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MEANINGS ATTRIBUTED TO ACTIVE AND HEALTHY AGING TO A GROUP OF ELDERLY PEOPLE LIVING IN COMMUNITY

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ABSTRACT

Objective: to find out and interpret the experiences and meanings attributed to the active and healthy aging of a group of elderly people over 64 living in community in the city of Montevideo, Uruguay.

Method: we chose the qualitative method with dialectical hermeneutic approach. Data collection occurred through in-depth interviews with 11 elderly people aged 64 or more in the city of Montevideo, Uruguay.

Results: data analysis allowed us to construct the categories personal development, physical state changing, losses, social role changes, lack of recognition, recreation activities.

Conclusion: we identified relevant aspects on the need to feel useful for society and family; they recognize that their functional capacity has decreased; they feel physical limitations. Feelings of economic, physical and labor losses showed up in the study. They point out that their mental health is their strength that keeps them alive and active.

DESCRIPTORS: Aging. Elderly person. Qualitative research. Life change events.

SIGNIFICADOS QUE LE ATRIBUYEN AL ENVEJECIMIENTO ACTIVO Y SALUDABLE UN GRUPO DE PERSONAS MAYORES QUE VIVEN EN COMUNIDAD

RESUMEN

Objetivo: conocer e interpretar las experiencias y los significados que le atribuyen al envejecimiento activo y saludable un grupo de personas mayores de 64 años que viven en comunidad en la ciudad de Montevideo, Uruguay.

Método: se optó por el método cualitativo con enfoque hermenéutico dialéctico. La recolección de datos se realizó a través de entrevistas en profundidad a 11 personas mayores de 64 años de la ciudad de Montevideo, Uruguay.

Resultados: el análisis de los datos permitió construir las categorías de: desarrollo personal, alteración del estado físico, pérdidas, cambios del rol social, falta de reconocimiento, actividades de recreación.

Conclusión: se identificaron aspectos relevantes sobre las necesidades de sentirse útiles para la sociedad y familia, reconocen que su capacidad funcional ha disminuido, sienten limitaciones físicas. Se devela el sentimiento de las pérdidas, tanto económicas, como físicas y laborales. Manifiestan que una fortaleza es su salud mental la que los mantiene vivos y activos.

DESCRIPTORES: Envejecimiento. Persona mayor. Investigación cualitativa. Acontecimientos que cambian la vida.

SIGNIFICADOS ATRIBUÍDOS AO ENVELHECIMENTO ATIVO E SAUDÁVEL EM UM GRUPO DE PESSOAS VIVENDO EM COMUNIDADE IDOSOS

RESUMO

Objetivo: compreender e interpretar as experiências e significados atribuídos ao envelhecimento ativo e saudável de um grupo de pessoas com mais de 64 anos que vivem em comunidade, na cidade de Montevideo, Uruguai.

Método: qualitativo com abordagem hermenêutico dialético. A coleta de dados foi realizada através de entrevistas em profundidade com 11 pessoas com mais de 64 anos da cidade de Montevideo, Uruguai.

Resultados: análise dos dados permitiu categorias: desenvolvimento pessoal, condição física prejudicada, perdas, mudanças no papel social, a falta de reconhecimento, atividades recreativas.

Conclusão: aspectos relevantes da necessidade de se sentir útil foram identificados sociedade e família, reconhecem que a sua capacidade funcional diminuiu, eles se sentem limitações físicas. O sentimento de perda, tanto econômica e física e de trabalho é revelado. Eles dizem que a força é sua saúde mental, que os mantém vivos e ativos.

DESCRITORES: Envelhecimento. Idoso. Pesquisa qualitativa. Acontecimentos que mudam a vida.

