Cogitare Enfermagem

REVISIÓN

HEALTH CARE SYSTEMS FOR THE TREATMENT OF INDIVIDUALS WITH MYOCARDIAL INFARCTION: LITERATURE REVIEW

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ABSTRACT
Objective: To identify in the nursing literature the health care systems used by individuals going through myocardial infarction.
Method: Integrative review conducted in five national and international databases from 2007 to 2017. In the review, 398 studies were identified and 13 were analyzed according to the classification of the health care systems into formal and informal.
Results: Health care was impacted by values, beliefs and social norms constructed throughout the lives of the individuals, and which guide the search for different health care systems during the acute episode of infarction, with emphasis to the informal system structured by the individuals' families and community.
Conclusion: The understanding of health care systems by nursing professionals facilitates the elaboration of educational health actions and the management of care to patients going through myocardial infarction.

DESCRIPTORS: Myocardial Infarction; Health Systems; Review; Chronic disease; Adult Health.

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REVISÃO / REVISIÓN

SISTEMAS DE CUIDADOS À SAÚDE DE PESSOAS COM INFARTO DO MIOCÁRDIO: REVISÃO DA LITERATURA

RESUMO

Objetivo: identificar na literatura de enfermagem os sistemas de cuidados à saúde utilizados pelas pessoas com infarto do miocárdio.

Método: revisão integrativa, realizada em cinco bases de dados, nacionais e internacionais, no período de 2007 a 2017. Identificou-se 398 estudos e 13 foram analisados segundo a categorização dos sistemas de cuidados à saúde (formal e informal).

Resultados: verificou-se que o cuidado à saúde sofre influência de valores, crenças e normas sociais, as quais são construídas ao longo da vida e direcionam a busca pelos diferentes sistemas de atendimento durante o episódio agudo do infarto, destacando-se o sistema informal, estruturado por meio da comunidade e da família.

Conclusão: a compreensão por parte dos profissionais de enfermagem em relação aos sistemas de cuidados à saúde auxilia na elaboração de ações de educação em saúde e no gerenciamento do cuidado as pessoas acometidas pelo infarto do miocárdio.

DESCRITORES: Infarto do Miocárdio; Sistemas de Saúde; Revisão; Doença Crônica; Saúde do Adulto.

SISTEMAS DE CUIDADOS DE SALUD EN PERSONAS CON INFARTO DE MIOCARDIO: REVISIÓN DE LA LITERATURA

RESUMEN

Objetivo: Identificar en la literatura de enfermería los sistemas de cuidados de salud utilizados por las personas con infarto de miocardio

Método: Revisión integrativa realizada en cinco bases de datos, nacionales e internacionales, en el período de 2007 a 2017. Se identificaron 398 estudios. Trece fueron analizados según la categorización de los sistemas de cuidados de salud (formal e informal).

Resultados: Se verificó que el cuidado de salud resulta influido por valores, creencias y normas sociales, construidas a lo largo de la vida, que orientan la búsqueda de los diferentes sistemas de atención durante el episodio agudo del infarto, destacándose el sistema informal, estructurado a través de la comunidad y la familia.

Conclusión: La compresión de los profesionales de enfermería respecto de los sistemas de cuidados de salud ayuda a elaborar acciones de educación en salud y en la gestión del cuidado a las personas que padecieron infarto de miocardio.

DESCRIPTORES: Infarto del Miocardio; Sistemas de Salud; Revisión; Enfermedad Crónica; Salud del Adulto.

INTRODUCTION

The twentieth century was characterized by the industrialization and urbanization of the society, which includes the development of technologies in the industrial sector, medicine and communication, causing a substantial impact on the global economy and culture [1]. The consequences of these transformations were higher per capita income, mechanization and industrialization, access to food, urbanization and globalization of unhealthy habits, resulting in a rapid nutritional transition that exposed the population to greater risk of diseases [2].

