

DIFFICULTIES FACED BY NURSES IN NURSING CARE FOR INDIVIDUALS WITH WOUNDS

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ABSTRACT

The work of nurses is directly related to caring for wounded individuals, in different levels of health care. The study aimed to know the difficulties faced by nurses in nursing care to individuals with wounds, in the scope of in basic health care. It consists of a qualitative research, of the descriptive and exploratory design. It was carried out with fifteen practicing nurses at health basic units in a southern town in Brazil. The data were collected using the focus group technique, with the application of theme analysis to interpret such data. Three theme categories were highlighted, which were the following: institutional difficulties in the care for wounded individuals; professional difficulties in the care for individuals with wounds and socio-cultural and economic aspects which raise difficulties in the care for individuals with wounds. The results suggest that the access of the professionals to adequate material resources, to specific training and to the development of an interdisciplinary work are essential factors to provide the necessary conditions for the elaboration of efficient therapeutic procedures in the process to care for individuals with wounds. Besides this, it is essential that the nurse understands the socio-cultural and economic determinants which influence in such care.

Keywords: Nursing. Nursing care. Wound healing.

INTRODUCTION

In Brazil, the injuries are a serious public health problem, due to the large number of people with changes in skin integrity, although few records of those calls. The high number of people with chronic wounds contribute to encumber the public spending, as well as interfere in the quality of life of the population⁽¹⁾.

The condition of being in possession of a wound can bring a lot of changes in people's lives and consequently on their relatives, emerging difficulties that often neither the same nor the health team are prepared to manage, because the treatment of a chronic wound goes beyond healing technique, involves other aspects such as the etiology of injury, or the patient's

systemic clinical evaluation, followed by evaluation of the wound and of appropriate topical therapy⁽²⁾.

The nurse is directly related to the care to individuals with wounds, at various levels of health care. To do so, you need to rescue the responsibility to carry out a clinical evaluation, maintaining intensive observation regarding local and systemic factors which affect the appearance of the wound and the healing process. Thereby, the vision clinic in the care to such individuals makes it possible to relate a few important points that influence this process, such as the control of basic pathology, nutritional, infectious, medicated, and, also, the quality educational care with such individuals.

Furthermore, it is essential to consider the social, economic and cultural aspects in which

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individuals with wounds are inserted, in order to promote a contextualized, holistic nursing care and quality⁽²⁾.

It is noteworthy that in clinical practice, one of the difficulties that the nurse presents in care to such individuals include the deficit of knowledge about nursing care, the lack of specific materials and protocols for clinical evaluation, the lack of interdisciplinary discussions in health related to such issues, as well as the lack of permanent education programs or distance education cores for the development of competence to act in this area^(2,3).

Before the exposed, emerged the question: what are the difficulties faced by nurses in the nursing care to individuals with wounds? Thus, this study aimed to understand the difficulties faced by nurses in the nursing care to individuals with wounds, as part of the basic attention to health.

METHODOLOGY

This is qualitative research, descriptive and exploratory type. This study is a clipping from a database of research titled "Perception of nurses about the nursing care to individuals with Wounds: Perspective of basic attention of municipality of Uruguaiana", which was developed in parallel to the course of "Improvement in nursing care to individuals with Wounds".

The investigative scenario were the basic units of health of a municipality in southern Brazil. Participated in this study 15 nurses who work in these health services. As inclusion criteria were used: male nurse; participate in the Course of improvement in nursing care to individuals with Wounds, promoted by the nursing degree from Universidade Federal do Pampa (UNIPAMPA) in partnership with the Municipal Health Secretariat; be active in the period of collection of information; and have availability to participate in the research. Were excluded from the research professionals who are away for vacations or licenses.

The production of the data was based on the focal group technique, a research technique that sets out to investigate a topic in depth and is a valuable resource for exploring issues little

investigated or more sensitive, providing moments of interaction and discussions on a specific group^(4,5).

Drew up a guide of themes for the development of the Group session, which served as a guiding scheme for the focal group. The guide of themes consisted in a screenplay that consisted of a short list of questions to provoke group discussion⁽⁶⁾. To stimulate discussion was used the following triggering issue: what are the difficulties faced in the nursing care to individuals with wounds?

