Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

EFFECTIVENESS OF THE COMMUNICATION BETWEEN NURSES AND USERS OF THE MALE GENDER: INFLUENCING FACTORS

EFETIVAÇÃO DA COMUNICAÇÃO DOS ENFERMEIROS COM OS USUÁRIOS DO GÊNERO MASCULINO: FATORES INFLUENCIADORES

EFECTUACIÓN DE LA COMUNICACIÓN DE LOS ENFERMEROS CON USUARIOS DEL GÉNERO MASCULINO: FACTORES INFLUENCIADORES

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ABSTRACT

Objective*:** to identify the factors that influence, positively or negatively, on the effectiveness of communication between nurses and users of the male gender in the Family Health Strategy. ***Method: it is a descriptive, exploratory study with qualitative approach. Data collection was conducted with 24 nurses of Basic Health Units from the Mangabeira neighborhood in João Pessoa/ PB/Brazil. We used a semi-structured script and a field journal. The information set were analyzed using the content analysis technique. The project was approved by the Ethics Research Committee from the Hospital Universitário Lauro Wanderley (HULW), under the Opinion nº 649/10. ***Results:*** we have defined the following category: **The identification of factors that influence the effectiveness of communication between nurses and male users** - which is divided into two cores of central ideas. ***Conclusion:*** It is evident that nurses, in spite of identifying the factors that contribute, in a positive way, to the communication, did not always use them. ***Descriptors:*** Nursing; Communication; Gender; Male; Factors.

RESUMO

Objetivo: identificar os fatores que influem, positiva ou negativamente, na efetividade da comunicação dos enfermeiros com os usuários do gênero masculino na estratégia de saúde da família. ***Método:*** estudo descritivo e exploratório, com abordagem qualitativa. A coleta de dados foi realizada com 24 enfermeiros das Unidades Básicas de Saúde do bairro de Mangabeira em João Pessoa/PB/Brasil. Foi usado o roteiro semiestruturado e o diário de campo. As informações foram analisadas pela técnica de análise de conteúdo. O projeto obteve aprovação do Comitê de Ética do Hospital Universitário Lauro Wanderley(HULW), mediante o Parecer nº 649/10. ***Resultados:*** foi definida a categoria: **O identificar dos fatores que influem na efetivação da comunicação dos enfermeiros com os usuários do gênero masculino** – dividida em dois núcleos de ideias centrais. ***Conclusão:*** ficou evidente que os enfermeiros, apesar de identificarem os fatores que contribuíam, de maneira positiva, a comunicação, nem sempre faziam uso deles. ***Descritores:*** Enfermagem; Comunicação; Gênero; Masculino; Fatores.

RESUMEN

Objetivo: identificar los factores que influyen, positiva o negativamente, en la comunicación de los enfermeros con los usuarios de género masculino en la estrategia de salud de la familia. ***Método***: estudio descriptivo y exploratorio, con abordaje cualitativo. La recolecta de datos se realizó con 24 enfermeros de las Unidades Básicas de Salud del barrio de Mangabeira en João Pessoa (PB, Brasil). Se empleó un guión semi-estruturado y el diario de campo. Las informaciones se analizaron por la técnica de análisis de contenido. El proyecto fue aprobado por el Comité de Ética del Hospital Universitario Lauro Wanderley (HULW), mediante el Parecer nº 649/10. ***Resultados***: se definió la categoría - *El identificar los factores que influyen en la efectuación de la comunicación de los enfermeros con los usuarios de género masculino* – dividida en dos núcleos de ideas centrales. ***Conclusión***: se evidenció que los enfermeros, a pesar de identificar los factores que contribuían de manera positiva a la comunicación, no siempre los empleaban. ***Descriptores***: Enfermería; Comunicación; Género; Masculino; Factores.

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Paper designed from the dissertation << ***Communication between nurses and users of the male gender: a representational study*** >> presented in the Post-Graduate Nursing Department from *Universidade Federal do Rio Grande do Norte*/PPGENF/UFRN, 2011.

INTRODUCTION

Each country has its problems and its policies where the human, scientific, technological and innovative resources are allocated to meet priority needs in the health sector, which are changed as the problems are being solved. Thus, Brazil, based on international covenants, which makes it a consignee, follows health models of countries whose difficulties are exemplary and liable to generalizations and proposes that the whole society implement certain public policies as a way to meet the health problems of their citizens.

