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Occupational Roles and Social Support Network for Elderly Women in Permanent Institutionalization and Residents in the Community

Papéis Ocupacionais e Rede de Apoio Social de Idosas em Institucionalização Permanente e Residentes na Comunidade

Papeles Ocupacionales y Red de Apoyo Social en Ancianos en Institucionalización Permanente y Residentes en la Comunidad

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This study aimed to examine roles played by elderly women in a Long-Stay Institution (LSI) and elderly women residents in the community, checking out the social support network and the importance of maintaining and creating these roles. It was used descriptive quantitative methodology, applying the Identification of Occupational Roles list and the Diagram of Escort, for six elderly women, three living in LSI and three residents in the community. There was a predominance of formal support for the LSI, in which elderly women receive more support than what they provide, different from that found for elderly in community, where the total has informal support, as they provide more care than they receive, so play more complex roles. Related to the distribution of roles over time, in continuous roles in predominated hobby/ amateur and friend, whereas in the community, caregiver and religious. It was noted the diminishing of the role of family members in both groups. Performance in future roles, congruence was observed in the choice of roles: friend, student, employee, volunteer, housework, family, religious, and hobby/amateur. This research suggests actions for health promotion, disease prevention and rehabilitation of elderly people in their biopsychosocial aspects in the context of occupational roles that can be reassumed or maintained.
Descriptors: Social support; Elderly; Occupational Therapy.

Este estudo teve como objetivo analisar os papéis exercidos por idosas de uma Instituição de Longa Permanência (ILPI) e idosas residentes na comunidade, verificando a rede de apoio social e a importância na manutenção e criação desses papéis. Utilizou-se metodologia quantitativa descritiva, com a aplicação da Lista de Identificação de Papéis Ocupacionais e do Diagrama da Escolta em seis idosas, sendo três de uma ILPI e três da comunidade. Verificou-se predomínio de apoio formal para a ILPI, em que as idosas recebem mais apoio do que fornecem, diferente do encontrado para as idosas da comunidade, em que o total apresenta apoio informal, em que estas oferecem mais cuidado do que recebem, portanto, desempenham papéis mais complexos. Quanto à distribuição dos papéis ao longo do tempo, em papéis contínuos na ILPI houve predomínio de passatempo/amador e amigo, já na comunidade, de cuidador e religioso. Notou-se a diminuição do papel de membro da família em ambos os grupos. Em desempenho de papéis futuros, foi observada congruência na escolha dos papéis de: amigo, estudante, trabalhador, voluntário, serviço doméstico, familiar, religioso, hobby/amador. A pesquisa sugere ações de promoção da saúde, prevenção de agravos e reabilitação do indivíduo idoso em seus aspectos biopsicossociais no contexto de papéis ocupacionais que possam ser reassumidos ou mantidos.
Descritores: Apoio social; Idoso; Terapia Ocupacional.

Este estudio tuvo como objetivo examinar los papeles desempeñados por las mujeres de edad avanzada en una Institución de Larga Estancia (ILE) y los residentes en la comunidad, comprobando la red y la importancia del apoyo social en el mantenimiento y la creación de papeles. Se utilizó metodología cuantitativa descriptiva, se aplicó a la lista de identificación Papeles Ocupacionales y del Diagrama de Escolta en seies ancianas, tres de la ILE y tres de de la comunidad. Apoyo formal predominó para el ILE, o sea, recibe más apoyo de la comunidad de lo que ofrece. Por otro lado, todas las ancianas de la comunidad reciben apoyo informal, que proporcionan más cuidado de lo que reciben con papeles más complejos. Cuanto a la distribución de los papeles a lo largo del tiempo en papeles continuos, respectivamente, en la ILE predominó pasatiempo/amador y amigo y en la comunidad cuidador y religioso. Se verificó la disminución del papel de miembro de la familia en los dos grupos. En el desempeño de papeles futuros se observó congruencia entre el papel de: amigo, estudiante, empleado, voluntario, cuidador, servicio doméstico, familiar, religioso, hobby/amador. La investigación sugiere acciones de promoción a la salud, prevención de enfermedades y rehabilitación de las personas mayores en sus aspectos biopsicosociales en el contexto de los papeles ocupacionales que pueden ser reasumidos o mantenidos.
Descriptores: Apoyo social; Anciano; Terapia Ocupacional.