Since cardiovascular diseases were more prevalent than other diseases, and in order to promote the adequate training of health professionals, the American Heart Association was created in 1924 with the purpose of seeking the most appropriate treatment, prevention and cure of cardiovascular diseases through scientific research[3]. Throughout history, the American Heart Association has held worldwide discussions, public campaigns, dissemination of information to health professionals, and the development of studies related to diet, smoking and physical activity as contributing factors of cardiovascular diseases. The referred Association also published recommendations to health professionals in order to diagnose and treat patients as early as possible, and significantly reduce mortality from myocardial infarction. It also established new sets of guidelines for health professionals to help health care providers treat patients through proven standards and procedures and the use of measures aimed to improve quality [3].

However, despite the training of health professionals, there was still a need for changes in the behavioral pattern or in the risk behaviors of the population. Thus, in the early 1970s, community programs focused on disease prevention and health education were developed in several countries [4].

Despite the various actions aimed at preventing and reducing risk factors, as well as the establishment of targets for the reduction of chronic non-communicable diseases occurring in the world, the impact on people's health and knowledge is still unequal and insufficient, as described by the World Health Organization in the Progress Report (Progress Monitor) [5].

This unequal access to information about the disease process and death has already been investigated by the American physician and anthropologist Arthur Kleinman, who found that biopsychosocial factors could interfere with treatment adherence. In the 1980s, the concept of "health care systems" was proposed [6]. This concept is divided into three categories or subsystems: the professional subsystem, consisting of the recognized health professions; the popular subsystem, which involves lay knowledge about health and comprises the subject, his/her family, the social network and community members; and the folk subsystem, where healing is characterized as "sacred" and "secular". In all cultures, health care systems are interconnected regarding responses to diseases, individual experiences, treatments and institutions [6]. The term "informal system" was used to designate folk and popular subsystems, and "formal system" to designate the professional subsystem.

In view of the changes in the lifestyle of the population affected by myocardial infarction in the last decades, with the adoption of health-promoting and disease-preventive measures [7], the fact that health care teams and the media strongly recommend the formal care system [8], and the delay in the search for treatment, the present study aimed to identify in the nursing literature the health care systems used by individuals with myocardial infarction.

METHOD

Integrative literature review based on the recommendations of The Preferred

Reporting Items for Systematic Reviews and Meta-Analyzes (PRISMA) [9]. This type of research allows the summarization of different studies in order to fill gaps in knowledge about a specific theme.

The present study involved the following steps: 1) identification of the problem; 2) search in databases; 3) evaluation of the information obtained; 4) data analysis and 5) presentation and interpretation of the review[10].

In the first stage, the research question based on the acronym PCC (population, concept and context) was formulated: "What health care systems are used by individuals with myocardial infarction?".

In the second stage, in February 2018, a search for primary studies in Portuguese, English and Spanish published between 2007 and 2017 was carried out in the following databases: Scientific Electronic Library Online (SciELO), Latin American and Caribbean Health Sciences Literature (LILACS), Database of nursing (BDENF), Medical Literature Analysis and Retrieval System Online (MEDLINE-Bireme).

Crossing of the following combined descriptors (nursing, myocardial infarction, precordial pain, chronic disease) and their respective terms in English and Spanish was the search strategy used. The search in the four databases led to the identification of 398 studies.

The 2007-2017 period was selected because in 2006 Brazil expanded its activities targeted to non-communicable chronic diseases, and approved health promotion policies, including educational health actions, health monitoring of risk factors, as well as health care centered on a healthy diet, physical activity, reduction of smoking and harmful use of alcohol [11]. In 2007, the National Policy on Alcohol and Other Drugs, which includes educational actions, advertising and sales regulations was created. Moreover, in 2009 the Ministry of Health destined approximately BRL 56 million in investments to the states and municipalities compared to BRL 51 million in 2005[2].

The inclusion criteria for the studies were full-text articles, samples composed of adults going through myocardial infarction. Editorials, letters, opinion articles, comments, summaries of annals, duplicate publications, dossiers, official documents, theses, dissertations, books and articles that did not address the healthcare system used by individuals going through myocardial infarction were excluded.

In the third stage, the titles and abstracts were read for checking their consistency with the subject and for exclusion of duplicated articles. In the subsequent stage, 17 articles were kept and fully read. Of these, four studies that did not address the health care systems used were excluded (Figure 1).

