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CONTINUITY OF CARE AND THE SYMBOLIC INTERACTIONISM: A POSSIBLE UNDERSTANDING

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ABSTRACT

Objective: to look for an understanding through the co-substantiation between the concept of continuity of care and the theoretical reference of the symbolic interactionism, in the sense of adding a possibility to strengthen it as an indispensable concept to the care provided to the health system users and to incite a necessary reflection regarding this care.

Method: a theoretical-reflective study, organized in four sections, about the continuity of care analyzed through the symbolic interactionism referential.

Results: the symbolic interactionism intends to understand the human action in a group and believes that individuals act based on the meanings that the things have for them. This is a social construction that develops as people act and interact among themselves and with others. The continuity of care, seen from the relational, informational and management dimensions, is in line with the proposed, since it represents a social product that results from the interactions between those involved in care, which is expressed according to their action and reaction, as a constant for a set of practices of different professionals that intend to guarantee the comprehensive and coherent care to the user.

Conclusion: this study has made it possible to present the continuity of care within the social interactions context, not as something concrete, but as a social object arising from the actions of each of those involved in care, although it is still possible to perceive the need to sensitize professionals and users about their meaning and intentionality in acting.

DESCRIPTORES: Continuity of patient care. Comprehensive healthcare. Health management. Patient Care Team. Patient safety.

CONTINUIDADE DO CUIDADO E O INTERACIONISMO SIMBÓLICO: UM ENTENDIMENTO POSSÍVEL

RESUMO

Objetivo: buscar um entendimento pela consubstanciação entre o conceito de continuidade do cuidado ao referencial teórico do interacionismo simbólico, no sentido de agregar uma possibilidade de fortalecê-lo como conceito indispensável ao cuidado prestado aos usuários do sistema de saúde e provocar uma necessária reflexão sobre este.

Método: estudo teórico-reflexivo, organizado em quatro seções, sobre a continuidade do Cuidado analisado sob a luz do referencial do interacionismo simbólico.

Resultados: o interacionismo simbólico busca compreender a ação humana em grupo e acredita que os indivíduos ajam tendo como base os significados que as coisas têm para eles. Esta é uma construção social que se desenvolve na medida em que as pessoas agem e interagem consigo mesmas e com os outros. A continuidade do cuidado, trabalhada a partir das dimensões relacional, informacional e de gestão, coaduna com o proposto, por representar um produto social resultante das interações entre os envolvidos no cuidado, que se expressa segundo sua ação e reação, como uma constante para um conjunto de práticas de diferentes profissionais que buscam garantir o cuidado integral e coerente ao usuário.

Conclusão: este trabalho possibilitou apresentar a continuidade do cuidado, dentro do contexto das interações sociais, não como algo concreto, mas como um objeto social decorrente do agir de cada um dos envolvidos com o cuidado, embora, ainda assim, se perceba a necessidade de sensibilizar profissionais e usuários a respeito de seu significado e intencionalidade no agir da cada um.

DESCRIPTORIOS: Continuidade da assistência ao paciente. Assistência integral à saúde. Gestão em saúde. Equipe de assistência ao paciente. Segurança do paciente.

INTRODUCTION

Health conditions that require long-term monitoring and follow up are a major challenge for caregivers around the world. This aspect is related to the fact of the occurrence of a greater number of people with multimorbidities,^{1,2} as well as the increase in life expectancy rates. Thus, achieving a greater degree of connectivity among care over time represents the ideal of the healthcare systems¹, as users are increasingly cared for by a variety of professionals spread across a broad healthcare network.³

For this reason, there has been, in recent years, a growing interest in the concept of continuity of care. However, this is a difficult term to define, especially because of the lack of consensus about it, but mainly because the continuity is an aspect of the care felt especially by the user, that is, how they experience the progression of a cohesive, coordinated and connected care.⁴

This care experienced by the user has a multi-dimensional character, which means that it depends on an adequate flow of information, good interpersonal skills and good coordination of care,⁵ besides the individual commitment of the user with their own health. It depends on the action-interaction between those involved in care, and it needs to be considered both from the users perspective and from the health professionals.^{1,6}

It is believed, therefore, that the action-interaction among those involved is key to the continuity of care, representing the context in which it develops and manifests itself. Individuals produce unique care actions and, by interacting among themselves, they share and interpret perspectives, understand expectations mutually, coordinate their actions, and lead the care.