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INTRODUCTION

Aging is a process that, at the individual level, involves multiple trajectories of life and, at the collective level, is built under different influences of sociocultural order, such as: access to educational opportunities, adoption of health care and performing actions that accompany course of life and extend to late stages of it, as old age. Increased longevity is a worldwide phenomenon, with it, Brazil will occupy sixth place in the number of elderly, reaching, in 2025, approximately 32 million people aged 60 or older, with longer survival for women[1,2].

There is a feminization in the aging process. Universal data reveal that the women lifetime is higher than men lifetime, which is partially attributed to higher rates of lethal disease among elderly men than among elderly women, who are afflicted by higher morbidity rates.

The fact that women are more long-living means more riskto advantage, since it implies biological and sociological variables, creating a balance between gains and losses,and should be seen as a medical and social problem. Therefore, population aging requires countries to give greater emphasis to the prevention and treatment of chronic diseases, giving greater attention to policies that promote health, as established in the National Policy for the Elderly and still in the Statute of Elderly, contributing to the maintenance of autonomy and valuing social support networks[3-6].

The social support network and social support are of utmost importance to the quality of life of the elderly, so it is necessary to define these terms. The social support network can be defined as a set of relationships of an individual or a set of links between people, while social support focuses on the quality of interactions and how these are evaluated by the receiver individual.

The supportive relationships may have an impact on physical and mental health of the elderly in a context of reduction or loss of roles, changes in family, work, and in society, retirement and permanent institutionalization. These social relations are altered in the course of many years, which explains the importance of works like this, which prioritizes the issue of the aging process[7].

Social support is composed by the structure of social relations that includes the organization of the bond between people and can be presented in different aspects, such as: number of relationships or social roles that a person has, the frequency of contacts with several members of a network, well as function, comprising qualitative and behavioral aspects of social relations[8,9].

Social support comprises four types: (1)emotional support, which includes expressions of love and affection; (2) instrumental or material support, which refers to concrete aid such as providing material needs in general, help for practical work (house cleaning, meal preparation, provision of transport) and financial aid; (3) supporting information, which involves information (advice, suggestions, guidelines) that can be used to deal with problems and solve them; and (4)positive social interaction, with respect to the availability of people with whom to have fun and relax. It is still divided into formal relations, which are those preserved by the position and roles in society, such as: dentist, lawyer, teacher, among other professions, while informal relationships are those most personal and emotional significance of that more specialized and formal relationships, being composed of all individuals (family, friends, neighbors, coworkers, community and others) and the link between individuals with whom the person has a close family relationship or emotional involvement[10].

The paper setting is a sociological concept that refers to "a set of activities or behaviors that are performed by a person in a particular situation, as prescribed by the situation"[11]. The roles that people choose and play during the life organize and influence all their daily activities, determining to a large extent, where individuals go, how time and money are spent, in which activities they engage and the

types of relationships that are developed and is still considered the center of the definition of social"self". While people adopt roles and internalize the expected behavior of these roles, the particular self-identification of each individual arises, since the roles are essential aspect of life[12].

Regarding the elderly individuals, facing the loss of roles, occupational therapy has importance to help them develop meaningful tasks that are part of their life history, their context, their subjective experience; in addition, it assists them with more complex tasks.

The occupational therapist in gerontology aims to maintain, restore and improve the functional capacity of the elderly, allowing them to remain active and independent as long as possible, assisting them in the construction of projects of life in old age.

Reflecting on Occupational Therapy in elderly care related to the roles they occupy in society and their social support networks, it appears that the maintenance and construction of roles help to organize the productive behavior by providing a personal identity, transmitting social expectations for performance, organizing the use of time and putting the individual in the social structure, strengthening its network support[13,14].

The aim of this study was to verify the existence of the social support network and analyze the roles played by elderly women in a long-stay institution and elderly women residents in the community and the importance in maintaining and creating these roles.

METHOD

It is a descriptive quantitative study based on the quest for understanding the complexity of occupational roles and social support network of elderly in the neighborhood of Abadia, at Uberaba city, during the period from July 2009 to May 2010. The projection per track age and sex of the city is characterized by an amount of 12,600 men and 16,882 women aged over 60 years[14].

The study sample comprised six elderly females, three of a Long-Stay Institution (LSI) and three residents in the community. The criteria for inclusion provided aged between 60 and 75 years, earning between one and two minimum salaries, staying with relatives for the elderly of the community, up to ten years of institutionalization for the elderly LSI, not presenting psychiatric problems and/or dementia that damage the communication skills, achieving a minimum score of 22 points on the Mini Mental State Examination[15] and enrolled within the same area, assisted by the same team of Family Health Program (ESF).

