

*Postoperative prostatectomy: a look at the nurse's performance**Pós-operatório de prostatectomia: um olhar sobre atuação do enfermeiro**Prostatectomía postoperatoria: una mirada al desempeño de la enfermera*

Rosane da Silva Santana¹, Adryele Riane Alves Lacerda², Maria Aparecida Araújo², Laurice da Silva Nascimento², Débora Raquel Farias e Silva Veras², Diely Day Rodrigues Dos Santos²

¹ Universidade Federal do Ceará, Graduate Department of Public Health. Fortaleza, Ceará, Brazil.

² Faculdade UNINASSAU, Nursing Department. Teresina, Piauí, Brazil.

ABSTRACT

Objective: To analyze the care provided by nurses with the elderly in the postoperative period of prostatectomy. **Method:** Descriptive qualitative study conducted with five nurses of the Urological Clinic of the High Complexity Hospital. Data collection took place between September and November 2017 through a semi-structured script. Content analysis was used for speech evaluation. **Results:** It was observed that after prostatectomy surgery, nurses performed monitoring of vital signs, patient safety care and prevention of complications, and actions aimed at the patient's psychological well-being. It was evidenced that nursing care is essential and significant, mainly because it reduces postoperative complications. **Conclusion:** The nurse develops effective and dynamic intervention plans to meet the real needs of the elderly, having an extremely important role in the care of these patients undergoing the prostatectomy procedure.

Descriptors: Prostate Neoplasms. Nursing care. Nursing.

RESUMO

Objetivo: Analisar os cuidados realizados pelos enfermeiros com idosos no pós-operatório de prostatectomia. **Método:** Estudo qualitativo descritivo realizado com cinco enfermeiros da Clínica Urológica do Hospital de Alta Complexidade. A coleta dos dados ocorreu entre os meses de setembro a novembro de 2017 por meio de um roteiro semiestruturado. Utilizou-se análise de conteúdo para avaliação das falas. **Resultados:** Observou-se que após a cirurgia de prostatectomia, os enfermeiros realizaram monitoramento dos sinais vitais, cuidados com a segurança do paciente e prevenção de complicações, além, de ações voltados para o bem-estar psicológico do paciente. Evidenciou-se que são essenciais e significativos os cuidados do enfermeiro, principalmente por reduzir as complicações no pós-operatório. **Conclusão:** O enfermeiro desenvolve planos de intervenção efetivos e dinâmicos para atender às reais necessidades dos idosos, tendo papel de extrema importância no cuidado a esses pacientes submetidos ao procedimento de prostatectomia.

Descritores: Neoplasias da Próstata. Cuidados de Enfermagem. Enfermagem.

RESUMÉN

Objetivo: analizar la atención dada por las enfermeras a los ancianos en el postoperatorio de prostatectomía. **Método:** Estudio cualitativo descriptivo realizado con cinco enfermeras de la Clínica Urológica del Hospital de Alta Complejidad. La recopilación de datos fue entre septiembre y noviembre de 2017 a través de un script semiestructurado. El análisis de contenido se utilizó para la evaluación del habla. **Resultados:** Se observó que después de la cirugía de prostatectomía, las enfermeras realizaron un seguimiento de los signos vitales, la atención de seguridad del paciente y la prevención de complicaciones, y acciones dirigidas al bienestar psicológico del paciente. Se evidenció que el cuidado de enfermería es esencial y significativo, principalmente porque reduce las complicaciones postoperatorias. **Conclusión:** el enfermero desarrolla planes de intervención efectivos y dinámicos para satisfacer las necesidades reales de los ancianos, desempeñando un papel extremadamente importante en la atención de estos pacientes sometidos al procedimiento de prostatectomía.

Descriptor: Neoplasias de Próstata. Cuidados de enfermería. Enfermería.

