

THE SIGNIFICANCE OF A NEWBORN STAY IN THE ICU AFTER THE MOTHER'S DISCHARGE: A HEIDEGGERIAN PHENOMENOLOGICAL STUDY

Caroline Sissy Tronco*
Andressa Peripolli Rodrigues**
Cristiane Cardoso de Paula***
Ívis Emília de Oliveira Souza****
Stela Maris de Mello Padoin*****

ABSTRACT

Objective: To understand the meaning of a preterm baby staying in the Neonatal Intensive Care Unit after his mother is discharged. **Method:** A phenomenological study that interviewed seven mothers whose children were admitted to the neonatal unit of a university hospital in the south of Brazil. **Results:** Upon being discharged, the mothers were frightened as their children remained in hospital. They described their preterm newborns' characteristics and claimed to be scared because their babies were born before the due time and were small; they were not familiar with the unit and were horrified by the equipment. Fearful, they will deal with daily tasks in an impersonal way. Further **Considerations:** Mothers should receive care in this unit so that they understand what is happening, minimizing their fears, and so that they become protagonists of actions targeting their babies, which characterizes a family-centered care.

Keywords: Mothers. Preterm. Neonatal Intensive Care Unit. Nursing.

INTRODUCTION

The birth and hospitalization of a preterm newborn is an exhausting and challenging experience for mothers and families. Prematurity brings difficulties to newborns and to their adaptation to extrauterine life because of their anatomical and physiological immaturity, which requires specialized care aiming at their quality of life⁽¹⁻²⁾.

Admission to a Neonatal Intensive Care Unit (NICU) should be followed by a humanized care that must consider one's individuality and singularity, bearing in mind the comprehensiveness perspective⁽³⁻⁶⁾. However, the unit organization may contribute to separating mother and baby, which weakens the bond and makes them distant, causing the newborn to experience this hospitalization oftentimes alone^(2,7).

A sudden separation between mother and baby that is prolonged during hospitalization, along with the baby's clinical conditions and risk of death, produces feelings of anxiety, concern and confusion in mothers. Thus, they suddenly become their children's companions, without

any preparation for this change, and can only witness the care provided by health professionals⁽⁸⁾.

Faced with this environment and situation, mothers begin to feel guilty for not being able to care for their own children, seeing professionals as an ideal care figure. Also, most of them observe their babies being taken care of by professionals and do not have the chance to meet their maternal needs, such as changing diapers and giving baths, care actions in which they end up not having an active role⁽⁹⁾.

In this context, contact between mother and baby must be encouraged very early and is important to a newborn's growth and development, ensuring balance between their psychological, social and spiritual dimensions. Caring for their babies means for mothers a mutual exercise of recognition, knowledge, acceptance and affection⁽⁸⁾, which contributes to bonding and reducing the stress that hospitalization causes in a family. During a newborn's hospitalization, most of the times their mother is discharged, which raises the question: How is it for a mother to have a preterm newborn staying in the NICU after she

*Nurse. PhD in Nursing. Porto Alegre, RS, Brazil. E-mail: carolinetronco@hotmail.com ORCID ID: 0000-0003-1822-3774.

**Nurse. PhD in Nursing, Farroupilha Federal Institute of Education, Science and Technology. Santo Ângelo, RS, Brazil. E-mail: andressa.rodrigues@ifarroupilha.edu.br ORCID ID: 0000-0002-7599-4674.

***Nurse. PhD in Nursing, Federal University of Santa Maria, RS, Brazil. E-mail: cris_depaula1@hotmail.com ORCID ID: 0000-0003-4122-5161.

****Nurse. PhD in Nursing, Federal University of Rio de Janeiro, Anna Nery School of Nursing. Rio de Janeiro, RJ, Brazil. E-mail: ivis@superig.com.br ORCID ID: 0000-0002-5037-7821.

*****Nurse. PhD in Nursing, Federal University of Santa Maria. Santa Maria, RS, Brazil. E-mail: stelamaris_padoin@hotmail.com ORCID ID: 0000-0003-3272-054X.

is discharged? Thus, the objective of this study was to understand the meaning of a preterm newborn's stay in the NICU after their mother's hospital discharge.