For collecting research data "Perception of nurses on nursing care to individuals with Wounds: Perspective of basic attention of municipality of Uruguaiana", were conducted three focus groups. Specifically for this study, the data were used for the first focal group, in which participated the fifteen nurses. This meeting occurred in November 2011. The meeting lasted two hours and it was possible to achieve good levels of discussion. For the location of the session chose a room with easy access for nurses, comfortable, neutral, quiet, with good lighting and ventilation, which ensured the privacy and promoted a good eye contact between all participants⁽⁷⁾.

It should be noted that all information obtained in this study were recorded on audio digital recorder, upon authorization, and later fully transcribed, to be submitted in accordance with the selected analysis technique.

The analysis and interpretation of data to substantiate the thematic analysis, carried out in three stages. The first step was composed by pre-analysis, which consisted in reading all the information floating, in the Constitution of the *corpus* and in the formulation and reformulation of hypotheses and objectives. The second step consisted in exploring the material, second researcher organizes data from categories, reducing the text to significant words or expressions. The third step involved the processing of results and interpretation, in which inferences and interpretations were carried out, correlating them with the initial theoretical framework and with new theoretical and interpretative dimensions⁽⁸⁾.

The present study has obtained approval of the Research Ethics Committee of UNIPAMPA, under number 034/2011. All ethical perspectives

were followed, and the participation of nurses was formalized by signing of informed consent. Ensured the anonymity of the subjects through the use of alphanumeric system, shown by the letter E followed by Arabic numerals.

RESULTS AND DISCUSSION

From the thematic analysis, participants' lines emerged three categories, which are described below.

Institutional difficulties in care to individuals with wounds

One of the main difficulties presented by nurses is the lack of materials for the realization of the dressings in basic health units, both as regards permanent materials and consumption. This can be observed in the following speeches:

Lack of material, I think basically is that sometimes you have to do a Band-Aid, wants to take a necrosis, wants to do a debridement, has neither a scalpel blade, has no from which to take and, sometimes, the person has no conditions to buy. You have to be using the same creativity. (E 1)

Only saline to use, there's no way to do a chemical debridement or a mechanical debridement. Has nowhere to get this material. (E 4)

We don't have all the covers that would be ideal. (E10)

I think the biggest difficulty is about the same materials. It's not just the basics of dressing, but missing a lot. (E 8)

According to participants, one senses the lack of variety of materials essential to the care to individuals with wounds, such as scalpel blades, canopies, among others. The availability and use of suitable materials for dressings are directly linked to the achievement of a quality nursing care.

Study of nurses who work in hospitals showed that the best use of available resources contributes to the reduction of the assistance provided, however it is known that the lack of specific materials can be one of the factors that hamper the evaluation process for the treatment of wounds⁽³⁾. Moreover, according to that study, material resources and choosing the ideal product are essential for a better evolution of injury, since the treatment of chronic wounds is

dynamic and depends on the evolution of healing phases for the choice of the best curative option. However, the health service does not always presents diversity of products, causing the nurses use the bandage available closer to the ideal, considering the conditions of the cutaneous lesion and the patient⁽³⁾.

Thus, although currently there is a wide range of products and instruments within reach of health professionals, this does not imply necessarily on improvement of quality of care to the individual wearer of wound, exactly by the lack or insufficient access of health professionals to the same. Thus, it is understood that the quality of the assistance provided during the treatment of wounds is proportional to the conditions that the professional has to assess and intervene in factors that interfere with the healing process⁽³⁾.

An alternative that could be adopted to minimize the problem of lack of materials would be the construction of protocols. From these instruments of systematization of assistance become possible the standardization, the specification and classification of the materials used, which is indispensable for the management of the same and for the guarantee of a quality service.

With regard to the use of protocols, the nurses reported the necessity of the existence of these for nursing care. Participants stated that there were no institutional protocols, which made the Organization of care for individuals suffering from wounds. We can observe this issue in the following talks:

There are no protocols nor to standardize medication or for dressings, doesn't have anything like that when you're looking for. (E 15)

Whereas the process of nursing professionals' work becomes increasingly complex, being permeated by technological advances, it is imperative to draw up protocols that Orient, normalize and provide both patient safety and the quality of care in nursing.

Furthermore, for the nurse to provide a stand-alone assistance to patients with wound, you need to target, optimize and standardize the procedures for the prevention and treatment of wounds. This should be done through technical protocols to ensure legal, technical and scientific

support to the professional, in order to improve patient care with wounds⁽⁹⁾.

