



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

REVIEW INTEGRATIVE ARTICLE

PERCEPTIONS OF NURSES ABOUT THE INTEGRALITY OF FEMALE HEALTH CARE

PERCEPÇÕES DE ENFERMEIROS ACERCA DA INTEGRALIDADE DA ATENÇÃO À SAÚDE FEMININA

PERCEPCIÓES DE ENFERMEROS ACERCA DE LA INTEGRALIDAD DE LA ATENCIÓN A SALUD FEMENINA

Denise Antunes de Azambuja Zocche¹, Carine Vendruscolo², Edlamar Kátia Adamy³, Karine Pereira Ribeiro⁴,
Máira Cássia Borges de Oliveira⁵

ABSTRACT

Objective: to analyze the Brazilian scientific production about adherence to the principles of integral care in the Nursing consultation to women's health. **Method:** integrative review, from 2004 to 2014, in the Virtual Health Library (VHL). The inclusion criteria were: papers published in the format of scientific articles related to the perceptions of nurses working in Basic Health Units, from 1984 to 2015, that addressed the purpose of the study. After the thematic analysis, the sample was divided into four thematic categories: integral care to the health demands; being integral; the actions of intersectoriality and integration of services, composing, at the end, 19 articles, which were analyzed from the three main sets of meanings of the principle of integrality (programmatic and political assistance). **Results:** the studies approach comprehensiveness of health care through light technologies. It should be noted that many weaknesses were mentioned in the training and professional qualification and in work organization for the effectiveness of the integrality care. **Conclusion:** the efforts reported by the professionals can still be seen so that the quality of care is made, however, this still needs to be better applied in professional practice. **Descriptors:** Integrality in Health; Nursing Consultation; Women's Health; Nursing.

RESUMO

Objetivo: analisar a produção científica brasileira acerca da adesão aos princípios da integralidade da atenção na consulta de Enfermagem à saúde da mulher. **Método:** revisão integrativa, de 2004 a 2014, na Biblioteca Virtual de Saúde (BVS). Os critérios de inclusão foram: trabalhos publicados no formato de artigos científicos relacionados a percepções de enfermeiros atuantes em Unidades Básicas de Saúde, no período de 1984 a 2015, que abordassem o propósito do estudo. Após a análise temática, a amostra foi dividida em quatro categorias temáticas: atendimento integral às demandas de saúde; ser integral; as ações da intersectorialidade e integração de serviços, compondo, ao final, 19 artigos, que foram analisados a partir dos três grandes conjuntos de sentidos do princípio de integralidade (assistenciais, programáticos e políticos). **Resultados:** os estudos abordam a integralidade da atenção à saúde por meio das tecnologias leves. Destaca-se que foram mencionadas muitas fragilidades na formação e qualificação profissional e na organização de trabalho para a efetividade da integralidade da atenção. **Conclusão:** percebem-se os esforços relatados pelos profissionais para que a qualidade da assistência se efetue, no entanto, essa ainda é preciso ser melhor aplicada na prática profissional. **Descritores:** Integralidade em Saúde; Consulta de Enfermagem; Saúde da Mulher; Enfermagem.

RESUMEN

Objetivo: analizar la producción científica brasileña sobre el tema de los principios de la integralidad de la atención en la consulta de Enfermería a la salud de la mujer. **Método:** revisión integrativa, de 2004 a 2014, en la Biblioteca Virtual de Salud (BVS). Los criterios de inclusión fueron: trabajos publicados en el formato de artículos científicos relacionados a las percepciones de enfermos actuantes en Unidades Básicas de Salud, en el período de 1984 a 2015, que abordan el propósito del estudio. Después del análisis temático, la muestra fue dividida en cuatro categorías temáticas: el servicio integral de las demandas de salud; ser integral, las acciones de intersectorialidad y la integración de los servicios, componiendo, al final 19 artículos, que han sido analizados a partir de los tres grandes conjuntos de sentidos del principio de integralidad: (asistenciales, programáticos y políticos). **Resultados:** los estudios abordan la integralidad de la atención a la salud por medio de las tecnologías. Se destaca que fueron mencionadas muchas fragilidades en la formación y la cualificación profesional, en la organización de trabajo para la efectividad de la integralidad de la atención. **Conclusión:** Se perciben los esfuerzos relatados por los profesionales para la calidad de la asistencia sea efectuada, sin embargo, también es preciso aplicar mejor en la práctica profesional. **Descriptor:** Integralidad en Salud; Consulta de Enfermería; Salud de la Mujer; Enfermería.

