

Pessoas com deficiências e tipos de barreiras de acessibilidade aos serviços de saúde - revisão integrativa

Disabled people and types of barriers to the accessibility of health services – integrative review

Personas con deficiencias y tipos de barreras de accesibilidad a los servicios de salud - revisión integradora

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ABSTRACT

Objective: To analyze the types of accessibility barriers found by disabled people on health services, using online journals, written between 2003–2013, as research source. **Methods:** This is an integrative review presented through six steps. By applying the inclusion criteria: full text available; Literature in the Health Sciences in Latin America and the Caribbean (LILACS) database; Medical Literature Analysis, Retrieval System Online and Nursing database; disabled people as main subject; Portuguese language; publications between 2003-2013 and document in article format, 26 articles emerged. From these articles, 13 were analyzed, 02 did not discuss types of accessibility barriers on health services and 11 were repeated. **Results:** The emerging categories were the architectural, attitudinal and organizational barriers. **Conclusion:** The accessibility barriers can negatively influence disabled people in the seeking of health services.

Descriptors: Disabled people, Access to health services, Accessibility structures.

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RESUMO

Objetivo: Analisar os tipos de barreiras de acessibilidade aos serviços de saúde enfrentados por pessoas com deficiências, através das publicações online dos anos 2003-2013 como fonte de pesquisa. **Métodos:** Trata-se de revisão integrativa apresentada por meio de seis etapas. Ao se aplicar os critérios de inclusão: texto completo disponível, base de dados Literatura Latino-Americana e do Caribe em Ciências da Saúde, Medical Literature Analysis and Retrieval System Online e Base de Dados de Enfermagem, assunto principal pessoas com deficiência, idioma português, publicações dos anos de 2003-2013 e tipo de documento em artigo, emergiram 26 artigos. Desses, 13 foram analisados, 02 não abordavam os tipos de barreiras de acessibilidade aos serviços de saúde e 11 estavam repetidos.

Resultados: Categorias emergentes foram as barreiras arquitetônicas, atitudinais, organizacionais. **Conclusão:** As barreiras de acessibilidade podem influenciar negativamente na busca das PcD aos serviços de saúde.

Descritores: Pessoas com deficiência, Cited aos serviços de saúde, Estruturas de cited.

RESÚMEN

Objetivo: Analisar los tipos de barreras de accesibilidad de los servicios de salud a las personas con deficiencia, a través de las publicaciones en línea en los años 2003-2013. **Métodos:** Se trata de una revisión integradora presentada por medio de seis etapas. Al aplicar los criterios de inclusión: texto completo disponible, bases de datos Latino-Americana y de Caribe en Ciencias de la Salud, Medical Literature Analysis and Retrieval System Online y Bases de Datos de Enfermería, asunto principal personas con deficiencia, idioma portugués, publicaciones de los años de 2003-2013 y tipo de documento em artículo, emergieron 26 artículos. De los cuales, 13 fueran analizados, 02 no abordaban los tipos de barreras de accesibilidad a los servicios de salud y 11 estaban repetidos. **Resultados:** Categorías emergentes fueran las barreras arquitectónicas, actitudinales, organizacionales. **Conclusión:** Las barreras de accesibilidad pueden influir negativamente en la búsqueda de las PcD a los servicios de salud.

Descriptor: Personas con deficiencia, Acceso a los servicios de salud, Estructuras de acceso.

INTRODUCTION

It is noticeable that people are daily exposed to several factors that generate disability which can occur due to domestic, traffic and work accidents, besides urban violence. These factors of human exposure, inherent in people's daily routine, transform their social reality, lifestyle, and physical appearance. This makes people with physical disabilities perceive themselves as different from others.¹

Such factors can directly influence people's lives in ways that modify their interpersonal, cultural, social, and individual relationships. This must be seen in a comprehensive way so that professionals can respond to individual needs in a comprehensive and holistic manner. Apparently what characterizes someone with a disability, whether it is a lack of vision, hearing or any physical limitation, is being the one that is weakened by the conditions and situations of daily life. The great difficulty is discrimination, often initiated at home, by means of disrespectful attitudes or lack of knowledge of rights and duties.²

In this context, it is important that health professionals understand the individual needs and differences that each person presents in order to address the issue in a broad and inclusive manner. Therefore, it is necessary to understand that deficiency and illness are not synonymous and that some diseases may consequently entail some deficiency, however, people with disabilities become ill at some point in their lives.³ Thus, there is a need for professional training for inclusive and integrative care.

In this way, accessibility aims to provide people with autonomy and mobility, including those who have reduced mobility or difficulty in communicating, so that they can use spaces with greater security, confidence and comfort.⁴ In view of the above, accessibility covers ease of access to health services for all Brazilian citizens, also fulfilling the bioethical principles of beneficence and equity⁵ and emerges of environmental conditions, possibilities of locomotion, performance in daily life activities, participation in society and adequate interpersonal relationship.