The professional competence of nurses in the care of wounds, will be full with the application of systematization of nursing care (SAE)⁽⁹⁾. The practice of LEAVING prints the possibility of the nurse apply their knowledge and gain recognition for the quality of care provided to the patient, both in the institution as close to the family, reflecting their role in society and professional responsibility. Furthermore, careful to individuals with wounds, the SAE application improves the quality of nursing records, facilitating the evaluation of care and directing the actions of assistance⁽¹⁰⁾.

Another difficulty mentioned by the nurses was the non-existence of a reference flow and structured against reference in the municipality where acted. In the discussions following this issue can be observed:

Have no one to reference, you have these difficulties, is not even in the hospital who has everything, there's Medical Assistant, has material, have shower to bathe, things evolve much faster. At the station, sometimes ends up losing the patient at the beginning of the treatment. (E 14)

We have no reference and are against reference here. (E 20)

You can't even within the network itself and get a toehold. (E 2)

Sometimes, we find difficulties. And the first thing would be to seek a reference. Had a lady who went to her house and the doctor went along, we saw that she needed other things, I think I was one or two hours on the phone calling a service and another for social workers and the problem was passed from one to another. (E 13)

These lines it is possible to identify the difficulty of health services to reference and against referral individuals with wounds within health care networks. In the context of care to such individuals, means that the search for networking facilitators mechanisms of attention is considered critical to the implementation of the completeness of the assistance. However, it is noticed that the desire and initiatives by enabling such networks are still isolated and fragile. Therefore, it is necessary to go beyond the guarantee of access to specialized care, promoting the communication between the

different levels of assistance from the unified Health System.

Thus, it is understood that, due to the fragility of the system for reference and against reference of such individuals, the occurrence of injuries could end up causing profound changes in socio-economic and psychological aspects of these and of their families. This aspect can contribute significantly to the commitment and the deterioration of the quality of life of such subjects.

Thus, individuals with wounds, especially the Chronicles, experience, often a long therapeutic journey in search of treatment. Study conducted in Bahia, with patients being treated for leprosy, clarifies that it is necessary that health professionals seek to understand the therapeutic itinerary traveled by patients, which can be understood as the choices made by individuals for certain forms of treatment⁽¹¹⁾. This itinerary is not limited to the identification and availability of health services offered, but is related to the various individual searches and socio-cultural opportunities of each patient.

Professional difficulties in care to individuals with wounds

The nurses commented that the lack of communication and dialogue between the health team are the main factors that interfere in the interdisciplinary care, hindering it. In the debate between the participants that issue might be evidenced:

Enjoy working in a team, but I feel difficulty. (E 9)

Many times, you don't have to share with your physician and nursing technical colleague. Depends on the relationship each has with his colleagues in the unit. You have to win over the people who work with you, to show you what is right and what is not right. (E 17)

On the drive where I work has two nursing techniques, they don't make the dressing without first consulting me, asked to take a peek and see how it is evolving. Already with the physician who works there can't talk about these issues. (E 5)

The cobra team, but what are you going to do? Sometimes it's not just us that resolves, it should be the entire team. It seems that only the nurse is responsible for that [...] for these issues. (E 6)

The doctor says one thing and the nurse says another [...] has to be a team effort. (E 12)

It is understood that the prospect of an interdisciplinary care extends the possibilities of the process of care and their qualification. In this context, it is understandable that interdisciplinary comes through respect for each professional team member, the acceptance of the limitations of each, respecting no judgment and understanding of the potential and limitations of each discipline. Thus, take care of patients with wounds not up to just a professional category, whereas to achieve quality care to these individuals is required an interdisciplinary assistance⁽⁹⁾.

Interdisciplinary can be understood as a way of dealing with certain situations or problems through integration and articulation of different knowledge's and practices, generating an intervention, a common action, enhancing the knowledge and assignments of each Professional category. However, it is required the replacement of a fragmented and distant design, by a unitary and comprehensive vision of the human being⁽¹²⁾.

The ability to identify difficulties in interdisciplinary practice is fundamental to maintaining the stability of the team. To deal with the difficulties, the professional must have clear what their role on the team and valuing their specificity, elaborating strategies to occupy spaces of performance⁽¹³⁾.

Care to individuals with wounds, new techniques and technologies emerge daily for care, being essential for the professional to maintain a constant update. Despite this, not all institutions follow this trend, as shown in the debate among nurses:

Has the issue of investment in qualification and also the release to take courses and qualify. (E 18).

