

UNDERSTANDING THE EXPERIENCE OF OLDER PEOPLE WITH CHRONIC PAIN: THE LIGHT OF CALLISTA ROY'S THEORY

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ABSTRACT

The aim of the study was to understand the experience of elderly people with chronic pain. A qualitative study performed with ten elderly patients with chronic pain. The data collection performed in August 2013, through home interviews, using a semi-structured instrument. The data was submitted to content analysis. Being used as theoretical reference the one of the Model of Adaptation of Sister Callista Roy. The results are organized into four categories: Chronic pain: origin, location, chronicity and its consequences; Feelings before the experience of chronic pain; Contextual stimuli experienced by the elderly with chronic pain and coping strategies and adaptive. The experience of pain by the elderly showed that they are aware of the cause of their pain and add physical sensation to their regulatory and cognitive systems. It is up to the nurse to evaluate and enhance the personal resources of the elderly, in order to improve the adaptive response.

Keywords: Health of the Elderly. Chronic Pain. Nursing Theory.

INTRODUCTION

One of the greatest achievements of humankind is population aging. The consequences of this process for both the individual and society are multifaceted and complex, as it involves biological, psychological aspects, legal, demographic, social, political, and philosophical ethics⁽¹⁾.

Influenced by low fertility rates and considerable increase in life expectancy, there is an acceleration of the aging process in some countries of the world, including Brazil⁽²⁾. Although healthy ageing is an increasingly attainable goal, age generally accompanied by the increased prevalence of chronic problems associated with functional disabilities.

Chronic pain, namely, that lasting more than six months, is often present in many common diseases of advanced age⁽³⁾. However, the incidence of chronic pain increases with advancing age especially skeletal muscle pains, being more frequent among women, with important consequences in mobility and functionality⁽⁴⁾. It is estimated that this type of pain affects approximately of 50% of the older population not institutionalized, creating a negative impact on

and emotional interaction, leading to reduction in membership, also effective treatment for pain control⁽⁵⁻⁶⁾.

In addition to the aforementioned disability, chronic pain can be associated with the occurrence of depression, which can reduce adhesion to treatment making even more your control and increasing the cost for the elderly⁽⁶⁾. The constant presence of pain in the elderly's life acts as a stimulus capable of generating changes in behavior, seeking ways to adapt to this new reality. As a way of understanding this phenomenon to subsidies on Adaptive theory of Sister Callista Roy.

The Roy Adaptation model (MAR) is a nursing theory that proposes five main concepts: health, person, nursing, the adaptation and environment.

Roy defines health because of adaptation to the various stimuli holistically, being a competent form of dealing with death, with the disease, stress and unhappiness. The person, understood also in your social context, as families, organizations and the entire global community, is seen as a holistic being in constant interaction with the environment, able to use their systems to adapt, both innate as purchased, to respond to environmental stimuli received⁽⁷⁾.

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quality of life of the individual, compromising your functional capacity, your physical mobility and social

Nursing has as goal the promotion of adaptation for individuals and groups, thus contributing to the

health, quality of life and with death worthy of them. The nurse is the adaptive process favoring facilitator agent interactions with the environment by helping the patient to react positively to the stimuli, improving results and eliminating the negative coping mechanisms⁽⁷⁾.

Nursing is responsible to promote and facilitate the adaptation of the individual or group in each of the four modes: Adaptive physiological, self-concept, role definition and interdependence. In addition, the environment defined as conditions, circumstances and influences that affect the development and behavior of the person or group. This being a stimulus, which requires the individual an adaptation.

The stimulus can be positive or negative⁽⁷⁾.

The environmental stimuli categorized as focal, contextual and residual stimuli. Focal stimuli represent an immediate and apparent cause of the problem; contextual stimuli are other causal factors, while residual stimuli refer to patient experiences with disease and how can influence your current condition⁽⁸⁾.

The central concept of this model is the adaptation, where it assumes that a person is an open system that responds to internal and external stimuli. The adaptation, according to the model of Roy, includes two processes called regulatory systems and consistent. The subsystem includes regulator body replies through neural channels, chemicals and adaptation of the endocrine system⁽⁸⁾.

The consistent subsystem responds through four cognitive emotional channels: perceptual and information processing, learning, and assessment. These systems can interact, but its effects measured in behavioral results assessed in adaptation^(8,9).

Adaptation occurs when the consistent and regulator systems are stimulated, resulting in behavioral changes measured in physiological and psychosocial modes⁽⁸⁾.