PwD or reduced mobility require constant interaction with their sociocultural environment.⁶ In this context, it is observed that accessible architectural spaces influence the development of habitual daily activities and the interpersonal relationship. These aspects directly interfere in the quality of life of the PwD. The inclusion of PwD requires the adaptation and support of public and private institutions and spaces in face of the differences and the individual needs of individuals with disabilities or special needs, besides the development of professional competencies that can be considered the main limit to the provision of inclusive care.

The professionals have an important participation in the inclusive process, being able to develop activities and actions that promote the care in a comprehensive, qualified and egalitarian way, since, the nursing independent of its area of action whether it is in the hospital assistance, in work safety, in teaching, in research or basic care, is always contributing to the optimization of care. Therefore, nursing monitoring is important in order to improve the quality of life of people with physical disabilities.⁸

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In light of the above, the need for the nurse to direct nursing care in an integral way to all people or groups of people becomes evident. In this context, care is applied to PwD. Care is the essence of work for Nursing, requiring a set of knowledge built in order to produce a way for reflection on the purpose, expression and process for its development.⁷ Thus, it is important to build knowledge for the realization of care through the theoretical and reflective basis. In this context, during the practical classes of the internship and the practical experiences of nursing in the health services,

I noticed the low number of admissions and care for people with disabilities. In response to this, the question arose as to what can be found in the relevant literature regarding the types of accessibility barriers PwD face while using health services and what are they.

The study is relevant because it provides health professionals, students and teachers with awareness about the theme of "accessibility", so that they have a reflexive critical vision to the new demands of the contemporary world that requires new attitudes and new postures for social inclusion actions and, also, for people with disabilities, because by awakening in the professionals the critical-reflexive look, these can contribute to more inclusive actions, promoting care that is individualized and directed to the needs of PwD.

The objective of this study is to analyze the types of accessibility barriers PwD faces while trying to reach for health services, existing in publications from the years 2003 to 2013.

METHODS

It is an integrative review, with a research method that aims to group and summarize results of research on a certain topic or issue in a reduced and methodical way, contributing to a better understanding through the analysis of the phenomenon studied.¹⁰

Thus, for the construction of this integrative review study, six steps were followed, which are described as follows:¹¹

1st step: establishment of the hypothesis or the research question that constitutes the elaboration of the research question of the delimited topic for the elaboration of the review, and posteriorly, the definition of the keywords for the search strategy of the studies. Therefore, the study has as a guiding question: What can be found in online publications from 2003 to 2013 regarding the types of accessibility barriers found in health services by PwD.

2nd step: search or sampling in the literature, which happened as follows: After the choice of the subject by the researcher and the formulating of the research question, one proceeded to the search in the database to identify the studies that would be included in the review.¹¹ The Virtual Health Library (VHL) was used to search the articles, which is an information management network that exchanges knowledge and scientific evidence on health, which is established through cooperation between institutions and professionals in the production, intermediation and use of scientific information sources on health, in open and universal online access.¹³ As described, the VHL search was initially performed using the descriptor *Accessibility to health services*, which resulted in 55,013 articles. After that, the following inclusion criteria were applied: text available in full, Latin American and Caribbean Literature in Health Sciences database (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE) and Nursing Database (BDENF), main subject people with disabilities, portuguese

language, publications of the years 2003-2013 and type of document in article format. Thus, 26 articles were found. The following exclusion criteria were used: articles that were repeated and had no relation with the research objectives. Of the 26 articles found: 13 were analyzed, 02 did not address people with disabilities and types of accessibility barriers to health services and 11 were repeated.

The **3rd step** is characterized as the assortment of data in which a form was used as a collection tool to guide objectively the information of the articles, presenting the following items: article title, periodical/journal, year, descriptors, research site/city, database, type of study and PwD and types of barriers of accessibility to health services. The period of grouping of the data and elaboration of the study was from September to November 2014.

4th step: Critical analysis of the included studies, at this step, to guarantee validity of the review, the selected studies should be analyzed in detail¹¹. The analysis must be performed critically, seeking explanations for different results. Each study was analyzed on the guiding question by means of an in-depth and objective reading of the articles. The critical analysis of the data was also carried out according to the previous knowledge of the researcher and the search in the relevant literature.

5th step: discussion of the results, in this step, the researcher, based on the results of the critical evaluation of the included studies, performs the comparison with the theoretical knowledge, the identification of conclusions and implications resulting from the integrative review.¹¹ Thus, a synthesis of the knowledge obtained was performed through the conclusion of the results. The analysis of the data was presented by categories, described as a form of operationalization of classification of elements constituted by a set, by differentiation and then by regrouping the previously defined criteria.¹⁴ The discussions were anchored in the pertinent literature and grounded with other authors.

6th step: presentation of the integrative review, this step is the preparation of the document that should contemplate the description of the steps taken by the reviewer and the main results evidenced from the analysis of the articles included. It is a work of extreme importance, since it has an impact due to the accumulation of existing knowledge about the researched theme.¹¹ The results and discussion of the data were presented according to the following categories: Characterization of the articles; Architectural barriers; Attitudinal barriers; Organizational barriers. A detailed reading of the articles and analysis of the subjects produced a knowledge synthesized and presented in the form of diagrams.

