RECHERCHE EN TRAVAIL SOCIAL :
LES APPROCHES PARTICIPATIVES

Les débats du cycle de séminaires du CERTS/ERCSW centrés sur les approches participatives de la recherche en travail social ont d'abord mis au jour les référentiels différents de la nature de la recherche : action, clinique, impliquée, partenariale, intervention ; elles sont centrées en majorité sur les personnes et certaines sur les dispositifs. Cependant, elles ont toutes en commun le fait d'accompagner le changement. L'approche participative telle qu'elle s'est travaillée dans ces séminaires s'inscrit plus largement dans un mouvement qui questionne le rapport entre sciences et société. Les chercheurs et doctorants qui sont intervenus depuis le début du cycle ont tenu ce fil dans leurs interrogations.

Cet ouvrage reprend les interrogations sur ce que peut être l'approche participative dans la recherche en travail social en fonction des destinataires de l'intervention, par rapport aux relations de pouvoirs et dans la constructions des savoirs. La diversité des chercheurs et de leurs approches reflètent l'état des travaux aujourd'hui sur la recherche participative à propos de la question sociale en Europe. D'autre part, Dominique Paturel, chercheure à l'Inra, qui a dirigé cette publication, fait partie de ces chercheurs qui ont le souci de l'interface entre le développement, la recherche et la société.

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sous la dir. de Dominique Paturel

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CHAMP SOCIAL

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Sous la direction de Dominique Paturel

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Professional work of the gerontologists: a methodological approach

Travail professionnel des gérontologues: une approche méthodologique

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Résumé

Cette communication vise à contribuer à la discussion sur le travail professionnel des gérontologues. Les gérontologues sont des professionnels spécialisés sur les soins des personnes âgées et qui ayant un diplôme universitaire (du premier cycle do processus de Bologne) en gérontologie.

Cette étude s'inscrit dans le cadre d'une étude financée par le Ministère de la Science et de la Technologie du Portugal, dédié au travail professionnel des diplômés des sciences sociales et humaines qui travaillent dans les organisations du troisième secteur social. Cette recherche a un caractère mixte entre la recherche conventionnelle et la recherche participative. Les gérontologues et les employeurs des gérontologues ont pris une part active dans la définition et la redéfinition des techniques d'enquête et l'interprétation et l'analyse des résultats. Les données empiriques proviennent de : (1) l'observation ethnographique (12 jours non consécutifs de travail qui ont eu lieu dans un mois, soit environ 96 heures d'observation) avec un gérontologue, ayant comme objectif principal d'étudier les interactions de la gérontologue professionnel en contexte de travail dans une institution pour personnes âgées, (2) à quatre entrevues avec deux gérontologues sur la perception individuelle sur les questions du vieillissement, le lieu de travail et de carrière, (3) cinq entrevues avec les directeurs des employeurs des gérontologues, sur ces compétences.

L'étude a révélé l'existence de seize différentes tâches pratiques effectuées par les gérontologues. Nous avons également identifié huit attitudes professionnelles qui sont importants dans l'exécution des tâches pratiques. Nous avons constaté que ces tâches pratiques sont complexes, car elles mobilisent des connaissances abstraites et des connaissances empiriques et nécessitent une combinaison de principes, compétences et attitudes.

Le travail professionnel des gérontologues est promoteur de la confiance, de l'auto-efficacité et de l'autonomie des soignants et des personnes âgées. Il est aussi émancipateur car il conduit à l'innovation et à l'excellence des soins pour des personnes âgées et sa famille.

Mots-clés : travail professionnel, savoir professionnel, professionnalisation, soins gériatriques

Professional work of the gerontologists: a methodological approach

This paper aims to contribute to the discussion of the professional work of the gerontologists. Gerontologists are professionals with a university degree in gerontology, specialized in the care of the elderly.

This study is part of a study funded by the Ministry of Science and Technology of Portugal, dedicated to the graduates

professional work of social sciences and humanities who work in the social third sector organizations. This research has a mixed character between conventional research and participatory research. The gerontologists and employers of gerontologists actively participated in the definition and redefinition research techniques and the interpretation and analysis of results. Empirical data derived from: (1) ethnographic observation (12 non-consecutive days of work that took place in a month, or about 96 hours of observation) with a gerontologist, whose main objective is to study the interactions of the context of professional gerontologist working in an institution for the elderly, (2) to four interviews with two gerontologists on individual perception on aging issues, workplace and career (3) interviews with five managers employers gerontologists on these skills.

