

## APPLICATION OF THE ROPER, LOGAN AND TIERNEY MODEL TO HOMELESS PEOPLE

Aplicação do modelo de Roper, Logan e Tierney com pessoas em situação de rua

Aplicación del modelo de Roper, Logan y Tierney a personas de la calle

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### ABSTRACT

**Objective:** identify daily Activities of Daily Living with dependence on nursing care. **Method:** exploratory study with a qualitative approach performed with 52 people in a street situation in Sobral, Ceará, Brazil. The daily Daily Living Activity model proposed by Ropen, Logan and Tierney was used to guide the data collection and analysis. **Results:** the activities of life with greater dependence on care are: food, due to irregular consumption of basic nutrients, which promotes a state of permanent malnutrition; another activity was work and entertainment, because they do not have fixed remuneration and live on what they collect by performing activities that generate small amounts of money, besides activities such as death, sex, sleep, breathing and elimination, which are also compromised. **Conclusion:** the use of the model with people living on the street provided a holistic view of individuals, favoring the investigation of the factors that interfere in the maintenance of health.

**Descriptors:** Homeless persons; Models, Nursing; Nursing.

### RESUMO

**Objetivo:** identificar as atividades de vida diárias com dependência de cuidados de enfermagem. **Método:** estudo exploratório com abordagem qualitativa realizado com 52 pessoas em situação de rua na cidade de Sobral, Ceará, Brasil. Utilizou-se o modelo de atividade de vida diária proposto por Roper, Logan e Tierney para nortear a coleta e análise de dados. **Resultados:** as atividades de vida com maior dependência de cuidados são: alimentação, devido consumo irregular de nutrientes básicos, que promove um estado de desnutrição permanente, outra atividade foi trabalho e distração, pois os mesmos não possuem remuneração fixa e vivem do que arrecadam ao

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realizar atividades que geram pequenas quantias monetárias, além das atividades, morte, sexualidade, sono, respiração e eliminação, as quais também se revelaram comprometidas. **Conclusão:** a utilização do modelo com pessoas em situação de rua proporcionou abordagem holística aos indivíduos, por favorecer a investigação dos fatores que interferem na manutenção da saúde.

**Descritores:** Pessoas em situação de rua; Modelos de enfermagem; Enfermagem.

## RESUMÉN

**Objetivo:** identificar las actividades de la vida cotidiana con dependencia del cuidado de enfermeira. **Método:** estudio exploratorio con un enfoque cualitativo realizado con 52 personas en situación de calle en Sobral, Ceará, Brasil. El modelo de actividad de la vida diaria propuesto por Ropen, Logan y Tierney se utilizó para guiar la recolección y el análisis de datos. **Resultados:** las actividades de vida con mayor dependencia de cuidados son: alimentación, debido consumo irregular de nutrientes básicos, que promueve un estado de desnutrición permanente, otra actividad fue trabajo y distracción, pues los mismos no poseen remuneración fija y viven de lo que recaudan al realizar actividades que generan pequeñas cantidades monetarias, además de las actividades, muerte, sexualidad, sueño, respiración y eliminación, las cuales también se revelaron comprometidas. **Conclusión:** la utilización del modelo con personas en situación de calle proporcionó un enfoque holístico a los individuos, por favorecer la investigación de los factores que interfieren en el mantenimiento de la salud.

**Descriptorios:** Personas sin hogar; Modelos de enfermería; Enfermería.

## INTRODUCTION

Homeless people (HP) are part of a heterogeneous population segment that makes use of public places or shelters to live and work, and have as common characteristics poverty, broken family ties and homelessness.<sup>1</sup>

Housing on the street leads to the limitation of rights to education, health, work, housing, leisure, safety, basic and constitutional social rights<sup>2</sup>, which represents a challenging scenario for health managers, given the coexistence of stigma, prejudice and poor health conditions.<sup>3</sup>

In Brazil, according to 2015 data, 101,854 HP were registered in the Federal Government Social Programs (*Cadastro Único*)<sup>4</sup>, which indicates advances in the implementation of public health policies for the HP under Primary Health Care (PHC). However, the constant challenge for health services bringing a multi-professional healthcare team to this population.<sup>5</sup>

