

## THE NON-DIRECTIVE RELATION OF HELP AS AN INSTRUMENT FOR NURSING CARE: A EXPERIENCE REPORT

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### ABSTRACT

This is an experience report for the purpose of discussing the experience of interaction between academic nursing and hospital patient using the principles of non-directive relationship help. The interview was recorded on tape K7, transcribed and then analyzed as the theoretical ratio of non-aid policy. The application of non-directive orientation favored the creation of a bond between interviewer and client in the preoperative period, facilitating the development of the nursing process at this stage. The difficulty refers to the time taken to carry out such activity. We conclude that the interview using the principles of relationship help non-directive can be a therapeutic tool at the same time providing information to the professional who assists the client and directs the process of care, provides care who gets the opportunity to talk about what bothers you right now, thus contributing to the resolution or minimizing the problems caused by the disease process.

**Keywords:** Nursing. Interpersonal Relations. Preoperative Care.

### INTRODUCTION

The surgical patient's well-being must be the main objective of the professionals that attend because preoperatively, these can present a high level of stress, as well as develop feelings that can act in a negative way in her emotional state<sup>(1)</sup>. It observed that irrespective of the degree of complexity of the surgery, the stress has relationship with the misinformation of the patient with respect to the surgical procedure<sup>(1)</sup>, which can minimized or even solved by means of a good communication process between nurse and patient.

Communication skills are essential to the professional who maintains direct contact with the patient, regardless of their basic training or area of expertise, why allow better access and approach to the emotional dimension of who receives the care<sup>(2)</sup>. For nursing, communication represents the basis and the rationale for nurse/patient relations, constituting therefore a basic instrument for the profession<sup>(3)</sup>. By means of dialogue, there is the possibility to understand the patient, his life story, his way of being, thinking, acting and to come to terms with the environment where you live, and you can thus identify their weaknesses and assist you in

resolving their conflicts<sup>(4)</sup>.

On the characteristic of emotional stress vulnerability pre-operative, the source of support established by the therapeutic communication becomes essential<sup>(5)</sup>. Front of situations imposed by illness, relationships are redefined and contact people, with family or with health professionals, represent the essence of a care that sustains the faith and hope, supporting the patient in the experience of difficult moments<sup>(6)</sup>. Thus, the knowledge of technical or interpersonal communication strategies that are enabling the interaction and can broadcast attention, compassion and comfort are of great importance in patient care<sup>(6)</sup>. In this context, the non-policy relationship presents itself as a form of therapeutic communication that can used by the nurse in your daily practice with the goal of optimizing the communication with the patient.

The relationship of non-aid policy developed by Carl Rogers from the Decade of 1940 in the United States of America as a reaction to the Psychoanalytical and behavioral patterns that dominated the psychology and psychotherapy. The relationship of non-aid policy is part of the chain of humanistic psychology, whose principles nursing began to use in various forms of care in search of a more humanized

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assistance.

The care relationship is a "conversation" structured that is established for resolving a problem or difficulty<sup>(7)</sup>. As someone seeking help, someone else considered able to provide the assistance that requested and, for this to occur, individuals must interact. When the "conversation" has a structure more schematized, settling time and place, application of specific methods, is customary to name it with the name of interview<sup>(7)</sup>.

Non-used policy guidance in the help relationship for cause if not focus attention on the problem of the patient, but about himself, helping him to get to know each other better, so that thereby acquire skills to solve your problems, teasing transforms himself, in a climate of respect, understanding and acceptance of himself<sup>(7)</sup>. Therefore, the ratio of non-aid policy can be understood as giving the individual an opportunity to know what it really is, accepting the life process itself and inserting, in order to avail themselves of their personal resources, offered by their life experiences, to constructive transformations of attitudes and behavior<sup>(7)</sup>.

It is important to note that the relationship of non-aid policy, as a form of therapeutic communication, can provide considerable benefits to the patient, because in addition to providing a comprehensive and climate of respect, enabling this put your feelings in relation to the situation experienced quiet and open manner, allows the patient to reflect on the difficulties they experience in order to find resources that help facing such difficulties<sup>(8)</sup>. However, there are studies that link some existing weaknesses regarding the communicative process between nurses and patients preoperatively, as partial understanding on the part of nurses about therapeutic communication<sup>(9)</sup> and the existence of a worrisome gap concerning the communication skills of these professionals<sup>(10)</sup>, which indicates the need for more studies that address the therapeutic communication in nursing.

Based on these reflections, the objective of this study is to present the experience of interaction between an academic nursing and a patient during the preoperative visit, using the principles of the relationship of non-aid policy.

