

## HEALTH EDUCATION IN RADIOLOGY SERVICE: ORIENTATIONS FOR BREAST AND THYROID ASPIRATION PUNCTURE<sup>a</sup>

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### ABSTRACT

This is a convergent care research developed in a school hospital's radiology service whose purpose is to learn about the concerns and expectations of clients submitted to breast and thyroid Fine Needle Aspiration Puncture. Data collection was conducted from September 2010 to April 2011, through 10 educational meetings in the waiting room interviewing 88 clients. The results show: clients' perception of the test, cancer as a stigma and healthcare education as a confrontation strategy. In addition, they revealed fear of both the procedure and the diagnosis of cancer. Educational practice in the waiting room is a space to decrease anxiety and allows the exchange of experiences and knowledge between professional and client, it also fosters a support network among clients. It is characterized as important space of action to the nurse within radiology service.

**Descriptors:** Health education. Fine-needle biopsy. Nursing.

### RESUMO

*Trata-se de pesquisa convergente assistencial desenvolvida no Serviço de Radiologia de hospital-escola, cujo objetivo é conhecer as expectativas e dúvidas dos clientes submetidos à Punção Aspirativa por Agulha Fina de mama e tireoide. A coleta de dados ocorreu de setembro de 2010 a abril de 2011, por meio de 10 encontros educativos em sala de espera e entrevistas com 88 clientes. Os resultados apresentam: percepção dos clientes em face do exame, o câncer como estigma e a educação em saúde como estratégia de enfrentamento. Revelaram também presença de sentimento de medo do procedimento e do diagnóstico de câncer. A prática educativa em sala de espera é um espaço que minimiza a ansiedade e permite a troca de experiências e conhecimentos entre profissional e cliente, bem como favorece uma rede de apoio entre os clientes. Caracteriza-se como espaço importante de atuação do enfermeiro no Serviço de Radiologia.*

**Descritores:** Educação em saúde. Biópsia por agulha fina. Enfermagem.

**Título:** Educação em saúde no serviço de radiologia: orientações para punção aspirativa de mama e tireoide.

### RESUMEN

*Una investigación convergente asistencial desarrollada en el Servicio de Radiología del hospital docente, cuyo objetivo es conocer las dudas y expectativas de los clientes sometidos a la Punción Aspirativa por Aguja Fina de mama y tiroides. La recolección de datos se realizó desde setiembre de 2010 hasta abril de 2011, por medio de 10 encuentros educativos con formato de sala de espera y entrevistas con 88 clientes. Los resultados revelaron: la percepción de clientes antes del examen, cáncer como estigma y educación para la salud como una estrategia para confrontación. Además, se revelaron el miedo tanto al procedimiento como al diagnóstico. La práctica educativa en la sala de espera es un espacio privilegiado para disminuir la ansiedad y permite una red de apoyo entre los clientes y un campo importante para la enfermera en el servicio de radiología.*

**Descritores:** Educación en salud. Biopsia con aguja fina. Enfermería.

**Título:** Educación en Salud en el Servicio de Radiología: orientaciones para punción de mama y tiroides.

a Text extracted from the Professional Master's Dissertation in Care Management in Nursing "Protocol of care for clients submitted to breast and thyroid Fine Needle Aspiration Puncture."

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## INTRODUCTION

Falling ill with cancer is accompanied by countless representations of biopsychosocial order due to the evolution and prognosis of the disease. Estimations show a progressive increase in new cases of cancer diagnosed annually worldwide. In Brazil, it is estimated for 2010 and 2011, the occurrence of a significant number of 489,270 new cases<sup>(1)</sup>.

Among the various types of cancer in Brazil, breast cancer is the most common and the leading cause of death among women, with an estimated risk of 49 new cases per 100,000 inhabitants in 2010<sup>(1)</sup>. The thyroid cancer does not have a significant incidence, however, the statistics in Brazil in 2006, shows 1.16% for men and 5.27% for women in new cases, noting the increase in incidence rates, especially in women<sup>(2)</sup>.

