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Original Article

SOCIAL SUPPORT ACCORDING TO ELDERLY PEOPLE: A MIXED-METHODS RESEARCH

SUPORTE SOCIAL SEGUNDO PESSOAS IDOSAS: ESTUDO DE MÉTODO MISTO

SOPORTE SOCIAL SEGÚN PERSONAS MAYORES: ESTUDIO DE MÉTODO MIXTO

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Objective: analyze the social support of elderly people and understand the social representation they elaborate about "needing someone". Method: mixed-methods study developed at home with people over 65 years of age affiliated with the micro-areas of a health service. The data were collected in 2016, using recorded interviews and registers in the software *Open Data Kit*, based on a tool with sociodemographic characteristics, the social contact profile and the structural and procedural approaches of social representations. Descriptive statistical, prototypical and content analysis were developed, based on Neuman's Theory and Social Representations Theory. Results: it was evidenced that 73.7% were over 70 years of age and were women (78.4%) with a low education level (81.5%). Intrapersonal (personality), interpersonal (social isolation) and extrapersonal (geographical distancing) stressors were identified. Conclusion: the social support of elderly people was based on the nuclear family and on contemporary people (partner and friends) and/or descendants (children and nephews).

Descriptors: Social Network. Aging. Nursing.

Objetivo: analisar o suporte social de idosos e compreender a representação social elaborada por eles sobre "precisar de alguém". Método: estudo de método misto realizado em domicílio com pessoas acima de 65 anos adstritas às microáreas de uma unidade de saúde. A coleta de dados ocorreu em 2016, por meio de entrevista gravada e registros realizados no Programa Open Data Kit com base em instrumento contendo a caracterização sociodemográfica, o perfil dos contatos sociais e as abordagens estrutural e processual das representações sociais. Foram realizadas análises estatística descritiva, prototípica e de conteúdo alicerçadas na Teoria de Neuman e das Representações Sociais. Resultados: evidenciou-se que 73,7% tinham mais de 70 anos, eram mulheres (78,4%) e de baixa escolaridade (81,5%). Foram identificados estressores intrapessoais (personalidade), interpessoais (isolamento social) e extrapessoais (distanciamento geográfico). Conclusão: o suporte social de idosos alicerçava-se na família nuclear e contemporâneos (cônjuge e irmãos) e/ou em descendentes (filhos e sobrinhos).

Descritores: Rede Social. Envelhecimento. Enfermagem.

Objetivo: analizar el soporte social de ancianos y comprender la representación social desarrollada por ellos sobre "precisar a alguien". Método: estudio de método mixto, realizado en domicilio, con personas mayores de 65 años

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adscritas a las micro áreas de una unidad de salud. Recolección de datos en 2016, por medio de entrevista grabada y registros en el Programa Open Data Kit, basado en instrumento conteniendo caracterización sociodemográfica, perfil de contactos sociales y enfoques estructural y procesal de las representaciones sociales. Se realizaron análisis estadísticos descriptivos, prototípicos y de contenido, basados en la Teoría de Neuman y de las Representaciones Sociales. Resultados: 73,7% tenían más de 70 años, eran mujeres (78,4%) y de baja escolaridad (81,5%). Se identificaron estresores intrapersonales (personalidad), interpersonales (aislamiento social) y extrapersonales (distanciamiento geográfico). Conclusión: el apoyo social de ancianos se basaba en la familia nuclear y contemporánea (cónyuge y hermanos) y/o en descendientes (hijos y sobrinos).

Descriptores: Red Social. Envejecimiento. Enfermería.

Introduction

From 1970 to 2025, an increase of 223% in the number of people aged ≥60 years is estimated, i.e. around 694 million, justified by the reduction in fertility rates and by the increase in longevity, causing the phenomenon called "graying" of the world population[1]. Brazil ranks sixth in relation to the number of elderly people[2], with the predicted inversion of the age pyramid by 2050 and an estimated 26.7% of elderly people by 2060[2].