From this perspective, it is up to health professionals to get to know this population, to adapt their interventions according to the existing particularities and the needs identified. Therefore, studies that support the evidence-based practice of professionals working with this public become relevant. Nursing stands out by participating in the active pursuit of providing qualified care, in addition to contributing to the production of a care practice that fits the reality of each user in their social context.<sup>6</sup>

In an attempt to contribute to the improvement of living conditions in the streets and welfare of HP by identifying the main needs of this clientele, we chose to work with the

Activities of Daily Living Model developed by Roper, Logan and Tierney. This model is a tool for the application of the nursing process, which allows nurses to identify Activities of Daily Living that may be compromised and to develop care plans for health and well-being promotion.<sup>7</sup>

This study is justified in view of the need to better understand the HPs and their needs, in various aspects that underlie the maintenance of well-being and quality of life, such as food, health, work, housing, leisure, safety, among other aspects. Thus, the study may contribute to the implementation of new health care strategies aimed at this public.

Given the context to which homeless people are exposed and considering the contribution of the theoretical model chosen for the study, this paper aims to identify the activities of daily living with dependence on nursing care.

## METHODS

Exploratory study with qualitative approach, conducted in October 2017 in Sobral-Ceará-Brazil, in a Specialized Reference Center for the Homeless Population (Centro-POP), which is a specialized care unit for the adult population (18 to 59 Special Social Protection of Medium Complexity of the Unified Social Assistance System (SUAS)).<sup>8</sup> The study participants were 52 users of this service. A semi-structured script was used with guiding questions on daily living activities, in addition to participant observation. Inclusion criteria were: being over 18 years old and being registered at the POP Center. Exclusion criteria: cognitive problems and being under the influence of psychotropic drugs at the time of the interview. For data collection, the semi-structured instrument contained questions guided by the daily living activity model proposed by Roper, Logan and Tierney, which consists of 12 life activities: 1) maintaining a safe environment; 2) communication; 3) breathing; 4) food; 5) elimination; 6) hygiene and clothing; 7) temperature; 8) mobility; 9) work and leisure; 10) sexuality; 11) sleep and 12) death.<sup>9</sup> For content analysis, categorical structures were used that represent the identification of the meanings and meanings of the participants' statements related to the twelve daily activities of life, and later the statements were grouped by these activities.<sup>10</sup> It was decided to describe the needs faced by the interviewees concerning daily activities and the factors that influence their performance in daily activities. The study complied with the norms of resolution 466/2012/11 and was approved by the decision 2.083.621/2017 of the Research Ethics Committee of the Vale do Acaraú State University. To guarantee anonymity, individuals were named homeless person (HP) next to a number referring to the sequence of interviews.

## RESULTS AND DISCUSSION

Fifty-two HP participated in this study, with 46 males (88.5%) being the majority. Of these, nine (17.3%) reported

having no religion, 26 (50%) considered themselves Catholic and 16 (30.8%) reported to be evangelical. Regarding the study time 28 (53.8%) participants studied between 0 and 8 years, 21 (40.9%) from 9 to 11 years and three (5.77%) had studied more than 11 years. In relation to income, 49 (94.23%) had income below one minimum monthly salary, derived from government social benefits, and three (5.77%) received up to two minimum salaries from employment. Regarding marital status, 27 (51.9%) were single, 13 (25%) divorced, seven (13.5%) married, four in domestic partnership (7.7%) and one (1.9%) was a widower. 19 (%) of the respondents came from Sobral-CE (study site), 16 (30.77%) from municipalities of Sobral macroregion, eight (15.39%) were from Fortaleza -Ceará, and nine (17.30%) were from other Brazilian states. Regarding the performance of Activities of Daily Living by the HP, the main changes and difficulties faced were identified.

### Daily Living Activity 1 - Maintain a Safe Environment

The interviewees reported experiencing difficulties regarding this living activity, as evidenced by the following statements:

*I've been beaten many times in the street, I was doing nothing, and I don't even know who those people were.* (HP 04)

*Just sleeping in the streets people already see us as vagabonds and there are people who always curse us.* (HP 6)

*My brothers don't accept me using drugs and that's why we always fight.* (HP08)

*They already stabbed me with a knife and stole my bag twice.* (HP13)

*They tried to kill me 3 times shooting [...] I got out of the hospital and I'm telling the story here.* (HP21)

Triggers for violence and insecurity in the street environment are generally associated with the use of psychotropic substances, family conflicts, thefts, and the dispute over areas to work as *flanelhinhos* (informal car park guards) throughout the day and places to rest at night.