The study revealed the existence of sixteen different practical tasks performed by gerontologists. We also identified eight professional attitudes that are important in carrying out the practical tasks. We found that those tasks are complex because they mobilize abstract knowledge and empirical knowledge and require a combination of principles, competencies and attitudes. The professional work of the gerontologist promotes the confidence, self-efficacy and autonomy of the caregiver and the carried person. It leads also to the emancipation because it promotes innovation and excellence in care for the elderly and their families.

Keywords : professional work, professional knowledge, professionalism, gerontological care.

Introduction

The gerontology is an occupation focused on relatively recent phenomenon of aging. While academic discipline, from 90s the gerontology has a proper corpus of knowledge, research methodologies and a main topic of research – the study of human aging from the perspective of the life cycle (Bramweel, 1985); (Lowenstein, 2004).

The curriculum in gerontology is distinguish by behaving in parts balanced the curricular units of humanities and social sciences and health sciences. It is this last component that differentiates the gerontology from the social gerontology which is quite common in Portugal and other countries. The competencies in health care in line with the competencies of psychological field, social and management, determine the polyvalence of gerontologists, a fact that is valued by employers and also by end clients (the elderly). The main objective of the work of the gerontologist is the elderly and their families, whether institutionalized or living in the community. The gerontologist is able to intervene with the dependent elderly and the elderly healthy and active. In the latter case, their intervention is preventive and minimizes risk.

Previous studies with gerontologists trainees show that in general, they exhibit a very consolidated awareness of their role in society and in future professional context, namely (Pereira, 2010): (1) they mobilize and apply the principles, values, concepts and languages of the gerontology (transmitted via academic); they conceive the aging as a normal phase of the cycle of life; they proceed to full evaluation of the elderly, considering the biological, psychological and social aspects of each elderly individual, (2) in relation to the elderly they value the ethical aspects, emotional and affective, (3) they are aware that the role of social gerontologist (professionalism and

professionalization) is a goal not yet fully achieved, there is a certain anxiety and concern about the difficulties in achieving a proper place in the professional field of aging and care for the elderly, (4) they are sensitive to social and human frailties of the elderly; illness, death, poverty and isolation put to test the emotional competences of the gerontologists and act as incentives for change, to ensure the elderly an aging with the best possible quality of life.

A recent study with employing entities about the work of gerontologists (Pereira, Mata, & Pimentel, 2011) stressed: 1) the ability to introduce innovations in the organizational dynamics of the institutions that are promoting the efficiency and quality of service the elderly, 2) high sensitivity to detect timely, symptoms of pathological aging and sensitivity to personal contact with the elderly and their families, 3) good ability to integrate and stimulate interdisciplinary technical teams. The same organizations refer to as negative aspects, the difficulty of communication and sharing competences with other health professionals involved in the provision of formal care for the elderly, particularly nurses.

Professional work

The professional work should be a kind of "fingerprint" of the professional. Professionals should be distinguished by the professional work they perform and how they perform it. This does not invalidate that professionals from different professions can perform practical tasks equal or identical. The most important question is not to know what tasks are performed by practitioners of a given profession, since many are shared, either by virtue of interdisciplinary work, either by requiring organizational versatility. The most important issue is to know the exact way how the task is performed by a professional in a particular profession and to what extent his work contributes to maximize customer satisfaction and organizational excellence.

Professional work emerges from the combination of the abstract knowledge (scientific and philosophical origin) and the empirical knowledge (also called tacit knowledge) resulting from the experience (Pereira, 2008). The combination is unique to each profession and emerges from a work context also singular.

Caria (2007) states that the knowledge (implicit in the professional work) it is situated and constructed in social interaction and about the uniqueness of social situations (situated cognition) combines both its use and demand, allowing the actor to develop a social knowledge tailored to the uniqueness of situations-problem and the people who interact in concrete. It is the uniqueness of the actors, the uniqueness of the interaction and the uniqueness of the work contexts that should distinguish the different professions and different professionals. It is this uniqueness that is indicative (for professionals and for the others) a sense of belonging, an identity and professional culture itself. This also means that professionals have always inter-subjective vision of their work, which is reflected in the particular way they work.