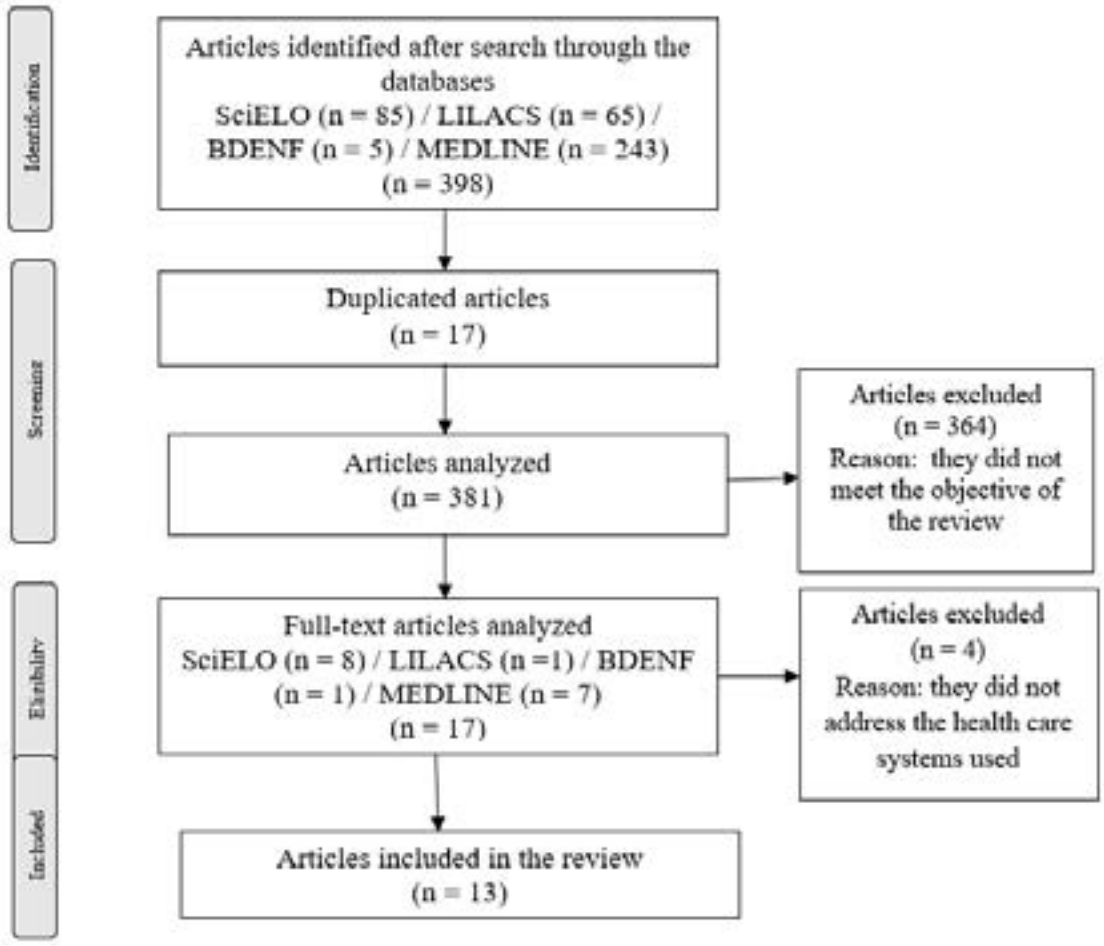

Figure 1 - Process of identification, sorting and inclusion of the scientific productions available in the databases searched. Curitiba, PR, Brazil, 2018

For data collection, an instrument developed by the authors containing the following items: title, objective, site of the study, type of method, number of participants and health care system was used.

In the fourth stage, the results were analyzed and grouped into categories according to the subsystems of health care, as follows: formal (professional care) and informal (popular, folk), proposed by Arthur Kleinman [6]. The results were described and were also presented in a table for the characterization of the articles.