METHODOLOGY

Qualitative study with phenomenological approach that uses Martin Heidegger's theoretical and methodological framework⁽¹⁰⁾. This type of investigation seeks to unveil in the study object how it is in itself, that is, how a mother attributes meaning to her experiences upon being discharged while having a baby hospitalized in the NICU. To do so, it was necessary to suspend the researcher's factual knowledge (what is already known about the theme), seeking an existential understanding of the study object.

In the Heideggerian framework, questioning a being in their sense is crucial to the understanding of things in our daily lives, which occurs through themselves and their experiences that will constitute their life; understanding them as a being who exists, who has relationships in life and who manifests themselves in the world in a permanent and incessant movement of past, present, daily living and future as a possibility⁽¹¹⁾.

By allowing the investigation participants to be listened to, in the case of this study hospitalized NBs' mothers, by means of interviews, they will talk about their experiences through meanings related to the studied phenomenon, which is their discharge while their babies stay in hospital, and in a movement of past, present and future they will present themselves as beings of possibilities.

Data were collected in 2011 in the NICU of a University Hospital located in the Midwest region of Rio Grande do Sul (Brazil) with high- and medium-risk beds, as well as isolation beds, that receives newborns from all the region. The inclusion criterion comprehended discharged mothers who had preterm newborns admitted to the NICU, regardless of gestational age.

Data production occurred during a phenomenological⁽¹²⁻¹³⁾, technical interview that allows developing a uniquely established meeting between researcher and each participant. It requires reduction of assumptions and

mediation with empathy and intersubjectivity. What was said and not verbally said was captured; other forms of discourse were observed, such as silence, gestures, reticence and pauses (by means of the researcher's notes, since the interviews were not filmed); and each participant's space and time were respected. Openness with the mothers allowed enhancing the conduction of the interview⁽¹²⁾.

During the interview, empathetic questions were asked from the mothers' very speech, avoiding answer induction in order to deepen possible meanings pointed out that needed to be better understood. At the end of the interview, feedback was provided for addition of something that had not been expressed throughout the interview⁽¹²⁾.

The reports were recorded with the mothers' consent, and the interviews were transcribed according to the original statement, indicating silence and body gestures observed during the meeting. The interviews were coded with the letter M, for mother, followed by numbers from 1 to 7.

The number of study participants was not predetermined because the field stage of the interviews was developed simultaneously to the analysis, which showed saturation to compose the sampling of seven mother of preterm newborns admitted to the NICU. Thus, the interviews ended when the meaning expressed in the mothers' speeches converged and was enough, and when the research objective was reached⁽¹⁴⁾.

Analysis from the Heideggerian framework was developed in two methodical moments: comprehensive analysis and interpretative analysis⁽¹⁰⁾. For comprehensive analysis, when the interviews were being listened to and carefully read, the researcher's assumptions were suspended, without imposing categories predetermined by a theoretical or practical knowledge during the analytical movements towards understanding the study object. In the transcriptions, essential structures were underlined (words or phrases manifesting the same meaning), forming an analysis picture through which units of meaning were made up⁽¹⁵⁾.

For interpretative analysis, units of meaning guided the unveiling of senses, that is, the

interpretation of senses from meanings expressed by the mothers. This second methodical moment consists of interpreting in the light of concepts (senses) of Martin Heidegger's philosophy⁽¹⁰⁾, which does not involve comparisons of investigation results with the scientific literature (factual knowledge).

The research project was approved by the Research Ethics Committee of the institution where it was developed, under legal opinion 23081.01681/2010-51. The study ensured principles of voluntariness, anonymity, research information confidentiality, justice, equity, risk mitigation and benefit boost, safeguarding the participants' physical, mental and social integrity against temporary and permanent damages, in accordance with Resolution No 466/2012 of the Brazilian National Health Council. The Free and Informed Consent Form was signed by the mothers who accepted to participate in the study, and the participants kept a copy.

