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GROUNDING THEORY IN RESEARCH ON WOMEN'S HEALTH: BIBLIOMETRIC STUDY

TEORIA FUNDAMENTADA NOS DADOS EM PESQUISAS NA SAÚDE DA MULHER: ESTUDO BIBLIOMÉTRICO

TEORÍA FUNDAMENTADA EN LA INVESTIGACIÓN EN SALUD DE LAS MUJERES: ESTUDIO BIBLIOMÉTRICO

Maria Cláudia Medeiros Dantas de Rubim Costa¹, Simone Pedrosa Lima², Lauriana Medeiros Costa Santos³, Edilene Rodrigues da Silva⁴, Alacoque Lorenzini Erdmann⁵

ABSTRACT

Objective: to identify the application of the Grounded Theory in the area of women's health in research conducted in Post-Graduation Programs in Brazil. **Method:** a bibliometrics study, which analysed theses and dissertations using the Grounded Theory methodology in the area of women's health, recorded in databases. Associated descriptors were: women's health, nursing, theory. After analysis, 22 studies were selected according to the inclusion criteria. **Results:** most studies were defended between 2004 and 2011 (91%). The association between Grounded Theory and Symbolic Interactionism was 86%. Works on oncological, obstetrical and gynaecological nursing prevailed. **Conclusion:** the study favoured reflection about the relevance of Grounded Theory in studies that seek to understand the meaning of experiences that women experience stages of life, supporting the scientific production of nursing. **Descriptors:** Nursing; Women's Health; Maternal and Child Nursing Care; Methodology.

RESUMO

Objetivo: identificar a aplicação, na área da saúde da mulher, da Teoria Fundamentada nos Dados, em pesquisas desenvolvidas em Programas de Pós-graduação no Brasil. **Método:** estudo bibliométrico, que analisou teses e dissertações, na área de saúde da mulher, registradas em bases de dados, que tivessem aplicado a Teoria Fundamentada nos Dados na metodologia. Os descritores utilizados de maneira associada foram: saúde da mulher, enfermagem, teoria. Após análise dos trabalhos, segundo os critérios de inclusão, foram selecionados 22 estudos. **Resultados:** a maioria dos estudos foi defendida entre 2004 e 2011 (91%). A associação Teoria Fundamentada nos Dados e o Interacionismo Simbólico ocorreu em 86%. Predominaram trabalhos sobre enfermagem oncológica, obstétrica e ginecológica. **Conclusão:** o estudo favoreceu a reflexão acerca da relevância da Teoria Fundamentada nos Dados em estudos que buscam compreender os significados das experiências que as mulheres vivenciam nas fases da vida, fundamentando a produção científica da enfermagem. **Descritores:** Enfermagem; Saúde da Mulher; Enfermagem Materno-Infantil; Metodologia.

RESUMEN

Objetivo: identificar la aplicación de la Teoría Fundamentada en las investigaciones realizadas en los Programas de Posgrado en Brasil, en el área de salud de la mujer. **Método:** estudio bibliométrico que analiza las tesis y disertaciones en el área de la salud de la mujer, registrada en bases de datos, que se había aplicado la metodología de la Teoría Fundamentada. Los descriptores asociados utilizados fueron: salud de la mujer, teoría, enfermería. Después de analizar las obras, de acuerdo con los criterios de inclusión, 22 estudios fueron seleccionados. **Resultados:** la mayoría de los estudios fueron defendidas entre 2004 y 2011 (91%). La asociación entre la Grounded Theory y el Interaccionismo Simbólico fue del 86%. Los trabajos en enfermería oncológica, obstétrica y ginecológica fueron predominantes. **Conclusión:** el estudio favoreció la reflexión sobre la relevancia de la teoría fundamentada en estudios que buscan comprender el significado de las experiencias que las mujeres experimentan en etapas de sus vidas, apoyando así a la producción científica de enfermería. **Descriptores:** Enfermería; Salud Femenina; Enfermería Materno-Infantil; Metodología.

