CARE OF "THE WE" AS PROCESSED IN THE RELATIONSHIPS/INTERACTIONS ESTABLISHED BY NURSING AND HEALTH PROFESSIONALS*

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ABSTRACT: This study aimed to understand how care of "the we" is processed in the human relationships and interactions established by nursing and health professionals in a university hospital in the South of Brazil. The results revealed one category and four subcategories that represented the strategies adopted by these professionals, a component of the paradigmatic model, according to grounded theory. Data were collected in four sample groupsby conducting semi-structured interviews with a total of 25 participants between March and July 2011. Specifically, the subcategories were: care of "the we" is relational and procedural; how care of "the we"is processed in the working environment; how care of "the we" is associated with collective care; and signifying relationships and interactions involved in the process of caring for patients and families. Care of "the we" is processed broadly and complexly in the relationships and interactions established among professionals and between professionals and patients and family members.
DESCRIPTORS: Nursing; Interpersonal relations; Working environment.

PROCESSANDO O CUIDADO "DO NÓS" NAS RELAÇÕES/INTERAÇÕES ESTABELECIDAS POR PROFISSIONAIS DE ENFERMAGEM E DE SAÚDE

RESUMO: Este estudo objetivou compreender o cuidado "do nós" processado nas relações e interações humanas estabelecidas por profissionais de enfermagem e de saúde em um hospital universitário ao sul do Brasil. Apresentam-se uma categoria e quatro subcategorias que representam as estratégias, componente do modelo paradigmático, segundo a Teoria Fundamentada nos Dados, método do estudo. A coleta de dados foi realizada com quatro grupos amostrais, totalizando 25 participantes, no período de março a julho de 2011, por meio de entrevista semiestruturada. Tais subcategorias constituem os resultados: Sendo o cuidado "do nós" relacional e processual; Processando o cuidado "do nós" no ambiente de trabalho; Relacionando o cuidado "do nós" ao cuidado coletivo; Significando a relação e interação de cuidado junto aos pacientes e familiares. As relações e interações estabelecidas entre os profissionais e esses junto aos pacientes e familiares processam o cuidado "do nós" de forma ampla e complexa.
DESCRITORES: Enfermagem; Relações interpessoais; Ambiente de trabalho.

PROCESANDO EL CUIDADO "DEL NOSOTROS" EN LAS RELACIONES/INTERACCIONES ESTABLECIDAS POR PROFESIONALES DE ENFERMERÍA Y DE SALUD

RESUMEN: Este estudio tuvo la finalidad de comprender el cuidado "del nosotros" procesado en las relaciones e interacciones humanas establecidas por profesionales de enfermería y de salud en un hospital universitario del sur de Brasil. Fueron presentadas una categoría y cuatro subcategorías que representan las estrategias, componiendo el modelo paradigmático, de acuerdo a la Teoría Fundamentada en los Datos, método del estudio. Los datos fueron obtenidos con cuatro grupos amostrales, totalizando 25 participantes, en el periodo de marzo a julio de 2011, por medio de entrevista semiestructurada. Tales subcategorías constituyen los resultados: Siendo el cuidado "del nosotros" relacional y procesual; Procesando el cuidado "del nosotros" en el ambiente de trabajo; Relacionando el cuidado "del nosotros" al cuidado colectivo; Significando la relación e interacción de cuidado con los pacientes y familiares. Las relaciones e interacciones establecidas entre los profesionales y de eses con los pacientes y familiares procesan el cuidado "del nosotros" de modo amplio y complejo.
DESCRIPTORES: Enfermería; Relaciones interpersonales; Ambiente de trabajo.

*Article extracted from the thesis: "Acontecendo o cuidado "do nós" nos movimentos e ondulações dos processos interativos no ambiente hospitalar".Federal University of Santa Catarina, 2012.

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Received: 05/05/2015
Finalized: 24/06/2015

INTRODUCTION

A comprehensive and complex understanding of care defines it as a form of "being-with,"of perceiving, relating, and concerning oneself with another human being in a given space and time, a relationship that is face to face. Care is constituted and permeated by responsibilities, abilities, interpersonal relations, feelings, knowledge, and (re)cognitions instituted among beings[1-2].