## METHODOLOGY

This is an account of that experience, through the theoretical framework of the relationship of non-aid policy<sup>(7,11-13)</sup>, intended to discuss the experience of interaction between an academic nursing and a patient hospitalized. The relationship of non-aid policy based, in General, in a person-centered therapy approach answered, so that their history and their concepts understood in the light of their own perspectives and their worldview<sup>(8)</sup>.

The study approved by the Research Ethics Committee of the Federal University of Alfenas under Protocol No. 100/2011 and developed during the month of July 2011 in a clinical-surgical oncology unit, governed by a philanthropic general hospital, in southern Minas Gerais. The data collected by means of interviews, conducted by an academic of the 4th year of the course of nursing during the pre-operative visit. The interaction recorded on tape K7 and had total duration of approximately one hour and twenty minutes.

The eligibility criteria were: being in the immediate preoperative, regarded as the 12:00 am prior to surgery<sup>(14)</sup>; age less than 18 years, regardless of gender; be oriented in time, in space and the person and be able to express himself verbally. We opted for the immediate moment because the preoperative interview applied right now allows the patient to express himself freely presenting their doubts, fears and uncertainties about the surgical procedure.

For the study, was selected just one patient, one who has met the eligibility criteria and who expressed interest in participating in the research, signing an informed consent. To enable proper performance of the interaction, both the patient as the interviewer, comfortably positioned in an environment that offers privacy. After a brief explanation to the patient about how would the interview, it initiated with the following guiding question: "tell me about how you're feeling right now".

The recorded interview was transcribed in full and subsequently analyzed using the theoretical framework of the study<sup>(7,11-13)</sup>, which allowed to highlight the dynamic and structural aspects of the interaction. The text of the interview revised, plus discussion and reflection, based on literature on the topic. Some excerpts

extracted and commented out according to their significance for the purpose of the study. It is worth mentioning that if you opted to keep the lines as the language submitted by the patient, avoiding medical jargon, so that they could have better understanding of the experience experienced. For the analysis and understanding of the results achieved with the dialogue, the same discussed according to the most significant excerpts of the interview.

## RESULTS AND DISCUSSION

### Presentation and critical analysis of interview non-policy

Patient with 56 years, married, farmer, born and resident in a municipality in southern Minas Gerais; discovered the intestinal cancer about two years; started the treatment a year ago and two months ago and has hospitalized several times for realization of oncological treatment, including for colostomy. Currently, hospitalized due to an intestinal infection and likely making new colostomy.

In this study, the process of the help relationship not-allowed policy explore and better understand the perceptions and feelings of the patient about the time lived, the preoperative period of oncological surgery. In this phase, it is common for the patient to experience a deep sense of stress by anticipating an event unknown<sup>(1)</sup>, which makes it more vulnerable when it comes to oncologic surgery, whereas cancer brings suffering clinically significant<sup>(15)</sup>. Thus, the most significant stretches of the relationship of non-aid policy grouped into three categories that allowed for the understanding of the structural and dynamic aspects of this interaction.

### Surgery seen as a solution to your health problem

When you start a relationship of non-aid policy, it is important to establish an atmosphere of empathy in which the interviewer shows understand the concerns, values and behaviors expressed by the patient<sup>(16)</sup>.

In this study, the feelings revealed by the patient regarding treatment allows to infer that the surgical treatment for him an opportunity to

create new ways of living and adapt to reality presented<sup>(17)</sup>. The patient reveals his desire to accomplish the proposed treatment because, for him, means surgery solution to their health problems, relief of discomfort and pain that the current state has caused.

Patient (C) 1: ... have to operate to see if he has any "tissue" leaking out and close it.

Interviewer (and) 2: but you're worried about this surgery?

C2: I'm not worried, I want to do it, you know. I want to do because of this infection that came over me, she fumbled a lot I. She hurts ... had one day it hurt too much.

E3: Hum

[...]

E4: but then you're not concerned about the surgery?

C4: no, I'm not.

E5: it's quiet.

C5: I'm quiet. I want to get rid of it.

The interview process non-directive must allow patients to express themselves freely. On E4, the interviewer took the sentiment expressed earlier by the patient, the acceptance of surgical treatment, to confirm the sentiment regarding the role of surgery in the disease process. The revelation of feelings is a factor of great importance in non-policy approach. It is of the utmost importance that the professional has constant observation, and sometimes insightful, to discover them, acknowledge them and manifest them to the patient. It is important to note that this is not to invent or assume, guess or interpret, is point out what actually exists<sup>(7)</sup>.