¹Nurse, Lecturer, Master of Nursing, Natal School of Nursing at the Federal University of Rio Grande do Norte. Natal (RN), Brazil. E-mail: rubin@ufrnet.br; ²Nurse, Lecturer, Master of Nursing, Natal School of Nursing at the Federal University of Rio Grande do Norte. Natal (RN), Brazil. E-mail: simone.ufrn@hotmail.com; ³Nurse, Lecturer, Master of Nursing, Natal School of Nursing at the Federal University of Rio Grande do Norte. Natal (RN), Brazil. E-mail: aurianamc@hotmail.com; ⁴Nurse, Lecturer, Master of Nursing, Natal School of Nursing at the Federal University of Rio Grande do Norte. Natal (RN), Brazil. E-mail: edilene@enfermagem.ufrn.br; ⁵Nurse, Chair Professor of the Department of Nursing and Post-graduate Programme in Nursing at the Federal University of Santa Catarina. Florianópolis (SC), Brazil. E-mail: alacoque@newsite.com.br

INTRODUCTION

Over the years, research in women's health in Brazil aimed to contribute to the development of best practices in nursing and health care, following an international trend in line with the evolution of public health policies for this area, which comprise an increasingly comprehensive understanding of women's health care.

Historically, it can be identified that, in the early 20th century, Brazilian public policies focused on women's health were limited to actions related to pregnancy and childbirth. In 1984, with the implementation of the Comprehensive Healthcare Program for Women, educational, preventive, diagnostic, treatment and recovery actions were included. As a focus of action, women's health has been expanded to assistance in gynaecology, prenatal, delivery, postpartum, menopause, family planning, sexually transmitted diseases, cervical cancer and breast cancer. The necessity of caring for other health needs to be identified in regional and local epidemiological profiles was also highlighted.

In 2004, the Ministry of Health launched the National Policy for Women's Health, with principles and guidelines constructed from the propositions of the Unified Health System (SUS). In 2004 the National Pact for the Reduction of Maternal and Neonatal Mortality was created, and in 2005, the National Policy on Sexual and Reproductive Rights. In 2006 came the Comprehensive Assisted Human Reproduction Policy, and the following year, the National Family Planning Policy and the implementation of the Comprehensive Plan to Combat the Feminization of AIDS.¹

It is therefore understandable that the National Policy for Women's Health has been improving over the years. Recently, in 2011, the Ministry of Health established the Stork Network, with the goal of providing adequate, safe and humane care, from the confirmation of pregnancy, through prenatal and childbirth, until the second year of the child's life.²

The reorganization of women's health care raises questions that subsidize the development of studies which, in Brazil, are conducted mainly in postgraduate programs. Thus, higher-education institutions foster the improvement of health care in coordination with public health policies.

In the research process, decisions should be made from the definition of the research object and formulation of objectives, so that the study can answer its questions and its

objectives can be achieved. The decision about the kind of approach to investigate the phenomenon, either quantitative or qualitative, is one of the major challenges faced by the researcher, since each approach has distinct philosophical basis and methodological traditions. However, this choice should be guided by the best option for the purpose of research, such as the method or methodological approach that enables answering the research question. Therefore, researcher's viewing of the phenomenon will determine the best methodological approach.³ In this respect, the qualitative approach Grounded Theory (GT) contributes to the understanding of the meanings of human experiences, in different stages of life, establishing itself as a method for conducting research, especially in Nursing, whose object of study involves human interactions.⁴

Another GT contribution concerns the development of models for improving practices and consequently constructing policies in Nursing. Therefore, identifying a system of care from a theoretical explanatory model through GT, implies recognizing, from the data, the complexity of care in its dimensions and interactions for a more comprehensive level of abstraction on life and health care practices.⁵

GROUNDING THEORY

Grounded Theory is based in sociology, through Symbolic Interactionism. It was developed in the 1960s by sociologists Barney Glaser, of Columbia University, and Anselm Strauss, from the University of Chicago, and was published as a research method in 1967.

