



**SENSES OF THE BEING-THERE-WOMAN-AFTER-CARDIAC-SURGERY SUPPORTED BY HEIDEGGER**

*SENTIDOS DO SER-AÍ-MULHER-APÓS-CIRURGIA-CARDÍACA À LUZ DE HEIDEGGER*

*SENTIDOS DE SER-MUJER-DESPUÉS-CIRUGÍA-CARDIACA BAJO EL PENSAMIENTO DE HEIDEGGER*

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Qualitative study aimed at presenting the unveiling of the senses of the being-there-woman-after-cardiac-surgery supported by Heidegger's referential. The setting was a hospital accredited for performing highly complex cardiovascular procedures in Minas Gerais, Brazil. The field stage occurred in December 2011 and January 2012, and the subjects interviewed from the following question: How is your day-by-day after the cardiac surgery? The readings and recorded speeches enabled a comprehensive analysis and interpretation. It was learned that the woman shown in publicity, dominated by impersonal behavior in their speeches, curiosity and ambiguity. That reveals the inadequacy in the fear facing horror and terror, towards decadence. Facing the existential procedures, one can understand that as a being-in-the-world, the woman covered herself with the will to take care of herself, pointing a gap to be filled by the nurses through health promotion which should be in their practice.

**Descritores:** Thoracic Surgery; Nursing Care; Women; Qualitative Research.

Estudo qualitativo que objetivou apresentar o desvelamento dos sentidos do ser-aí-mulher-aps-cirurgia-cardíaca sustentados pelo referencial heideggeriano. O cenário foi um hospital credenciado para realização de procedimentos de alta complexidade cardiovascular em Minas Gerais. A etapa de campo ocorreu em dezembro de 2011 e janeiro de 2012, sendo as depoentes entrevistadas a partir da interrogação: Como está sendo o seu dia a dia após a cirurgia cardíaca? As leituras e escutas atentas dos depoimentos possibilitaram as análises compreensiva e interpretativa. Apreendeu-se que a mulher se mostra na publicidade, dominada pelo impessoal, sendo no falatório, na curiosidade e ambigüidade. Revela a impropriedade no temor mediada pelo pavor, horror e terror, em direção à de-cadência. Diante dos movimentos existenciais, pode-se compreender que como ser-no-mundo, a mulher encobriu-se na disposição para o cuidado de si, apontando uma lacuna a ser preenchida pelo enfermeiro por meio da promoção à saúde que deve vigor em sua prática,

**Descritores:** Cirurgia Torácica; Cuidados de Enfermagem; Mulheres; Pesquisa Qualitativa.

Estudio cualitativo con objetivo de presentar el descubrimiento de sentidos del ser-mujer-después-cirugía-cardíaca sostenidos por Heidegger. El escenario fue un hospital de alta complejidad cardiovascular en Minas Gerais, Brasil. La fase de campo se produjo en diciembre de 2011 y enero de 2012, y las entrevistadas fueron llevadas a cabo a partir de la pregunta: ¿Cómo es su día a día después de la cirugía? Las lecturas y escuchas de testimonios posibilitaron análisis e interpretación. La mujer aparece en la publicidad, dominada por impersonal, siendo en la charla, curiosidad y ambigüedad. Revela insuficiencia en temor mediado a través del miedo, horror y terror, en dirección a la de-cadencia. Ante los movimientos existenciales, se puede comprender que como ser-en-el-mundo, la mujer se escondió en la disposición para el autocuidado, señalando hueco a ser llenado por el enfermero a través de la promoción de la salud que debe aplicarse en su práctica.

**Descriptor:** Cirugía Torácica; Atención de Enfermería; Mujeres; Investigación Cualitativa.

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## INTRODUCTION

In the definition of gender regarding cardiopathy, we have distinct clinical, diagnostic and therapeutical representations of the disease in men and women<sup>(1)</sup>. As to the subjective aspect which involves the surgical correction of the cardiovascular pathology, differences are also noticed: for the woman, the rupture with their daily activities facing cardiac surgery, for instance, leads to the fear of the loss of their role at home and their support to the other family members<sup>(2)</sup>.

