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Veröffentlichungsversion / Published Version
Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Rodrigues, B. M. R. D., Pacheco, S. T. d. A., Gomes, A. P. R., & Ciuffo, L. L. (2014). Care ethics in hospitalized child: a perspective for nursing. *Revista de Pesquisa: Cuidado é Fundamental Online*, 6(4), 1475-1484. <https://doi.org/10.9789/2175-5361.2014.v6i4.1475-1484>

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Federal University of Rio de Janeiro State



Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

A ética no cuidado à criança hospitalizada: uma perspectiva para a enfermagem

Care ethics in hospitalized child: a perspective for nursing

La ética en el cuidado al niño hospitalizado: una perspectiva para la enfermería

Benedita Maria Rêgo Deusdará Rodrigues¹, Sandra Teixeira de Araújo Pacheco², Ana Paula Rocha Gomes³, Lia Leão Ciuffo⁴

ABSTRACT

Objective: To apprehend the ethical aspects guiding care provided by nurses to the hospitalized child. **Method:** A qualitative study focusing on Alfred Schutz sociological phenomenology. In this sense, 10 (ten) nurses crowded in hospitalization units of a municipal hospital located in the city of Rio de Janeiro were interviewed in 2011. **Results:** For data analysis the phenomenological interview was adopted, with 02 (two) categories: Respecting child's privacy and; respecting hospitalized child's family. **Conclusion:** The nurse's interaction with the child's family allows actions of care based on respect and strengthening ties, because family is recognized as an essential element in nursing assistance. **Descriptors:** Ethics, Child health, Nursing care.

RESUMO

Objetivo: Apreender quais são os aspectos éticos que norteiam o cuidado prestado pelo enfermeiro à criança hospitalizada. **Método:** Estudo qualitativo com enfoque na fenomenologia sociológica de Alfred Schutz. Foram entrevistados 10 enfermeiros lotados nas unidades de internação de um hospital municipal, localizado na cidade do Rio de Janeiro, em 2011. **Resultados:** Para análise dos dados adotou-se a entrevista fenomenológica, originando 02 (duas) categorias: Respeito à privacidade da criança e Respeito à família da criança hospitalizada. **Conclusão:** A interação do enfermeiro com a família da criança possibilita que sua ação de cuidar seja pautada no respeito e fortalecimento de vínculos, haja vista que a família é reconhecida como elemento indispensável na assistência de enfermagem. **Descritores:** Ética, Saúde da criança, Cuidado de enfermagem.

RESUMEN

Objetivo: Aprender cuales son los aspectos éticos que orientan el cuidado prestado por el enfermero al niño hospitalizado. **Método:** Estudio cualitativo con enfoque en la fenomenologia sociológica de Alfred Schutz. Fueron entrevistados 10 enfermeros actuantes en las unidades de internación de un hospital Municipal de la ciudad de Rio de Janeiro-RJ-Brasil, en 2011. **Resultados:** Para el análisis de los datos se adoptó la entrevista fenomenológica que originó dos categorías: Respeto a la privacidad del niño y Respeto a la familia del niño hospitalizado. **Conclusión:** La interacción del enfermero con la familia del niño posibilita que su acción de cuidar sea pautada en el respeto y fortalecimiento de vínculos, visto que la familia es reconocida como elemento indispensable en la asistencia de enfermería. **Descriptor:** Ética, Salud del niño, Cuidado de enfermería.

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INTRODUCTION

The care of a hospitalized child and his family calls our attention to the adoption of a professional approach supported in ethics considering the specific peculiarities of this stage of life. The insight to the condition of the child as a developing human being is detached from the Universal Declaration of Human Rights.¹

In Brazil, the Republic Constitution of 1988 in Article 227 proposes: “[...] to ensure children and adolescents, with absolute priority, the right to live, health, food, education, leisure, professional, culture, dignity, respect, freedom, and family context and community [...]”.^{2:37}

To ensure the rights of the Brazilian child population the Statute of Children and Adolescents (ECA) created Law 8069 of 1990, providing the child being seen as a full human being and in Article 15 “[...] provides freedom rights, respect for human dignity as a person in development process and as subjects of civil, human and social rights guaranteed in the Constitution and laws”.^{3:12}

With regard to the approach centered in the child and the family, the Declaration of the Rights of Hospitalized Children and Adolescents - National Council for the Rights of Children and Adolescents (CONANDA) N ° 41/95 says that: “[...] “Right that their parents and guardians actively participate in the diagnosis, treatment and prognosis, receiving information about the procedure to be undertaken.”^{4:1}

The fact that the child is a citizen in a special development condition imposes an ethical care to meet their basic needs, while still has not fully aware of their rights and conditions to defend themselves or being listened.