The change in the demographic profile of a population and the increased life expectancy are influenced by the technological advance in the health area, the valuation of Primary Health Care (PHC) and public policies aimed at healthy life habits, contributing for the population to reach increasingly advanced ages[3]. This situation calls for measures and policies aimed at helping people to keep themselves healthy, taking into account rights, needs, preferences and skills, taken not as a luxury but as a growing need[1].

It is important to highlight the numerical relevance of the number of elderly people and the need to meet their personal demands when one wants to overcome the limitations and engage them in their social context.

With regard to social support, this consists of the set of people in the daily life of the elderly who offer help. This support may come from relatives or people who are available and are able to directly influence the elderly's way of life, promoting their articulation in social groups[4]. Social support can be: constitutional, which includes the existing financial and support needs; relational, which is associated with family and professional status and participation in social organizations; functional, which is related to all support, such as emotional, informational, instrumental and material; being linked to the frequency and maintenance of the personal contacts made, to the psychological proximity and to the relationship level[4]. Elderly people's satisfaction with social support, irrespective of its origin (upward, contemporaneous or downward), influences the aging process. Its recognition/access is an integral part in the composition of social support and insertion[1].

Considering that the social contact profile of elderly people is an intervening factor in how they relate socially[4], thinking about nursing care from the perspective of successful aging presupposes the identification, recognition and access of people capable of helping those who are aging to maintain autonomy, independence and active life, despite the limitations peculiar to the geriatric syndrome, broadening their interpersonal relationships. Therefore, assessing the social support accessed and/or known is a framework that equips nurses in their therapeutic decision-making process[1,4].

In order to assess the social support of people aged ≥ 65 years, we aimed to approach methods and techniques in the light of a nursing theory, in order to obtain information and answer the research question. The theoretical model proposed by Betty Neuman (Systems Theory) was used. She emphasized the individual's

reaction to stress (intrapersonal, interpersonal and extrapersonal) and to adaptation factors, portrayed by five interactive variables: physiological, psychological, sociocultural, developmental and spiritual[5], capable of guiding nursing care .

This article is justified because it presents essential elements for nursing practice to be evidence-based and because it identifies that knowledge of social support is an element capable of supporting the planning of nursing care in PHC. The work of the nursing team includes the promotion of health, the prevention of diseases, the reduction of health problems and the burden of hospitalization[6], through comprehensive and individualized care for the human being.

In view of the above, the objective was to analyze the social support of the elderly and to understand the social representation they elaborate on "needing someone".

Method

Convergent sequential mixed methods research, composed of a descriptive cross-sectional study and procedural and structural approaches to social representations.

The research scenario covered two micro-areas of a Primary Health Care Unit (UAPS) in a city in the state of Minas Gerais, Brasil, with 517,872 inhabitants, 11.9% being aged ≥ 60 years and 8.3% ≥ 65 years[7]. The criteria for the initial choice of the neighborhood were: parameters of the Brazilian Institute of Geography and Statistics (IBGE), which indicate where people aged 65 years or older live, in order to meet the inclusion criteria of this research; feasibility of the researchers' access and proximity of the area to a public university.

Inclusion criteria were: living in the research area affiliated with the UAPS; age ≥ 65 years; and being lucid with coherent speech.

The option to make an age cut among the participants (people aged ≥ 65 years) is justified by the fact that: the period between 60 and 64 years, in the investigated reality, constitutes a moment in which the manifestations of the geriatric syndrome are not striking, nor does the human aging process exert influence to the extent of requiring systematic support, a fact evidenced by data from an investigation carried out in the same scenario, involving people aged 45-64 years[8]; the contextualization deriving from the experience itself or from contemporary people who experience the need for social support is a necessary presupposition to contextualize the group investigated in the perspective of discussing the social representations; and the age of 65 years or more constitutes a marker among countries whose population is predominantly aged, which permits the discussion of these research results closer to other realities.

The following were criteria for non-participation: being hospitalized, moving or traveling during the period of data collection; and being absent from the household in at least four attempts or postponing the performance of the data collection due to five sequential refusals at different times.

