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PESQUISA

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## Outpatient nursing care: perception of the heart transplant patients on outpatient nursing consultation

Assistência de enfermagem ambulatorial: percepção de transplantados cardíacos sobre a consulta de enfermagem ambulatorial

Atención ambulatoria de enfermería: percepción de los trasplantados cardíacos acerca de la consulta de enfermería ambulatoria

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### ABSTRACT

**Objective:** This study aimed to know the perception of cardiac transplant patients in relation to nursing consultation at a clinic in Transplant and Heart Failure Unit ( THFU). **Method:** Descriptive study of qualitative approach, conducted in the THFU of a public hospital, located in Fortaleza, Ceará, from July to November 2013, with 11 heart transplant patients. The discourses were collected through a semi-structured interview and organized according to the theoretical principles of hermeneutics. **Results:** Patients showed the impact suffered by the heart transplant and demonstrated satisfaction in welcoming the professionals,

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especially the nurse. They expressed the recognition of the provided guidelines, the changes set out in this process and the relations between nurses and patients. **Conclusion:** The heart transplant patient understood that the nurse acts in a humanized, welcoming way, creating bonds and promoting the self-care to ensure improvements in health, through the outpatient nursing consultation.

**Descriptors:** Heart transplantation, Hospital clinic, Nursing.

## RESUMO

**Objetivo:** Conhecer a percepção de transplantados cardíacos em relação à consulta de enfermagem em um ambulatório na Unidade de Transplante e Insuficiência Cardíaca (UTIC). **Método:** Estudo descritivo, de abordagem qualitativa, realizado na UTIC de um hospital público, localizado em Fortaleza, Ceará, de julho a novembro de 2013, com 11 pacientes transplantados cardíacos. Os discursos foram obtidos através da entrevista semiestruturada e organizados segundo os pressupostos teóricos da hermenêutica. **Resultados:** Os pacientes revelaram o impacto sofrido pelo transplante cardíaco e satisfação no acolhimento pelos profissionais, em especial, a enfermeira. Expressaram o reconhecimento das orientações prestadas, das modificações estabelecidas nesse processo e do vínculo entre enfermeira-paciente. **Conclusão:** Os transplantados cardíacos compreenderam que a enfermeira age de forma humanizada, acolhedora, cria vínculos e promove o autocuidado a fim de garantir melhorias na saúde, por meio da consulta de enfermagem ambulatorial.

**Descritores:** Transplante de coração, Ambulatório hospitalar, Enfermagem.

## RESUMEN

**Objetivo:** El trabajo tuvo como objetivo conocer la percepción de pacientes trasplantados de corazón en relación a la consulta de enfermería en un Ambulatorio en la Unidad de Trasplante e Insuficiencia Cardíaca (UTIC). **Método:** Estudio descriptivo, con un abordaje cualitativo, realizado en la UTIC de un hospital público, localizado en Fortaleza, Ceará, de julio a noviembre de 2013, con 11 pacientes trasplantados cardíacos. Los discursos fueron obtenidos a través de una entrevista semiestruturada y organizados según los fundamentos teóricos de la hermenéutica. **Resultados:** Los pacientes mostraron el impacto sufrido por el trasplante de corazón y la satisfacción de la bienvenida de los profesionales, especialmente a la enfermera. Expresaron reconocimiento de las directrices, de los cambios establecidos en este proceso y de la relación entre la enfermera y el paciente. **Conclusión:** El trasplantado de corazón entiende que la enfermera actúa de una manera humana, con gusto, crea vínculos y promueve el autocuidado para garantizar mejoras en la salud, a través de la consulta ambulatoria de enfermería.