However, one should not think that the goal of this approach is only do emerge feelings, after all, the ideas, the concepts and the elaborations have also its importance. Feelings can identified as the path that leads the individual to your assessment center, on a date with you. This occurs when the patient looks within himself the criteria to assess their personal experiences<sup>(7)</sup>.

Therefore, when the individual has the opportunity to express their feelings and experiences, he will make the trial of these by modifying them or accepting without having to take them to please the other, but because, after

passing through the process of non-directivity, recognizes that it is the best for you<sup>(7)</sup>.

In this study, in E2 and E5, the interviewer used a closed question, however she could have accomplished the same question as follows: "what is you're feeling about the surgery?" A closed question tends to lead the respondent to answer only what asked and still induce you to an answer. The interviewer cannot "create" a way for the patient to follow; in fact, the interviewer is a fellow of journey. The professional will discover and walk as the patient does, after all, in the interview, their only reference is the process that develops within the patient<sup>(7)</sup>.

### The colostomy as part of treatment

The colostomy proved to be an important question expressed by the patient during the interaction, as noted in the lines below:

C5: [...] did 28 sessions (chemotherapy), then came here and spent a couple of days and the doctor operated on me to finish cleaning the tumor, the doctor said: "no, you don't have a tumor, now you are with infection in the intestine".

E6: Then he said to the Lord that the tumor had removed.

C6: Yes, the tumor is over.

E7: had gotten the infection now.

C7: Yes, only the infection.

E8: and the Lord came treat infection?

C8: Yes, the infection. Maybe will put colostomy again.

[...]

E10: and when the Lord saw her for the first time, what you felt?

C10: Uai, I felt bad because I though "that's bad," because I've seen a lot of it there. Our Lady is it possible that I will use it too? Then it passed, said: "Okay, whatever God wants."

E11: so before you I was afraid to have a colostomy as you see in other people.

C11: I was afraid.

Certainly, the colostomy represents commitment in several dimensions of patient's life ostomized, coming from the new condition of life, considering the meanings and symbolic

as expressions of a unique experience in the health-disease process<sup>(18)</sup>.

The importance of the involvement of the patient with the Ostomy in self-care known<sup>(19)</sup>. For this to occur, it is essential to understand the habits of reflection and development of patient, their perceptions and attitudes towards others, their feelings and emotions displayed in the most diverse situations. Thus, the academic sought to understand the patient's experience in dealing with colostomy:

E12: and after you already had the colostomy, you managed to cope well?

C12: There I managed to cope well. After the woman coached also doing it, right, put, then I thought "OK, whatever God wants." There used to.

E13: Uh huh. The Lord then had no problem with the colostomy bag, is it?

C13: there had. Then colostomy worked very well.

E14: do you think the colostomy facilitated his life, was it?

C14: Facilitated. It didn't hurt anymore, the pain was right, then what I ate out, eh, almost normal.

[...]

E15: Uh huh. But you managed to get along with her colostomy?

C15: Got It. Until she needed to go in there to get her, General Custer, there was a little costly. Then my very experienced woman said, "I'm going to do." Then she even did, did the same thing the nurses there.

E16: Was his wife who took care of their colostomy?

C16: then she took care of my colostomy. Now this one, when I'm back home is she that moves. When I'm not there I even move. Now I ever trained also. Wash clean, then dry well, very dry.

E17: so you can take care of your colostomy?

C17: You.

On several occasions, in the course of the interaction, the interviewer used the comprehensive technique, which consists of giving the patient answers understanding regarding what the therapist understood what has expressed by the patient himself. There are three ways of understanding responses: reiteration or

simple reflection, reflections of feelings and elucidation.

The repetition is repetition of what said by the patient, is a comprehensive answer used when you want to highlight something drawing attention to it, or when it wishes to express just understanding or lack of judgment. However, using it as if it consisted simply in an automatic repetition of what was expressed in the interview transforms in a frustrated situation for both the patient and the therapist<sup>(7)</sup>. Such a situation can be observed in the range of E6 to C8. Ideally the interviewer repeat, in your own words, what the patient has expressed, as what happened in E16 and E17, and that is not just an automatic repetition of what has been stated<sup>(7)</sup>.

On E11, for example, the interviewer makes use of the reflection of the feeling. This kind of comprehensive response is used to extract the attitude and feeling present in what was expressed by the patient, proposing him without ever impose<sup>(7)</sup>.

In E13, E14 and E15, the interviewer uses the elucidation, reply that has a component that the inferential approach of interpretation. Must use with care, always presented to the patient as if it were a proposal, with phrases such as "is that what you mean?", "do you mean?" The clarification aims to make clear feelings and attitudes that do not appear directly in the words of the individual, but that can be deduced from the communication or its context. Therefore, your logic is based on elements of knowledge that the individual is not always has and that are therefore hypothetical. Use of them considered a departure from the reference point of the patient, is to break the framework of the non-directive approach to patient-centered<sup>(12)</sup>.