RESULTS AND DISCUSSIONS

The results were presented by categorization according to the following topics: architectural, organizational and attitudinal barriers.

Architectural barriers

Architectural barriers are composed of any impediments related to urban constructions or buildings, such as the presence of stairs, holes in public streets, high steps, among others. This difficulty is also present in health services when the structure of buildings is inadequate to the needs of people with disabilities.¹⁵

Barriers impact on the lives of PwD, such as reducing opportunities, impeding the ability to express capabilities and access to services offered by the city as active and productive citizens of society.¹⁶ In this way, barriers influence the social context of these people and may lead to exclusion and interfere with their right to come and go. Studies show that barriers occur due to the absence of ramps, adequate spaces between the furnishings of the inpatient health units and toilets with inappropriate structures to meet the needs of the PwD and favor their mobility.¹⁷ Corroborating with other studies that present the following barriers to the health services indicated by people with disabilities, lack of ramps, of parking, of adequate structure for the disabled person and inadequate toilet facilities.¹⁸

According to this, are presented as architectural barriers: inadequate sidewalks and areas close to the Family Health Units (FHU) that should be the gateway to health services, resulting in poor infrastructure and interfering with access to services facilities.⁶ It can be seen that a structure outside the recommended standards, such as ramps, stairs and bathrooms without horizontal bars, the presence of steps in the single entrance door are characterized as architectural barriers that sometimes make it impossible for the PwD to seek care in health services .

It is observed that there are many architectural barriers that directly or indirectly impede the access of the PwD to the services offered by society, influencing the promotion of their health and the right to exercise their citizenship through professional, commercial and social activities. In this sense, studies based on characterizing the access conditions of people with disabilities in the Basic Health Units, verified the presence of barriers such as absence of sidewalks, service counters below or above the height recommended by Brazilian Standard (NBR) 9050 of ABNT, absence of horizontal support bars, non-standard doors, internal space precluding the necessary maneuvers to PwD and impaired physical mobility.¹⁹

In this way, it is perceived the need to adapt the environments to ensure that PwD have the right to move, these barriers would be mitigated by complying with the Brazilian legislation that governs the necessary conditions to guarantee the accessibility of these people to services

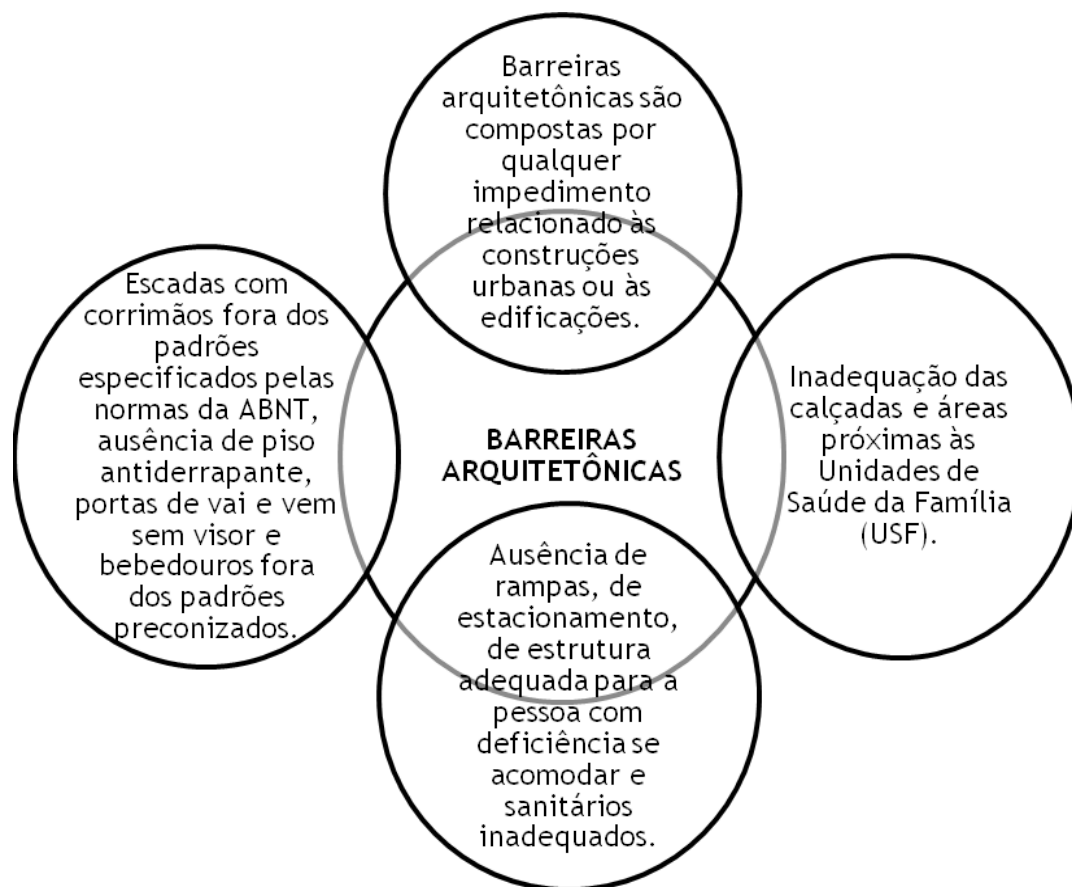
in general, including health services. In this context, the following architectural barriers are presented in the research on the physical barriers encountered by PwD in internal areas of four hospitals in Sobral-Ceará: stairways with handrails outside the standards specified by ABNT standards, absence of non-slippery flooring, swinging doors without wicket and drinking fountains out of the recommended standards.²⁰