**Descritores:** El trasplante de corazón, Clínica de un hospital, Enfermería.

## INTRODUCTION

Cardiovascular Diseases (CVD) are characterized as a group of chronic diseases of great concern to the public health nowadays, which has required a better restructuring of health institutions in cardiological units in order to improve technologies to intervene effectively, guaranteeing quality care for the patient with chronic heart disease.<sup>1</sup>

Among the technological strategies used, we highlight the Cardiac Transplantation (CT), one of the main therapies in the treatment of chronic heart disease patients who present

heart failure and its success implies a significant increase in survival, as well as in the quality of life of this patient.<sup>2</sup> Brazil has the second largest public system of organ and tissue transplants, Ceará being the second state in transplant numbers and the fifth in CT.<sup>3</sup>

This is a large surgery and of high complexity, implying in several complications inherent to the surgery. In addition to the repercussions for the life of the transplanted client and their families, it requires the assistance of a multiprofessional team with specific training in order to guarantee the best level of health and well-being.<sup>1</sup> The success of the procedure is related to the post-operative care, with the consistent professional follow-up, based on the support to overcome their anxieties and insecurities, and in carrying out educational actions throughout the process.<sup>4</sup>

The assistance of the professional nurse is essential in the process of adaptation of the cardiac transplant recipient and his relatives. Since the costs of medications, the relationships between health professionals and patients, as well as psychological disturbances and compromised cognition, objectively influence treatment adherence.<sup>5</sup> The nurse's role in the hospital outpatient clinic includes the adoption of strategies that favor adherence to treatment and modifications in lifestyle through dialogic and emancipatory actions.<sup>6</sup> The stimulus to self-care, based on the health education process is, therefore, the main purpose of outpatient follow-up in order to empower the transplanted client and his family members in face of the new condition.<sup>2</sup>

The innumerable and, sometimes, complex guidelines require strategies that consolidate understanding and internalization, ensuring that the patient takes the necessary steps for the success of the procedure.<sup>7</sup> In situations of chronic illness, the need for systematized and qualified follow-up may undoubtedly result in determinant modifications for health validation and prevention of complications.<sup>8</sup> Such reflections lead to the following question: how is perceived by the transplanted patient the performance of the nurse who works in an outpatient basis in the nursing consultation?

It is hoped to contribute to the improvement of the care provided to the transplanted cardiac patient and to promote reflections about the outpatient nursing consultation aimed at them, with the perspective of incorporating scientific knowledge into practical knowledge.

In the face of the above, this research aimed to know the perception of cardiac transplant patients in relation to the nursing consultation in an outpatient clinic at the Transplant and Heart Failure Unit (THFU).

## METHOD

A descriptive study with a qualitative approach was carried out in a THFU outpatient clinic of a tertiary referral public hospital in the care of cardiopulmonary diseases and for the transplants of the heart in adults and children in the

North and Northeast of the country, located in the city of Fortaleza, Ceará.

The study included 11 cardiac transplant patients followed at the institution by 6 nurses who work in the hospital outpatient clinic. Inclusion criteria were: patients submitted to CT, with at least six months of outpatient care, with ample mental capacity, that is, the cognitive capacity of the participant who was not compromised at the moment of the interview and the possibility of verbalizing their lived experience. And as exclusion criteria, patients under 18 years of age were unable to attend the outpatient clinic during the collection period and were unable to maintain effective communication.

The data collection was carried out from July to November 2013, through a semi-structured and recorded interview. The interview script initially had closed questions to characterize the interviewees in relation to the variables gender and age, as well as open questions that sought to respond to the objective proposed by this research. The interviews were conducted individually, which allowed the subjects to express themselves calmly and safely, and scheduled at appropriate times to the participants. The speeches were recorded with their prior authorization and then transcribed in full.

The analysis of the speech was carried out according to the theoretical presuppositions of hermeneutics since its fundamental principle is the interpretation that keeps the truth as unique and multiplies in formulations.<sup>9</sup> In addition to identifying the hidden meaning in the significances, trying to apprehend the way of living the experience, searching for units of meaning and organizing them into thematic categories. From the exploration of this material, the results were codified and categorized and, through interpretation, discussed with the pertinent literature.