Thus, its understanding can be facilitated by the theoretical reference of the Symbolic Interactionism, which understands that the actions of the individuals are developed through the interaction between people that when interpreting and defining situations, act in the social context where they are inserted.⁷

This referential makes possible the understanding of the human social action, not its cause strictly, but the history of the action, the different decisions and choices that people make when they act in a way or another. Interaction is always important because it leads the way of the individual.⁷

Understanding the continuity of care, from the perspective of how the human action develops, assists its subjective interpretation as the expres-

sion of a social product. Considering what has been mentioned above, the purpose of this study is to seek understanding through the co-substantiation between the concept of the continuity of care and the theoretical reference of the symbolic interactionism; in the sense of adding a possibility to strengthen it as an indispensable concept to the care provided to the users of the health system and to incite a necessary reflection about it.

CO-SUBSTANTIATING THE CONTINUITY OF CARE TO THE SYMBOLIC INTERACTIONISM

The continuity of care, foreseen in the Brazilian scenario through the Organic Health Law, seeks to establish the necessary connection in relation to the different types of care received by the user over time. It should be highlighted that the period in question may vary according to the existing health demands. It requires the interaction and commitment of the health professionals, users and families so that the targets and goals are significantly shared, thus ensuring the consistency, coherence and connection between care actions.

Its subjective character is therefore perceived, since it cannot be seen as a personal attribute or an object, but as a social product resulting from the action-interaction between those involved, which manifests itself mainly in the way the individual feels the integration of the care provided over time.^{1,4-5,8}

In order to facilitate the search for the understanding between the continuity of care and the symbolic interactionism, the idea was to work with the term "continuity" through the dimensions proposed by Reid, McKendry and Haggerty:⁵ relational, management and informational continuity, and in each one of them, it was sought to relate the concepts of the symbolic interactionism. Subsequently, a general view was taken of the overlap of these references in order to show the particular aspects of interactionism that elucidate how the human actions for the continuity of care unfolds internally in the individual. It is worth mentioning that this is a unique and exclusively didactic division, because all the dimensions of continuity, as well as the social interactions that propose the theoretical referential, are inseparable and dependency between them, which can be perceived during the reading.

Therefore, it is necessary to briefly clarify the general aspects of this, presented here in four main

ideas. First, for the symbolic interactionism, the social interaction is key. Interactionists understand the human being as a social being that, by interacting, builds the society of which it is a part, that is, individuals are created through interaction, just as society is.⁷

The human action should not be understood solely and exclusively as a result of the interaction with other individuals, since it also results from the individual interaction that each person makes within themselves. Therefore, the second and third ideas are revealed, in which the symbolic interactionism understands the human being as a thinking being who defines the environment where it acts. The environment does exist, but what matters is our definition about it. These definitions do not occur occasionally, but as a result from the constant social and individual interactions. The environment with which the individual acts and interacts is symbolic. Symbols are produced through interaction and may or may not be altered in the course of the interaction.⁷ The fourth idea refers to the cause of the human action, which is understood as a result of what is happening in the current situation, as it happens in the current social interaction, in the current thought and in the current definition. The past influences actions mainly because we think about it and apply it to define the current situation.⁷

For better understanding the human action, the interactionist theory is based on the following premises: people direct their actions toward "things" because of what they represent for them. The meaning of such things is a consequence of the social interaction that each one maintains with the other, and these meanings are manipulated and modified as the interactive process between people develops.^{7,9-10}

In this way, it is believed that professionals and users act in relation to care, anchored in what this represents for both. The action-interaction with others allows individuals to signify and re-signify their perspectives regarding care and, thus, progressively, these perspectives lead and assist the decision-making regarding the healthcare.

By analyzing the continuity of care from the perspective of the symbolic interactionism, the relational continuity is understood as a concept that approaches the interaction between professionals and users/family. The continuity of the management is more strongly related to the interaction of the different professionals among themselves and the informational continuity, as a significant symbol for both interactions. The result of the natural articulation among all is the social product experi-

enced by the user. It is highlighted that in certain contexts one type of continuity may be more present than another, and all may be necessary in the same situation.