INTRODUCTION

The Economic Commission for Latin America and the Caribbean considers that, in Uruguay, the population aging is a problem, among other reasons, due to the social security costs. By 2020, the population over 65 will be probably 15% of the total. Uruguay is currently one of the oldest countries in the Americas, with 17% of their population over 60 years, of which 13.4% are over 65.¹

The situation of increased longevity, together with the decrease in fertility and birth rate, lead to the inversion of the population pyramid. The increase in elderly people requires more and more attention, because of the lack of socio-sanitary means and resources, a situation that causes doubt about the quality of life related to the increase of the elderly in our population.² Healthy aging and satisfying lifestyles – as well as maintenance of functional reserves, disease prevention and disability – lead to a more friendly society with older people.² Aging is a natural and unavoidable process. Aging is part of the natural and biological life cycle. It is also a social and historical construction due to the various ways in which the aging process is understood and lived in different communities.³

Thus, the society understands active aging as a social right, which requires the use of compensation strategies that delay the functional decline associated with age. Unhealthy lifestyles have a high prevalence among the elderly people. Accordingly, 83% of the elderly people refer to sedentarism and more than 50% suffers from varying degrees of overweight and obesity, between 20% and 25% are diabetic.³ The prevalence and incidence of mental illness increases with age. There are elderly people

who get to this stage of life with a previous mental pathology while other elderly people have it after the age of 60.¹ Affective disorders, dementias, psychosis, substance abuse (alcoholism and drugs) and multifactorial problems also occur, impacting on mental health such as abuse, mistreatment and neglect in care.¹

On the other hand, life quality has a close relationship with the functioning of the society in which the individual is inserted. The goals proposed and achieved, the degree of physical disability, and the specific elements of the activity that the elderly person engages in, will depend on his/her personal strength and the society. In other words, it is the construction that the individual constructs of his/her personal well-being marked in his/her individual and collective experience.⁴

With respect to successful aging, it is related to the identification of individuals' behaviors, through which they compensate for the losses derived from the aging process. The stimulation and the environment support are maintained to assure behaviors in diverse daily life domains. Accordingly, the children, in general, or the spouse, are the family members that give the elderly person greater support. However, due to sociocultural patterns of our society, daughters generally become their parents' caregivers, data contemplated by studies that reflect the important role that the family plays for the elderly people as the main source of support, with daughters as the main caregivers.⁶

Life quality perceived by the individual often depends on the position they have in the cultural context and value system in which they

live in relation to their goals, expectations, norms, and concerns. Therefore, health-related quality of life should be assessed from the physical, psychological and social dimensions. For example, physical activity is highly related to the life quality of the elderly people, providing a space where the persons strengthen their physical, psychological and social dimensions. Therefore, practicing physical activity is a favorable measure to minimize the effects of changes resulting from the aging process.⁶

Another aspect to take into account at this stage is that it diminishes the objective of competing in life, as well as self-esteem. In the absence of these functions, the real difficulty of being retired is observed; their anguish, marginalization and, on several occasions, isolation from the world. To this, there is also retirement, so that the elderly people also face with a decline in income level, affecting their ability to pay, among others, health expenses. Statistics show that a considerable number of retired people die soon after retiring.⁷

Given the above, it is necessary to investigate healthy aging, among other aspects by the expectancy of life free of disability at the age of 65, as one study shows.⁸

Therefore, the concerns that generated this study were: what is it like to active aging? What life experiences can be meaningful for healthy aging?

To respond to these concerns, this study aimed to find out and interpret the experiences and meanings attributed to active aging in a group of elderly people with or older than 64 years living in a community in the city of Montevideo, Uruguay.

METHOD

Given the need to find out in-depth the life reality of elderly people, we carried out a qualitative study with a dialectical, hermeneutic approach, since hermeneutic bases on the interpretation of historically situated situations, considering the historicity, tradition and authority as elements that determine the comprehension of a phenomenon of study.¹¹ Hermeneutic enables a way of describing the relationship between language and thought, acting in concrete cases in which a misunderstanding occurs because of temporal distance. It makes it possible to clarify the relationship between language of an era and its use

by an author. Its ultimate purpose is the certainty validation of reality by textuality.¹² It makes possible the comprehension from the understanding of historical facts, from the day-to-day and from the reality. As for dialectical, it establishes a critical attitude by studying disagreement, changing and macroprocesses.¹³ It offers an excellent rhetoric exercise that investigates in the signification system of language in a further attempt to clarify or illuminate the interpretation of the sign and of the word of those who live a certain situation.¹⁴ Thus, this approach allowed us to investigate the meanings that attribute the study subjects to active aging, while analyzing the interpretation of their life situation.