^{1,2,3}Nurses, Doctors in Nursing, Professors of the State University of Santa Catarina / UDESC. Chapecó (SC), Brazil. denise.zocche@edu.br; carine.vendruscolo@udesc.br; edlamar.adamy@udesc.br; ^{4,5}Nursing Academics, State University of Santa Catarina / UDESC. Chapecó (SC), Brazil. karine_pribeiro@yahoo.com.br; mairaacassia@gmail.com

INTRODUCTION

Among the actions developed by nurses in the attention to women's health is the Nursing consultation, which allows the professional to identify demands, by means of problem-solving and establishment of Nursing diagnoses, which subsidize a care plan for the individual and his / her family . Nursing consultation can be a promoter of integrality to women's health, since it considers social determinants, religious, economic, race and gender issues, among others.¹

The practice of integrality emerges as a basis for overcoming contradictions and overcome weaknesses in the consolidation of UHS and to exercise integral health care as a right and duty of citizens, professionals and managers. In this sense, integrality presupposes access to goods and services, formulation, management and participatory control in public policies, as well as user / professional interaction without losing the perspective of what is common to all and must be universal: the right to live and be treated with respect to the integrity and dignity of the human condition.²

Three sets of meanings about integrality were formulated, being: integrality as a trait of good professional practice, integrality as a way of organizing practices and integrality as governmental responses to specific health problem. The concept of integrality therefore refers necessarily , to the articulation of services through assistance networks, recognizing the interdependence of professionals and organizations, in view of the fact that none of them has the totality of the resources and basic competences for the solution of the health situations of a community in its various cycles of life.³ It is therefore imperative to develop cooperation and coordination mechanisms between managers, professionals and users. Given the above, how has the scientific literature addressed the principle of integrality to health in Nursing consultations directed at women in Brazil?

OBJECTIVE

- To analyze the Brazilian scientific production about the adherence to the principles of the integrality of the attention in the Nursing consultation to the health of the woman.

METHOD

Integrative review, which involved the identification of the theme and the research

question, the application of inclusion and exclusion criteria, the definition of the information to be extracted from the studies, the analysis of included studies, the interpretation of results and the presentation of results.⁴

In order to operationalize this review, the following steps were used: establishing the objective of the integrative review; establishing the criteria for sample selection; defining the information to be extracted from the selected articles; analyzing the results; presenting and discussing the results.

A broad search was performed in the Virtual Health Library (VHL), using the descriptors: "Nursing AND gynecology AND woman's health"; "primary health care AND woman's health AND Nursing"; "Nursing consultation AND woman's health AND Nursing"; " Nursing consultation AND women's health AND Nursing ".

Among the inclusion criteria, were papers published in the format of scientific articles (original articles, reports of experiences, theoretical essays and reflections), these being related to the perceptions of nurses working in Basic Health Units and practicing activities related to attention This criterion was established, as of the date of the creation of the National Program of Integral Attention to Women's Health (PAISM), which was a pioneer, in the world scenario, by proposing the reproductive health care of women, in the context of integral health care, and no longer the use of isolated actions in family planning.⁵

We excluded studies that addressed perceptions of users of the Unified Health System (UHS), or those referring to hospital or outpatient care; articles that are published in other media that are not chosen scientific journals; duplicate manuscripts; articles of type: non-systematized bibliographic reviews, letters, reviews, editorials; publications of books type, book chapters, government publications, newsletters, theses, dissertations, monographs and course completion papers; studies that are not available online in full format for analysis.

After the application of the criteria, a total of 19 studies remained. Data analysis was carried out through the operational proposal for qualitative analysis, structured through the moments of pre-analysis, exploration of the material and treatment and interpretation of the results.⁶ In the pre-analysis of the materials, a floating reading of the complete studies was carried out, it is possible to take note of the topics covered and to fill some general aspects of the matrix such as: to focus on the theme of the research; to address the

Zocche DAA, Vendruscolo C, Adamy EK et al.