RESULTS

The mothers' characterization will be presented with the straightforwardness of the text and to ensure anonymity, despite the empathetic relationship established during the meeting for the interviews. They were aged between 21 and 36 years old and, on average, were married, finished high school and had two children (n=4). Thus, M1 (24) was married, had two children and did not complete Elementary School. M2 (23) was married, had two children and finished High School. M3 (21) was single, had one child and finished High School. M4 (36) was married, had three children and finished High School. M5 (26) was in a stable union, had two children and finished Elementary School. M6 (21) was married, had two children and did not finish High School. M7 (22) was married, had one child and finished High School.

According to the analysis, the first methodical moment proposed by Martin Heidegger, called vague and medium comprehension, allowed understanding the meanings attributed by those mothers with newborns admitted to the NICU. They spoke of their routine in the unit, of care towards themselves and their NBs, of prematurity

characteristics, of the newborn's stay in the NICU, of the unit and the equipment, besides reporting feelings emerging from the factual situation of their discharge and the NB's stay in the NICU.

The meanings of the mothers' experiences were grouped to form units of meaning (UM), as described below.

UM 1: Frightened by their babies being born before the due date and being small

The mothers expressed their perception about prematurity, that they did not expect the baby to be born before the due date. They said that a preterm and small baby was different from the other ones they had already had. They understood that the former requires special care, which is more complicated. This made them scared, distressed, sad and fearful.

[...] I feel scared because she is preterm and needs special care. (M1)

[...] He is ill, he is here because he is ill, I cannot help but worrying. (M2)

[...] It is a phase when his organs are maturing
[...] I am fearful because he is so tiny. (M3).

[...] He is so tiny, I think this is more complicated. (M4)

[...] It is pure sadness [...] I wish she developed, I mean, there were four months left, I wish she could have waited to be born [...] She is so premature. (M5)

[...] We are scared of holding him [...] Such a tiny baby [...] I had never had a baby so tiny. (M6).

UM 2: Frightened by not being familiar with the NICU

Because the newborns stayed in the NICU, the mothers would visit them there every day. About this period, they described how bad going to the NICU was. Observing the babies in the incubator was horrible and the mothers were frightened by the equipment. They were not ready and feared that their babies could die.

[...] I always left feeling really bad after seeing her in the incubator. We were not ready to all that, to see her there [in the NICU] (M1)

[...] As soon as she came here, I thought: This is too complicated, she will not come back from the ICU, you know?(M2)

[...] Seeing him up here [in the NICU] was horrible [...] When they told me he was coming here [NICU] [...] It is scary when you get the news, it is really tough [...] It is really frightening in the beginning, it is horrible [...] You feel fearful, you want to run away! (M4)

[...] She [the child] is all connected to equipment. (M5)

[...] It is horrible in the beginning because, for me, up until then I did not even know why [about the hospitalization] I was already nervous because of the light [phototherapy] and got even more nervous because of the NICU. Because the word NICU makes you think someone is dying [...] So we stay there on tenterhooks! (M7)

UM 3: Frightened by having to go home while their babies are still in hospital

When giving meaning to their experiences with hospital discharge, the mothers reported that it was complicated. Going home alone was horrible, sad. Nothing compares to the feeling of seeing a child in the NICU and not being able to take them home.

[...] I was in hospital for three days, then I was discharged and had to go home alone. (M1)

[...] You do not have your baby with you [...] Going home alone is the worst part, being discharged and leaving him there [...] Leaving this hospital alone, without my son in my arms is horrible! (M4)

[...] I wish she went home with me, I did not want her to stay here, in the hospital [...] no mother who gives birth wants to leave their babies in the hospital [...] We see her every day but cannot take her with us. (M5)

[...] Every time I come down here [NICU] and leave him is horrible [...] Leaving our baby here [NICU] is so sad, I think I will be discharged today, so it is more complicated because I will have to leave him here and go home [...] I will not be able to take him, I delivered him but cannot take him with him. (M7)

DISCUSSION

In order to advance in the Heideggerian hermeneutics, after the first methodical moment and the constitution of a common thread for analysis, it was possible to interpret the meanings seeking an ontological and existential dimension. With the support of Heidegger's thoughts, the senses of *fear* and *impersonality* were unveiled⁽¹⁰⁾.