### Daily Living Activity 2 - Communication

Obstacles in this case were identified as follows:

*Since I left home I don't know anything about my family..., I don't like conversation, it's better to be alone.* (HP03)

*No one has friends and when I need something I look for the people who work here to help me.* (HP15)

*I usually visit my kids on weekends. We cannot trust these people [homeless people]. [...] Professionals always treat us well [...].* (HP31)

*When I get money, I always call home.* (HP33)

*I have no contact with my family ..., I only speak with them [homeless people and POP Center professionals].* (HP48)

It was observed that there is superficial communication of these people with family members. This fragility may be due to the conditions in which these individuals find themselves. Some of the participants reported not feeling safe and comfortable to talk to other HPs due to fear of talking about their life. Regarding communication with the professionals of the POP Center, it was observed that this process occurs harmoniously and that they see the professionals as social support.

### Daily Living Activity 3 - Breathing

In this life activity, smoking was identified as the main risk factor present in the life of the research subjects.

*I have been smoking an average of 30 cigarettes a day for 11 years.* (HP14)

*[...] I have bronchitis, but I don't leave my cigarillo, I've been smoking for 44 years.* (HP28)

*I started smoking as a child, I stopped for a while, but after I came to the street I started drinking and smoking again.* (HP37)

*[...] When I use weed, I don't feel anything at all, but when I use crack it gives me some bad things later.* (HP41)

*[...] I tried to stop, but on the street is difficult, there is always someone to offer, right?* (HP14)

From the interviewees' statements, it is possible to notice that the majority tried, at some point in their lives, to quit smoking. There are also reports of respiratory difficulties due to colds and diseases of the respiratory system such as bronchitis, sinusitis and asthma, which become common due to hostile street environments.

## Daily Living Activity 4 - Food

In this Daily Living Activity we heard the following reports:

*Usually I eat food at the POP Center and on the streets when someone feels sorry and gives. (HP10)*

*[...] I don't always get food. Usually at the POP Center, or in the market when I collect the coins I earn. (HP16)*

*I get sick, we don't eat when we're hungry. (HP 27)*

*[...] people think we are bums and are in it because we want to, they don't want to help their brothers. (HP38)*

*[...] when I use marijuana, I really feel like eating, but we don't have money to buy food and eat whenever we want. (HP46)*

*Sometimes I drink to forget hunger. (HP51)*

There is an irregular consumption of basic nutrients, which promotes a state of permanent malnutrition in some of the interviewees. Many reported that one way of coping with daily life or even trying to forget hunger is the abuse of alcohol as well as the use of other illicit drugs.

## Daily Living Activity 5 - Elimination

Based on the statements, it is possible to link these changes to the difficulties these people face on the streets regarding the lack of privacy or appropriate places to evacuate. In addition, irregular and non-nutritional meals contribute to constipation. Therefore, when asked about difficulties regarding physiological eliminations, the following reports were mentioned:

*I take the opportunity to use the bathroom when I come to bathe here at the POP Center, the market bathroom is dirty. (HP 29)*

*I stay up to five days without going to the bathroom, we also barely eat. (HP 35)*

*It's hard, sometimes I feel like it and where I am there is no place to do it or sometimes restaurant owners don't let us use the bathroom there. (HP 36)*

*I use the public restroom. The only problem is that I can't always go when I feel like it, because sometimes there is no place where I am. (HP 42)*

*Sometimes I do it on the street, there is no way to hold it until another day to pee at the Pop Center. (HP 43)*

## Daily Living Activity 6 - Personal Hygiene and Clothing

Lack of a home makes it difficult to carry out simple everyday activities such as washing your hands before eating, brushing your teeth and taking a shower. To carry out these activities they need to pay to use toilets, to go to the POP Center so they can clean themselves or use other establishments when they get permission, as explained in the following reports:

*I shower at the Pop Center in the morning and also at the market toilet. (HP01)*

*I bathe at the bus station when I get money from my job. It is clean there. (HP 13)*

*I take a bath every day at the Pop Center, I don't always change clothes because I don't have [...]. (HP 17)*

*Sometimes I take a shower in the Pop Center or in the restaurant I spend the night. (HP 25)*

## Daily Living Activity 7 - Body Temperature

There were many reports of episodes of constant fever, and this symptom is mainly due to the exposure to pathogenic microorganisms, as well as the impairment of the immune system due to exposure to cold, heat, poor diet and low water intake.