Currently, the dynamics organizational, social and political requires that professional work is in constant process of construction and reconstruction. Thus the professional work and the professionalism are best explained by the dynamics of the interaction between social actors and by the appreciation of the confidence and competence of professionals, as suggested by Svensson (2006), than by the rules or ideologies, or by mixing both, as suggested by Evetts (2003).

Methodology

Analytical model

In order to operationalize our study we built an analytical model in which professional knowledge applied to work is analyzed with respect to: the abstract knowledge mobilized; the competences required, and the principles of gerontology (ethical, legal, sociocultural, scientific and organizational) that are invoked.

The abstract knowledge mobilized by gerontologists originates mostly in initial academic training, particularly in the scientific areas of health care (biology, nursing and medicine), psychology and sociology / management, which are represented in proportions roughly equivalent. The academic training of the gerontologists also includes a practical component in the workplace by attending two curricular training programs (Pereira, 2010).

Empirical knowledge has its origin in the experiences of primary and secondary socialization of the professionals. Its importance can never be neglected. In the case of gerontology its negligence or disregard, is particularly reprehensible given the broad knowledge and experience of life of elderly. Ignoring this contribution of the elderly can be seen by the elderly as a devaluation of their competence. This configures a disregard for their personal dignity and can lead to loss of self-esteem and autonomy.

Competence can be defined as a form of knowledge about the use of abstract and general ideas applicable to problem solving in context (metacognition from transversal knowledge) (Caria, 2007). The competence is given by a set of intellectual resources (philosophical, scientific and technical) and the personal resources (life experience, character, emotional development) of the professional. Professional competence enables an approach to problem situations in the workplace that is consistent between "being" (effective resources possessed by professional) and "doing" (to do in a certain way, with a certain personal style).

Professional competence can be decomposed into: technical competence, respecting the abilities of origin philosophical, scientific and technical, that enable professionals to make decisions about the best practices to adopt (Caria, 2007); relational competence, resulting from the adoption of an empathic attitude also attentive to the corporality (body language) and to the specific circumstances of the interaction (Pereira, 2008); prudential competence, sustained in a comprehensive evaluation (interdisciplinary) of the particular context of the interaction as a way to achieve assertiveness (Pereira, 2008), which implies a careful choice of the objectives to optimize a given situation, particularly when there is tension between the means (resources) to be used, the values to invoke or the goals to be pursued; discursive competence, that expresses a proper conceptualization and language and adequate to the professional status, allowing produce reflective discourse about the practices and positions they adopt, these discourses that distinguish them from other professionals and lay people (Caria, 2007).

Finally, the principles of gerontology: 1) The awareness of the aging in a perspective of the life cycle, also known as "paradigm lifespan" (Baltes & Mayer, 2001) which consists in the idea that the aging is part of life and that, therefore, the individual retains its ontological qualities throughout the life cycle; 2) Integral evaluation of the elderly, that is, a holistic approach (bio-psycho-social) of the elderly that involves interdisciplinary intervention; 3) Emphasis on optimizing the quality of life of the elderly and safeguard their dignity, considering the ethical and humanity of care.

Research techniques

The ethnographic observation with a gerontologist aimed to study the interactions of professional gerontologist in the workplace, in the particular case in a nursing home. In total were observed 12 days of work, not consecutive, which took place in the space of a month, or approximately 96 hours of observation. We chose a gerontologist who develops much of its work in interaction with the elderly, it is the interaction of professionals with their "final consumers" that the specificity of its best knowledge is expressed.

The preparation of the observation work benefited from the information collected through two in-depth interviews with two gerontologists working in similar institutions of elderly. In addition, we also conducted five in-depth interviews with employers (the directors of long term institutions for elderly) about the work performed by the gerontologists.

Finally, a workshop was held where preliminary data from the study were subjected to a critical review and interpretation by the gerontologists. This step was essential to refine the information collected previously. Participants were provided, in advance, with the preliminary report of the study to allow a deeper reflection. 10 individuals participated in this workshop.

