

MEANING ASSIGNED BY THE ELDERLY TO THE EXPERIENCE AT A LONG STAY INSTITUTION: CONTRIBUTIONS FOR THE NURSING CARE¹

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ABSTRACT: It is an ethnographic study which aims to interpret the meaning attributed by the elderly to the experience at a Long Stay Institution for the Elderly, in the municipality of Curitiba, Paraná, Brazil. The information was collected by participant observation and ethnographic interviews, between January and August 2010, at a private and for-profit institution, and it was analyzed in domains, taxonomies and cultural theme. The key informants were elderly residents chosen by criteria of inclusion. Cultural domains that emerged were: reasons that led to live in the institution; ways of living; daily activities; activities promoted by the institution; feelings attributed to the experience; institution attributes; residents attributes and the cultural theme: in search of the nectar of life. This experience meant to the elderly the possibility of being cared, broadly understood as maintenance of life and well-being optimization, and also implying in actions of nursing care.

DESCRIPTORS: Aged. Homes for the aged. Research. Nursing. Anthropology, Cultural.

SIGNIFICADO ATRIBUÍDO PELOS IDOSOS À VIVÊNCIA EM UMA INSTITUIÇÃO DE LONGA PERMANÊNCIA: CONTRIBUIÇÕES PARA O CUIDADO DE ENFERMAGEM

RESUMO: Trata-se de estudo etnográfico com o objetivo de interpretar o significado atribuído pelos idosos à vivência em uma Instituição de Longa Permanência para Idosos, do município de Curitiba, Paraná, Brasil. As informações foram coletadas por meio de observação participante e entrevista etnográfica, em uma instituição de caráter privado com fins lucrativos, no período de janeiro a agosto de 2010, e analisadas em domínios, taxonomias e tema cultural. Os informantes-chave foram idosos residentes, selecionados mediante critérios de inclusão. Emergiram os domínios culturais: motivos que levaram a viver na instituição; maneiras de viver: atividades do cotidiano; atividades promovidas pela instituição; sentimentos atribuídos à vivência; atributos da instituição; e atributos das pessoas residentes; e o tema cultural: em busca do néctar da vida. Essa vivência significou para os idosos a possibilidade de ser cuidado, compreendido de forma abrangente, como manutenção da vida e otimização do bem-estar, implicando em ações de cuidado de enfermagem.

DESCRIPTORIOS: Idoso. Instituição de longa permanência para idosos. Pesquisa. Enfermagem. Antropologia, Cultural.

SIGNIFICADO ATRIBUIDO POR LOS ANCIANOS A LA VIVENCIA EN UNA INSTITUCIÓN DE LARGA PERMANENCIA: CONTRIBUCIONES A LOS CUIDADOS DE ENFERMERÍA

RESUMEN: Se trata de un estudio etnográfico con el objetivo de interpretar el significado atribuido por los ancianos a la vivencia en una Institución de Larga Permanencia para Ancianos en Curitiba, Paraná. La información fue recopilada a través de la observación participante y entrevistas etnográficas en una institución de carácter privado con fines de lucro en el período de enero a agosto de 2010 y analizadas en dominios, taxonomías y tema cultural. Los informantes clave fueron los residentes seleccionados por criterios de inclusión. Surgieron los dominios culturales: razones para vivir en institución; formas de vida: las actividades diarias; actividades promovidas por la institución; sentimientos atribuidos a la experiencia; atributos de la institución; las personas que residen y el tema cultural: la búsqueda del néctar de la vida. Esta vivencia significó a los ancianos la posibilidad de cuidado en un sentido amplio como el mantenimiento de la vida y expansión del bienestar, lo que implica acciones de cuidado de enfermería.

DESCRIPTORIOS: Anciano. Hogares para ancianos. Investigación. Enfermería. Antropología cultural.

INTRODUCTION

Once emerged, the nursing homes had characteristics of places for old age degeneration and world alienation. At these places, it was common to find abandon situations and dependency conditions of the elderly. Today, it is possible to see that physical, cognitive and social dysfunctions, often present among the elderly, result in the need for institutionalization.