Corroborating with other studies that point to the following architectural barriers: steep ramps, stairs, narrow corridors, and the absence of adapted toilets.²¹ Accordingly one can observe the frequency with which the architectural barriers were found in the surveys. There is also another study that carried out a mapping of the architectural barriers to access basic health services, it also pointed out these types of architectural barriers, adding the existence of rails without leveling with the floor and flush devices at a higher height than the one recommended.²²

Faced with this, the architectural barriers can compromise the accessibility of health services to the entire population, but mainly affect PwD. Removal of obstacles to mobility in buildings, respect for and compliance with legislation on appropriate accessibility settings would provide better conditions for access not only to a part of the population, but to society in general. Hence, PwD have the right to maintain their autonomy preserved, being able to make decisions related to their life, but for this they must not be excluded from society²³ and the existence of barriers interferes in the exercise of their autonomy.

Therefore, faced with the barriers presented, empowerment, that is, critical and reflexive thinking and social participation based on knowledge about rights and duties, is one of the tools to promote social insertion, making the achievement of the independence of the PwD possible. For it is an exercise of reflection on the factors that make up their environment, as well as the initiative to improve their own situation.

Diagram 1 - Synthesis of the category architectural barriers



Attitudinal Barriers

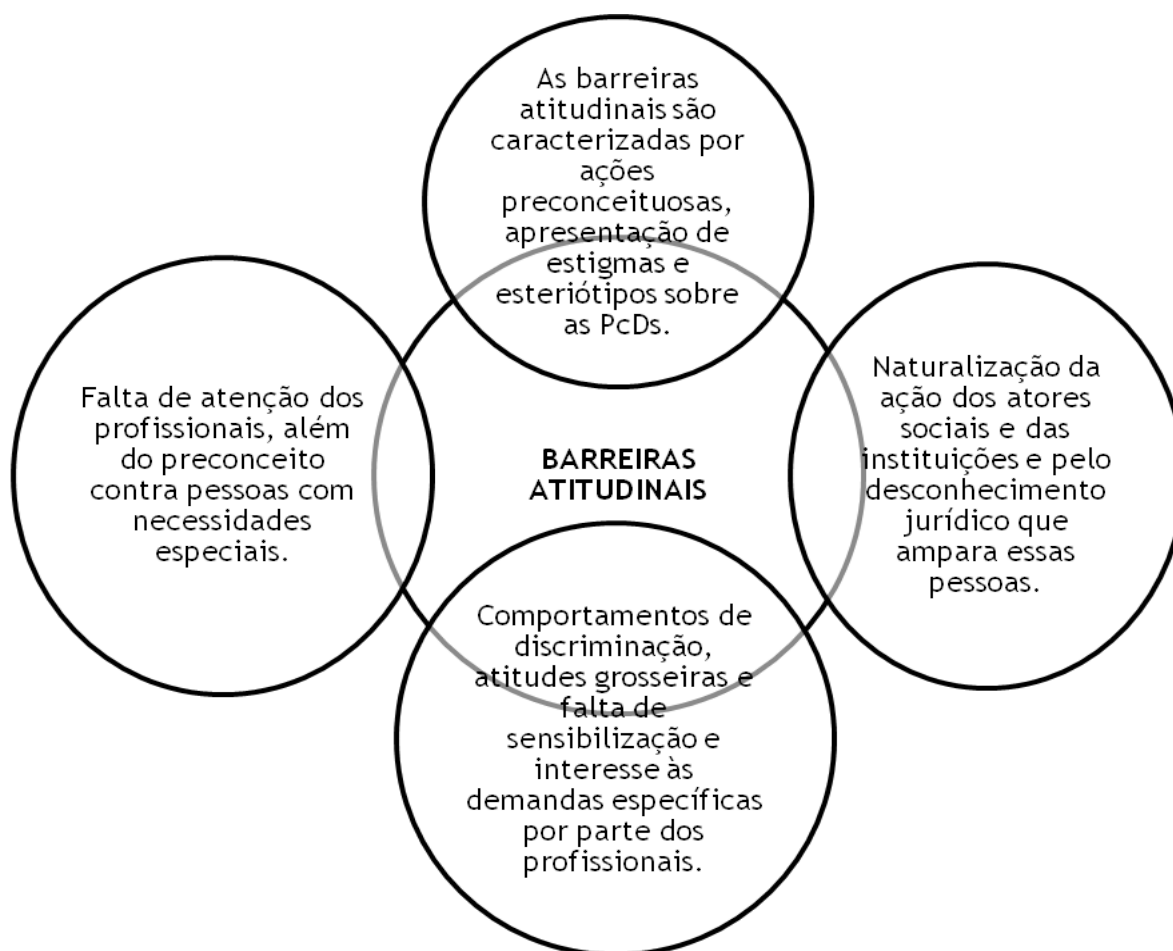
Attitudinal barriers are characterized by prejudiced actions, stigmas and stereotypes about PwD.¹⁶ Characterized by the lack of knowledge of the population regarding the needs and rights of PwD. The perpetuation of attitudinal barriers in society presents itself in the form of discrimination, forgetfulness, ignorance, prejudice, among others, which strengthens the mechanisms of social exclusion of PwD and the recognition that these barriers represent obstacles to participation in society. Such attitudinal barriers are not restricted only to PwD, but to human diversity itself.²⁴