According with the typology developed by Cornwall & Jewkes (1995) this research has a mixed character between conventional research and participatory research . The involvement of gerontologists in this research has taken place in several moments, namely: the final definition of the analytical model, the ethnographic observation through the sharing of practical tasks with the investigator, the redefinition of the concept of gerontologist professional work and the concept of gerontological care. The participatory character also has taken place through the participation of employers of gerontologists in defining their work and in the context of the profession and the professional work in organizations supporting the elderly. A special attention has been devoted to the details of the context of interaction between actors (situated action) particularly the congruency between the verbal and non-verbal language, as well as the consistency of the theoretical assumptions (verbalized by gerontologists) and its practical applicability, as we can see by reading of ethnographic reports presented. Participatory methodologies are often characterized as being reflexive, flexible and iterative (Cornwall & Jewkes, 1995). The participatory research process enables co-researchers to step back cognitively from familiar routines, forms of interaction, and power relationships in order to fundamentally question and rethink established interpretations of situations and strategies (Bergold & Thomas, 2012). Our research was reflexive and flexible and, partly, iterative.

Results : professional work of the gerontologists

We identified sixteen practical tasks (Table 1) and eight attitudes which were observed several times in practice gerontologist, during the period of ethnographic observation

This practical tasks can be divided into two distinct types: nine practical tasks in direct interaction with the elderly; seven other practical tasks (not in direct interaction with the elderly), and eight attitudes facilitators (8). The characterization of this tasks and attitudes was made by reference to the areas of scientific knowledge mobilized and professional competence and the principles of the gerontology invoked, as described previously.

Pratical tasks in direct interaction with the ederly :

– The preparation and distribution of oral medication prescribed (applied orally and topically) to institutionalized elderly require only the mobilization of knowledge of health care area. This task, however, is much more complex than

appears, as is done for several tens of people who are being treated with multiple drugs simultaneously, several doses per day, and with variations in each of the doses. Normally, this task falls to the nurse of the institution (in fact this is seen by as their jurisdiction), but can be performed by gerontologists, in the absence of the nurse. Underlying this task is the problem of polymedication, which the gerontologist can and should be aware and to suggest the necessary adjustments to the elderly physician. The gerontologist sensitivity to the problem of polymedication appears to be a distinguishing factor of knowledge of gerontologist (and nurses too) since both have knowledge of pharmacology.

– The mobilization and positioning of the elderly are tasks that require knowledge of the area of health care and all the competences and principles of the gerontology. The mobilization and positioning of the elderly have direct implications on the state of physical, psychological and emotional elderly. Neglect or incorrect execution of movements and positions can lead to worsening of health status of the elderly (such as pressure ulcers, falls, musculoskeletal disorders and fears of walking, for example) and even the physical overload of the caregiver (in this case the gerontologist).

> "By placing the elderly in the seat to go to the bathroom the gerontologist needs no help because it takes the user with an ease and safety manner, despite the elderly be quite heavy," "The gerontologist is positioned on the back of the elderly embracing the waist of the elderly and try to pull and tighten their pants. At the same time the gerontologist says to the elder (with his characteristic smile to put a pleasant disposition and good for everyone) that she no longer has arms to embrace him, and dance with him, because Wednesday is the day of dance".

– Personal hygiene and presentation of the elderly is an essential aspect of gerontological care. Although only mobilize knowledge in the field of health care and all the competences

and principles of the gerontology. Personal hygiene requires manipulation of the body of the elderly, the consideration of their personal habits, and respect for their dignity, autonomy and individual freedom. Underlying this concern is the need to keep the elderly clean and presentable face themselves (as a way to promote self-esteem and self-image), face to the others (as a protection), and face the family who are extremely stringent regarding this aspect. The hygiene and presentation of the institutionalized elderly is one of those areas where if everything is ok, only few notice it or is considered normal, but if a single hair is misaligned, then the target of criticism and possible accusation of negligence. The hygiene and presentation of the elderly is undoubtedly a mirror of the care provided in the institution. It is, by all this reasons, a central element of gerontological care provided by gerontologists, since it can lead to many of the negative stereotypes attributed to the elderly, which are avoided as much as possible by gerontologists. In all these situations, it is visible careful to respect the wishes and choices of the elderly as a way to maintain their autonomy.

> "The gerontologist always ask to the elderly if they want take a shower that day or not"; "during the bath, always the care of questioning the elderly if the water temperature is good or not, always careful to use a washcloth to apply the shower gel in the body of the elderly"; "always careful to wash first the cleanest parts of the body and leave the genitals to the final ";"always use a moisturizer cream to the skin"; "always ask the elderly about which clothes want to wear, what perfume to use, or desired accessories, etc."