The development of the method came from assumptions such as: the need to go to the field to identify the events; the significance of the theory based on data in a social action; the complexity and variability of phenomena and human actions; and the perception that people act on the basis of meanings. In this sense, the meaning is defined and redefined through interaction, sensitivity to the evolution of events (process) and awareness of the interrelationships among conditions (structure), action (process) and consequences.⁶

Thus, GT is a process that requires methodological rigor that may result from the organization of concepts to the formulation of a theoretical model, depending on the complexity level of analysis attributed to the phenomenon under study. Thus, it is understood that the theory from the data is aggregated or related to other theories, and

may add or bring new knowledge to the area of the phenomenon.⁷

There are three levels of analysis in the process of theoretical construction in the GT, namely: description, conceptual ordering and theorizing.⁶

The description refers to the informative and thorough elaboration of some aspect of reality phenomenon. It contains descriptive details and concepts, as it already incorporates concepts, at least implicitly; however, it has no interpretations about why or how the phenomenon occurs. This interpretation is drawn from the collection of more information and questions. Although not a theory, the description is the basis for organizing concepts, for theorizing and for the possible hypotheses.

The conceptual organization is the level considered by the authors as a precursor of theorizing. At this level, data is organized into categories. The process involves identifying the data items, and announcing a definition according to its characteristics and dimensions. The descriptions elaborated in the previous level, containing object classification, are used to sort the specified categories in some way. These ratings can be analysed thematically, by stages or types of people and actions. This type of analysis is essential for the theorizing level, as a theory contains concepts defined according to their characteristics and dimensions. The organization of concepts, however, may be the desired goal in some investigations, and not the integration of these concepts into a theory.

The theorization is a set of categories or concepts interrelated in a systematic way, through statements of relationship, forming a framework that explains a phenomenon. The theory is elaborated in the third level of analysis, a stage the authors call the 'theorizing', aiming to emphasize that this is a process, a construction that starts in the transition between the organizing concepts phase and the development of the relationship between them.⁶

The method begins by microanalysis, line by line, which is required in the study to generate categories.⁶ The encodings are then performed, starting to suggest relationships between them, in a process of constant comparison. Encoding is defined as an analytical process that is organised in three steps: open coding, axial coding and selective coding, by which data are examined, conceptualized and integrated to build a theory.

The open coding consists in decomposing, analyzing, comparing, conceptualizing and categorizing data. At this stage, questions emerge to give life to data, characterized by a reduction in the data analysis units, and they are designated by codes and then grouped into categories. The data is encoded on as many codes as necessary, so as to make comparisons between categories and, at a later stage, the categories to find the most central and the connections between them.

The axial coding is the act of relating categories to subcategories, i.e., to their properties and dimensions. The category is the phenomenon that emerges, as the subcategory answers questions about the phenomenon. This relationship favours the onset of encodings which occur around the centre line (axis) of a category, and hence enables the analysis process. The analysis is not a structured, static or rigid process; instead, it is a fluid and creative process that moves quickly through the comparison between the types of encoding, freely using analytical techniques for classification of groups' similarities and differences.

The selective coding is the process of integrating and refining categories, or in other words, is concerned with the delimitation of the core category and its relation to other sub categories. The central category has analytic power, as it joins other categories to form an explanatory whole and must respond by variation within categories. The process of selective coding subsidizes the list of general categories and the organization of concepts.

In summary, in the open coding the researcher is concerned with the production of categories and then seeks to determine how they vary dimensionally. In the axial coding, categories are systematically developed and related to the subcategories. Only when the categories are finally integrated by selective coding can a higher organizational scheme be formed and the results compose the theory.⁶

The GT methodological framework also includes theoretical sampling, memos, diagrams and paradigm structure.⁶ The theoretical sampling is a data collection guided by concepts that arise in the course of the study. The notes are written records of analysis, which can be code notes, theoretical notes and operational notes. Diagrams are visual aids rather than written, defined as devices to demonstrate the relationships between concepts. The paradigm of analysis is the identification, during the analysis process, of a variety of conditions, actions/interactions

and consequences associated with the phenomenon.

OBJECTIVE

- To identify the application of the Grounded Theory (GD) in the area of women’s health, in research conducted in post-graduate programs in Brazil.

METHOD

A bibliometric, quantitative study was developed from the following research question: “What amount of Brazilian post-graduate nursing education production in the area of women’s health applied the Grounded Theory?” Theses and dissertations were searched in databases in order to answer the research question.

Bibliometrics is a statistical and quantitative measurement technique of production rates and dissemination of scientific knowledge. It aims to develop reliable indicators that can be defined as parameters used in the process of validation of any activity.⁸

The following steps were undertaken in the study’s application: identification of the topic and the research question; establishment of the sample selection criteria; search and selection of studies on databases; tabulation of the data in Microsoft Excel spreadsheet; construction of tables and charts for analysis and discussion of results.