A complete selection sample was taken for the quantitative approach, whose sample calculation was based on the coincidence between census areas - Brazilian Institute of Geography and Statistics (IBGE) - and their respective correspondents for the UAPS health region whose particular morbidity and mortality characteristics made up a socially contextualized group for the aging process.

In order to define the extent of the area covered, an estimate of the sample calculation was made, based on values of: standard deviation, maximum error of the estimate and 5% significance level, according to the genders and the age groups per five-year period among people over 65 years, totaling 198 participants. Up to 10% of losses were expected for this study, with replacement to values higher than this number. This fact culminated in 183 participants in the phases of the cross-sectional study and the structural approach of the social representations. The 15 losses were motivated

by address change, death, hospitalization and absence from home during the data collection period. The same number was used for the cross-sectional study.

Of the 183 participants, a sample was constituted based on a criterion of typicality, composed of 50 participants to integrate the procedural approach of social representations, using Pearson's correlation obtained in Nvivo11 Pro®. Coefficients ranged between 0.962157 and 0.705358, confirming the theoretical consolidation of the discursive contents and justifying the interruption of the data collection process.

To ensure the anonymity of the participants, codes were used to represent them. This code, maintained in all operational and dissemination stages of the research (sectional, procedural and structural approach), was composed of three sequential numerical digits.

It should be added that some participants did not take part in all stages of the research due to losses (address change, death, hospitalization and absence from home). Therefore, codes needed to be replaced and added to represent the elderly included in the investigation, in order to guarantee the quantitative replacement provided for in the sample calculation, without neglecting previous records. This fact justifies why the reader can find a speech fragment with the code "150" to portray a participant in the procedural approach phase, even though only 50 elderly people were included in this phase.

The data collection instrument consisted of: socioeconomic characteristics (age, gender, education level, self-declared skin color, personal and family income), evocation technique of inductive terms through the Free Association of Words Triggered by Images[9] for the structural approach to the social representations, social contact profile, guiding questions to collect the social support discourse and additional information.

Data were collected through individual interviews conducted at home by a team of researchers. A protocol was adopted with prior training and homogenization of conducts between researchers, using the application Open Data Kit (ODK) run in Android to reduce the information bias, verification and typing. An audio recording was made for the discourse contents. The data were collected during three meetings, held in distinct months, with an average duration of 40 minutes, from March to July 2016.

To obtain the structural approach of the Social Representation Theory (SRT), the participant was asked to evoke five words, stimulated by the mention of the inductor "needing someone" through the associative technique, which permits access to contents, behaviors and information in the participants' mental life, but can be blocked from consciousness through self-protection mechanisms.

To minimize the difficulty for the elderly to evoke the peculiar words, the Free Association of Words Triggered by Images technique was adopted. The data was consolidated in Excel for Windows. To reduce the evoked cognems, a lexical process was used by means of a lexical process using the common-root and content approximation methods, with a view to elaborating the dictionary of equivalent terms. The data were processed in *Ensemble de Programmes Permettant l'analyse des Evocations* (EVOC 2000). The treatment of the evoked cognems was performed by lexicographic analysis, so that 927 cognates were obtained, whose 258 different terms permitted a prototypical analysis using the following parameters: mean recall order (MRO) of 2.5, minimum frequency of six and intermediate frequency of 19. Zipf's Law was adopted as a parameter for structuring the corpus and 43.5% of its components were used.

The four-quadrant chart granted access to the level of consensus and individualization and the prominences of the cognems evoked for the social support by hierarchical structure[10-11].

To obtain the procedural approach, the discourse of the elderly participants in this study were audio-recorded, based on the guiding question: "Tell me a personal case or about

another elderly person you know, mentioning who you or she could count on in that situation".

The discourse was fully transcribed and treated in the program Nvivo11 Pro®. The participants' discourse was subject to content analysis according to Bardin: pre-exploration phase or skimming; selection phase of the analysis units (or units of meaning), according to the information available about the representational dimensions (informational/cognitive, behavioral/attitudinal, evaluative and object-oriented) and origins of the representations (family, friends, neighbors, acquaintances and God), exemplified by fragments of discourse whose clustering permitted the categorization process and the establishment of categories[12].