In this sense, the attitudinal barriers for PwD represent symbolic violence by the naturalization of the actions of social actors and institutions and by the legal ignorance that protects these people.¹⁹ It is also addressed in the study on symbolic violence in the access of PwD to basic health units, the characterization of these barriers that are presented by the lack of knowledge of the capabilities and needs of people with disabilities. It is perceived that the lack of knowledge about the theme and rights to the fulfillment of the needs of people with disabilities directly influences the performance of their autonomy and is characterized as

a barrier to access of services in general, including health services. In this context, the following attitudinal barriers are presented: discrimination behaviors, rude attitudes and lack of awareness and interest to the specific demands from the professionals themselves.²⁵

Faced with this, it is fundamental that professionals gain awareness and knowledge on the subject so that they can develop inclusive actions and attitudes through integrated reception, providing an adequate environment to the conditions of the population in general, including the PwD. That is consistent with other studies in which results show attitudinal barriers such as the lack of attention of professionals, as well as prejudice against people with special needs.²⁶ Therefore, this type of barrier is significantly influential in the issue of accessibility to health services, interfering in the mobility and reaching the psychological dimension of these people who, because of this, prefer to abstain from their rights.

Diagram 2 – Synthesis of the category attitudinal barriers



Organizational Barriers

In view of the above, it is observed that in parallel there are aspects related to the organizational accessibility described as characteristics of the service that facilitates the contact of the population with it. In this context, organizational barriers arise, they are characterized as the delay in the waiting time to make an appointment for consultation, the existence of queues to make appointments, the waiting time to be attended by the doctor, among others.²⁷

Organizational barriers may interfere with accessibility to health services, as the waiting process is sometimes unfeasible for PwD. In this context, studies indicate that the existence of queues, the unavailability of vacancies and the lack of adaptation of the professionals to attend the PwD influence the accessibility to the health service, making it difficult to access health care and assistance.⁹ Thus, it is observed that accessibility does not only include the use of services, but also the qualification and adequacy of professionals to assist the demand according to the patient's needs.

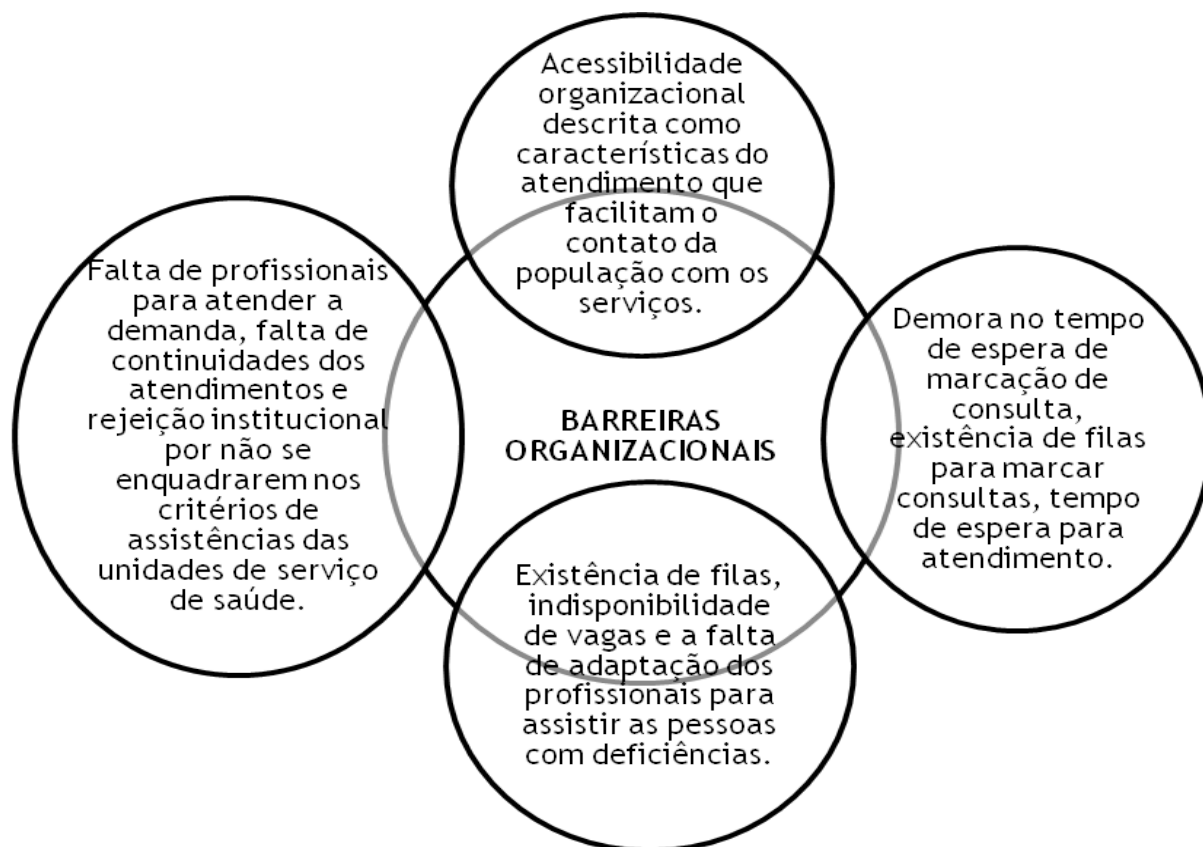
The following organizational barriers are also presented: absence of priority services, high waiting time for care, and difficulty to make appointments are considered limitations of accessibility to health services.⁶ According to the above,