The current legislation establishing the minimum criteria for the operation of these institutions is contained in the Resolution of the Executive Board of the National Agency of Sanitary Surveillance number 283, of September 26, 2005, in which they received the designation of Long Stay Institution for the Elderly (LSIE).¹

In relation to the LSIE topic, the literature points out situations such as isolation, abandonment, loss of identity and autonomy of residents, but some recent studies show that the admission in these institutions appears as a condition of access to health care, social support and safety. "Culturally, the LSIE is socially rejected due to the symbolism that carries; on the other hand, it is increasingly becoming the choice for those people who are unable to live independently."^{2,259}

An ethnographic study was conducted at one LSIE, based on the stories and memories of the elderly.³ In spite of the reports of poor housing conditions in the past, currently, the social control of the institution has changed and allowed the elderly to make choices, like their clothes and purchases, and the reinvention of roles and social trajectories.

However, there is little scientific literature on ethnographic studies focusing on daily events and the meaning of the experience at one LSIE, in the perspective of the residents. This study presents the results obtained through the research developed in the dissertation for the Nursing Master's Degree Course, in which it was used the ethnography methodological framework proposed by the anthropologists, seeking to interpret the meaning given by the residents to their experiences at an LSIE. The methodology of these authors has been applied on ethnographic researches in the area of nursing to reveal meanings, under the vision of the actors,⁴ and contributing to the study of cultural influence for nursing care.

The meanings are communicated, transmitted and perpetuated culturally. They are expressed through the use of symbols and make it possible for individuals in a group to interpret their experiences and understand events and situations of life.⁵ The interpretation from the perspective of elderly residents at an LSIE reflects their own meanings, beliefs, ways of living and it is possible to value their points of view about nursing care. This study aimed to interpret the meaning assigned by the aged living in a long stay institution for the elderly, in Curitiba, Paraná, Brazil.

METHODOLOGY

The qualitative approach was chosen as a tool for the development of this study. It was guided by the methodological framework of ethnographic research, proposed by Spradley and McCurdy.⁶⁻⁷ The ethnographic work is to describe a culture from its natives' point of view. For this, the ethnographer participates in activities, asks questions, watches the ceremonies, learns new languages, takes notes in a field diary, observes the cultural scenes and interviews key informants.⁷

Scenery of study and research actors

The study was conducted at a private and for-profit LSIE, in regular operation in the municipality of Curitiba, Parana, which in March 2010 had 81 residents: 61 women and 20 men. There are three wards in the institution for the residents, according to the degree of dependency for daily life activities. In the residential area, it is possible to see those residents considered independent, in the ward II, the semi-dependent elderly and in the ward III, the dependent ones.

The actors of this research were all the people who participated in the cultural scenes experienced during the fieldwork. Among them, health professionals, staff and elderly residents at the institution that participated in the investigation through participant observation. Ethnographic records were kept about all information that helped to document the social situation under study. The rich and symbolic meanings are in the relationships and use of symbols, like language, artifacts and body movements.⁷

Key informants were selected among elderly of both sexes, by the inclusion criteria: being

65 years or older; living at the institution for three months or more; providing physical and cognitive abilities to maintain an effective dialogue and evaluated according to scores of the Mini-Mental State Examination (MMSE)⁹ and cutting points;¹⁰ availability and fluency in the Portuguese language for dialogue. Although in Brazil, a person is defined as elderly from 60 years old,¹¹ the age criterion of 65 years or more has been used in projects conducted by the research group, in order to facilitate results comparisons from researches generated in developed countries. The criteria to the exclusion from the study were: life expectancy under six months, due to terminal and documented illnesses; be transferred to another LSIE or Hospital.

Twenty-two elderly were selected, 14 women and 8 men, from the MMSE application and cutting points according to their education. Out of the total, 11 participated as key informants and were interviewed individually. They were 6 women and 5 men, two from the semi-dependent ward and 9 from the residential ward, and they were residents at the LSIE for a period ranging from six months to five years (mean = 2.68 ± 1.55 years). The participants interviewed formally characterized by a mean age of 80.82 ± 7.56 years, ranging from 66 to 88 years and a mean of 5.36 ± 2.91 years of formal education (between three and 11 years). These seniors' performance was above the cutting points established for the MMSE, with scores between 22-29 points (average = 25.27 ± 2.69 points).

Field work, information analysis and ethical aspects

The information was collected through the participant observation and ethnographic interviews, between January and August 2010, totaling eight months of field work. The socio-demographic data of the elderly (age, marital status, education, degree of dependence, profession /occupation, length of institutionalization) were obtained by reading their records.