Como citar este artigo:

Santana RS, Lacerda ARA Araújo MA, Nascimento LS, Veras DRFS, Santos DDR. Postoperative prostatectomy: a look at the nurse's performance. Rev Pre Infec e Saúde[Internet]. 2019;5:9063. Available from: <http://www.ojs.ufpi.br/index.php/nupcis/article/view/9063> DOI: <https://doi.org/10.26694/repis.v5i0.9063>

INTRODUCTION

In Brazil, prostate cancer is the second type of cancer that most affects men. It is a silent disease and for accurate diagnosis, the patient should perform some tests such as rectal examination, PSA (Prostatic Specific Antigen), and Gleason Score (score for prostate cancer) along with biopsy result.¹

There are well-established risk factors for the high incidence of cancer. High age, ethnicity, genetic factor and lifestyle are the most frequent causes for the development of the disease. Some clinical studies reveal that in addition to the factors mentioned, there are exogenous risks such as diet, sexual behavior pattern, alcoholism, exposure to solar radiation and occupational exposure.²

As the population ages, problems arising from the aging process are identified, including prostate cancer. The age group over 50 needs priority attention because of the reactions provided by the treatment and the feelings shown after the diagnosis of the disease, significantly affecting their quality of life. The therapy used can influence the emotions presented by the subjects causing feelings such as fear, uncertainty, insecurity, sadness.³⁻⁴

Prostate cancer in the early stage usually does not cause symptoms, but in the advanced stage can be evidenced by impotence, interrupted urinary flow, frequent urination, blood, pain or even burning during voiding, weakness and/or numbness in the legs or feet, among others.⁵

Treatment for prostate cancer is designed according to the development of the disease, age and patient demand. Nursing interventions are

Postoperative prostatectomy

extremely important to minimize some complications in the postoperative period of prostatectomy.⁶

Nursing uses various practices aimed at improving patient care. The Nursing Care Systematization (SAE) is one of the tools and technologies used to perform postoperative care. Care is organized from patient data collection and physical examination, followed by nursing diagnosis, planning of actions to be performed (results and interventions), implementation and evaluation of results.⁷

The study aimed to analyze the care performed by nurses with the elderly after prostate surgery. It is important to evaluate the interventions performed by nurses so that patient care improvements are more effective, minimizing complications.

METHOD

This is a descriptive qualitative research, conducted between September and November 2017 at the urological clinic of a public hospital of high complexity located in the municipality of Teresina-PI.

Only five nurses from the eight who work in the clinic participated in the research. Effective nurses with minimum experience of one year in the sector in the morning, afternoon and evening shifts were included. And excluded, those who were on vacation, leave and vacancy during the period of data collection.

Data were collected using the interview technique, through a semi-structured script. The instrument was divided into two parts, the first with demographic information of the participants, such as gender, age, time since

Santana RS, et al.

graduation, degree and time of practice in urology. The second, consisting of three open questions, aimed at obtaining data pertinent to the actions of nurses in the care of the elderly who underwent prostatectomy. Participants received explanations about the objectives and procedures that were used in the research, detailing the methods, the designs of the collected data, and the benefits of participating.

As a form of security for participants, the ethics that govern research that ensures confidentiality and anonymity, they were identified by the term Deponent, and an Arabic numeral following the interview's accomplishments.

After the consent of the nurses, the time for the interview was scheduled according to the availability of each participant. So that no relevant information was lost or forgotten, a mobile device (MP4) was used as a resource to record the interviewees' statements.

The reports obtained were fully transcribed and then organized into three analytical categories: Nursing care for the elderly; Guidance given by nurses to the elderly and Benefits of postoperative prostatectomy care.

For data analysis, we used content analysis, thematic modality that is organized in three moments, the first the previous analysis, in which the floating reading of the interviews is done in order to systematize the initial ideas, then exploration of the material: identifying the nuclei of meaning of the speech grouping the ideas that relate and finally the treatment of the data obtained.⁸

Postoperative prostatectomy

The research followed the ethical and legal precepts approved by the Research Ethics Committee with Opinion No. 2.261.190.