one can perceive that such barriers hinder access to health services, as well as causing discomfort to PwD that often cannot wait for long because of the limitations inherent to their disabilities. The lack of professionals to meet the demand, lack of continuity of care and institutional rejection were also found as organizational barriers due to the fact that they did not meet the criteria of health service units.²¹ In addition, organizational barriers emerged in the studies such as unpreparedness and lack of professional qualification as causes of the difficulties PwD face when they seek health services.²¹ Besides that, it is also taken into consideration the absence of health professionals, such as the medical category, and the delay in care as barriers to access to health services¹⁸, as well as the lack of capacity of professionals to care for people with disabilities.²⁸

In view of the barriers mentioned above, it can be seen that health service institutions require organizational restructuring, such as hiring professionals to meet the demand and providing ongoing education to professionals so that they understand the importance and necessity of providing health services in an inclusive manner and can respect the limitations of the demands that arise in the services of health care. Thus, once again the importance of

training and qualifying professionals in the participation in actions that provide spaces and environments accessible not only for the disabled, but for the population in general is discussed once again. Therefore, it should be noted that the organization of health services needs to be structured in order to establish and provide appropriate environments conducive to the care and delivery of health services to the general population, including the PwD.

Diagram 3 - Synthesis of the category organizational barriers



CONCLUSIONS

The study provided an analysis of the barriers to the accessibility of health services to PwD. That is, the presentation of the barriers found in the articles leads us to reflect on the difficulties faced by PwD and that are sometimes not perceived by health professionals and the population. According to the results found in the research, the subject is little debated in scientific circles and, given the impaired physical condition, the professional practice is not prepared to serve those clients who suffer from the lack of specialized assistance or who do not yet have access to the health services because of architectural, attitudinal and organizational barriers.

The support from health professionals is important, including the nurse who can help build accessible spaces and provide environments conducive to the promotion of the health of PwD through health education activities, actions

and inclusive behaviors. In addition, it is fundamental the participation of managers in this process of building accessible spaces that permeate architectural structures, attitudinal issues and the organization of services.

In this context, there is a need for advancement in the way of thinking, attending and assisting PwD and this process must be interdisciplinary and inter-sectoral so that strategies are drawn up in order to provide the construction of access to health services and to eliminate the barriers that hamper this process. Thus, the study addresses the importance of sensitization of the health professional in relation to PwD. This care entails elaborating a diversity of actions to promote comprehensive care. It is also observed the importance of the nursing performance for the construction of accessible and suitable environments for health care of the PwD, which often do not seek health services because they do not have adequate conditions.

Therefore, at times, demonstration of welcoming attitudes, attentive and qualified listening makes the environment more favorable and accessible to meet the specific needs of people in general, including PwD. The study made the expansion of knowledge possible, since it was observed that, despite the strong influence of the architectural barriers to the access of PwD to health services, there are barriers such as the attitudinal and organizational barriers that through sometimes simple actions can provide environments adequate to accessibility not only of PwD, but for the general population.