The participant observation began with descriptive observations, in order to get an overview of the situation, following the more focused ones, as the cultural domains were delimited. This technique was useful for the cultural scene description, in addition to testing hypotheses or statements, data complementation and the

interpretation of what it was said by the elderly, in the interviews. A relevant aspect to the observations and records was the human experience, involving what people do, what they say, what they know, what they use or build (like artifacts) and where they are.

The ethnographic interview began with descriptive questions according to a semi-structured and elaborated script, and followed by structural questions. The interviews were conducted in the rooms of the elderly, and also, in places of collective coexistence at the institution, like the chapel and library. The formal interviews were conducted individually and they were recorded, while in the informal ones were not used any recorders. Both of them were used to understand the socio-cultural context and viewpoint of the elderly.

Data were analyzed concomitant to the collection, between January and August 2010. Cultural domains were searched in the ethnographic records from the identification of semantic relations and terms covered and included. After the preparation of hypothetical domains, they were tested through observations and interviews by using structural questions.

The taxonomies were structured from the most significant domains, with more information in order to allow the interpretation of the meaning assigned by the elderly to their experience, at the LSIE. The taxonomic analysis started from the selection of a significant area with higher amount of terms included in order to identify new terms, relationships and their subdivisions in the ethnographic records. So, it was developed a taxonomy attempt in one schematic form and it was elucidated and checked with the informants, starting from focused observations and interviews with structural-selective questions.

In the thematic analysis stage, it was identified the great unity of thought that is present in the domains and it provides a holistic view of cultural scenes. The cultural topic constituted the biggest pattern around which the relations between identified domains were incorporated.⁶ The cyclical process of data collection and analysis was interrupted when information circularity was obtained and the most significant domains of the study contained sufficient pieces of information to bring the cultural theme.

The research project was sent to the Ethics Committee of the Division of Health Sciences

of the Federal University of Paraná, and it was approved on November 23, 2009 under the file nº 3657.0.000.091-09. It was respected the ethical precepts on voluntary and consented participation, according to the Resolution 196/96 of the Health Ministry.

RESULTS AND DISCUSSION

From the ethnographic data analysis emerged six domains, cultural taxonomies and a cultural theme that are presented below.

Cultural domain 1 – Reasons to live at the LSIE

The family dynamics was interpreted as a reason by which the elderly do not have family company to live with. With respect to the family, spouse and other family members death, disagreements and decisions that excluded the elderly from living in the same house, have contributed for the decision of living at the LSIE: [...] *all died. So, it was disappointing to live alone; I had to depend on one person to fix lunch, dinner for me and stuff like that. For me, it was easier to come here* (Mr. 3). All key informants reported that the decision of going to the institution was personal, though influenced by these situations. However, with the exception of an elderly woman who said she had been forced by her family: *the reason was my family did not want me anymore because I was old, I used to bother them and they did not want to be bothered at home* (Mrs. 1).

The elderly reported they did not want to be alone at home and they pointed out different reasons for that, such as fear of burglars, lack of companies and because there was nobody to help them if anything happened. The last reason is related to the awareness of health problems and they feel unsafe because of this. *I did not want to live alone for fear of robbers* (Mrs. 2). *I did not want to be alone because I had stayed alone for one and a half year, and I did not like it. I missed somebody to talk to* (Mr. 2). *My heart is dilated and I have chronic lung. At first, I could not operate my eyes and my knees are really bad, too. I take a lot of medication, thirteen tablets per day; I have to do inhalation four times a day. I could no longer stay at home* (Mrs. 6).

Health problems lead to a need for professional supervision, due to the presence of multiple chronic diseases, limitations to perform basic activities and/or instrumental ones

on daily basis, and the polypharmacy. At the LSIE, the elderly has nursing care twenty-four hours a day, medicines control and emergency service. An old woman said she had no strength to climb the stairs, and because of that, it was impossible to live with her son. Meanwhile, accessibility is provided in the legislation at the LSIE.¹ *But there, I always had to climb the stairs, so it was very dangerous. It was an apartment, I do not have the strength I used to, and I cannot climb the stairs* (Mrs. 3).

