

The Human Care Needs for Men Undergoing Oncological Surgical Treatment: Implications Towards the Nursing Profession

Necessidades Humanas de Cuidado no Homem em Tratamento Cirúrgico Oncológico: Implicações para a Enfermagem

Necesidades Humanas de Cuidado en el Hombre en Tratamiento Cirúrgico Oncológico: Implicaciones para la Enfermería

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ABSTRACT

Objective: The study's goal has been to identify the basic human needs of men undergoing oncologic surgical treatment and its implications for nursing care. **Methods:** It is a descriptive study with a qualitative approach. The scenario is the Nursing Consultation Ambulatory, *INCA-RJ*. The participants were 25 men bearing mouth neoplasm under exclusively surgical treatment. Study approved by the Research Ethics Committee under the *CAAE* No. 52647116430015274. Data collection was carried out through a semi-structured interview. The Bardin's thematic content analysis was used. **Results:** Three thematic categories emerged, as follows: the human needs for health care of the physical body; the human needs for social health care and the human needs for spiritual health care. **Conclusion:** The human needs affected by organic imbalances point to the importance of planning a care service that provides an effective result to human health necessities.

Descriptors: Men's Health, Health services Demands, Nursing Care, Oncology Nursing.

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RESUMO

Objetivo: Identificar as necessidades humanas básicas da saúde do homem em tratamento cirúrgico oncológico e suas implicações para o cuidado de enfermagem. **Método:** Estudo descritivo, qualitativo. Cenário ambulatório de Consulta de Enfermagem, INCA-RJ. Participantes foram 25 homens com neoplasia de boca em tratamento exclusivamente cirúrgico. Após aprovação do CEP nº52647116430015274. A coleta de dados foi à entrevista semiestruturada. Utilizou-se a análise temática de conteúdo de Bardin. **Resultados:** Emergiram três categorias temáticas: as necessidades humanas de cuidado à saúde do corpo físico; as necessidades humanas de cuidado a saúde social e as necessidades humanas de cuidado a saúde espiritual. **Conclusão:** Deste modo, as necessidades humanas afetadas com desequilíbrios orgânicos, aponta a importância de planejar um cuidado que proporcione resultado efetivo às necessidades à saúde do homem.

Descritores: Saúde do Homem, Necessidades de Serviços de Saúde, Cuidados de Enfermagem, Enfermagem Oncológica.

RESUMEN

Objetivo: Identificar las necesidades humanas básicas de la salud del hombre en tratamiento quirúrgico oncológico y sus implicaciones para el cuidado de enfermería. **Método:** Estudio descriptivo, cualitativo. Escenario ambulatorio de Consulta de Enfermería, INCA-RJ. Los participantes fueron 25 hombres con neoplasia de boca en tratamiento exclusivamente quirúrgico. Tras la aprobación del CEP n ° 52647116430015274. La recolección de datos fue a la entrevista semiestructurada. Se utilizó el análisis temático de contenido de Bardin. **Resultados:** emergieron tres categorías temáticas: las necesidades humanas de cuidado de la salud del cuerpo físico; Las necesidades humanas de cuidado de la salud social y las necesidades humanas de cuidado de la salud espiritual. **Conclusión:** De este modo, las necesidades humanas afectadas con desequilíbrios orgánicos, apunta la importancia de planificar un cuidado que proporcione resultado efectivo a las necesidades de la salud del hombre.

Descriptores: Salud del Hombre, Necesidades y Demandas de Servicios de Salud, Atención de Enfermería, Enfermería Oncológica.

INTRODUCTION

It is estimated that in the year 2017 will be diagnosed in the world 4% of new cases of oral cancer. Of this rate, the incidence in men is twice as high as in women. By 2030, the overall estimate will be 21.4 million new cases, with 13.2 million deaths as a result of world population growth and aging.¹ In Brazil, the estimate for the year 2017 is 596 thousand new cases of oral cancer, with 11,140 for males and 4,350 for females.² In this approach, the *Política Nacional de Atenção Integral à Saúde do Homem (PNAISH)* [National Policy for Integral Attention to Men Health] aims to build a care with characteristics directed to the male population, in order to qualify the health care.³

Studies have shown that men are influenced by representations of masculinities that are associated with success, power and strength and, as a consequence of these associations, can jeopardize health.⁴⁻⁵

In this sense, the man with mouth neoplasm presents with different characteristics, since the surgical treatment entails changes in functional and aesthetic aspects, since the face region constitutes the anatomic site of basic functions,

such as speech, swallowing and breathing, which are of vital importance to the individual.⁶

The construction of knowledge in Nursing becomes necessary for the health-disease-care process and the basic human needs of a psychobiological, psychosocial and spiritual nature to be effectively addressed.