Perceptions of nurses about the integrality...

integrality of care in the Nursing consultation to women's health; to be related to the perception of the nurse professional. The exploration of the material took place after new detailed readings of the complete texts, being made a cut of the texts in units of record. Subsequently, the classification and the aggregation of the data occurred, according to the following categories: Category 1 - Full attendance to health demands; Category 2 - Integral Being; Category 3 - The actions of intersectoriality; Category 4 - Integration of services.

As a review of the literature, there was no direct involvement of humans as participants

in the study. So, there was no need for approval of the research by a Committee on Ethics in Research with Human Beings. However, it should be pointed out that the information has undergone the peer review to attest the reliability of the results and to guarantee the scientific rigor demanded in research of this nature.

RESULTS

Figure 1, below, shows the selected studies, followed by their title, author (s) and publication period:

Study	Title	Authors	Journal
E1	Strategies for demedicalization in gynecological Nursing consultation	Carla Mari Silva;	Journal of Nursing UERJ
E2	Interpersonal communication as an instrument that enables the quality of the gynecological Nursing consultation	Carla Araujo Bastos Teixeira et al.;	APS Review
E3	How caregivers face the problems of violence in pregnancy	Dora Mariela Salcedo- Barrientos et al.;	Latin American Journal of Nursing
E4	Limits and possibilities experienced by nurses in the treatment of women with chronic venous ulcer	Marcelo Henrique da Silva et al.;	Nursing School Magazine USP
E5	Violence against women in the primary care network: what do nurses know about the problem?	Ana Cyntia Paulin Baraldi et al.;	Brazilian Journal of Maternal and Child Health
E6	Elements of integrality in professional health practices for rural women victims of violence	Marta Cocco da Costa; Marta Julia Marques Lopes	Nursing School Magazine USP
E7	Protocol on prenatal care: actions, facilities and difficulties of the Nurses of the Family Health Strategy	Edilene Matos Rodrigues et al.;	Nursing School Magazine USP
E8	The nurse in the prevention of cervical cancer: the daily routine of primary prevention	Maria Carmen Simões Cardoso de Melo et al.;	Brazilian Journal of Cancerology
E9	Violence against women: limits and potential of care practice	Ethel Bastos da Silva et al.;	Acta Paulista de Enfermagem
E10	Nursing consultation in sexuality: an instrument for Nursing care to women's health, at the primary care level.	Olga Regina Zigelli Garcia; Laura Cristina da Silva Lisboa	Text Context Nursing
E11	Nurses' performance in breast cancer control actions in eight health units in Ceará, Brazil	Escolástica Rejane Ferreira Moura; Rosiléia Alves Nogueira	Brazilian Journal of Maternal and Child Health
E12	The nurse in the early detection of breast cancer in primary health care	Ana Luiza Barreto Zapponi et al.;	Journal of Nursing UERJ
E13	Pre-natal actions performed by the Nursing team in primary health care in Cuiabá	Sebastião Junior Henrique Duarte et al.;	Science and Nursing
E14	Prenatal care in basic health care under the eyes of pregnant women and nurses	Eryjosy Marculino Guerreiro et al.;	Journal of Nursing
E15	Opportunistic screening of breast cancer developed by Primary Care Nurses	Débora Cherchiglia de Moraes et al.;	Nursing School Magazine USP
E16	Prenatal care: essential skills performed by nurses	Margarida de Aquino Cunha et al.;	Esc Anna Nery Rev Nursing
E17	The influence of the nurse's workload on the quality of prenatal care	Danielle Wisniewsk et al.;	Brazilian Journal on Health Promotion
E18	Gynecological Nursing consultation in family health strategy	Gabriela Catafesta et al.;	
E19	Prenatal care by Nursing professionals	Margarida de Aquino	Journal for Health Science

in the city of Rio Branco, Acre, Amazônia	Cunha et al.;	Arquivos
--	---------------	----------

Figure 1. Synthesis of the publications included in the integrative review. Chapecó (SC), Brazil, 2016.

