted to lend a hand to him. I'm the oldest son, I must take care of them. This is part of the Chinese culture, when needed, the oldest son must take on. The oldest son has more responsibility with brothers, sisters; if parents come to die, he will take on the responsibility* (C4, M, 63 years).

The Chinese believe that the care of parents must be passed on through generations, because it is part of the Eastern culture.

*Children must be taught so when they grow up they respond. You take good care of the children, until they learn taking care of the father and the mother.* (C2, M, 70 years old)

The Paraguayans showed interest and caring with the elderly, always in large families where children are responsible for taking care of the parents.

*Elders don't stay at institutions; children take care of their parents until they die, and always stay with the family.* (P1, M, 74 years old)

Respect for the elderly was also observed during the interview, and comprised not only parents or grandparents, but all older individuals, regardless the level of kinship. Asking the elders' blessing, for instance, is a common habit of the youth when they get home and when they leave.

*Respect is not restricted to kinship, he may be my father's cousin but I call him uncle, because I respect the older ones.* (P4, F, 85 years old)

Respect and obedience to the elderly must be passed on to their children and grandchildren, just like they learned it from their parents.

*The Paraguayan culture respects the oldest ones, the elder advises the younger. The culture we learn in Paraguay will*

*always be like this; I don't live in my country, but I always take my culture with me. (P1, M, 74 years old)*

This is observed in everyday life, for example, on the yerba mate circles, which are a custom of the Paraguayan culture, where the youngest participant is responsible for serving everyone. However, as these circles typically gather a large number of individuals, the youngsters can only have mate if there is enough for them.

*With the grandchildren that came now, things are somehow different. But in the past if there were many people to have the tererê, the younger ones didn't even have it; first visitors, friends and the oldest ones; if there was any tererê remaining, the youngest ones were the last. (P4, F, 85 years old)*

### **Showing sadness and dislike in the detachment from family relationships**

Long-term institutions for the elderly take on the role of a new family and, for many elders, they are the only affective link they have, even if differently from in the family. However, depending on how this duty is performed, it is equally meaningful:

*I like living here (institution) ... but I'd prefer living with my children today. (B10, F, 74 years old)*

The relationship between children and their family in the old age showed differences in the speeches of some elders, evidencing the different statuses of care in different nationalities, or even in the same one, and that it is subject to different strategies.

*I lost all my assets to pay for my husband's therapy. After he died, I had nothing. My children started shifting the responsibility from one to another, they said I had to spend one month with each of them, and I can see hardly anything, sick, in this push-play. I want my place, my pillow, my bed the way I like it [...] and then I decided to seek for an institution. (B10, F, 74 years old)*

Among the French, the concept that elderly people should live in specialized institutions, so their children can work and be productive, prevailed.

*I think there is nothing wrong, because our children are in the struggle for survival and I think it's just fair they don't have to accumulate the responsibilities of working and taking care of parents. But I don't think it is fair to abandon parents and never visit them. But I believe parents can stay in a place where they receive care and the children, whenever possible, go visiting them. What I see in Brazil is quite different, because you can easily hire a reliable maid or even a governess for those better off. (F5, F, 69 years old)*

It is worth highlighting that the tradition of having elders in institutions in France is explained by many reasons:

*We typically live in small flats, and accommodating the elders is hard, in addition to the shortage of resources to pay someone to take care of them, because it's very expensive; and, also: the couple works and needs freedom, so what we do in France and in other similar countries is a network of facilities*

*to host the older ones, which we call "meurent", or a place to die, to wait for death. There are excellent luxury places, but very expensive; there are middle-class institutions also, which provide pleasant accommodations. (F2, M, 65 years old)*

It is interesting to notice that the understanding that care in old age can be provided by professionals in specialized institutions is frequently reported by the French, regardless for how long they have been living in Brazil. As it seems, they believe this is the best option and, therefore, decide to live in places with professional care.