Based on the combination of the dimensions with their representational origins, 1,885 units of analysis (AU) or fragments extracted from the discourses captured could be identified, departing from the participants' perception of social support. Of the 50 participants, 47 mentioned family members (735 AU), 46 friends (416 AU), 45 neighbors (317 AU), 40 God (278 AU) and 25 acquaintances (139 AU).

The quantitative data on social support were consolidated in the Statistical Package for Social Sciences (SPSS) version 22 and treated using descriptive statistics. The data collection and analysis process were triangulated, with converging results analyzed in the light of the Systems Theory proposed by Betty Neuman and the conceptions underlying the theory of social representations. The research structure was elaborated in line with the STROBE[13] and COREG[14] protocols.

All the ethical and legal requirements of research involving human beings were complied with - Opinion 1.026.421, on 4/16/2015, of the Research Ethics Committee (CEP) of the Federal University of Juiz de Fora (UFJF). This article is part of a matrix research (Vulnerabilities Deriving from the Aging Process: Situational Diagnosis for Nursing Care Demands in Primary Health Care), based on which the dissertation entitled "Support Network for Elderly Persons Approached at Home: Mixed-Methods Study".

Results

Among the 183 elderly people investigated: 78.5% were women; 69.4% self-declared white; 66.3% were married; 73.7% aged ≥ 70 years (μ 75.01 ± SD 7.109 and 65-96 years); 81.5% had less than five years of education (μ 4.85 ± SD 4.63 and 0-15 years); 50.5% and 32.6% gained a personal and family income of less than three minimum wages (μ 4.85 ± SD 4.63 and 0-5 wages) and (μ 3.20 ± SD, 2629 and 0-5 wages) , respectively; and 51.6% had children, 36.8% more than three (μ 3.56 ± SD, 1.814 and 1-9 children). The social contact profile of the participants is shown in Table 1.

Table 1 – Social support profile of elderly patients affiliated with Primary Health Care. Juiz de Fora, Minas Gerais, Brazil – 2016. (N= 183)

People from whom they request social support	n	%
Person they turn to in case of need		
Son/Daughter	115	33.7
Husband/Wife	83	24.3
Sibling	71	20.8
Nephew/Niece	57	16.7
Uncle/Aunt	7	2.1
Companion	5	1.5
Brother/Sister-in-law	3	0,9
Total	341 (*)	100

Source: Created by the authors.

Legend: (*): The participant could give more than one answer to the question.

The gender and age profile of the social contact they turn to is displayed in Table 2.

Table 2 – Gender and age profile of social support of elderly patients affiliated with Primary Health Care. Juiz de Fora, Minas Gerais, Brazil – 2016. (N=183)