As interdependent beings, nursing and health professionals interrelate and relate with other people in several dimensions, considering that they depend on social relationships, on interaction with friends, family, coworkers, and people they do not know. Such interdependence is an inherent condition of professional practice in the field of human health.

In the care process, professionals establish relationships of proximity with other subjects, culminating in mutual interactive processes that promote the encounter of people and the development of affectional bonds. However, in order to understand the interactions that are established, we must recognize the peculiarities inherent in the subjectivity of the subjects involved, the numerous possible interpretations of the human mind, and the feelings that permeate caring relationships and interactions. Such recognition demands a broader view and being open to a comprehension of the multiple events and phenomena that occur in the same environment and that permeate actions of care[3].

For this reason, it is necessary to consider the underlying complexity of human relations and interactions. To this end, under the complexity perspective[4-5], nursing and health professionals must be understood as complex, uni- and multidimensional, singular and plural. They are biological, affective, psychological, social, and rational, individuals who assimilate the singularities and pluralities of other beings that arise withinbuilt relationships and interactions. As living systems, professionals are considered open systems. Thus, they are beings of exchange, interaction, interrelation, dependent on the external relationships that they establish as a mean to their own development[4].

Care of "the we," a theme still under construction in nursing, is represented by relationships and interactions that take place among nursing and health professionals in order for healthy coexistence to occur. As these professionals relate and interact, they exchange experiences,forming interdependencies and developing the necessary care for their personal growth and fulfillment. Thus, the present article aimed to understand how care of"the we" is processed in the human relationships and interactions established by nursing and health professionals in a university hospital.

METHODOLOGY

The study took place between March and July 2011 in a university hospital in the South of Brazil. As our methodology, we adopted the grounded theory, which seeks to explore the meaning of the investigated phenomena and allows for constant interrelating of data and comparative analyses[6].

Data collection, in accordance with grounded theory[6], was guided by a theoretical sampling. We used four sample groups that consisted of nursing and health professionals, a total of 25 participants. Inclusion criteria were being a nursing or health professional working at the chosen institution and being available to contribute to the research. The first sample group consisted of six nursing professionals from a surgical care unit, which led to the formation of the second group, composed of five health professionals (a psychologist, a physician, a nurse, a pharmacist, and a nutritionist) in the same unit. In order to compare data and confirm hypotheses, the third group consisted of 11 nursing and health professionals (nurses, nursing technicians, physicians, a psychologist, a speech and language therapist, and a social worker) from an intensive care unit. The phenomena were compared and hypotheses confirmed, and data saturation was obtained by forming the fourth group, which consisted of a physician, a nurse, and a pharmacist,who were, respectively, the hospital's general director, nursing director, and director of care support.

Data were collected through semi-structured interviews that were digitally recorded and began with the following question: Tell me what caring for "the we" means to you, based on your experience. The other questions were directed by the respondents' answers. To ensure the anonymity of the information, participants were identified by the letter P (for participant), followed by an ordinal number corresponding to the order of the interviews (P1, P2... P25). Participation was voluntaryand participants signed free and informed consent forms. As our theoretical framework, we adopted the

complexity perspective[4-5].

During data processing and analysis, which was guided by theoretical sampling, the data were transcribedand coded. After being analyzed, the data led to the next phase of data collection and comparative data analysis, successively, until data saturation was achieved. The codes were grouped and then defined and developed into categories and subcategories in terms of their properties and dimensions, followed by open, axial, and selective coding[6].

The analytical process was constructed under the paradigmatic perspective, which comprises five components (context, cause, intervenient condition, strategies, and consequences) explaining the phenomenon. The data presented and discussed here refer to the strategies that nursing and health professionals used and processed in their relationships and interactions to care for "the we." These strategies are presented in a category made up of four subcategories originating from the theoretical connections made. This resultedin an explanatory analytical process of the experiences and relationships with care of "the we,"as signified by the professionals.

This study was approved by the ethics committee for research with human subjects of the Federal University of Santa Catarina, under No. 860/2010. All phases of the study abided by ethical criteria for research with human beings.