DISCUSSION

The data were analyzed according to three main sets of meanings of the principle of integrality:³ being these assistance, programmatic and political. The first set refers to attributes of the practices of health professionals, being values related to what

can be considered a good practice, regardless of whether it occurs within the scope of the Unified Health System (UHS); the second set refers to attributes of the service organization; the third applies to government responses to health problems. The analysis of the studies resulted in four categories:

Category 1. Comprehensive care for health demands	E3, E5, E6, E7, E8, E9, E11, E12, E13, E14, E15, E16, E17, E19
Category 2. Being Integral	E1, E2
Category 3. The actions of intersectoriality	E10
Category 4. Integration of services	E4, E7, E19

Figure 2. Thematic categories. Chapecó (SC), Brazil, 2016

◆ Comprehensive service to health demands

Based on the size of care, this category comprises fourteen of the studies analyzed, and brings up the discussion of the focus of professional practice on care, and its gaps in the health-disease process of the user. So that the health practice is qualified and guided by completeness, it is fundamental to act on several factors, such as the organization of work, so that demand and time are in accordance with the professional and user's need, the professional's qualification, and, also the inclusion of instruments such as: dialogue, humanization, empathy, bonding and trust.

Primary care is considered one of the main entry points of the user in the health system, a space in which the nurse is an important member of the multiprofessional team, and performs specific technical activities within the administrative and educational competencies and, through the bond with the users, concentrates efforts to reduce taboos, myths and prejudices and seek the conviction of the female clientele about their benefits of prevention.⁷ In this direction, the themes related to professional assistance and the frailties brought by the studies stand out, so that the principle of integrality be effective, such as, violence.

Studies E3⁸, E5⁹, E6¹⁰ and E9¹² address violence as a public health problem and a social phenomenon of high prevalence. In this context, integrality addresses the perception of situations of aggression or risk of harm to health, and encourages the access of these women to health services, since through dialogue, listening and bonding, these instruments are imbued with integrality, professional nurse can address these women.

In this perspective, the host is the main element to be used in the Nursing consultation to approach women victims of violence, since it is understood that the reception presupposes an ethical and caring attitude, interest in the needs of the other, sensitivity, respect for the user, risk and vulnerability assessment as evidence of the materiality of violence events.¹⁰⁻¹

However, the studies show that, although the nurse has the perception of what contributes to this problem, they still find extreme weaknesses related to attending these women and understand the signs that are not mentioned. This is because Nursing education is still focused on the technician and biologicistic model of care, and many professionals feel powerless to deal with the situation, which contributes to perpetuating the problem and providing comprehensive health care for women in this area, is fragile.⁸

Another activity, of the professional scope of the nurse, addressed in the studies is related to prenatal care. The studies E7¹³, E13¹⁴, E14¹⁵, E16¹⁶, E17¹⁷ and E19¹⁸ emphasize integrality in prenatal care, as a principle. It is of paramount importance for the qualification of assistance to pregnant women, the reduction of diseases and the early diagnosis of pathologies, besides ensuring greater comfort and safety for the mother. Qualified antenatal care and care can play a significant role in reducing maternal mortality, as well as highlighting other benefits to maternal and child health.¹⁶

The essential competencies expected in prenatal care, as recommended by the Manual of Technical Norms for Prenatal Care¹⁹, are developed, although, some are performed with low frequency, that is, they were not performed in all consultations.

The actions and the procedures most frequently performed by the nurses are: initial history (anamnesis); date of last menstruation; probable date of delivery; gestational age; examination of LLL; edema examination; BCF auscultation; uterine height measurement and request of laboratory tests. The least frequent are nutritional status evaluation, skin and mucosa inspection; thyroid palpation; clinical examination of breasts and abdominal palpation to check position and fetal presentation.¹⁶

Four studies studied in this review suggest the incorporation of care protocols. Some findings have revealed that there is no standardization regarding the examinations that should be required of pregnant women. Each professional is guided by referentials ranging from the Prenatal Manual of the Ministry of Health, or experiences acquired during professional training. It is essential that protocols be accessed and followed by all professionals in the area. In addition, it is essential that there are qualifications, through specialization courses, so that the prenatal care is integral and, also, based on the scientificity.

In this direction, the nurse's assignment also extends to the prevention of cervical and breast cancer, thematic, cited in studies E8²⁰, E11²¹, E12²² and E15²³.

