



The nursing team's performance towards the sexuality of institutionalized elderly women*

Atuação da equipe de enfermagem frente à sexualidade de idosas institucionalizadas
Actuación del equipo de enfermería ante la sexualidad de ancianas institucionalizadas

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ABSTRACT

Objective: Analyzing how the nursing team performs in facing the sexuality in the daily lives of institutionalized elderly women. **Method:** A qualitative and descriptive study carried out in a Nursing Home in the southern region of Brazil. Data were collected from April to July 2016 through a semi-structured interview and submitted to the French Discourse Analysis of Michel Pêcheux. The study complied with the norms of the Brazilian legislation for research on human beings. **Results:** Eighteen (18) nursing professionals participated in the study. Ideological and imaginary formations permeated the subjects' discourse, evoking the understanding of sexuality, its institutional conformation and the performance demanded under manifestations of this sexuality. Thus, considering the professionals' performance, it became possible to identify difficulties such as embarrassment, discomfort or prevalence of personal beliefs and strategies. These strategies have diversified ranging from the use of humor to direct repressive actions. **Conclusion:** Understanding the dynamics of professionals' performance towards sexuality allows us to glimpse the need for comprehensiveness in care related to social, ideological and imaginary formations which demand an imperative strengthening of academic and professional training.

DESCRIPTORS

Aged; Sexuality; Geriatric Nursing; Nursing, Team; Homes for the Aged.

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INTRODUCTION

The theme of sexuality has been investigated with greater emphasis since the nineteenth century leading to broadening its concept and understanding. Despite presenting advances, the approach to this topic is still full of stigmas surrounded by taboos and impregnated with prejudices, especially when related to the third age stage⁽¹⁾.

Human sexuality⁽²⁾ is not limited to the sexual act, it includes affection, contact and intimacy. Thus, sexuality can be perceived as a comprehensive concept which involves the subjective universe. In addition, it involves the individual in its totality and it does not end with the aging process, it is only modified⁽³⁾.

Social, economic, political and technological changes have significantly influenced the longevity of the Brazilian population. By the year 2025, the elderly population in Brazil will grow 16 times, while the total population will grow five times. This event will classify the country as the sixth largest population in the world in the number of elderly, corresponding to more than 32 million people aged 60 years or over⁽⁴⁾.

In view of the aging process of the population associated with the increase of this population, the search for alternatives to meet the needs arising from these situations is set as recurrent, despite several advances that have already been achieved. In this sense, the theme of elderly institutionalization also deserves attention.

Nursing Home for the Elderly are seen as spaces which generally deprive previous projects including family, home and relationships built in the previous phase of life history of the elderly⁽⁵⁾. Their routine is often limited to performing the same activities with the same group of people at the same time, and in this sense meeting the institutional and not the personal requirements⁽⁶⁾.

Elderly institutionalization can lead to a decrease in autonomy and loss of identity. Thus, it interferes in different aspects of an elderly person's life, including issues related to sexuality. Respect for elderly people as sexual and vital beings is often minimized by a lack of privacy provided to them, by a lack of credibility given to their sexuality and by a lack of acceptance, respect and dignity for maintaining their sexual expression, denying them their desire and treating this matter in a hidden/dismissive way⁽⁶⁾.

Nursing Home for the Elderly are considered as spaces of specialized housing that implement the presence of a multiprofessional team. Among these professionals, nurses perform their activities with the elderly and staff through a process of caring that should consist of a biopsychosocial and spiritual look, with a view to promoting health through the use of the capacities and health conditions of the elderly⁽⁷⁾.

Thus, when looking at the experience of the elderly in these institutions, the nursing team is perceived as being the most present in the day-to-day routines of these people. Nursing Home for the Elderly may be mixed or house elderly of only one gender. Thus, by permeating the experience of the elderly in a Nursing Home exclusively destined to a female audience, it becomes relevant to understand how

these professionals deal with issues related to sexuality that permeate this care setting.

We understand that by analyzing the way the nursing team perceives the sexuality of institutionalized elderly women, we can increase knowledge and contribute to care actions. Thus, characterizing sexuality as an integral part of the human being's personality and as a basic human need can contribute to quality of life of institutionalized elderly women and to qualifying the service provided by professionals.