The experiences of these countries has showed that health systems, when driven by primary healthcare, enable greater satisfaction to population, improved health levels, reduced medication use and, consequently, lower costs. The primary healthcare corresponds to a level of health service system, it provides the entry into the system for all new needs and problems, focus on the patient over time, attention to all conditions, except for the unusual ones, and coordinates or integrates the care provided by some other sector or by third parties.[1,2]

In this sense, the Brazilian Unified Health System - *Sistema Único de Saúde* (SUS) defined in the Federal Constitution of 1988, regulated on September 19th, 1990, by Laws 8.080 and 8.142, also known as the Organic Laws of Health sought to fix the health inequalities of the Brazilian population.[3]

The SUS is guided through the adoption of six guiding principles: universality, regard as access for everyone, at all levels of care; integrality, curative, preventive, individual and collective actions, at all levels of complexity; equity, distribution of actions and services to the population, according to its needs; community participation, through the municipal health councils; the political and administrative decentralization, represented by regionalization and hierarchization of health services networks, preservation of users autonomy.[4]

In spite of the SUS guiding principles, the pre-established programs in public health policies initially released under this model did not reach the considerations specific to the men's health, although rates of male mortality has taken over a significant weight in the morbidity and mortality profiles.

With the desire to solve the problem related to the men's health, the Brazilian Ministry of Health - *Ministério da Saúde* (MS) implemented the National Comprehensive Healthcare Policy for Men - *Política Nacional de Atenção Integral à Saúde do Homem* (PNAISH), aligned with the National Primary Healthcare Care Policy and humanization strategies, in line with the SUS principles, by strengthening actions and services in networks and in healthcare issues.[5]

Studies argue that the socially fertilized man sees itself as family provider, a powerful, domineering, virile and hard being, who does not get sick and, therefore, does not need healthcare services. Thus, the demand for health services, according to a preventive viewpoint, could associate him with weakness, fear and insecurity, making him closer to the female representations, by implying in the mistrust with regard to his socially constructed masculinity.[6,7]

It appears that men do not seek health services, basing their justification on several ways: representativeness of care acts being a female task, work-related issues, difficulty to access to healthcare services, lack of specific units focused on the men's health and the fact that professional teams are formed in their great majority by women.[8]

Thus, it is necessary that the Basic Health Units (BHU) is included in services that build care strategies to cover the different needs of this clientele.

Nursing aims helping to reverse the self-neglect of man in healthcare services, associated with the value assigned to the hegemonic male gender, whereas the improved knowledge about the discussions of the origin, science and gender allows us to see ways to understanding the social evolution and the human coexistence, besides extending perspectives of the nursing professional, who is understood as caregiver.[9]

Thus, it should be made a reference to the need to understand the men's health, considering gender, race, diseases, special conditions, because that is the only way that the professional who cares for this population becomes able to use government programs for the technical driving of care.[9]

Among the technologies that are used as tools of the process of nursing work, the communication should be highlighted. It is practiced during patient care, family attendance or in relationships among the work team.[10] Moreover, it is considered a vital function and, through it, individuals and organizations relate to each other, with the environment and with the very parts of their group, by influencing each other and transforming facts into information.[11]

We agree that effective communication occurs when it is deemed competent, since this is associated with an interpersonal

process that achieves the goal of communicators, under the assumption that they have basic knowledge of communication, awareness of verbal and non-verbal interactions, clarity and objectivity, promote self-awareness, in addition to enabling a more authentic life.[12]

Given the above mentioned, we consider the communication between nurses and patients as an tool of nursing care, present in all actions conducted with the patient, whether in guidance, support and comfort, either in attendance to the basic needs. Such tool becomes one of the resources that nurses use to develop and refine the professional know-how.

OBJECTIVE

- To identify the factors that influence, positively or negatively, on the effectiveness of communication between nurses and users of the male gender in the Family Health Strategy.

METHOD

It is a descriptive and exploratory study, with a qualitative approach. The research setting is located in the municipality of João Pessoa/Paraíba/Brazil. The research was performed in the Family Health Units (FHU) from the Mangabeira neighborhood, belonging to the Sanitary District III, which is located in the south zone of the same city. We have picked up the FHU from that neighborhood, because they were considered by the Technical Area to the Men's Health of the Municipal Secretariat of Health of aforementioned municipality, as they are included among the ones that more develop actions driven to the male gender.