The reasons expressed by the elderly, which led them to live at the LSIE, are also found in other studies of the literature. At a philanthropic LSIE in Fortaleza, Ceará, the residents attributed their admission in the institution to factors such as loneliness, care needs, family conflicts, loss of their loved ones, need for security and fear of being alone due to urban violence.²

Cultural domain 2 – Ways of living at the LSIE: daily activities

Women residents cook up artifacts like crocheting, embroidery, knitting and paintings on cloths. They make crafts to give for their relatives and one of them sells the product, although the goal is not profit or livelihood, but distraction. The production of artifacts by the elderly at the LSIE has some of the features present in urban space crafts, like the use of creativity, elements of nature and experimenting with shapes and designs. *This [drawing] here, I took it from the purse of a lady who lives here. The small bag was made of paper, very little; she used to bring it to the table. So I put it in the dish towel, I made a green shade and also a little bit of the small brown little fence, in the same way. It is quite cute. And I get distracted, time passes by, it is good for the head* (Mrs.5). The construction of the artifact using skills and abilities concentrates a symbolic capital consistent of capability and knowledge, and it is expressed in that task knowledge acquired by different pathways during her life trajectory.¹²

Music was mentioned by one of the elderly who plays harmonica. When there is a meeting at the Institution's chapel, he often integrates with other musicians who come from outside to play religious songs that are sung by the participants. Art is considered a way to express sensitivity, the feeling for life, and it is considered as wide and deep as social life itself.¹³

The activities that the elderly like to perform and represent hobbies, besides having fun, included puzzles, games and watching television. Developing the participant observation in the field work, several of these games have been learned, like the two bent nails an elderly gave me to dismember them. It was not easy for me, and he showed he could separate them with only one hand: [...] *you know I am making my jokes. I have fun with this. I am always making new ones and studying. For example, did I give you that nail to dismember once?* (Mr.1). These "ways of doing" constitute one thousand practices by which the residents reappropriate the space, which is organized by techniques of socio-cultural production. The practices reveal ways of thinking invested in ways to act and strive, in order to establish their cultural legitimacy to everyday life.¹⁴

The reading habit is a distraction purely cultural and the informants reported this activity: [...] *I am reading a book here; my daughter brought it for me. It tells when the immigrants came to Paraguay, how it happened* (Mrs. 3). Also, I noted residents reading books, magazines, newspapers, beyond the Bible, at the library.

Reading is seen as one of the daily activities that shows traces of a silent production, from the television to the newspaper (image or text), this art is not passivity. "[...] the readers are travelers; circulating in lands of others, nomads hunting on their own through the fields that did not write, taking the goods from Egypt to enjoy them"^{14:270}.

Walks within the Institution or in the region were reported by the informants and observed daily in the field work: *I walk a lot, you know. In the morning I walk twenty laps around the garden* (Mrs. 2); [...] *I do my walk, she [the wife] no longer walk like that. She walks in here and I walk in the street. I am not anymore who I used to be, but I can still do something* (Mr. 5). The overall character of an institution is symbolized, mainly, by the barriers to the external social environment such as locked doors, high walls, ditches, forests or swamps.¹⁵ Some of those characteristics of physical layout are present in the LSIE. They are justified by safety and they also serve to prevent residents' non-communicated exits.

Other rides mentioned by the informants were going to their relatives' house, especially for lunch on Sundays, besides church and market. The tours involving family members provide

contact with their cultural nucleus of origin. They are an opportunity to experience habits they have developed over a long time, throughout their lives, as it is noted in the following speech, referring to the cultural element of food: *on Sundays my daughters send me to what we have at home, it is the food we are familiar with* (Mrs. 6). It stood out in this domain, the different ways the elderly develop to live at the LSIE. These activities reflect individualities and similarities among them. They give meaning to life and express their personal preferences.

Cultural domain 3 - Activities promoted by the LSIE

Meals are served in each of the Institution's wards at pre-established schedules. *I get up in the morning, take a shower, get dressed and come for coffee to the restaurant* (Mr. 2). One of the key informants prefers to drink coffee in his room. *The coffee and newspaper come here for me, in the morning. There was a time they did not bring them anymore; I spent a month without drinking coffee. Breakfast is at 7:45 am and I can not sleep before midnight. They bring coffee for me at 8:30 am, I drink it right away, when it arrives here I have already got up* (Mr. 4). That was a manner to best suit the lifestyle of the elderly to the routine of the LSIE. Even in the case of an Institution that develops collective activities, there are ways people find to express their individualities. In the residential ward, there are individual bathrooms, so the elderly usually take showers alone and they also get dressed by themselves. In the other wards, the residents take showers in the morning, in collective showers and one of the respondents reported his perception about that: *it is a car wash, they make a row, they start taking people out of their beds, put them on the little chairs, they take them, they wash and dry them, it is all at the same time. I never took a bath with anyone. There you meet everyone: the person who is ill, the person with good health, all of them taking showers at the same place, it is disgusting* (Mrs. 1). One of the mortification forms of the self, in total institutions, is the contaminant exposure. In the outside world, the individual usually manages to keep objects that are connected to his feelings of self, like his body or property, out of contact with contaminating and odd things. In total institutions, these territories of the self are violated, the boundary a subject establishes between his self and the environment is invaded.¹⁵