From the analysis of the data, two categories emerged: changes and feelings in post-transplantation and the nurse's performance. In order to preserve the anonymity of the participants, the letter "P" was used to name them, followed by the number corresponding to the sequence of the statements.

Study participants were advised on the anonymity, nature, goals and benefits of the research. In addition, all signed a Term of Free and Informed Consent (TFIC) in two ways, and can withdraw their consent at any moment. For those who did not know how to read and write, the TFIC was read for the individual and for one or more witnesses and their digital were pressed on the term. The research followed all the ethical-legal precepts required by Resolution 466/12,<sup>10</sup> and was approved by the Research Ethics Committee of the institution, under the opinion n°198196/2013.

## RESULTS AND DISCUSSION

For a better understanding of the subjects and a better analysis of their speeches, the characterization of the patients regarding the sex and age was carried out, because they are chronic patients who require a greater understanding of their illness. Among the 11 cardiac transplant recipients who participated in this study, ten (90.9%) were male and one (9.1%) were female; Aged between 34 years and 72 years, with a mean age of 53.9 and a predominance of the age group over 50 years, with seven (63.6%).

The cutouts of the speeches of the participants resulted in six units of meanings that, in turn, gave rise to the thematic categories: Changes and feelings after cardiac transplantation and the nurse's performance, which will be presented next.

### Changes and feelings after cardiac transplantation

The occurrence of CT entails intense physical and emotional impact. From the validation of the indication until the procedure, the patient and his / her relatives experience numerous changes. The awareness that the transplant interferes beyond the physical plane is present in the patients' speech, which are thus expressed:

*This was a blow, it was a shock. I would blow up with anyone who came in front of me. (P6)*

*I am well prepared now for my battle, and it is one thing that is very serious; So serious that it is for the rest of my life that I will be taking the medicines. (P8)*

The complexity of the procedure is recognized by the authors when they emphasize that CT is not only a simple surgery to improve the quality of life of people with heart failure (HF), but a process that requires a lot of adjustments.<sup>11</sup> In the speeches transcribed above, it is the transition established that is operated on the patient from the appropriation of the need to perform the procedure, and to do so, the adequately oriented preparation to the clarification of doubts and connection to the service become indispensable elements for acceptance and adherence.

Preparation for the CT will be a consultation for multiprofessional teams that attend patients under evaluation or already are in post-transplant follow-up, as well as assisting as guidance for hospitals and services that intend to start their respective programs without, however, being restricted solely to their content.<sup>12</sup>

It is understood that each patient brings with it subjective aspects that cannot be disregarded and which, on the contrary, should be explored and evaluated for possible interferences in the process.<sup>13</sup> In this context, the participation of the multidisciplinary team contributes to the expansion of the reflection about the cardiac transplant client and its potentialities.

Feeling welcomed, respected and valued in their individuality by the team seems to be determinant for the patient's attachment to the service, with consequent adherence to outpatient follow-up.<sup>14</sup> The patient's statements clearly indicate this condition:

*I am very satisfied. Here I feel at home. The staff here is really good, it's great. (P11)*

*What I found most important in this hospital is that you have space, even if it is in the corridors; It is you being well attended in the ward and in other places. (P8)*

By taking as a reference the principles of the Unified Health System (UHS), it is recognized that every health institution is committed to providing technical and resolute care to the health needs of the user, recognizing access and shelter as fundamental for care.<sup>15</sup>

Therefore, the important role played by the nurse in receiving and orienting the transplanted cardiac client is highlighted. When well performed, they can provide greater patient awareness about the situation experienced, providing a more resolute and humanized assistance, with the construction of valued, autonomous and creative subjects.<sup>16</sup>

In the present study, the evaluation of the continuity in post-transplant follow-up was well defined as a support element for the changes in the patient's lifestyle, especially regarding dietary habits. The following speech illustrates this reflection:

*I am addicted to bread, cake; all that is mass, I eat. Then the nurses pull my ears so I can lower [consumption]. (P7)*

