

## AGENCIES IN THE MENBODY: A NURSING STUDY ABOUT CARE

Agenciamentos no corpo do homem: um estudo de enfermagem sobre cuidado

Agenciamentos en el cuerpo del hombre: un estudio de enfermería sobre cuidado

Cleiry Simone Moreira da Silva<sup>1</sup>, Paulo Sérgio da Silva<sup>2</sup>, Nêbia Maria Almeida de Figueiredo<sup>3</sup>

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### ABSTRACT

**Objective:** the study describes the experience of women submitted to the use of flower essences as non-pharmacological therapy for the relief of pain and anxiety during labor. Method: a qualitative and descriptive exploratory research with 30 parturients was performed in a regular public birth center in the city of São Paulo. **Results:** it was verified that the effects of the floral therapy acted in synergy on the reduction of the symptoms of stress, fear and tension, besides the increase of the emotional well-being, giving the parturients the opportunity to perform their own labor and delivery. **Conclusion:** it was concluded that the use of floral essence during labor provided calm, relaxation, concentration and courage to the women, emotions that enabled better control of pain and anxiety.

**Descriptors:** Anxiety; Labor pain; Floral Essences; Complementary therapies, Obstetric nursing.

### RESUMO

**Objetivos:** identificar como os homens e com quem eles aprenderam o cuidado com o corpo. **Método:** o método assumido nesta investigação foi o cartográfico-qualitativo. O contexto escolhido foi uma escola estadual e uma instituição superior de ensino localizado no município de Boa Vista onde estão inseridos homens adolescentes e adultos. A estratégia para produção dos dados envolveu encontros coletivos com 30 homens, denominados de assembleias, onde ocorreu a indução de discussões coletivas e modelagens sobre corpo e cuidado. **Resultados:** foram produzidas 282 unidades de registros. Destacamos como principais cuidados: tomar banho, escovação de dentes, lavagem das genitálias, prática de exercícios físicos, corte de cabelos e unhas. Sobre o aprendizado das ações de cuidar os homens sinalizaram as mães, pais, avós, escola e por fim, sozinhos. **Conclusão:** os homens sofreram variados agenciamentos e indicam temas para o cuidado de enfermagem **que são de ordem filosófico-existencial, filosófico-clínico e filosófico-espacial.**

**Descritores:** Saúde do homem; Corpo humano; Cuidados de enfermagem.

### RESUMÉN

**Objetivos:** identificar como los hombres y con quién ellos aprendieron el cuidado del cuerpo. **Método:** el método empleado en la investigación fue el cartográfico-cualitativo. El contexto escogido fue una escuela estadual y una institución superior de educación media

- 1 Nursing Graduate, PhD in Sciences by the Nursing and Biosciences Postgraduate Program at UNIRIO, Coordinator of the Nursing Graduation Course at Centro Universitário Estácio da Amazônia.
- 2 Nursing Graduate, PhD in Sciences by the Nursing and Biosciences Postgraduate Program at UNIRIO.
- 3 Nursing Graduate, PhD in Nursing by the Escola de Enfermagem Anna Nery (UFRJ), Emeritus Professor from the UNIRIO.

localizado en el municipio de Boa Vista, incluyendo hombres adolescentes y adultos. La estrategia para producción de datos involucró encuentros colectivos con 30 hombres, denominados asambleas, donde ocurrió la inducción de discusiones colectivas y modelaciones sobre el cuerpo y su cuidado. **Resultados:** fueron producidos 282 de registros. Destacamos como principales cuidados: tomar la ducha, zepillar dientes, lavado de los genitales, practica de ejercicios físicos, corte de cabellos y uñas. Sobre el aprendizaje de las acciones de cuidar los hombres señalaron las madres, padres, abuelos, escuela y por fin ellos mismos. **Conclusión:** los hombres sufrieron agenciamientos variados e indican temas para el cuidado de enfermería que son de orden filosófico-existencial, filosófico-clínico y filosófico-espacial.