RESULTS

Care of "the we" as processed in the relationships/interactions established by nursing and health professionals

This category sustains that care of "the we"as processed in the human relationships and interactions established by nursing and health professionals in the hospital environment is composed of four subcategories, described as follows:

Care of "the we" is relational and procedural

Care of "the we" involves relational processes between individuals in a certain context, whose relationships are optimized by affinity, interaction, and physical and temporal proximity. These qualities lead to a relationship of intimacy, exchange, dialogue, and mutual help,and help form affectional bonds.

Care lies in our affinities. (P20)

It's looking at someone and knowing if they are okay. This perception takes place through time spent together. (P22)

Every shift is concerned with its members. The morning shift cares about the afternoon shift; they have a very close relationship. (P4)

The relationship of caring for"the we" is connected to each person's particular way of being and relating. It involves awareness of reciprocal care in the interaction constituted between beings, from professionals at the technical level to managers. In this sense, caring relationships are processed with the various "wes" in the various groups of equals—that is, among professionals whowork the same shift, in the same unit, or in positions with similar functions.

[. . .]it's like a citizen's duty to help one another, not a professional one. (P1)

[. . .]it's one professional caring for the other in day-to-day life, treating each other well, respect. It means reciprocal care, some more, some less; some are more expansive and some are less.(P7)

[. . .]it's the relationship among the "we" of equals working in the same unit, institution, who have a common goal, a common purpose. (P17)

The relationships involved in caring for"the we," also understood as networks of care, are constantly growing, moving, and mutating based on input, output, and exchanges that take place among the subjects involved in the relational process. As this process occurs through human interaction, the network of relationships consists of the mutual expectations, weaknesses, and flaws inherent to human beings.Thus, an active, mature, and flexible attitude is required in order for points of the network to stay connected and process the care of "the we."

A network that is in constant growth, woven by different subjects. It is not easy to connect and keep these points connected; if one point comes loose the network becomes fragile. (P17)

We always have expectations of others and not all of them are met[...]we have to be flexible with each other. (P21)

In the relational process, beings are interconnected through the emotions that they feel and manifest. Mutual exchange occurs in a chain reaction, whether with positive or negative emotions, whether among a group of equals or with the family.

I think everything is interconnected, one with the

other. (P16)

If I care for the team, the team will take care of her family and that will come back to me. (P19)

How care of "the we" is processed in the working environment

Health professionals and nursing professionals in particular interact almost daily for a period of six to 12 hours in the workplace. In this interaction, care of"the we" is processed through caring actions and attitudes among professionals. It begins from the moment one enters the space of coexistence and interaction, in which it is important to wish each other good morning or good afternoon, greeting everyone with enthusiasm. Thus, the care for "the we" begins to be processed by professionalsas they arrive and approach people, displaying respect, interest in, and concern for others.

It means thinking about others from the moment you arrive and say: Good morning! Good afternoon![...] It's how you arrive, how you care, very small details. (P20)

Caring actions and attitudes, identified by respondents as responsible for processing the care of "the we" in intergroup coexistence, take place through the presence, listening, attention, smiles, compliments, empathy, acceptance, respect, recognition, availability, concern, warmth, zeal, affection, and solidarity that one professional expresses toward the other in the workplace and through care. When appropriate, relaxation is allowed, as play and laughter allow for care to be processed among subjects and in the environment of relationships.

Listening, complimenting, playing, laughing, smiling. (P20)

It has more to do with this part of relationships—concern, attention, listening, being empathetic, available. (P5)

It's when we can respect, recognize, care in the little things.(P7)

Solidarity is extremely important for relationships of care to occur. (P22)

Care of "the we" is also processed during snack breaks, when the professionals gather to drink coffee, talk, and socialize. This allows for more intimate relationships, a moment to reduce the tension associated with work/professional commitments and responsibilities.

During our coffee break, we try to come together and build closer relationships. (P5)

How care of"the we"is associated with collective care

As social beings, professionals interact, associate with, and integrate themselves with others. These others become the object of attention and concern when individuals adopt the perspective of the collective/"the we." To think about care of "the we" is to consider the collective. It means no longer thinking of the singular, but thinking of the plural, of caring forseveral people and/or groups of people; it means thinking about each other, the wellbeing and care of those involved in the same social group, each of which has distinct and specific characteristics.

