



OBSTACLES REPORTED BY NURSES FROM THE SERVICE OF PRIMARY CARE IN HEALTH AT DATA COLLECTION

OBSTÁCULOS ASSINALADOS POR ENFERMEIROS DA ATENÇÃO BÁSICA EM SAÚDE NA REALIZAÇÃO DA COLETA DE DADOS

OBSTÁCULOS INDICADOS POR ENFERMERAS DE ATENCIÓN PRIMARIA DE SALUD EN EL DESARROLLO DE RECOPIACIÓN DE DATOS

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ABSTRACT

Objective: to identify the obstacles reported by nurses in performing the anamnesis and physical examination. **Method:** exploratory descriptive study with qualitative approach. The production of data occurred in February and March 2013, through semi-structured interviews conducted with 28 nurses who work in the Integrated Health Centers and Basic Health Units in a city of reference in those services in the west area of Santa Catarina / SC. We used thematic content analysis for the discussion of the results found. The project was approved by the Ethics Committee for Research, Protocol 124 167. **Results:** the difficulties found are the physical and material structure; nurses' working process; staff dimensioning; patient care; lack of knowledge updated. **Conclusion:** this research allowed us to acknowledge areas already conquered by existing professional nurses and the gaps for the accomplishment of the nursing process in primary care. **Key words:** Nursing Processes; Anamnesis; Physical Examination.

RESUMO

Objetivo: identificar os obstáculos assinalados por enfermeiros na realização da anamnese e do exame físico. **Método:** estudo exploratório descritivo, de abordagem qualitativa. A produção dos dados ocorreu nos meses de fevereiro e março de 2013, por meio de entrevista semiestruturada aplicada a 28 enfermeiros que atuam nos Centros Integrados de Saúde e Unidades Básicas de Saúde em um município de referência no Oeste de Santa Catarina/SC. Utilizou-se análise de conteúdo temática para discussão dos resultados encontrados. O projeto foi aprovado pelo Comitê de Ética em Pesquisa, protocolo nº 124.167. **Resultados:** dentre as dificuldades apontadas estão a estrutura física e materiais; processo de trabalho do enfermeiro; dimensionamento de pessoal; atendimento ao paciente; falta de atualização dos conhecimentos. **Conclusão:** essa pesquisa possibilitou visualizar espaços já conquistados pelos profissionais enfermeiros e lacunas existentes para a efetivação do Processo de Enfermagem na Atenção Básica. **Descritores:** Processos de Enfermagem; Anamnese; Exame Físico.

RESUMEN

Objetivo: identificar los obstáculos denunciados por las enfermeras en la realización de la historia y el examen físico. **Método:** estudio descriptivo exploratorio con abordaje cualitativo. Producción de datos ocurrió en febrero y marzo de 2013, a través de entrevistas semiestructuradas realizadas con 28 enfermeras que trabajan en los centros de salud y Basic Health unidades integradas en una ciudad de referencia en el Oeste de Santa Catarina / SC. Se utilizó el análisis de contenido temático para la discusión de los resultados. El proyecto fue aprobado por el Comité de Ética de la Investigación, con el Protocolo 124167. **Resultados:** entre las dificultades mencionadas son la estructura física y material; proceso de trabajo de las enfermeras; Cálculo del personal; atención al paciente; falta de conocimientos actualizados. **Conclusión:** esta investigación permitió ver las zonas ya conquistadas por enfermeras profesionales y lagunas existentes para la realización del proceso de enfermería en la atención primaria. **Descriptores:** Proceso de Enfermería; Entrevista; Examen Físico.

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INTRODUCTION

The Nursing Care Systemization (NCS) is a tool to organize care, leading the work of nursing professionals and focusing the safety of the assistance provided to the users of the health system. It is a dynamic process that requires from the professional technical and scientific knowledge. It is considered a working tool because it organizes, plans, executes and evaluates the care provided. 1

The NCS and the implementation of the Nursing Process (NP) are regulated by the resolution of the Nursing Federal Council (COFEN) of number 358/2009. This resolution concerns the implementation of this nurses' working tool in all the areas where the nursing care may occur, either in public or private environments. The NP is a methodological tool that guides the care provided, documents the patient's record and contributes to the recognition of the work done by nurses in the population health care. 2 The NP consists of steps in the data collection or nursing history, diagnosis, planning, implementation and nursing evaluation.