The target population of this study was comprised of nurses of FHU from the Mangabeira neighborhood, in João Pessoa/PB/Brazil. To adopt the inclusion criteria, we checked up the nurses who were involved in nursing care to users of the male gender, located and working in FHU, at pre-established site and time and those who were willing to freely participate in the survey. Regarding the exclusion criterion, we pointed out those who did not meet the above mentioned criteria.

Nonetheless, by respecting the ethical and legal principles of nurses, we designed a sample of 26 participants, which corresponded to 21% of the universe of primary healthcare nurses in the municipality of João Pessoa. This sample followed the criterion of intentionality that has not its focus on the amount of elements, on the "N" of the epidemiologists, but in how one conceives the representativeness of these elements and the quality obtained from them.[13]

From the projected sample, we have achieved a sample representation of 24 nurses, because two of the participants refused to contribute to the study, which totalled an exclusion of 7.7%.

We have followed the legal and ethical principles in force in Brazil, determined by the National Health Council - *Conselho Nacional de Saúde* (CNS); the study was submitted to the Ethics Research Committee - *Comitê de Ética em Pesquisa* (CEP) from the *Hospital Universitário Lauro Wanderley* (HULW), in the municipality of João Pessoa and approved under the Opinion 649/10, Cover Sheet nº 380.047, based on the Resolution 196/1996, which regulates research activities in our country.[14]

Data collection occurred from December 2010 to January 2011. To reach the goal of this research, we used a semi-structured interview by means of a questionnaire previously developed by the authors, with objective and subjective questions. This script was tested by three nurses who were working in FHU and who promoted actions driven to the PNAISH.

The designed tool consists of two parts. The first has personal data of classification of the subject, such as gender, age, length of training and qualification in the communication area and / or men's health. The second part covered questions that described the factors that influence, positively or negatively, on the effectiveness of communication between nurses and users of the male gender.

The purpose of this step was to describe the dynamic method used to organize the information obtained in the research, seized through interviews and registration in a field journal.

After data collection, there was initially the classification of research subjects, by identifying and delineating the profile of FHU nurses who were serving the male users. Later, the purpose of the study was responded, by interpreting the data and by employing the content analysis technique, [15] often used in qualitative researches, whose goal is to meet the content and enlighten it in the speeches of the study participants.[15]

RESULTS AND DISCUSSION

In correspondence to the used research tool and its division into two parts, the

characterization of the subjects was initially registered and discussed (24 interviewed nurses), in an attempt to characterize these actors, with regard to the following aspects: age, time after graduation, the performance in current work environment, in this case, it is FHU, the existence of qualification in the communication area and / or human health, and to understand to what extent these age, social, cultural, or training variables can interfere or not in their modes of representing communication with the users of the male gender who seek services of the Primary Healthcare Network. Subsequently, there was the analysis of discursive material arising from the interviews, in order to meet the study objective.

With regard to gender, the sample was comprised of 100% females. According to some scholars, during the reflection on studies, they found that Nursing and nursing woman are not female by chance, but products of a complex and dynamic construction including vocational and symbolic values as examples of an improved design of the feminine work in a system with qualities that are considered like natural.[16] Later, in the speeches present during the interviews, we could see the importance of the feminization of the category in question to the non-effectiveness of the communication of these nurses with male users.

The age group ranged from 31 to 60 years old. Thus, it was considered to have reached in the said sample a group of heterogeneous people regarding the age, since this involved young-adults and seniors. This finding leads us to the hypothesis of a non-uniform communication between nurses and male users. It should be noted the heterogeneity of concepts assimilated by these professionals through their faced experiences throughout their lives: some of them are more globalized and modern and others are more archaic and individualized.