Occupational therapy is performed daily at the LSIE, and during the field work it was noticed that the elderly participate in a heterogeneous way: while some of them participate on most of the promoted activities, others choose those ones that are in line with their preferences and possibilities. In these group meetings, the elderly play, watch videos, dance and do manual works like drawings, crafts, among others. *Activities, I have enough for every single day. Today, for example, we already made small chains for June festivities. For Mother's Day, we made those daisies [she showed the flowers vase on the dresser] there, there are little things of the heart, of Easter, we make all this for each season* (Mrs. 6). The occupational activities enable the participation of the elderly and the conservation of their abilities. The programs of socio-cultural animation to the institutionalized elderly involve education and culture, access to training and/or information, socio-communitarian participation like the volunteer groups, and also, the productive leisure with the development of interests of the elderly.¹⁶

At the LSIE, religious meetings occur several times during the week and they are basically characterized by prayer, pastor preaching, Bible readings and religious hymns. The profession of faith, such as worship and prayer, provides well-being, according to the following speech: *for me, when I can go [to church], it seems like a grace from God. When I am inside the church, for me it is everything. I feel good* (Mrs. 2). Religious rituals have the common label of repetition. They show the sacred, transcendent and they structure the world's visions. These rituals are a cultural system of symbolic communication that demonstrates order and promise of continuity of social groups.¹⁷ There is a variation between different cultures in the formulation and expression of symbols considered sacred, which dramatize the values of a group and indicate the existence of good and evil, as well as the conflict between them.⁵

The LSIE role is to encourage and maintain the family ties of the elderly, otherwise it is characterized the abandonment of them. The parties hosted by the LSIE enable the participation of relatives in the institutional context. They are held in monthly frequency, on weekends, to facilitate the presence of relatives and friends, especially when it is the elderly birthday they tend to appear. The activities pro-

moted by the Institution have showed aspects of institutional culture, although it has not been this study's focus. It was noticed, for example, concern with the ILSE obligations under the law and to meet the demand for services at a Health Institution.

Cultural domain 4 – Feelings assigned to the experience at the LSIE

In general, feelings of satisfaction prevailed in the speeches of the elderly, and they specified factors that generated them: having food at will, feeling well cared and the tranquility of having their basic human needs cared. At the Institution, they receive the attention of professionals and staff, so they feel supported. *I cannot complain. Everything is fine. I am living here, at this home, there is always food at will* (Mrs. 2). *Very well cared for, enough health, I have no legs pain, I have no pain at all* (Mrs. 4). *We have everything we need, it has decreased her concern on taking care of the housework and doing what is needed daily* (Mr. 5).

The meaning attributed to the experience at the LSIE appeared as a factor influencing the feelings of the elderly, and it is related to the autonomy in their decision of going to live at the Institution. Although some situations addressed in the previous domain led to this decision, the elderly reported they have gone there by their own decision. *We wanted to come here, because if you are forced to live in a home, you suddenly feel controlled or forced to do things you would not want to* (Mr. 5). *One key informant said she was forced by her family, and she showed feelings of dissatisfaction attributed to this experience: I could only feel realized if I lived at my house. Here, there is no fun, there are only sick people and it makes me feel very sad* (Mrs. 1).

Feeding was considered a cause of satisfaction by some, while others reported they miss certain types of food or the preparation form does not match their expectation. *I was used with other kind of food, and here, the food has no spice sometimes. Maybe, they do so because some people cannot eat salt. The food I fix has the salt it needs, and I think it gets tastier* (Mrs. 3). *I miss fruits, food well cooked, well done. I used to fix my food neither too fat nor too light. I used to cook my way, at my house, with garlic, onion, parsley, chive and celery, and the food was delicious* (Mrs. 1). These food preferences are permeated by cultural aspects

that define them. The presence of ethnic elements and typical meals has a sentimental mark, and foods get a symbolic value.¹⁸

It was noticed, in this cultural domain, that feelings of dissatisfaction are often linked to cultural differences at the Institution and by the residents. Thus, ethnocentrism emerges as an emotional attitude that ranks the values considered strange, according to the degree of difference with their own values.¹⁸ The feelings people have for life is transmitted through various cultural segments such as art, religion, morality, forms of leisure and even the way they organize their daily and practice lives. Feelings that have been described, in this domain, can be observed in symbolic expressions in the daily lives of the elderly.