The inclusion criteria were established as: Brazilian theses and dissertations recorded in databases that addressed topics in the area of women’s health and had applied GT in its methodology. The criteria for exclusion were: the work being an essay, concept note or article. Time limits for the search were not established.

The production search occurred in April

2012, with no prior demarcation for the period of inclusion of studies, as the period was defined from the emergence of the first work, in 1996, to the last in 2011. The year 2012 was not included because it was ongoing. The search was performed in national database of theses and dissertations, namely: Digital Library of Theses and Dissertations (BDTD); Theses Database of the Coordination of Improvement of Higher Education Personnel (CAPES); Centre of Studies and Research in Nursing from the Brazilian Association of Nursing. (CEPEn-ABEn); Virtual Health Library - Nursing (BIREME), through which the Database of Theses and Dissertations in Nursing (TESEENF) was accessed, and the Latin American and Caribbean Health Sciences Literature (LILACS).

The following descriptors were used in associated form: women’s health, nursing, theory. It is worth noting that the term “theory”, according to the Health Sciences Descriptors (DeCS), is associated with twenty-two descriptors. It had to be used, however, since ‘grounded theory’ is not a descriptor. Therefore, in the search for studies using the search tool Via Descriptors DeCS/MeSH in BIREME database, the descriptors ‘women’s health’ and ‘nursing’ were associated with qualitative research. Another relevant aspect concerns the query in CEPEn, which had to be made by reading each year book from 2000 to 2010, since a search tool is not provided.

In order to further elucidate the course of data collection, the flowchart shown in Figure 1 was designed.