In view of this reality, the present study aims to analyze how the nursing team performs in facing sexuality in the daily lives of institutionalized elderly women.

METHOD

This study corresponds to a clipping of Master's thesis with a qualitative and descriptive approach carried out in a Nursing Home in the southern region of Brazil. The institution is philanthropic in character and welcomes and supports elderly women. It houses approximately 198 elderly, and it is structured into four wings. The nursing team consists of 48 professionals, nine nurses and 39 nursing technicians.

Eighteen (18) nursing professionals who met the following selection criteria participated in the study: being a member of the nursing team of the institution, having been employed for at least 3 months, and not being on leave during the data collection period. The temporal criterion of the work activity was established under the understanding that it is only through experiences that it becomes possible to form meanings and to develop their perceptions.

The data collection was carried out between the months of April and July of 2016 through a semi-structured interview with closed questions for sociodemographic and labor characterization: training, specialization in the area of gerontology, gender, age, length of service and any connection to other institutions. Open questions addressing the nursing team's performance were also used such as: manifested situations of sexuality identified in the Institution; performance of the professionals in these situations and encountered difficulties.

For implementing the interviews, the researcher personally contacted the professionals in the morning, afternoon and evening shifts to invite them to participate. After agreeing to participate in the study, convenient schedules were discussed with the participants. The interviews had an average duration of 40 minutes and were recorded upon authorization of the study participants and later transcribed in full. Data collection was terminated due to data saturation, as determined by a repetition of responses and satisfactory achievement of the proposed objective.

Data analysis was based on the French Discourse Analysis (DA) of Michel Pêcheux. DA consists of analyzing text units beyond the analysis of sentences; thus, it seeks to identify what is beyond the superficiality of the discourse, inserting it into the context experienced by the participants, and valuing historical and social aspects. The data analysis methodology in DA is not finished or directive; it is up to each researcher to create methods of analysis that proceed

in pendular motions, which lead from theory to analysis, and from analysis back to theory⁽⁸⁾.

After speech transcription, linguistic materiality was conferred to the text. Some orthographic resources/symbols were used for this purpose, including: /: short reflexive pause; //: long reflective pause; ...: incomplete thoughts; in [] brackets – text added by the researcher; words in bold – meaning emphasis on the words enunciated; duplicated letters in one word – meaning that the person has spoken the word in a “dragged or sung” way, with greater emphasis on the letter that is duplicated; “Quotations” – meaning that a sentence or title that is not authored by the speaker or that the person said that at another time and is now reporting what was said.

The research was approved by the Research Ethics Committee of the Universidade Federal de Santa Maria under protocol number 1.409.246 of February 2016, and complied with the norms of the Brazilian legislation for research involving human beings. All participants were informed of the study objectives and signed the Clear and Informed Consent Form. An alphanumeric system was used to identify the participants, with the “NUR” segment for nurses and “NT” for nursing technicians, followed by sequential numbers according to the data transcription.

RESULTS

Eighteen (18) nursing professionals aged between 25 and 42 years participated in the study; 6 nurses and 12 nursing technicians, and 16 of them were females. In relation to marital status, 11 reported being single; in relation to religious beliefs, 13 reported being Catholic. Regarding their work characteristics, five (5) had worked at the institution for less than 1 year, nine (9) had worked in the institution between 1 and 2 years, one (1) for 3 years and another three (3) for a period of more than 5 years. Five (5) participants stated that they had already worked in another Nursing Home. Also, two (2) participants reported outside jobs in addition to their current employment relationship with the Nursing Home; one reported maintaining a job as a private caregiver, and another one works at another Nursing Home.

The professionals' speeches about the sexuality of the institutionalized elderly allowed for identifying difficulties and strategies that permeate the work of these professionals.

SEXUALITY OF THE ELDERLY IN AN INSTITUTIONALIZED CONTEXT: DIFFICULTIES RELATED TO (NURSING) PERFORMANCE

The scenario of long-term care subsidized by nursing professionals is influenced by several demands and actions. Sexuality as an intrinsic dimension to human life permeates the institutional environment, and professionals are regularly confronted with such aspects in their actions. Although sexuality should be recognized as an aspect that accompanies admission into the institutional setting, health professionals do not always feel comfortable addressing this issue.