RESULTS

Of the 13 articles selected to compose the review, seven (53.8%) were developed in Brazil and (7.7%) in each of the following countries: Jordan, Turkey, Sweden, England, the United States and China. Of the Brazilian studies, five (71.4%) were published in Bahia, one (14.3%) in Mato Grosso do Sul and one (14.3%) in Rio Grande do Sul. In 2017, four articles were published (30.8%); and three (23.1%) in 2014. One study was published in each of the following years: 2007, 2008, 2009, 2012, 2015 and 2016.

Exploratory cross-sectional approach was used in the seven quantitative studies (53.8%). In studies with a qualitative method (n = 5, 38.5%), focus groups, phenomenology, data-based theory, life history narratives were used. A mixed method was used in one article (7.7%).

The studies included 1,591 participants who had myocardial infarction. Analysis showed that the formal health care sector remains the second option of the population. On the other hand, the informal sector, characterized by lay knowledge about health comprising self-medication and self-treatment, as well as the patients' families, is the main agent of care [12], as shown in 12 of the 13 articles analyzed. The search for the formal sector as the first choice treatment was found in one article [13] (Chart 1).

Chart 1 - Characterization of the articles included in the study, classified according to the types of health care systems. Curitiba, PR, Brazil, 2018

Title of the article	**Health care systems**
A1) Another Chance at Life: Jordanian Patients' Experience of Going Through a Myocardial Infarction[14]	First action: informal system
	Second action: formal system
A2) Interpretation of symptoms as a cause of delays in patients with acute myocardial infarction, Istanbul, Turkey[15]	First action: informal system
	Second action: formal system
A3) Predictors of pre-hospital delay in Hong Kong Chinese patients with acute myocardial infarction[16]	First action: informal system
	Second action: formal system
A4) Delays in Treatment-Seeking Decisions Among Women With Myocardial Infarction[17]	First action: informal system
	Second action: formal system
A5) *Tempos de acesso a serviços de saúde face ao infarto do miocárdio*[18]	First action: informal system
	Second action: formal system
A6) Women's help-seeking behavior during a first acute myocardial infarction[8]	First action: informal system
	Second action: formal system
A7) *Acesso de usuários com infarto do miocárdio a hospitais-referência em cardiologia* [13]	First action: informal system
A8) Pre-hospital delay in acute myocardial infarction judgment of symptoms and resistance to pain[19]	First action: informal system
	Second action: formal system
A9) *Fatores ambientais associados ao tempo de decisão para procura de atendimento no infarto do miocárdio* [20]	First action: informal system
	Second action: formal system
A10) *Fatores associados à decisão para procura de serviço de saúde no Infarto do Miocárdio: diferenças entre gêneros* [21]	First action: informal system
	Second action: formal system
A11) *A experiência da enfermidade e o itinerário terapêutico vivenciado por uma pessoa com infarto* [22]	First action: informal system
	Second action: formal system
A12) *Pacientes com Infarto Agudo do Miocárdio e os fatores que interferem na procura por serviço de emergência: implicações para a educação em saúde* [23]	First action: informal system
	Second action: formal system
A13) Women's interpretation of cardiac symptoms at the time of their cardiac event: the effect of co-occurring illness[24]	First action: informal system
	Second action: formal system

DISCUSSION

Despite the changes and investments in the training of health professionals regarding the treatment of myocardial infarction, in an attempt to ensure they are able to provide the necessary care to the patients as soon as possible, there have been no changes in health care standards over time, because it was found that most people affected by myocardial infarction still access the informal sector for treatment [8,14-24].

The treatments chosen by the individuals with myocardial infarction are pervaded by values, beliefs and social rules that influence the decision making process, i.e. the process of making a choice between the formal or informal health care system[6].

The informal system was represented by the "popular" subsystem in eight articles [8,15,19-24]. This system is based on the cultural representation of various family generations and shared with the community. The use of medicinal herbs such as aromatic infusions and teas are millenarian practices used in the treatment of diseases [25].

The family and the support network formed by the community, religious leaders and friends, help in the decision-making process and the search for health care [6]. Some articles included in this review showed that the social and family support network can have a positive [14-15,17,20-23] or negative [19] influence on the search for health care, treatment and recovery of individuals going through myocardial infarction.