With the use of comprehensive technique, the interviewer assisted patients to visualize the colostomy differently: something that seen as "bad" by the patient came to be seen as a possibility of improvement quality of life. Comprehensive technique encourages the patient to understand and give new meanings to certain life events, including in your everyday mechanisms for their adaptation to a new context of life.

### The cancer patient's vision

Understand the vision of the patient about the disease is another important outcome in respect

of non-aid policy. According to the report, the disease interfered in the routine of life, especially in the work of the patient, hitting him significantly. People with cancer often undergo treatments that mostly cause a number of physical, emotional and social consequences. Such changes require attention and greater support on the part of the family and of the multidisciplinary team. Not infrequently, begins a process in which you experience several losses of autonomy in daily life and changes in life habits, with the need to create new ways of living and to adapt to the new reality that exists<sup>(17)</sup>.

E1: is there anything else that you think have changed after their disease?

C1: Ah has changed a lot. For me, it's over my life.

[...]

E2: the Lord said that after his illness ended his life, was it?

C2: Oh, it's over, our ... I was a very smart boy, rode on horseback, leapt "getting all up in rail, worked ... I really liked working. Now there's no way more, DAWDLE.

E3: Then the Lord had an active life, worked, did many things.

C3: Worked, was, Wow! Played a coffee there, he only played in was little hoe, wasn't it was 2500 "foot", but I liked was weeding hoe.

E4: Uh huh.

C4: Had I worked day to day to Sunday.

E5: Is it?

C5: Working all day, it was my taste.

E6: so you liked to work.

C6: Liked It.

E7: Then after that, you started going bad you thought it wouldn't handle more work.

C7: Oh, I found and it wasn't even. Now my life lie, sometimes gives a spin in place wheel. Walk away I can't stand. Start "shaking" the body.

The interviewer begins this stage of interaction with an open question the patients, giving him a chance to express themselves. Such questions are important in relation to help non-policy, because it allows the interviewer the

creation of favorable conditions for the patient to find the path and browse for yourself. The relationship of non-aid policy causes the patient release its development by identifying and removing obstacles in their path; This is not a way to be shady in which it takes the patient through suggestion or persuasion, without this the notice, to achieve pre-set objectives by the professional. On the contrary, in non-policy approach, the professional uses a series of means capable of making the patient arrived by himself to the conclusions, without taking the possibility of choice. In this approach, nor should we handle your options, not drafting them in his place as if it were some advice<sup>(7)</sup>.

Advice in relation to non-aid policy is not the same as giving advice, so this approach considered disrespectful to give solutions to problems on the other, because you never will be and never will be in its place. This line of reasoning reinforces the idea described above that one should not we must take each other's choice<sup>(7)</sup>.

There is another mistake when the understanding of non-directivity rests on the fact that one should just listen to the patient, let him speak without meddling in his speech. In fact, this attitude indifferent does not belong to the non-directive approach. The interviewer is not an observer that watches, but a participant in the dialogue. He must have constant observation to discover, to recognize and to clarify to the patient that often inform and confusing way, has already been noticed and reported by the patient himself<sup>(7)</sup>. One can perceive the attentive observation of the interviewer during the dialogue in E2, in which she resumes a relevant subject expressed by the patient previously: the complaint about the life changes brought by illness.

It can be observed that the interviewer in E4 makes use of words like "hum", which are indicators of openness on the part of the interviewer, expressing "go ahead, I'm with you; I'm listening and watching you"<sup>(13)</sup>. An attitude in the interview non-policy of utmost importance is the acceptance, combination of attributes tolerance, of respect and of empathic understanding, and can understood as the Welcome to each other. The acceptance must be unconditional and not about approval, a form of

trial and evaluation, but what if the entire given accepts is existential, the person while dynamic system of attitudes and needs, i.e. the patient in its entirety, as it exists<sup>(12)</sup>.

When this climate of respect and empathy is established, it is possible to establish a good professional interpersonal relationship-patient. It perceived and verbalized to the end of the interview by the patient, who thanked the interviewers through dialogue and by the opportunity to express themselves, reporting your sense of well-being with the interview.

Another feature used in non-interview policy is the repetition of the words of the interviewee. The repetition can be done in several ways, but the goal of the technique is the same: to serve as echo, allow the interviewee to hear what he said, on the assumption that it can help him, encourage him to keep talking, examining, and observing with more depth. The repetition also informs the respondent that it is being listened so intently that you can repeat what said for him<sup>(13)</sup>. At E3, E6 and E7, the interviewer uses repetition in summary form, of what the interviewee says. This is a selective process. Obviously, when you select, the interviewer uses its own noticeable. However, he remains emotionally and intellectually away and only summarizes what he heard.