Continuing education is mandatory in private [...] you are obliged to do, they release to make a specialization [...] in the post is this difficulty [...] how hard it was to get that training here, this course of wounds. (E 1)

In those speeches, one realizes that one of the difficulties to conduct professional quality care is related to the issue of the lack of specific update programs on the subject. This can lead to a lack of knowledge for nurses that experience,

in the daily professional care to individuals with wounds.

The care of wounds requires the nursing professional technical and scientific knowledge holds, as well as insight into the exercise of professional judgment. Professional autonomy in nursing has never been more prized as currently, particularly in the treatment of wounds. However, one cannot forget that autonomy is not total freedom, but freedom to act within the limits of competence, which, in turn, are confined by the frontiers of knowledge. Thus, nurses should not seek such self-government unless they have sufficient knowledge and competence for the activity in question. Thereby, the autonomy and independence in the practical activities are directly linked to the knowledge that has possess and the recognition of its limitations⁽⁹⁾.

Means required to implement both features that make possible the work of health professionals to individuals with wounds as a continuing education to draw up strategies and develop actions of continuous training. The knowledge together with material resources is essential for the nurse to perform their actions with higher quality care⁽³⁾.

Sociocultural and economic aspects that create difficulties in care to individuals with wounds

As regards the difficulties associated with sociocultural and economic aspects in the care to individuals with wounds, the nurses stressed issues such as poor personal hygiene and the lack of material resources, which can be viewed in the following speeches:

People are very needy who are not able to do a proper hygiene, you make the dressing and soon the person back with poor hygiene. One day I picked up a man who was burned, I asked him to perform hygiene and back and he never showed up. (E 16)

[...] has many patients with wounds that have a poor hygiene and that makes the watch. (E 11)

This history of hygiene is very strong, the bandage that you do looking for performing as best as you can, tomorrow, no more contaminated, and then we have to see the individual as a whole. (E 3)

It is important to note that the choices of individuals, as regards the health/disease process, do not occur at random because they are performed according to the sociocultural context in which they are inserted. Thereby, the environment imposes limits to daily choices; regardless of the direct action of professionals in health promotion, it would be an illusion to think the Act of choosing as a result of a State of pure freedom. To this end, it is necessary to recognize that, behind individual decisions, there is a complex combination of factors that influence such decisions, which, for the most part, are not subject to individual control⁽¹⁴⁾.

In this way, you must build the care to individuals with wounds not only in the biological issues that permeate this caution, but essentially in the social, cultural and economic context in which such individuals are entered, all of whom are determinants of health/disease process.

Among the social issues that hamper the care to individuals with wounds, nurses points of view that many of the patients are elderly, who do not own caregivers and feature difficulty of understanding for self-care. This can be observed on the next line:

A reality that I see enough there at the station is elderly living alone and, sometimes, they find it difficult to understand the guidelines and have no one, too, to be able to give some information. (E 3)

The condition of having a wound, especially when this is chronic, can generate a lot of changes both in the lives of patients and their families, which often are not prepared to understand all aspects that involve this.

Studying the outpatient clinic specialties of the Hospital Universitário Regional of Maringá with patients with chronic wounds clarifies that the family relationship is fundamental, serving as support for the fight against disease. For his recovery, the patient needs to be in an environment anchored in ingredients such as support, encouragement, affection and love⁽¹⁵⁾.

In relation to the elderly and individuals with chronic degenerative diseases, such as those with sequel of cerebrovascular accident and/or spinal cord injury, which present difficulties for self-care or a dependency condition due to the changes of health, it is necessary to rely on

caregivers. Providing care to the elderly, under house arrest, is an activity that requires knowledge, skills and abilities and, in this context, the family caregiver needs to adapt and deal with changes in the life of the aged⁽¹⁶⁾.

The condition of living with a wound can generate a series of problems for the lives of individuals with, among them the social isolation and emotional changes, such as embarrassment and shame. We must therefore enhance the psychological aspects of the individual, emphasizing the importance of help you cope with your fears, considering that the completeness of the skin is directly related to self-esteem and self-image⁽¹⁷⁾.

In this way, the nurse, in the context of primary health care in health, should be aware of the health needs of individuals with wounds, but also to be closer to the caregivers, in order to guide them and follow up care. From there, you will be able to propose actions aimed at promoting a caring support of expanded form, according to the social, cultural and economic determinants that per pass the process of being healthy or sick individuals.