RESULTS AND DISCUSSION

The research subjects were five nurses. Of the five, four were female and one male with ages ranging from 25 to 44 years. Only one of the five respondents had specialization in adult health and the others had no other title. The results were presented in categories, as follows:

Category 1: Nursing care for the elderly in the postoperative prostatectomy

Understanding the professional basis of nursing care, Resolution COFEN No. 358/2009 which provides for the Systematization of Nursing Care and the implementation of the Nursing Process in public or private environments, is in its Article 2 on the organization of the Process. of Nursing in five interrelated, interdependent and recurrent stages, namely: "I (Nursing Data Collection or Nursing History); II (Nursing Diagnosis); III (Nursing Planning); IV (Implementation) and V (Nursing Evaluation)".

Nursing interventions, according to this resolution, are contained in the fourth stage of the Nursing Process called "Implementation". The purpose of this step is to perform the nursing actions or interventions determined in the Nursing Planning step.

In this research, it was observed that the care performed by nurses in the postoperative period of prostatectomy encompassed actions related to the monitoring of vital signs (Deponent 1 and 2), patient safety (Deponent 1 and 2) and prevention of complications (Deponents 4 and 5).

In addition, actions related to the psychological well-being of the patient, affecting the quality of care provided in a humane way (Deponent 3).

“[...] The care we perform with the patient undergoing postoperative prostatectomy is the rigorous monitoring of vital signs, care related to pressure ulcer and risks of falls, skin hydration, medication administration, intravenous fluids, blood transfusions, monitoring of entry and delayed catheter fluid discharge, drain flow record, daily dressing assessment and dressing, observation of urine color and irrigation system obstruction, observing risks and signs of infection, hypovolemic, cardiogenic, anaphylactic and septic shock and washing, washing delayed catheter with Saline Solution 0.9% if there is obstruction”. (Deponent 1)

“[...] Postoperative vital signs should be checked and controlled, care should be taken when bladder irrigation is in and out, with the risk of bleeding, falls, pressure injuries, risk of shock and/or surgical infection, and, still maintain the patient or throughout postoperative anesthetic recovery”. (Deponent 2)

The postoperative prostatectomy is a time when the patient needs to be monitored for his/her full recovery from the surgical procedure. The most common nursing diagnoses in this phase are: pain, anxiety, risk of infection, poor knowledge, sexual dysfunction, impaired urinary

elimination, ineffective control of the therapeutic regimen, risk of poor volume, impaired physical mobility, among others. The importance of recognizing nursing diagnoses is important to support their interventions, whether monitoring vital signs or patient safety.⁹

Monitoring should be performed in order to reduce complications in these patients, since the elderly has decreased stress responses and lower physiological reserves. Patient safety actions are intended to prevent post-surgical complications preventable by healthcare professionals such as pressure injuries, medication errors, risk of falling, risk of invasive device infections, etc.¹⁰⁻¹²

The care performed in a humanized way was presented in the report of the Deponent 3 exposing, among the various actions provided to the patient after surgery, the highlighting of emotional needs. It is emphasized that the care provided in an integral and non-compartmentalized way, enhances the quality of care provided.

“[...] In immediate postoperative the prostatectomy, as in all postoperative. It has bloody signs (hemorrhages) and an important part is the continuous bladder irrigation, besides observing that they are elderly men (risk of infection) and especially by delayed catheter, emotional needs are important nursing items”. (Deponent 3)

The nurse is the professional who acts directly in the care of patients who underwent prostate surgery. The authors point out that the

main cares for patients are hot baths, glans cleaning, use of ointments and probe handling. These actions improve and provide greater comfort and reduction of adverse effects caused by the use of delayed bladder catheter.¹³

The nurse, in coordinating nursing care, should provide a comfortable environment, working together with the patient's family, in a care based on the uniqueness of each elderly. The orientations passed on to the family and the patient have a positive impact on the client's improvement process. Considering physical, psychological, social, cultural and spiritual aspects in the planning of interventions make care effective.¹⁴

Regarding actions pertinent to the prevention of complications, nursing work is essential and significant, mainly because it reduces postoperative complications. Nursing must work effectively and dynamically to perform the necessary actions according to the needs of elderly patients.