## FINAL CONSIDERATIONS

The relationship of non-aid policy held was positive and allowed the discussion of important aspects related to technology used. The dialogue provided the patient the opportunity to talk about his life story and the health-disease process since the climate of permissiveness and respect maintained. Made it possible for the interviewer to know the life story of the patient and their perceptions about the everyday events. This becomes important for the practice of nurses in order that it can better understand the patient and detect next to this, your requirements, in order to assist you more humanized as participatory agent assistance process and not as a spectator.

The relationship of non-aid policy can used preoperatively due to the importance of having science of coping strategies used by cancer patients in the course of the disease, because,

that way, you can target with greater effectiveness the forms of care.

In the current context of nursing care, fit some questions: the nurse's attention to the importance of communication in the relationship with the patient. The nurse has sought to transform the communication with the patient in therapeutic intervention. The nurse has used in practice the knowledge available about communication and relationship therapy.

The interview provided greater appreciation of the life experiences of the patient, making it possible to respect the different manifestations and perceptions referred to by the same about the disease. This interaction makes us reflect on the fact that often ask the patient just what he thinks he's important to know, as is the case of the use of ready instruments used in the data

collection phase of the nursing process, without taking into consideration what the patient thinks important count. The difficulty for the use of the technique was the time taken for the realization of such activity, an hour and 20 minutes on average; however, it is the responsibility of the nurse to adapt the use of the technique to their professional practice.

It is concluded that the interview, with the use of the principles of the relationship of non-aid policy, can be a therapeutic instrument which, while providing professional information which assists the patient and directs the process of care, provides the who receives the care the opportunity to talk about what's bothering you right now, thus contributing to solving or to minimize the problems arising from the health-disease process.

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## A RELAÇÃO DE AJUDA NÃO-DIRETIVA COMO INSTRUMENTO PARA O CUIDADO DE ENFERMAGEM NO PRÉ-OPERATÓRIO: UM RELATO DE EXPERIÊNCIA

### RESUMO

O objetivo deste relato de experiência foi apresentar a interação entre uma acadêmica de enfermagem e um paciente durante a visita pré-operatória, utilizando os princípios da relação de ajuda não-diretiva. A entrevista foi gravada em fita K7, transcrita e posteriormente analisada conforme o referencial teórico da relação de ajuda não-diretiva. A interação favoreceu a criação do vínculo entre entrevistadora e paciente, facilitando o desenvolvimento do processo de enfermagem nessa etapa. A dificuldade encontrada refere-se ao tempo despendido para a realização de tal atividade. Conclui-se que a entrevista utilizando os princípios da relação de ajuda não-diretiva pode ser um instrumento terapêutico que, além de fornecer informações ao profissional que assiste o paciente e direciona o processo do cuidar, proporciona a quem recebe o cuidado a oportunidade de falar sobre o que o incomoda no momento, contribuindo assim para a resolução ou para a minimização dos problemas decorrentes do processo saúde-doença.

**Palavras-chave:** Enfermagem. Relações Interpessoais. Cuidados Pré-Operatórios.

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## LA RELACIÓN DE LA AYUDA NO-DIRECTIVA COMO INSTRUMENTO PARA LA ATENCIÓN DE ENFERMERÍA: UN RELATO DE EXPERIENCIA

### RESUMEN

El objetivo de este relato de experiencia fue presentar la interacción entre una alumna de enfermería y un paciente durante la visita preoperatoria, utilizando los principios de la relación de ayuda no-directiva. La entrevista fue grabada en cinta casete, transcrita y posteriormente analizada conforme el referencial teórico de la relación de ayuda no-directiva. La interacción favoreció la creación del vínculo entre entrevistadora y paciente, facilitando el desarrollo del proceso de enfermería en esta etapa. La dificultad encontrada se refiere al tiempo usado para la realización de tal actividad. Se concluye que la entrevista, utilizando los principios de la relación de ayuda no-directiva, puede ser un instrumento terapéutico que, además de proveer informaciones al profesional que asiste al paciente y direcciona el proceso del cuidar, proporciona, a quien recibe el cuidado, la oportunidad de hablar sobre lo que le molesta en el momento, contribuyendo así para la resolución o para la minimización de los problemas decurrentes del proceso salud-enfermedad.

**Palabras clave:** Enfermería. Relaciones Interpersonales. Cuidados Preoperatorios.

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