(...) it is difficult to deal with these aspects because we do not know if we are doing the right thing, or if there is a better way to do it //: it is a subject that, particularly for me, this is the first time I have had the opportunity to talk about it. And we know this is not a subject that has a ready-made cake recipe, you

know?! And this is part of nursing, like applying an injection we know the theory and we can probably apply it into practice, now dealing with these more subjective things, it is not as easy, right?! (NUR 05).

It's not easy for us to deal with these sexuality issues, you know?! I see this as a very intimate subject /: it's hard for us to get into these things and deal with it too.... (NT 11).

Starting from a notion that subjects are endowed with the unconscious and crossed by ideology, it is apparent from the speeches that intimacy and deprivation may be associated with the situation inferred in the social imaginary regarding sexuality. The performance of nursing professionals when it comes to aspects related to sexuality is associated with intrusion, considering the subjectivity related to the theme; thus, sources of information that subsidize nursing practices in these issues seem to be scarce.

(...) of course that at first glance, when you arrive /: you feel shocked, you see old ladies having a homosexual relationship, which even nowadays is not seen as normal. (...) So much so that we sometimes think that they don't even know what's going on ... So, what I see is that the people who come here and see this kind of thing and feel shocked, but then they laugh and it's all good (NUR 03).

When the girls said that there were couples among them, I was shocked, because it's something that still isn't very real, especially so among the elderly. But, I think they too must have some feelings, some affection ... Now I'm more accustomed to it, but at first it was kind of awkward (NT 08).

The representations constructed in the interdiscourse about the elderly population do not include a relationship and expression of sexuality, also evidenced by the use of the term “some/someone”. Thus, when confronted with situations that conjugate expressions of sexuality, the participants feel disturbed. We should point out the fact that the Institution under analysis houses only female subjects, probably leading to homoaffective relationships being more evidenced, which may influence the conduct set by the nursing professionals. The closeness to reality and the working time at the Institution seem to influence the nurses' behavior and perceptions.

Regarding the nursing, the nurses, as I told you, some of them are very calm and others have more difficulty (...) And with the technicians it's even worse, so I think they have a hard time dealing with situations that could, that they can observe, they have difficulty //: they see two elderly woman showing affection, they are already assume it is a homoaffective relationship, so there's difficulty in that sense //: and then they want to control it, they tell them to stop and reprimand them (NUR 01).

I think that what we see in college is too little // we do not talk about these sexuality issues in college. So throughout your journey you will have to learn many other things (NUR 04).

The participants reported difficulties that may be related to attempts performed by nursing professionals in recognizing and managing situations related to sexuality, especially those that are homoaffective. The difficulties are associated with professional categories and pre-judgments related to the typification of expressions. Recognizing embarrassments related to sexuality encompasses personal and professional

factors and attitudes. Academic training and continuing education have gaps, and are identified as being poor in relation to the sexuality of the elderly population.

In analyzing the speeches, it is believed that the difficulty reported involved issues of respect and citizenship, which are shown as an obligation of society and not exclusively of professional training. In addition, they point out each professional's principles and culture as aspects that reflect and condition their performance and the perspectives of those involved in relation to the theme.

(...) we have to remember that this is their house, they will stay here for a long time, so they have to have it, they have to feel at home, not only feel that it is a place that welcomes them. But the thing is, they do not have a lot of privacy because there are a lot of people, always coming to visit, there are always two or three in the room, some rooms don't have a door, they have very little privacy, it's difficult (NT 08).

The room is always considered the most private place, but here it's not like that, they share the rooms, they can't lock the rooms, because we have to take care of them, bring medication, see how they are doing (...) (NUR 06).

The expression of some aspects of sexuality is considered with intimate and reserved connotation; thus, the impossibility of offering privacy to the residents is elucidated as an obstacle. The institutional organization, the large contingent of elderly women, shared rooms with other elderly women; no doors in some rooms and the need for providing care that the professionals need to offer are presented as the main difficulties related to privacy, and thus for manifestation of sexuality.

Sexuality can be observed as a theme that permeates the various relationships that occur within the Nursing Home, bringing to the table pre-conceived issues of insinuations and eroticism. We can point out a concern with the interpretation of some attitudes that the professionals assume pertaining to the elderly.