“[...] Bleeding should be noted for possible possibility of shock, infection, venous thrombosis, catheter obstruction, and guidelines for sexual dysfunction, note for loss and entry control when a good inpatient”. (Deponent 4)

“[...] Bleeding, shock, catheter obstruction are observed. Not forgetting to advise on sexual dysfunction and the risks of infections”. (Deponent 5)

Surgery performed to treat prostate cancer can bring physiological and psychological

complications. The first may be evidenced by urinary incontinence with the presence of clots that lead to catheter obstruction, enlargement of the prostatic capsule and hemorrhage and erectile dysfunction. The second is represented by the emotional conflicts expressed by patients as fear, helplessness, anger and sadness.¹⁵

The implementation of specific interventions for the patient after surgery is part of the care that must be developed by nurses. The implemented actions are essential and should be performed by nurses in the care of the elderly in different scenarios of professional practice, promoting in particular the improvement in quality of life.¹⁶

Category 2: Guidance given by nurses to the elderly in the postoperative period of prostatectomy

It is important that nurses develop nursing actions through care planning in order to prevent complications and reduce harm to patients. Nursing care should be performed according to the patient's responses during treatment, evaluating the clinical aspects.¹⁷

The nursing instructions, presented in this study, both are related to physical aspects (Deponent 1 and 2) as the psychological aspects (Deponent 3). Acting directly on care, nursing guides, explains and clarifies the participants about the necessary care after the procedure.

“[...] The recommended guidance are: early stimulation, early ambulation, avoidance of abdominal physical exertion, nutrition and hydration care, daily bathing and cleaning of surgical wound

and urinary meatus, pain control, attention to the risk of bleeding, venous thrombosis probe, infections, self-care and community care such as continuing education". (Deponent 1)

"[...] Inform the patient about their diet, about delayed catheter and bladder irrigation, about the risk of falls and pressure injuries, limb movement and stimulate ambulation, care about the risk of surgical wound infection and advise about the importance of hygiene and fluid intake". (Deponent 2)

The guidance cited by the deponent 1, corroborate the results of a recent integrative review which showed that, among the cited care were the orientation of patients regarding the care performed by nursing, clarification of doubts about the clinical picture, and development of patient autonomy for self-care.⁴

It was also observed that care-related guidelines should be performed in such a way that the patient who underwent prostatectomy can return to his daily routine. This nursing action is fundamental at this time, as patients need stimulation and security to adapt to the recovery process. Thus, it is important to develop strategies that help not only the recovery of the physical state, but also the psychological in order to patients cope with the changes, overcoming their limitations and the precepts before society.¹⁸

Noting a concern to guide and welcome the patient in a humanized way for good planning and care of men, nurses need to consider the

gender perspective, following a care plan and strategically executing to drive transformative practices.

"[...] Psychological support, observe signs of incontinence after tube withdrawal, problems with patient's sexuality". (Deponent 3)

"[...] Guide if catheter too hematuria is obstructed, perform the wash requested by the doctor this wash is in the tube, guide as the vital signs especially pressure and pulse". (Deponent 4)

"[...] Flush the tube to prevent obstruction, observe signs of incontinence after tube removal, and guide about the catheter". (Deponent 5)

The importance of good communication established between nurse and patient is emphasized, using therapies and promoting both preoperative and postoperative orientations, with a view to resolving care according to the individual needs of the elderly.

Category 3: The benefits of effective care for the elderly after prostatectomy

This category addresses the main influences for effective care for the elderly in the postoperative period of prostatectomy, namely: prevention of postoperative complications; rapid recovery after surgery; decreased postoperative discomfort (anxiety, fear and pain).