**Descriptores:** Salud del hombre; Cuerpo humano; Atención de enfermería.

## INTRODUCTION

Initially, it is opportune to contextualize that health research is a challenge. This fact lies in not falling into the sameness of writing what we already know about the production of care for people without considering macro and micromolecular aspects, such as those of orders: cultural, economic, epidemiological, political, physical, personal, spiritual and historical which invariably affect men in all their humanity from birth to death.

These considerations indicate that the object of this study is translated as: arrangements of men in relation to the care with their body in the living space of adolescents and young adults. Arrangements, understood as a precise state of mixing of bodies in society, comprising all the attractions and repulsions, the sympathies and the antipathies, the alterations, the alliances, the penetrations and expansions that affect them.<sup>1</sup>

Specifically, taking the time to think about man's body goes through the path of living that presents a multiplicity of lines, curves, ambushes, dark places, fears and hopes in the development of human growth, going through the phases: childhood, adolescence, adulthood, and aging where everything involves the process of caring for the body.

Studies on men are still scarce in the Nursing field, and to a certain extent, we come to believe that concerns about them must occur within the family, always accompanied by registered nurses from the Family Health Strategy (FHS) teams.

Caring for man in this century of constant changes demand new understandings, new knowledge, new forms of caring, all aspects that surround it, such as: land, fauna and flora, animals and living spaces; yet learning and working all these aspects mentioned above is fundamental, but always attentive to new philosophical and political geographies that are designed around the world, and man is the animal that generates all these changes.

Body-man-species that must be analyzed subjectively in all its vital course, since it suffers multiple arrangements that are folded in the social plane from the way of being and being in the world. Specificities and singularities that when meeting with nurses in care settings or spaces where life is the object of caring actions present the needs and desires of different orders.

We speak of men who suffered in the historicity of their body and undergo multiple arrangements. This becomes the driving force of our intention within the arrangements that are

made in their processes of living and on so many reflections of other areas of knowledge about men, sometimes as strong, now as heroes, or as leaders of their rationality and lack of sensitivity in relationships.

We are impelled to look back and forth in the same movement and that these observations can point us to subjective paths or clues to be objectified from the body of the man acting. It is admittedly an attempt to discover the multiple arrangements that unfold from the dialogues established between the body-man with the family and the society that surrounds him.

To scrutinize these clues about man is to study mankind, a man who is and will be in crisis and our feeling is that this study translates not only something new, but something that have an emergent and current character, recurrent and can position us about the false or new certainties about them: how to raise them in life, to educate them, to protect them, how to know how to free them from the mother's care without being afraid of their choices, how to make them more sensitive and how to make them partners and not tricksters.

We will probably know that men were crossed each in their territory of living and being, or by education for health from how they are raised and oriented in the family environment to care for their bodies; on the health-disease binomial; about his sexuality and the beginning of it and if he knows what signs the body expresses when it is getting sick.

To ponder about the encounters and disagreements between the health of the man, the promotion of participative parenting, sexual and reproductive health in primary care, all that do make us immediatist researchers.<sup>2</sup> It is because in the subjective plane we are still habituated to the disease discourse, actions, and treatment, as something that gives us a particular status.

We acquire know-how about a clinic, which is most often within the medical field in the same way that we follow its protocols. During our professional training, this is still the case, we do not acquire the skills to care for and know about them, as well as the difficult conversation about the sexual aspect.

Our approach follows questionings or obvious questions about signs and symptoms, when we do the physical examination in the action of caring for men and in doing this we delve into their stories, their ways of living and their sexuality in adolescence or even in the various stages of his life until the last phase.

Given this perspective, it is possible to underline another issue: we do not know and understand their behaviors about their bodies and their health care, and what arrangements were produced in them during the process of growing into adults. We only learn about the physical differences, which tells us that these first positions here expand our field of vision and reflection and make us wonder: Which kind of men are we talking about?

Nevertheless, we are trying to follow the guidelines listed in the National Policy for Comprehensive Health Care for Man,<sup>3</sup> which are recent and based on the affirmation that health professionals recognize that the great challenge in working with men is to get them to the services before they

have any illness, especially in chronic and degenerative diseases, such as: cancer, diabetes, and systemic arterial hypertension.