Many times I don't even know what I should do or say. Or like, sometimes you touch them, or something and they already get... Some of them say that they are kind of, kindaaa... You never know, right?! Then you feel like, you know?! Because they can interpret it in another way. You aren't sure how they are perceiving it, what is a gesture of tenderness they might think that it is... This lack of affection can take it the wrong way (NT 05).

The subject allows the meanings attributed in their discourse to fluctuate in imaginary formations regarding the sexuality and in the social representations that the theme and the attitudes can assume. The participant reveals reservations to act freely with the elderly due to an interpretation that their attitude and posture can assume; thus, they demonstrate apprehension about the possibility of providing care.

STRATEGIES USED BY NURSING PROFESSIONALS REGARDING THE SEXUALITY OF INSTITUTIONALIZED ELDERLY WOMEN

The daily routine among the elderly women unveils situations related to their sexuality, and some aspects are related to the nursing area. In this context, faced with the experience and the approach to the care environment,

the professionals develop mechanisms and strategies that support their actions in the conduct and management of expressions of sexuality.

We don't even usually mention these things to the nurses, these things are natural :// for me it's natural (...) Noormal, normal, easy... Because you can't forbid it, right? Pretend you didn't see it and... You can't interfere, so what are you going to do?! It's a necessity :/ It's normal, actually (NT 03).

The subject attributes meaning to their conducts and ratifies sexuality as something intrinsic and natural to beings. It is recognized that the knowledge and the attitudes of professionals are determined by personal and imaginary constructions and may imply in acceptance or repression. Thus, concealing expressions of sexuality by disguising their perceptions corroborates to maintenance of veiled sexuality, which configures sexuality in a trivial way, opting to avoid it rather than approaching it with seriousness, security and responsibility.

Nursing professionals develop methods for conducting the behavior of the elderly. In this way, using amusing approaches is seen as an oportune strategy to deal with intimate approximations between the elderly.

Regarding these issues, we try to deal with it by joking around. "Hey, what are you doing there in her bed? Give her some room!": this is how we approach the situation, we don't turn a blind eye to these issues, especially so that they don't close themselves to us, but we take it as a joke, as if it had been a mistake lying in the bed. We treat people like this so they don't turn against us, so they don't become bitter with us. (NUR 03).

The ideological formations are evidenced through the speeches, making it possible to observe the structure of conduct: not being harsh with the elderly, but to make clear the repression and established censorship. The dichotomy of the performance may be revealed mainly in manifestations involving homoaffective and intimate contact between the elderly.

With regard to direct censorship, it is possible to point out other professionals' attitudes which control elderly experiences in the institutional environment. Subjects reveal that separation is used as a strategy for the manifestations of sexuality among the elderly.

When they are in the rooms together, the girls come and tell me "hey, this person was in the room of that person" /: "Did you separate them?" "Yes, I did!", "Okay!" (Laughs). "All good". Because otherwise what they do here also is to re-allocate the rooms or send them to different areas, keep them apart, either of room or area. Because sometimes they even sleep in the same room, and then we change rooms to calm things down. We try not to separate them in a harsh way (NUR 06).

There's one case that they're girlfriends... And there is another case that one was separated from the other because, as far as I know, I think she didn't even know her /: because she has a disability, and the other was in love with her and ended up giving her a kiss on the mouth, then they were separated. So the ones that were girlfriends were very affectionate, right?! They would stay together all the time, and if they could they would start kissing one another, so considering the other elderly women, they were separated, sent to different areas (NT 04).

Control can be observed as a strategy adopted by professionals in their actions. The homoaffective closeness by intimate or affective contact is cut back by the professionals through strategies that prioritize the spatial separation of the elderly involved, justified by the well-being of the other elderly women and for the serenity of the Institution, since the physical structure of the Institution allows for relocation to other rooms or areas.

In this context, nursing professionals assume positions of supervision, distraction and separation of the manifestations of sexuality among the institutionalized elderly women. Thus, sexual behavior is discouraged as much as possible, or simply disregarded.

We don't treat any of them as a couple, we know that there are couples in here, but we don't treat them as couples, you know?! So they don't... Because this is a very large institution and there are a lot of people, it would be difficult for us to have a little control over that, even to be careful with employees. So we are careful that when one enters the other's room, or if they are in somebody else's bed, for them not to get too close together (NUR 03).