In this context, whereas elderly people with chronic pain have the pain stimulus generator of an adaptive response or confrontation, it is relevant that the nurse have knowledge about this phenomenon, in order to assist in the promotion of an effective response. To this end, this study aims to understand the experience of elderly people with chronic pain according to the Roy Adaptation model (SEA).

METHODOLOGY

This is a qualitative descriptive study, conducted

with elderly people suffering from chronic pain spanning of area residents a Basic Health Unit (BHU) in a small municipality in the North of Paraná.

For the elderly was held a prior survey on family health unit-USF UBS of the elderly with 60 years or older, people with chronic pain for over six months, in August 2013.

20 elderly enrollees identified, but of these, only 10 had the account of pain, as advocated in this study. There was exclusion of the elderly with cognitive deficit, inability to respond to the interview, or do not complain of chronic pain. The data collected by means of scheduling of household interviews, using a semistructured guide instrument with open questions. The guiding question was "Tell me the story of your pain: the beginning, treatments and feelings experienced." These interviews recorded and subsequently transcribed and subjected to content Analysis, and this process divided into three phases: the pre-analysis, material exploration and processing of the results with the inference and interpretation⁽¹⁰⁾, based on the concepts of the theoretical framework of Callista Roy for the structuring of categories.

This study was approved by the Committee of ethics in Research Involving Humans of a public University, according to resolution 466/2012 of the National Health Council, under the number 087/2013, as the certificate of introduction to Ethics Assessment (CAAE: 17058313.0.0000.5231).

RESULTS AND DISCUSSION

Among the participants of this survey, seven were female, mean age was 72 years, ranging from 67 to 83 years, as the location, six elderly reported chronic pain located in legs and feet.

The words of the elderly of this study have been grouped into four categories, analyzed under the perspective of the Roy Adaptation model (MAR): chronic pain: origin, location chronicity and its consequences; feelings face to experience chronic pain; contextual stimuli experienced by the elderly with chronic pain; coping and adaptive strategies.

Chronic pain: origin, location, chronicity and its consequences

This category has observed that older people recalled in his speeches the origin of pain episodes, referring to the focal stimulus, according to the theory of Roy:

Oh, about 15 years. I was working at my daughter, then I fell down the stairs (...) had surgery, I was a long time ago and the doctor said I could stay with pain Yes. (E7)

The neck left out of place. Work accident. Took a piece of bone from hip and placed here on the neck were i had an operation, the doctor said to me that I was going to feel pain. (E10)

Also detected location information and awareness of the chronicity pain over the years:

Is the hip here, was in part, and now is in both. Look, it was here, now is on both sides. In addition, where is this the highest part, it hurts quite burned. Ah, already has some 20 years already. (E1)

Worse, that it is not just the legs that hurts (...) is the spine, shoulders, here, you are seeing the color of my foot not swollen today, but yesterday was swollen. I am getting treatment since 2003. (E9)

Because of the pain, there are reports of difficulty of locomotion, singled out as something that interferes in the day-to-day life of these elders:

Moreover, when the pain is a lot stronger than I am stuck. (E1)

Ah, have to live right (...) bad because it hurts, it is hard to walk a lot. However, there is no medicine that will not heal. (E7)

Caught my leg to be able to walk, before sleep (...) went there to take to serum could untie the leg. Then again attacked I had to go down there (USF), could not walk. (E4)

For the source, characteristics and consequences of pain we see in lines that most elderly reports clearly the focal stimulation or the cause of the onset of pain, often linked to chronic and degenerative diseases and traumas. In the account of the stories of the evolution of pain, there are residual stimuli, when there is reference to the frame and may experience in search of pain control, often without success.

According to the sea, the person considered a holistic and adaptive system that is in constant interaction with the environment, that is, suffer influences from environmental stimuli it receives. Changes in the behavior of the individual may be adaptive or ineffective responses in relation to the problem faced. Being considered Adaptive responses, when positive attitudes in the face of a stimulus and ineffective the behavior and attitudes that influence negatively in the process of adaptation of the person⁽⁷⁻⁹⁾.

About the pain, your location and realize that these issues act as triggers stimuli of various attitudes of respondents and from the pain, run through some paths within the health system that can assist them in treatment, which will be discussed in the next category.