In this sense, the social practice of nursing must be analyzed as a subsiding practice of actions which promote health and prevent loss, in a perspective which effectively attend the needs of the patients<sup>(3)</sup>, especially facing the high incidence and prevalence of the cardiovascular diseases and the statistic forecast of the increase of cardiopathy in women<sup>(1)</sup>.

The cardiac surgery as a procedure of high complexity requires nonstop technical care, optimized by the assistential quality for the decrease of the discomfort of the post-surgery stage<sup>(4)</sup>. Meanwhile, regarding the previous position which belongs to science, a wide development of conceptions of care with the use of biology is incurred, with the use of technology which, however, has been insufficient to promote the authentic care of nursing from the multidimensional point of view<sup>(5-7)</sup>.

The reflection on the need of the nurse to help the patient and those family members emerges from this point of view, attending them from verbal and non-verbal expressed demands, thus being possible to clarify doubts and natural fears regarding the cares in the period of hospitalization and after the hospital discharge<sup>(8)</sup>. This can only be possible when orientating the care offer under the perspective which considers the standard of beliefs and values in the cultural and spiritual contexts<sup>(9)</sup>. So, attending the subjectivities which permeates the being-women under perioperative

of a cardiac surgery provides possibilities of directing the actions of nursing based on the plural specificities of the human being transcending the aspects of the technical-corporal dimension.

So, in search of a reference which answers such questions, there was an increase in the research in nursing, of studies that use the phenomenological current of thought as theoretical-methodical support for the comprehension of the phenomena as observed by the subject who lives it<sup>(7)</sup>. This approach has enabled the enhancement of the discussions of the role of the nurse regarding the integrality to health<sup>(10)</sup>, a principle in which the nursing care must incur.

In the domain of the clinical practice in a path of care of the women who have gone through cardiac surgeries, and since then turning the vision towards ontological dimension, the questioning regarding the home daily live from the point of view of the one *who* lives it, came up disturbingly, which motivated the search of epistemology support of the philosophy of Martin Heidegger during the making of the master's degree's dissertation.

The meanings which the patient attributes to the ways of being in the daily life, now modified by the surgical condition, are important sources of knowledge for the nurse facing the planning of the nursing assistance in the several levels of attention in health in which the patient is, especially when considering the increase of chronic diseases of cardiac origin in the female gender.

Therefore this study aims at presenting the unveiling of the senses of the being-there-woman-after-cardiac-surgery supported by Heidegger's referential for comprehending the relevance which the manifestation of oneself brings to the process of building of the care of the nursing care based on the human subjectivity and assets.

## METHOD

A qualitative study of phenomenological approach founded in Martin Heidegger's philosophical referential which describes the phenomena that involve the Being from interrogations and questionings of what can remain veiled in the daily life, in the moving of being of the subject being-in-the-world<sup>(11)</sup>. When investigating this question, it adopts a methodological path which reveals the *how* of the Being and provides the researcher with the necessary support to the nearness and contact with his own things.

The being according to Heidegger is the presence, the manifest, the perceived, the understood and the known for 'the being-there' or *Dasein*. In the search of understanding the being of the human, the philosopher denominated the people 'privileged beings'. The privileged being is therefore the 'being-there' in the world and being in the world, is understood as having the possibilities of ontic-ontological movement<sup>(11)</sup>.

In this context, the ontic sphere represents everything which 'is immediately perceived, understood and known. It is the daily comprehension of the being in which we move. It is the dimension of the being-there involved in the daily life'<sup>(12:378)</sup>. In turn, the ontological sphere originates all ontic manifestation and provides it with sense. The possibilities of action of the being-there to the things and to the others are different, not in the sense of what is manifested, but what enables all manifestation, in its fundament<sup>(12)</sup>.

In order to understand those dimensions from the being-in-oneself, the investigator proposes the encounter with the beings who report about the questioned one, and so the search of the meanings expressed in their livings is possible in a *vague and median comprehension* appointed by Heidegger as the first methodic moment of the existential analytics. The elaboration of the *guiding principles* happens after the identification of the units of meaning and ends in the concept of the experienced. The second methodical

moment is constituted by the hermeneutics, which is an interpretative process of the ontological aspect meant by the being in the world<sup>(11)</sup>. So, the heideggerian method shows the dispositions of opening of the being while this being is moving and allows the investigator to unveil his obscured feelings<sup>(13)</sup>.