“[...] Surgically and/or completely remove cancer and negative margins, prevent sexual dysfunction and erection recovery, treat urinary incontinence”. (Deponent 1)

“[...] It has the benefit of rapid postoperative recovery, reducing the risk of injuries, injuries and infections, reducing the client's pain, bringing well-being in the recovery period”. (Deponent 2)

Regarding the prevention of diseases, two are pointed out in the literature as distressing to the patient undergoing prostate surgery: urinary incontinence and erectile dysfunction. The guidelines on the patient's sexuality and appropriate actions regarding this theme make the patient have contact with the problem and work, together with the health professionals, in the recovery of their condition.¹⁹

Systematic care taking into account the uniqueness of the elderly and their families contributes to the rapid recovery after surgery. Making the patient the subject of their therapy is indispensable for the creation of the bond of trust, comfort and tranquility to the patient and their families in the hospital environment. Therefore, good communication between nursing and patient can promote quality of care, well-being, learning and rapid recovery of patient health.¹⁹

Patients undergoing anesthetic-surgical procedures are expected to experience some discomfort during post-anesthetic recovery. These are situations resulting from various

Postoperative prostatectomy

causes, such as the type of intervention performed and pharmacological interactions of drugs administered before, during and after the act, as well as the patient's emotional situation.⁸

Regarding nursing care to reduce postoperative discomfort, it is fundamental to investigate any signs or symptoms presented by patients. Pain is one of the most common symptoms after surgery, many patients report pain not only due to the procedure, but pain caused by the emotional state.²⁰

Postoperative discomforts are problems that need rapid identification and can be identified through constant patient surveillance and vital signs monitoring. Professionals must have the knowledge and skills to provide safe and effective care. It is up to the team to plan and institute interventions that minimize risks as well as their occurrence, ensuring the patient a specialized and unique care, as each patient reacts differently.²⁰

The reports of the deponents 3, 4 and 5 emphasize the importance of guidance to patients for their full recovery, which consolidates the nurse as an educator.

“[...] The benefits of post-surgical care are the duty of nursing, but especially the aforementioned surgical pain, shorter hospital stay, I mean minimal hospital prominence, less risk of infection and consequently better patient recovery”. (Deponent 3)

“[...] The outcome of patient care and guidance is a successful recovery and the adaptation and acceptance phase of the

new routine, when some patients live with a probe for the rest of their lives, also have control of laboratory test results, hemoglobin, hematuria". (Deponent 4)

"[...] The care and guidance given to these patients is a fast but collaborative recovery accepting the adaptation phases, with new routines, for a good quality of life". (Deponent 5)

According to the Federal Council of Nursing, the longest and most established contact with the patient during hospital treatment is with the nurse and his team. They develop care not only to relieve pain or discomfort after surgery, but also in preventive care, to reduce complications due to the procedure and the patient's advanced age.²¹ The nursing process directs the professional practice systematically and integrally, according to the client's individuality.

Although the results of this study are of paramount importance, they are limited by the methods: qualitative study, which reduces its generalizing power as well as having been performed in a single location.

CONCLUSION

The nurse plays a relevant role in assisting elderly patients undergoing prostatectomy, as their care prescriptions and guidelines reduce postoperative complications. It is noticed how important is the methodology that nursing has in its care. In the study hospital, it was verified how much nursing care is necessary for the evolution of the patient's clinical condition. The study is expected to contribute to the implementation of this methodology in other institutions, in order to improve the quality of care provided to this differentiated public, meeting their real needs in a holistic manner.