Data collection may be understood as clinical history and physical examination and comprise the first step of the NP. The history allows the professional to detect problems, define the diagnosis, plan and implement nursing interventions. The physical examination includes a complete evaluation of the patient, from the physical and psychological aspects, identifying relevant information to assist in the care provided. It is a valuable stage in the planning of nursing care, to investigate through signs and symptoms any abnormality that the patient has or may develop and that are likely to interfere in their health / disease process. 1.3

It can be said that the quality of care provided to patients in the hospital environment, outpatient care and basic network care depends on the adoption of the NP first step. 4 By carrying out the NP steps, specifically the first, and doing it continuously, it is possible to link the ability the professionals have to perform such activities to the importance they give to their profession. Nurses must be aware that assessing patients allows the identification of nursing diagnoses, which gives them autonomy to exercise their profession. 5

Studies reporting experiences in the deployment / implementation of NP show the benefits and determinants for the success/failure of such, and adds factors such as competence of the nurse, training and continuing education, registration and use of

instruments, institutional aspects, work process, among others, which must be constantly evaluated to keep the NP as a natural process. 4.6

It is necessary that nurses assign adequate and necessary scientific knowledge to make decisions and choice of interventions to assist the patient. The theoretical and practical preparations reflect on the practice in their working life for the implementation of NP and their involvement in care planning. 4.5

Whereas the NP is an exclusive nursing activity, regulated by the Law of Professional Practice, it is also necessary to know the perception of nursing professionals who work in the primary care of the NP. This study aimed at identifying the obstacles reported by nurses who work in the Integrated Health Centers and Basic Health Units, in carrying out anamnesis and physical examination.

METHODOLOGY

Descriptive exploratory study with qualitative approach, conducted along with the City Health Department (CHD) in Chapecó, Santa Catarina (SC), which has 32 primary care service units in health, called: Health Integrated Centers for Chapeco (HICC) for the units installed in urban areas and Basic Health Units (BHU) for rural area. 28 nurses who work in those units agreed to participate of the study. This city was chosen as it is a reference center in the west of SC and because it is an important training field for healthcare courses, graduation and post graduation.

Inclusion criteria were: employed or temporary nurses who work in the area of direct care to patients. Exclusion criteria were: nurses on any kind of leave, nurses who perform administrative activities and those who did not agree to participate.

Data collection was conducted from February to March 2013, through individual interview technique, recorded in the workplace of nurses according to previously scheduled time and using a semi-structured questionnaire. The interviews were transcribed in full and analyzed according to the approach of the analysis methodology. 7

Participants were taught about the research and requested to sign the agreement terms and the informed consent form. Pseudonyms were adopted to ensure the anonymity of the participants. The initials E1, E2, E3 and so on, were applied in the report in order to protect the participants rights, even when they did not wish to complete the interview. The study was approved by the Municipal Department of Health and respects

the ethical principles established by the resolution 466/2012, which defines the guidelines and standards for research involving human subjects. This research was referred to the Research Ethics Committee of the UDESC and approved under number 124 167/2012.

RESULTS E DISCUSSION

Research participants were 28 nurses, female, age range between 25 and 65 years old, most of them being from 35 to 44 years old. They were civil servants of the city. Their work time in the service ranged from eight months to 19 years. They have graduation degrees that were accomplished from the two to 34 years. Among the participants, 25 nurses have specialization courses in some area linked to nursing, prevailing specialization in Family Health Strategy (FHS) (17) and Social Management (5), three of them have no specialization and two are taking a master degree.

The difficulties found were divided into five categories: physical and material structure; work process; staff dimensioning; patient care; lack of up-to-date knowledge.

φ Physical structure and materials

From the 28 nurses interviewed, nine reported in their speech not finding appropriate location to develop the anamnesis and physical examination:

[...] Difficult [...] I don't have proper physical space, mainly because my room is pretty narrow, which makes it difficult enough [...].(E9)

[...] My physical structure is cramped [...] it is small.(E10)

The poor working conditions are directly linked to the difficulties encountered by nurses in the implementation of the methodology for nursing care as scientific instrument. In this sense, the work environment and the instruments used are considered as limiting factors to performing the NCS which may increase tension and demotivation in the work process.^{1,8}

The structure of a unit of the FHS does not need to be perfect or follow the standards recommended by the Ministry of Health (MOH), but it must have enough space to meet the organizational, assistance and community needs.⁸

It was identified some dissatisfaction of the participants in this study with regard to the physical structure for the development of their work, which also revealed some mistakes as for the demands of the MOH that does not

prioritize individual rooms for professionals to develop their activities properly.