The setting was a hospital accredited for performing highly complex cardiovascular procedures in the Zona da Mata Mineira, Minas Gerais, Brazil. After the authorization of hospital institution, the surgical record book was checked in search of women who complied with the criteria of inclusion in the research, which were: age above 18 years, to have been submitted to cardiac surgical procedure and have had hospital discharge for more than three months. The explicitness of the objective of the investigation as well as the invitation to their participation was initially provided by telephone. After the acceptance of the invitation, the meeting happened in their houses. Ten women were interrogated from the following question: How has your day-by-day been after the cardiac surgery? Their identification was given through names of the Brazilian flora, and the choice of pseudonym was free. The reports were collected in December 2011 and January 2012.

The Phenomenological Interview was recorded in Mp3 and allowed the investigator to have emphatic listening. After each meeting notes were written down in the record book of the gestures and interjections characteristic of the interviewed women. Once their reports had been transcribed, the meanings of the experiences and living from real life were searched in the stage of analysis. For such, a clipping of the most significant moment of the reports, which contained the highest number of essential structures, living behind the occasional structures, was obtained, considering the whole represented by the verbal and paraverbal communication within the notes of the record book. Later on, the reports were put together according to their converging points, thus setting the ways of being

of the woman in her day-by-day activities, under a perspective of general comprehension of the phenomena.

The study under question had its project of research approved by Comitê de Ética em Pesquisa da Universidade Federal de Juiz de Fora under Legal Opinion no. 304/2011.

## RESULTS AND DISCUSSION

The concept of the living experience emerged after the vague and median comprehension of the women, also constituting the guiding principle: the woman transmitted that physical sensations and health problems are present, feeling useless and limited once depending on others, despite considering that the help received was essential; she presented herself as emotive, scared, fearing death and also searching faith in God, besides wishing that medical appointment will set her free for the daily activities. This understanding of being of the ontic sphere showed to be able to direct the comprehensive interpretation in search of the senses which fundament the ways of being of the woman after a cardiac surgery.

So, the day-by-day activities permeate their manifestations: they feel useless, sad and painful, controlled and wanting to go back to what they want were. They showed to everyone in the *publicity* which dominates them, *being-there* in a world which is already given and without choice. The public domain banishes the decision of these women in a project-herself-to-become-to-be healthy again. In the *impersonal*, her comprehension is not of herself but of what is launched in *publicity* and what is open to everyone, as their statements observe: *So, in the day by day I still feel very tired and hurts here, like this, if I press here it hurts. Then, after that, I thought about looking for a psychiatrist because I couldn't sleep at night anymore, sometimes I spent the night leaning against the bed (Violeta). I suffered a lot when I came back home and had hemorrhage. I have a serious problem with menstruation, and this ends up jeopardizing my leaving home, the flow has increased a lot*

(Ipê roxo). *After everything was alright, and I was breathing better, I was already free of the marevan, I said so: 'Ah, that's good, now I will begin to live'. And then, what happens in July? I had postural hypotension, and then I stumbled on my leg and then a neuropathy of the diabetes appeared (Begônia).*

The feeling to the *chit-chatting* is unveiled. This way of being of the presence that is related with the explicit world in the reproduction of the technical language, this is not the way of speaking of the woman, but of those who have the domain. It is within the *public world* without really understanding what is technically spoken. In the *chattering*, there is the manner of being proper of the day-by-day life permeated by what is *in-between* in the reproduction of the language of the other, superficially understanding what bothers her, thus keeping her away of the originary.

In the living experience of being cardiac, the woman allows herself to be dominated by the *day-by-day-life* which is what the others say. She shows herself in the way of being of the *impropriety* when not considering herself as a being of possibilities. When allowing someone else to decide on her day-by-day activities she transfers the possibilities of taking care of herself, becoming misunderstood by the other ones and by herself after several months of the surgery. Under the heideggerian perspective, the impropriety is a way in which the being, in most of the times, is found in a 'special way of being-in-the-world in which one is totally absorbed by the world and by the co-presence of others in the impersonal<sup>(11:241)</sup>.