Feelings face to experience chronic pain

In this category have been identified the feelings reported by seniors over your therapeutic path, influencing him. Individuals cited the sense of hope in relation to cure that pain, exposing your process of adaptation to this experience, through changes in psychological and spiritual behavior, as noted in the following answers:

If God wants to heal. That there was not born with me. Have to heal, right? (E2)

I think you need to improve. We hope to improve that God help the medicine one day hit. You cannot lose hope. (E4)

Still, this category also noted the expression of negative feelings such as nervousness and conformity in relation to the process of pain, where the process of adaptation can occur non-beneficial to the individual, as recorded in the following speeches:

I get nervous there strikes even more pain. In addition, the emotional, because I am depressed too (...) is that, then, there are times that I feel like giving up Yes. I do not think that is going to improve. (E5)

Oh, you have to live with. Is bad because it hurts, it is hard to walk a lot. However, there is no medicine that will not heal. (E7)

It is just taking medication that relieves a little, but not Sara. (E8)

Included in this sense of conformity with the situation of pain, there is the feeling of helplessness, which negatively influence the life of the individual. Can identified in the following talks:

The feeling is that the worst is that you have to live with this pain, when he has to live with himself. Nevertheless, I could be working, I am retired, because of my spinal problem cannot get weight, so there is no way I work. (E10)

Despite chronic pain, the hope of cure is often present in the elderly, this can be the result of inadequate guidelines on the therapeutic possibilities of the frame, or the difficulty of the elderly himself to

accept the chronicity pain and that the focus is not a cure and control.

When the available human resources become insufficient to meet the expectations of the user the focus rests on the spiritual possibilities of explanation and control. This information, if used in a balanced manner can become an Adaptive mechanism that maintains the provision of personal care and increases the level of resilience of the elderly to the suffering and pain.

Note-If the relationship with religiosity, where they put the cure in the hands of God. Religiosity and spirituality should be considered as important coping mechanisms of pain, and there is evidence of your role in physiological processes providing relief and hope⁽¹¹⁾. So considered important tools for people in pain, and permeate the holistic care provided to the individual⁽¹²⁾.

It is known that pain is a multifactorial phenomenon and involving all dimensions of life: physical, psychological, social, emotional and spiritual. The nurse needs to recognize how all these dimensions occur in chronic pain and help the elderly to discover its mechanisms for adaptation, as in activities in groups, proposed by some USF or religious institutions, like walking, manual arts groups and spaces of social coexistence. It is important to remember that the pain itself is a phenomenon essentially subjective and each person lives within your personal and social context of unique way.

Chronic pain may have consequences in quality of life factors such as depression, physical and functional disability, dependency, social distancing, changes in sexuality, changes in family dynamics, economic imbalance, different rules, feelings of death and others. The pain becomes the center, directs and limits the decisions and behavior of the individual. Entails, yet, fatigue, anorexia, sleep changes, constipation, nausea, difficulty concentrating, among others. The inability to control it always brings physical and mental suffering. All of these factors associates of appear to increase morbidity among the elderly and one rare health system^(13,14).

The feeling of pain is a pain without solution can be caused by frequent therapeutic failures, which leads to a posture of "accommodation" to pain. However, analgesic measures need to be taken in order to reduce the consequences of the algic process.

On theoretical model of adaptation, to observe the speeches of the elderly, it was observed that some individuals have developed an adaptation process

ineffective, because they are still with behaviors that they cause suffering and little contribute to the pain control and better quality of life, as evidenced in the following speech:

I get nervous with these strikes and I feel even more pain. Moreover, the emotional, because I am depressed too (...) is that, then, there are times that I feel like giving up. Yes. I do not think that is going to improve. (E5)

Contextual stimuli experienced by the elderly with chronic pain

You can tell by the speeches of the respondents that the first search option of treatment is the primary service, so the current health system organization, works as a contextual stimulus in the search for solution to your suffering:

When it really hurt, I taken there at the station 24 hours.(E2)

When was acute even, I went to the clinic this morning. In addition, after I have already searched the doctor rheumatologist at the forwarding station. (E3)

However, when there is the need for referral to a specialist, the elderly person with chronic pain referred to difficulties, as verbalized by this interview:

Since much longer, because we treat with a physician rheumatologist, but it is hard to get query. I consulted with the rheumatologist in 2006. Then I went to consult with him in 2011. Why is time consuming. (E3)

I am with referral to do physical therapy again. Nevertheless, it is so hard(E3)

Contextual stimuli are all other stimuli present situation, contributing to the effect of focal stimulation, i.e. all internal or external environmental factors that present themselves to the human system, not being the center of attention, but that influence the way the person reacts to stimuli⁽⁷⁾ focal.