REFERENCES

1. Aragão AE A. Estratégias de empoderamento de pessoas com deficiência física para reivindicar espaços hospitalares acessíveis [Tese]. Fortaleza (CE): Faculdade de Farmácia, Odontologia e Enfermagem, Universidade Federal do Ceará; 2010.
2. Gasparoto MC, Alpino ÂMS. Avaliação da acessibilidade domiciliar de crianças com deficiência física. *Rev bras educ espec*. [online journal] 2012 jun [Cited 2013 Oct 03]; 18 (2):[aproximadamente 18 p.]. Available at: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-65382012000200011&lng=en&nrm=iso>.
3. Bernardes LCG, Araújo TCCF. Deficiência, políticas públicas e bioética: percepção de gestores públicos e conselheiros de direitos. *Ciênc saúde coletiva* (Online) [online journal] 2012 set [Cited 2014 Mar 12]; 17 (9): [aproximadamente 11 p.]. Available at: <http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S1413-81232012000900024&lng=en&nrm=iso>.
4. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. A pessoa com deficiência e o Sistema Único de Saúde / Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas. – 2. ed. – Brasília : Editora do Ministério da Saúde, 2007b. 16p. – (Série F. Comunicação e Educação em Saúde). Available at: http://bvsm.sau.gov.br/bvs/publicacoes/pessoa_deficiencia_sus_2ed.pdf. Cited 13 Mar. 2014.
5. Barreto ICHC, Lira GV. A bioética e a Estratégia Saúde da Família. *Sanare*(Sobral, online) [online journal] 2003 Jan Feb Mar [Cited 2015 Apr 10]; 4 (1): [aproximadamente 4 p.]. Available at: [file:///C:/Documents%20and%20Settings/User/Meus%20documentos/Downloads/109-2011-1-SM%20\(4\).pdf](file:///C:/Documents%20and%20Settings/User/Meus%20documentos/Downloads/109-2011-1-SM%20(4).pdf).
6. Amaral FLJS, Motta MHA, Silva LPG, Alves SB. Fatores associados com a dificuldade no cated de idosos com deficiência aos serviços de saúde. *Ciênc saúde coletiva*(Online) [online journal] 2012 Nov [Cited 2014 Nov 09]; 17 (11): [aproximadamente 11 p.]. Available at: <http://www.scielo.br/pdf/csc/v17n11/v17n11a15.pdf>.
7. Pagliuca LMF, Maia ER. Competência para prestar cuidado de enfermagem transcultural à pessoa com deficiência: instrumento de autoavaliação. *Rev bras enferm* (Online) [online journal] 2012 out [Cited 2014 Mar 12]; 65 (5): [aproximadamente 7 p.]. Available at: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672012000500020&lng=en&nrm=iso>.
8. Araújo LM, Abreu VC, Martins QPM, Aguiar VM, Abreu MF, Farias CD et al. Pessoas com deficiência físicas: acompanhamento de enfermagem e qualidade de vida. In *Anais do II Congresso Piauiense De Saúde Pública*; 2012 ago 28-31; Luis Corrêa (PI), Brasil. Luis Corrêa(PI): NESP-PI; 2012. p 278.
9. Aragão AEA, Gubert FA, Ponte KMA, Araújo LM, Pagliuca LMF. Empoderamento de pessoas com deficiência física: contribuições da enfermagem. In *Anais do 63º Congresso Brasileiro de Enfermagem*; 2011 Oct 03-06; Maceió (AL), Brasil. Maceió (AL): ABEn-Seção-AL; 2011. p 9320.
10. Guimarães JAF, Aquino PS, Pinheiro AKB, Moura JG. Pesquisa Brasileira sobre prevenção do câncer de colo uterino: uma revisão integrativa. *Rev RENE*. [online journal] 2012 mar [Cited 2014 Dec 14]; 13 (1): [aproximadamente 220-30 p.]. Available at: <http://www.revistarene.ufc.br/revista/index.php/revista/article/view/34>.
11. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. *Texto & contexto enferm*. (Online)[online journal] 2008 Oct-Dec [cited 2014 Nov 08]; 17(4): [aproximadamente 758-64 p.]. Available at: <http://www.scielo.br/pdf/tce/v17n4/18.pdf>.
12. Pompeo DA, Rossi LA, Galvao CM. Revisão integrativa: etapa inicial do processo de validação de diagnóstico de enfermagem. *Acta paul. enferm*. (Online). [online journal] 2009 Aug [cited 2014 Dec 14]; 22 (4): [aproximadamente 5 p.]. Available at: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-21002009000400014&lng=en&nrm=iso>.
13. Bireme / Opas / Oms (org.). Guia da BVS. São Paulo: BIREME / OPAS / OMS, Março 2011. Available at: http://modelo.bvsalud.org/wp-content/uploads/Guia_da_BVS_2011_pt.pdf. Cited: 11 nov 2014.
14. Minayo MCS (org.). Pesquisa social: teoria, método e criatividade. 29ª ed. Petrópolis, (RJ): Vozes; 2010. (Coleção temas sociais).
15. Siqueira FCV, Facchini LA, Silveira DS, Thumé E, Tomasi E . Barreiras arquitetônicas a idosos e portadores de deficiência física: um estudo epidemiológico da estrutura física das unidades básicas de saúde em sete estados do Brasil. *Ciênc. saúde coletiva* [online journal] 2009 Feb [Cited 2014 Apr 27]; 14 (1): [aproximadamente 6 p.]. Available at: <http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S1413-81232009000100009&lng=en&nrm=iso>.