FINAL CONSIDERATIONS

This study enabled a better understanding of the conditions experienced by the nurses who work in care to individuals with wounds, highlighting the difficulties and limitations in this process. The purpose of this research was to meet these difficulties in intuited to contribute with reflections and strategies for health services, especially for the context in which the study was conducted.

To listen to the nurses about the thematic, emerged some findings, among them that the difficulties experienced in nursing care to such individuals are related to institutional issues, professionals and the sociocultural and economic aspects of life.

From such reflections, it is understood that professionals' access to adequate material resources, the specific improvements and development of interdisciplinary work are indispensable factors for which can be made possible the necessary conditions for the establishment of effective therapies in this process of care.

Furthermore, if not had the pretension with this investigation, from exhausting the subject under study, and is considered important to the perception of new looks on her. It believed that the achievement of this study could contribute to

both with the construction of the knowledge about the subject, with a view to the still incipient scientific production related to nursing care to individuals with wounds, as well as the qualification of nursing care practice.

DIFICULDADES ENFRENTADAS PELOS ENFERMEIROS NO CUIDADO DE ENFERMAGEM A INDIVÍDUOS PORTADORES DE FERIDAS

RESUMO

A atuação do enfermeiro está diretamente relacionada ao cuidado a indivíduos portadores de feridas, nos diversos níveis de atenção à saúde. O estudo objetivou conhecer as dificuldades enfrentadas pelos enfermeiros no cuidado de enfermagem a indivíduos portadores de feridas, no âmbito da atenção básica em saúde. Trata-se de uma pesquisa qualitativa, do tipo descritiva e exploratória. Foi realizada junto a quinze enfermeiros atuantes em unidades básicas de saúde de um município do sul do Brasil. Os dados foram coletados pela técnica do grupo focal, sendo aplicada a análise temática para a interpretação destes. Evidenciaram-se três categorias temáticas, sendo elas: dificuldades institucionais no cuidado a indivíduos portadores de feridas; dificuldades profissionais no cuidado a indivíduos portadores de feridas; e aspectos socioculturais e econômicos que geram dificuldades no cuidado a indivíduos portadores de feridas. Os resultados sugerem que o acesso dos profissionais a recursos materiais adequados, a treinamentos específicos e ao desenvolvimento de um trabalho interdisciplinar são fatores indispensáveis para que sejam viabilizadas as condições necessárias para o estabelecimento de condutas terapêuticas eficazes no processo de cuidado a indivíduos portadores de feridas. Além disso, é fundamental que o enfermeiro compreenda os determinantes socioculturais e econômicos que influenciam no cuidado a tais indivíduos.

Palavras-chave: Enfermagem. Cuidados de enfermagem. Cicatrização de feridas.

DIFICULTADES EXPERIMENTADAS POR LOS ENFERMEROS EN LA ATENCIÓN DE ENFERMERÍA A INDIVIDUOS PORTADORES DE HERIDAS

RESUMEN

La actuación del enfermero relacionase directamente con el cuidado hacia individuos portadores de heridas en diversos niveles de atención a la salud. El estudio buscó conocer las dificultades que los enfermeros experimentan al cuidar a individuos portadores de heridas en el ámbito de la atención básica en salud. Se realizó una pesquisa cualitativa, del tipo descriptivo y exploratorio, con quince enfermeros de unidades básicas de salud de una municipalidad del sur de Brasil. Los datos se recolectaron mediante la técnica de grupo focal y se utilizó análisis temático para su interpretación. Resultaron tres categorías temáticas: dificultades institucionales en el cuidado a individuos portadores de heridas; dificultades profesionales en el cuidado a individuos portadores de heridas; y, aspectos socio-culturales y económicos que generan dificultades en el cuidado a individuos portadores de heridas. Los resultados sugieren que es indispensable que los profesionales tengan acceso a recursos materiales adecuados, a entrenamientos específicos y al desenvolvimiento de un trabajo interdisciplinario para viabilizar las condiciones necesarias al establecimiento de conductas terapéuticas eficaces en el proceso de cuidado hacia individuos portadores de heridas. Incluso, es fundamental que el enfermero comprenda los determinantes socio-culturales y económicos que influyen en el cuidado hacia dichos individuos.

Palabras clave: Enfermería. Cuidados de enfermería. Cicatrización de heridas.

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Submitted: 25/03/13

Accepted: 25/08/14