

Perspectives adopted by caregivers in the interaction with the institutionalized child

Perspectivas adotadas pelos cuidadores na interação com a criança institucionalizada

Perspectivas adoptadas por los cuidadores en la interacción con el niño institucionalizado

Ruth Irmgard Bärtschi Gabatz^I, Eda Schwartz^{II}, Viviane Marten Milbrath^{III}

Abstract: **Aim:** To understand the perspectives of the caregivers based on their interaction with the institutionalized children. **Method:** A qualitative research using Grounded Theory and Symbolic Interactionism for data elaboration and analysis. Data was collected from April to July 2015, through an intensive interview, with 15 caregivers in a child care institution. **Results:** They are presented in three categories: Learning to value life and family; Changing the way you see and deal with others; Understanding the child as a person capable of changing their reality. **Final considerations:** It was identified that, in the interaction with the institutionalized child, the caregiver starts adopting new ways of seeing and acting in the world, valuing her life and family, besides developing more patience, compassion and love for other people in conditions of vulnerability.

Descriptors: Interpersonal relations; Caregivers; Child, institutionalized; Nursing

Resumo: **Objetivo:** compreender as perspectivas do cuidador a partir de sua interação com as crianças institucionalizadas. **Método:** pesquisa qualitativa que utilizou a Teoria Fundamentada nos Dados e o Interacionismo Simbólico para elaboração e análise dos dados. Os dados foram coletados de abril a julho de 2015, por meio de uma entrevista intensiva, com 15 cuidadoras em uma instituição de acolhimento infantil. **Resultados:** são apresentados em três categorias: Aprendendo a valorizar sua vida e sua família; Mudando a forma de ver e lidar com os outros; Percebendo a criança como ser capaz de mudar sua realidade. **Considerações finais:** identificou-se que na interação com a criança institucionalizada, a cuidadora passa a adotar novas formas de ver e agir no mundo, valorizando mais sua vida e sua família, além de desenvolver mais paciência, compaixão e amor por outras pessoas em condições de vulnerabilidade.

Descritores: Relações interpessoais; Cuidadores; Criança institucionalizada; Enfermagem.

^IRN, Ph.D in Science, Adjunct Professor at the School of Nursing at the Federal University of Pelotas, Pelotas, Rio Grande do Sul, Brazil. e-mail: r.gabatz@yahoo.com.br

^{II}RN, Postdoctoral in Nursing, Associate Professor at the School of Nursing and the Graduate Program in Nursing at the Federal University of Pelotas, Pelotas, Rio Grande do Sul, Brazil. e-mail: eschwartz@terra.com.br

^{III}RN, Ph.D in Nursing, Adjunct Professor at the School of Nursing and the Graduate Program in Nursing at the Federal University of Pelotas, Pelotas, Rio Grande do Sul, Brazil. e-mail: vivianemarten@hotmail.com

Resumen: **Objetivo:** comprender las perspectivas de la cuidadora a partir de su interacción con los niños institucionalizados. **Método:** investigación cualitativa basada en la Teoría Fundamentada en los Datos y en el Interaccionismo Simbólico para elaborar y analizar datos. Se recolectaron los datos de abril a julio de 2015, por medio de una entrevista intensiva con 15 cuidadoras, en una institución de amparo infantil. **Resultados:** se presentaron tres categorías: Aprender a valorar la vida y la familia; Cambiar la forma de ver y tratar con los demás; Comprender que el niño es capaz de cambiar su realidad. **Consideraciones finales:** se identificó que en la interacción con el niño institucionalizado, la cuidadora pasa a adoptar nuevas formas de ver y actuar en el mundo, valorando más su vida y su familia, además de desarrollar más paciencia, compasión y amor por otras personas en condiciones de vulnerabilidad.

Descriptor: Relaciones interpersonales; Cuidadoras; Niño institucionalizado; Enfermería.