According to the approach, we searched the subjects of the sample with a totalizing and integrating vision, being constituted by 11 self-validated elderly people, from the city of Montevideo, Uruguay. The selection of study subjects based on the snowball technique, identifying the first person through a community health center. We sought rich and in-depth information for the study by their experiences related to the theme. The first subject contacted another one and so on. Inclusion criteria were those who were self-validated, elderly people, who agreed to participate in the study and who were not institutionalized. We delimited the number after saturation, with the questions answered regarding the investigator's concerns, as it is typical of this type of studies.¹⁴

Data were collected through in-depth interviews of approximately 90 minutes each, performed in a reserved place, showing an open attitude so that the subjects could express themselves easily. The questions that guided the interviews were defined in order to extract the best data, observing that they would have no orientations of any kind. Therefore, the main guiding question of the interview was: how is it for you to experience this stage of life? Tell me about your day-to-day life.

This process occurred from July to October 2015, with the interviews recorded in an electronic device and transcribed entirely by the research team. Each interview was identified with a letter and a sequential number to maintain the subjects' anonymity. The interviews were established in agreement with the participating subjects, guaranteeing the anonymity, privacy and confidentiality of the delivered information. We respected the

ethical considerations established in the law decree of the country n. 379/008¹⁵ for human research, communicating to the participants the objectives of the study, its scope, and all aspects of free and informed consent, which was signed. The Ethics Advisory Committee of the School of Nursing and Health Technologies of the Catholic University of Uruguay authorized the study, under protocol n. 008-2013.

Data were processed using the content analysis technique, which allows the study in a given context, seeking the encrypted interpretation of the material.¹⁷ Thus, data were analyzed according to the organizational trajectory, data classification and final analysis, finding common sense nuclei. A careful and reiterated reading of each interview occurred so we could capture the overall meaning of each subject experience; the information was organized by grouping the significant aspects; composition of the concrete categories, which were nominated so that they were representative of the addressed topic; construction of such categories; their analysis, looking for the expression and meanings of the elderly people; discussion of the results in light of the chosen framework and related evidence.

RESULTS

The exhaustive analysis of the interviews, under the dialectical, hermeneutic approach, allowed significant aspects of elderly people discourses to emerge in relation to living an active aging. Thus, the categories were personal development, physical state, and social role changes, losses, lack of recognition, recreation activities.

Regarding the category of personal development changes, the subjects express their gratitude for feeling good, knowing that it is a stage of change. Some elderly still work, stressing that mental health is important at this stage of life. Some expressions are as follows:

[...] *at this stage the present is lived, there is no longer planned things for the future, because I have already met my expectations, what I live from now on is a gift, we live day-by-day* (I1).

[...] *I consider myself active and healthy and I could have retired, but I am not retired yet because I feel good and this mentally keeps me well, and physically I am also well* (I2).

[...] *I consider myself healthy, fundamental. Every morning when I open my eyes I have to thank God, get up with all energy, leaving the problems behind. Awake each day as if it were the last, live it [as if it was] the last and tomorrow, tomorrow is unknown* (I3).

Related to the above, the category physical state changing emerges with the feeling of functional decline. What they have done during their life is considered important to achieve their physical state. The people interviewed state:

[...] *today I realize how much sport is important. Nowadays I do not exercise, but I know that if I at least jogged I would be better. I am aware that diabetes would improve, I am still active, although it has been reduced* (I1).

[...] *changes occur but I think that the fundamental is to keep active, exercising, playing soccer; I have a healthy diet, I love to jog and try to stay active and enjoy... and I think the fundamental to have a balance with the body and head is by saying what you think and acting as you think; mental health is fundamental to have the body* (I2).