*When I have flu I feel fever, body pain, I don't take medicine and I don't look for the health clinic. (HP11)*

*I had pneumonia and felt a lot of fever, I went to the hospital and was hospitalized. (HP 16)*

*We live sick [...], it is normal to have a fever and a headache. (HP 19)*

*Sometimes I feel fever, I feel more headache. (HP 20)*

*In winter I always get the flu and feel fever too. (HP 24)*

### Daily Living Activity 8 - Mobility

Walking is a common daily practice among respondents. However, in some reports, it was possible to visualize difficulties associated with health status, such as body pain and physical tiredness, evidenced by the following statements:

*I spend the day walking the streets and when it's time for bed I'm tired and have knee pain. (HP 08)*

*My health is no longer the same, I am sick and I can't walk much. (HP 12)*

*When I unload the trucks, I feel pain in my body and legs, it is a lot of weight that I carry [...]. (HP 18)*

*I have a bone problem [...], and I don't walk much to not feel pain. (HP 46)*

Based on these statements, it is possible to verify that the difficulties reported by some participants cause body wear, especially of the locomotor system, with pain in the lower limbs, spinal muscle changes and development of disease due to walking for long periods.

### Daily Living Activity 9 - Work and Leisure

Work activities performed by this group of interviewees are aperiodic, since they do not have a fixed remuneration, they live on what they earn by performing activities that generate only small daily sums of money.

*Street vendor work at fairs [...]. (HP 06)*

*I help a boy guard his car. (HP 08)*

*I unload the trucks at the market, do anything. (HP 18)*

*No, nobody wants to give work to those who are on the street. (HP 52)*

Just as the factors that lead people to live on the streets are complex, so are the issues that exclude them from the formal job market, being rejected during a selection process, for example.

### Daily Living Activity 10 - Expressing Sexuality

In relation to sexuality, the following reports were recorded:

*I have no one, but if someone appears, I use a condom [...]. (HP 02)*

*I always use condoms, we can't trust anyone, I'm afraid of getting sick. (HP12)*

*I have even prostituted myself to buy my drugs [...]. (HP 23)*

*Only when I have money, I get a prostitute, but I don't always use a condom. (HP24)*

*I use condoms, I do it with men and women and I always use condoms. (HP 26)*

*I once got sick and never again did it without a condom [...]. (HP34)*

The above statements indicate that most use prevention methods against sexually transmitted diseases (STDs), either for fear of sexual involvement with infected partners or due to history of past sexual infections.

### Daily Living Activity 11 - Sleep

The aspects related to sleep were illustrated by the following statements:

*The ground is hard, and the night is cold, I can't sleep well [...]. (HP 02)*

*We don't sleep on the street, we just doze off. (HP 07)*

*I have trouble sleeping, sleep until midnight, then stay awake. (HP 23)*

*There is a lot of noise in the street, nobody sleeps right. (HP 41)*

*Where I sleep it's cold, the ground is hard, and full of mosquitoes. (HP 42)*



In bad weather, many participants choose to sleep and rest during the day. It is also worth mentioning engagement in harmful practices at night, especially the use of drugs that affect the central nervous system, which can lead to insomnia, nightmares, mood swings, euphoria and stomach disorders, which in turn prevent normal sleep cycles.

### Daily Living Activity 12 - Dying

The interviewees' statements related numerous physical aggressions, including attempted homicides and suicides. Some transcribed statements corroborate these allegations:

*They have tried to kill me many times, they have pierced me and shot me... they have all died.* (HP03)

*I tried to kill myself three times .. after my parents died and I lost the will to live.* (HP 26)

*[...] when they pierced me, I pretended to be dead.* (HP30)

*I got involved with the wife of a guy who was arrested and told to him and he tried to kill me.* (HP31)

Physical violence appeared in the interviews as a predominant theme and of great impact, being one of the intrinsic elements in the universe of the interviewed HP. The reports of violence suffered at hands of other individuals and even relatives were many and the interviewees show the marks of the violence experienced on their bodies.