Introduction

Socialization plays a fundamental role in the development of the human being, and living with other people guides the person to learn how to deal with the situations presented in their life.¹ In general, primary socialization occurs in the family; however, when children are deprived of family life, because they are in a personal and social risk situation, they may be sent to a child care institution. Sheltering institutions possess, historically, the function of taking care of and of keeping children and adolescents who cannot stay with their families.⁽²⁾

During institutionalization, there is a weakening of the children's bonds with their family and community of origin, requiring adaptation to a new reality with unknown people. In this sense, it is important for caregivers to be prepared to receive and assist children, providing care, education and resources to cope with the difficulties and the affective, cognitive and social development of the sheltered.³

In this context, the theoretical framework of Symbolic Interactionism is introduced, based on three premises: the first one is that human beings act toward things on the basis of the meanings they ascribe to those things.⁴ Thus, caregivers and children live and interact within child care institutions, being able to construct different meanings about the objects, since they are influenced by people with different conceptions, coming from different cultures and realities. The second premise is that the meaning of things arises from the social interaction that one has with others.⁴ In this sense, during the interaction with the institutionalized child

and with their peers, caregivers are influenced in the meanings they attribute to things. The third premise is that meanings are handled and modified through an interpretative process used by the person in dealing with the things they encounter. The meaning of things is thus formed, learned, and conveyed through a social process.⁴ In this way, when creating bonds with the child, the caregiver creates and recreates her perspective about the world around herself through interaction.

Therefore, during the interaction with the institutionalized child and their peers and when living with different people, coming from different realities and cultures, the caregiver creates and recreates her perspectives, which are permeated by the subjectivities of the individuals with whom she interacts, building a multifaceted reality and changing her perspectives. At the same time, the child follows the care models presented by the caregivers. Thus, caregivers act as identifying models, protecting and guiding children, thus playing a central role in their lives.⁵ In this sense, further exploration about the theme is important, seeking to know the perspectives of the caregivers in the interaction with the institutionalized child.

Based on these assumptions, the guiding question was devised: What perspectives does the caregiver adopt from her interaction with the institutionalized child? The aim was to understand the perspectives of the caregiver from the interaction with institutionalized children.

Method

This is a qualitative approach study, in which the *Grounded Theory* was used as the methodological framework⁶ and Symbolic Interactionism as the theoretical framework.⁴ This study presents an in-depth analysis of the “Learning with the child” subcategory, which is part of the process of building the theoretical model of “Understanding the work/care of

institutionalized children”, developed in the Ph.D thesis entitled “Bonding and interaction between caregivers and children in a shelter”.

The research scenario was an institutional shelter located in a municipality in the south of Rio Grande do Sul which receives male and female children, from zero to eight years old. Children received at this institution are referred by the Juvenile Court and the Guardianship Council, as they cannot stay with their families.

The research participants were the 15 professionals involved in the direct care of children from zero to three years old in the morning, afternoon and night shifts. All the activities performed by the caregivers that provide constant physical and visual contact with children are considered direct care: feeding, bathing, changing diapers, helping to crawl and walk, playful and learning activities, cuddling, and cradling, among others. In the studied institution, there were 24 caregivers, 16 of whom took care of children from zero to three years old.

The inclusion criteria were the following: working in the institution for at least three months and providing direct care to children from zero to three years old. All caregivers meeting the inclusion criteria have agreed to participate in the study.

Data was collected from April to July 2015, in the three shifts (morning, afternoon and night), with visits scheduled in advance, according to the caregivers' and the shelter's availability. For this purpose, an intensive interview with the caregivers was used, with broad and open guiding questions,⁶ interviewing 15 caregivers. The intensive interview enables a detailed analysis of a given topic, providing an explanation from each participant's interpretation on their experience.⁶ The interviews had an average duration of 30 minutes and were conducted in a private room within the child care institution. They were recorded in an MP3 player and manually transcribed in full.

In the Constructivist Grounded Theory advocated by Kathy Charmaz, there is a co-construction and reconstruction of data toward the theory.⁷ In this way, an initial coding and,

later, a focused coding is used for data analysis and the theory arises with the researcher's reflexive interpretation of the investigated context.

Thus, data was recorded, transcribed and analyzed together with the collection and, at each new interview or observation, the information was evaluated, coded and categorized, returning later to the field in order to continue and complement the collection.

The ethical precepts were observed in accordance with the standards proposed by Resolution No. 466 of December 2012.⁸ To this end, a consent letter prepared by the co-participant institution was requested and a Free Informed Consent Form was provided to the caregivers who agreed to participate. The letter C, followed by a sequential number (C1, C2, ...), was used to identify the caregivers in order to keep the anonymity of the research participants. The study had been previously approved by the Ethics Committee of the School of Nursing at the Federal University of Pelotas on April 26, 2015, under the Certificate of Presentation for Ethical Assessment (Certificado de Apresentação para Apreciação Ética, CAAE) No. 42696915.9.0000.5316, opinion number 1035995.

Results and discussions

The study included 15 caregivers aged from 22 to 58 years old, with complete elementary school to complete higher education and from eight months to 12 years working at the institution. Nine were single, four married, one divorced, and one lived in concubinage. In addition, nine had children.