In the category where the contextual stimuli presented, they are characterized by the way mentioned by respondents for treatment of pain. It was evidenced that the elderly seek aid in the health system to deal with service levels (primary, secondary, tertiary).

The Organization of the basic attention in health in thematic networks can help the host and effectiveness of actions to achieve the goal that this level of assistance take on the role of organizer and system, including greater bond and resolution to the problems of the population⁽¹³⁾.

In convergence with the results found in this

study, some researchers also identified the waiting time to get appointments with specialists as great and difficult challenge to organize the demands and services. Posing as the bureaucratization of the causal system, being often overlooked the need of the population⁽¹⁵⁾.

The contextual stimuli represented here by way of functioning of the health system often does not favor the control and adaptation to focal pain stimulus. The elderly person seeking different levels of assistance, but without that effectively this means pain control or, improved adaptation, which would decrease the consequences in the life of the elderly.

It is important to reflect the role of the doctor who specializes in chronic pain situations is to clarify causes of pain (focal stimulus), thereby facilitating the institution of measures to help the elderly person to adapt and mitigate the consequences of pain in your daily life. In sum, the nurse present in all health service where the elderly seeking assistance, identifies potential coping and adaptive mechanisms in the elderly person that if developed properly can make all the difference in the control of pain.

Within the Roy adaptation model, nursing's goal is the promotion of Adaptive responses, i.e. those that positively influence the health of the individual, and the nurse develop targeted actions with the purpose to manipulate or alter the focal, contextual and residual stimuli affecting the person, like self-knowledge and interdependence⁽⁷⁾. In this context, older people identified as suffering from chronic pain, when aided correctly in your adaptive processes and coping, can change the focus of your attention focused on healing, for the search of actions that bring both control and decreased pain, as emotional and physical wellbeing.

Coping and adaptive strategies

This category seeks to analyze the various forms of treatment to remedy the pain reported, the individual and socio-cultural practice converging in maladaptive behaviors and coping strategies.

For some individuals the drug treatment is the only medium used and the most effective for relief of pain, as noted in the reports below:

Only remedy even.(E2)

You take the right medicine.(E6)

It is just taking medication that relieves a little, but not Sara.(E8)

Another point noted in speeches is about the patients who do medical follow-up, however use artemether-lumefantrine, i.e. self-treatment. As shown in the following lines:

Therefore, when it hurts, I take a Torsilax (...) and it is the other day going right. (E1)

I always have my painkillers as well, some remedies like this, pass a moment, improves, again I rather stopped. The pain I lived with her the whole time as well. (...) there improves, a little improvement, but soon back. (E8)

Non-pharmacological measures recognized as satisfactory in the adaptive process:

Do this workout, that helps, water aerobics (...) I do stretching right, of the third age.(E1)

I came, and now I am with referral to do physical therapy again.(E3)

I take on me, homemade tea.(E6)

I make a tea is not tea, Rubin. Is a native Bush, I have here in front. It is good to do also poultice. (E7)

I told of a missionary once. This missionary there, does good work right, so I went. He called me there, did work there, I was more or less a few, more than 10 years without feeling any pain, with that work. (E7)

Another type of treatment found was the prescribed drug, included professional subsystem. Monitored periodically by doctors who evaluate your case and prescribe the medicines used. As seen in the following dialogs:

In addition, after I have already searched the doctor (...) we were trying, trying, and the time was passing. Taking anti-inflammatory medicine for bone building. (E3)

Medication I take daily.(E5)

When the leg pain worsens, I mark again and I am going to there (USF), because I am trying so, just with the meds and not off more.(E6)

Chronic pain is often associated with the aging process and to chronic disorders and can lead to the use of multiple medications, encouraging self-medication. This scenario is most common in elderly patients with pathologies⁽¹⁵⁾.

It is important to stress that self-medication is also a form of adaptation of the individual facing situations of pain⁽¹⁶⁾. This strategy used frequently and involves the social context of the elderly, in some cases becomes the only source of care. The health professional must be alert to this fact and available to

assess a behavior adaptive the risks present in each case. The risks that can transform self-medication in adaptive behavior ineffective and should reviewed in the search for a way to take the most appropriate attitudes to health of the elderly.

The use of medications in chronic pain is often observed and expected, however it is essential that the implementation of other medicinal therapies to occur in order to lower the dose and frequency of medications. This is a mechanism for the use of therapies that can and must be harnessed by the multidisciplinary team especially for nursing, which has the function to evaluate periodically the benefit of these strategies and adaptive efficiency achieved with them. On primary health care, the multidisciplinary team, made up of physiotherapists, psychologists and social workers can propose a therapeutic plan suited to each client.