The homeless population has poor social and health conditions as well as limited access to basic and constitutional social rights. The expropriation of the poor and marginalized classes is caused by the lack of access to the formal labor market, quality education, health services and other public services. This expropriation leads to social stereotyping from which negative social images of the subjects are constructed, which in turn directly interfere with the attitudes and behaviors of professionals and undermine the relationships inherent to attention and care.<sup>12</sup> Being often characterized in a pejorative way, the HP, besides suffering the violence of deprivation of resources necessary for human survival, also suffer from the physical violence of other social groups. Physical violence was frequently reported by participants, where many carry the marks of the aggressions suffered on their bodies. It is worth mentioning that physical violence is characterized by the use of physical force against anyone, producing from mild pain to damage that can cause death.<sup>13</sup> Still in this context, certain participants narrated insecurity and discomfort to establish

conversations with other homeless people or their families, and the family is an important socialization agent and should be assumed as a care unit, transmitter of values, emotional support and source of strategies that promote health and well-being. This family nucleus must be able to establish bonds and collaborate with the removal of its members from the homeless situation.<sup>14</sup>

Due to this distance from the family nucleus, the participants almost entirely depend on POP Center for meals offered by the or through philanthropic institutions, most of religious nature. Daily life on the street causes people to face a variety of situations involving diverse challenges such as access to food and transportation, financial hardship, addictions and social stigma.<sup>15</sup> Study participants also reported feeding difficulties, often associated with financial limitations or harmful drug use. An important factor related to poor eating conditions and fluid intake is the use of alcohol and other drugs, which become reality on the streets and serve as the main alternative to minimize hunger, cold, or as a form of socialization.<sup>16</sup> Another limitation that the participants face concerns hygiene, with most neglecting basic care, due to the difficulty of access to places to perform their daily hygiene, especially bathing and changing clothes. Poor hygiene exposes HPs to pathogenic microorganisms, which represent significant risk factor for the transmission of infections.<sup>9</sup>

Notably stigmatization stands out as a striking point in the population studied, mainly due to the characteristics exhibited by some of the subjects, such as dirt, odor and the effects of licit and illicit drugs, affecting the way these people are perceived by care providers.<sup>17</sup>

Regarding sexual health, participants reported having knowledge about STDs and condom use. This is a positive aspect, since this behavior can contribute to a possible reduction of unprotected sexual practice, and consequently the reduction of incidences of STDs and AIDS.<sup>18</sup> The testimonies of some of the interviewees in this research about involvement with prostitution are remarkable as they demonstrate that money earned from prostitution was used almost exclusively to purchase illicit drugs. Once on the street, the combination of drugs and prostitution are presented as the new reference. Chemical dependence is a polysemic phenomenon, which manifests itself in time and space and is closely linked to social factors, such as poverty, social inequality and other contemporary problems.<sup>19</sup> The indifference of society towards people who live in the streets is directly related to the processes of violence - symbolic and real - experienced by these subjects. Just as they go unnoticed on the streets where they travel, sleep and feed, they are invisible to the public services and safety policies. Numerous murders show that they also suffer from so-called real violence, which can be carried out by their own relatives, companions, residents

of the regions where they stay, police or extermination groups.<sup>20</sup> Adequate, multidisciplinary and holistic care is of utmost importance, providing improvement in terms of health and living conditions of these homeless people, chosen based on their daily realities and the specificities of each group or individual.<sup>21</sup>

It is also necessary to ensure that homeless people receive decent and quality care, with possibilities of treatment and social reintegration, offering security and opportunities. However, to consolidate this step, the budget for social policies by the various governmental bodies must be increased.<sup>13</sup> Despite being a matter of concern, there is a certain shortage of research on HP. Most of the surveys carried out were conducted in large capital cities, which makes it difficult to implement public policies in smaller cities. Even though this population faces similar obstacles in everyday life, they have different coping strategies from individuals living in cities and large urban centers offer different opportunities than cities with smaller numbers of people.<sup>9</sup>

## CONCLUSIONS

The use of the Roper, Logan and Tierney model with HP provided a holistic approach to individuals, favoring the investigation of factors that interfere with health maintenance. The main nursing care should be directed to activities such as maintaining a safe environment, food, work and distraction, death, sexuality, breathing, sleeping and elimination, which represent greater dependence on day-to-day care.