16. Brasil, Ministério das Cidades. Implantação de sistemas de transportes acessíveis.cad. 05. -1 ed. – Brasília, 2006. Available at: <http://www.cidades.gov.br/images/stories/Arquivos/SEMOMB/Biblioteca/BrasilAcessivelCaderno05.pdf> . Cited 07 Nov 2014.
17. Aragão AEA, Pagliuca LMF. Acessibilidade das pessoas com deficiência física aos serviços hospitalares.1ª ed. Sobral (CE): Fundação Universitária de Desenvolvimento Científico e Tecnológico-FUNDECT; 2014.
18. Castro SS, Lefevre F, Lefevre AMC, Cesar CLG. Acessibilidade aos serviços de saúde por pessoas com deficiência. *Rev Saúde Pública* [online journal] 2011 Feb [cited 2014 Nov 08]; 45 (1): [aproximadamente 6 p.]. Available at: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102011000100011&lng=en&nrm=iso>.
19. Franca IX, Pagliuca LMF, Baptista RS, França EG, Coura AS, Souza JA. Violência simbólica no cated das pessoas com deficiência às unidades básicas de saúde. *Rev bras enferm*. [online journal] 2010 Dec [cited 2014 Oct 17]; 63 (6): [aproximadamente 6 p.]. Available at: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672010000600015&lng=en&nrm=iso>.
20. Pagliuca LMF, Aragao AEA, Almeida PC. Acessibilidade e deficiência física: identificação de barreiras arquitetônicas em áreas internas de hospitais de Sobral, Ceará. *Rev Esc Enferm USP*. [online journal] 2007 Dec [cited 2014 Nov 08]; 41 (4): [aproximadamente 7 p.]. Available at: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342007000400007&lng=en&nrm=iso>.
21. Souza CCBX, Rocha EF. Portas de entrada ou portas fechadas? O cated à reabilitação nas Unidades Básicas de Saúde da região sudeste do município de São Paulo – período e 200 a 2006*. *Rev Ter Ocup Univ São Paulo* [online journal] 2010 Sep/Dec [cited 2014 Sep 10]; 21 (3): [aproximadamente 9 p.]. Available at: <http://www.revistas.usp.br/rto/article/viewFile/14109/15927>.
22. Vasconcelos LR, Pagliuca LMF. Mapeamento da acessibilidade do portador de limitação física a Serviços Básicos de Saúde. *Esc. Anna Nery Rev Enferm*. [online journal] 2006 dez [cited 2014 Nov 08]; 10 (3): [aproximadamente 6 p.]. Available at: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452006000300019&lng=en&nrm=iso>.
23. Gironi JBR, Santos SMA. Deficiência física em idosos e acessibilidade na atenção básica em saúde: revisão integrativa da literatura. *Rev. gaúcha enferm*. (Online) [online journal] 2011 Jun [cited 2014 Oct 17]; 32 (2): [aproximadamente 6 p.]. Available at: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-14472011000200023&lng=en&nrm=iso>.
24. Guedes LC. Barreiras atitudinais nas Instituições de Ensino Superior: Questão de educação e empregabilidade [dissertação]. Pernambuco (PB): Programa de Pós-Graduação em Educação, Universidade Federal de Pernambuco, Pernambuco; 2007. Available at: http://repositorio.ufpe.br/bitstream/handle/123456789/4563/arquivo5461_1.pdf?sequence=1. Cited 09 Nov 2014.
25. Nicolau SM, Schraiber LB, Ayres JRC. M. Mulheres com deficiência e sua dupla vulnerabilidade: contribuições para a construção da integralidade em saúde. *Ciênc saúde coletiva* (Online) [online journal] 2013 Mar [cited 2014 Nov 08]; 18 (3): [aproximadamente 10p.]. Available at: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232013000300032&lng=en&nrm=iso>.

26. Bim CR, Benato BS, Vicentim TK. Perfil dos deficientes atendidos pelos programas de saúde da família, do município de Guarapuava – Paraná. *Ciênc cuid saúde* [online journal] 2007 Aug [cited 2014 Nov 11]; 6 (2): [aproximately 7 p.]. Available at:file:///C:/Documents%20and%20Settings/User/Meus%20documentos/Downloads/5335-15918-1-PB%20(2).pdf.
27. Cunha ABO.; Silva LMV. Acessibilidade aos serviços de saúde em um município do Estado da Bahia, Brasil, em gestão plena do sistema. *Cad saúde pública*. [online journal] 2010 Apr [cited 2014 nov 12]; 26 (4): aproximately 13 p.]. Available at: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2010000400015&lng=en&nrm=iso>.
28. Sales AS, Oliveira RF, Araujo EM. Inclusão da pessoa com deficiência em um Centro de Referência em DST/AIDS de um município baiano. *Rev bras enferm*. [online journal] 2013 Apr [cited 2014 Oct 17]; 66 (2): [aproximately 7 p.]. Available at: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672013000200009&lng=en&nrm=iso>.

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