[...] it's people thinking about each other in the workplace. I don't think we can only think only about ourselves, our own wellbeing, because we care for other human beings, interact with other human beings, so we have to think about the collective wellbeing. (P5)

Care of"the we" integrates and involves multiple subjects who interrelate within and outside of the hospital environment. From the perspective of collective care, it transcends professional relationships and relationships with patients and their families, also involving other socially established caring relationships. Thus, collective care is placed within the perspective of multiple, sensitive, and creative interactions.

This collective we[...]transcends the professional, the patient, and the patient's family[. . .]it also involves the professionals'relationships outside of the working environment. (P18)

In the movements of care, interpersonal relationships with several different "wes" are woven in the subjectivity and singularity of beings, based on how each subject perceives the other. Caring for the "we" means meeting the particular needs of the(se) other(s) when we take into consideration the infinite heterogeneity of individuals who live and depend on society, the group, and the collective to establish caring relationships.

Caring for "the we" is part of interpersonal relationships, as we are subjective and different from one another, part of a collective task, a relational task. (P17)

Collective relationships imply a plurality of events, actions, interactions, and retroactions that

belong to that which is collective and plural. In these relationships, the professionals, with their singularities, displayed traces of the multiplicity contained in the established relationships. In other words, they possess the characteristics of other individuals acquired through time spent together.

Signifying the caring relationship and interaction with patients and family members

When reflecting on care of "the we," the nursing and health professionals in this study adopted the complexity perspective. They made reference to it as collective care, whose primary focus is the patients, who are accompanied by their families and close relations. Caring relationships with patients and family members carry significant importance for these professionals. Such relationships are permeated by care, warmth, concern, acceptance, sensitivity, respect, reciprocity, empathy, and touch.

Our focus is on the patient. It's impossible to think about the patient without thinking about their companions, their family members. They need to be welcomed with care, respect, reciprocity, and empathy. (P7)

The attention and concern of professionals for patients and family members goes beyond the interaction spatially constituted at the hospital level. Planning the patient's discharge involves the family taking on responsibility for care, and the inclusion of other levels of health care that will be activated to provide the patient with continuity of care.

I make lots of counter-referrals[. . .] the link between levels of complexity. (P11)

Caring for the patient beyond the hospital, how it will be at home[. . .]. (P18)

Caring interaction among professionals, patients, and family members is permeated by altruistic actions and attitudes, represented by mutual affection, and characterized by kindness, generosity, solidarity, and spirituality—proper qualities of people who have an inclination to care for others as if caring for oneself. This represents the importance and nobility of human attitudes and actions in relationships that care for "the we."

Families bring cake for the team[. . .] a thank you, a caring gesture, a way of saying: Thank you for what you do[. . .]you should also be cared for. (P7)

When there are severe patients here, I always put their names in the prayer group[. . .]I pray for the patient here, quietly. (P3)

DISCUSSION

According to the findings of this study, care-promoting relationships are revealed through exclusively human actions and attitudes that are, imbued with attention, respect, empathy, and zeal between the subjects involved[7]. These occur when a person perceives the other as an important participant in their life, as these are conscious, intentional, and/or controllable actions; they have the power to provoke transformative action in the relationship between subjects[8]. However, even before coming to being and materializing itself through an action or attitude, care expresses a way of life, of being, feeling, and co(existing) related to the essence of the being of humans[1].

Throughout everyday activities and prolonged time spent together in the workplace, professionals interact and become integrated, identifying affinities and consequently forming affectional bonds between them. Through this coexistence, feelings, experiences, and accomplishments are shared, strengthening emotional ties and creating closer and more intimate relationships[7]. Dialog and human contact are based on ethics and respect and on the condition of beings as subjects of rights, desires, and knowledge[3].

In the multiple relationships identified in this study, caring for "the we" involved a diversity of people connected through care. These relationships were established among nursing and health professionals, who articulated and promoted care among them. Thus, care is singular in meaning and multiple in how it is processed, as it articulates multiple caring relationships.

This study corroborated the fact that care of "the we" implies understanding the multiple and endless phenomena of constant association among beings, and between beings and their environment. These relationships help modify and are modified by existing human relationships. Considering that it is an emerging theme still under construction, caring for "the we" denotes constant movement and prompts continuity, process, and increasingly deeper investigations into its meanings, such as the understanding of collective care[7].