Thinking about other issues - a problem non-related to physical illness implies knowing and understanding the man under new viewpoints: the arrangements. Bearing in mind the aforesaid, we are driven by the following objective of this research: to identify how men learned to take care of their bodies and from whom they learned it.

## METHODS

The undertaken approach in this investigation was the cartographic<sup>4</sup> in its qualitative dimension.<sup>5</sup> The option to use the cartographic method makes us travelers from established research territories to seek new designs and speeches as researchers desiring to know/understand what this adolescent and adult man understands about his body and caring for him. To go through subjectivity means to say that we work with the limits of human relationships, interpersonal, with clients, students, friends, and colleagues.

The cartographic method forms in the practical axis the concentration without focalization, assumed in tune with the problem, where we try to avoid interferences related to previous knowledge, representations, and experiences; evidencing the act of mapping as the course of research itself.<sup>4</sup>

The parallel inclusion of the qualitative method to the cartographic allowed all of us cartographers to pay attention to the most particular questions within the Social Sciences, with a level of reality that can be quantified. In this perspective, the qualitative method works with the universe of meanings, motives, aspirations, beliefs, values, and attitudes, corresponding to a deeper space of relationships, processes, and phenomena that cannot be reduced to the operationalization of variables.<sup>6</sup>

The body of a cartographer<sup>7</sup> goes through the creation of strategies from the formation of the desire of the social field, regardless of the sectors of social life. What matters is that he is attentive to the strategies of desire in any phenomenon of human existence that he proposes to ask, as follows: from formalized social movements or in the mutations of collective sensibility, such as delinquency, violence, even unconscious phantasms, individuals, groups and masses, institutionalized or not.<sup>4</sup>

Considering this conception, we address the importance of the cartographer here to keep in mind the two lanes of the cartographic method for understanding the phenomenon studied that deals with the arrangements that occur in the body of a man. It should be noted that the clues guide us in the scientific work, knowing that, in order to follow processes, it is not possible to have determined the totality of methodological procedures beforehand.

Specifically, the second track of the cartographic method, called the attention function in the cartographer's work, tries to investigate the data production process and involves research in the field of subjectivity, moving away from the object of defining a set of abstract rules to be applied. It is a nonlinear quest to reach an end, its construction is case by

case, which prevents us from establishing some clues that are intended to describe, discuss and collectivize the cartographer's experience in four varieties of attention: tracing, touch, landing and reconnaissance.<sup>8</sup>

## Addressing the screening of the territories and social actors involved in the research

This first gesture called tracking comes as a way to follow paths, to involve production processes, to perceive the connections of networks or rhizomes, to enable the monitoring of movements and the construction of maps. Therefore, it allows the identification of nuances of intensity and essence along the extension of the phenomenon to be investigated.<sup>4</sup>

The study was carried out in the Municipality of *Boa Vista*, capital of the *Roraima* State, located in the Legal Amazon region of Northern Brazil. The municipality has a population of approximately 284,313 thousand inhabitants since it represents 65% of the population of the *Roraima* State, which is located in the extreme north of Brazil and is geographically delimited by the border with two countries, namely, Venezuela and English Guiana. The local economy is mainly based on public service and the informal market.

According to the Municipal Network of Basic Health Care, it is organized in 06 macro areas of health. These macro areas comprise 55 FHS teams, 17 Oral Health Teams, distributed in 32 basic health units. The chosen context of this study was a state school where the adolescents in the study process and adults of a Higher Education Institution are placed. The choices of the institutions were according to a random draw of all the units, where the selected one was the third drawn; to reduce the trends of the researcher's variables.

Participants screened in the study involved the male population of the *Boa Vista* city, *Roraima* State, during adolescence and adulthood. Regarding the inclusion and exclusion criteria: men were included in the study and within the age group from 12 to 60 years old. There were considered inept for the participation of this research both foreign and indigenous people.