Cultural domain 5 – LSIE attributes according to the elderly

The key informants mentioned that the nursing home, where they lived, was different from others because they had specific time for breakfast, room to walk, food at will and varied, individual bedrooms and bathrooms. *This is different from other nursing homes. We have enough space to walk and specific time for having breakfast. At lunch time, we eat what we want; then, we have dinner and there are plenty of fruits (Mrs.2). There is no other place like this, in Curitiba. Everyone has his own bedroom and bathroom, here is good, I have nothing to complain about. The food is good and varied (Mr. 4).* These characteristics relate to the negative attributes of well known mendicity asylums, where there were food shortages, overcrowding and little space for sheltering the elderly.

In the bedrooms of the elderly, it can be found objects that represent their unique universe. They serve as a memory anchor and prevent from identity loss when they join the Institution.³ Different forms of these objects were observed at the LSIE, especially in the bedrooms, where the elderly have more privacy and keep their belongings, as it is shown in the records of the field diary, describing the characteristics of a key informant's bedroom: *he called my attention to observe the paintings hanging on his bedroom wall. He pointed to the biggest of them and explained that painting was done from a photo of him and his brother, seated on a wagon going to Campo Comprido, in Curitiba. The road was still dirt and there were trees such as Araucaria around it (Field diary, June 2010).* The use of individual

assets is not present in total institutions, where the stripping of assets and periodical confiscations guarantee their absence. The replacements, when they occur, are standardized and uniformly distributed.¹⁵

In the speech of the elderly, they characterized the LSIE as a place where they could rest. That repose was not presented as leisure, but the lack of *hustle* and *bustle* of everyday life. *I worked too much. The routine of the city is another way of life. So, that creates a sort of marasmus. It creates a nightmare, a responsibility that has to be fulfilled from minute to minute and from second to second. So, I looked for this home here (Mr. 3).* The proper treatment offered was mentioned by the elderly, noting that the staff is good and they get their medicines on time. The cleaning of the place was also reported and observed in the field work. *I did not know nursing was such a good service. The nurses here take care of us, they do not stop. For me is even difficult to take a step, I cannot do it. So, they put in bed, they take me out of bed, they bathe me (Mrs. 4). The treatment is very good, the food is good, the remedy is on time and we are being treated with complete hygiene (Mr. 5).*

The controlled liberty was interpreted, in the discourse of the elderly and some features observed at the ILSE, as the presence of internal and external security cameras. On this, one of the informants said: *now, we have to be very careful because they filled the place with filming. They say it is due to the elderly who sometimes fall down. And sometimes, they run away, they leave the place; they leave together before closing the gate. This has already happened several times (Mrs. 5).* The institutional norms are reflected in the daily life of an LSIE and because of that, the elderly may feel watched. The residents of LSIE are frequently monitored to prevent the violation of any rule, routine or limit established by the Institution.³ These mortifications are officially rationalized with other fundamentals such as hygiene, responsibility for the life or safety.¹⁵

Cultural domain 6 – Attributes of the people living at the LSIE according to the elderly

A common feature among residents is that they pay for employees to perform domestic services. *Here, we have everything. We have to pay here, but there is a bedroom, a maid who comes every day and cleans the bathroom and the bedroom. And also*

the clothes, today I have sent my clothes to the laundry, and tomorrow they will come clean and ironed. I have to do nothing (Mrs. 3).