Family members and friends can play a key role in the optimization of the participants' search for care in health services, through the early recognition of the severity of the individual's condition, when asked to help with transport [14-15,17,20-23].

On the other hand, when the support network disregards the information passed on or minimizes the importance of the symptomatology of individuals going through myocardial infarction, it may contribute to the worsening of their health status and reduce the success of the therapy used, because of the delayed identification of symptoms and referral to the formal health system [19].

In two articles, the informal system was represented by the folk subsystem, through religion [14-15]. Religious (sacred) rituals were considered a way of approaching God, through which the individuals understand that the episode of myocardial infarction can cause their death. Faith has been reported as a form of pain relief, which facilitates recovery from infarction and reduction of anxiety, proving safety. It is a valuable resource for coping with the disease.

When the informal health system no longer met the participants' needs, and the signs and symptoms persisted, as well as the worsening of the clinical picture, characterized mainly by the increase in pain, they migrated to the formal health sector [8,13-24].

The fact that the formal health care system, which comprises the professional subsystem, is not the first-choice system of individuals going through myocardial infarction indicates that they still lack the knowledge necessary to recognize the signs and symptoms of myocardial infarction, and hence only seek the formal health care services too late.

It should be noted that when these individuals seek the formal health system, they often face barriers such as overcrowding, poor physical structure, precarious and ineffective care, lack of early recognition of myocardial infarction by professionals, difficulties related to admission and failure to deliver care [8,14-24].

Other factors that interfere with the search for the formal system as the first-choice care are non-recognition of the cardiac event and its severity. Such attitudes are caused by the fear of losing independence and because the individuals avoid worrying the relatives and prioritize professional and personal obligations. Moreover, some studies reported the participants' difficulty in understanding that their signs and symptoms were consistent with myocardial infarction, as they are usually mistaken with e.g. sensations of discomfort or indigestion (dyspepsia), feelings of anger, factors related to stress, fatigue or hard physical work[8,14-18,20-24].

The denial or underestimation of the severity of the disease is related to the way in which the individuals perceive or understand the body signs and symptoms and their previous knowledge of the symptomatology of the disease [26], a fact that interferes with the immediate search for the health care system, worsening the clinical situation related to myocardial infarction.

A comparison between men and women undergoing myocardial infarction regarding the time taken to seek professional health care showed that women used to take longer to seek professional health care [8,17-22,24]. This finding is related to the fact that women do not want to worry their families, and they also fear of being hospitalized and no longer be able to perform household activities and chores, which they think are their responsibility [17,21]. In a study conducted in Sweden, it was found that women underestimated the risk for heart disease. Moreover, due to their generalized notions about myocardial infarction, women tend to think that this condition affects only men. This may be related to social media that often use male individuals in campaigns for raising awareness of cardiovascular diseases among the population [8].

Regarding the population's access to the formal health system as the first choice, this was reported in only one article where the approach did not include the other health care systems, focusing exclusively on the care delivered in health services [13].

However, when clinical practice addresses situations experienced and constructed through social representations or within their cultural context, it can improve the quality of care, as well as the delivery of the care provided [27].

The limitation of this study concerns the use of pre-established categories for the analysis, according to health care systems, which may have influenced the results obtained.

CONCLUSION

Despite the changes in the recommendations for the treatment of myocardial infarction overtime, as well as the investments in the training of health professionals for this purpose, the population first seeks health care in the informal system and later in health institutions (formal system).

Thus, it is important that health professionals, particularly in primary care, perform active listening and understand the subjective aspects associated to their patients' search for care.

The results of the present study may provide health professionals with greater insight on the health care systems used by people going through myocardial infarction, and thus contribute to the elaboration of educational health actions, to care management and to the delivery of timely health care, minimizing the risk for clinical deterioration in the condition of these patients.

REFERENCES

1. Almeida PR de. Transformações da ordem econômica mundial do final do século 19 à Segunda Guerra Mundial. Rev. bras. polít. int. [Internet]. 2015 [access 02 abr 2018]; 58(1). Available at: http://dx.doi.org/10.1590/0034-7329201500107.