The magnitude of the cancer problem has attracted the attention of the World Health Organization (WHO) in the sense of recommending that the disease is seen as a public health problem, focusing on their strategic actions primarily in the areas of promotion, prevention and early diagnosis and among these strategies, ensure accessibility of the client to health services for the diagnostic in suspected cases<sup>(1)</sup> and early detection of precancerous lesions or early-stage disease with a biopsy of the abnormal area<sup>(1,3)</sup>.

The identification of nodule, palpable or not, in the breast and thyroid, has as a world recommendation the performance of the Fine Needle Aspiration Puncture (FNAP) for verification of early diagnostic and subsidy for therapeutic planning treatment<sup>(4-6)</sup>. FNAP is defined as the removal of material obtained by a transdermal needle inserted into a specific region in an organ or tissue for posterior analysis<sup>(7)</sup>. The test is recognized as an effective procedure for cytological diagnosis of breast lesions and thyroid, used due to its good cost/benefit relation and because this test is able to determine treatment, indicating the biopsies of nodules larger than 1 cm or with a suspicious image<sup>(4-6)</sup>.

The Radiology Service of the University Hospital is accredited as a provider of the procedure of breast and thyroid FNAP in the state. It is observed, in practice, that the client is scheduled and referred to the procedure by the physician, but does not receive the orientations for the test itself.

It favors, in fact, that people arrive at the institution, most often with little or no information as to how the test is carried out. Such health practice has proved to be ineffective to meet the health care needs of these clients, perceiving the emotional vulnerability that they come to the sector, which justifies the need for caring and produce health actions aimed at this group.

Given this scenario, and recognizing the difficulties faced by clients, we felt the need to establish a dialogical process of sensitive listening before the test in order to guide and minimize the anxiety of clients. Health education is considered an important strategy when employed to stimulate the process of critical reflection and adoption of healthy living standards for themselves and the community. In this sense, the study aimed to understand the expectations and concerns of clients undergoing FNAP of breast and thyroid.

## METHODOLOGY

This is Convergent Care research with a qualitative approach, developed in the Radiology Service of a teaching hospital, from September 2010 to April 2011. The study had a total of 88 participants. These were previously scheduled by the Regulatory Query System of the State Department of Health or by the hospital, totaling 15 vacancies weekly of thyroid and/or breast cancer FNAP, independently. Data collection was performed in 10 educational meetings in the modality waiting room, involving an average of 8 patients per meeting and semi-structured interviews were held after the FNAP. The meetings took place on Wednesdays, the day on which the initial FNAPs in the institution occurs, at the moment before the test starts. The waiting room is designed to provide opportunities for sharing information, establishing interactions and exchanging knowledge. Therefore, the waiting room has established itself as a tool in Health Services to promote reflective process and co-responsibility<sup>(3)</sup>.

Whereas the groups were differentiated in relation to gender, age, biological and social needs, the meetings have been adapted to the profile of each group, following the logic of knowing the perceptions of clients across the FNAP. The statements were recorded and transcribed, with complementing recent memory, as the non-verbal

communication, subsequently analyzed in thematic categories<sup>(8)</sup>. The inclusion of clients in groups happened on free demand after its presentation at the reception booth where they deliver their identification documents, when they were invited to attend the meetings.

The meetings were organized in three stages: welcoming and presentation, relevant orientations to the FNAP test and evaluation of the moment experienced. The welcoming was organized to seek the inclusion and recognition of the group. The strategy used was individual participant presentation, and then to encourage verbalization of expectations and concerns in relation to the test, they were asked to choose among exposed pictures of landscapes, animals, people and objects, the one that best expressed their feelings before the test. Thus, it favored a greater relaxation and group knowledge. After that, they were encouraged to verbalize their expectations and concerns, guided by questions for reflection: What are your expectations regarding puncture test? What questions do you have before the test performance?

From the generated questions, a moment of interactive discussion happened, seeking clarification and reaffirmation of assertive positions through relevant orientations to the procedure. Clients were identified by the letter "P" followed by the sequential number of interviews (P1, P2, ..., P88). The grouping of data from the meetings enabled the development of three categories of analysis: clients' expectations towards the test; the stigma of cancer; and the Health Education as a strategy for facing the test and disease.