The lack of proper space for Nursing influences negatively their practice and reflects disrespect to the patient, reduced access, humanization, continuity of care and the unavailability of certain actions. To the professional it jeopardizes their autonomy and creates dissatisfaction, improvisations, conflicts with users, difficulties to plan and achieve goals.⁹

Besides the physical space, support materials and furniture such as sonar, table, stretcher, speculum, among others, are lacking in some units. To perform procedures, the nurses often need to borrow materials from other rooms, interrupting their service and the service of other colleagues. It is evident the need to share the materials and equipment or even the lack of organization of the professionals.

[...] The space I have is inadequate, the stuff I have is barely adequate, I want to do a physical examination in a pregnant woman for example, and for that I have to ask the physician for his sonar, I have to interrupt his work[...].(E15)

The physical structure and the materials available depend on the Municipal Department of Health. There isn't a standardization of the structure and of the working conditions of the professional. The need to prioritize investments by public organs to the better distribution and use of the space in the service to users is already known. A workplace with ergonomic conditions and suitable working tools provide comfort to professionals and appears as solution and satisfaction of the population served.

Studies show that the availability of equipment brings support to the service and quality to the care. The lack of equipment makes the work of nurses harder and directly reflects on the quality of the care provided, on the patient's dissatisfaction, and prevents the execution of resolute actions. For the team, the lack of resources causes tension and may trigger stress. The lack of materials puts at risk the practice and grasp of work goals, certain actions are not completed or are interrupted.^{9,10}

φ Work Process

In evaluating the participants, the great number of patients and the lack of time makes carrying out anamnesis and physical examination in patients a hard work, as reported in following speech:

[...] When you have lack of staff you have to meet a very large demand.(E16)

This finding legitimates the developed researches that show that in the data collection phase, 53.2% of nurses feel difficulty in performing interviews and 46.8% in physical examination, attributing the cause of those to the lack of time (43.5%). Still, the high demand of patients in the sector makes it difficult to do nursing consultations with quality.^{4,11}

It can be said that nurses are dissatisfied with the workload because they can not meet the demand of patients in a proper way, which makes nursing procedures be carried out quickly and in a mechanized way, which also influences the quality of the care provided.¹²

The great number of patients results in lack of time to carry out nursing records:

[...] having time to take notes, because we often see so many patients that we don't have time to write things down, as a coordinator I realize that I see so many on corridor that I can't put in the computer system and then when you need those information, you don't have them[...] then the record time is important, as we have medical scheduling for every fifteen minutes the nurse should also have scheduling, it is not difficult for the unit to organize the schedule, the problem is the community's vision and specially ours because rural communities have even more access difficulties due to transportation problems [...].(E14)

Nursing records are important tools for the continued care provided. A proper record, clear and objective, excludes the need for questions repetition to the patient and serves as a data collection instrument, besides serving as legal support to the health care team.

To ensure the continuity of the care, the nursing reports on the medical records provide written information regarding the health and disease conditions of patients and their care needs, which helps detecting their new problems and clinical evolution.¹³

The lack of records of what the situation of the patient is like or the one when they come to the unit was could be identified as a difficulty to effect the NP study that aimed at evaluating the advantages and difficulties of the nursing staff of the hospital sector in surgical patients and surgical center.¹⁴

The research participants emphasize that the lack of organization of the demand and a structured script to perform and record the history and physical examination, require more professional time to perform the technique in detail.