Regarding the time after graduation of the FHU nurses from Mangabeira, almost half (41.6%) had lengths between 11 and 20 years, and a smaller percentage (23.4%) with length between one and ten years. That is to say, those ones who recently attended the Bachelor's Degree in Nursing, with the change of its political pedagogical project, based on the National Curriculum Guidelines, and that received theoretical support of discipline on men's health; however, the statement does not extend itself to the communication process, leaving in this context a gap regarding such issues.[17]

More than half of respondents (54.1%) have the length between six and ten years of experience within the current FHU. This reflects a close bond of trust between nursing professional and community, thus facilitating the indispensable communication to the provided assistance. In accordance with the above mentioned, users who use the FHU services for a period between five and ten years have developed a greater bond with professionals. This is reflected in the expansion and effectiveness of healthcare actions and encourages user participation during the provision of services.[18]

From the universe studied, almost all (95.8%) does not hold qualification in the communication area and / or human health. For the majority of the interviewed nurses, the meeting and the discussion about the PNAISH, with the coordinator of the Men's Health Group of the Municipal Secretariat of Health and with stakeholders, did not characterize a qualification to the referred issues.

Table 1. Absolute distribution and percentage of nurses, according to age group, time after graduation, qualification in the communication area of and / or human health and working time in the family health units from Mangabeira. João Pessoa, in December 2010 and January 2011

Variables	Indicators	n	%
Age Group	20-30 years	04	16,7
	31-40 years	08	33,3
	41-60 years	09	37,5
	>60 years	03	12,5
Time after graduation	1-5 years	04	16,7
	6-10 years	04	16,7
	11-20 years	10	41,6
	>20 years	06	25
Working time at the current health unit	<1 year	05	20,9
	1-5 years	06	25
	6-10 years	13	54,1
Qualification in the communication area and / or human health	Yes	01	4,2
	No	23	95,8

However, they have correlated specializations in Occupational Health and Collective Health with the qualification in Men's Health, as well as licensure and pedagogical training with the communication.

In the presence of the statements expressed by the study subjects, it is emphasized that the ongoing training of nursing professionals who work in the primary healthcare is a responsibility of health institutions, with the aim of promoting update of concepts and availability of resources to nurses for that they deal with these social issues and techniques inherent to this new dynamic of work.[19]

The identification of factors that influence the effectiveness of communication between nurses and male users is demonstrated through the speeches of the respondents, whose categorization employs the content analysis technique. [15] We have obtained one category - **The identification of factors that influence the effectiveness of communication between nurses and male users** - which is divided into two cores of the central ideas.

First Core of the Central Idea – the factors assessed as positive in the communication between nurses and male users were: the bond between professional and user, thorough, explorer and non- mechanistic gaze; preventive actions rather than healing actions; availability of time; dynamicity in attendance; transmission of safety; accessibility; participatory conducts and care shares; humanization and qualification in attendance and holistic view with regard to the user.

> *[...] The positive influence arises, since the nurse, he is a professional who gives more openness, gives opportunity for the user to speak, to put its doubts. [...] Then, in this bonding process, we can positively influence it. When we want to influence it, we can actually get them to come to the unit [...] (Interview 1)*
>
> *[...] The gaze of the Nursing, I think sometimes it is more thorough. Then it explores more. So, that is not a mechanical thing. So, sometimes we have to interpret this gaze, which leads to a more satisfactory resolution [...] (Interview 2)*
>
> *[...] The nurse has one more way, a better way for talking to [...] the gaze of the nurse is more focused on the preventive side instead of the healing one [...] (Interview 3)*
>
> *[...] We have a great approach to the user toward the conversation [...] in home visits, in waiting rooms. So I guess this approach, it is very positive [...] (Interview 8)*
>
> *[...] The influence is positive if you are willing to listen, if you have willing that the conduct is participatory, that the conduct not only see the professional side, but it happens by means of the agreement between the two parties [. ..] (Interview 7)*
>
> *[...] The manner in which the nurse conducts and addresses that therapeutic activity is more humanized, is more qualified, by using the issue of promotion and prevention and trying to frame and contextualize the user as a whole, did you understand? [...] (Interview 9)*

Second Core of the Central Idea -The factors seen as negative during the communication between nurses and male users were: behavioral differences of men; feminization of the Nursing category; lack of qualification for professionals discussing about the issue; prescriptive and non-participatory conducts; sociocultural prejudices or concerns.