[...] *Over the years I have noticed changes, I no longer have the same strength, obviously it is lack of working out, maybe if I did it I would be better; about the skin, it doesn't matter if you have 2 liters of water, gravity is there and you have to assume your age, I will start exercising and after 4 years I will have to evaluate the exercises to do and fortify the muscles and bones in a future to avoid break-ages; you notice that the years go by, no matter how much you feel good* (I4).

There are also environment absences experienced in this stage, from which arises the category of losses. The interviewed persons feel the abandonment in many cases, both from family and groups of friends. However, sometimes they feel along with them. When this happens, it constitutes strength in the moment of facing the mentioned losses. Some expressions denoting this are:

[...] *there are less friends, they retire or die, losses start happening, the good part are the children and the bad are losing friendships* (I1).

[...] *the worst of aging is losing the people who were always with you* (I2).

[...] *talking about my friends my age, I have two or three only. It can happen to me, today I am here, tomorrow, no. There are no more friends, you are alone, I'm also a friend of the friends of my friends, it's a strategy* (I3).

[...] *one remains alone, even more if the children are boys, as in my case; when I was younger I had the shelter of my parents, now they are gone, the pain is latent* (I4).

[...] *every time there are less of my friends and colleagues, they have been passing away. In a way, I am happy that nothing happens to me, but on the other hand that makes me think that at any moment it can happen to me and I feel scared* (I8).

The experience of the different stages of the life cycle, the passage of the years and the structure of society give rise to expressed feelings, establishing the category social role changes. Thus, we observed that they feel isolated due, among other aspects, to the current technology advances. In turn they are in a stage of repairing everything they did not do, either because of the time required to their children or because they had to work. In addition, there is a clear focus on the grandchildren, as a way of giving continuity to their protective role. Some of their expressions that gave rise to this category are:

[...] *from the social point of view, aging... society puts you aside, because in our time technology did not exist, we communicated through the radio, newspaper, today a 4-year-old child knows how to use a cell phone, we are afraid to touch and break it, because in our time things were very expensive* (I1).

[...] *I lost a lot of my children's youth due to work but they were always waiting for me and that kept me well, social ties have changed, and now I'm getting it back with through grandchildren* (I2).

[...] *I've been a musician for 40 years and today I keep playing at clubs. I no longer make plans for the future, my future is today, society has changed and these changes cost me, I have a different role today* (I7).

[...] *with respect to the family, children are children for life, reaching a certain age we have to be like the birds, let them out of the nest so they can start flying alone, and if they start flying alone and you gave them good tools, that's it* (I6).

At the same time, the category lack of recognition arises; the interviewed persons feel that there is no place for them in society; there is also a feeling that they are no longer necessary in their work and family environments, they are not heard. Some expressions of the subjects are:

[...] *they no longer consider me, they make their living* (I1).

[...] *sometimes you get bitter because at work it's not like it used to be; I was the oldest and I was the boss*

and now they are the boss of me because they say I'm old for that (I2).

[...] *I'm already old, I realize that... in some institutions you are elegantly invited to retire because of age* (I5).

[...] *now that I am 70 I have to retire because in this country at 70 they throw you out of the public, they do not give you loans, decrease your cards, you cannot do the things you did before, they limit you. The family or the working people do not consider your word, as you are old you are devalued by age* (I6).

[...] *I contributed the way I could to feel well and useful, although today they do not consider me, for the rest I do nothing, that is how I feel today* (I9).

In spite of the above, the category *recreation activities* arises as an expression of the activities they have day-to-day, which are not the same as when they were younger, experiencing the functional decline described above. We observe that they form groups with people of the same age to be part of a something; we noticed the following excerpts of interviews:

[...] *I retired two years ago and try to continue doing activities; I am part of groups of retirees* (I1).