– The physical and cognitive stimulation of the elderly require the mobilization of knowledge in the field of health care and psychology (in the case of cognitive), and also the full range of competences and principles of gerontology. The rationale behind these activities is based on the recognition that physical stimulation, the cognitive stimulation, and also the social relationships are essential to the preservation of good

physical and mental health of the elderly and thus maintaining good levels of autonomy, quality of life and wellbeing. The physical and cognitive stimulation of the elderly always requires a previous assessment of physical and cognitive abilities of the elderly through the application of specific tests for this purpose. Evaluation requires exactly the same areas of scientific knowledge, competences and principles of gerontology used in the execution of stimulation techniques. The motor and cognitive stimulation may occur by three pathways. First, the frequency of activities specifically planned and made available to the elderly for this purpose (sociocultural animation and physical activities), usually conducted by social animators, social educators or gerontologists, for example. The second through the therapeutic programs frequency, possibly developed by physical therapists, psychologists (cognitive stimulation), and gerontologists and, eventually, nurses. The third way is to make the physical and cognitive stimulation naturally, inserted in all the daily activities of the elderly. This requires a deep awareness of the importance of this practice and their application in the interaction with the elderly.

> "So ? We go to the dance? C'mon, I promise to you a dance, give me a kiss..." ; "To a user who has difficulty getting out of bed and complains the gerontologist says – C'mon, you can do it".

– The development of animation activities requires the mobilization of knowledge of psychology and sociology, the full range of competences and principles of the gerontology. It also requires a diverse set of cultural and artistic skills. The most important is that the activities suited and meet the interests and abilities of the elderly. The main mistake to avoid is to confuse elderly with children and develop activities that lead to the infantilization of the elderly. The study demonstrated the extreme care of gerontologists in planning and executing the animation activities.

> "I never watched any gerontologist infantilizing the elderly, which often happens with other professionals" [Interviewee 1].

– The counseling of assistive devices and monitoring of the elderly and caregiver adaptation implies the mobilization of knowledge in the area of health care and psychology. The choice of appropriate assistive devices contributes to increased quality of life of the elderly and their caregivers and also allows the saving of resources. The adaptation of the elderly involves a learning process that is very demanding physically and emotionally for the elderly. This process should be accompanied by a competent specialist.

> "The gerontologist first had a long conversation with the elderly on the use of a walking stick. He explained how the elderly should hold the cane. He made himself a little demonstration. Then, very slowly, the two walked side by side along the corridor. This process was repeated for one week."

– To deal with embarrassing situations that result from physical and mental infirmities of the elderly, as well as to deal with situations in which the elderly are aggressive for technicians, assistants, or other elderly, is required the mobilization of knowledge of the field of psychology and sociology. The physical and mental weaknesses may endanger the personal safety and the dignity of the elderly. This is particularly grave given the intense sharing of time and space (intense social interaction) in the long term institutions for the elderly. It should be noted that each senior is a reflex of the quality of care in the institution and therefore the professional performance of employees who work there. Thus it is essential to ensure: the hygiene and presentation of elderly; to prevent malodors in the institution, to be attentive to the behavior of the elderly during meals, to control the situations of verbal or physical aggression. Effective management of these situations requires the best professional performance of all employees, at all times.

"The gerontologist asked the assistant to ward off immediately the other seniors, as he tried to calm and control the aggressive elderly ... "; "By dragging their feet and holding their pants the elderly walks into the room to change clothes, the gerontologist goes ahead to indicate the way while looking back to follow the situation".

Other practical tasks (that don't occur in direct interaction with the elderly), in general, are complex in terms of areas of abstract knowledge but do not always require the full range of competencies and the principles of the gerontology.

The evaluation of family and social support of the elderly is a task of the utmost importance, whether the elderly is residing in an institution or the elderly is residing in the community. The assessment requires knowledge of the area of health care, psychology and sociology, the full range of competencies and principles of gerontology. Normally evaluation is done by applying scales that punctuate (scores) the level of support for the elderly. The evaluation is complemented with visits to relatives (or other caregivers) of the elderly during which gerontologist can assess the conditions of the housing where the elderly live, and also help assess the needs of the caregivers in view the quality of life and safety of the elderly and their caregivers.