It is evidenced in the understanding that the conduct of the patient in the post-transplant should not be restricted solely to the guidelines regarding the use of immunosuppressants or preventive measures of infections. Aspects apparently not so relevant may trigger the development of comorbidities, such as changes in lipid levels and blood glycemia, requiring the continued intervention of the multidisciplinary team.<sup>4</sup>

By referring to a chronicity condition, many of the guidelines and plans for transplant patient care are not modified. However, the correction of the limiting symptoms of HF leads the patient to a feeling of full cure, with consequent flexibilization of self-care measures.<sup>17</sup> People feel healed by regaining control over their life and body, returning to their usual activities, even when they continue to undergo treatments for chronic diseases.<sup>2</sup> The speeches lead to this understanding:

*I should do as they say, but sometimes I do not. (P11)*

*I left the hospital and thought I was fine ... I started doing things I should not. (P8)*

The expressive content of the feeling of well-being in the post-transplant should be observed by the team with consideration. The team should not limit the autonomy that is restored with the establishment of a favorable clinical condition; on the other hand, a careful look must be preserved in the adequacy of the euphoria that is installed with the success of the procedure. As noted in the speech below:

*I am normal. Today I feel, without exaggeration, as if I were a boy of twenty years, in disposition for everything, to play, to run. (P11)*

This seems to be the greatest challenge faced by the team, patient and family: recognition that absence of symptoms should not be the justification for minimizing health care. The daily life of the transplanted cardiac patient involves the uninterrupted use of specific medications, dietary observation and predominantly aerobic physical activity, and this care should be continuously reinforced in outpatient follow-up.<sup>18</sup>

The participation of the nurse in the CT is not restricted to the preparation and inclusion in the single list. The outpatient follow-up conducted by nurses in the care of chronic patients shows to be an excellent resource for self-care valorization and promotion of health education.<sup>19</sup>

## The nurse's performance

Adequate technical knowledge is a requirement relevant to services involving complex procedures. However, other elements are identified and valued by the transplanted patient in the actions performed by the nurse, essential for competent care.<sup>4</sup> Continuity in care is highlighted by the patient as a conduit for comfort and bonding, making the individual feel at ease with the service, as expressed in the statements below:

*These two years, except the time I was hospitalized, were only with the nurses, and I like the care of them all, I feel good about them. (P3)*

*I am well accompanied, attended right. The attention from here is good, I am well attended. (P4)*

The patient often relates the care of the nurse to the care of his/her own mother, demonstrating the bond between these two individuals, as demonstrated by the following testimony:

*For me it's like being taken care of by my mother... (P1)*

It is noticed in the statements of the deponents that the assistance of the nurses in the nursing consultations is given through guidelines, measurements of the vital signs, verification of the rates in the examinations made, clarification of doubts and listening. The nurse in its role of transformative educator admits the cultural baggage of the client, favoring the acquisition of skills necessary for self-



care, aiming to promote, maintain and restore health. In addition, the nursing consultations stand out as a moment to stimulate the patient's involvement and reflection, with planning and the development of goals, essential for achieving a better quality of life.<sup>20</sup>

It is evident, therefore, that the assistance provided by the nurse becomes of vital importance for the transplanted cardiac person, being observed in the following statements:

*Look at the pressure, listen to the chest, put the device and everything. If the pressure is high, they ask. (P1)*

*The nurse's job is very important in this case, because if it were not for her I would be harmed. (P6)*

*She measures the pressure, takes care of the pressure ... and always gives advice. (P2)*

*They check the exams, ask what I'm feeling and pass other exams for me to do. (P4)*

The good reception offered by the nurses proved to be of great value in the arrival of the patient for the nursing consultations. Expressed in the speeches:

*My welcome at the hospital was one hundred percent. (P8)*

*From the first time I came, they welcomed me. They always welcome me well. (P4)*

*I was welcomed here by everyone. (P2)*

It was verified, therefore, that the nursing consultation constitutes as a space favorable to the listening of the customer's complaints, to the identification of their needs and self-care behavior.<sup>13</sup> The good care and attention that cardiac transplant recipients receive generates some gratitude to the nurses who attend them.