REFERENCES

1. Instituto Nacional de Câncer (INCA). Coordenação de Prevenção e Vigilância. Estimativa 2014: Incidência de Câncer no Brasil. Rio de Janeiro: Inca; 2014. Available from: http://www.saude.sp.gov.br/resources/ses/perfil/gestor/homepage/outros-destaques/estimativa-de-incidencia-de-cancer-2014/estimativa_cancer_24042014.pdf
2. Adam S, Feller A, Rohrmann S, Arndt V. Health-related quality of life among long-term (≥ 5 years) prostate cancer survivors by primary intervention: a systematic review. Health Qual Life Outcomes [Internet]. 2018 June [cited 2019 June 28]; 16(1):22. Available from: <https://doi.org/10.1186/s12955-017-0836-0>
3. Tomic K, Ventimiglia E, Robinson D, Häggström C, Lambe M, Stattin P. Socioeconomic status and diagnosis, treatment, and mortality in men with prostate cancer. Nationwide population-based study. Int J Cancer. [Internet]. 2018 June [cited 2019 June 28]; 142(12):2478-2484. Available from: <https://doi.org/10.1002/ijc.31272>

4. Santos D, Silva F, Saldanha E, Lira AL, Vitor A. Cuidados de enfermagem ao paciente em pós-operatório de prostatectomia: revisão integrativa. *Rev Eletr Enf [Internet]*. 2012 Ago [cited 2019 June 28];14(3): 690-701. Available from: <https://doi.org/10.5216/ree.v14i3.14980>
5. Magbanua MJ, Richman EL, Sosa EV, Jones LW, Simko J, Shinohara K, et al. Physical activity and prostate gene expression in men with low-risk prostate cancer. *Cancer Causes Control*. [Internet]. 2014 June [cited 2019 June 28]; 25(4):515-23. Available from: <https://doi.org/10.1007/s10552-014-0354-x>
6. Souza P, Costa V, Maruyama S, Costa A, Rodrigues A, Navarro J. As repercussões de viver com uma colostomia temporária nos corpos: individual, social e político. *Rev Eletr Enf [Internet]*. 2012 Ago [cited 2019 June 28]; 13(1):50-9. Available from: <https://doi.org/10.5216/ree.v13i1.7928>
7. Silva JP, Garanhani ML, Peres AM. Systematization of Nursing Care in undergraduate training: the perspective of Complex Thinking. *Rev. Latino-Am. Enfermagem [Internet]*. 2015 Feb [cited 2019 June 28]; 23(1): 59-66. Available from: <http://dx.doi.org/10.1590/0104-1169.0096.2525>
8. Manzini, EJ. Uso da entrevista em dissertações e teses produzidas em um programa de pós-graduação em educação. *Revista Percurso*, v. 4 n. 2, p. 149-171, 2012.
9. Sociedade Brasileira De Enfermeiros De Centro Cirúrgico, Recuperação Anestésica E Centro De Material E Esterilização (SOBECC). Centro Cirúrgico, Recuperação Anestésica, Centro de Material e Esterilização: Práticas Recomendadas SOBECC. 6th ed. São Paulo: SOBECC; 2013.

- Available from: <http://www.sobecc.org.br/texto/7>
10. Smeltzer SC, Bare BG. Brunner & Suddarth: tratado de enfermagem médico cirúrgica. 12th ed. Rio de Janeiro: Guanabara Koogan; 2011.
 11. Sousa AF, Bim LL, Schneider G, Hermann PR, Andrade D, Fronteira I. m-Health in the surgical context: Prospecting, review and analysis of mobile applications. *Open Nurs J [Internet]*. 2019 June [cited 2019 June 28]; 13(1):17-28. Available from: <https://doi.org/10.2174/1874434601913010018>
 12. Porto AO, Leal CBM, Souza DA, Santos JLP. Análise da assistência de enfermagem aos usuários de acesso venoso periférico. *Rev Pre Infec e Saúde [Internet]*. 2018 June [cited 2019 June 28]; 4:7329. Available from: <https://doi.org/10.26694/repis.v4i0.7329>
 13. Conselho Federal de Enfermagem (COFEN). Perfil da enfermagem: Após diagnóstico, COFEN cobra mudança. 2015. Available from: http://www.cofen.gov.br/perfil-da-enfermagem-apos-diagnostico-cofen-cobra-mudancas-2_31302.html
 14. Saldanha EA, Medeiros ABA, Frazão CMFB, Silva VM, Lopes MVO, Lira ALBC. Diagnósticos de enfermagem em pacientes submetidos a prostatectomia: identificação da significância dos seus componentes. *Rev bras enferm [Internet]*. 2014 [cited 2019 June 28]; 67(3): 430-437. Available from: <http://doi.org/10.5935/0034-7167.20140057>
 15. Janatmakan F, Nassajian N, Sarkarian M, Ghandizadeh Dezfuli M, Salari A, Tabatabaei SK, et al. Effect of Local Fibrinogen Administration on Postoperative Bleeding in Open Prostatectomy Surgery. *Anesth Pain Med. [Internet]* 2018 June