The development of a data collection model must take into account the reality of the place and cover all of the necessary means to identify the patient's problems, guiding the medical interviews and physical examinations.³

φ Staff dimensioning

In addition to poor working conditions, the insufficient number of employees was established as a difficulty in achieving the NCS as a scientific work tool.¹

These results corroborate the literature and indicate that the insufficient number of professionals limits the available time for the care of each patient. Some discourses reveal this difficulty:

[...] Insufficient number of professionals, because at times the colleague is not present at work due to greater reasons, of course, but right now she is not here and I have twenty patients waiting for me; I go as far as I can, sometime I see those twenty patients then [...] twenty with poor quality [...].(E14)

The sizing of the nursing staff is a necessity and should be emphasized as when [...] "the dimensioning of nurses is not followed, it causes excessive demands of work for one person only, triggering the feeling of not fulfilling tasks, the nursing care is compromised".^{12: 799}

The resolution no. 293/2004 COFEN, states and sets parameters for the dimensioning of nursing professionals in medical clinics of health institutions and others, in the Art. 2 they refer to the importance of managing the number of nursing professionals in an appropriate way, taking into account some peculiarities specific to the institution, the service provided by nursing and the patients conditions.¹⁵ Even though there is law that supports the professional regarding the workload and the consequences that come to it, this is the scenario that is daily conveyed by the media.

Deficit in communication

The results show that the form of communication interferes in the implementation of clinical anamnesis and physical examination. Introvert, unreceptive patients and the ones who do not respond to questions affect the care provided. The speech below confirms the stated:

There are some patients who do not answer.(E16)

In the data collection phase the communication requires from the nurses the ability to express themselves clearly, using appropriate and understandable vocabulary by

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Obstacles reported by nurses from the...

the patient, and to listen and interpret information.¹⁶

The concern of the patient about their health problem, often causes misunderstanding of information needed for their treatment and recovery. This is why the patient focuses their attention on their own disease, therefore, it's most of the time not a problem of communication itself, but influences it making this process little or not effective.¹⁶

The physical examination in men is seen as a barrier to the professionals themselves and it becomes a difficulty according to the participants of the research. They report embarrassment when they need to touch patients in poor hygiene conditions during service.

[...] some difficulties with some people who are closed. I have a little trouble making physical examination in men, I find it harder[...] touching for me is harder ... and depending on the female patient the same may also happen, we feel embarrassed to touch [...] to do an appropriate and well done physical examination, to examine the breast of a patient who is sweaty, it is a challenge [...] when you do the physical examination on a person who is smelling, on a well cared patient is much easier.(E12)

Men seek less health care when compared to women, and when they do so is at a serious stage. This difficulty of men to seek care is related to the shame and to the fact it can be seen as a sign of weakness. This kind of behavior, of reservation and shyness, has an impact on the way the professional see the patient and the low search for health service may be associated to the fragility of the professional qualification during the care process.¹⁷

The results of this research show weaknesses as for the preparation of professionals in the care of men before the performance of physical examinations. Nudity and the patient's embarrassment were cited as a difficulty:

[...] The nudity of the person requires a lot of them, so some people are extremely shy and there are people who would have to do a physical examination, for example [...] I noticed a lump in the testicle, in general we will not examine the patient and he will see the physician. The patient noticed and didn't even tell that to the nurse [...] he went straight to the physician. If we see patients in similar cases we do the same because undressing the person is a difficulty situation we have to face everyday.[...] In some physical examinations that the doctors do in women, they call us as a form of

protection, so for us not to call the physicians we send the patient away.(E14)

The professionals are afraid to touch the patient's body in the nudity situation to provide nursing actions. They feel unprepared for these situations and become more embarrassed than the patient.¹⁸

In the literature, studies show that nursing, as a predominantly female profession, has limitations in meeting the opposite sex in situations of nudity. It is believed that both men and women suffer fragmentation in the care received by nurses, but in a different way.^{19,20}

In this type of care, nurses argue that do not touch the man patient in order to avoid any signal of sexual pleasure. However, when providing the same service to women, their sexuality isn't taken into account, meaning that nurses express their limitations when it comes to respect.¹⁹

φ Lack of up-to-date knowledge

The lack of up-to-date knowledge was also cited as a difficulty in performing the anamnesis and physical examination:

[...] When I came back and found myself in need of this knowledge I got back to reading and studying, then there were manual from the ministry, they are four volumes and some I got to see, and there is this book of physical examination too. If I want to provide good nursing care I have to have a little time for studying too, maybe it is lack of planning, I would have to plan my time 20 minutes a day, close the door and read the material, perhaps that's what is missing, but as long as there are professional missing we can not do this, now that things are back to normal maybe I can make my planning, I think it's very important.(E14)

The importance of using a service methodology for care such as the NP, has elevated the scientific level, guiding clinical practice and ensuring safety in the planning, implementation and evaluation of nursing actions. For the effectiveness of the NP it is necessary the recognition and appreciation from professionals and willpower of them seeking their accomplishment.²¹

Among the adversities encountered for the execution of the NP, the lack of knowledge of nursing professionals stands out as the main reason. When performing the NP without the knowledge required they have no awareness of their importance and are only complying with the institutional tasks.⁴

These results make us think about the need to implement the Continuing Education Policy in services with actions aimed at continuing education of nurses who see patients.