For a satisfactory performance, it is necessary that the professional nurse knows the culture and the reality of the target population, because preventive behavior is closely related to social, psychological and environmental factors. In this way, many professionals have the support of the Community Health Agents (CHA) to get closer to the population and better manage their activities. This is a strategy that, when well oriented, has shown good results in the sense of developing a link with the community.²⁴⁻⁵

Among the weaknesses indicated by the nurses of the analyzed studies, these showed justifications such as the lack of materials to perform the exam; their overwork; the resistance of some women. This fact implicitly refers to a certain dissatisfaction with the results obtained from their actions. As for example, the case of a study, which showed the perception of nurses and pregnant women in Fortaleza-CE.

Only the demand for women's free demand is not sufficient for a good coverage of the cytopathological examination. It is imperative to insist on constant educational activities and to take better advantage of the opportunities that the service demand makes possible in the approach to women in the various occasions of

attending the unit for various reasons, as well as, enhancing the bond of the woman with the professional. In addition, the articles that specifically address breast cancer indicate that the nurse practitioner does not use health education and prevention processes, by encouraging self-examination or clinical examination of the breasts, which decreases the incidence of early diagnosis and does not stimulate the quality of life of women. Therefore, it is concluded that nurses need, to take responsibility for their professional responsibilities, qualify and identify health promotion as a priority in their care.

♦ Be Integral

The nurse acts as a protagonist in the visibility of being as integral, exercising the practice based on the autonomy of the individual and encouraging self-care. It becomes fundamental to observe and to understand health-disease situations, which permeate the individual and community life of the individual human, becoming an obligation to listen and have dialogue, indispensable instruments in professional practice. In this context, the concept of integrality is of paramount importance in the humanization of Nursing care.

This perception is evidenced in study E1²⁶, which addresses Nursing by encouraging female autonomy, and demedicalization in health care, encouraging alternative practices, and analyzing the user as an integral being, from the moment that her health-disease is not confined to a biological diagnosis, and drug treatment.

In line with this, study E2²⁷ explores communication as an indispensable tool in care practice. Thus, for effective communication, values and cultural knowledge are required that involve both professional and user to share information and experiences that favor behavior changes. Therefore, it is expected that nurses will consider these aspects during the consultation, turning their attention to the holistic aspect, involving healthy attitudes and behaviors and avoiding superficiality. However, the studies consider that the organization of work makes it difficult to provide comprehensive care, since professionals have a demand for exhaustive activities, accumulating responsibilities, for management and care and management, which brings us to the programmatic dimension of integrality.

Thus, analyzing the individual as an integral being requires professionalism and commitment, making the nurse an

Zocche DAA, Vendruscolo C, Adamy EK et al.

Perceptions of nurses about the integrality...

indispensable professional for the incentive of the principle of integrality in health services.

♦ The actions of intersectoriality

The intersectoriality in health services, in its broadest sense, is directly linked to the articulation of the different health sectors, seeking definitive resolutions for the demands raised, especially those related to women's health. Thus, study E10²⁸ shows that several sectors are politically articulated as a right to health strategy. The intersectoriality, being used as a practice in the management of health services, allows the sharing of decisions in different health agencies that work in health production, formulation, implementation and regulation of public policies to have a positive impact on the health of the population. In this context, intersectoriality is in line with the above³, since, it allows the population's needs to be broadened, thus seeking to respond to such needs.

It is necessary that, since the graduation, be worked the importance of intersectoriality, so that academics and future professionals can develop, in a broader and qualified way, the attendance based on the intersectoriality. Therefore, the nurse, as manager in the health services, must have a vision of the human being as an individual, inserted in a context, with their beliefs, values and culture, so that, from this, it can broaden their vision to the group that makes up the service of to meet the needs felt by users.