[...] *now I plan spontaneous trips if we are all together; we go somewhere or cook something, we do not make plans to the future, we live the day-to-day or we plan at night and we do throughout the day* (I2).

[...] *one does not have to stay alone, there are many things to do, many places to go, we just have to decide to. Many people isolate themselves, say they have been isolated, but in reality there is always a place to interact* (I7).

[...] *I love going out for a walk and going to the gym, whatever activity I realize it helps me and helps my group of friends on my age* (I10).

DISCUSSION

By analyzing the interviews, we could build the mentioned categories, revealing some aspects susceptible of being interpreted according to the chosen methodological approach and discussed in the light of studies related to the subject.

Regarding the personal development changes, the interviewees stated that they live day-to-day, not planning future goals, but focusing on the present, different from when they were young who set goals for personal improvement. Now, they have concrete goals to stay active. Aging is a heterogeneous process, under socio-cultural, politi-

cal and economic aspects influence, in the dynamic and permanent interaction with the biological and subjective dimension of individuals. It is a current challenge, not just for the countries, but also for the person. Therefore, aging is part of human history. Considering that since we are born we are on continuous physical, biological, social and human development, the construction of daily life is an art that people develop according to their abilities. Accordingly, the authors point out that the perspective of the future is the main tool to stay active during the last stage of life.⁶ We heard speeches regarding the desire to live, enthusiasm and energy in spite of the years. They remarked the idea that working makes them feel active and useful, when they stand on their own they do not lose their essence, keeping their autonomy. Working at this stage is enjoyed in another form and is seen as a way to feel included in society. The level of social support, perceived by elderly people, is mainly the family and the functional family system.⁹

Related to personal development feelings and day-to-day experiences, changing the physical state emerges as a topic in the elderly people. Although they feel active on a day-to-day basis and want to continue doing the same activities – as they feel the same desire as when they were young – the aging process is present in them and manifests itself especially in the physical state. Aging is not a disease, but a stage of life with characteristics and values, in which changes occur in the individual, in the organic structure, as in their metabolism, biochemical balance, immunity, nutrition, functional mechanisms in emotional, intellectual conditions, and in the communication itself.⁴

Based on this, it is evident that the respondents assume the progressive deterioration that follows the aging process. Although no one has any physical impediment that limits them to perform the daily life activities, they have shown to be more tired and with less agility when performing them. However, aging should be understood as a process whose reduction in functional reserve should not compromise the mechanisms necessary for daily activities development.¹⁸

Changes in personal development, as well as what is exposed by physical state changings are related to social changes, another aspect that emerged from analyzing the interviews. The interviewed elderly people feel a great social change. Technology has invaded relationships, they feel

it has advanced very quickly and that it is difficult for them to adapt to it. The current language also differs from their language, both verbal and gestural. Therefore, in general the human beings live with their attention in the future and in their projects, but not necessarily think about aging.¹⁶ When that is the case, it seems that the future ceases to exist and frequent attachment to the past can jeopardize social life.⁹ The social inclusion of elderly persons is therefore of particular relevance for their integration, development and active aging. Participation is built on social transformations, as well as participatory practices, evolving according to social contexts.¹⁸ The subjects show difficulties of adaptation and in parts they also feel excluded. They say that values have changed, that in their day people were better respected and healthier, in their own words. The social customs are different and they have difficulty adapting to the new society. They report that their routine has changed, they no longer have the same responsibilities as before; those who have children, they have already grown up and instead of worrying about them, the elderly now collaborate in the raising their grandchildren. As for their work, they reflect that their role is different. Before they had improvement goals and now they try to transmit their knowledge and experience to the young or those who will remain in their place, according to other studies on the subject.⁴⁻⁷

There is allusion to the devaluation they feel when entering this aging stage, often feeling despised by their family, their social and work environment. Accordingly, having greater presence of elderly people between 60 and 69 years in cohabitation groups, associates with greater autonomy and participation in the labor market, with leisure time for activities, or with an escape from the elderly stereotype. On the other hand, the low participation of people older than 80 years may be due to the greater degree of co-morbidity with increasing age and dependence. These factors are important because they can limit access and participation in the activities offered by some inclusion projects, as these elderly people depend on others to take them to the places of different recreation activities.⁸ However, elderly people express aging with autonomy, with active functional capacity, preserving personal care as well as a social life.²⁰