We believe that this study provides grounded support for nursing practice and for other professionals and researchers interested in the proposed theme. In addition, it brings with it the application of a theoretical model on nursing for HP and proposes results that represent this population group.

The results provide visibility to the health needs of HP and enable professionals who provide care to this population to reflect on their practices. Promoting the inclusion of this group in truly effective policies that bring better living conditions, besides offering housing, food or health care, as well as compliance with measures that allow rebuilding of HP lives permanently are essential.

The main limitation of this study is that the participants are from the interior region of Ceará and are attended by Centro POP, therefore there may be differences with those HPs that are not covered by social services. The scarcity of research based on theoretical references, focused on this population group, also represents a limitation for comparing the findings. Therefore, further studies are needed to contribute to the identification of the real needs of these individuals and to propose improvements in nursing care directed to this vulnerable population.

## REFERENCES

1. Almeida DV, Oliveira KF, Oliveira JF, Nélia Luciana Pires NF, Filgueira VSA. Diagnósticos de enfermagem mais frequentes em pacientes internados na Unidade de Terapia Intensiva Coronariana. *Arq Med Hosp Fac Cienc Med Santa Casa*. [internet] 2013 [accessed Ago 30, 2018] 58: 64-9. Available at: <http://arquivosmedicos.fcmsantacasasp.edu.br/index.php/AMSCSP/article/download/225/255>
2. Paiva IKS, Lira CDG, Justino JMR, Miranda MGO, Saraiva AKM. Homeless people's right to health: reflections on the problems and components. *Ciênc Saúde Colet*. [internet]. 2016 [accessed em 2018 abr 21]; 21(8): 2595-2606. Available at: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S141381232016000802595&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S141381232016000802595&lng=en)
3. Silva HS, Gutierrez BAO. Dimensões da qualidade de vida de idosos moradores de rua do município de São Paulo. *Saúde soc*. [internet] 2013 [citado em 2018 abr 21] 22(1): 148-159. Available at: <http://www.scielo.br/pdf/sausoc/v22n1/14.pdf>
4. Street NW, Washington DC. National Alliance to End Homelessness., 2nd Floor. All content, 2016.
5. Tobey M, Manasson J, Decarlo K, Ciraldo-Maryniuk K, Gaeta JM, Wilson E Homeless Individuals Approaching the End of Life: Symptoms and Attitudes. *J pain symptom manage*. [internet] 2017 [accessed on August 30, 2018] 53(4):738-744. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/28042064>
6. Londero MFP, Ceccim RB, Bilibio LFS. Consultation office of/in the street: challenge for a healthcare in verse. *Interface (Botucatu)* [internet]. 2014 [quoted 2018 Abr 21];18(49): 251-260. Available at: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S141432832014000200251&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S141432832014000200251&lng=en)
7. Moura GN, Nascimento JC, Lima MA, Frota NM, Cristino VM, Caetano JÁ. Atividade de vida de pessoas com deficiência segundo modelo de enfermagem de Roper-Logan-Tierney. *Rev Rene*. [internet] 2015 [accessed Aug 10, 2018] 16(3):317-26. Available at: <http://www.periodicos.ufc.br/rene/article/view/2766/2148>
8. Brasil. Secretaria Nacional de Renda e Cidadania e Secretaria Nacional de Assistência Social Ministério do Desenvolvimento Social e Combate à Fome – MDS. Orientações Técnicas: Centro de Referência Especializado para População em Situação de Rua – Centro Pop, Brasília, 2011.
9. Roper N, Logan W, Tierney A. *The Roper, Logan, Tierney Modelo of Nursing based on activities of living*. London: Churchill Livingstone, 2000.
10. Aquino PS, Nicolau AIO, Pinheiro AKB. Desempenho das atividades de vida de prostitutas segundo o Modelo de Enfermagem de Roper, Logan e Tierney. *Rev bras enferm*. [internet] 2011 [accessed on Aug 10, 2018] 64(1): 136-44. Available at: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0034-71672011000100020](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672011000100020)
11. Brasil. Conselho Nacional de Saúde. Resolução 466/12. Trata de pesquisas em seres humanos e atualiza a resolução 196. *Diário oficial de União* 12 de dez de 2012.
12. Abreu D, Oliveira WF. Atenção à saúde da população em situação de rua: um desafio para o Consultório na Rua e para o Sistema Único de Saúde. *Cad Saúde Pública*. [internet] 2017 [accessed on Aug 10, 2018] 33(2):14-16. Available at: <http://www.scielo.br/pdf/csp/v33n2/1678-4464-csp-33-02-e00196916.pdf>
13. Resende VM, Ramalho IS. Representação midiática da violação de direitos e da violência contra pessoas em situação de rua no Correio Web. *Calidoscópico*. [internet] 2017 [accessed on Aug 10, 2018] 15(3): 529-541. Available at: <http://revistas.unisinos.br/index.php/calidoscopio/article/view/cld.2017.153.11/6342>
14. Caravaca-Morera JA, Padilha MI. A dinâmica das relações familiares de moradores de rua usuários de crack. *Saúde debate*. [internet] 2015 [accessed on Aug 10, 2018] 39(106):748-759. Available at: <http://www.scielo.br/pdf/sdeb/v39n106/0103-1104-sdeb-39-106-00748.pdf>
15. Biscotto PR, Jesus MCP, Silva MH, Oliveira DM, Merighi MAB. Compreensão da vivência de mulheres em situação de rua. *Rev Esc Enferm USP*. [internet] 2016 [accessed on Aug 10, 2018] 50(5): 749-755. Available at: [http://www.scielo.br/pdf/reeusp/v50n5/pt\\_0080-6234-reeusp-50-05-0750.pdf](http://www.scielo.br/pdf/reeusp/v50n5/pt_0080-6234-reeusp-50-05-0750.pdf)