2. Schmidt MI, Duncan BB, Silva GA e, Menezes AM, Monteiro CA, Barreto SM, et al. Chronic non-communicable diseases in Brazil: burden and current challenges. Lancet [Internet]. 2011 [access 02 out 2018]; 377(9781). Available at: http://dx.doi.org/10.1016/S0140-6736(11)60135-9.

3. American Heart Association (AHA). History of the American Heart Association. [Internet]. Dallas (Texas); 2018. [access 29 ago 2018]. Available at: https://www.heart.org/en/about-us/history-of-the-american-heart-association.

4. Ribeiro AG, Cotta RMM, Ribeiro SMR. A promoção da saúde e a prevenção integrada dos fatores de risco para doenças cardiovasculares. Cienc. saude colet. [Internet]. 2012 [access 10 jun 2017]; 17(1). Available at: http://dx.doi.org/10.1590/S1413-81232012000100002.

5. World Health Organization (WHO). Noncommunicable diseases progress monitor. Geneva: WHO; 2017.

6. Kleinman A. Patients and healers in the context of the culture: an exploration of the borderland between anthropology, medicine and psychiatry. California: Regents; 1980.

7. Marques MCM, Mendes, FRP, Serra ICC. Estilo de vida: representações sociais construídas por doentes com infarto do miocárdio e familiares. Rev. Gaúch. Enferm. [Internet]. 2017 [access 04 jan 2018]; 38(2). Available at: http://dx.doi.org/10.1590/1983-1447.2017.02.62593.

8. Gyberg A, Björck L, Nielsen S, Määttä S, Falk K. Women's help-seeking behavior during, a first acute myocardial infarction. Scand J Caring Sci [Internet]. 2016 [access 10 ago 2018]; 30(4). Available at: http://dx.doi.org/10.1111/scs.12286.

9. Moher D, Liberati A, Tetzlaff J, Altman DG. The PRISMA group preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. PLoS Med [Internet]. 2009 [access 04 set 2017]; 6(7). Available at: http://dx.doi.org/10.1371/journal.pmed.1000097.

10. Whittemore R, Knafl K. The integrative review: updated methodology. J Adv Nurs. [Internet]. 2005 [access 04 jun 2017]; 52(5). Available at: http://dx.doi.org/10.1111/j.1365-2648.2005.03621.x.

11. Freire AKS, Alves NCC, Santiago EJP, Tavares AS, Teixeira DS, Carvalho IA, et al. Panorama no Brasil das doenças cardiovasculares dos últimos quatorze anos na perspectiva da promoção à saúde. Rev Saúde Desenv [Internet]. 2017 [access 24 jun 2018]; 11(9). Available at: https://www.uninter.com/revistasaude/index.php/saudeDesenvolvimento/article/view/776.pdf.

12. Lopes CV. O cuidado no sistema informal de saúde: um enfoque cultural no urbano e rural em Pelotas/RS [tese]. Pelotas (RS): Faculdade de Enfermagem, Universidade Federal de Pelotas; 2016.

13. Mendes AS, Reis VRSS, Menezes TMO, Santos CAST, Mussi FC. Acesso de usuários com infarto do miocárdio a hospitais referência em cardiologia. Acta Paul. Enferm. [Internet]. 2014 [access 06 nov 2017]; 27(6). Available at: http://dx.doi.org/10.1590/1982-0194201400083.

14. Ammouri AA, Kamanyire JK, Abu-Raddaha AH, Achora S, Obeidat AA. Another chance at life: Jordanian patients' experience of going through a myocardial infarction. Rev Theory Nurs Pract. [Internet]. 2017 [access 12 out 2018]; 31(4). Available at: http://dx.doi.org/10.1891/1541-6577.31.4.334.

15. Koc S, Durna Z, Akin S. Interpretation of symptoms as a cause of delays in patients with acute myocardial infarction, Istanbul, Turkey. East Mediterr Health J. [Internet]. 2017 [access 04 out 2018]; 23(4). Available at: http://dx.doi.org/ 10.26719/2017.23.4.287.