Non-recognition of the established relationships is shown as another control device used by the professionals. The imaginary and ideological formations of the professional do not include accepting sexuality in this context; when sexual behaviors appear, they are treated as a disturbing problem.

The members of the nursing team should guide their care actions in the institutions, including specific actions of the profession and the indispensability of individualized care to the institutionalized person. Physical appearance and conditions intimately linked to sexuality are mentioned by nursing professionals and described as demanding for action in these scenarios.

We help here with a lot of things, most of the time we don't stop to think we're doing it for sexuality, but, for example, we help them to look beautiful, to paint their nails, to pluck hairs from their chin, everything in order to make them feel more beautiful, to feel more valued... So, we do many things for them here (NT 07).

Some of them like getting dressed and made up, then we help them, we pamper them even more, so they get flirty. Here, we the nursing team, we cut their nails, we paint their nails, we get them dresses... Especially at this time, for the party [referring to a party held by the institution open to the community in general], they want to get dressed up, "Oh, I want to wear this, I want to wear that". Because people come to visit and a month before they are already talking about it (NT 06).

The care description performed by the nursing team shows a closeness to aspects of sexuality and points out activities of direct contact with the elderly and imperative to a female population, which demonstrates influencing the sexuality experience in a singular way. Developing such actions expands the technician view, thereby providing comprehensiveness to care and sexuality, impacting the sexual

well-being and enabling a redefinition of the range of experiential possibilities in relation to sexuality.

The professional performance at the Nursing Homes not only related to the nursing team; other members of the multiprofessional team have an important role and contribution to the well-being and quality of life of the elderly subjects.

We are talking about the nursing team, but I see that these sexuality issues need to involve the multiprofessional team. Each one can help with one thing, for example, physical education by performing activities to release their desires, their needs, the psychologist approaching it and giving support to these issues of sexuality... So, each one can make their contribution, otherwise, our performance is very limited (NUR 06).

As a complex object that permeates the institutional environment, sexuality requires the involvement of the multidisciplinary team, evidencing that only nursing performance does not contemplate the range of needs and care actions in the field of sexuality at the Nursing Home.

The performance related to aspects of sexuality reveals behaviors that diversify among professionals and their subjectivities, without any standardization or institutional recommendations. It is understood that the theme of sexuality has personal regulations from each professional, and that the Institution also presents specificities as an exclusively female care environment, which reflects on the connotation expressed by the meetings and advances by the elderly women, provoking reflections of the implication of these facts and their needs. Therefore, we recognize the discourse as a social construction that holds conscious and unconscious influences of the pre-conceived and of the imaginary, social and discursive conformations that permeate them.

DISCUSSION

The speeches of the nursing professionals identify some difficulties and challenges that oppose expressing and acting on sexuality in Nursing Home. Among these challenges, the literature highlights weak knowledge and understanding of elderly needs regarding sexuality. Thus, it is considered relevant to identify which resources or initiatives may be necessary within the organization in order to promote professionals' performance on these aspects⁽⁹⁾.

Precautionary stereotypes define the institutional care scenario. Demonstrations of affection among residents calls for censorship from the staff and residents, especially when expressions of intimacy are legitimized as being part of a "couple". Homosexual expressions are often pathologized, sinful, and socially degraded with heteronormativity predominant, despite this also motivating innumerable repressions⁽¹⁰⁾. Upon the dilemmas encountered on a daily basis, it becomes necessary to consider a myriad of legal, ethical, and institutional requirements, in addition to the residents' needs⁽¹¹⁾.

Representations of sexuality permeated the discourse of professionals, presenting censorship and control to/on others. Considering this background, we recognize the role

of group pressure, including from professionals, family members and the elderly in relation to the sexual expressions of Nursing Home residents. The feeling of being judged and the importance of what others involved in the care environment can think act in an informal way to control the behavior, thereby inhibiting sexual interest and its expressions. The construction of a restrictive sexual morality partially explains this pressure to behave "in a decent manner", and therefore adopting control measures⁽¹²⁾.