♦ The integration of health services

The professional practice, based on the meeting between the health professional and the user, makes integrality an almost exclusive task of this professional. In this context, we must consider the difficulties encountered in health services so that integrality can be developed, and that collection for goals and productivity can prevent full care.³

In the scope of primary health care (PHC), several factors that interfere in the production of integrality between the health professional and the user must be taken into account, such as activities geared exclusively towards the qualification of professionals, not preparing them to have a broader view of real health problems, and the lack of adherence to treatment by users. The lack of interdisciplinary work is also a factor that hinders the production of integrality in the treatment of users.^{3,29}

The integration of women's health services is organized according to the Women's Health Integral Assistance Program (WHIAP), with its

proposals based on the hierarchy, decentralization and regionalization of services, which includes educational, preventive, diagnostic, treatment and recovery, and encompasses women's health in gynecological clinic, prenatal, childbirth and puerperium, climacteric, family planning, STDs, breast and cervical cancer, among other needs.²⁹ Since the creation of WHIAP, women's health has been considered as a priority, serving women in all phases of life, each with its characteristics and needs. In order to achieve effective integrality in the area of women's health, it is necessary that there be adequate physical structure, sufficient human resources, a service network structured, in such a way that there is reference and counter reference that allows assistance at all three levels of complexity of the health system.²⁹⁻³⁰

Qualified care, based on the integration of services, should be performed by professionals who have the necessary skills to provide competent care during all stages of women's health, at all levels of complexity.³¹

For this to be accomplished, it is necessary, for the professional, to have access to essential equipment and medications, a functioning reference system, education systems that reinforce critical thinking, the clinical competence and the development of effective interpersonal and communication skills.³²

CONCLUSION

The principle of integrality permeates the whole professional practice of the nurse, however, this principle is imbued with complex dimensions, which require both professional qualification, multiprofessional work, work organization and assistive technologies.

However, in spite of professional efforts to ensure the quality of care, studies show that completeness still needs to be better applied in professional practice, since this principle has been established as a legal framework since 1988, being incorporated, in part, even before in 1984, as the first health program for women.

It is noticed how much the concept of health acquired in the training schools is still based on biological and technical issues, which keeps the professional practice embedded in old patterns of health care. Therefore, it is fundamental that professionals improve and qualify, aiming at the modernization and the progress of the nurse professional, besides encouraging the

Zocche DAA, Vendruscolo C, Adamy EK et al.

humanization and the quality in health services, reducing pathological diseases and health situations preventable by the promotion of effective and continuous health.

The limitations of the study are evident by the inclusion and exclusion criteria, since the profile of the studies was delimited from a restricted group of scientific work modalities. Thus, future revisions may explore other modes of work. Nevertheless, the need for reflection and analysis by the academic community, regarding the limited number of work about it.

REFERENCES

1. Mertins SM, Scarton J, Kolankiewicz ACB, Loro MM, Rosanelli CLSP, Gomes JS. Consulta de enfermagem: um relato de experiência. *Rev Contexto Saúde*. 2011 Mar; 17;10(20):837-40. Doi: <http://dx.doi.org/10.21527/2176-7114.2011.20.837-840>
2. Viegas S, Penna C. The dimensions of comprehensiveness of healthcare within the routine of the Family Health Strategy in the Jequitinhonha Valley, Minas Gerais, Brazil. *Interface comum saúde educ*. 2015 Oct/Dec;19(55):1089-00. Doi: <http://dx.doi.org/10.1590/1807-57622014.0275>
3. Pinheiro R, Mattos RA. Os sentidos da integralidade na atenção e no cuidado à saúde. Rio de Janeiro: UERJ; 2009.
4. Mendes KDS, Silveira RCCP, Galvão CM. Integrative literature review: a research method to incorporate evidence in health care and nursing. *Texto contexto-enferm*. 2008 Oct/Dec;17(4):758-64. Doi: <http://dx.doi.org/10.1590/S0104-07072008000400018>
5. Osis M. The Program for Integrated Women's Health Care (PAISM): a landmark in the approach to reproductive health in Brazil. *Cad Saúde Pública*. 1998;14(Suppl 1):25-32. Doi: <http://dx.doi.org/10.1590/S0102-311X1998000500011>
6. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 13rd ed. São Paulo: Hucitec; 2014.
7. Melo MCSC, Vilela F, Salimena AMO, Souza IEO. The Nurse in Uterine Cervical Cancer Prevention: the Daily Care in Health Primary Attention. *Rev Bras Cancerol* [Internet]. 2012 [cited 2017 Mar 17]; 58(3):389-98. Available from: http://www1.inca.gov.br/rbc/n_58/v03/pdf/08_artigo_enfermeiro_prevencao_cancer_colo_uterio_cotidiano_atencao_primaria.pdf
8. Salcedo-Barrientos DM, Miura PO, Macedo VD, Egry EY. How do primary health care