In this way, the object of this study is the significance of ethics in the care of hospitalized children, in order to apprehend what are the ethical aspects guiding the care provided by nurses to hospitalized children.

THEORETICAL REFERENTIAL

Care is more than an act, IT is an attitude. And being nursing the profession of care, it should have the concern and involvement with others. In this sense, in an existential point of view, care is a priori, before all attitude and situation of the human being, which always means that he is throughout all attitudes indeed.⁵

To care means “to meet another person to join her in promoting their health [...] in a meeting that aims to create bonds of trust and ties.”^{6:15}

From the point of view of professional practice [...] “the implementation of a humanized care, more than the fulfillment of a moral prescription, based on obedience to what should be associated with the risk of punishment against transgressions need to be found in ethics”^{7:133}

Therefore, “humanization as ethical space requires the promotion of healthy professional relationships, respecting the differences, of investment in human subjects training of the institutions, beyond the professional boundaries”^{7:134}

Thus, the practice of an ethical care means implementation of actions of the nurses and staff of the practice when individuality and subjectivity of the cared human beings, easing their state of vulnerability.⁸

To make sense of the reflections proposed by the study, “it is to the contemporary period to inaugurate the time of objective ethics, born of intersubjective communication, in reciprocity of I-you-us. The ethics originates in the living relationship between an I and a you, that then is relational. Interpersonal reciprocity establishes the ethics of our behavior and actions.”⁹

Therefore, the nurse, performing their professional actions must take ethics as a lifestyle, a way of living, a behavioral way to follow, a reference to which reports to trace the historical trajectory in their daily routine.⁹

Ethics is the science or theory of moral behavior of man in society. Its object of study consists of a type of human acts: the conscious and voluntary acts of individuals, certain social groups or society as a whole. Moral refers to learned behavior or way of being conquered by the man.¹⁰

“It is a set of values and principles, inspirations and indications apply to everyone because they are anchored in our own humanity”¹²⁻³⁹. “It has its origin in the Greek word *ethos* meaning dwelling place, house and it must be understood existentially as the way humans live, as a way of organizing family life.”^{11:27}

In this way, it is worth mentioning the importance of action to take care of the hospitalized child from the perspective of the nurse who carries a baggage of knowledge from his academic training, in addition to their principles and values acquired in familiar everyday life, social and professional, that will lead him to a way of being and to perform the action within professional practice. Understanding that the interaction between the professional, the children and the family companion enables the realization of a caring in the intentional project.

The term intentionality plays a central role in phenomenology which is widely addressed in the studies of Alfred Schutz, that when the nurse is acting, uses his baggage of knowledge that guides the resolution of situations and typifies his actions on intentionality.¹²

In this study, it is central to capture the meaning that the agent of action-nurses of child healthcare area - give to care ethics, not as something that happens in isolation, but in direct relation to their biographical baggage.¹³

When caring for children and their families, nurses must demonstrate affection, compassion and empathy, preserving the parent-child relationship during hospitalization, preparing the child before any treatment or unusual procedure, pain control, privacy, giving the opportunity of choosing the child seeking to respect cultural differences.¹⁴

In this way, nurses performing the action of caring for hospitalized children, do it as a social action and that in this study, in particular, it is sought to understand the ethical aspects implied.