Resolution 196/96 of the National Health Council<sup>(9)</sup> was taken as reference in relation to ethical issues. All participants signed the Consent Form (CF). The study was submitted to the Ethics Committee on Human Research/UFSC approved under protocol n 1017/10.

## RESULTS AND DISCUSSION OF DATA

The profile of the participants of the research shows that 100% of clients undergoing breast and/or thyroid FNAP in the institution were from different regions of the State of Santa Catarina, with diverse histories and life and professional experiences. The majority of participants were from Florianopolis region, with 48%; 17% were from

the South region, 11% were from the West region, 10% were from the North region; 9% were from Vale do Itajaí, and 3% were from the mountainous region. This sampling ratifies the agreement signed between the Ministry of Health (MH) and University Hospital (UH) in 2004, which certifies the UH as reference for tests of medium/high complexity, among them, FNAP, statewide.

Out of 88 participants, 79 were female and 9 male. The age group revealed ages between 17 and 84 years old, predominantly between 50 and 70 years.

Regarding access to schedule, 53% of FNAP occurred through the high cost sector of the MH through SISREG and 47% in the Radiology Service at the UH. In relation to the organ to be punctured, it is noted that thyroid biopsy represents 88% of the requests, while breast biopsy corresponds to 12%.

The growing demand for thyroid biopsies is related to the early identification of cysts and nodules by active search, technological evolution of medical imaging tests and interaction among medical specialties<sup>(10-11)</sup>, performed by physical examination and ultrasound.

Although the study identified the fine needle aspiration puncture of the breast in smaller numbers, data suggests that breast cancer is the most common type among women and the second most frequent worldwide. Demand in performing breast biopsies being performed by stereotactic core biopsy performed with the assistance of ultrasound and mammography, consisting in the most effective technique for breast cancer.

### Clients' expectations towards the test

Client expectations towards performing FNAPs were experienced and expressed differently by each participant, which highlights the subjectivity present in the dialogue between researcher and clients through sensitive and active listening. The manifestation of feelings can be observed by the welcoming group, which occurred in a ludic way, encouraging them to express concerns and expectations regarding the test.

*[...]Today I feel like I'm eating pepper because I've been through so much! So I feel like I'm eating one of those peppers which makes your mouth really burn [pointing to the picture of a woman with a pepper in the mouth.] (P 29).*

Having enough time to reflect on the lived moment allows them to get in touch with themselves and their self-perception. These feelings could be expressed as the statement of P67, who remained silent and moved throughout the meeting, and only after the test, in his/her individual interview, he/she could verbalize his/her feelings:

*[...] who doesn't like to talk, cry! If someone is crying, I take this moment to cry as well. I feel trapped, I feel lonely. Do you know why I chose that picture? [recalling the picture of a woman on the verge of a railroad with a hoe in her hands, an old photo that recalls the wartime]. [...] Only after I had chosen the picture I saw that she was carrying a hoe in her hands, this is my fight. (P 67).*

The usage of pictures encouraged them to rethink and express their feelings in order to minimize anguish and anxiety of their own expectations of the test, which could change their process of living. Many participants took advantage of the meeting realizing themselves as they are, giving space to their feelings, discovering in the pictures, potential to face that moment.

Regarding the expression of feelings, it was possible to identify feelings of fear related to the procedure and feelings of fear related to diagnosis.

Fear is conceptualized as "disturbance resulting from the idea of a real or perceived danger or the presence of something strange or dangerous, fear, fright, terror, apprehension"<sup>(12)</sup>. This feeling of real danger or apprehension manifested itself in various ways, through gestures, tears, laughter, facial and verbal expressions, silent and simple statements, which explained their concerns about the future before a positive result.