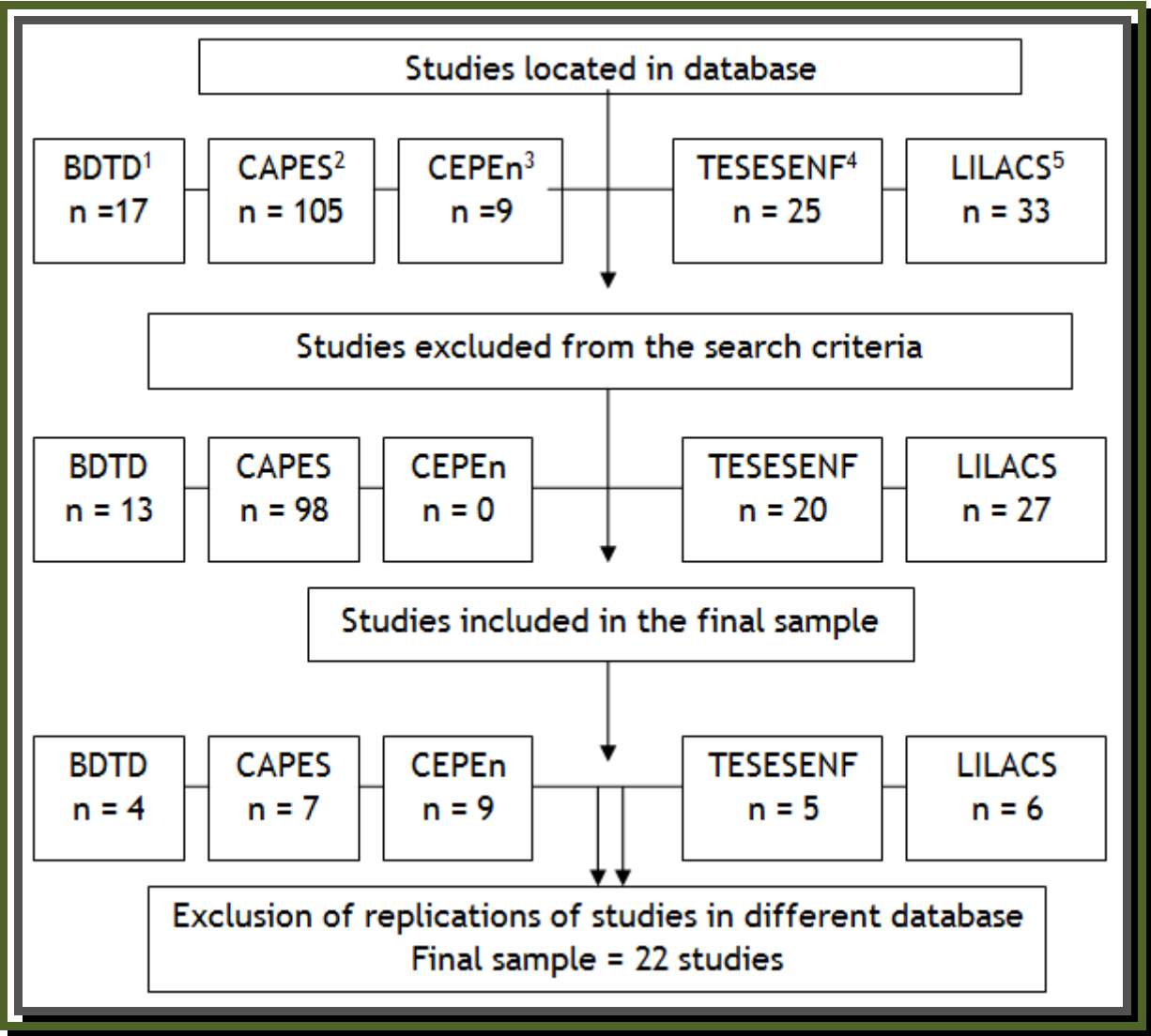


Figure 1. Flowchart of the research Methodological Route, in databases for nursing theses and dissertations in the area of women’s health that applied Grounded Theory. Source: Survey data. Legend: 1 - Digital Library of Theses and Dissertations. 2 - Theses Database of the Coordination of Improvement of Higher Education Personnel. 3 - Centre of Studies and Research in Nursing from the Brazilian Association of Nursing. 4 - Database of Theses and Dissertations in Nursing. 5 - Latin American and Caribbean Health Sciences Literature.

Due to the fact that the study search was conducted in five databases, there was a repetition of studies between databases, but none was present in all databases. Thus, after the search process, guided by the cited criteria, the repeated works were excluded, with the final sample survey totaling twenty-two. The results were organized in Microsoft Excel spreadsheet in the following items: author, title, year of publication, type of research, defending institution, database, subject and application of GT.

RESULTS

The twenty-two works studied in women’s health area with the application of Grounded Theory formed a sample composed of five theses and 17 dissertations, presented in Post-Graduate Programs, between the years 1996 and 2011. In the years 2000 to 2003 there were no papers defended, according to the Catalogue of CEPEn-ABEn.

From 1996 to 2011, there was one thesis

defence in 1996, 2006 and 2008, and two in 2006. In the same period, regarding the production of dissertations, there was one defence in 1999, 2006, 2008, 2009 and 2010. In 2001 there was the defence of two dissertations. In 2004 there was an increase in the number of dissertations, with four this year, three in 2005 and 2007 and four dissertations in 2004. The predominance of studies between 2004 and 2011 (20 studies) was identified, totaling 91% of the sample.

The analysis of the distribution of scientific production by Brazilian region was based on the number of works presented by postgraduate institution, with a predominance of the Southeast (68%), followed by the Northeast (18%) and South (14%). Studies of institutions of the Central-west and North regions were not found, according to data presented in Figure 2.