> *[...] Our communication, being female, will negatively influence the conduct. [...] I could not break this taboo of having a male with a female talking about his sexuality [...] (Interview 5)*
>
> *[...] It would be interesting if we had more so: it is a continuing education on how to work with this man, right? And we do not have that so much [...] (Interview 10).*
>
> *[...] There is a behavior conduct that is quite prescriptive, without respecting a lot of stuff, right? Without respect, I don't know, social issues and other things and, especially, the prior knowledge that this person has to bring you. So there's no way to be positive, I really have to be negative: the citizen will never want to go back [...] (Interview 7)*
>
> *[...] For him, it is very, very difficult. So many times, if the person shows itself blocked to listen, it does not really turn back and will look for the clerk, will find another way to take care that is not the most appropriate [...] (Interview 11)*
>
> *[...] Most times, because of being female, it is a gender issue and then he says: "I want to go to the urologist". This does not happen only to me, but the doctor also faces it, for being female [...] (Interview 12)*
>
> *[...] He showed a great constraint because he was not used to the practice of exposing his genital for a female professional to perform an assessment [...] (Interview 13)*

The information obtained from the speeches of the interviewees have revealed that they, before the communication between nurses and male users, gather factors considered as positive and negative.

Regarding the positive factors, nurses attribute the bond between professional and user as one of them. From this perspective, the notion of bond that the Family Health

Program - *Programa Saúde da Família* (PSF) deploys is regarding to know the people and their problems. The program does not refer to the bond with the possibility of empowering the user or its participation in the service organization. The clinical activity with continuity increases the possibility of making bonds, as well as accountability for patients' needs, being important to make the nurse get closer of these activities, so that their actions have more impact on the population health, by producing resolutive care and ensuring the balance between autonomy and accountability.[20]

The speeches of the respondents also cited as positive the thorough, explorer and non-mechanistic gaze. There is a widespread and growing dissatisfaction with the biomedical approach, on the one hand it is characterized as mechanistic, materialistic, invasive, interventional, which is restricted to symptoms and increasingly impersonal, by dedicating little time to the patient. On the other hand, there are the merits of complementary practices, obtained from the recognition of population, society formal and, partially, from the Biomedical Science, in a such way to maximize the relationship of solidarity and closeness between caregiver and user, by ensuring greater satisfaction with the philosophical, cosmological and significant approach, known as holistic.[21] There was also observed a positive mention to the holistic view during the interviews. Professionals and managers, due to not knowing the issue on integral care of men and women as a primary healthcare problem, do not value situations that objectively characterize changing and keep the historical permanence of a gender culture in the attention to the health.[22]

According to the described panorama, the preventive actions rather than the healing ones brought by the interviewees, perfectly adhere to this symbolic imaginary. Regarding the issues of prevention and promotion, it can be inferred that the effects of the movement of including the man in the healthcare argue is not restricted to the men's health, but also involve gender programs addressed to the women's health and the children's health, since they allow men to become aware of the participation in the issues that imply health prevention and promotion, including the expansion of the notion of care of itself and others.[23]

Participatory conducts and care shares developed by nurses towards the male users were assessed as positive for producing an effective communication between them. The PSF proposes a change in the work organization, which should be built based on staff, in order to achieve more solving and integral practices, taking as the driver axis the health surveillance model. This changing, designed for the renewal of the assistential logic, must overcome interventions aimed at the individual heal, by guiding the use of the epidemiology as structuring axis of collective and participatory actions.[24]

The men participate less of nurse consultations, which are geared, primarily, for the follow-up of the prenatal care, childcare, and educational activities. Although in the case of an elderly clientele, in which there is a significant amount of men, it is possible to verify a little presence of males in educational groups.[22]

Two factors, readily categorized as reputable by other authors[25] were also highlighted by the research sample: the humanization and the qualification in attendance. When it comes to the process of training and qualification of human resources, it is important to consider the profile of the worker to be trained, besides its needs. As one of tasks of the institution, there is the responsibility for continuing education, as this practice can generate satisfactory impacts on the professional growth of a team, by improving the attendance to users.[25]

As for the humanization, to humanize is understood the care act as a set of knowledge, processes and methods used activity like fields in healthcare area, in which technologies and devices for configuration and strengthening between different sectors of health and community are offered. As technological resources there are access, welcoming and bond, which are represented by the relationship between professionals and users, in order that the healthcare actions are more welcoming, more agile and more solving. Access was also considered as positive in this communication process.[24-5]

Access and accessibility, despite being used as ambiguous forms, have complementary meanings, because the accessibility enables people to the arrival to the services and access allows the appropriate use of these services to achieve the best possible results. Therefore, access emerges as the possibility of achievement of care, from the needs of interrelationship and solvability, by extrapolating the geographical dimension, covering aspects of economic, cultural and functional natures of service offering.[1]