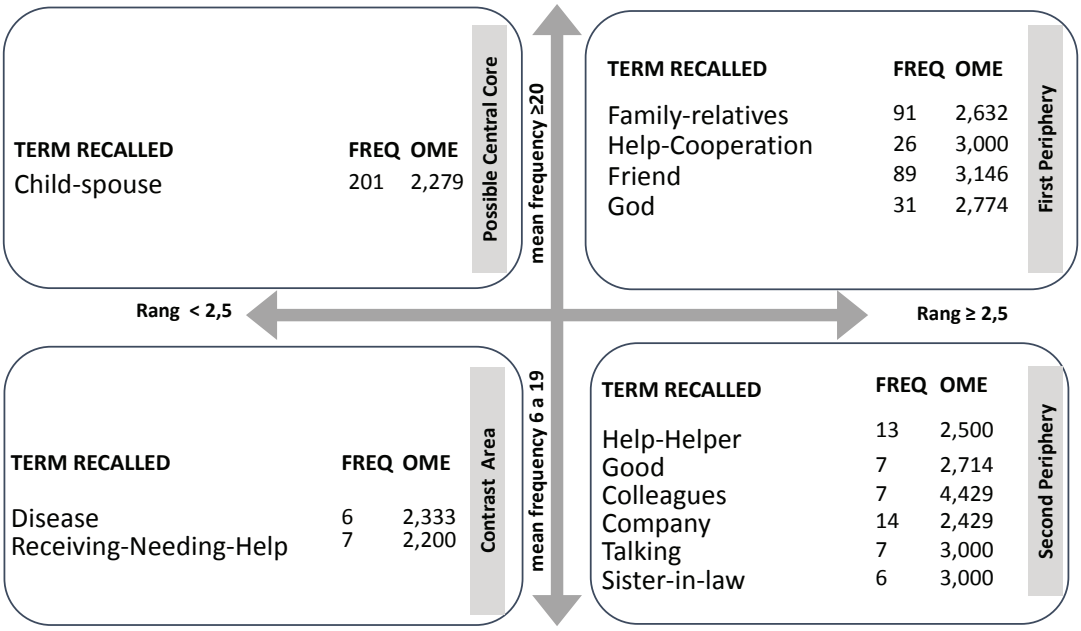
Variables	Friend		Neighbor		Acquaintances	
	n	%	n	%	n	%
Gender of the person they turn to in case of need						
Mulher	103	56.7	99	53.8	83	45.3
Homem	80	43.3	84	46.2	100	54.7
Total	183	100	183	100	183	100
Age of the person they turn to in case of need						
Younger	131	39.4	86	46.6	106	58.2
Similar age	124	37.2	53	28.9	50	27.6
Older	78	23.4	44	24.5	27	14.2
Total	333 (*)	100	183	100	183	100

Source: Created by the authors.

Legend: (*): The participant could give more than one answer to the question.

The Social Representation using the structural approach of elderly people about "needing someone" is displayed in Figure 1.

Figure 1 – Social representation structure of the group of people aged ≥ 65 years registered at a Primary Health Care servisse about "needing someone". Juiz de Fora, Minas Gerais, Brazil – 2016. (N=183)



Source: Created in *Ensemble de Programmes Permettant l´analyse des Evocations* software version 2000.

Legend: MRO= Mean Recall Order.

The structural approach of the SR permitted the identification of some dimensions. In the object-oriented dimension, the following relatives were identified: children, husband/wife, son-in-law, daughter-in-law. The following statements are illustrations:

> *I feel pain, but I am able to do my stuff. My husband helps me, makes lunch if necessary.* (093).

I really had, it was my deceased husband, always at my side with the children. (013).

Ah, my children! The children, do you understand? I count more on my children, in this case they are all with me, here. (101).

The following statements represent the behavioral/atitudinal dimension (calling, staying together, being concerned):

We have good contact, but we are unable to spend a lot of time together because everyone works, has obligations, one has one hour, the other another, but for me it's alright. (099).

Ah, yes, my brother. My brother because he, like, my family was very poor so, when my father got ill, my mother had to distribute the children. (091).

Ah, I'll tell you, right? I miss my mother a lot, my father. They were very good to me. (035).

In the cognitive/informative dimension (being able to count on someone if necessary and living together), the following are mentioned:

We're in ten siblings. Now there are nine, because I lost one. One died in a car accident, so there are nine. (062).

You need union. Our father and mother die, and I think that siblings and nephews need to "join" because, if you don't, then you're left alone. (028).

In the evaluative dimension (good, bad, marvelous), which permitted the identification of relatives (children and partner) as the genesis of the social network, the following statements are presented:

Thanks God, very well! We live together very well. We're a very united family, you know? It's a very untied family, very nice. (002).