Title and author	Year of presentation	Institution	Category	Database
Tendo que ser maior do que os obstáculos para existir como enfermeira – Magda Rojas Yoshioca	1996	University of São Paulo	Thesis	Capes Tesesenf
Abrindo mão: a trajetória de vida das enfermeiras mulheres de militares – Lisete Mann Medeiros	1999	Federal University of Rio de Janeiro	Dissertation	Capes
Superando dificuldades impulsionadas pela força do amor: a experiência da mãe adolescente vivenciando o cuidado do filho – Paula Rosenberg de Andrade	2004	Federal University of São Paulo	Dissertation	Cepen
O significado da AIDS na vida de mulheres profissionais de saúde: do indizível à realidade – Carolina Bocchi Maia	2004	Federal University of Paraná	Dissertation	Cepen
O diagnóstico de câncer de mama e a interação social da mulher – Vera Lúcia Souza das Chagas Nogueira	2004	State University of Rio de Janeiro	Dissertation	Lilacs
A mulher trabalhadora frente à consulta ginecológica – Jacira Contino dos Santos Pereira	2004	State University of Rio de Janeiro	Dissertation	Lilacs
Enfrentando o câncer em família – Maria Aparecida Salci Molina	2005	State University of Maringá	Dissertation	Cepen Capes
Buscando estratégias para viver melhor sendo hysterectomizada: o significado da remoção do útero e suas repercussões para a o cuidado de Enfermagem – Rachel Torres Salvador	2005	State University of Rio de Janeiro	Dissertation	Lilacs Capes
Buscando autonomia e poder: o processo decisório da adolescente pela gravidez - contribuição para o cuidar em enfermagem – Celeste Ferreira Adão	2005	State University of Rio de Janeiro	Dissertation	Lilacs
Vivenciando a amamentação e a sexualidade na maternidade: dividindo-se entre ser mãe e mulher – Erika de Sá Vieira Abuchaim	2005	University of São Paulo	Thesis	Cepen
Sexualidade de casais que vivenciaram o câncer de mama – Clícia Valim Côrtes Gradim	2005	University of São Paulo	Thesis	Cepen
Sendo companheiro de uma mulher mastectomizada: buscando ferramentas para a adaptação – Denise Lima Machado	2006	State University of Rio de Janeiro	Dissertation	Tesesenf
O significado da comunicação na assistência de enfermagem à mulher mastectomizada: o olhar de quem cuida – Iliana Maria de Almeida Araújo	2006	Federal University of Ceará	Thesis	Cepen
Programa de humanização no pré-natal e nascimento: avaliando e construindo para avançar – Renata da Silva Cardoso	2007	Federal University of Santa Catarina	Dissertation	Cepen
O significado de climatério para as mulheres: implicações para o cuidado de enfermagem – Eneida Coimbra Lima	2007	State University of Rio de Janeiro	Dissertation	Tesesenf Capes
Vivendo o bem estar no desconhecido: experiência da mulher com a presença do acompanhante no processo de parto – Maria Cláudia Medeiros Dantas de Rubim Costa	2007	Federal University of Rio Grande do Norte	Dissertation	Bdtd
Experiência de ter um filho internado em unidade neonatal para tratamento de sífilis congênita – Ana Paula Almeida Brito	2008	University of São Paulo	Dissertation	Cepen
A maternidade de mulheres portadoras de transtornos mentais – Marisley Vilas Bôas Soares	2008	University of São Paulo	Thesis	Bdtd Capes Cepen
Experienciando a ausência do companheiro nas consultas de pré-natal – Flavio César Bezerra da Silva	2009	Federal University of Rio Grande do Norte	Dissertation	Bdtd Capes
Vivendo a contradição entre ser mulher e ser profissional no processo de cuidar de mulheres soropositivas para o HIV – Tainara Serodio Amim Rangel	2010	State University of Rio de Janeiro	Dissertation	Tesesenf Lilacs
Superando os fatores que dificultam a operacionalização da sistematização da assistência de enfermagem: experiência de enfermeiros em um serviço de obstetrícia – Ana Lucia de Medeiros	2011	Federal University of Paraíba	Dissertation	Bdtd
Enfrentando mudanças e valorizando a vida: uma referência para a enfermeira no cuidado à mulher submetida à cirurgia ginecológica – Carolina de Mendonça Coutinho e Silva	2011	State University of Rio de Janeiro	Dissertation	Tesesenf Lilacs

Figure 2. Statement of nursing theses and dissertations in the women’s health area using the Grounded Theory. Source: Research Data.

In the Southeast, quantitatively, the State University of Rio de Janeiro excelled in production (8 dissertations), followed by the University of São Paulo (4 theses and 1 dissertation) and by Federal University of São Paulo and Federal University of Rio de Janeiro, each with one dissertation. In the Northeast, the Federal University of Rio Grande do Norte can be highlighted with 2 dissertations, followed by the Federal University of Ceará (1 thesis) and Federal University of Paraíba (1 dissertation). In the South region there was the defence of one dissertation at the following institutions: University of Santa Catarina, Federal University of Paraná and State University of Maringá.