In this sense, according to the results, care of "the we" involves the concept of the collective, frequently used in the human and social sciences to designate a dimension of reality that opposes the individual dimension, which separates objects

and knowledge, individuals and society. As such, the collective is represented by professionals in the dimension of both individual and group interactions[9].

The collective perspective allows for possibilities in which nursing and health professionals share, exchange, and interact through the daily agreements and disagreements in the hospital environment, considering the singular subjectivities of those involved. From this perspective, collective care results from individual actions aimed at reaching other people or groups[10]. As it involves the collective, encounters between professionals multiply and resonate with interrelated actions and experiences in the care of "the we"[11].

Care of"the we"as experienced by the nursing and health professionals in the present study involvedthe collective responsibility of each person with regard to that which belongs to all. Therefore, the conduct of each professional, which holds multiple social, cultural, environmental, educational, and religious aspects, among others, conditions the conduct of other professionals and reflects both the product of collectivity and of care for the environment, nature, and the planet[7,12-13].

In its multidimensionality and complexity, care of "the we" in the hospital environment occurs in the interaction among professionals and in their interaction with other beings and the environment. These interactions establish a relationship of interdependence in favor of collective and multidimensional care[11]. Thus, interdependence among nursing and health professionals benefits both caring interpersonal relationships at work and the care provided to patients[14].

Care of "the we," understood as a form of collective care due to the involvement of beings of relation, represents a set/team/group/gathering of people/professionals. It takes place in the interaction among professionals, and in collective thinking and responsibility for these attitudes, conducts, and decisions that encompass the care of multiple beings. This means including the "I" in the collective as an active participant in this relationship[12].

When care of "the we" / the collective is understood through the complexity of relationships and interactions, professionals must exercise self-awareness and awareness of what is happening around them. They must also notice the interdependence of their relationships with the world, with the other, and with others. Caring for "the we"/ the collective involves the complexity of human relationships, which transits certainty and uncertainty, logic and contradiction, the rational and the irrational, and which organizes and disorganizes itself, finds balance and loses balance in the dynamic movement of the universe[4].

Following such reasoning, it is possible to identify that patients and family members are part of the human interactions comprising the care of "the we" of nursing and health professionals, the first being the link between all the rest. Through their caring actions aimed at patients, professionals promote the process of referral and counter-referral in health care; they ensure continuity of care and the assessment of interventions recommended upon hospital discharge[15]. Health care also permeates the post-discharge moment, adequatelyguiding and accompanying the family to followthrough with care at home[16].

Thus, this interactive process fosters the encounter withand establishment of bonds between professionals, patients, and their families[3]. In these interactions, we identified altruistic and benevolent attitudes held by professionals in terms of their commitment to human care and to patients and their families by providing satisfaction with the quality of nursing care[17]. When they understand the importance of their presence, nursing staff displays positive attitudes when caring for families[18]. In turn, gestures of solidarity from family members toward the nursing staff create a favorable environment for establishing caring relationships[3].

Spirituality was also present in the strategies observed in this study. Nursing staff cultivate their spiritualty in the workplace[19] as a form of support for patient recovery. When performed with the intention of recovery, prayer is an expression of faith in the patients and family's care, a spiritual form of care[20].

CONCLUSIONS

The present study revealed that care of"the we"as processed in the relationships and interactions established by nursing and health professionals is a relational and procedural phenomenon. It is manifested by caring actions and attitudes among professionals. It occurs from the moment one arrives and approaches people,

as an expression of respect, interest, and concern with the other, to modes of interacting with the environment and the subjects involved.

The results showed that care of "the we" was linked to collective care as it integrated multiple relationships.It involved multiple subjects that interrelate both within and outside of the hospital setting, whose care surpasses professional relationships and relationships with patients and their families, as it involves other socially established relationships. Caring relationships and interactions reveal nonlinear dynamics, an unlimited number of associations that process and express the care of "the we" in a broad and complex way.

A limitation of this study was the fact that such a complex theme, full of meanings, was approached in only one context. These meanings can and should be explored in other social and healthcare environments.

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