The needs can be understood with the knowledge of the Theory of Basic Human Needs that determines priorities, contributing to the planning of individualized care.⁷ Accordingly, Horta's Theory makes clear the organization of care according to the basic health needs of the man undergoing cancer surgical treatment.

The contribution of this research brings to the social context new technical and scientific knowledge about the human needs in the area of assistance, teaching, research and health care, with a new proposal in the planning of assistance focusing on the Brazilian male population.

OBJECTIVE

The study's main purpose is to identify the basic human needs of men undergoing oncologic surgical treatment and its implications for nursing care.

Theoretical Foundation - Theory of Basic Human Needs

From the philosophical point of view, "needs" means what is needed. By accepting the following meanings of physical necessity, the determination of a causal connection - a relation in which the same cause always determines the same effect - it is the necessity as it exists in the physical, material world.⁸

In Nursing care practice the Horta's Basic Human Needs Theory had as one of its presuppositions the Human Motivation Theory. In the development of the Theory, Horta chose to create a new classification for human needs, preferring the denomination of João Mohana, naming them in three levels as follows: psychobiological; psychosocial and psychospiritual disorders. In this classification, there are thirty-six needs that manifest in the human being through signs and symptoms, which were denominated as nursing problems.

Nursing problems are situations arising from the imbalances of the basic needs of the individual, family, and community, and that requires of nursing the effective resolution of care.

Furthermore, basic human needs are states of conscious and unconscious tensions resulting from hemodynamic and vital imbalances, with characteristics of being: vital; latent; flexible; cyclical; dynamics; interrelated; hierarchical; individuals; universals; verbalized or not. Differentiating only by the manner of manifesting and satisfying it.⁷

Several factors can interfere with the manifestation and attendance of needs, such as gender, culture,

schooling, health-disease-care process, socioeconomic and environmental factors. In states of organic equilibrium, they do not manifest themselves and may arise when they are latent with an imbalance installed.

Thus, the concept of human needs is characterized by careful planning and, according to Horta, assumes characteristics of the hierarchical classification presented in three levels, namely:

- **Psychobiological needs:** those related to the individual's physical body, such as oxygenation, feeding, elimination, sleep, rest, and hygiene, among others.
- **Psychospiritual needs:** those that derive from the values and beliefs of individuals, such as: an option for a way to face disease and treatment; spiritual support from those who share their beliefs and space to express their beliefs.
- **Psychosocial needs:** those related to coexistence with other human beings, such as: family; in social and political institutions; provided they have the right to privacy; to leisure; work and participation in living groups.

Given this context, the research is related to the Theory of Basic Human Needs with Nursing and the men's health care, looking for to understand it, since the human being presents himself in constant balance and organic imbalance.

METHODS

It is a descriptive study with a qualitative approach. The study scenario was the Head and Neck Surgery Nursing Ambulatory Clinic from the Cancer Hospital I, at the National Cancer Institute *José Alencar Gomes da Silva*, Health Ministry, *Rio de Janeiro* city, Brazil. The site provides oncological assistance in all modalities of clinical, surgical, curative and palliative care for people with cancer in the country. The participants were 25 adult men undergoing surgical treatment. Those who did not meet the inclusion criteria - such as not being under exclusive surgical treatment, could not participate in the research.

All ethical requirements proposed by the Resolution No. 466/2012 of the National Health Council were respected and approved by the Research Ethics Committee from the National Cancer Institute *José Alencar Gomes da Silva*, under the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appraisal] No. 52647116430015274.⁹

Data collection was initiated after the issuance of this opinion and authorization from the institution. Participants signed a Free and Informed Consent Term, preserving their autonomy and anonymity. They were identified by codes, where "M" corresponded to "man" and the sequential numbers were given according to the order of the interviews, such as M1, M2, and so on.