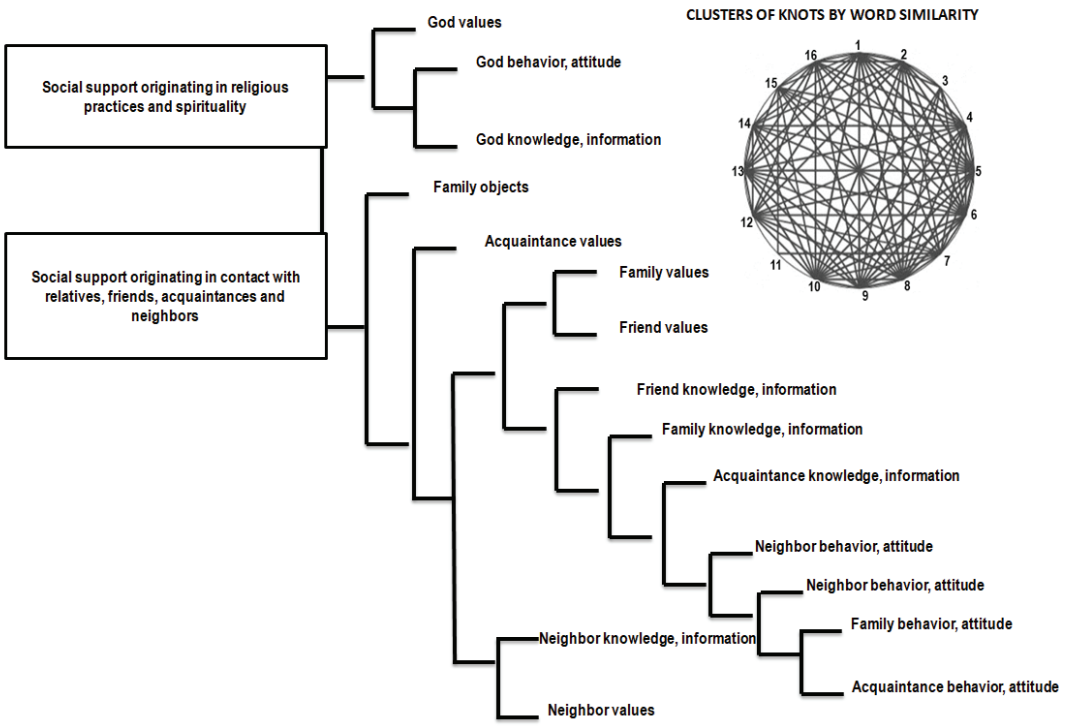
It's as I said. I deal with things well, they're good, many friends. (033).

I really love them, my son-in-law, my grandson. My son-in-law is like a marvelous son. (204).

These dimensions were exemplified using fragments of the participants' reports, with a view to supporting the contents obtained in the structured approach, presented in Figure 1.

In the procedural approach of SR, two categories were identified: Social support originating in religious practices and spirituality; and Social support originating in contact with relatives, friends, acquaintances and neighbors, as shown in Figure 2.

Figure 2 – Tree diagram and circle graph showing the representational dimensions of Social support. Juiz de Fora, Minas Gerais, Brazil, 2016. (N=183)



Source: Nvivo Pro software version 11®

Legend: 1 Family behavior, attitude; 2 Family knowledge, information; 3 Family objects; 4 Family values; 5 Friend behavior, attitude; 6 Acquaintance behavior, attitude; 7 God behavior, attitude; 8 Neighbor behavior, attitude; 9 Friend knowledge, information; 10 Acquaintance knowledge, information; 11 God knowledge, information; 12 Neighbor knowledge, information; 13 Friend values; 14 Acquaintance values; 15 God values; 16 Neighbor values.

Figure 2 shows a tree diagram and a circle graph. In both, the representational dimensions are displayed that constituted knots initially created to allocate the speech fragments. In the tree diagram, the four representational dimensions (behavioral / attitudinal, informative / cognitive, evaluative and objective) can be observed, articulated with the origins of symbolic constructions structured in the form of clusters. The two-axis combinations of the tree diagram permitted the construction of the two categories mentioned.

In the circle graph, these same dimensions were positioned at their edges, whose lines established between two representational dimensions portray the force of theoretical consolidation between them, quantified by the Pearson coefficient.