As a being-in-the-world, the being-there-woman-after-cardiac-surgery feels useless and limited depending on others. Before that she saw herself as a being-with. Now she considered that she is a cardiac-being-with-family members, neighbors and health professionals from the perioperative to today. For her, this condition is uncommon. *I feel like this, will to do things, but I can't, I can't because...not because of physical condition, the will to have power, to do, you know? So, I am a woman like that, I don't do anything...I don't do anything, I am tired of doing nothing. Then I feel very, I don't know...useless, right? (Rosa). No, I no longer have the aptitude*

*I used to, any little thing I do I feel like sitting down, I feel like lying down. Then, as the days went by I started to feel, you know, that I was not more... (Violeta). Sometimes I feel like this, that the people I live with, in my day-by-day, discriminate me, think that I am not able to do what I used to do before. The impression I have, I do it but with more difficulty, then people say 'No, you can't do this anymore, you can't do this, you can't do that'. They limit me (Orquidea).*

From one control to another, from one opinion to another, she tries several times to stop being-cardiac, to return to the condition that apparently she perceived as original. From this *chit-chatting* and the *weird writing* of the prescriptions and medical certificates for work leave, the woman moves within the *curiosity*, wanting to know what she can already do from the other's order. She listens and greets herself when she is freed to do something. But soon, she wants more. She listens and doesn't like the limitation. She listens and accepts what is imposed.

The *chit-chatting* and the *curiosity* unveil the sense of the *ambiguity*, which 'under the mask of the being one to the other acts the being one against the other'<sup>(11:239)</sup>. The being moves herself in an ambiguous manner when publically relating with others, once it is in the public world that *chattering* and *curiosity* are intensely present. *I was left with a sensation of rebellion: Why was I operated? Was it really necessary for me to go through this surgery? I am still doubtful, I have not resigned. Everything, ah, you can't do this, people say: 'Leave it, I will do it for you'. The surgery, we can't do certain things, saphena, you know, you are already stigmatized as cardiac' (Ipê amarelo).*

In an ambiguous way, the woman thinks that she has understood her current health condition, when actually she has not, to the extent of questioning if she really needed to be operated, if all those precautions are really important. In other moments, she thinks that she has not understood when she did that, when she mentions the risk of a new heart attack.

The understanding regarding her health condition and the possibility of new suffering can be linked to the multiple orientations received from the health professionals, to the warnings given by her domestic world or to other ways of transmitting knowledge. All

this apparent appropriation of knowledge produces ambiguity, which is configured in the heideggerian referential as the sense in which 'on a day-by-day basis everything, and actually nothing, happens'<sup>(11:239)</sup>.

The woman shows to be emotive and scared, fears death and reports an improper anguish which leads her to *decay*. *Threatening* to Heidegger is 'everything one fears' it provides the opening of the being in the confrontation which was considered dangerous, in this case, everything which is related to the permanence of the cardiac condition: the apprehension from the diagnosis to the imminent risks of the surgical process, the remembrances of the post-operative period in the Intensive Care Unit up to hospital discharge, and the symptoms which still remain in her daily life. *I feel like this, anguish. I think a lot about dying, my husband dying, staying without him...Yes, I am afraid of him dying, afraid that I die and remain alone too, but I say like this, I without him and he without me, because there are more people, but no, it is not comprehensible that way, like we feel one with the other (Rosa). Maybe I am still afraid. The fear that I will have a new heart attack, you know? Is the fear that did I do the right thing? Am I not having a new problem here again? Why do I feel breathless? So I think that it is the fear to have a new heart attack, maybe that is it (Violeta).*

Worrying with the manifestations of her own body, with what might happen with herself and with the other being one 'actually not yet, but at anytime yes', the woman experiences the *terror* related to the already known physical condition. She is scared with the ideas of new episodes of the disease which can be even more limiting. The 'before' of the surgery diagnosis is familiar to her, the first symptoms of tiredness, of precordial pain. She knows that if she gets sick again because of a cardiac problem, the consequences will be worse. This statistic has already been mentioned to her. If she has another heart attack, she will be closer to the end. Recognizing this possibility, she also thinks about the finitude of those who are close to her.

However, death in itself is not something that the being-there-cardiac-woman knows, once she has not experienced her own death. So, this is named by

Heidegger as *horror*. She is terrified with such possibility and goes toward the unauthenticity shown in her day-by-day life, crediting to others (health professionals, family members, friends, neighbors) the control on what she can or not do, how she can or not be in this *there* present since the surgical diagnosis.