The data collection period was from March to May 2016, in the morning and afternoon shifts, to cover all the

hours of care in the outpatient clinic. As a data collection instrument, a semi-structured interview script was used. The interviews were recorded and later transcribed in full.

The collected data were analyzed by the technique of content analysis, followed by the systematization in themes and thematic categories.¹⁰

RESULTS AND DISCUSSION

Table 1 demonstrates the results of the research in thematic categories, according to the hierarchy level of Basic Human Needs according to Horta's Theory, such as psychobiological needs; psychosocial and psychospiritual, that emerged during the construction of the following three thematic categories: the human needs of health care of the physical body; the human needs for social health care; and the human needs for spiritual health care of men undergoing surgical treatment for mouth neoplasm.

Category 1 – The human needs for health care of the physical body

In this category, it is sought to understand the relationship with the psychobiological needs of nutrition, which is linked to enteral feeding via the gastric tube.

Table 1 – Presentation of the Basic Human Needs according to Horta's Theory and the Basic Health Care Needs of Men. *HCI-INCA. Rio de Janeiro*, RJ, Brazil, 2016.

Psychobiological needs of	Category 1 - The human needs for health care of the physical body	Psychosocial needs of	Category 2 - The human needs for social health care
Nutrition	Enteral feeding via the gastric tube	Self-image	Altered appearance related to surgery
Psychospiritual needs of	Category 3 - The human needs for spiritual health care		
Life philosophy	Being strong to deal with the mouth neoplasm diagnosis and the proposed surgical treatment		

Source: Research data, 2016.

Basic care needs in enteral nutrition

Nutrition has as its meaning the ingestion, digestion and absorption of nutrients essential to human survival. Enteral nutrition is when the patient maintains the gastrointestinal function intact, but with alteration of the chewing and swallowing functions, characterized by the administration of an elemental liquid diet with calories,

minerals and vitamins to the gastrointestinal tract by nasogastric tube.¹⁷

In men, the temporary changes of chewing and swallowing caused by the surgical procedure in the oral cavity, causes an organic imbalance in the feeding needs that can be evidenced as nursing problems that require effective care.

It was evidenced that the use of the gastric tube for enteral nutrition was characterized as repudiation, with the withdrawal of the probe by default and oral feeding on its own. It can be seen in the following reports:

[...] The probe for food was the worst part; the food was dripping and never ending. With two months of surgery, I started the probe at home. I could not take it any more; I started to eat with my mouth. When I returned to the doctor, he examined the mouth and everything was fine [...] (M14)

[...] The enteral diet is not bad; it keeps you alive, that's it [...]. I wanted to remove this probe; I'm crazy to eat a feijoada, to be strong again. It would be better if I were without the probe, I'll only be good when removing the probe, for sure. [...] (M6)

[...] Probe for food, it was a choke. Only by knowing that I had to keep the probe. Every six hours receive food liquefied; it was difficult for the whole family [...] (M18)

[...] I hate feeding probes; I prefer to do ten surgeries than to put the probe for feeding. It happened that the probe doubled, I had to come from the municipality of Petrópolis to the hospital in Rio de Janeiro in order to solve it [...] (M20)

It was found that men presented ineffective coping related to the discomfort imposed by the presence of the nasogastric tube, causing an imbalance that required effective care to resolve it by using a coping strategy with the gastric tube, such as encouraging him to accept the enteral feeding tube and to give hope that it is possible to achieve progressive daily improvement, since there is a need for enteral feeding so that nutritional needs are met for recovery of health.

In a qualitative study that investigated nutrition in the hospital environment, it was concluded that food is a fundamental factor for humans, but when one has the appetite and eating habits affected by cancer and cancer treatment, it is not always easy to adapt to the diet that is offered to him, sometimes different from the usual diet of the patient, such as enteral nutrition.¹⁸

So, the basic care for the need of enteral nutrition is initiated by the attention of active listening in relation to the patient's anxiety due to a lack of knowledge about

home care and the type of food; expectations of soon regaining health, withdraw the catheter and return to eat by mouth; explain the purpose of enteral nutrition, which due to the healing of the operative wound is unable to feed orally, remaining in a zero diet to guarantee the healing of the intraoperative wound; involve the family in the care process; evaluating adaptation and compliance of the patient with the gastric tube for enteral nutrition and to integrate care with ambulatory follow-up with the health team.