A study reveals that the use of the NP in the training of nurses can be a methodology that enables the development of a problem-solving thinking, with building of new knowledge from the experienced reality. It also favors the improvements of professionals awareness as for their responsibilities by providing subsidies to act as multipliers of best care practices in health and nursing.²²

FINAL CONSIDERAÇÕES

The NP facilitates the work of the nursing team, since it allows diagnosing, prescribing and meeting individual care needs. The results of this research, considering the obstacles pointed by the interviewees, praise the anamnesis and physical examination as relevant once they are tools to guide the conduct of professionals in the NP steps.

The implementation of the NP is an important foundation for nursing as a profession because it qualifies even more care; extends the management vision; reduces costs; improves the notes in the medical record and increases the technical, scientific and humanist knowledge of the team. Thus, it is evident the need to discuss the Continuing Education Policies and recommend a plan of actions for the realization of the NP in health facilities.

Furthermore, it is suggested a partnership with higher education institutions in order to qualify the teaching process of the NP and the legislation of the professional practice, allowing greater visibility to the profession. This study enabled the visualization of spaces already conquered by nurses in their professional practice and the reflection about the gaps for the realization of the NP in primary care.

REFERENCES

1. Santos N, Veiga P, Andrade R. Importância da anamnese e do exame físico para o cuidado do enfermeiro. *Rev bras enferm* [Internet]. 2011 [cited 2013 May 13];64(2):355-58. Available from: http://www.scielo.br/scielo.php?pid=S0034-71672011000200021&script=sci_abstract&tlng=pt
2. Brasil. Conselho Federal de Enfermagem-Resolução nº 358/2009. Dispõe sobre a Sistematização da Assistência de Enfermagem e a implementação do Processo de Enfermagem em ambientes, públicos ou privados, em que ocorre o cuidado profissional de Enfermagem e dá outras providências [Internet]. 2009 [cited 2013 abr 22]. Available from:

English/Portuguese

J Nurs UFPE on line., Recife, 9(Suppl. 3):7688-94, Apr., 2015

http://novo.portalcofen.gov.br/resoluco-cofen-3582009_4384.html

3. Amarante ST, Posso MBS. A utilização da avaliação física na sistematização da assistência de enfermagem. In: Chaves LC, Posso MBS. Avaliação física em enfermagem. Barueri, SP: Malone; 2012.
4. Takahashi AA, Barros ALBL, Michel JLM, Souza MF. Dificuldades e facilidades apontadas por enfermeiras de um hospital de ensino na execução do processo de enfermagem. *Acta paul enferm* [Internet]. 2008 [cited 2014 May 14];21(1):32-38. Available from: http://www.scielo.br/pdf/apv/v21n1/pt_04.pdf
5. Barros ALBL e col. Anamnese e exame físico: avaliação diagnóstica de enfermagem no adulto. 2 ed. Porto Alegre: Artmed; 2010.
6. Menezes SRT, Priel MR, Pereira LL. Autonomia e vulnerabilidade do enfermeiro na prática da Sistematização da Assistência de Enfermagem. *Rev esc enferm USP* [Internet]. 2011[cited 2014 June 01]; 45(4): 953-58. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342011000400023
7. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 12th ed. São Paulo: Hucitec; 2010.
8. Neto FRGX, Sampaio JJC. Processo de ascensão ao cargo e as facilidades e dificuldades no gerenciamento do território na Estratégia Saúde da Família. *Rev bras enferm* [Internet]. 2008 [cited 2013 May 22];61(1):36-45. Available from: http://www.scielo.br/scielo.php?pid=S0034-71672008000100006&script=sci_abstract&tlng=pt
9. Pedrosa ICF, Corrêa ACP, Mandú ENT. Influências da infraestrutura de centros de saúde nas práticas profissionais: percepções de enfermeiros. *Ciênc cuid saúde* [Internet]. 2011 [cited 2013 June 20];10(1):58-65. Available from: <http://www.periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/13288/pdf>
10. Beck CLC, Prochnow A, Silva RM, Prestes FC, Tavares JP. Fatores que favorecem e dificultam o trabalho dos enfermeiros nos serviços de atenção à saúde. *Esc Anna Nery Rev Enferm* [Internet]. 2010 [cited 2013 June 22];14(3):490-95. Available from: <http://www.scielo.br/pdf/ean/v14n3/v14n3a09>
11. Oliveira SKP, Queiroz APO, Matos DPM, Moura AF, Lima FET. Temas abordados na consulta de enfermagem: revisão integrativa da literatura. *Rev bras enferm* [Internet].