Thus, it is important to highlight that for Schutz, the action is understood as a human behavior consciously projected by the actor involving a voluntary and intentional behavior.¹⁵

The phenomenological conception of social action developed by Schutz considers an understanding of social behavior from the existential situation of social actors. They reflect reasons intrinsically related to their biographical situation, which consists of a stock or baggage of knowledge guided by their experiences. Therefore, it is a relationship that occurs as a social action linked to a lived history and reasons.¹³

The reason for the action is “to understand the process of the ongoing action at the future perspective. In which the actions that are guided by past experiences, determine the performance of the actor”^{16:70}

Given that the future action is designed under idealizing, the subjective interpretation of meaning is through the revelation of the reasons. It is worth noting that according to Schutz, action projects of an individual also permeate their knowledge by hand. Thus, it can be said that consist in anticipation of future behavior.¹⁶

The orientation of action for the future is the “reason to” and the “reason why” relates to past experiences of the subject of the action¹⁶, i.e., it cannot “understand the act of another without knowing the reason -for or reason-why”^{17:15}

The reasons, interests and objectives experienced by others in particular situations have a meaning that guide their actions and are not the same experienced by me, because it is not possible to live the experience for others in their uniqueness.¹⁸

It is noteworthy that in the world of life, all are in a particular biographical situation. This means that the man has a history that Schutz defines as: [...] “sedimentation of all previous experiences [...] organized according to the “usual” possessions from their stock of knowledge by hand, which as uniquely possessions, given to him and only him.”^{13:73}

In this perspective, previous experience may refer to the world of the individual, or even in the world of other contemporaries or predecessors men,. Thus, the projection of his act is related in social relations that it establishes mo their social world.¹⁶

This stock of knowledge by hand that Schutz speaks refers to the means that the individual uses to be guide in life situations. All experiences are stored, without the individuals cannot make plans for the future and not interpret their experiences^{18,19}. In this sense, understanding the social world implies "understanding how men define their biographical situation" .20: 131

The man lives in the world of common sense, relating with other men, like himself, and in face to face relationship or indirect relationship, the basis for social action is the biographical situation that each possesses. It will influence in the reasons, in the way a person occupies the space of the action, plays its possibilities and engage in challenges.^{21:67-68}

The face to face relationship enables sharing experiences and flux of the other from his consciousness. In this reciprocal relationship, movements, hand gestures and facial expressions are considered important elements to understand how he interprets his own experiences.¹⁶

In this context, the face to face relationship with the nurses is important to consider that their mental constructions of reality starting with the hospitalized children reflected their way of interpreting the action of caring.

METHOD

This is a qualitative study focusing on the social phenomenology of Alfred Schutz, whose methodological adaptation is by seeking the apprehension of the meaning of ethics in the care of hospitalized children.

The study scenario was a Pediatric Municipal Health Hospital, in which the research was approved by the Ethics Committee in Research of the Municipal Secretary of Health and Civil Defense of Rio de Janeiro in 2011, according to the protocol Number 225/10.

For this research, there was the participation of 10 nurses. In order to respect the ethics of Resolution 196/96, which regulates the guidelines and rules for research involving human beings, the subjects who agreed to participate as volunteers signed a consent form, and also as a guarantee of anonymity they were identified by interview 1, interview 2 and so on. Data collection was conducted through a phenomenological interview. After the consent of the subjects, the interview was recorded with Music Player 4 (MP4) player and later the lines were transcribed and recordings were archived.

RESULTS E DISCUSSION

The results of the study showed that nurses express concern about having a different look for the care of hospitalized children. This question becomes clear when there is the understanding of childhood as a unique period of human life and that deserves specific attention.

CATEGORY 1 - RESPECTING CHILD´S PRIVACY

This category emphasizes the respect for the privacy of the child as one of ethical aspects of great importance to be observed. In this sense, nurses reveal that it is important to preserve the child, preventing him being exposed during the care provided.

[...] respect for the privacy of the child [...] (Interview 1).

I think it is so regardless of being a child, you have to maintain privacy, people find it so that the child has no shame, then do certain procedures with other children on the side, draw attention regardless they are around. (Interview 5).

[...] respect for the privacy of the child [...] (Interview 7).

[...] respecting the child as an individual, leaving them less exposed [...] (Interview 9).