Therefore, of the implications for nursing care on the human health needs in the physical body, it is understood that, before the patient undergoing surgical treatment, a critical-reflexive clinical view should be sharpened to the organic imbalances, acting with a care that attends affected human needs, then providing an effective result with safety and comfort.

Category 2 – The human needs for social health care

In this category, psychosocial needs are characterized by imbalance towards the self-image that is related to the surgical procedure.

Basic care needs regarding the self-image

Self-image is the concept of oneself, such as the knowledge that the individual has, the person's self-perception of his body structure and function as something dynamic and different from all other people, is a component of self-concept.²¹

The results revealed facial aesthetic changes perceived by men, characterized by imbalance in self-image related to surgical treatment in the oral cavity, such as surgery in the region of the mandible. This manifested disequilibrium is characterized as a nursing problem. Moreover, facial changes provide negative behaviors in psychosocial relationships, such as embarrassment about leaving home, disruptive appearance, and social isolation:

[...] I was ashamed to go on a barbecue, on a birthday, it changed a lot. I avoid going places... These are things I can avoid. [...] (M9)

[...] I was a little embarrassed the moment I left the hospital for home. When I was discharged, I stayed at home; I stayed a few months without leaving the gate because of the appearance [...] (M4)

[...] I was worried about my appearance because I lost eleven pounds, I did not want to appear much for people who did not know me, because there are people who are very invasive, keep looking at you. This disturbed me sometimes [...] (M5)

[...] My look has changed; I have been with this probe for seven months, since I operated the throat [...] (M7)

[...] My appearance bothers me a lot, because my neck has gotten a difference, the surgery side has been deep [...] (M10)

[...] My appearance troubles me because there is a hole in the jaw, the jawbone is exposed. That's why I need to do some dressing, it's like self-esteem, it bothers me, my mouth is crooked and my tongue is caught [...] (M17)

[...] The appearance has changed a lot, nowadays if you look at a photo of me before the surgery and today, my friends who have not seen me for a long time will not recognize me, because the appearance has changed totally [...] (M23)

Surgical procedures of the oral cavity involving tongue resections are invasive, causing aesthetic alterations predicted to be irrecoverable, besides compromising some functions such as speech in phonemic production, with temporary loss of speech. These unavoidable consequences exacerbate worry, physical and emotional distress. The weight loss altered the self-image, because the curious neighbors questioned the appearance, but still, they demonstrated with attitudes of optimism, being available to explain the alteration of the image, as a result, the care should be directed to the psychosocial dimension.

A study that analyzed gender and getting ill through cancer, evidenced the absence in the testimonies of male subjects of the description of painful moments related only to cancer treatment, since men seem to face this moment with tranquility, although they do not show hope of healing treatment.²²

In this perspective, care in the imbalance of the psychosocial need related to the alteration of the self-image is directed in providing group visits of support to the patient with experience in the surgery that was proposed, for instance, the mouth. Encourage self-care activities such as personal appearance care, combing hair, keeping them trimmed, and shaving daily; encourage re-socialization in a progressive way through ambulation; interaction in social life; involve the social worker for advice on financial, labor, and other issues. It was evidenced in the men's speech that the appearance changed after the surgery with esthetic alterations, mainly in the region of the mandible, because the mouth was deviation of lip commissure, making difficult the movement.

Implications for nursing care in human needs to social health related to self-image, implies the sensitivity of a care directed to men, creating an interpersonal relationship with empathy, sharing the negative emotions of the situation of altered self-image. In this sense, care should be taken with effective actions to establish a rela-

tionship of trust, with the nursing team's care in working with relaxation alternatives as a way of coping with the new lifestyle.

Category 3 – The human needs for spiritual health care

This category relates to the psychospiritual care needs of the life philosophy with the presence of faith and spiritual beliefs.

In men, the imbalance of spiritual health with a need for care was characterized by coping with anxiety about the mouth neoplasm diagnosis and the proposed surgical treatment, identified as nursing problems requiring effective resolution.

The World Health Organization (WHO) has included the spiritual dimension in the multidimensional concept of health, referring to questions as meanings and meaning of life, and not limited to any specific type of religious belief or practice.²³ Spiritual distress is the disturbance at the beginning vital that permeates every being of a person and that integrates and transcends its biological and psychosocial nature.¹⁶ The surgical procedure was a life changing event in the lives of men who sought strength in the divine energies as coping strategies and overcoming in cancer treatment.