In Martin Heidegger's philosophical framework, fear is a person's temper mode called mood that emerges from a relational exercise in the world, being a mode of being in everyday life. For the philosopher, mood designates the state and integration of several modes of feeling, relating, and of all feelings, emotions and affections⁽¹⁰⁾. In this study, the preterm newborn's mother presents herself in different modes of being, which are constituting characteristics of her existence at that moment, that is, being the mother of a preterm baby in the NICU.

Those women have a worldview about prematurity, with which they are familiar, as they had already heard of the characteristics of preterm newborns and consequences. However, for the study mothers, their babies were born suddenly, before the due time; thus, the preterm newborns' mothers find themselves in the fear mode of being. That which they fear has a character of threat that starts with prematurity, approaches during gestation and is consolidated with preterm birth.

For Heidegger, one fears what is threatening, what is at stake (perception acquired by what one hears of), which can be the threat of no longer living with someone, that is, this fear may extend to other people. In the present study, it appears when the preterm newborns' mothers fear for their babies' lives due to the imminent possibility of death that is represented by admission to the NICU. Because of that, they fear not being able to establish a genuine relationship with a baby that has different demands from what they expected and knew. A genuine relationship with the baby may not happen in this first experienced moment, considering the clinical situation and admission to the NICU.

Thus, it is possible to see that mothers who experience this situation have in their emotional dimension care needs that could be met by

means of support actions and the professional team there. This team is oftentimes very busy with clinical care demands of newborns and pays little attention to the mothers' reactions, worries and fears.

For philosopher Heidegger, *fear* is considered according to three perspectives: fright, horror and terror⁽¹⁰⁾. These modalities relate to what people are familiarized with in their world, to their view of things and to the sudden way that something happens in their lives.

The interviewed mothers had already heard of and knew that preterm birth existed and was a possibility, but only at that moment, when their babies were suddenly born, this revealed itself as a threat. Thus, they become fearful. Fear turns into a fright perspective when that which is initially known and familiar suddenly affects the being⁽¹⁰⁾; the mothers do not expect to have a preterm newborn that is small and needs intensive care. In this regard, the maternal figure needs clarifications in order to give a new meaning to her relationship with her premature baby, minimizing the threat and fear condition.

When this threat has the character of something the person is not familiar with, that is, something that those women do not deal with on a daily basis, fear is transformed. From the Heideggerian perspective, horror will manifest⁽¹⁰⁾. In this study, the participants report not being familiar with the NICU equipment,

which makes them scared. NICU admission horrifies preterm newborns' mothers because they have not gone through this and fear what the admission might represent. This dimension evidences a need for health education in admission units considering the need to clarify doubts about equipment. With the understanding of how the equipment being used works, as well as of what they represent for a NB's life maintenance and clinical care, mothers and families will certainly be well informed and confident.

However, there is a third moment experienced by those women. During the interviews, they told about when they were discharged. They have to go home alone while their babies are still in the NICU. Seeing the baby every day without being able to take them frightens the mothers. When the threat has the sudden character of fright (mother's discharge) and unknown horror (the baby staying in the NICU), fear turns into terror⁽¹⁰⁾, since this is the worst part for the mothers, something that they cannot describe. They need to be prepared by the professional team for them cope with this moment.

The three modalities of fear indicate that presence is fearful, that is, how the preterm newborns' mothers find themselves in the NICU admission routine and in the prematurity context (Figure 1).