Relational continuity

From the perspective of the user, the continuity of care can be defined as a continuous therapeutic relationship of care between him/her and one or more health professionals.¹¹ From this point of view, it is referred in the literature as relational continuity, being considered a bridge between both past and current care, as well as a link to future care. The relational continuity recognizes the importance of the user's knowledge as a person.^{5,8} This type of continuity allows establishing a relationship of trust, mutual understanding, a constant sense of responsibility towards the patients and the knowledge accumulated about them,^{5,8} which is possible through actions and interactions between the professional and the user.

In practice, the continuity of care begins through the interaction of the user with a health professional, to whom he looks for the first care, and who, in turn, will make other interactions in order to monitor the care provided to the user. However, it is important not to forget the responsibility of the user with their own health in this process.

The user cannot be understood as passive regarding the continuity of the care, having to assume their place of protagonist, with active participation, in order to carry out their health monitoring in a continuous, connected and congruent manner. Thus, the continuity of care should be seen as an attitude contract that depends on a reciprocal relationship between the user and the health professionals, which is supported by the caregivers' trust and responsibility towards the user¹²⁻¹³ and by the user to himself: it is the action-interaction with the other and with himself.

There is no continuity of care if the user and/or their family does not take the responsibility for their own health. It is also necessary for healthcare professionals, when assuming a commitment to care, to share with the user and the family the meaning of proactivity as a necessary practice to care for oneself and for the continuity of care. This is a desirable action of health professionals to solidify and sustain the continuity as a reaction of users to their own care.

This attitude is consistent with what is proposed by the symbolic interactionism, in which peo-

ple relate so that the act of one individual generates a stimulus in the other, which reacts and adapts. The reactions and adaptations of the second individual converge on stimuli mutually in the first individual, causing it to change and initiate a different action.¹⁰

Although the continuous contact of the user with a specific health professional presents many advantages, it is necessary to consider the continuity as a multiprofessional character, since the complexity of the health-disease process demands, at certain moments, different knowledges and types of care. Therefore, the action-interaction is important both among professionals, users and family, as well as among these professionals themselves, which is possible through the continuity of the management.

Continuity of management

From the perspective of the professionals, the continuity of care is the expression of the delivery of a continuous service, which occurs through the integration, coordination, sharing of information and adequate communication between the different caregivers.^{11,14} In this case, it is identified as the continuity of management, which ensures that the care received by different professionals are connected in a coherent way. This type of continuity is usually focused on a management plan for a specific health problem.⁸

The continuity of management involves, in addition to the interaction among different professionals in an interdisciplinary team, the interaction among different services and even institutions. It ensures that the healthcare is complete, making it necessary for the different professionals and services to work in an integrated and articulated way, which is possible through protocols and care management plans that are consistent with the user's needs.^{5,8}

In this sense, the continuity of care is essential for a qualified care. Without it, the care is unlikely to be clinically effective, safe, personalized, efficient, economical and comprehensive. Failures in this regard, or the discontinuity of care, can put one's health at risk, cause duplicity of conduct, and add avoidable costs to the healthcare and social care system.^{6,8,13}

In this respect, it is possible to think the continuity of care as a significant symbol to meet the health expectations of an individual and of the health system as a whole. In interactionism, the symbol is considered a central concept, without which the social interaction becomes impracticable. A symbol is any social object used to represent some-

thing. It can be either a physical object or a personal attitude or words, but it can only be considered symbolic or significant if there is a representation or intentionality, that is, when a gesture that contains an idea behind it causes that same idea in the other, causing this second individual to identify with it.^{7,9-10,15}

For a care action to be continued in a way that is complementary and coherent to prior or future care, the symbols used during actions-interactions need to have shared meanings for both individuals, that is, the action and intention of the care of the first individual need to express the same meaning for the second individual. And, therefore, the connection between both actions is effective for the continuity of care to the user.

The meanings assigned to certain symbols can be expressed in different ways in different contexts. For the continuity of care, words gain a prominent place. It is through them that having information regarding the user's health history is possible. Thus, information is also considered as a key element.

Through the information, different professionals can articulate among each other to elaborate a management plan for a coherent care to the user, and this user can continue to take care of himself if he has this shared information. These aspects are feasible through informational continuity.

Informational continuity

The informational continuity guarantees the knowledge of previous events and circumstances of the user, whether they are about the behaviors, recommendations, situations of daily living, laboratory results or even about informal care.⁵ The need to use the information through good records for the transfer of the content of this information, since this is the common language that connects the previous care to the present and future. In this aspect, the lack of an interconnected information system at all levels of healthcare is considered a limiting factor to the continuity of care.