## Addressing the touch as the second gesture of the cartographic method happened in the assembly

The second variable of the cartographic method, the touch, can take time to happen and may have different degrees of intensity. Its importance in the development of field research reveals that it has multiple inputs and does not follow a one-way path to reach a certain goal. Through the attention to touch, cartography seeks to ensure the rigor of the method without giving up the unpredictability of the process of knowledge production.<sup>8</sup>

After the men were traced the touch on the strategy, we call the assembly. The assembly is a strategy, usually institutional and political, to discuss common interests, and the collective plan almost always has to make a decision.

So, this strategy was when we invited all men from 12 years to participate in the study when we would inform them about the study and its participation. The first meeting took

place on June 6<sup>th</sup>, 2017, at night from 7:00 p.m. to 8:20 p.m. The second assembly took place on December 6<sup>th</sup>, 2017, starting at 6:40 p.m. and ending at 8:05 p.m.

In these meetings with men, it was decided to discuss issues that dealt with pleasant and unpleasant aspects of the body, care of the body, the relationship between the man and the health services, and finally, the arrangements he had during his life to learn how to care for himself.

### **Addressing the advent and the socialization of the experience of being a man in data production**

The landing indicates that the perception, be it visual, auditory, or another, makes a stop and the field closes, in a kind of zoom. A new territory is formed, and the field of observation is reconfigured. The attention changes scale.<sup>8</sup>

Collectivizing the experience requires a permanent connection between the gestures in a movement to go and return to recognize and ignore the phenomenon studied. Producing the data involved a permanent encounter with men, touching on slogans, such as body, care, and health.

At first, the data were collected through meetings and meetings for the application of the semi-structured interview, shortly after the approval of the Ethics Committee and the signing of the consent form and Informed Consent Form (ICF).

It should be noted in this study design that the present investigation met all the criteria of the Resolution No. 466/12 that regulates research with human beings in Brazil, and all the ethical-legal precepts were fulfilled, guaranteeing the rights of anonymity and secrecy of the participants. The same was submitted to the Research Ethics Committee and approved under the No. 65799317.8.0000.5285.

All this ethical care has allowed access to information about the arrangements that influence men to take care of their bodies. In the second moment, a collective strategy of body modeling was carried out through the mass modeling and interviews with adolescents and adult men who are in school and higher education. All these meetings were recorded, and their contents transcribed for analysis.

### **Addressing the recognition of the contents that deal with arrangements of living in the body of a man**

The fourth and final gesture of the cartographer's attention, recognition, is understood: as a sort of the point of intersection between perception and memory. The present turns to the past, knowledge, recognition.<sup>8</sup>

The recognition of the work with the data followed the theoretical-analytical framework of content provided by Laurence Bardin,<sup>9</sup> designated as: a set of techniques of analysis of the communications aiming to obtain, by systematic procedures and objectives of content description of the messages that allow the inference knowledge of the conditions of production and reception of these messages.

## **RESULTS AND DISCUSSION**

Overall, thirty men participated in the meetings, and when they were induced to collectivize aspects of body care and the learning process of these basic care actions, then 282 record units were produced.

The records units were decoded as body hygiene, of which we highlight bathing, tooth brushing, genitalia washing, physical exercise, haircutting, and nails. The registry units that dealt with adult men from the assembly pointed out that concerning the learning process of taking care of themselves, men have addressed their parents, grandparents, school and also doing by their own.

We representatively present the first ten statements that relate to the care taken by the man with the body and how the process of the arrangement took place, arranged in the following statements, respectively:

*[...] I learned that hygiene should start with my teeth... I learned from my mother, she taught me and spoke [...]*  
(Man 1)

*[...] I said that I had to take a good shower and wash the private parts... I learned it from my mother and my grandmother [...]* (Man 2).

*[...] you have to skinning in order to remove the dirt that hides on your skin and brush your teeth after meals... I learned from my parents [...]* (Man 3)

*Taking a bath and washing my hands [...] the most specific things I learned at school, my parents taught what they knew [...]* (Man 4)

*[...] bathing from the head and washing the hair well to the rest of the body... I learned from my parents, they taught me a part [...]* (Man 5).