Perceptions of nurses about the integrality...

professionals deal with pregnant women who are victims of domestic violence? *Rev Latino-Am Enfermagem* [Internet]. 2014 May/June [cited 2017 Mar 17];22(3):448-53. Available from:

http://www.scielo.br/pdf/rlae/v22n3/pt_0104-1169-rlae-22-03-00448.pdf

9. Baraldi A, Almeida A, Perdoná G, Vieira E. Violence against women in the basic care network: what do nurses know about the problem? *Rev Bras Saúde Mater Infant*. 2012 Aug/Sept;12(3):307-18. Doi:

<http://dx.doi.org/10.1590/S1519-38292012000300010>

10. Costa MC, Lopes MJM. Elements of comprehensiveness in the professional health practices provided to rural women victims of violence. *Rev Esc Enferm USP*. 2012 Oct; 46(5):1088-95. Doi:

<http://dx.doi.org/10.1590/S0080-62342012000500008>

11. Pitilin EB, Banazeski AC, Bedin R, Gasparin VA. Nursing care in situations of induced /caused abortion: an integrative literature review. *Enferm Glob* [Internet]. 2016 [cited 2017 Sept 25];15(3):439-52. Available from:

<http://revistas.um.es/eglobal/article/view/229511/195431>

12. Silva EB, Padoin SMM, Vianna LAC. Violência contra a mulher: limites e potencialidades da prática assistencial. *Acta Paul Enferm*. 2013 Nov/Dec;26(6):608-13. Doi: <http://dx.doi.org/10.1590/S0103-21002013000600016>

13. Rodrigues EM, Nascimento RG, Araújo A. Prenatal care protocol: actions and the easy and difficult aspects dealt by Family Health Strategy nurses. *Rev Esc Enferm USP*. 2011 Oct;45(5):1041-1047. Doi:

<http://dx.doi.org/10.1590/S0080-62342011000500002>

14. Duarte SJH, Mamede MV. Ações do pré-natal realizadas pela equipe de enfermagem na atenção primária à saúde, cuiabá. *Cienc enferm*. 2013;19(1):117-29. Doi:

<http://dx.doi.org/10.4067/S0717-95532013000100011>

15. Guerreiro EM, Rodrigues DP, Silveira MAM, Lucena NBF. O cuidado pré-natal na atenção básica de saúde sob o olhar de gestantes e enfermeiros. *REME rev min enferm*. 2012;16(3):315-23. Doi:

<http://www.dx.doi.org/S1415-2762201200030000>

16. Cunha MA, Mamede MV, Dotto LMG, Mamede FV. Prenatal care: core competencies performed by nurses. *Esc Anna Nery Rev Enferm*. 2009 Jan/Mar; 13(1):145-153. Doi:

Zocche DAA, Vendruscolo C, Adamy EK et al.

Perceptions of nurses about the integrality...

<http://dx.doi.org/10.1590/S1414-81452009000100020>

17. Wisniewski D, Gróss G, Bittencourt R. The influence of nurse's work overload on the quality of prenatal care. *Rev Bras Promoç Saúde*. 2014 Apr/June;27(2):177-82. Doi: 10.5020/18061230.2014.p177

18. Cunha MA, Mamede MV, Dotto LMG, Araruna RC. Assistência pré-natal por profissionais de enfermagem no município de Rio Branco, Acre, Amazônia. *Rev Baiana de Saúde Pública*. 2012;36(1):174-190. Doi: <https://doi.org/10.22278/2318-2660.2012.v36.n1.a245>

19. Ministério da Saúde (BR). Assistência pré-natal: manual técnico [Internet]. Brasília: Ministério da Saúde; 2000 [cited 2017 Mar 17]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/cd04_11.pdf

20. Melo MCSC, Vilela F, Salimena AMO, Souza IEO. The Nurse in Uterine Cervical Cancer Prevention: the Daily Care in Health Primary Attention. *Rev Bras Cancerol* [Internet]. 2012 [cited 2017 Mar 17];58(3):389-98. Available from: http://www1.inca.gov.br/rbc/n_58/v03/pdf/08_artigo_enfermeiro_prevencao_cancer_colo_uterio_cotidiano_atencao_primaria.pdf