*Maybe if I return to France in 10 years, I'll live in one of these institutions, for all the reasons I have told you and because I don't want to be a burden to my children; so, I'll live in a middle-class facility, where you have a normal life, where they provide care. (F2, M, 65 years old)*

Some French elders have even got surprised when comparing the care to elderly in Brazil and France:

*I have noticed that only few families in France take care of the parents. In my last trip I was surprised with the little attention society gives to the elderly in comparison with Brazil. There, the elders have no priority or privilege as we have here. The difference with Brazil is shocking. Clearly speaking, elders there are bullied. (F4, F, 63 years old)*

Distant and, often, cold family relationships make them count on their friends' help, if needed.

*If I need someone, I have Chico (Brazilian ex-husband) who always asks me to live near him, that he will never leave me alone; so, if it isn't my daughter, it will be him. In France, it is exactly the opposite: if they have money they send you to an institution or wherever you are well cared for, with lots of money, go visit you once every three years; or, if they don't have money, the elders' end-of-life can be somehow complicated. (F1, F, 63 years old)*

However, some elders - although having taught their children to take care of the parents - were abandoned by their children:

*[...] my daughter, I no longer recognize you, you're no longer the daughter I raised, I didn't teach you this. Haven't I always told how I took care of your grandma, how come I took care of your grandma, and now you do this to me? (B10, F, 74 years old)*

It is possible to see that the B10 old lady waited her 13 children to behave like she and her parents behaved with their respective parents.

*My parents always told me how they took care of their parents and he (father) said: will you take care of me? And I said: believe me, dad, I'll take care of you. (B10, F, 74 years old)*

That is the reason for the sadness in relation to the detachment and dislike of children when parents are old, and mainly for the fact that they cannot understand the need for autonomy and support during the aging process.

### Migratory adaptations and intercultural relationships

The lessons transmitted inter- and intra-generations of the same nationality, which are understood as habits, customs, religion, beliefs, among others, were mentioned as something that should be kept even when they are out of their country of origin. They define the rules and conducts of each family member. To the Lebanese, the example of adults taking care of the elderly should be followed by the younger ones and the custom, whenever observed in family, is practiced by its members:

*I hope my children have the same respect to me as I care for my mother, because many times they see the tradition, if it is observed in the family it is preserved, if it is not put in practice it is forgotten. (L7, M, 60 years old)*

However, generation upon generation the tendency is to relax education and, at the same time, be influenced by other cultures, leading to changes on the descendants' behaviors, as perceived by the elders:

*For example: when my granddaughters come here, they don't ask my blessing. But it wasn't this way, we were raised in a different way in Paraguay. If I go to Paraguay now and I meet the children, they ask my blessing. Differently from what my sons taught to my grandchildren, because they got married with Brazilian women and live here in Brazil (P5, F, 68 years old).*

The Brazilian elderly rarely mention transmitting down to children habits related to care of and respect for the older ones. However, they say that, just like they took care of their parents, they hope they can get a similar treatment from their children, although they notice changes on this habit over the years, and manifest doubts about its continuity:

*But I guess some children don't even care about their parents. (B2, F, 74 years old)*

The doubt about the continuity of care and respect for parents was also mentioned by another elder:

*Youngsters don't even want to listen to the older ones, they say the elderly knows nothing. (B8, F, 86 years old)*

Although the Brazilian elderly longs for care and respect from their families, they are not concerned about teaching it to their children, maybe because they did not believe they would get so old. In fact, filial care is not a well-defined cultural habit in Brazil. This could be related to the fact that Brazil is still a prominently young country.

*When my children were young I didn't teach them to take care of me when I got older, [...] at the age of 80 I think it's funny because I could never expect to live so long and need someone's help. (B8, F, 86 years old)*

## DISCUSSION

The phenomenon "Perceiving that sociocultural practices modulate family relationships and bring meaning to filial care"

shows the complex link between individual, family and society, and the singularities of the aging process and its cultural symbolisms. It should be remembered that origin, beliefs, values and family relationships throughout life are relevant factors in the process of filial care during the old age of these families.