16. Santos MSN, Pita COM, Soares SMT, Lee V, Coelho HD, Zaccarelli EM. Perfil nutricional de moradores de rua e caracterização da alimentação distribuída em albergues do município de São Paulo. *Segurança Alimentar e Nutricional* [internet] 2015 [accessed on Aug 10, 2018] 17(2):1-13. <https://periodicos.sbu.unicamp.br/ojs/index.php/san/article/view/8634788/2707>
17. Kami MTM. Saberes ideológicos e instrumentais no processo de trabalho no Consultório na Rua. *Rev Esc Enferm USP*. [internet] 2016 [accessed on Aug 10, 2018] 50(03):442-449.: [http://www.scielo.br/pdf/reusp/v50n3/pt\\_0080-6234-reusp-50-03-0442.pdf](http://www.scielo.br/pdf/reusp/v50n3/pt_0080-6234-reusp-50-03-0442.pdf)
18. Pinto VM, Tancredi MV, Alencar HDR, et al. Prevalência de Sífilis e fatores associados à população em situação de rua de São Paulo, Brasil, com utilização de Teste Rápido. *Rev bras epidemiol.* [internet] 2014 [accessed on Aug 10, 2018] 17(02): 341-354.: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1415790X2014000200341&lng=pt&nrm=iso&tlng=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1415790X2014000200341&lng=pt&nrm=iso&tlng=pt)
19. Melo JRF, Maciel SC. Representação Social do Usuário de Drogas na Perspectiva de Dependentes Químicos. *Psicol ciênc prof.* [internet] 2016 [accessed on Aug 10, 2018] 36(01):76-87.: [http://www.scielo.br/scielo.php?pid=S1414-98932016000100076&script=sci\\_abstract&tlng=pt](http://www.scielo.br/scielo.php?pid=S1414-98932016000100076&script=sci_abstract&tlng=pt)
20. Pimentel E, Santos HM, Nunes ACO, Mendes AKS, Silva JS. Mortes invisíveis: um estudo sobre homicídios de moradores de rua em Maceió. *Configurações: Revista de sociologia.* [internet] 2015 [accessed on Aug 10, 2018] 16(01):41-54.: <https://journals.openedition.org/configuracoes/2840>
21. Frias MAE, Peres HHC, Pereira VAG. Idosos em situação de rua ou vulnerabilidade social facilidades e dificuldades no uso de ferramentas computacionais. *Rev Bras Enferm.* [internet] 2014 [accessed on Aug 10, 2018] 67(5):766-772.: <http://www.scielo.br/pdf/reben/v67n5/0034-7167-reben-67-05-0766.pdf>

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