Regarding social change and its characteristics, there is the perception of lack of recognition, either

from their experience acquired throughout their life or from their presence as active members of a family or social group. As for the family, many of them feel devalued because their word is not taken into account as before.²⁰ However, in some social settings they do not feel excluded because they participate in groups or trips of their own age. In spite of this, they feel that the society distances them; that they are limited since in their country they have to retire when they still feel active and willing to work. The benefits they had as young people are limited, such as bank loans or other benefits. At work, they feel they can contribute with knowledge and experience, which would be of great contribution in the growth of young people. They point out that society does not value this. However, and although it is incipient, the country has begun a path for the elderly person to continue working under a special regime and despite being retired.¹¹ It is important to highlight the devaluation that they feel by the society when living in a world that shows greater appreciation to young people; even the media and advertisements are made for youth when the country is one of the oldest in the Americas.¹

In spite of the above, a sustained strength emerges in recreation activities. All elderly, to a greater or lesser extent, indicated activities in their free time and showed great interest to enjoy those moments, they feel active, which is their way of enjoying life at this time. They showed a refusal to remain inactive and away from social welfare. Thus, successful aging is a new multidimensional concept composed of a conglomeration of biopsychosocial factors such as health, adequate physical, psychological and affective functioning, and social participation.¹¹ They visualize the day-to-day basis knowing that it is the last stage of life, and enjoy it according to their physical limits. An active lifestyle improves physical and mental health and contributes to the control of disorders such as depression and dementia. There is evidence that physically active elderly people perform well through mechanisms that result in a lower prevalence of mental illness than non-active elderly people.⁸

Based on this background, the need for a specific health intervention is reinforced at this stage of human development, which can be implemented by nurses and other professionals in the primary health care context. Taking as a starting point, the resilience of this group of elderly people, in the understanding of their capacity to overcome difficulties and to

move forward, one of the main nurse interventions can be active listening, in the light of transculturality, as emerging theory in today's world. This involves the development of professional skills, within behavioral model, for the attentive attention and determination of the verbal and nonverbal messages from the elderly people towards care. On the other hand, counseling is an effective intervention, using an interactive help process focused on the needs, problems or feelings of the person and their loved ones, to foster or support problem solving and interpersonal relationships.²¹ The results of this research allowed us a different understanding regarding the elderly people, opening the way to advance studies on the subject that allow the design of interventions in order to minimize the social vulnerability of elderly people. In this context, and among other knowledge, primary health care nurses can use studies evidence to provide timely care at this life cycle stage for a successful aging process.²²

In conclusion, it is necessary to point out that this study shows results according to the qualitative trajectory, chosen as a possibility to learn these qualities about the elderly people and their active aging process. The data allow us to visualize a way to continue to deepen the subject by means of investigations and implementation of interventions tending to collaborate with the achievement of an active aging culture. This study aims to contribute to generate more knowledge for the correct decision-making in the policies field related to aging, with implications for the practice and the development of professions related to the subject.

Despite being rich in particularities, the study has limitations regarding the results generalization, since the findings represent a particular group at its life cycle stage. In turn, in some cases, approaching the people was complex, given some difficulties regarding the narration of their experiences.

CONCLUSION

In conclusion, the study allowed us to find out and interpret the experiences and meanings that attribute active and healthy aging to a group of elderly people. The findings have to do with their changes in the social role and physical state, as well as the feeling of loss due to absences in all aspects of life, whether of close people, and economic losses, as well as their functional capabilities limiting them. Staying active and recreation activities become strength.

The obtained knowledge is important to continue increasing the epistemological and ontological base of the nursing, its practice and the decision-making to provide better care to the elderly people.

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