This is expressed in several ways as the following statements demonstrate:

*In my moments of prayer, I ask for you very much, nurses. (P1)*

*This [service] is something I can never pay them. (P2)*

The quality of life of the heart transplanted client depends on their adherence to the treatment, which is the engagement in self-care. The occurrence of this engagement is directly associated with the good nurse-patient relationship and family support.<sup>2</sup>

Thus, the nurse should make them aware of the care they should take daily, as reported in the speeches below:

*They explain to me what I have to do, about the diet, for me to take care of myself. All they pass on to me is very good. (P9)*

*They (the nurses) always give recommendations, always alerting the person for more than distracted. Saying, do not do this, do not do that ... (P5)*

*She asks how I'm going, if I'm taking everything at the right time if I'm sleeping well, about the food. And it's okay, everything's beauty. (P10)*

A good nurse-patient relationship is necessary and makes the role of this professional in the life of the cardiac transplant recipient to be recognized and valued. This explains the following statements:

*If it were not for her advice, I certainly would not do the right things. (P8)*

*I get along well, I feel good about them. I do not know if they like me, but they say yes when they are with me, during consultations. (P11)*

The attention of the nurse and also of the entire multidisciplinary teams becomes instruments of assistance throughout the CT process, facilitating the process of adaptation, treatment and recovery / restoration of the health of the transplanted patient. The transplanted patient should be encouraged to integrate a health education model in order to favor the acquisition of self-care skills.

## CONCLUSION

The complexity of CT goes beyond the procedure itself, with several modifications occurring that permeate the individual. Interpersonal and family modifications occur, generating physical and emotional changes that may have an impact on the health-disease process of the cardiac transplant patient. The role of the nurse in this process is noticed when they guide, care and listen to the patient, acting as caregiver, educator and health promoter, visualizing the patient in all its aspects and needs.

In the perception of transplant patients, the nurse acts in a humanized, welcoming way, creates bonds and promotes self-care in order to guarantee improvements in the patient's health, comfort and quality of life. It is therefore of vital importance in their treatment and recovery. In this context, the nurse can be inserted in the work processes, occupying all spaces that concern her/him, either with the user or the health teams, in a conscious way and directed to the specific needs of the subjects in search of humanization, that is, of dialogic relations that provide the development of each person, in which individuality, beliefs, personal characteristics, language, among other things, are respected.

In addition, the hospital environment favors adherence to the treatment, being seen by the participants as a place favorable to their recovery. The moment of the nursing consultation proved to be important and of great value in the follow-up of the cardiac transplant patient, characterizing

itself as a moment of support for the change in lifestyle. Cardiac transplant care should consist of a multidisciplinary and interdisciplinary approach that positively influences adaptation, treatment and recovery.

The contribution of this research resides in a deepening on the subject addressed, aiming at a significant improvement of the interaction between the transplant team, especially the nurse and the cardiac transplant. In addition to promoting the understanding of the complexity involved in cardiac transplantation and its repercussions in the life cycle, it encourages health professionals to develop intervention strategies. We hope that this study can be used as a subsidy for a differentiated care of the nurses and knowledge for their practice.