*[...] washing all the private parts, brush and care for the eyes, ears, intestine, stomach... I learned from my parents and the teachers taught and showed the videos that I was terrified [...]* (Male 6)

*[...] taking care of my body, such as bathing with soap and water... I learned from my parents [...]* (Man 7)

*[...] washing my hands, brushing my teeth after every meal... I learned from my parents and from school [...]* (Man 8)

*[...] when taking a bath, thoroughly wash the private parts both the penis and the anus [...] some deeper education I got in school and now at university [...]* (Man 9)

*[...] washing everything in the body [...] I learned from some research I did on the internet, friends on the street and with cousins.* (Man 10)

Initially, we recognize that our discussions have been forwarded to considerations of escape.<sup>10</sup> There is no doubt that our journey was difficult to reach what we believe to be the last clue of the cartographic method, always tracking, recognizing new landings and touches.

In each gesture of the second track<sup>4</sup> we were stimulated, when we met with the men and the data produced by them that brought up memories of them when they spoke about their mothers, fathers, cousins, friends, the school and university space to search for references of care as we go through the multivariate circuits of life.

Their textures speak not only of a body that works, but works well because they have powerful penises, they are beautiful, colorful, cheerful and with mothers who have taught them to take care of themselves. Only bodies of them, who obey them when they have to walk, take and think.

New textures and new ways of thinking about health, we have the clarity that they are nomadic thoughts that weighs on these adolescent and adult men we do not know when we access their bodies during interviews and modeling at assemblies.

Moments of their weaknesses and ours as processes of encounter, sometimes creating or breaking boundaries between us and them. Men speak of their bodies as if searching for themselves. What should a functional body be? What is working the body in a society in crisis?

At least in this way, we find foundations in this functional man, who have a narcissistic layer<sup>11</sup> when they feel the man of their family when they want to have male or male sons, as many speak. A functional body, model of caring, that is born with their mothers and expands in the streets of the spaces where they live.

A caring model that comes out of their speech, centered only on body hygiene as mothers know how to do and they repeat until adulthood when they say: showering, washing the body from head to toe, washing the intimate parts, 'skinning' the penis to remove the dirt, brush the teeth, cut the nails of the hands and feet. There is no mention of: odors, clean clothes, clean water, clean space and neither should you bathe as a reference to take care of the body.

In this respect, we cannot fail to emphasize Nightingale,<sup>12</sup> who, as no one else, has associated care and the healing process with the environmental processes that involve the following: lighting, aeration, noise, taste, communication, hygiene, clothing and touch. In this process, environmental concerns are in people and their human and intersubjective relationships, capable of curing or sickening those who inhabit the environment.

The Nightingalean theoretical bases and their principles of caring are current and possible to operationalize them when we think the arrangements suffered by the men's bodies. The healthy body depends on a healthy environment, so mothers in our research when raising and caring for their children should worry about cleaning the house, the furniture, the floor, the outside and internal air of the house, the wall type and says: without cleaning, aeration has no effect; without aeration one cannot do a complete cleaning.<sup>12</sup>

In today's nursing, there is concern about caring for the other, it requires new ways of making and giving meaning to science in the process of construction,<sup>13</sup> nursing that uses its bodily senses in connection with life. Beware of touching the customer man, to feel, careful to look and see; care in listening to listen, careful communication, careful gesture, careful attention in the subjectivities of the body and space.

Nowadays, the Nightingalean discourse, has been advancing with ecological dialogues. The planet earth is experiencing a period of intense technical and scientific transformations, contrary to which phenomena of ecological imbalances are generated which, if not remedied at the limit, threaten life on its surface.<sup>14</sup>

Men also need to be aware of these movements of change. The ecological discourse of health is of interest to all, who need to be deconstructed from standardized behavioral models to be attentive to the set of subjectivities that involve the social, animal, plant and cosmos.

We are all beginners of this practical ecological discourse denominated as ecosophy because they gather the three ecological registers, as follows: environment, social relations and human subjectivity.<sup>14</sup>

In these discourses, the problems of the present world that involve female conditions, sexual freedom, contraception, and abortion grows quite irregularly, and functional men are not outside these seemingly feminine issues. This man, functional body, in the aspect of ecology is unsustainable if only to understand that the body of beauty and still frail care for illness is his ideal body.