- 2012 [cited 2013 July 04];65(1):155-61. Available from: http://www.scielo.br/scielo.php?script=sci_ar ttext&pid=S0034-71672012000100023
12. Sprandel LIS, Vaghetti HH. Valorização e motivação de enfermeiros na perspectiva da humanização do trabalho nos hospitais. Rev eletrônica enferm [Internet]. 2012 [cited 2013 July 02];14(4):794-802. Available from: <http://www.revistas.ufg.br/index.php/fen/ar ticle/view/16100/13343>
13. Costa SP, Paz AA, Souza EM. Avaliação dos registros de enfermagem quanto ao exame físico. Rev gaúcha enferm [Internet]. 2010 [cited 2013 Jul 04];31(1):62-69. Available from: http://www.scielo.br/scielo.php?script=sci_ar ttext&pid=S1983-14472010000100009
14. Adamy EK, Tosatti M. Sistematização da assistência de enfermagem no período perioperatório: visão da equipe de enfermagem. Rev enferm UFSM [Internet]. 2012 [cited 2013 May 28];2(2):300-10. Available from: <http://cascavel.ufsm.br/revistas/ojs- 2.2.2/index.php/reufsm/article/view/5054/3 754>
15. Pires DEP, et al. Consolidação da legislação e ética profissional. 2nd ed. Florianópolis (SC): Quorum Comunicação; 2013.
16. Stefanelli MC, Carvalho EC. A Comunicação nos diferentes contextos da enfermagem. 2nd ed. Barueri, SP: Manole; 2012.
17. Gomes R, Moreira MCN, Nascimento EF, Rebello LEFS, Couto MT, Schraiber LB. Os homens não vêm! Ausência e/ou invisibilidade masculina na atenção primária. Ciênc saúde coletiva [Internet]. 2011 [cited 2013 Jul 04];16(1):983-92. Available from: http://www.scielo.br/scielo.php?script=sci_ar ttext&pid=S1413-81232011000700030
18. Silva JR, Lima PC, Santos RM, Trezza MCSF, Erissímo RCSS. Nudez do paciente sob a óptica de estudantes da área de Enfermagem Fundamental. Rev bras enferm [Internet]. 2012 [cited 2014 May 20];6(3):428-36. Available from: http://www.scielo.br/scielo.php?script=sci_ar ttext&pid=S0034-71672012000300006
19. Amorin RC. A questão do gênero no ensinar em enfermagem. Rev enferm UERJ [Internet]. 2009 [cited 2013 Jul 04]; 17(1):64-68. Available from: <http://www.facenf.uerj.br/v17n1/v17n1a12.p df>
20. Sehnem GD. Percepções culturais de estudantes de enfermagem acerca da

- sexualidade: o dito e o velado [dissertação]. Santa Maria (RS): Universidade Federal de Santa Maria; 2009. 111 p.
21. Cossa RMV, Almeida MA. Facilidades no ensino do processo de enfermagem na perspectiva de docentes e enfermeiros. Rev RENE [Internet]. 2012 [cited 2013 May 28];13(3):494-503. Available from: <http://www.revistarene.ufc.br/revista/index. php/revista/article/view/714>
22. Bordinhão RC, Almeida MA. Instrumento de coleta de dados para pacientes críticos fundamentado no modelo das necessidades humanas básicas de horta. Rev gaúcha enferm [Internet]. 2012 [cited 2013 May 28];33(2):125-131. Available from: http://www.scielo.br/scielo.php?script=sci_ar ttext&pid=S1983-14472012000200018

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