The family attendance of the institutionalized elderly requires the same knowledge, skills and principles of the previous task. All precautions concerning the presentation of the elderly and the institution itself (cited above) are of utmost importance. Normally, during visits to the elderly, the family is very demanding and critical about the conditions of the elderly in the institution, even when they are not very involved in monitoring the situation of the elderly. The image of the institution and the professionals who work there are always judged when the family visits the elderly.

The elaboration of menus is a gerontologist task in the event that the institution does not have a nutrition expert, or in the case in which the elderly is accompanied by gerontologist at his residence. It is a task that requires knowledge of the areas of health care and management-administration, all competencies and principles of gerontology. The preparation of menus is a complex task, since it must consider three distinct aspects: the nutritional needs of the elderly; their personal likes (very marked by its culture), and food availability (management and administration). Diet is a factor of the utmost importance for the elderly because, often, food is seen as a place of pleasure and freedom.

The human resource management mobilizes knowledge of the scientific areas of psychology, sociology and management-administration and all the professional competencies of the gerontologist. In gerontology, like any other activity, the human resource management is a very complex task but extraordinarily important for organizational development, to the satisfaction of clients and collaborators of the organization. The human resource management can include different tasks such as: developing and managing the dossier of staff professional training (needs assessment, implementation and management of training programs, career management professionals), drawing up rostering patterns; coordination of meetings.

The management of raw materials, equipment and facilities is a task that requires knowledge of management and administration as well as knowledge in health care, because it is necessary to adapt the specific characteristics of the products (food, hygiene items, and equipment) to the specific needs of the elderly. This determines that the gerontologist has technical competencies which enable him to make the best choices. It also requires relational competencies to use in the negotiation process with suppliers and, subsequently, in all situations where it is necessary to justify the use of a particular material or equipment to the elderly.

The management of quality programs is a central task of the gerontologist that requires the mobilization of all areas of knowledge, competencies and all the principles of gerontology. The activities of the institutions supporting the elderly are subject to a complex normative framework (legal and regulatory) on technical specifications (facilities, equipment, procedures) and operating standards. This normative framework aims improving the quality and safety of service for the elderly. Often the occurrences of difficulties simultaneously meet the rigor of the standards (problem diagnosed as excessive bureaucracy) and the inherent complexity of many of the daily tasks of institutions. Managing this balance is thus a gerontologist task translated by the constant need to prioritize tasks to perform.

Finally, the introduction of innovations is of utmost importance in an activity (formal care provision for the elderly) that is under an intense process of evolution, determined by technological, organizational, socio-cultural, financial and political issues. Innovation is essential for the evolution of the quality of services provided and for the organizational excellence. Given their diversified nature, the introduction of innovations, in general, requires the mobilization of all areas of knowledge, all the competencies and also of all the guiding principles of gerontology. In the case studied were referenced three innovations introduced by gerontologist with direct implication in the care of elderly: physical and cognitive stimulation programs; hydration programs (based on control of the daily fluid intake and hydration of the skin), and regular monitoring of bath of the elderly dependents by nurses, with a view to early detection and prevention of pressure ulcers.

The *attitudes facilitators,* as its name indicates, facilitate the execution of previous tasks. May occur concurrently with the tasks listed, or stand alone when a gerontologist talks with a senior to learn from it, or to better understand, for example. The attitudes facilitators require the mobilization of knowledge of the psychology and sociology, and may also require knowledge of the areas of biology, health and management-administration, all competencies and all the principles of gerontology.

Communicate empathetically and effectively is the most important attitude for any caregiver of the elderly, given that underlies all the interaction that takes place with the elderly. Interpersonal communication is a complex phenomenon it is susceptible to factors of personal and contextual (time and environment where the conversation takes place). In the case of the elderly is even more complex due to some peculiarities, such as the sociocultural differences between elderly and caregivers; cognitive difficulties of the elderly, hearing difficulties and verbal expression, among others. The verbal and non-verbal communication with the elderly is essential to the process of care, so it is up to the caregiver (in this case the gerontologist) all the effort of optimizing communication with the elderly. Active listening, attention to non-verbal language, eye contact (eyes in the eyes), modeling of voice and from the gesture, repetitions, exploration of other ways of saying the same thing, among others, are essential techniques. And, most importantly, interpersonal communication with the elderly requires time available to hear the elderly.