Nonetheless, we constantly think about health programs, we believe that nursing, in this case, is responsible for the rescue of the subjects, the senses for their body, their life, their society and this means to know that the body of the man revolves in three axes that are intertwined: economic, political and ethical.

Economic by which the material infrastructure for life is guaranteed; the political one, which defines the type of organization that the citizens desire and the forms of exercises and distribution of power; the ethical are values and principles that inform the practices and give collective meaning to social life within spiritual healing of life.<sup>15</sup>

Herein, this functional body of the man returned that he cares, but in the gaps of the answers or fractures of the text, they only seek the health service when they are sick and in an attempt to provide explanations all are afraid of the health professionals of their procedures, as also does not have the patience to be waiting in line for being tiring.

Going to the *Sistema Único de Saúde (SUS)* [Unified Health System] to take care of oneself is accessing one of the soul giants, the fear. Being afraid of health professionals is stimulated by the media, as teenage men and adults have stated. It is something to think about for behavioral changes or caring strategies.

Hence, in showing himself to us men have left to our mercy the autonomy of inferring what we think they are showing, the way they see themselves, and how we as health professionals see them. In the body that presents itself and what is thought about health, we find its positions allowed us to infer that there is a “qualitative ego” when one understands beautiful, normal and good.

## CONCLUSIONS

The images and implications for the recognition of the care of the body of men in the spaces of living allow us to make temporal considerations, even if we are thinking about nursing care for the historical and future man, back and forth, here and now, when we are building spaces and skills to meet and care for them.

Those men indicate implications that are philosophical-existential, philosophical-clinical and philosophical-spatial, as elements and topics to be considered in the programs and processes of caring for men and women today.

The men who underwent various arrangements, who have built families, brought up their children, fragile, strong, homosexual-friendly, who suffer, cry, and, for this reason, can stand, can be free, have political position, have critical position, that hide because they are still afraid, that is not only physical strength, which is no longer the model of an active male, but a sensitive male, an aesthetic male, a transformed male.

The considerations of return in escape routes are challenging and are involved in the health of the man mainly in the deconstruction of the little that we know about them in the plane of the reflection and the practice. This moment of presenting the study makes us rethink it and the desire to review the cartography clues.

Returning to track over again to either get or not to the conclusion that we were prepared to touch and understand the results. Reviewing their functional bodies and their speeches inexpressibly to believe that we do not leave gaps or gaps in each moment of the gesture in cartography.

It is in this sense that the functional body that makes singular processes in its ecological spaces can create new problems that are no longer gender, power, cultural, but all at the same time. Bodies that can lead fractures, resistance in their various spaces of living, in all schools if they are well established as subjects, free to reinvent themselves, inserted in the same ethical and political perspective.

This functional man body is the object and subject of nursing care and was crossed by arrangements in adolescence and in the adult phase, mainly by the mothers. As the body presented physiological differences the concern

of this process caused them to meet with close relatives, street friends, among others. Although the body has undergone collective arrangements like the communication devices (TV, internet, cell phones) they emphasize that the primordial will always be the functional part of your body for survival.

The following is also worth mentioning: the arrangements of living that deal with taking care of the body where they were evidenced with a strong correlation with the school and university formation through the specific disciplines and the themes of transversal order.

It is said that a man is a person who studies, reads, can be a doctor, a biologist, who exercises, who works, who is luxury and movement, who can be healthy, spiritual, narcissistic, without space, human, that is flow, functional, that seeks care, that is caressed, that plays, that can be frontal, supportive, libidinal, that valorizes the penis, incomplete, that can be feminine, that presents models of care, which is discontinuous, meaningless, image, textured, empty and that can be desired as a male symbol.