The study had a favorable opinion with 1403/2009 number, from theResearch and Ethics Committee of Federal University of Triangulo Mineiro; consenting of Long-Stay for Elderly Institutions and, also, the acceptance of the subjects participating in the study by signing the informed consent form, after orientation.

The Identification of Occupational Roles list and the diagram of the escort were applied. We used the Brazilian version of the identification of occupational roles list, an American origin instrument created by Frances Oakley[11], occupational therapist, and validated for the Portuguese in 2005 by occupational therapist Junia Jorge Rejeille Cordeiro. This is a writing inventory that requires approximately 15 minutes to administer, and are divided into two parts. Part I assesses, based on a continuous time, the main occupational roles that make up the daily life of the interviewees. Part II identifies the degree of importance that the interviewee gives to each role. There are a total of ten occupational roles: student, employee, volunteer, caregiver, domestic service, friend, family member, religious, hobby/amateur and organizations participant. There is also the "other" category, for respondents to add roles not listed.

The diagram of the escort[16-18]is divided into structural and functional part containing: name of those inside the network, age, sex, circle in which the person mentioned was positioned, kind of relationship with the participant (spouse,

child, grandchild, sibling, other relatives, or friend), time elapsed since the relationship began, frequency of contact and distance between the residences of the respondent and the person placed in its network. The frequency of contact is evaluated according to the following scale: 1-irregularly; 2-annually; 3-monthly; 4-weekly; and 5-daily or living together. This scale must be presented orally to the participant so that he/she would then indicate what the best option is.

The distance between residences (proximity) is evaluated in number of hours spent to drive between them. Thus, it starts from an hour (60 minutes), which may be a lower travel time (eg 30 minutes). The functional characteristics of the support network are evaluated based on six types of support relationship given and received by the person in focus, ie the respondent. These relationships are: (1) to confide things that are important; (2) to be reassured and encouraged in times of uncertainty; (3) to be respected; (4) to receive care in situations of illness; (5) to talk to when feeling sad, angry, or depressed; and (6) to talk about their own health. For functional issues, it was asked the participant to look at itsown diagramand indicates those people whom he receives each type of support and to whom he gives each one of them[19]. The diagram consists of three concentric and hierarchicalcircles, with the individual focused in the middle, and each circle represents different degrees of emotional closeness and social support (giving and receiving).

RESULTS

In this article it was described the results that demonstrated significant impacts in relation to social support and occupational roles in the lives of elderly womenwho participated on the study. Data were analyzed using descriptive statistics and frequency analysis. Therefore, it was sought to characterizedescriptively the structural and functional aspects of support networks of elderly women.

As regards the size of the network, all LSI respondents enumerated a total of 31 members of the network, compared to 44 members enumerated by the community respondents.

As for the gender of the members of the social support network, both the LSI and the communitymembers confirmed an increase in the number of women, 68% and 84%, respectively.

Regarding contact with the community, the members of the network were mostly family members (23%) and friends (77%), such as children, grandchildren and siblings. Contact with members was daily to weekly.

For LSI respondents generally, network members were mostly caregivers (58%), such as coordinator, nurse and nursing technicians, in addition, family members (29%) and friends (13%). These results are someway contrary to expectations, ie, that the members of the first circle network (family) were the least travel time (ie, closest) of respondents, showing that the members physically closer are caregivers of LSI, in which they maintain daily contact. The other contacts were classified as annual.

Regarding the aspect of giving and receiving support was noted that, in the LSI, the members of the network who receive more support are caregivers, located in the second round of the diagram, ie, the intermediate, which would be those not so close affectively of respondents. Regarding the members of the network community, both those who provide support to respondents and those who receive support are mostly situated in the first round of the diagram, ie, the innermost and closer to respondent. Most of the respondents provide support to family members such as children, grandchildren, and siblings, and receive support not only of family members, but also of friends.

The analysis of the six types of support included in the diagram of the escort with for the LSI and community samples reveals that in all kinds of support, except the support "to be reassured and encouraged in times of uncertainty" that got no support and supply, the number of respondents

receiving support is basically superior to those who give support; related to the community, all kinds of support, except "to receive care in situations of disease," the number of respondents that support is higher than that those receiving it. On "to be reassured and encouraged in times of uncertainty" support, the LSI respondents unanimously do not receive and do not provide that kind of support. But on "to receive care in situations of illness" support, respondents receive it 100%, but do not provide it; to the community, this support was the most provided: 100%.

The social support networks of the LSI are predominantly formed by the formal type, comprising caregivers, nurses, nursing technicians. For respondents from the community, informal relationships were dominant, marked by "spontaneity and reciprocity", assisting the elderly to maintain bonds and providing welfare. It is considered as informal network family, community, friends and neighbors.