The category of social support originated from religious practices and spirituality is exemplified in the following discourse fragments:

> *I miss my father and my mother, whom God took. There's nothing missing in the relationship.* (200).
>
> *I am really grateful to God. All of my children take care of things. This one here, for example, she still needs to settle her life but she's got it all in her head.* (001).
>
> *I visit the children's home, relatives, sometimes in church, right?* (201).
>
> *My sister-in-law, his wife, I meet her in church sometimes.* (023).
>
> *I have faith in God, I say my prayers.* (037).

The category social support originating in contact with relatives, friends, acquaintances and neighbors is exemplified in the following statements:

> *My girl [daughter] is very thoughtful, she does what she can, right? My daughter lives near here too, and she's a neighbor.* (067).
>
> *I really love them, my son-in-law, my grandson. My son-in-law is like a marvelous son.* (204).
>
> *They're always friends, always laughing, always in the middle of everyone, but without asking help if not ill, without intruding in anyone's life.* (202).
>
> *I trust them, but acquaintances are not friends, they're colleagues, acquaintances, respect, but I don't consider them as friends.* (089).
>
> *The neighbors are all nice here, for more than 20 years, right?* (043).

Discussion

The presence of 78.4% of women among the participants reflects the general panorama of the elderly population with a higher proportion of women than men. This is the feminization of aging. In a study carried out in the PHC in a city in the state of Ceará, 64.2% of the elderly participants were female, a result that is in line with the present findings. This can be justified by the male mortality rate related to car accidents, violence and work-related diseases, as well as by the behavior of women who visit health services more when compared to men[15].

Brazilian families are still characterized by a large family nucleus, and that is confirmed in this research, which presented an average of 3.56 children per woman, a fact that influences the disposition of social support coming from the family and is intensified in the daily coexistence, as people establish their houses on the same land (colonies). Hence, a close relationship exists between neighbors (relatives), whom the elderly can appeal to[1].

The analysis of education revealed that most of the elderly (81.5%) in this study studied for zero to five years. This can be justified by the difficulties to get access to education when the participants were born (rural residents), as well as to the socioeconomic difficulties that forced them to start working early and to the devaluation of education[15]. Education and income are factors that affect people's health condition, as they influence self-care, the correct use of medication and means of transportation. Lower intellectual status is a vulnerability factor

for diseases and, consequently, entails a greater demand for health care[15].

In relation to the profession, given that the elderly are commonly involved in family activities, such as caring for their grandchildren, making their children's working life possible, their social and labor insertion becomes unfeasible[16]. This may justify the result that 48.4% of the respondents have retirement as their only source of income, while 32.6% gain a family income of one to three minimum wages.

In view of the inductor "needing someone", the role of the family nucleus as social support was evident through the "child-spouse" cognem, allocated in the Upper Left Quadrant (ULQ), where the possible central nucleus is located. This reflects the importance of the family nucleus in the aging process and supports the research conducted among Chinese people, which points to the family nucleus as the main mentor of social support[17]. This situation can be modified over the years, in view of the reduction in the birth rate, which points towards a restriction in the number of children[1].

Although the family is the main caring mentor, with family modifications, nuclear family (spouse and children) or one-person (living alone)[1], there is a trend towards the children's distancing from elderly care, which was identified in the perspective of the number of contacts, a fact that appears in the form of a silent zone.

The outsourcing of care to the elderly relative is perceptible and involves financial support, although it is not perceived as sufficient to generate satisfaction, resulting in social isolation and the feeling of loneliness[18]. In an investigation carried out with elderly people in the Algarve, Portugal, the feeling of loneliness is lower when satisfaction with social support is higher[4].

The cognems "family-relative", "friend", and "God", allocated in the Upper Right Quadrant (URQ), are presented as an alternative/complement if the demand for care is not effectively met in the family nucleus or because they are significant in the affective/psychological context and make up the social support network for the elderly. Although relatives are inserted into the elderly person's daily life at times of visits or distraction, they are not seen as the first option in case of need[19].

Spirituality is present in the participants' lives through the habit of attending religious sites such as churches, temples, prayer groups and even through technological resources (television and internet programs). The presence of God is marked in the participants' discourse as help in coping with functional disabilities, loss of close persons (spouse / friends) and social isolation[20].