> "Is that all right? Who says? Can it be? Can it be?"; " The gerontologist goes to the elderly room, gives the good morning and asks if it's okay, if she slept well and, taking the hand of the elderly and repeats the good day with a louder voice, looking her straight in the eye, give a kiss and asks for a kiss"; "The gerontologist comes to the living room and the first focus is the elderly, talking to them and approaching them too - approaching the elderly and almost touch them with the look, this way of being is typical of the gerontologist making no distinction of elderly";" Grateful, the elderly say they do not need anything else, with a 'thank you' which, judging by the tone of voice comes from deep inside".

Another highly important attitude, though sometimes forgotten or minimized, is to minimize the strangeness and fear of the elderly in relation to abstract systems. The institutional environment for more humane it is, is always an environment dominated by foreign systems, for most seniors, such as schedules, technologies, treatments, procedures, technical language. In turn, the vast majority of elderly subjects have certain weaknesses of different nature, which easily exacerbate the strangeness and fear over the daily life of the institution. Several studies show that many of the institutionalized elderly reveal little autonomy and low self-esteem, factors which have very negative effects on their quality of life. The fear of hygiene practices, the lack of technical language, misunderstanding of institutional norms, fear of treatment, disease and death, among others, inhabit the minds of many seniors. Thus, elderly caregivers should minimize the effect of abstract systems through measures that promote a context of life as private as possible. Adopting a perceptive language by the elderly, the decor of the rooms with individual objects and a serious effort to explain the reasons for the procedures, are essential practices. In the following example, besides being explicit about the position gerontologist on nomenclature using (discursive competence) what is more remarkable is the choice of the word "people" to refer to elderly marking the idea that the elderly are people and not numbers or objects.

> "The gerontologist says that according to the requirements of the Ministry of Social Security the word "user" should be replaced by the word "client". However, he says, the word "client" gives an idea of a greater detachment toward people when compared with the word "user" which gives an idea of closeness and involvement".

The respect for the opinions and choices of the elderly is a attitude that has subjacent the objective of preserving autonomy and cultural patterns of the elderly (food, clothing, hygiene, leisure activities, relationships friendliness, beliefs, habits, etc.) both extremely important to the quality of life of institutionalized elderly.

> "The gerontologist asks if the elderly slept well, he says yes; ask him if he wants to take a bath and he says he took yesterday so only the next day take a bath"; "In the hospital the nurse asked gerontologist if the elderly would wear a "hospital pajamas" or would wear their own pajamas. The gerontologist directly questioned the elderly about this question; he replied that he wanted to wear his own pajamas; in light of this response the gerontologist asked a colleague of the institution to bring him the pajamas of the elderly".

Involving the elderly in intervention technique and constant positive reinforcement of this involvement is an attitude which aims to encourage the elderly to do what we can still do for him, being of the utmost importance for the preservation of their autonomy and self-esteem. Gerontology recommends that the elderly should not be replaced with anything that can hold their own in safety, as the activities of daily life and the decisions and choices about their life. Failure to observe this caution (in conjunction with the disrespect for the elderly opinion, cited above) leads to the risk of "discouragement learned", a phenomenon common in institutionalized elderly, which results in rapid and induced losses of autonomy and self-esteem. Although in theory it is simple to understand the practical application of this principle is, however, much more complex. It is a matter of sensitivity to find the right degree of help to the elderly so without undermining their autonomy (over-help) or fall into neglect (lack of help needed). The correct measurement of the level of assistance to the elderly in intervention is undoubtedly a very strong identity trait of caregivers of elderly and quality of care. Obviously, this knowledge relates to the knowledge of physical and cognitive stimulation and must be run with the maximum possible congruence. In the following example shows a simple way to promote physical and cognitive stimulation, reinforcing positively the action of the elderly;

apparently this is simple, but only apparently, just how often this care is overlooked or poorly executed.

> "Do you wash your face, asks the gerontologist. Why do not wash you, ask the elderly. Because you wash better, responds the gerontologist"; "I do not have much hair, says the elderly; you has much hair says the gerontologist".

The invocation of ethical principles and humanitude in relation to the elderly is an attitude expected in action gerontologist. In fact, because gerontology is within the designated professions of care the importance of these principles was strongly stimulated during academic training. So, what deserves attention is not the invocation of this professional knowledge, but its centrality in action gerontologist, which, as demonstrated by the ethnographic study, also supplants other caregivers involved in caring for the elderly. This professional knowledge underlies in the exact way the tasks are executed, but also in treating the elderly by its proper name, in the constant effort to preserve their autonomy and dignity (for instance the concern with the verticality of posture of the elderly and their presentation), in the attention given to the cleanliness of the facilities (including the absence of bad odors) and in the warmth and humanity (voice, look, touch) of the interaction with the elderly. The best evidence of this attitude are the words and attitudes of recognition of the work of the gerontologists by the elderly and unambiguous distinction that makes the quality of their work in relation to other professionals.