21. Moura ERF, Nogueira RA. Nurses performance in breast cancer control actions in eight healthcare units located in Ceará, Brazil. *Rev Bras Saude Mater Infant* [Internet]. 2001 Sept/Dec;1(3):269-74. Doi: <http://dx.doi.org/10.1590/S1519-38292001000300008>

22. Zaponni ALB, Tocantins FR, Vargens OMC. The nurse in the early detection of breast cancer in primary health care. *Rev Enferm UERJ*. 2015;23(1):33-38. Doi: <http://dx.doi.org/10.12957/reuerj.2015.11297>

23. Moraes DC, Almeida AM, Figueiredo EN, Loyola EAC, Panobianco MS. Opportunistic screening actions for breast cancer performed by nurses working in primary health care. *Rev Esc Enferm USP*. 2016 Feb;50(1):14-21. Doi: <http://dx.doi.org/10.1590/S0080-623420160000100002>

24. Moura ADA, Silva SMG, Farias LM, Feitoza AR. Women's knowledge and motivation concerning the papanicolaou test: subsidies for nursing practice. *Rev RENE*. 2010;11(1):94-104. Doi: <http://dx.doi.org/10.15253/rev%20reue.v11i1.4482>

25. Oliveira MM, Pinto IC. User perception on the actions of Cervix Cancer Prevention of Family Health Strategy in a Health District of

the municipality of Ribeirão Preto, in São Paulo, Brazil. *Rev Bras Saúde Matern Infant*. 2007 Jan/Mar;7(1):31-8. Doi:

<http://dx.doi.org/10.1590/S1519-38292007000100004>

26. Silva C, Vargens o. Strategies for desmedicalization in gynecological nursing consultation. *Rev Enferm UERJ* [Internet]. 2013 [cited 2017 Mar 17];21(1):127-30. Available from: <http://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/6446/5907>

27. Teixeira CAB, Silva RM, Rodrigues MSP, Linard AG, Diógenes MAR, Mendonça FAC. Interpersonal communication as a tool for fostering gynecologic nursing consultation quality. *Rev APS* [Internet]. 2009 [cited 2017 Mar 17];12(1):16-28. Doi: <https://aps.ufjf.emnuvens.com.br/aps/article/view/148/184>

28. Garcia ORZ, Lisboa LCS. Nursing consultation concerning sexuality: an instrument for women's nursing healthcare at the level of primary healthcare. *Texto contexto-enferm*. 2012;21(3):708-16. Doi: <http://dx.doi.org/10.1590/S0104-07072012000300028>

29. Silva MH, Jesus MCP, Merighi MAB, Oliveira DM. Limites e possibilidades vivenciados por enfermeiras no tratamento de mulheres com úlcera venosa crônica. *Rev Esc Enferm USP*. 2014 Aug;48(Spe):53-58. Doi: <http://dx.doi.org/10.1590/S0080-623420140000600008>

30. Rodrigues EM, Nascimento RG, Araújo A. Protocolo na assistência pré-natal: ações, facilidades e dificuldades dos enfermeiros da Estratégia de Saúde da Família. *Rev Esc Enferm USP*. 2011 Oct;45(5):1041-7. Doi: <http://dx.doi.org/10.1590/S0080-62342011000500002>

31. Costa LHR, Alves JP, Fonseca CEP, Da Costa FM, Fonseca FF. Gender in the context of sexual and reproductive rights of women deprived of liberty. *Enferm Glob* [Internet]. 2016 [cited 2017 Sept 25];15(3):138-50. Doi: <http://revistas.um.es/eglobal/article/view/207141/194671>

32. Bisognin P, Alves CN, Wilhelm LA, Prates LA, Scarton J, Resse LB. The climacteric in women's perspective [Internet]. 2015 [cited 2017 Sept 25];14(3):155-67. Available from: <http://revistas.um.es/eglobal/article/view/211731/178211>

Zocche DAA, Vendruscolo C, Adamy EK et al.

Perceptions of nurses about the integrality...

Submission: 2017/03/21
Accepted: 2017/09/29
Publishing: 2017/11/15

Corresponding Address

Maíra Cássia Borges de Oliveira
Rua Sete de Setembro, 91D
Bairro Centro
CEP: 89801-445 – Chapecó (SC), Brazil