Death as a possibility of the im-possibility is improperly considered both by the woman as well by the family members. The family members transfer the possibility of the inexistence for the woman and vice-versa. This being that is being-to-the-end, 'doesn't ever behave properly regarding to one's end and because, according to one's sense, the self being regarding the end must always remain veiled to the others<sup>(11:337)</sup>.

In this sense, one also moves in a way which is *terror*, once a new crisis can suddenly occur, new surgery, her own death or the others. *I am afraid. To go to another surgery, to stay in the ICU. I am scared to death of a new surgery and to face this once again* (Orquídea). From this attitude of the woman, comes the possibility of the nursing care which is worried with the Being from the need it presents, in this case, the confrontation of death.

Facing the *threatening* which can be from a new episode of the disease to the finitude of the being-there, the faith in God is pursued, once again unveiling the sense of decadence, where the woman withdraws from herself the possibility of recuperation/reappearance and transfers it to the deity according to her standard of beliefs and values. *I think like this, we have to ask God for a lot of strength, because He provides a lot of strength for us, if you have to go through that, if you have to wait for the right moment to do it, it is worthless despairing, you have to be resigned, because it is like this, everything has its time and its hour, right? We have to know how to wait once this time belongs to God, to life* (Hortênsia). *So, sometimes I go to God for strength, or I think Yes, this happened because I needed to go through this experience to be stronger and closer to God* (Ipê roxo). *I was afraid because I didn't see myself so weakened that I would speak like this: will I be the way I was one day? Or be independent to take a bath, to go to the toilet? These things moved me deeply. My faith, thank God, helped me a lot, because if it weren't for God in my life, I wouldn't have strength for the things that I went through. God is with me, because I received the sacrament* (Begônia).

In the facticity, deity helps it, conferring it strength to experience the day-by-day life of the being-woman-cardiac with resignation, by considering that God is the one who establishes her recovery, supporting herself to take care of herself. So, in the lack of solidity of the being improper, impersonal, constantly draws the understanding of the project of proper possibilities, launching it into a tranquilizing pretension to possess or reach everything<sup>(11:244)</sup>.

Facing the existential moves of the woman and the unveiling of the senses obscured by the facticity, one can comprehend that as being-in-the-world, she concealed herself in the will to take care of herself, presenting a gap to be filled by the nurse through the promotion of health which must be valid in her practice.

The study was also able to point several possibilities of setting of the nursing care both in the hospital environment, as well as in the attention to primary and secondary health. In the same context, the nurse can make herself able in the acquisition of methodology of care which favors the encounter with the being taken care of<sup>(14)</sup>, whether in the situation of disease or of prevention of the disease. Therefore, the practice of nursing under the light of the heideggerian phenomenology allows the opening of the being nurse for the singularity which permeates the experience and the experienced of the being-patient, considering the holism which characterizes the being-patient.

## CONCLUSION

From the comprehension of the meanings expressed by the language of the woman in her day-by-day experiences after the cardiac surgery and of the unveiling of her senses, it becomes necessary to reevaluate strategies of nursing care after the hospital discharge that better direct the patient and her family members in the home scenario. For such, the communication and interaction among the nurses

working in the Sistema de Saúde (Health System) is fundamental.

The investigative path pointed to the deficiency of communication among the nurses regarding the levels of attention concerning reference and counter reference. Facing the effectiveness of such premises, the articulating possibilities of promotional practices to health from the experienced of the user/family/community, lay the foundations, capable to collaborate with the decreases in the health department statistics.

The existential movement of the being-there-woman revealed wide possibilities of care not contemplated and obscured by the day-by-day living dominated by the know-do inattentive to the deepening of the link nurse-patient. The willingness in being-with the patient in a sympathetic and singular way contributes for the exercise of the humanization, besides approximating the nurse of her whole practice, an enabling factor of decision taking and the exercise of the professional autonomy from the interlocution and obtainment of responses able to individualize the assistance.

For such, the nurse must systematize the actions of care provided to the client, basing them in methodologies which consider not only the technical aspects, but also the ones of emotional, social and spiritual order.

#### COLLABORATIONS

Amorim TV, Salimena AMO, Melo MCSC, Souza IEO and Silva LF contributed for the conception, analysis, interpretation of the data, writing of the article and final approval of the version to be published.

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