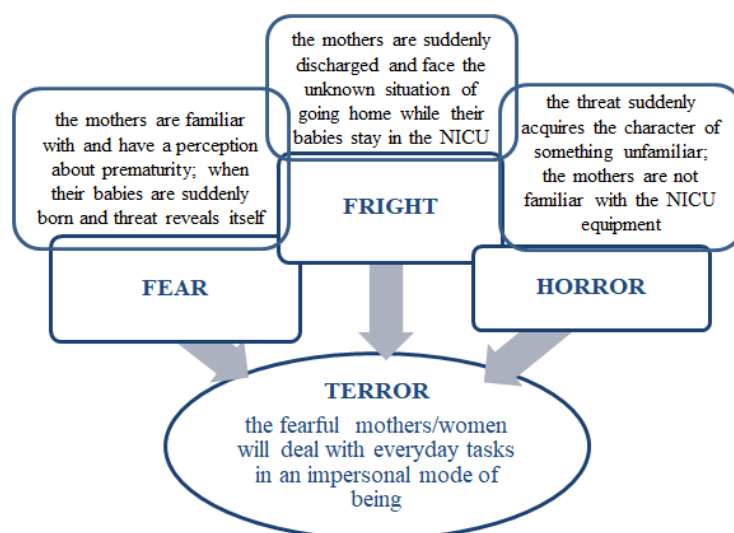


Figure 1: Relationship between terror and its three perspectives (fright, horror and fear) based on Heidegger in the context of a NB's NICU stay after their mother's hospital discharge.

This fearfulness should be understood as a possibility for the human being in their existence. Moreover, the existential sense of fear does not express any negative evaluation but indicates how presence, most of the times and almost always, manifests in everyday life: in an impersonal manner. This woman, faced with the novelty of a preterm birth and NICU admission, stays in this mode and behaves just as all mothers in their ordinary lives: frightened for their preterm, tiny babies, horrified with NICU admission and terrorized after being discharged from hospital and having to go home while their babies stay in hospital. On a day-to-day basis, they visit the NICU, deal with breastfeeding, have other children at home and, for being fearful, cares for herself and for the baby oftentimes without much awareness. This impersonal mode indicates an effort in coexistence, a situation in which the being behaves like anyone else and how others want them to, instead of revealing themselves, how they truly are in their singularity⁽¹⁰⁾.

Those mothers deserve a sort of care that allows them to discover themselves in their singularity and show how they are in themselves when faced with their capabilities and limits. A form of care that allows them to understand the situation they are going through and develop strategies to re-establish their bond with their babies and care skills for specific demands of prematurity in order to face hospitalization while participating in their children's recovery, not only as companions but as main caregivers so that they feel like mothers.

FINAL CONSIDERATIONS

For mothers, the routine of having a preterm baby admitted to the NICU means being scared about preterm birth, about what NICU hospitalization represents and about being discharged and leaving their children in the hospital. Thus, they stay in the fear mode of being, in its three perspectives: frightened for

having a small preterm baby, horrified by the NICU and terrorized for having to go home while their babies stay hospitalized.

Considering that unveiling this Heideggerian sense, fearfulness as the mothers' temper mode was the strength of this study because the research pointed ways through which mothers can be integrated into care actions in this unit so that they understand what is happening, which can minimize their fears and help them act in an authentic way by becoming protagonists of the care provided to their babies, and this characterizes a family-centered care.

It is evident that health professionals should recognize the importance of care actions targeting mothers during a NB's admission to the NICU so that they are no longer mere witnesses of care. This care must be mediated by dialogue so that they learn about clinical condition specificities, bringing mother and baby closer, helping these women understand the newborns' recovery process.

Professionals should also present the unit to mothers, for instance, through a simulator on which these women can see how their babies will look like before they see them for the first time. It is necessary to recognize their emotional demands and establish a relationship of trust so that they receive proper guidance and the support they need to go home trusting the care being provided in the unit and that they will be informed about any issues.

As a study limitation, it is worth highlighting the need for other researches that deepen the theme of support networks, bearing in mind the importance of a family support network, which was not explored in this manuscript as it did not emerge in the study participants' reports.

FINANCING

The present study was carried out with the support of the Coordination of Improvement of Higher Education Personnel - Brazil (CAPES) - Financing Code 001.