The process of professional training in relation to aspects of sexuality presents gaps, distancing the possibility of comprehensive care. Interdictions regarding aspects of sexuality are observed with repercussions on professional identity issues and in developing care for the other, uncovering the need to invest in educational aspects⁽¹³⁾. It is in this context that the initial training is inserted, since it plays a role of great relevance for future actions to the extent that it develops the necessary skills for efficient performance of its functions⁽¹⁴⁾.

Thus, it can be observed in this study that the professionals' knowledge and attitudes determined by personal and imaginary constructions permeate the care environment as hidden expressions, and thus imply criticism and repression, depending on the type of manifestation of sexuality. In this sense, knowledge, experiences and understandings can become an important barrier to obtaining a normalized view of sexuality in this context. Developing training courses that not only pursue informing about sexual needs and forms of sexual expression found among the elderly living in Nursing Home, but also to change attitudes which are considered negative would help eliminate sources of discomfort among the employees⁽¹⁵⁾.

The studied Institution does not determine or suggest conducts or protocols to act on issues of sexuality. Professionals are guided by personal beliefs and constructs. The range of stigma and taboos that surround the subject matter become clear, consequently making it a challenge to understand sexuality as part of their daily lives, since the elderly person's senses are still closely linked to disability. The experience of sexuality should be something as common as to everyone else's.

A study indicates that a lack of any protocols of explicit actions or of formal guidelines can be considered as procedural gaps and hinder performance in situations where residents express their sexual needs. Moreover, the problem can be partly attributed to the almost total absence of explicit policies on sexuality in the Nursing Homes⁽¹¹⁾.

Professionals reported using humor as a strategy to circumvent sexuality issues. It is recognized that humorous comments by professionals often work as a form of coverting social control, which thus prevent unwanted behavior, indirectly regulating the sexual expression of the residents. In this sense, negative attitudes and prejudices can be perceived by the residents. When internalized, they can potentially affect the residents' thoughts about the social and/or moral permissibility of sexual involvement in residential settings for the elderly⁽¹²⁾.

The concern with hostile attitudes or words from other residents and employees notably surround homoaffective-ness. The care team as a whole does not support homoaffective identities, expressions, and relationships, which can be associated with beliefs, cultural issues and gaps of knowledge on the subject. The organizational environment is of great importance in shaping care practices within institutions. Systemic policies which promote affirmative action and provide opportunities to understand stories and life experiences have a key role in providing awareness-raising opportunities for these issues of sexuality⁽¹⁰⁾.

In addition, it was observed that the type and degree of sexual or intimate interaction influences the attitudes of nursing professionals working in the Nursing Home. These data corroborate a survey conducted in Japan, which revealed that team members generally show greater acceptance of behaviors perceived as affectionate and respond to eroticism with anger and objection, usually responding to behaviors in ways that range from humor to direct censorship⁽⁶⁾.

Living in an institutional environment introduces elements of surveillance and thus of loss of privacy, triggering embarrassment and constraints⁽¹⁶⁾. Discussions on the moral permissibility of intimate behavior should not start from subjectivities, but rather be based on results derived from the interaction of all individuals in the institutional environment. The information should be deprived of sensationalism, seeking to separate one's own values to receive help and support by training that improves the skills in relation to established intimacies⁽¹⁶⁾.

Thus, there seems to be a fine line between acceptable or repressed sexual behavior, denoting a relationship with the professionals' individual's cultural aspects, considering the lack of protocols or institutional guidelines to approach and act on these issues⁽¹⁷⁾. Consequently, most nursing professionals are driven by individual postures, and are inclined to prohibit such behaviors, justifying prerogatives of protection to other professionals and/or residents. In this way, physical barriers are used in many cases to punish or prevent unwanted sexual behavior⁽⁹⁾.

Employee's attitudes and reactions to the expression of sexuality in the Nursing Home setting may be influenced by different factors such as organizational culture, cognitive status or the nature of sexual behavior. In the latter case, while tolerance seems to be an acceptable reaction with regard to sexual relations between men and women, many professionals would be less likely to accept same-sex relationships⁽¹⁸⁾.

The theme of sexuality is complex, demanding actions to be multidisciplinary in order to recognize and overcome the challenges that arise when perceiving sexuality in a context of extended and comprehensive care. Nursing assumes innumerable possibilities of action in this context; therefore, it is apparent that in order to understand and act on aspects of sexuality, it is not enough to understand sexual anatomy and physiology, but it is also necessary to take into account psychosocial aspects and the culture in which individuals are inserted^(11,19).