The topics of study that predominated in theses and dissertations were: oncology nursing (5 papers, totalling 22%), obstetric and gynaecological nursing (both with 4 papers, totalling 18%), maternal-child nursing and professional practice (both with 3 papers, making up 14%), communicable diseases (2 papers, accounting for 9%) and psychiatric nursing (1 study, comprising 5% of the sample).

Finally, it was found that GT was applied in combination with Symbolic Interactionism in 19 studies (86% of sample), confirming a methodological tradition. This new application is demonstrated by its association with the Complexity Theory, located in one paper. However, in two papers (9% of the sample), there was no explicit theory or theoretical approach, and only the use of GT as a methodological approach was clear.

DISCUSSION

The research in databases provided knowledge of works about women's health that used the GT as a research method. The results showed that the first study was a doctoral thesis defended in 1996 at the University of São Paulo, and that the increase in the number of studies occurred only from the year 2004. This data can be discussed in two respects: progress in the development of public policies related to women's health and the expansion of nursing post-graduate programmes in Brazil.

On the first point, it is noteworthy that in 2004, the National Policy on Comprehensive Women's Health Care of the Ministry of Health⁹ was published, which represents the sum of efforts at the time to support the reorganization of health practices, but also stimulated the development of research.

Regarding the second point, it is worth

highlighting that the growth in scientific production in the 21st Century, in the sample of studies, is consistent with the expansion of post-graduate in nursing in Brazil, pioneered by the Southeast region through the creation of the first *Stricto sensu* Master's in Nursing programme at the Anna Neri School of Nursing in 1972. In this same period, seven additional Masters courses were established: four in the Southeast, two in the Northeast and one in the South.¹⁰ Also contributing to the development of this research is the existence of the Research in Health Management and Professional Practice of Nursing (GESPEn) and the Grounded Theory Interest Group at the Federal University of Rio de Janeiro.⁴ In this light can the predominance of studies in the Southeast, followed by the Northeast and South be understood.

Regarding specific research topics, in analyzing the studies in oncology nursing, breast cancer stood out, being a problem that affects many women worldwide, and for which there are an estimated 52,680 new cases in 2012 in Brazil.¹¹ This reality of healthcare in this country can therefore be influencing the greater interest in the development of studies in that area.

Papers relating to midwifery discussed the humanization of care as a strategy to promote healthy births. In this regard, emphasize was the importance of health professionals to meet the needs and values of women, as well as build strategies for the inclusion of the family in the care process.¹² Also relevant is the exercise of citizenship in the process of childbirth, which was strengthened in the Brazil with the creation of the companion law established by ordinance 11.108/2005, ensuring monitoring in the process of childbirth (prenatal, delivery and immediate postpartum) and thus providing more tranquil births, through the respect of the woman's autonomy.¹³

As for papers dealing with communicable diseases, it is clear that HIV infection and syphilis are important issues in women's health, as these diseases have shown increasing incidence rates in recent years, and therefore the vertical transmission of HIV and syphilis have become considered over the years a public health problem.¹ Thus, it research development in this area is relevant.

CONCLUSION

It was found that the theses and dissertations have been defended since 1996, initially in higher education institutions in the Southeast, the pioneers in post-graduate

courses, followed by the Southern region from 2004, and the Northeastern region from 2006. However, the uneven distribution of studies across regions reveals a problem to be overcome by Brazilian post-graduate programmes.

It was identified that the most studied topics in the area of women's health were: oncology, obstetrical and gynaecological nursing. The studies also confirmed the dominance of the association between GT and Symbolic Interactionism. It is noteworthy that a study was found that integrated GT with Complexity Theory, demonstrating the non-exclusivity of GT with Symbolic Interactionism.

Thus, the results favoured the reflection about the relevance of Grounded Theory in studies that seek to understand the meanings of the experiences that women experience at different stages of life, supporting the scientific production of nursing and basing the development of better practical nursing and health care by building theoretical models.

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Corresponding Address

Maria Cláudia Medeiros Dantas de Rubim Costa
Avenida Abel Cabral, 2035 / Casa 16 / Nova Parnamirim
CEP: 59250151 – Parnamirim (RN), Brazil