The privacy of the child goes through the relationship of confidence that is established between the child and the nurse. It is to preserve the intimacy of the child, in other words it is the right that the other has to be observed without his consent. In the National Council for the Rights of Children and Adolescents (CONANDA No. 41/95) - explains on the “Right to respect for their physical, mental and moral integrity” and also highlights the “Right to preserve their image, identity, autonomy values, personal spaces and objects”.⁴

Therefore, privacy is a right, i.e., it is a basic need of every human being regardless of their age, which must be respected by everybody.^{22, 23}

Privacy is a multidimensional concept and can encompass its different meanings: physical privacy, information privacy and family privacy.²⁴

The physical privacy is about protecting a person to avoid constraints on their body, revealing more about when there is the need for more invasive procedures. The privacy of information refers to the importance of confidentiality. The family privacy is directly linked to family rights.²⁴

In pediatrics, respect for privacy should be adapted to each age group, every situation and every child.

Although the child does not always have the perfect idea of the real meaning of nudity, many times it is necessary to provide their care. It is important to consider that these may also have “feelings of shame,” especially when they are school age children. To feel their guarded privacy, they may better accept and actively participate in nursing care, thus enabling their better recovery.

In this perspective, health professionals seek to provide child care not violating the mainly aspects related to their physical privacy.

Therefore, they were concerned with the physical dimension of the child's privacy, the nurses also end up valuing the dignity of this being as a fundamental right and a universally condition necessary for human life.

CATEGORY 2. RESPECTING HOSPITALIZED CHILD'S FAMILY

In their speeches, nurses consider important to treat the child's family with respect and include them in the hospitalization process of the child making use of a language that it can be understand.

[...] How you will talk to the family because each person has a level of education, each one interprets in a different way [...] in the same way and each one with respect they deserve [...] with a proper language [...] (Interview 4)

Respect in dealing with the family. It's about you answer a question [...] but at the right time, with respect, knowing that they are ready to accept [...] you can get there, you do not need to be using sleight, just get there and look in the eye and talk [...] in the language that he will understand [...] (Interview 6)

In relation to the family, we try, and we take some of the anxiety of the family [...] we try to bring the family, parents, grandparents or anyone who is responsible for child [...] give permission for the family have space [...] we try to involve the family (Interview 8).

Care as a guiding nursing axis, should be linked to respect, involving attitudes of consideration for the other, providing an interactive, dynamic and engaging process between them.

According to Schutz, man acts in a shared world with other men, intersubjective and common to everybody.¹⁶ The interaction process permeates therefore, the coexistence and exchange of experiences between men in the context in which they operate.

When care is facing to child, it requires nurses' attention, active and dynamic care, involving the family as hospitalization mobilizes the whole family structure. The family along with the child goes through a series of stressful and often sudden about the disease factors.²⁵

Therefore, the hospitalization of a child is a moment of crisis for the child and the family. And as every family will experience and deal with this moment, it will depend on their own skills and resources and support received (network support) in the hospital context.²⁶

The skills men acquire are related to a stock of previous experiences. Accepting this view, it should be noted that Schutz tells us that these experiences are in the form of knowledge in hand, working as a reference system.¹⁶

Thus, in the hospital context, the approach to the family of the child requires from nurses an attitude that includes respect and concern for the specificity of each family group. Be aware of the way to interact with the family, the appropriate time to make this interaction as well as the importance of including the family in hospitalization process of the child were ethical aspects valued by nurses.

In this context, Schutz states that men act on each other in the social world, establishing a mutual relationship that allows to realize the subjective aspects of each other.¹⁶

Regarding the interaction between the family, the team and the child must establish empathetically, responsiveness should be facilitated through dialogue, affectionately, when then become available to us a better understanding of child and family about their experience of hospitalization experience and accept to share the care of children with their families as something natural and beneficial.

When the nurse shares the care of the child with the family, he provides access to their knowledge. Thus, Schutz elucidates the current knowledge that each one possesses is the only potential knowledge of those with whom we live and vice versa.¹⁶

Then, a the reflection of the effectiveness of a humanized care requires to professionals requires not only technical ability, but mainly the ethical experience to put appropriately in relation to the child and his family.