The distribution of continuous occupational roles, referring to those permanent throughout life, past, present and future for the elderly of the community, were formed predominantly by the roles of caregiver and religious; while for LSI elderly, they were roles of friend and hobby/amateur both contexts at 100%. Therefore, it appears that some roles may directly influence successful aging. Another important role for elderly of community was the caregiver, which remained continuously with 100%, and it is more related to the position of grandparents, when in charge of grandchildren; and even in some cases as income provider. As for the LSI, there was an increase from 33% to 67% of this role, but more related to small helps with activities, such as providing a glass of water among residents of the institution.

The distribution of continuous roles, which are those already existing, but which over time had higher variation, since for the LSI and community elderly shows intensifying the role of a volunteer, respectively from 33% to 67 %, and from 33% to 100%. While the role of a friend only to the community, from 67% to 100%; and caregiver only for LSI, from 33% to 67%.

Regarding the role of hobby/amateur for LSI, it remained constantly with 100%; while for the community, there was intensification from 33% to 100%, however, these elderly have more solitary activities, such as watching TV, reading, and listening to music. It was found that for both samples there was no increase of roles relative to those roles that appear over time.

The role of family member showed decline and decrease over time for both groups. In ISL it was from 67% to 33%; and in community, from 100% to 67%. As for the performance of future roles, in groups of elderly surveyed, it was noted a congruence in choosing all future roles as student, worker, volunteer, caregiver, domestic service, friend, family member, religious, hobby/amateur followed by absence for both of the role of participant organizations, and even a reduction of the role of family member.

DISCUSSION

With regard to the network size, it was noted that community elderly have a greater support network, which can be directly related to the factors that institutionalization may result in the LSI elderly, such as social isolation, implying a decrease of roles exercised by them and decrease of their social support network.

On the other hand, the elderly living in the community include the variable of socialization "to make friends", the activities carried on within community groups and involvement in social and religious tasks as facilitators in interacting with new friends, allowing new possibilities of socialization and exchange of experiences in a territory that may symbolize the public or private, street or a house, or even the ballroom of erstwhile. So in this case, the health of the elderly in face of their involvement in activities and exercising their roles helps to keep them healthy, allowing them to expand or maintain their social support network[20].

In relation to gender, it was found the female as the predominant both in the

network of the elderly in the community as in the LSI. It is known that, due to the fact that women have more interpersonal skills (which allows them to keep more warm and intimate relationships), the social relations among them have higher quality than the relations between men[21].

A particular aspect originates within the family, in which women are seen as the primary caregivers for other family members throughout their lives, which can be associated with the maintenance of this social role or the possibility of receiving care from family as retribution[22].

As for contact, it was lower in the LSI interviewees, which is possible that the fact of institutionalization is the biggest indicator for isolation among the elderly, generating lack of family support [23].

Based on these results, it appears that, for the LSI respondents have a correlation with the theory of separation, in the context of decreased social interaction as an inevitable process characterized by reciprocity. Elderly women begin to withdraw from many activities and social roles, while the society to which they belong begins to abandon them.

Therefore, the process of institutionalization has also lead to changes in social interaction and has accelerated the natural aging process and generated greater psychosocial damage[23].

In the community, it is appropriate to reflect on the importance of reciprocity, since the individual mutually influence those with whom it relates and also itself[24]. Reciprocity instigates relations and mobilizes people to become involved and to persevere in progressively more complex patterns of interaction, and the more present is the interaction, the greater is the complexity, ie, reciprocity plays a key role in maintaining and strengthening human relations as well as it is seen in the relations of social support network of community elderly, which has a larger number of network members and maintains or performs more roles[22].

About providing and giving support it was noted that the LSI elderly receive more than provide, unlike the community elderly. Most of the elderly who reside in LSI, being fragile, cannot provide this support; But running affectionate and friendly relations with the people with whom they live[25].

During aging, it was observed that the distribution of continuous roles, referring to those permanent throughout life, past, present and future, for the community elderly women were formed predominantly by the roles of caregiver and religious; while for the LSI elderly, by friend and hobby/amateur. Motivate elderly to engage in roles which involve helping others can have a positive effect in reducing the psychological distress, because it makes them feel useful and involved in family, community and the people with whom they live.

Another important factor is that the assistance given to the elderly should not be excessive because, otherwise, it may cause them suffering.