## REFERENCES

1. Deleuze G, Guattari F. *Mil Platôs: Capitalismo e esquizofrenia - volume II*. Tradução de Ana Lúcia de Oliveira e Lúcia Cláudia Leão. Rio de Janeiro: editora 34; 1995.
2. Ribeiro CR, Gomes R, Moreira MCN. Encontros e desencontros entre a saúde do homem, a promoção da paternidade participativa e a saúde sexual e reprodutiva na atenção básica. *Physis Revista de Saúde Coletiva* [periódico da internet] 2017 [acesso em 2018 fev 10];27(1) [aproximadamente 19 p.]. Available at: <http://www.scielo.br/pdf/physis/v27n1/0103-7331-physis-27-01-00041.pdf>
3. Brasil. Política Nacional de Atenção Integral à Saúde do Homem: princípios e diretrizes. Brasília: Ministério da Saúde; 2008.
4. Passos E, Kastrup V, Escóssia L. *Pistas do método da cartografia: pesquisa-intervenção e produção de subjetividade*. 1ª ed. Porto Alegre: Editora Sulina; 2009.
5. Minayo MCS. Análise qualitativa: teoria, passos e fidedignidade. *Ciência e Saúde Coletiva* [periódico da internet] 2012 [acesso em 2018 fev 10];17(3) [aproximadamente 6 p.]. Available at: [http://www.scielo.br/pdf/csc/v17n3/en\\_v17n3a07.pdf](http://www.scielo.br/pdf/csc/v17n3/en_v17n3a07.pdf)
6. Minayo MCS. *O desafio do conhecimento: pesquisa qualitativa em saúde*. 9ª ed. São Paulo: Hucitec; 2006.
7. Liberman F, Lima EMFA. Um corpo de cartógrafo. *Interface Comunicação Saúde Educação*. [periódico da internet] 2015 [acesso em 2018 fev 10];19(52) [aproximadamente 10 p.]. Available at: <http://www.scielo.br/pdf/icse/v19n52/1807-5762-icse-19-52-0183.pdf>
8. Kastrup V. O funcionamento da atenção no trabalho do cartógrafo. *Revista Psicologia e Sociedade*. [periódico da internet] 2007 [acesso em 2018 fev 10];19(1) [aproximadamente 7 p.]. Available at: <http://www.scielo.br/pdf/psoc/v19n1/a03v19n1.pdf>
9. Bardin L. *Análise de Conteúdo*. Lisboa: Edições 70; 2011.
10. Sauvagnargues A. Deleuze, cartografias do estilo: assignificante, intensivo, impessoal. *Artefilosofia*. [periódico da internet] 2013 [acesso em 2018 fev 10];(9): [aproximadamente 15 p.]. Available at: <http://www.periodicos.ufop.br/pp/index.php/raf/article/viewFile/631/587>
11. Perissé AP. O homem hipermoderno em busca do tempo e do prazer, ambos perdidos. *ARTEFACTUM*. [periódico da internet] 2013 [acesso em 2018 fev 10];7(1): [aproximadamente 19 p.]. Available at: <http://artefactum.rafcom.com.br/index.php/artefactum/article/view/119/210>
12. Nightingale F. *Notas sobre enfermagem: o que é e o que não é*. Tradução: Amália Correa de Carvalho. São Paulo: Cortez/Ribeirão Preto: ABEn-CEPE; 1989.

13. Carvalho V. Sobre construtos epistemológicos nas ciências: uma contribuição para a enfermagem. Rev Latino-Am Enfermagem. [periódico da internet] 2003 [acesso em 2018 fev 10];11(4): [aproximadamente 8 p.]. Available at: <http://www.scielo.br/pdf/rlae/v11n4/v11n4a03.pdf>
14. Guatarri F. As três ecologias. Tradução de Maria Cristina Bittencourt. 21ª ed. Campinas: Papirus; 2012.
15. Boff L. Sustentabilidade: o que é - e o que não é. Petrópolis: editora Vozes; 2012.

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**Corresponding author:**

Cleiry Simone Moreira da Silva

**Address:** Rua Jornalista Humberto Silva, 308

Bairro União, Roraima, Brazil

**Zip code:** 69.313-792

**E-mail address:** cleirynete@hotmail.com

**Telephone numbers:** +55 (95) 98126-8950 / 2121-5500

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