For adherence to the treatment and the continuity by the user and their family, in addition to their co-responsibility, the shared information and guidelines also require a registration and consultation system that is accessible for the success and follow-up of the proposed therapy.¹⁶

It is necessary to clarify that the simple transfer of information does not guarantee Continuity of Care. In order to do so, this information needs to be interpreted⁸ and have their meanings shared, to de-

fine the situation and to guide the decision-making. Therefore, the symbolic use of words to facilitate the communication/language, that is, in the continuity of care, as proposed by interactionism, words are symbols that have meanings attributed by individuals, which enable the communication, understanding and the transfer of information.

The user and the professional themselves are considered sources of information because they use their own memory as an itinerant file. This aspect may seem unscientific, but it is through it that personal impressions are transferred, since this information is little valued in formal registers and known only when those involved interact and communicate. The recognition of values, preferences, social context and user support also impacts the adequacy and adherence of the care plan.⁵

Thus, the action-interaction with the other gains a prominent place, since, at this point, the access to this information is only possible through it. Both in the sense of continuity of management in which this information needs to be shared to guide the care plan, as well as in the relational continuity through which they are identified and subsequently reiterated, for the conduction and adherence to care.

It is necessary to consider that each individual carries with them their own convictions and perspectives regarding their actions of care and, during the course of an action-interaction, these actions can be changed or maintained. It happens because the human action results not only from the interaction with others, but it depends on an individual's internal reflective process. Thus, communication provides a means for individuals to debate meanings, it fosters the mutual understanding and, as a consequence, guides their behaviors.

According to the symbolic interactionism, human beings give meaning to symbols and express things through the language/communication.¹⁵ It is understood that meaning is a condition that arises as a result of the action-interaction between people, not being an intrinsic feature of the object.^{10,15} Thus, the recognition of what is or is not significant for the user and the professional is possible when they interact, share information, perspectives and expectations about care.

An overview of the overlap of concepts

Before starting, it is important to clarify that not every interaction is symbolic. The non-symbolic interaction occurs when the human being responds directly to the gestures or actions of the other - an

involuntary response. The interaction is only symbolic when the individual interprets the gestures of the other and acts based on the meaning of this interpretation.⁹

Thus, when there is interaction without the sharing of meanings, the actions of health professionals and users in relation to care can lead to opposing sides, creating gaps or the discontinuity of care. This aspect may have consequences for the user due to the possibility of loss of coherence in the care plan.

It is perceived that, according to this theoretical approach, the human action is not a mere response to the stimuli of the environment, or a response without reflection. On the contrary, the individual observes the things around them, assigning meanings to the actions of the others in order to delineate their conduct in the light of this interpretation.⁹ This happens because the social action of an individual is not a unique product of the interaction with the other, but also of the interaction that each one has with themselves, of self-reflection.

The reflective and interpretive process that each individual has with themselves is possible through the action of the mind when the person uses the "self". The mind is the product of the communication that occurs through a conversation of gestures of a social process or context of experience, that is, the mind is a relation of the organism to the situation that happens by means of a series of symbols.^{7,9-10,15}

The "self" represents the inner social process of each person. This means that the individual is an object of their own action. They can perceive themselves, have conceptions regarding themselves, communicate with themselves and act towards themselves.^{7,9-10,15} Thus, when making a decision related to care, the action of a professional may have a different meaning from the action of another professional, especially when it refers to different professional categories. Both actions, when negotiated and understood internally by these professionals when interacting, complete and converge themselves into comprehensive care to the user, since one continues the action of the other.

The same occurs with respect to the interaction with the user that, when interacting with themselves, the action continues for their care, this happens due to the fact that the person shares the meaning of that information and practice as being something important to achieve the expected results for their health. This obviously depends on the context in which the person may or may not take an active role in this process, such as the continuity of

care or the discharge planning, when that user will need to continue with the home care without the direct involvement of other professionals.

It is through the action of the mind, in a context of actions-interactions, that each professional and user define for himself or herself how their individual action of care must be conducted. It is, therefore, a constant process of making indications for oneself regarding objects in their environment and especially their use helps the individual to achieve their goals.⁷ The care performed among professionals and users, to be characterized as continuous, depends proportionally on the internal negotiation that each one makes within themselves. It is a self-reflection that considers both the perspective of the other, and their own perspective.⁷

This self-interaction helps professionals to have socially and scientifically expected behaviors, as if it were a mechanism of moral control of the individual, helping the users to continue the care for themselves, based on the meanings of the professionals' behavior.