The experience of aging in different ethnic contexts comprises the countless relationships of family, friendship and marital experienced by the old people of the five nationalities under study. In the Arab culture, children must strictly obey and respect their parents, and men are responsible for maintaining the family and taking care of their old parents. Interaction symbolizes and reinforces the relationships between family members and the family environment because it stands for the shared rules and values with which this group identifies.

A study carried out with Muslims in the state of São Paulo showed a patriarchal trait in families, inherited from the family tradition that assigns different roles to men and women. Rights and obligations of parents and children are reported and approached also in the Koran - their sacred book - and in the words of the Prophet Muhammad: old parents have the right to be treated by their children with affection and care<sup>(9)</sup>.

The respect and embracement to the elderly in the Muslim family is different from those observed among the French subjects participating in the study. The latter reported detachment from their children, when the human being's actions are based on the meaning they assign to their own experiences and to the roles before the other in the societies.

Therefore, "Perceiving that sociocultural practices modulate family relationships and bring meaning to filial care" brings a set of interactions and meanings that guide the phenomenon development and, therefore, is configured as the context. To the elderly, all context-related aspects are significant symbols that help understanding their descendants' behavior and decision making.

The population's aging in more developed countries like France has an important impact on the demand for long-term care, leading to high healthcare costs. This situation is troublesome to the government and encourages further research with elderly in Europe to check the possibility of supplementary support (formal and informal) at home, releasing the elder from the feeling of being a burden to the family<sup>(10)</sup>. Studies start new ways of thinking over in order to foster the delivery of informal care to the elderly. In fact, the family has always been one of the main sources of care to frail old people and this kind of care is believed to be less costly than formal care arrangements<sup>(5)</sup>.

In China, the population's aging is also a challenge because the country hosts the largest population of elders in the world, making it known as the "grey tsunami". The growing old population also increases the number of elders needing long-term care. Traditionally, generations have co-resided, and the family is the supporting system to the elderly in society through their children's mercy. However, the one-child policy in China has changed the family structure, the so-called "4:2:1" (four grandparents, two parents and one child), bringing about the issue of children keeping this care, and its transfer to formal caregivers<sup>(11)</sup>.

According to the study data, Chinese immigrants preserve in Brazil the same habits and customs related to care to parents as in China, regardless of how long they have been in

Brazil and their age when they immigrated. To the Chinese descendants, providing care to parents is a behavior of maximum reverence. In illness situations, demonstrations of care emerge, and children are ready to serve their parents.

The demographic aging in China led to a loss in the family function. Politics and societies start responding with far-reaching reforms such as pension systems in urban areas. However, there is few public interest in care in the old age, because the elders have always been an essential issue to the family; but, the discussion about care to these people in the country<sup>(12)</sup> should be expanded in the near future.

Generally speaking, immigrants' families preserve the habits acquired during their life regarding respect and care to parents and other elders in society. This custom does not undergo any cultural adjustment. The work with families demands considering the everyday life, understood as the life span that stages interactions, either healthy or not, care actions and diligence or absence of care. This family setting is where people express their lifestyles and thoughts, based on their experiences and their environment, which define their rules, the family base, and the concepts about social and individual aspects<sup>(13)</sup>.

The Symbolic Interactionism adopted herein as theoretical framework has contributed to think over the data because, in this light, meaning is the core concept and individual and collective actions are built through the interaction of people that define situations and act in the social context to which they belong. Hence, this type of qualitative research allowed expanding knowledge in the constructing of actions and strategies of interactive and humanized relationships that are essential not only for nursing care, but also to the practice of other health professionals.

In Brazil, filial care takes place inter- and intra-generations, mainly by women, typically wives, sisters, daughters and granddaughters that take on this responsibility. In inter-generation care, everyone takes care of the others and is cared for respecting their singularities and diversities, depending on the frailty of the person to be cared for at the time. Care leads to well-being of all family members, promoting health and individual fulfillment, and fostering intra-family interactions throughout the family's life path<sup>(14)</sup>.