16. Li PW, Yu DS. Predictors of pre-hospital delay in Hong Kong Chinese patients with acute myocardial infarction. Eur J Cardiovasc Nurs. [Internet]. 2017 [access 12 nov 2018]; 17(1). Available at: http://dx.doi.org/10.1177/1474515117718914.

17. Arslanian-Engoren C, Scott LD. Delays in treatment-seeking decisions among women with myocardial infarction. Dimens Crit Care Nurs. [Internet]. 2017 [access 12 out 2018]; 36(5). Available at: http://dx.doi.org/10.1097/DCC.0000000000000260.

18. Mendes AS, Reis VRSS, Santos CAST, Mussi FC. Tempos de acesso a serviços de saúde face ao infarto do miocárdio. Acta Paul. Enferm. [Internet]. 2016 [access 15 out 2018]; 29(4). Available at: http://dx.doi.org/10.1590/1982-0194201600061.

19. Mussi FC, Mendes AS, Queiroz TL de, Costa AL, Pereira A, Caramelli B. Pre-hospital delay in acute

myocardial infarction judgment of symptoms and resistance to pain. Rev. Assoc. Med. Bras. [Internet]. 2014 [access 10 out 2017]; 60(1). Available at: http://dx.doi.org/10.1590/1806-9282.60.01.014.

20. Mussi FC, Mendes AS, Damasceno CA, Gibaut MAM, Guimarães AC, Teles CAS. Fatores ambientais associados ao tempo de decisão para procura de atendimento no infarto do miocárdio. Rev. bras. enferm. [Internet]. 2014 [access 20 nov 2017]; 67(5). Available at: http://dx.doi.org/10.1590/0034-7167.2014670508.

21. Damasceno CA, Queiroz TL de, Santos CAST, Mussi FC. Fatores associados à decisão para procura de serviço de saúde no infarto do miocárdio: diferenças entre gêneros. Rev. Esc. Enferm. USP [Internet]. 2012 [access 25 set 2017]; 46(6). Available at: http://dx.doi.org/10.1590/S0080-62342012000600012.

22. Nabão FRZ, Maruyama SAT. A experiência da enfermidade e o itinerário terapêutico vivenciado por uma pessoa com infarto. Rev. Eletr. Enf. [Internet]. 2009 [access 04 jul 2018]; 11(1). Available at: https://www.fen.ufg.br/revista/v11/n1/v11n1a13.htm.

23. Franco B, Rabelo ER, Goldemeyer S, Souza EM de. Pacientes com infarto agudo do miocárdio e os fatores que interferem na procura por serviço de emergência: implicações para a educação em saúde. Rev. Latino-Am. Enfermagem [Internet]. 2008 [access 12 nov 2017]; 16(3). Available at: http://dx.doi.org/10.1590/S0104-11692008000300013.

24. Ruston A, Clayton J. Women's interpretation of cardiac symptoms at the time of their cardiac event: the effect of co-occurring illness. Eur J Cardiovasc Nurs. [Internet]. 2007 [access 25 ago 2017]; 6(4). Available at: https://doi.org/10.1016/j.ejcnurse.2007.04.002.

25. Veliz-Rojas L, Saavedra AB. Acompañamiento y cuidado holístico de enfermaría en personas con enfermedades crónicas no adherentes al tratamiento. Enferm. Actual Costa Rica [Internet]. 2017 [access 5 out 2018]; 32(1). Available at: https://doi.org/10.15517/revenf.v0i32.26989.

26. Brustolin A, Ferretti F. Itinerário terapêutico de idosos sobreviventes ao câncer. Acta Paul. Enferm. [Internet]. 2017 [access 14 mar 2018]; 30(1). Available at: http://dx.doi.org/10.1590/1982-0194201700008.

27. Kleinman A. From illness as culture to caregiving as moral experience. N Engl J Med [Internet]. 2013 [access 19 nov 2017]; 368(15). Available at: https://doi.org/10.1056/NEJMp1300678.

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