Care for the institutionalized child brings about different learnings for the caregivers: they start to see life from another perspective, value more their own family and their achievements, and are more sensitive to the condition of others, especially abandoned children. In this way, it was possible to develop three categories: Learning to value life and family;

Changing the way you see and deal with others; Understanding the child as capable of changing their reality.

Learning to value life and family

Taking care of an institutionalized child makes the caregivers reflect on their own life and condition, they start to value much more what they have and to be happy about that.

I have learned that I am happy and that I have everything [...]. It was after I stepped in the shelter that I started to reconsider my life. I started to value everything, even my simple house [...]. Also the family value, the family bond, [...]. (C1)

[...] I think that specially with them, you learn to value what you have, [...] these kids here don't have the least of what a family is, [...] and yet they are laughing, they are playing, that innocence, in this way you learn to value what you have. (C11)

During the interaction with the institutionalized child, the caregivers re-signify their lives and see their achievements and families positively. The family and its bonds become more valued by the caregivers as they realize they have something the children do not have, and yet they are laughing and playing. Meanings are handled and modified through the interpretative process used by the person in dealing with the things they encounter.⁴ In this way, not only the children create and recreate their perspectives when living with the caregivers, but also the caregivers change their perceptions about life during the social interaction they have with the institutionalized children.

Extreme situations such as child institutionalization can change people's lives. In the search for development, there is a change in habits, leading to maturity and personal growth, as well as strengthening family ties.⁹

When they experience a different reality from their own, caregivers start to reconsider life and the way they deal with it, giving less importance to minor difficulties and being grateful for what they have.

It is good to know a reality different from yours, you learn to deal with it within yourself too, with that part [...] of complaining about life. [...] you come here and see the children in worse situations than yours, and you have to look at yourself and be thankful for having a home, for having a family. (C12)

This study points out that when professionals experience extreme situations in child care they start to value life more, changing their values and principles and becoming more empathetic people.¹⁰ Thus, it is possible to understand the power of experience for the human being, as it is from experiences that we build and change our perspectives on life. Experiencing difficult situations causes individuals to recognize their living conditions more positively, valuing what they have and diminishing the importance of frivolous things.

Changing the way you see and deal with others

During child care, the participants reported to feel more love, understanding, solidarity, patience and empathy with others.

[...] I cultivated more love, it's not that I didn't have love, but that it aroused more in me. I see children on the street with their mother looking for food, that hurts, you know? So, I think this has aroused, made me more aware. (C3)

In C3's speech the cultivation of love as a feeling that arouse during the relationship with the institutionalized child and in other situations of vulnerability experienced by children is highlighted. Another study with caregivers of children with disabilities has shown love as the main value, being the first motivational driver of human behavior.¹¹

In addition to love, compassion for the other also arises, which makes the caregiver “more human”, understanding that it is not always possible for difficulties to be solved immediately and that the perspective of others needs to be considered more patiently.

[...] to be more human, more understanding, more tolerant. We have our gains [...]. (C6)

[...] we learn to value things, that people mean a lot... me too, I want everything to be solved soon. Then you understand this is not the case, you have to wait, you need to have a lot of patience with your colleagues [...]. (C8)

Faced with the difficulties experienced by institutionalized children, caregivers adopt a new attitude towards their own existence, being more understanding and tolerant. A study conducted with parents of children and adolescents with cancer showed that human beings transcend their own pain and “live authentically in the world, becoming Beings concerned about themselves and others”.^{12:560} Additionally, patience is an essential element when caring for others, and learning to be patient and tolerant helps the individual cope with frustration and conflict.¹³ Caregivers also point out in the reports above that their new adopted attitude is a gain obtained through the interaction with the institutionalized children.

Child care brings about different learnings; C10 emphasizes that in addition to learning how to deal with patience, she has also learned to value things she did not use to care much about, such as walking. For a healthy child this might be normal, while for a child who has problems it is a great achievement:

[...] you learn how to deal with your patience. [...] you learn to value things which maybe you didn't realize, you start to realize [...]. Because before [...] the child started walking, 'oh, that's normal', my son who [...] has conditions [...], but [...] then a child, who maybe doesn't have this condition, they start to walk, because doctors said they couldn't, today they can, it is very good for us. (C10)

Caregivers who take care of children with severe disabilities feel rewarded when they see their progress or an affective expression coming from them.¹¹ Thus, a condition which would be considered “normal” within the physical development, and therefore undervalued, becomes highly valued when it occurs in adverse circumstances. This stimulates the perception about the small advances presented by the most vulnerable children.