CONCLUSION

Social, ideological and imaginary formations have been pointed out as constituents of the numerous relational networks that allow sexual functioning in the institutional scope. The difficulty in approaching the subject of sexuality, whether due to constraint or by basing the discussions on personal beliefs, emphasizes academic and professional training gaps.

Sexual expression is viewed by professionals as necessary, however, they elucidate their roles as regulators of the care environment. In this way, aspirations of the professionals seem to prevail over those of the elderly women. The professionals described the strategies they use to act in situations

that identify expressions of sexuality ranging from humor to direct repressive actions.

The fact that the study only gave voice to nursing professionals can be seen as a limitation. We suggest an extension to other studies that deal with sexuality in institutional contexts, thereby allowing visibility to other populations served by Nursing Homes care for the Elderly and also to other professionals that integrate the multiprofessional team. It can be seen that the discussions about the theme are still superficial, not considering the quality of care in broader and deeper terms. Therefore, it is understood that it is necessary to rethink these environments in their normative, institutional, physical and operational conjunctions.

RESUMO

Objetivo: Analisar como a equipe de enfermagem atua frente à sexualidade no cotidiano das idosas institucionalizadas. **Método:** Estudo qualitativo e descritivo, realizado em uma Instituição de Longa Permanência, na região sul do Brasil. Os dados foram coletados nos meses de abril a julho de 2016, por meio de entrevista semiestruturada e submetidos à Análise de Discurso Francesa Pecheutiana. O estudo respeitou as normas da legislação brasileira para pesquisas com seres humanos. **Resultados:** Participaram do estudo 18 profissionais de enfermagem. As formações ideológicas e imaginárias permearam o discurso dos sujeitos, interpelando o entendimento da sexualidade, sua conformação institucional e a atuação despendida sob as manifestações da sexualidade. Assim, frente à atuação dos profissionais, tornou-se possível identificar dificuldades, como constrangimento, desconforto ou prevalência de crenças pessoais e estratégias. Tais estratégias se diversificaram, desde o uso do humor até as ações diretas repressivas. **Conclusão:** A compreensão da dinâmica da atuação dos profissionais frente à sexualidade permite vislumbrar a necessidade da integralidade no cuidado, tangenciada por formações sociais, ideológicas e imaginárias, o que suscita o imperativo fortalecimento da formação acadêmica e profissional.

DESCRIPTORIOS

Idoso; Sexualidade; Enfermagem Geriátrica; Equipe de Enfermagem; Instituição de Longa Permanência para Idosos.

RESUMEN

Objetivo: Analizar cómo actúa el equipo de enfermería ante la sexualidad en el cotidiano de las ancianas institucionalizadas. **Método:** Estudio cualitativo y descriptivo, llevado a cabo en una Institución de Larga Estancia, en la región sur de Brasil. Los datos fueron recogidos en los meses de abril a julio de 2016, mediante entrevista semiestructurada y sometidos al Análisis del Discurso en la línea Francesa Pecheutiana. El estudio respetó las normas de la legislación brasileña para investigaciones con seres humanos. **Resultados:** Participaron en el estudio 18 profesionales de enfermería. Las formaciones ideológicas e imaginarias involucraron el discurso de los sujetos, interpelando la comprensión de la sexualidad, su conformación institucional y la actuación despendida bajo las manifestaciones de la sexualidad. De esa manera, ante la actuación de los profesionales, se hizo posible identificar dificultades como vergüenza, incomodidad o prevalencia de creencias personales y estrategias. Dichas estrategias se diversificaron, desde el uso del humor hasta las acciones directas represivas. **Conclusión:** La comprensión de la dinámica de la actuación de los profesionales frente a la sexualidad permite vislumbrar la necesidad de la integralidad en el cuidado, rozada por cambios sociales, ideológicos e imaginarios, lo que suscita el imperativo fortalecimiento de la formación académica y profesional.

DESCRIPTORIOS

Anciano; Sexualidad; Enfermería Geriátrica; Grupo de Enfermería; Hogares para Ancianos.

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