SIGNIFICADOS DA PERMANÊNCIA DO RECÉM-NASCIDO NA UTI APÓS A ALTA DA MÃE: ESTUDO FENOMENOLÓGICO HEIDEGGERIANO

RESUMO

Objetivo: Compreender o significado da permanência do recém-nascido pré-termo na Unidade de Terapia Intensiva Neonatal após a alta hospitalar da mãe. **Método:** Estudo fenomenológico, em que foram entrevistadas sete mães cujos

filhos estavam internados na unidade neonatal de um hospital universitário, na região Sul do Brasil. **Resultados:** Ao receberem alta hospitalar, as mães ficaram aterrorizadas, pois os filhos permaneceriam internados. Elas descreveram as características dos recém-nascidos pré-ternos e disseram estarem apavoradas, porque os bebês nasceram antes do tempo e eram pequenos, elas desconheciam a unidade e ficavam horrorizadas com os equipamentos. Temerosas elas lidarão com as ocupações do cotidiano de modo impessoal. **Considerações finais:** Espera-se que as mães sejam integradas aos cuidados nessa unidade, para que compreendam o que está acontecendo, minimizando seus temores e para que se tornem protagonistas das ações para com o seu filho, o que caracteriza o cuidado centrado na família.

Palavras-chave: Mães. Prematuros. Unidades de Terapia Intensiva Neonatal. Enfermagem..

SIGNIFICADOS DE LA PERMANENCIA DEL RECIÉN NACIDO EN LA UCI TRAS EL ALTA DE LA MADRE: ESTUDIO FENOMENOLÓGICO HEIDEGGERIANO

RESUMEN

Objetivo: comprender el significado de la permanencia del recién nacido pretérmino en la Unidad Neonatal de Cuidados Intensivos tras el alta hospitalaria de la madre. **Método:** estudio fenomenológico, en el que fueron entrevistadas siete madres cuyos hijos estaban internados en la unidad neonatal de un hospital universitario, en la región Sur de Brasil. **Resultados:** las madres quedaron aterrorizadas, al recibir el alta hospitalaria, pues sus hijos permanecerían internados. Ellas describieron las características de los recién nacidos pretérminos y dijeron estar despavoridas, porque los bebés habían nacido antes del tiempo y eran pequeños, ellas desconocían la unidad y quedaron atemorizadas con los equipos. Temerosas, ellas lidiaron con las ocupaciones del cotidiano de modo impersonal. **Consideraciones finales:** se espera que las madres sean integradas a los cuidados en esta unidad, para que comprendan qué está ocurriendo, disminuyendo sus temores y para que se vuelvan protagonistas de las acciones dirigidas a sus hijos, lo que caracteriza el cuidado centrado en la familia.

Palabras clave: Madres. Prematuros. Unidades Neonatales de Cuidados Intensivos. Enfermería.