A continuing priority given to the welfare and dignity of the elderly, at the same time subtle and striking, is the attitude that best defines the gerontological care. Subtle in the sense that it is (or should be) present in any interaction with the elderly, and striking because safeguard is the most important from the perspective of the welfare and dignity of the elderly, regardless of the resources available. It is a professional knowledge based on the full awareness of the principles of ethics and humanitude in caring.

> "When gerontologist went into the living room (where they were elderly and some other caregivers) his look immediately searched the elderly as ensuring that they were well, as it does in all situations ...".

Finally, the attitude (maybe the term "skills" describe it better) "performed the tasks quickly" and "execute several tasks simultaneously" are examples of daily routines. Being a common feature of most professional occupations in the case of elderly care they acquire particular importance. This results from the perception of space-time that characterizes the elderly. Without falling into negative or positive stereotypes (Magalhães, 2012) something that to us seems slow and close to the elderly may seem (or in fact be) too fast and far. In elderly caring, given the multiplication of tasks that need to be developed with the elderly and given the existence of rigid schedules in the institutions, easily falls into situations of desynchronization of spacetime. The way found to solve this desynchronization is a mark of the work and the identity of the gerontologist. If we want to make an analogy with a train, we would say that it moves at high speed between stations (space and time between tasks) and then linger at each station (care given to the elderly), but as yet this was insufficient, at each station the gerontologist performed multiple tasks. This form of work organization requires the acquisition of routines. These result from two factors that characterize very well the professional identity of the gerontologist who are very important to the quality of care, including: the importance given to the welfare of the elderly that is, always, the very first priority and concern of gerontologist; and an unusual ability to delegate work and manage resources (to which the researcher cannot escape ... for once I was there to "observe" ... So also could help, as often happened).

> "In the corridor we went from room to room to say good morning and see who needed help, who needed a bathing, everything in a very fast pace"; "while combing the elderly the gerontologist answers the phone by holding it between head and shoulder, which is a constant";

"I still trying to figure what was happening... I asked, were calling was not? Yes! It is in this way quickly and brief that the gerontologist responds to my questions when he is working with the elderly".

Conclusions

The professional work of the gerontologist is constructed mostly in the interaction between caregiver / cared person. It is complex because it requires a combination of knowledge, competencies, principles (values), and attitudes. The implementation of the practical tasks of gerontologist, in many cases, requires the adoption of one or more of facilitative attitudes. Thus, we think that the facilitator attitudes also must become part of the theoretical model for the study of the professional work of gerontologists.

The professional work of the gerontologist, as described, is the essence of the process of gerontological care. This, in turn, is the central element of identity and culture of the gerontologist, and allows distinguishing the professional work of the gerontologists from the work of the other professionals who are also involved in providing care for the elderly. It promotes confidence, self-efficacy and empowerment. It is a reference to the construction of identity and professional culture. It is emancipator because it promotes innovation and excellence of service.

This research has a mixed character between ethnographic research (based on the principles of ethnomethodology) and participatory research. This is possible because the attitude of the investigator during the collection, analysis and interpretation of data has always been a position of close proximity to the actors in the field. The moments of ethnographic observation were, purposefully, moments of intense sharing of knowledge and expertise between the investigator and gerontologists. A special attention has been devoted to the details of the interaction between the gerontologist and the elderly as well as the context in which this interaction occurs (situated action).

The definition of the gerontologist professional work and, more specifically, the definition of gerontological care were not fully acquired at the beginning of the investigation. Rather, its final configuration and shaping emerges from the active participation of gerontologists in defining the conceptual framework of the research itself and in the definitions of professional work and gerontogical care.

In other words, as far as possible, the findings of this investigation were also woven by the main actors of the investigation. There was thus a portrait that results from a balance between proximity, emotion and subjectivity of the actors in the field and the necessary objectivity and detachment of scientific research. A portrait between "engagement and detachment" as say Elias (1997).

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Perspectives