We must highlight the availability time spent in first core of the idea central of the unveiled category. The expression "time" is used as a synonym of decreased period of free

life, resulting from decrease in the purchasing power and the work overload, this latter affects most professionals of public health network. [26] Another conception for the time is in the predominant factor about the good attendance to the user. [22] Nevertheless, the healthcare services intend less time of their professionals to men than to women, by offering to them few and brief explanations on changes in risk factors for diseases. [22]

It should be noted as a positive factor, the dynamicity in attendance and transmission of security they offer to users of the male gender. The face-to-face encounter between the nurse and the patient sets itself as a light technology, because this professional conveys a sense of confidence, help, safety and tranquillity, which is developed through dialogue, sensitive listening and conversation, factors that are able to transform the position of insecurity and fear from the patient in a dynamic attendance, focused on technical and ethical-humanistic actions.[27-8]

As for negative factors, it should be visualized the attitudinal and behavioral differences of men, often considered unhealthy. These aspects tend to be manifested as health needs and, within BHU, they can be more effectively addressed by means of the understanding about the sociocultural relationships of a man's life. [28] Furthermore, it should be added that the differentiated behaviors that the men adopt are influenced by the organization of the assistance in the practice of primary healthcare services (PHS) of professionals.[22]

The existing sociocultural prejudices or concerns in every human being and, consequently, in nurses were emphasized as negative factors. The references to the male prejudice are resulting from their beliefs and values constituent of sociocultural barriers. These barriers will influence the attitudes assumed by men towards their own health.[29]

Another factor presented as counterproductive is related to the feminization of the Nursing category. This is a profession that reflects the feminization in the aforementioned sector. In this sense, it is stated that their persistence in the Brazilian Nursing, being observed whether in university qualification, technical and auxiliary levels, either in several environments of professional performance.[16,30]

It should be noted, in speeches of the interviewees, that the prescriptive and non-participatory conducts point out negativity in the communication between nurses and male users and, furthermore, the existence of difficulties in listening and in health education actions focusing on preventive measures, because the focus of prevention and education of the user is made with basis on the prospect of prescribing behaviors. Nevertheless, the user exits the unit with a prescription for habit change to be implemented in its daily life, without even taking into account its values and way of living. Almost it is allowed to the user to participate in its own therapeutic project, which brings a decreased adherence to the public healthcare services.[30]

We must highlight the lack of professional qualification for the issue in question, which was mentioned by the interviewed nurses as the last prohibitive factor of the studied communication. The primary healthcare services need to take ownership of a technology of high complexity that involves knowledge, skills and techniques, among which is located the health education, based on the processes of training and continuing education for professionals related to the educational processes.[31] In a view that these processes are conducted with a communicative, transformative, and, therefore, an effective way, the technical training of professionals should not be understood as the mere acquisition of hard tools and techniques.

FINAL REMARKS

Throughout this study, we sought to discover aspects related to the issue of the communication between nurses and male users, particularly, in the primary healthcare. Based on this premise, objectively we have identified the factors that influenced, positively or negatively, on the effectiveness of the communication between and these users in the Family Health Strategy.

The results of this current research have revealed that there are factors considered as positive and negative in the communication process. The factors assessed as positive were based on the following aspects: the bond between professional and user, thorough, explorer and non- mechanistic gaze; preventive actions rather than healing actions; availability of time; dynamicity in attendance; transmission of safety; accessibility; participatory conducts and care shares; humanization and qualification in attendance and holistic view with regard to the user

As for the factors listed as negative, they were grounded on behavioral differences of men, feminization of the Nursing profession, lack of professional qualification for the issue in question, in the prescriptive and non-

participatory conducts and in the sociocultural prejudice or concerns.

It is evident that nurses, in spite of identifying the factors that contribute, in a positive way, to the communication, did not always use them; nonetheless, the respondents during consultations, hosting and educational actions have used the factors considered negatives. Therefore, it should be recognized the limitations of this study, however, its findings do not make it less important with regard to the men's health. We agree that it is necessary to perform other studies, in order to create guiding mechanisms to nurses in the management of the approached issue.

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Submission: 2012/08/22
Accepted: 2013/01/15
Publishing: 2013/02/01

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