REFERENCES

- 1 Villamizar-Carvajal B, Vargas-Porras C, Gómez-Ortega OR. Metaanálisis: efecto de las intervenciones para disminuir el nivel de estrés en padres de prematuros. *Aquichan* [on-line]. 2016 [citado em 2018 Ago]; 16(3):276-95. doi: <http://dx.doi.org/10.5294/aqui.2016.16.3.2>.
- 2 Villamizar B, Vargas C, Rueda E. Madres descubriendo el amor incondicional en el proceso adaptativo de hospitalización de su bebe prematuro. *Rev Cuid*. [on-line]. 2014 [citado em 2018 Out]; 5(2):782-91. doi: <http://dx.doi.org/10.15649/cuidarte.v5i2.93>.
- 3 Roso CC, Costenaro RGS, Rangel RF, Jacobi CS, Mistura C, Silva CT et al. Vivências de mães sobre a hospitalização do filho prematuro. *Rev Enferm UFSM* [on-line]. 2014 [citado em 2018 Ago]; 4(1):47-54. doi: <http://dx.doi.org/10.5902/2179769210246>.
- 4 Lages CDR, Sousa JCO, Cunha KJB, Silva NC, Santos TMMG. Fatores preditores para a admissão do recém-nascido na unidade de terapia intensiva. *Rev Rene* [on-line]. 2014 [citado em 2018 Ago]; 15(1):3-11. Disponível em: <http://periodicos.ufc.br/rene/article/view/3068>.
- 5 Sá Neto JÁ, Rodrigues BMRD. The intentional action of nursing team to caring for the newborn in the NICU. *Cienc Cuid Saude* [on-line]. 2015 [citado em 2018 Ago]; 14(3):1237-1244. doi: <http://dx.doi.org/10.4025/cienccuidsaude.v14i3.22320>.
- 6 Nazario AP, Santos VCBJ, Rossetto EG, Souza SNDH, Amorim NEZ, Scochi CGS. Avaliação dos ruídos em uma unidade neonatal de um hospital universitário. *Semin: Ciências Biológicas e da Saúde* [on-line]. 2015 [citado em 2018 Ago]; 36:189-98. doi: <http://dx.doi.org/10.5433/1679-0367.2015v36n1Supl189>.
- 7 Tronco CS, Padoin SMM, Paula CC, Rodrigues AP, Terra MG, Aldrighi JD. "I didn't expect him to be born early" - maternal experience regarding hospitalization in the neonatal intensive care unit. *Cogitare Enferm* [on-line]. 2015 [citado em 2018 Ago]; 20(1):53-9. doi: <http://dx.doi.org/10.5380/ce.v20i1.38141>.
- 8 Estevam DCM, Silva JDD. Visão das mães em relação ao cuidado com o recém-nascido após a alta da UTI Neonatal. *Rev Saúde e Pesquisa* [on-line]. 2016 [citado em 2018 Set]; 9(1):15-24. Disponível em: <http://periodicos.unicesumar.edu.br/index.php/saudpesq/article/view/4161>.
- 9 Ramos DZ, Lima CA, Leal ALR, Prado PF, Oliveira VV, Souza AAM et al. Family participation in the care of children hospitalized in an intensive care unit. *Rev Bras Promoç Saúde* [on-line]. 2016 [citado em 2018 Set]; 29(2):189-196. doi: <http://dx.doi.org/10.5020/18061230.2016.p189>.
- 10 Heidegger M. *Ser e Tempo*. Tradução de Márcia Sá Cavalcanti Schuback. Petrópolis (RJ): Vozes; 2011.
- 11 Braga TBM, Farinha MG. Heidegger: em busca de sentido para a existência humana. *Rev. abordagem gestalt*. [online]. 2017 [citado em 2019 Fev]; 23(1): 65-73. Disponível em: <https://www.redalyc.org/articulo.oa?id=357750480008>.
- 12 Paula CC, Padoin SMM, Terra MG, Souza IEO, Cabral IE. Modos de condução da entrevista em pesquisa fenomenológica: relato de experiência. *Rev Bras Enferm* [on-line]. 2014 [citado em 2018 Set]; 67(3):468-72. doi: <http://dx.doi.org/10.5935/0034-7167.20140063>.
- 13 Guerrero-Castañeda RF, Menezes TMO, Ojeda-Vargas MG. Characteristics of the phenomenological interview in nursing research. *Rev. Gaúcha Enferm*. [Internet]. 2017 [citado 2019 Fev 19]; 38(2): e67458. doi: <http://dx.doi.org/10.1590/1983-1447.2017.02.67458>.
- 14 Minayo MCS. Amostragem e saturação em pesquisa qualitativa: consensos e controvérsias. *Revista Pesquisa Qualitativa*. [Internet]. 2017 [citado em 2019 Fev]; 5(7): 01-12. Disponível em: <https://editora.sepq.org.br/index.php/rpq/article/view/82>.
- 15 Paula CC, Cabral IE, Souza IEO, Padoin SMM. Analytical movement - Heideggerian hermeneutics: methodological possibility for nursing research. *Acta Paul Enferm* [on-line]. 2012 [citado em 2018 Set]; 25(6):984-9. doi: <http://dx.doi.org/10.1590/S0103-21002012000600025>.

Corresponding author: Stela Maris de Mello Padoin. Universidade Federal de Santa Maria. Departamento de Enfermagem. Av. Roraima, 1000, prédio 26, 3º andar sala 1336. Cidade Universitária, Bairro Camobi, Santa Maria, RS, Brasil. CEP: 97105-900.

Submitted: 20/10/2018

Accepted: 25/02/2019