Participants reported they have learned to devote themselves and to create affection and bonds with kids who are not even their family members, exchanging affection and love with them:

[...] you learn to be more devoted, [...] you learn to give love and you create emotional bonds, you create love for a child, for a human being who has no relation with you, who does not have your blood, who is not your family, but you create that affection, and the child does the same. [...] we learn to exchange, not only give, but also receive, because the child gives you affection, gives you love, and it is for free, a child's love is free, it is something without any interest, without anything. (C11)

Affection is relevant to human beings' development, influencing their socialization. Therefore, from the moment the caregiver offers her affection to the child, she creates an affective relationship, also receiving the child's affection, developing a 'care exchange'. It is emphasized that affectionate relationships are indispensable for the interaction of the individual with the environment since early ages, favoring socialization.¹⁴ It is through interaction that communication with the child becomes possible. In this sense, “affection, love and coexistence strengthen the bonds and allow us to recognize the child's manifestations”.^{15:50}

In this context, maternal responsiveness to the baby's stimuli indicates her perception on their communicative intentions. Responding sensitively to these stimuli, the mother may be able to “adopt socializing practices which facilitate the child's socio-emotional development in the future”.^{16:312} Taking into consideration that in child institutionalization the caregiver represents the maternal function, it is emphasized that the affective bond in the caregiver/child

relationship is indispensable for the establishment and maintenance of a healthy environment, acting on the development of the bonding capacity.¹⁷

In the exchange relationship between the caregiver and the child, the affective bond strengthens, and both of them gain. In this sense, the way the child is able to show their love may transform the caregiver's daily life:

[...] we learn that the child has a pure way of showing their love. (C5)

During the interaction process, individuals are active and learn how to give meaning to things, valuing the meaning attributed to their experiences.⁴ Thus, through their interaction with children caregivers can act, perceive, interpret and act again, being actors and reactors in the active process in the world, thus re-signifying their reality.

Through the experience of exchanging feelings and affection, the caregiver learns to change her way of acting in the situations she encounters in her daily life, inside and outside the institution. In this way, she tries to help others more, respecting human beings:

I have learned [...] we have to [...] help others whenever we can. To help others, there are many people who have parents and the children are here, because parents can't, it's not because they don't want to give, it's because they can't afford it. So, if we can, we help. (C13)

It is evident from C13's statement that the conditions leading the child to be institutionalized are not always related to the parents' unwillingness, but to their impossibility of meeting their needs. Thus, the caregiver understands that by helping others she can help to reduce child care cases resulting from parents' inability to meet their children's needs. In this way, by observing the institutionalized child's situation, caregivers start to adopt new perspectives also outside the institution:

[...] in my life I have learned to respect more, to have more respect for the people. [...] the person is in need of help, it didn't use to call my attention very much [...], and seeing them like this, in a shelter, [...], this moves you,

your heart changes. So, that changed the way I want to help people [...].
(C15)

Thereby, interaction with the institutionalized child makes the caregiver a better person, as stated by C10:

[...] this is the positive side of you becoming a better person. (C10)

For C7, the experience of caring for the institutionalized child who goes through extreme situations of suffering and then is adopted by a family teaches that there is always a reward and that, even with many difficulties, you can have a better future:

[...] I have learned a lot [...] not everything is lost, [...] they go through so much suffering, but in the end [...], there was something better waiting for them. So, I always think like this, that there is always something better for us, [...]. If you look at them, at our daily lives here, at what the children go through, [...], and most of them were so well rewarded by a family, that gave them love, that gave them the possibility of having a child's life, and a better future [...]. (C7)

Based on the testimonies, we can notice the strength of the caregivers' experiences with child institutionalization in modifying their way of acting in the world, and these experiences strengthen and increase the expression of human values. Caregivers mature as people, extracting something positive from painful experiences, thus giving a new meaning to their very existence.¹²

Faced with a painful experience, the caregiver begins to re-signify her character, seeking an authentic meaning for her life. Subsequently, there is a "behavioral change effort in which the individual assumes new perspective patterns".^{18:623} In addition, caregivers develop more empathy for others as manifested in respect, love, giving, and helping others.