A quantitative study with 49 men with tracheostomy due to laryngeal cancer had similar results. They concluded that after performing the tracheostomy procedure, these men did not surrender, but fought for life.²⁴ The results of this research showed that men thanked God for the life and comfort of not feeling any more toothache:

[...] After the surgery, it was like a rebirth for me. I thank God for this and for my health [...] (M4)

[...] The most important thing is that I am alive, I started to leave at the gate and then on the street [...] (M10)

[...] If I do not die now, I will die later, the point is that I will fight to live, if I do not, one day I will have to die [...] (M12)

[...] I have nothing to complain about, thank God, it is giving to lead the life [...] (M13)

[...] After I had the surgery, I would never feel toothache again. God is very good to me [...] (M14)

[...] I'm calm, good with life. If we complain, things get worse. I believe, if we complain about life, it will look for more problems [...] (M15)

[...] Everything that happens to us is to our both spiritual and personal growth. It served as an anchor, I begged God to get me out of the game. [...] (M17)

The participants of this research adopted the spiritual dimension with beliefs and values as a form of confrontation and gratitude to all who helped them directly or indirectly in health care. In this way, it is recognized that they expressed spiritual needs in a subtle way, and sometimes the mouth neoplasm and the treatment are configured in a living context that triggers human suffering, since the response to the health-illness-care process must have a focus of attention to the needs of psychospiritual health care.

Involve a caring care such as active listening and support, putting yourself in the other's place, as well as respecting it, expressing gentleness, affection, empathy, love and compassion among other ways of caring. In active listening, one must understand the expectations of the patient and be sensitive to the needs of spiritual health care. In psychospiritual needs, the care as the religious belief helps the patient find meaning in life and hold the hope that they characterize themselves as a healing process.

Spirituality is a milestone for the new age, especially since religious and spiritual beliefs have been shown to have a strong impact on a strategy in coping with the various situations of organic imbalance and support for health recovery.²⁵

A qualitative study carried out in an oncology unit showed that nursing care in the spiritual dimensions of suffering includes: improving self-perception; promote hope to strengthen self-esteem; improve socialization; promote increased security; give emotional support; promote active listening; give spiritual support, such as praying/praying; respect personal beliefs; promote the therapeutic touch; meditation; guided imagination; humor and laughter.²⁶

Hence, spiritual care is characterized as a factor of integration in the context of health, respecting and encouraging religious and spiritual interest and concerns includes communication with love, forgiveness, meaning, purpose, and hope in a moment of discouragement and anxiety. Active listening with empathy and sensitivity becomes one of the most valuable cares, for through intentional listening the patient defines personal spiritual issues and directs the most useful kind of support.

Given the aforesaid context, the implications for nursing care should provide security, comfort, well-being, and teaching strategies of adaptation, such as prayer. In order to perform spiritual care, one must be open and available to provide support when the man experiences doubts, fear and suffering regarding the oncology surgical treatment.

CONCLUSIONS

This research allowed us to identify the human health care needs of the man bearing mouth neoplasm undergoing surgical treatment, and the implications for nursing care, which constituted the application of scientific technical knowledge based on Horta's Theory, combining with creativity, sensitivity and reinventing care in the practice of nursing care in a contribution to the *PNAISH* implemented in Brazil by the Health Ministry in 2008.

The results of the research demonstrated that men presented organic imbalances in the human needs for health care of the physical body; human needs for social health care and human needs for spiritual health care, with implications for nursing care, because it becomes possible to offer a care with resolution to the basic human needs of health, respecting the individuality of the man.

The limitations are those of a qualitative research, which is contextualized in the time of investigation only in an institution, but can contribute to directing in the practice of caring, as well as from these data it is possible to identify reflections regarding the need of specific care that affect the health of the man with cancer of the mouth, and have implications for the practice of Nursing, research, teaching, health area, male and general society.

Based on the findings of this research, it is recommended the continuation of future research, in order to broaden the technical and scientific knowledge, with the elements involved in the process of human health care both in health institutions and in Basic Health Units. The knowledge that addresses not only psychobiological needs but also psychosocial and psychospiritual needs, thus, assisting the patient as a holistic human being.

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