In this context, the research identified both care and abandonment. On one hand, children renouncing to their lives to take care of their parents and, on the other hand, mothers with a large number of children being abandoned in situation of widowhood. The elder's path towards finding a social place can start with the reunion and solidarity between generations. In this scenario, we should consider that policies, programs and actions aimed at population aging should comprise elderly promotion and protection through care, in the light of appraising the human being, directly affecting nursing. As an emerging specialty in Brazil, gerontological nursing tries to provide concrete answers to the care to elders and their families<sup>(15)</sup>. This demands complicity and mutual support, which are only possible if we perceive the elder as a historical and cultural subject with feelings, questions and experiences of aging.

Every human behavior is made up of a cultural context where the individual was raised and where they live. To some people who migrated from a society to another, these contexts are separated, demanding a process of fitting in, negotiation and, above all,

cultural integration that can be either of continuity of customs or changes, in addition to reciprocity and mutual adjustment of the cultures wherein they are inserted, i.e., the groups maintain their cultural heritages within the limits of what they want<sup>(1)</sup>.

Finally, it is worth mentioning that although filial care has been strongly referred to by some Brazilian elders, there are countless long-term institutions in the country, which have noticeably increased in numbers not only because of the highest number of elders, but also due to the difficulties experienced by family members to provide care to them.

Considering the relevance and representativeness of these institutions in the current scenario, the elders in institutions have also been included in the study to find out the role that family plays to them. These elders came to the long-term institutions for complex reasons, where family members are not to be blamed for their decisions, and the idea of abandonment by the family should not be generalized.

We should understand and know the life history of the elderly in institutions, because it is only by knowing the family, social and economic context of their lives, desires and aspirations that their need for care will be totally fulfilled. Long-term institutions have shown to have two ambiguous meanings for institutionalized elders: a place to be cared for and a place that imprisons and mortifies them<sup>(16)</sup>. However, these institutions are currently spaces for socializing and valuing independence and autonomy, preserving individuality and respect to identity.

### Study limitations

This study is limited as regards its population size because of the difficulties in finding people of a given nationality, older than 60 years, and even in approaching them for cultural reasons and for the language spoken that, sometimes, required an interpreter during interviews, as happened with the Lebanese and the Chinese. Therefore, the findings and recommendations herein should not be generalized, and this restricts the scope, but not the validity, of results found. A positive aspect is the potential performance of other studies on the same topic, in different cultural contexts, with different theoretical-methodological approaches.

### Contributions to the nursing area

Regarding nursing, it is worth considering all epidemiological aspects and the context of a country with strong migration, which demands new health-related views and needs. Transcultural communication could strengthen the therapeutic links in the family/individual/community triad, which is core to delivering care. Therefore, the care shared by all cultures is now vested with new ways of expressing itself, because the new cultural standards define how individuals understand and experience the different situations of life - disease/health, interactions with family members or concerning the aging process.

### FINAL CONSIDERATIONS

The results found allow concluding that families and society have different ways of taking care of their elders. This demands from professionals the need to know the habits and customs of different nationalities towards care with otherness. In this sense,

this study enabled knowing the filial care in different contexts, assisting the approach between professionals/elders.

The presence of an older family member with or without limiting conditions (demanding care) leads to significant changes in the family context, strongly affecting children, their closest descendants. They react and adopt coping strategies that may, on one hand, include embracement and protection in an attempt to find care, even when providers are not trained to develop such attitudes/actions or, on the other hand, the detachment when care is assigned to professionals or institutions.

Data show that a society where filial care prevails and children have obligations towards their parents, and children use

to embrace elder parents, divergences from such practices can be found. Intercultural relationship models could explain it. Such relationships take place in the social, cultural and psychological aspects, since human behavior should be construed in the context it has developed.

Individual identity is represented in the values of national culture, acquiring different importance in the order of negotiation due to social and personal changes experienced in a migration fitting process. As they remain in countries where they tried new experiences like marriage with persons of different nationalities, family and personal adjustments may happen with impacts on next generations.

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