Santana RS, et al.

[cited 2019 June 28]; 8(3):1-10. Available from: <http://doi.org/10.5812/aapm.73983>

16. Fernandes MGM. Diagnósticos de enfermagem do domínio atividade/repouso evidenciados por idosos em tratamento hemodialítico. Rev RENE [Internet]. 2012 June [cited 2019 June 28]; 13(4):929-937. Available from: <http://www.periodicos.ufc.br/rene/article/view/4063>

17. Batista MR, Rocha FCV, Silva DMG, Silva Júnior FJG. Autoimagem de clientes com colostomia em relação à bolsa coletora. Rev bras enferm [Internet]. 2011 Dec [cited 2019 June 28]; 64(6): 1043-1047. Available from: <http://dx.doi.org/10.1590/S0034-71672011000600009>

18. Santana J, Dutra B, Tameirão M, Silva P, Moura I, Campos A. O significado de ser colostomizado e participar de um programa de atendimento ao ostomizado. Cogitare Enferm. [Internet]. 2010 Ago [cited 2019 June 28];

Postoperative prostatectomy

15(4):631-8. Available from: <http://dx.doi.org/10.1590/0104-1169.3247.2408>

19. Costa TF da, Costa KNFM, Martins KP. Comunicação terapêutica entre enfermeiros e pacientes em pré-operatório de prostatectomia. Rev enferm UFPE on line. [Internet]. 2013 [cited 2019 June 28]; 7(4):1107-12. Available from: <http://dx.doi.org/10.5205/reuol.3188-26334-1-LE.0704201305>

20. Portnoi AG. A Psicologia da Dor. 1th ed. São Paulo: Guanabara Koogan; 2014.

21. CONSELHO FEDERAL DE ENFERMAGEM (COFEN). Resolução COFEN nº 358/2009, de 15 de outubro de 2009. Dispõe sobre a Sistematização da Assistência de Enfermagem e a implementação do Processo de Enfermagem em ambientes, públicos ou privados, em que ocorre o cuidado profissional de Enfermagem, e dá outras providências. Brasília: COFEN; 2009. Disponível em: <http://www.portalcofen.gov>

Published: 2019-07-02

Accepted: 2019-08-29

Submitted: 2019-09-15

COLLABORATIONS

All authors contributed substantially to the conception of the work; data collection, analysis and interpretation; in the writing of the article and in the final version to be published. All authors agree and are responsible for the content of this version of the manuscript to be published.

ACKNOWLEDGMENTS

We thank the hospital where the research was conducted and all participants.

AVAILABILITY OF DATA

Does not apply.

FUNDING SOURCE

Does not apply.

CONFLICTS OF INTEREST

Rev Pre Infec e Saúde.2019;5:9063

No conflicts of interest to declare.

CORRESPONDENCE

Rosane da Silva Santana

Endereço: Rua Fotógrafo Costinha, 1880, Teresina, Piauí, Brasil

Telefone: +55 (86) 98846-0957

E-mail: rosane_santana5@hotmail.com