## REFERENCES

1. Silva EA, Carvalho DV. Transplante cardíaco: complicações apresentadas por pacientes durante a internação. *Esc Anna Nery*. 2012;16(4):674-81.
2. Aguiar MIF, Farias DR, Pinheiro ML, Chaves ES, Rolim ILTP, Almeida PC. Qualidade de vida de pacientes submetidos ao transplante cardíaco: aplicação da escala WHOQOL-BRIEF. *ArqBrasCardiol*. 2011;96(1):60-7.
3. Lima FET, Ferreira AKA, Fontenele KA, Almeida ERB. Perfil dos pacientes na lista única de espera para transplante cardíaco no Estado do Ceará. *ArqBrasCardiol*. 2010;95(1):79-84.
4. Sadala MLA, Stolf EG, Bicudo MAV. Transplante cardíaco (TC): a experiência do portador da Doença de Chagas. *Rev Esc Enferm USP*. 2009;43(3):588-95.
5. Osterberg L, Blaschke T. Adherence to medication. *N. England J Med*. 2005; 353(5): 487-97.
6. Pennafort VPS, Silva ANS, Queiroz MVO. Percepções de enfermeiras acerca da prática educativa no cuidado hospitalar a crianças com diabetes. *Rev Gaúcha Enferm*. 2014; 35(3):130-6.
7. Matos SS, Baroni FCAL, Carvalho DC, Chianca TCM, Ferraz AF, Silva PAB. Transplante cardíaco: perfil demográfico e epidemiológico de pacientes em um hospital de grande porte em Belo Horizonte. *Rev Min Enferm*. 2011; 15(2):248-53.
8. Pivoto FL, Filho WDL, Santos SSC, Almeida MA, Silveira RS. Diagnósticos de enfermagem em pacientes no período pós-operatório de cirurgias cardíacas. *Acta Paul Enferm*. 2010;23(5):665-70.
9. Pareyson, L. Verdade e interpretação. São Paulo: Martins Fontes, 2005.
10. Ministério da Saúde (BR), Conselho Nacional de Saúde. Resolução Nº 466 de 12 de dezembro de 2012. Dispõe sobre as diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. *Diário Oficial da União da República Federativa do Brasil*. 2013 Jun; 150(112 Seção 1):59-62.
11. Sá SOC, Carmo TG, Canale SL. Avaliando o indicador de desempenho suspensão cirúrgica, como fatores de qualidade na assistência ao paciente cirúrgico. *Enfermería Global*. 2011; 23:200-9.
12. Bacal F, Souza-Neto JD, Fiorelli AI, Mejia J, Marcondes-Braga FG, Mangini S, et al. II Diretriz Brasileira de Transplante Cardíaco. *ArqBrasCardiol*. 2009;94(1 supl.1):e16-e73.
13. Andrade AM, Castro EAB, Santos KB, Soares TC. A vida após o transplante de medula óssea: implicações para o cotidiano. *CogitareEnferm*. 2012;17(2):290-6.
14. Assis CC, Lopes JL, Nogueira-Martins LA, Barros ALBL. Acolhimento e sintomas de ansiedade em pacientes no pré-operatório de cirurgia cardíaca. *RevBrasEnferm*. 2014; 67(3):401-7.
15. Corrêa ACP, Ferreira F, Cruz GSP, Pedrosa ICF. Acesso a serviços de saúde: olhar de usuários de uma unidade de saúde da família. *Rev Gaúcha Enferm*. 2011;32(3):451-7.
16. Costa MAR, Cambiriba MS. Acolhimento em enfermagem: a visão do profissional e a expectativa do usuário. *CiêncCuid Saúde*. 2010;9(3):494-502.
17. Nascimento HR, Püschel VAA. Ações de autocuidado em portadores de insuficiência cardíaca. *Acta Paul Enferm*. 2013; 26(6):601-7.
18. Schultz F, Marques IR. Atuação do enfermeiro no transplante cardíaco. *RevEnferm UNISA*. 2009;10(1):16-21
19. Rodriguez-Gázquez MA, Arredondo-Holguin E, Herrera-Cortés R. Efetividade de um programa educativo em enfermagem no autocuidado em pacientes com insuficiência cardíaca: ensaio clínico randomizado. *Rev Latino-AmEnferm*. 2012;20(2):[11 telas].
20. Arruda CS, Cavalcanti ACD. Ensino ao paciente com insuficiência cardíaca: estratégias utilizadas nas intervenções de enfermagem. *CogitareEnferm*. 2012;17(2):355-61.

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