Understanding the child as capable of changing their reality

The institutionalized child goes through a lot of difficulties such as neglect and violence, which can change their daily lives and lead to institutionalization. In this context, caregivers realize that the reality of institutionalized children is different from that of other children living in homes with loving and caring parents:

[...] I have learned that it is another reality. (C2)

According to C2, the reality of the institutionalized child is different from the reality already experienced by the caregiver in interaction with other children, such as those of her family. In this way, it is necessary to adopt a different attitude towards institutionalized children, preventing them from re-living stressful situations, as stated by C9:

[...] we learn that we have to be patient, because they are children who have already suffered maltreatment. We can't scream in front of them, we can't react in a way that might remind them of something. (C9)

The child care institution can only be considered as a protection place when caregivers provide support and positive emotional interaction, fostering horizontal and affective relationships.¹⁹ Thus, it is understood that in the care of institutionalized children, the caregiver should avoid their 'revictimization', demonstrating affective interaction and concern with the child. In this way, greater consistency in care, with individualized attention and stable and receptive contact, reduces the risk of developing inhibited attachment and disorganized behavior in children.²⁰

On the other hand, C4 understands that the institutionalized child is equal to the non-institutionalized child, since they are both children and both have the same fears and weaknesses:

I have learned that a child is a child. The shelter child is no different from the child we have at home, they are children in the same way. They have the same fears, the same weaknesses, the same yearnings [...]. (C4)

Therefore, taking care of both institutionalized children and those who live with their families, is a job that requires dedication, in which practice is different from theory:

[...] so, there are several lessons that we, lessons that I take that are not much like the theory, the thing is to develop, to give attention, as well as affection, and patience. I think patience is fundamental[...]. (C9)

In that way, in the development of daily care, children and caregivers learn from each other in a way that they adopt new manners of seeing and acting in the world. C14 demonstrates her excitement by reporting that children learn from caregivers and reproduce what they have learned with their peers:

[...] I think that every day we learn something new. [...] what excites me the most [...] is that sometimes we are in a small group working. Sometimes it is that turmoil time [...], then you see the older one taking care of the younger. [...] taking care of each other, even though they are little [...] we see that our work is worth it, because they have learned to give affection. (C14)

Emotional development in childhood implies continuous changes in the children's ability to interact with the environment, as well as in the way they perceive the world around and themselves.²¹ The other signifiers promote interactions with children and ways of social coexistence. In the context of institutionalization, caregivers are the ones who represent these other signifiers, representing models for the children, with a central role in their lives.⁵ However, protective interaction only occurs when the ones involved are vigilant and committed to each other.

Final considerations

Based on the results we can understand the role of social interaction, meeting the objective of the study. Thus, it was identified that caregivers and children undergo changes constantly, creating and recreating their way of seeing and acting in the world. Through

interaction caregivers adopt and modify ideas, attitudes and values, re-signifying their own lives, valuing their family more, having more love, understanding and empathy with others, as well as realizing that the children change their conceptions in the interaction with them.

In this sense, caregivers act according to their definition, which arises from the social interaction they have with institutionalized children and the thought about their life values; the current situation of the caregivers experiencing the care of institutionalized children makes the difference about their ways of acting in the world. During the relationship with children, caregivers interact, think, define, apply their past and make decisions in their present based on the factors of the immediate situation, adopting new ways of acting and interacting with others.

The results of this study are believed to provide information on caregiver perceptions, highlighting as implications for the practice the need to offer them a space to be heard so that they can (re)think their care practices and how they influence and are influenced by their daily lives. In this context, nurses can play an important role, inserting themselves in childcare environments and providing support to the caregivers who work there.

The limitations of the study are related to the fact that it is considered a specific reality; however, as it is a qualitative research, it does not aim at generalizations. This study may instigate the development of new researches that seek to know how the practice of care in child institutionalization acts on the caregiver's conceptions in other care contexts, such as children's homes and families, in order to assist in the identification of weaknesses and potentialities, thus favoring the elaboration of strategies to improve the quality of the provided care.

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Corresponding author:

Ruth Irmgard Bärtschi Gabatz

E-mail: r.gabatz@yahoo.com.br

Address: Av. Gomes Carneiro, nº1, Faculdade de Enfermagem, Porto, Pelotas, RS

ZIP CODE: 96010-610

Authorship Contributions

1 – Ruth Irmgard Bärtschi Gabatz

Project design and planning, data collections and data analysis and interpretation; drafting and critical review of content; approval of the final version of the manuscript.

2 – Eda Schwartz

Project design and planning, data analysis and interpretation; critical review of content; approval of the final version of the manuscript.

3 – Viviane Marten Milbrath

Project design and planning, data analysis and interpretation; critical review of content; approval of the final version of the manuscript.

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