*I'm apprehensive about the procedure, the results. I do not know if there is any anesthesia or not. If it is a cut or a prick, it's all a mixed! Tonight I just wandered; I did not sleep (P77).*

We can notice that the meaning of fear is shaped at the moment there is a correlation between the medical test, which will be performed, and a probable diagnosis of cancer.

The lack of orientations or inadequate information about the procedure produced harmful reactions to the client. The information obtained together with the community, passed on by some-

one who has already experienced the test, bring in its wake the perceptions of personal experience, either positive or negative, transferring to him/her the way the medical test was experienced by others..

*They said: this test you are going to do is a biopsy, they will take out a fluid with a needle from you, it hurts because after the procedure you feel bad, and so on and so forth. I think like this, if I have to face it, I'll face it, but I'm scared, my fear is too big (P38).*

Under this aspect, it is important to value the prior knowledge of the individual, recognizing the forms health/disease process is understood for each one of them.

Anxiety related to the fear of the test and how this would be done was observed, or if there would be anesthesia or not, or if it would cut the nodule.

Fear of pain is reported as one of the main factors for stress for most of them. The interpretation of the factors that cause stress is personal, and is related to the way that each individual is mobilized to confront the experienced situation, leaving them the responsibility to assess and define which resources will use to overcome every stressful experienced situation<sup>(13)</sup>.

Pain is defined as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms that suggest such damage"<sup>(14)</sup>. Pain constitutes a private, subjective experience, which also includes individual cultural and emotional factors.

Another important aspect is anxiety manifested about the result/diagnosis that the medical test may reveal:

*[...]My concern is not about today, You can turn me inside out. My concern is with tomorrow, the result that may come (P76).*

Fear of the procedure and diagnosis have many causes, among them, the lack of adequate information about the medical test and therapeutic possibilities, since cancer is seen as a major scourge to society by virtue of suffering, mutilation and commitment for affective and social relations that brings to the person and their family<sup>(15)</sup>. In this respect, the interview confirmed its importance as technical support and create opportunities for the interaction professional x client.

## The stigma of cancer

Regarding the doubts raised by many clients, they usually are related to the stigma that cancer causes. Cancer is considered an incurable and stigmatizing disease, which causes negative feelings, from diagnosis to treatment and prognosis, it brings suffering and fear of imminent death<sup>(16)</sup>. It was observed that the word cancer was rarely mentioned during all meetings. There was an unspoken agreement and hardly anyone used it. When talking about concerns, these were concentrated in the diagnosis that this test would cause and its consequences and limitations, referred to the same with positive or negative terms, disease, benign or malignant, as shown in the statement:

*I've had cases in the family, so the anxiety is even greater. My sister, I saw all her suffering. I'm afraid it is malignant and go through everything she went through (P4).*

Cancer is considered a complex disease being seen for a long time as a disease linked to evil power, destructive behavior of the body<sup>(17)</sup>. Today, with all the technology in the service of bringing good health prospects of cure, the possibility of becoming ill with cancer, brings with it a long way to go, with frequent tests, invasive treatments besides anxiety facing the uncertainty of the effectiveness of treatment and isolation from family for long hospitalizations. Few clients have explicitly referred to cancer. Most who did, had a very close experience with a family member or a friend affected by the disease, which enabled him to speak openly, independently if the experience was positive or negative:

*[...] I had a friend who had cancer and told me everything, including the support meetings. [...] If it is that disease that no one says its name, and says it is a punishment, but it is not a punishment, it is a disease that is called cancer. I'll have to face it (P43).*

It was also observed that faith in God and spirituality regardless of religion, was linked to the hope and belief in the ability to fight off disease and endure suffering.

## Health Education as a strategy for facing the test and disease.

Health Education has been proposed with a perspective to develop in the client the "critical/reflective

thoughts of reality", allowing the instrumentalization required to transform the status quo and make changes to improve healthy living conditions<sup>(18)</sup>.

The meeting, as an educational space for free expression and interaction, made it possible, in addition to learning, self-reflection, the perception of each other and exchange of experiences. The potential of health education to generate transformations depends on how the educational actions are designed and carried out and how individuals take advantage of it.