When the participants were questioned about the characteristics of the people they live with, 53.8% reported that they get support from female neighbors (relatives), 46.6% of whom are younger; 56.7% have friends, 39.4% of whom are younger and 45.3% women; and 58.2% are younger than the interviewees. Like the family, neighbors and acquaintances exert social support (interaction), mitigating the effect of social isolation elderly people experienced in their daily life, as the feminization of old age and women's option not to seek a new relationship after widowhood can influence the feeling of solitude[1].

The cognem "help-cooperation", which is allocated in the URQ, is justified, as aging is progressive and there is a demand for support needs, which requires help for the development of activities of daily living (ADLs) as well as psychological support. The more advanced the age, the less social support is available, that is, the lower the "help-cooperation" to the elderly[4]. Although they acknowledge that the relations of friendship are superficial, the participants evaluate social interaction as positive[21].

The health problems that result from the aging process arouse concern in this stage of life, and the "illness" and "receiving-needing-help" cognems allocated to the Lower Left Quadrant refer to this situation. The elderly person predicts a dependency in which the support will be necessary to cope with the physical and cognitive problem conditions, which affects the quality of life[21].

In analyzing the data obtained in this research, with the support of Betty Neuman's Systems Theory, intrapersonal stressors were identified, with individual characteristics and personalities for socialization; interpersonal stressors, as the desirable social support does not always share the same home environment, even when being the provider of the infrastructure made available to the elderly, contributing towards isolation based on the level of social engagement; and extrapersonal stressors, influenced by geographic distancing, which prevents people from meeting as frequently as the elderly would like. This fact is based on the evidence that the identification of the social contact profile of elderly people is an intervening factor in the way in which they relate socially[4].

Considering the proposal of the three prevention levels according to Neuman, nurses have skills to act in the community in the search to prevent health problems and cushion the reactions to the stressors. In primary prevention, the nurse can act in bonding with the elderly, promoting well-being and actions aimed at preventing social isolation. In secondary prevention, there is agreement between the professional and client, based on goals that aim for the restoration of health and the relief of symptoms that, in the present circumstance, arise due to the social isolation and the fragility of the support network. An alternative to combat social isolation is the elderly person's insertion in voluntary work. Finally, in tertiary prevention, we seek to guarantee the individual's well-being through the treatment, in order to reestablish the state of health.

As a limitation in this study, it is pointed out that the degree of dependence was not evaluated, as this is not the intended approach. Given the impact of the aging process and the need to readjust social support, periodical evaluations of the participants' grade of dependence are recommended, correlating it with the social support to be accessed.

Conclusion

The analysis of the social support of people aged ≥ 65 years revealed that the social support of the elderly is based on the nuclear family, composed of two profiles, in line with the results of the triangulation of methods and techniques used in the mixed-methods design. The first profile was represented by the contemporary people, objectified in the portrait of the spouses and sibling(s). The second profile was composed of descendants, represented by children and nephews.

The existence of these two profiles explains the search to reconcile intergenerational experiences, portrayed in the maintenance of lifelong ties (contemporary people) and the search for those who represent the new generation (children and nephews), who have vitality and commitment to the challenges the generation of the elderly is unable to solve. They constitute the basis of support to meet the demands for whose coping the elderly perceive they need support from third parties.

This study's contribution rests in the fact that it permits the elaboration of a situational diagnosis on the social support of a socially contextualized group. And this information can support the decision-making process of the nurse and the health team in the planning and definition of strategies to structure nursing and health care, as the strengthening of social support favors individualized care for the needs inherent in the human aging process, within a PHC approach.

Collaborations:

1. conception, design, analysis and interpretation of data: Talyta do Carmo Vilela and Cristina Arreguy-Sena;

2. writing of the article and relevant critical review of the intellectual content: Talyta do Carmo Vilela, Cristina Arreguy-Sena and Paulo Ferreira Pinto;

3. final approval of the version to be published: Talyta do Carmo Vilela, Cristina Arreguy-Sena and Paulo Ferreira Pinto.

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