In these situations, it is important to give the elderly the opportunity to act reciprocally, so they do not feel too dependent or as a burden on others. Therefore, it is essential to minimize negative interactions and reinforce the anticipation of the available support, because these variables have significant effects on the elderly welfare. Another important role of community elderly women is the religious, considered a space of cohesion and creation of very strong and expressive social ties in Brazilian society[26].

The role of friend reported by LSI respondents is a relevant indicator of the existing sociability practices, especially among the elderly in urban. Studying the friendships among the elderly is also put into perspective the variable of affinities and the choices that can be made at this stage of life, not only in youth; however, it was verified that this has been a continuous paper to respondents. Their choices go beyond the familiar and inbred relations framework, and include, in everyday life, people chosen for reasons other than the ideology of blood ties.

Intimacy and reciprocity implied in friendship relations favor the construction of

a common identity and establish bonds for help and emotional comfort [27].

In the community research, the role of caregiver remained more related to the position of grandparents, in which their grandchildren accountability is made without charges. Grandparents judge parents for children's education in order to take daily care of children[28].

Regarding the distribution of enhanced roles, it was evident that both LSI and community elderly had an intensification of the role of volunteer, while the intensification of the role of friend happened only for the community elderly, and the role of caregiver was intensified only for the LSI. It is worth reflecting on these data through the Theory of Activity, according to which people maintain their activity levels and replace olden activities for other new and appropriate to their needs, aging satisfactorily and enshrining their ties and social relations[29].

To the permanence of a healthy aging process, the resumption of a thread of the life cycle based on the creation of projects and goals that bring satisfaction and future prospects is required.

The elderly is part of a cast in which their role is not only to receive but also provide substantial assistance to others. The engagement in the role of informal volunteer generates meaningful interactions among the elderly, improving physical and mental health (sense of adjustment, subjective well-being, acquisition of new skills and socialization), and improvement in quality of life by the exchange of talents, skills, benefits and human solidarity.

Regarding hobby activities, it was noted that the LSI elderly showed more solitary activities, and this type of activity is more associated with increased mortality than its decrease[10]. The mere activity of fun, different of work or routine of everyday life, is not what is effective in reducing the risk of dying, the beneficial effect seems to be some activity that involves contact with other people as well as those held by community elderly women.

There were no increased roles in the course of life, especially after the end of adulthood, which portrays the lack of life projects in old age. This information is relevant, because it is necessary that the elderly take hold of their lives with satisfaction in their different fields, seeking to build new spaces and fulfillment of their wishes.

The role of family member presented decline and decrease over time for both groups. This may be related to the inability of the family to assume the roles which it was intended. By disseminating the UN International Plan of Action on Aging in 1980, the State, the community and family were assigned of the responsibility for problems related to aging, and the difficulty pervades, especially, economic, social and political conditions. What happens in contemporary societies is that the family has shared these functions with formal organizations.

In this context it is argued that there is need for complementarity in industrial societies between formal and informal organizations in order to achieve certain goals. As formal networks are broader and wider, family is less involved in the care and material attention, starting to act as intermediary between the elderly and the administration of the institutions.

The fact that the role of family member has presented decrease may also be related with the emotional distance of LSI elderly. It is known that although within an institution, the family environment is crucial for the life of the elderly, as contact with family allows seniors to remain close to their natural habitat (their own family)[30]. In addition, the family contact preserves its self, values and criteria. As for the community elderly women, this decrease could be related to the absence of family members, by means of losses (deaths) and social withdrawal, which can bring isolation and loneliness[10].

Related to the performance of future roles for both groups of elderly, it is noted congruence in choosing all these roles, followed by the absence of the role of

participant in organizations for both groups, and also a reduction of the role of family member. The two groups surveyed want as future role the student role, and give this a high importance degree.

CONCLUSION

The social support network plays an important role in old age, acting as a moderator in the relationship between stress and welfare and in life satisfaction at different stages of the life cycle, including during aging. This research favored direction for actions to health promotion, disease prevention and rehabilitation of elderly people in their individual biopsychosocial aspects within the context of occupational roles, considering the elderly as a subject who can retake their wishes and choices.

Thus, the occupational therapist will assist in maximizing the abilities of the elderly, facilitating the identification of occupational roles in which one wishes to engage and then providing the means to fulfill the roles identified for the satisfaction of the elderly, thus providing true care act so that the assisted elderly can recover its condition of desiring subject.

This research has as a limiting factor the sample size, but may reflect the reality of older women in LSI or in the community.

Thus, there is a need for research with larger samples that can extend the generalizations to the reality of social support in LSI and community elderly.

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CONTRIBUTIONS
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