*[...] while I was waiting I had cramps. [...] Before the lecture I was "freaking out". Then I was calm. We come not knowing 90%. The physician said nothing. I did not sleep tonight, I was very tense (P77).*

Educational activities must be guided from the perspective of instigating the client to reflection on the process of life, equipping them to achieve the necessary behavioral changes to obtain a better quality of life<sup>(18)</sup>

Even though the waiting room is a space to clear doubts and share knowledge and anxieties, some clients have reported that at first, the invitation to participate in the waiting room caused apprehension. They were concerned, associating the severity of their case, as shown in the statement:

*At first it was kind of scary, what's happening? The fact they called me to go to a room is not normal when you are going to take a medical test! I was confused initially (P9).*

The recommendation is that the invitation is made at the reception, when submitting forms, making clear its intention, thereby, attenuates the anxiety generated in the minutes elapsed between the invitation and the beginning of the meeting. They claim that the orientations were timely and helped group integration, promoting the exchange of experiences and solidarity in a time of such fragility.

*[...] last time I went home crying because it hurt so much. Today, I'm not feeling anything. The meeting was great, helped us become more peaceful, at least for me. Because I thought it was going to feel pain like before. I never had a meeting like this before, it helped me losing my fear (P87).*

The National Humanization Policy, has advocated concern for the welcoming of the client,

emphasizing “accountability of worker/staff by the client, from their arrival until their departure”<sup>(3)</sup>. It states that welcoming is to receive people well, with attention and willingness to listen and appreciate the particularities of each case, establishing a humanized action<sup>(3)</sup>.

Educational practice is performed in the waiting room establishing a conduct of welcoming through sensitive and caring listening respecting individual needs.

Another aspect present in the statements of customers shows that the exchange of experiences in the waiting room provided mutual assistance, creating a network of support, mainly to experience the same situation in which concerns are resolved in an interactive and dialogical way, based on sensitive listening:

*We were supporting each other in [...] even though the patient talked to the physicians, it is not the same thing, they don't have the same affection, the same attention. Talking, explaining, saying you are ok, cheering (P4).*

In this perspective, the waiting room is: [...] privileged space to form a support network; establishment and expansion of affective ties; reflection and awareness of the determinations of the disease process, organization and mobilization for effective social control, as well as space for teaching and learning, guidance, intervention and health education, the purpose of community empowerment provided<sup>(19)</sup>.

The demonstrations showed that the actions taken during the course of the client in Radiology Service staged assertive actions for the enforcement of the National Humanization Policy<sup>(3)</sup>, which ensures the client an effective service to solve their health problems<sup>(3, 20)</sup>.

Educational practice allows nurses from Radiology Service to act under the aspect of critical and transformative education, building, together with the client, a moment of reflection and discussion about the circumstances experienced, which has proven to be an appropriate approach strategy to these clients.

## FINAL CONSIDERATIONS

In its many aspects, health education is a strategy that brings closer client and health professional from the perspective of knowledge exchange and implementation of humanized care. The waiting

room as educational strategy fosters sharing of doubts and minimizes anxiety present before the medical test. The relevance of this study is justified since this is a nurse's field in the Radiology Service, it is also underexplored and it is growing due to the large number of cancer cases identified worldwide, signaling the need to expand educational activities that prepare clients for diagnostic scanning.

This research enabled nurses to reflect on the feelings of clients undergoing breast and thyroid FNAP in order to minimize anxiety present in this moment. Thus, it was possible to identify in clients, fear related to the procedure and the fear associated with the possibility of a cancer diagnosis. The free expression of feelings and perceptions allowed the formation of a network of support among clients who, at that moment of weakness, are looking for mutual help with words of comfort and encouragement.

The implementation of this practice by the nurse in the Radiology Service, fortifies and reorients the entire health care with a view to promote education that approximates the health needs of the clients, knowing, recognizing and respecting their values, experiences and knowledge, constituting this space as a place to educate and care, establishing articulation between the different dimensions of the nursing expertise.

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Received: 25.11.2012  
Approved: 21.08.2013