The residents have diverse ethnic origins. Besides Portuguese, many of them speak German and the dialect, while others speak Russian, English and Ukrainian. *You know, I have never learned Portuguese, only in the street. So, for me, it is kind of hard to speak Portuguese, but I speak German, Russian, Ukrainian and English* (Mr. 1). Some elderly, who speak and understand little Portuguese or have forgotten the language by getting older, have greater fluency in their native languages. When different societies come into contact they tend to transform, so, they lose cultural elements and acquire new ones. The trend of learning the natives' language and the use of a new language is accompanied by the incorporation of customs.¹⁸

The attribute of religious people was present and it was understood like a particular way of looking at life, and building the world from symbolic conceptions transmitted from generation to generation. Religion not only serves to the formulation of general conceptions of the world, itself and the relations between them, but also influences human experiences and behaviors.⁵

The presence of diseases among the LSIE residents, especially Alzheimer's, was identified by the informants. *Those who live by my side at the residence are very well. Over there, there are people with Alzheimer; it is very sad* (Mrs. 2). One of the criteria used for the informants' selection was the MMSE score above of the cutting points for cognitive decline and, thus, most of them were in the residential ward. The existence of different degrees of dependency among residents, at the LSIE, was described by the informants and it reflected different needs of required assistance.

Cultural theme - LSIE: searching for the nectar of life

The cultural theme that emerged from the analyze of domains and taxonomies, and it is contained in the elderly experience at the ILSE, was searching for a place where they could feel cared and understood as the conditions for survival. Care is considered as a condition for human existence and without it, a person loses his structure, his meaning and dies. The

action of life caring is an instinctive reaction, in order to be protected from external agents that are potentially threatening, individually or in groups, it is performed in a conscious and premeditated form.¹⁹

The meaning of the elderly experience, at the LSIE, was interpreted as the search for the nectar of life. Nectar refers to food, it is essential for life and, therefore, care is the nectar of life. Understood in this way, it is presumed the importance attributed by them to this Institution, as they did not have a better option. In this situation, they try to get adapted to the norms and routines of the institution, and they also develop their own strategies against the dying of the self. Although the LSIE cannot be characterized as a total Institution, some traits were identified in daily life and discussed in cultural domains.

Before the different situations that affected the elderly in the old age, they opted for the experience at the LSIE. This option was interpreted as necessary to maintain their health and well-being, which could be threatened if they remained at their homes. Then, going to the LSIE meant the search for protection, shelter, security and social harmony as motivating reasons. This choice, however, is permeated by social, cultural, familiar and health aspects, among others.

In this sense, there is a convergence between the care the elderly looked for at the Institution and its primary objective. Even among those residents considered independent, dependent or between all human beings, there is a necessity of care for the existence. Nevertheless, it was observed the peculiarities of care that ranged from the need for help on daily hygiene, and spanning, for example, to the social life, artistic expressions and manifestation of individuality.

It is considered that human beings need care throughout their development stages, but on a greater degree during childhood and old age. All human beings are vulnerable in every dimension, and they are dependent and limited by his finitude. Under this perspective, care becomes a condition for survival.²⁰

The forms of care for human beings are studied from the nursing viewpoint in various socio-cultural contexts and populations. At the LSIE, there is also the presence of many cultural universes and the own conceptions of life and care. The attitudes of objectification of nursing professionals, which in the context of this study

may be called “mortification of the self”, disregard the cultural values of the elderly and are characterized as non-care actions. On the other hand, care encourages people independence, the development of their skills and personal achievements.²⁰

For the residents, the institutional environment meant the possibility of care as a means of life sustaining and well-being optimization. So, there is a challenge for nursing professionals who work on caring for the elderly, it is to enable human beings to live daily life fully, to promote freedom and autonomy with accountability, to improve self-esteem and, in particular, the joy of living.

FINAL CONSIDERATIONS

The anthropological perspective broadens the way of seeing and understanding various human behaviors. In the position of apprentice to a new culture, it was necessary to develop the so-called “watchful eye” for cultural aspects, its relations and the understanding of these. So, it was explored the experience of the elderly at the LSIE.

The experience description of elderly residents, at the LSIE, revealed a diversity of cultural symbols and expressions. In that knowledge, it is possible to find development possibilities of the culturally congruent nursing care. It should be noted that in a collective residence Institution, it sometimes involves bending rules and routines, opening space for individual and group expressions. The recognition of individual and cultural differences alerts for care specificities.

It is also worth noting what it has been described in the cultural context of the study. It is about a peculiar LSIE, in comparison to the reality of most Institutions, and serving as a reference in some respects. Moreover, the interviewed population does not reflect the profile of most residents at those Institutions, since the implementation of the MMSE largely excluded them from the participation in the study.

In the ethnographic description was possible to portray some aspects on the modes of living at one LSIE, as well as the expectations of institutional care in a local reality. Although many of these aspects cannot be reproduced in different contexts, ultimately, they show the culture influence for the nursing care at the LSIE.

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