The living of the elderly with chronic pain can provide extraordinary opportunities to reflections on the culture and collective practices of care with old age. However, observe a care model that enhances this process of adaptation⁽¹⁵⁾.

The development of the human being and the use of coping systems influence the level of adaptation of the individual. We can say that the subject is adapted to the process of illness when it finds a balance in yourself and your surroundings, involving the return of the physical, emotional and social well-being. Therefore, the nursing care is required when the person is unable to respond to stimuli in an effective manner, and then the nurse should help the elderly person to find ways to encourage this process of adaptation⁽¹⁶⁾.

FINAL CONSIDERATIONS

The fundamentals of Roy Adaptation model can be especially useful for the nurse to watch the elderly person with chronic pain, as their concepts and fundamentals help in understanding of all dimensions of pain and possible adjustments in your confrontation.

The experience of pain by elderly people showed that they are aware of the cause of your pain and the physical sensation to their regulatory systems and consistent, that on the chronicity of the pain can manifest itself with negative results, especially feelings of depression and that lead to the abandonment of the search for therapies. These feelings can escalate when the search in contextual system represented by the health system often finds professionals and interventions that are not effective in the control of pain, which can strengthen the Adaptive ineffective attitude of complying with the pain without this is controlled.

Thus, the cycle of ineffective adaptation associated with disabilities and difficulties due to the suffering imposed by pain and directly affects the quality of life. It is up to professionals; especially nurses assess and enhance the personal resources of the aged and the contextual features of the system in order to improve the adaptive response.

The present study presents as main limitation a small number of elderly people with pain, on UBS and disparities between genders, and as a fortress the possibility to know the universe of elderly patients with chronic pain from the perspective of the Roy model.

COMPREENDENDO A VIVÊNCIA DOS IDOSOS COM DOR CRÔNICA: A LUZ DA TEORIA DE CALLISTA ROY

RESUMO

O objetivo do estudo foi compreender a vivência de idosos com dor crônica. Estudo qualitativo, realizado com dez idosos com dor crônica. A coleta de dados foi realizada em agosto de 2013, por meio de entrevistas domiciliares, utilizando instrumento semiestruturado. Os dados foram submetidos à análise de conteúdo, utilizando como referencial teórico o Modelo de Adaptação de Sister Callista Roy. Os Resultados estão organizados em quatro categorias: Dor crônica: origem, localização, cronicidade e suas consequências; Sentimentos frente à vivência da dor crônica; Estímulos contextuais vivenciados pelo idoso com dor crônica e estratégias de enfrentamento e adaptativas. A vivência da dor pelos idosos mostrou que eles têm conhecimento da causa de sua dor e agregam a sensação física aos seus sistemas reguladores e cogniscente. Cabe ao enfermeiro avaliar e potencializar os recursos pessoais do idoso, no sentido de melhorar a resposta adaptativa.

Palavras-chave: Saúde do Idoso. Dor crônica. Teoria de Enfermagem.

COMPRENDIENDO LA EXPERIENCIA DE ANCIANOS CON DOLOR CRÓNICO: A LA LUZ DE LA TEORÍA DE CALLISTA ROY

RESUMEN

El objetivo del estudio fue comprender las experiencias de ancianos con dolor crónico. Estudio cualitativo, realizado con diez ancianos con dolor crónico. La recolección de datos se llevó a cabo en agosto de 2013, a través de entrevistas domiciliarias, usando un instrumento guía semiestructurado con preguntas abiertas. Estas entrevistas fueron sometidas al análisis de contenido. El Modelo de Adaptación de Sister Callista Roy fue utilizado como referencial teórico. Fueron organizados en cuatro categorías: Dolor crónico: origen, localización, cronicidad y sus consecuencias; Sentimientos frente las experiencias de dolor crónico; Estímulos contextuales experimentados por el anciano con dolor crónico y; Estrategias de enfrentamiento y adaptación. Las experiencias del dolor por los ancianos mostraron que ellos tienen conocimiento de la causa de su dolor y asocian la sensación física a sus sistemas reguladores y cognoscentes. Cabe al enfermero evaluar y potenciar los recursos personales del anciano, para mejorar la respuesta adaptativa.

Palabras clave: Salud del Anciano. Dolor Crónico. Teoría de Enfermería.

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