The ethics and bioethics lead responsibility in everyday life and in relationships with people (children) through awareness what we must care for others as for ourselves. Ethical behavior in health care is not restricted to the individual, as it must at the same time have a perspective of social responsibility and expansion of citizenship rights, since there is no health without citizenship.²⁷

The action developed by the individual in his social world is always based on a preconceived plan, and it gives meaning to the action.¹⁶ Thus, the ethical behavior of the nurse in caring for the hospitalized child is from early reflections of their experiences.

In this sense, the teaching of ethics and bioethics can provide tools, new point of view, make intelligible certain situations, contributing to the professional having a different point of view from that requiring by practice.²⁸

CONCLUSION

The results of this study show the importance of action by nurses in the care of hospitalized children, especially with regard to the concern for ensuring privacy and respect the child and his family.

By preserving the privacy of the child, the nurse protects their right not being exposed in the ward environment. Thus, this professional provides the awakening of a relationship founded on confidence that is revealed and transmitted in safety through the actions developed.

Thus, it was found that there is a dynamic care involving the family, considering that this is present in this hospital context. This relationship establishes that nurses with family is permeated by understanding the importance of their inclusion in child care, in order to provide a less traumatic experience for the child.

The interaction of the nurse with the child's family enables the strengthening of ties and favors driving an action based on respect, considering the needs and specificities of each family group.

In this context, it was possible to understand that the actions of the nurse with regard to ethics in the care of hospitalized children underlie the recognition of the family as an essential element in nursing care, signaling the need to undertake efforts to resize this care.

It is hoped that this study may raise the deepening of other studies that focus on the perspective of ethical care in order to help new ideas about the practice of nursing in the area of child health.

REFERENCES

1. Declaração Universal dos Direitos Humanos. Adotada e proclamada pela resolução 217 A (III) da Assembléia Geral das Nações Unidas em 10 de dezembro de 1948. Disponível na Biblioteca Virtual de Direitos Humanos da Universidade de São Paulo, 2013[acesso em 2013 fev 2]; Disponível em: <http://www.direitoshumanos.usp.br>
2. Senado Federal (BR). Constituição da Republica Federativa do Brasil. Brasília, DF: Senado, 1998 [acesso em 2013 jan 2]. Disponível em: http://www.senado.gov.br/legislacao/const/con1988/CON1988_05.10.1988/CON1988.pdf

3. Ministério da Saúde (BR). Estatuto da Criança e do Adolescente / Ministério da Saúde. 3. ed. Brasília: Editora do Ministério da Saúde, 2008.96 p. - (Série E. Legislação de Saúde. [acesso em 2013 fev.26] . Disponível em: http://bvsmis.saude.gov.br/bvs/publicacoes/estatuto_crianca_adolescente_3ed.pdf
4. Ministério da Saúde (BR). Conselho Nacional dos Direitos da Criança e do Adolescente. Direitos da Criança e do Adolescente Hospitalizados. Resolução 41/95. Conselho Nacional dos Direitos da Criança e do Adolescente. 1995[acesso em 2011 maio 4] . Disponível em: <http://www.presidencia.gov.br/sedh/>.
5. Boff L. Saber cuidar: Ética do humano - compaixão pela terra. 7ed. Rio de Janeiro: Vozes, 2001.
6. Zoboli ELCP. Bioética e Enfermagem. In: VIEIRA, T.R.(ORG). Bioética nas profissões. Petrópolis: Vozes, 2005.
7. Backes DS, Lunardi VL, Lunardi WD Filho. A humanização hospitalar como expressão da ética. Rev Latinoam enferm. [internet]. 2006 [acesso em 2011 jan 11]; 14(2):132-35. Disponível em: http://www.scielo.br/scielo.php?pid=S0104-11692006000100018&script=sci_arttex
8. Pettengil MAM, Ângelo M. Vulnerabilidade da família: desenvolvimento do conceito. Rev Latinoam enferm. [internet]. 2005; [acesso em 2011 jun 2];13(6):982-988. Disponível em: <http://www.scielo.br/pdf/rlae/v13n6/v13n6a10.pdf>
9. Pegoraro O. Introdução à ética contemporânea. Rio de Janeiro: UAPÊ, 2005.
10. Vasquez AS. Ética. São Paulo: Civilização Brasileira, 2003.
11. Boff L. Ética e Moral: a busca dos fundamentos. Petrópolis: Vozes, 2003.
12. Calderano MA. Notas sobre a fenomenologia social de Schütz: considerações acerca de alguns pressupostos filosóficos. Rev Estudos de Sociologia. 2001; 4:7-23.
13. Schutz A. Fenomenologia e relações sociais: textos escolhidos de Alfred Schutz. In: Wagner, H.R. Fenomenologia e relações sociais: textos escolhidos de Alfred Schutz. Rio de Janeiro: Zahar Editores, 1979.
14. Wong DL. Fundamentos de enfermagem pediátrica. 8ed. Rio de Janeiro: Elsevier, 2011.
15. Rodrigues BM R.D. O Cuidar de Crianças em Creche Comunitária: contribuição da sociologia fenomenológica de Alfred Schutz. Londrina: UEL, 1998, 74 p.
16. Schutz A. The problem of social reality: collected papers 1. London: Martinus Nijhoff publishers, 1962.
17. Tocantins FR. As necessidades na relação cliente-enfermeiro em uma unidade básica de saúde: uma abordagem na perspectiva de Alfred Schutz. Rio de Janeiro, 1993. Tese [Doutorado] Escola de Enfermagem Anna Nery, Universidade Federal do Rio de Janeiro.
18. Capalbo C. Prefácio. Metodologia das Ciências Sociais. A fenomenologia de Alfred Schutz. Londrina: UEL, 1998, 97p.
19. Wagner HR. Fenomenologia e relações sociais: textos escolhidos de Alfred Schutz. Rio de Janeiro: Zahar Editores, 1979.
- 20- Panizza L. O pensamento de Alfred Schutz -Sociologia fenomenológica. Rev Brasileira de Filosofia. 1981; abr/jun; 31(122):128-41.
- 21- Schutz A. El problema de la realidad social. Trad. de Nestor Miguez. Buenos Aires, Amorrortu Editores, 1974.
22. Tiny HCB. Privacidade no Internamento em Pediatria Ética e Humanização. Dissertação [Mestrado em Medicina]- Faculdade de Medicina da Universidade do Porto, 2010.
23. Waldow VR. O cuidado na saúde: as relações entre o eu, o outro e o cosmos. Petrópolis, Rio de Janeiro: Vozes, 2004.

24. Nunes SRT. Privacidade e sigilo em deontologia profissional: uma perspectiva no cuidar pediátrico. *Revista do Hospital de Crianças Maria Pia*. 2011; 20 (1):40-4.
25. Alaves AM, Gonçalves CSF, Martins MA, Silva ST, Auwerter TC, Zagonel IPS. A efetividade do cuidado solidário diante de eventos que acompanham a cronificação da doença da criança hospitalizada. *Rev Eletr Enf*. [Internet]. 2006; [acesso em 2013 abr 11]; 8(2):192-204. Disponível em : http://www.fen.ufg.br/revista/revista8_2/v8n2a04.htm.
26. Zulske DM, Muradas MR, Carvalho SD, Leite TMC. Percepções de acompanhantes diante da hospitalização infantil. *Rev Nursing*. 2008; mar 10(118):132-36.
27. Koerich MS, Machado RR, Costa E. Ética e Bioética: para dar início à reflexão. *Rev Texto Contexto Enferm*. [internet]. 2006 [acesso em 2013 fev 13]; 14(1):106-10. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072005000100014&lng=pt&nrm=iso&tlng=pt
28. Gaiva MAM. O cuidar em unidades de cuidados intensivos neonatais: em busca de um cuidado ético e humanizado. *Cogitare Enferm*. [internet]. 2006 [acesso em 2013 Mar 02]; 11(1): 61-66. Disponível em:<http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/view/5976/4276>

Received on: 15/09/2013
Required for review: 23/05/2014
Approved on: 31/07/2014
Published on: 01/10/2014

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