For example, in a situation in which a user suspected of having a communicable infectious condition enters an inpatient unit which initially only has openings in shared rooms, the health professional responsible at that moment, with information about the patient's condition, when interacting with those involved and with themselves, acts in order to relocate the other patients and to provide the necessary isolation until the diagnostic hypothesis is confirmed.

This attitude promotes the continuity of care for both him and for other users, because all the dimensions of continuity, as well as the social interactions that propose the theoretical referential, are inextricable and maintain a relation of dependency between them, which can be perceived during the reading. In addition, on the other hand, it does not leave the new patient without care and follow-up.

In the same way, the professional or the user uses the "self" in an experience context to signify or re-signify an action and, with this, to lead one way or the other to act. The ability to anticipate an event, with the intention of promoting coherent care, understanding the actions of the other and sharing their conduct according to their own mind, is achieved when the person puts himself or herself in the place of the other.

According to the symbolic interactionism, placing oneself in the other's place is essential to the symbolic communication and self-development, being considered one of the most important mental activities. This characteristic allows the individual to

teach, learn, cooperate, act morally, have sympathy, influence, help, protect themselves, control their own actions and perceive the consequences of their actions. It is one of the most important parts of what is classified as social intelligence.⁷

It represents a basic mechanism through which interactions take place. It is the ability not only to put oneself in the other's shoes, or to imagine the world through the perspective of the other; but also to anticipate how the other will think, feel, or react. It allows understanding how and why individuals act in one way or another.^{7,17} Thus, it is possible to conceive of continuity of care as a human action resulting from the actions-interactions and self-interaction of those involved.

In this perspective, it is emphasized that human beings are involved in a continuous flow of action that can be both open and hidden, influenced by the decisions made, resulting from the social interaction and the "self". Each action has a history, which is directional. The decisions and definitions that individuals make is that they change or not the direction of their lives.⁷

Likewise, the continuity of care represents a uniform and progressive flow of care over time and space. This involves the human action-interaction in a given physical space or situation, both in the present moment, and in a period of time to another, from one environment to another and/or from one discipline to another.^{5,18} The action is directed according to the goals and objectives that individuals determine as important to them.

Thus, the individual human action, in the process of symbolic interaction, leads to a joint action, which refers to a cooperative behavior, developed by each individual's perception of the other's intention, thus constructing a response based on that intention.^{9,15} It consists in the interconnection of the respective individual actions, however, the joint action is distinct, and it cannot be considered a mere somatization of actions isolated from individuals, since each person occupies a different position and acts according to this position, engaging in a separate and distinct act.^{9,15}

In the same way, it is possible to observe the continuity of care as the result of a joint action, which is characterized not as the sum of multiple partial care, but as a joint, reflexive, negotiated, shared, meaningful, and coherent of the diverse singular actions of care practiced by those involved in the context of the interactions in which it occurs and manifests in the way the user realizes this joint action of care.

CONCLUSION

Reflecting on the continuity of care is imperative, especially due to the reality of the social, economic, demographic and epidemiological changes of the world today. Thus, it is necessary to think about the capacity of a health system to meet the demands of caring for users.

In the face of the Brazilian health system, although the continuity of care is provided for in the Organic Health Law, it is not yet a reality that is completely available to users. The conformation of the care networks has the objective of fighting the fragmentations and fragilities and, in spite of the advances, it is still necessary to go further so that the continuity of care becomes a systematized action in praxis.

This article seeks to understand it in the context of social interactions, not as something concrete, palpable, but as a social product derived from the actions of each one involved in care. It should be observed that this process involves some aspects that need to be taken into account in order for continuity to be presented as a coherent care to the user. That is, it is the result of a set of practices that depend on effective communication, good relationship between professionals and users, interdisciplinary work, articulation between providers, sharing of information and meanings, adequate coordination and integration of care among all levels of health-care, as well as it depends on the user's conception in this process, not only as passive to the continuity, but also as active and responsible for their health.

However, the continuity of care is still a concept that is not so widespread in the care practice and as a result of its subjectivity, understanding it as a social action helps the reflection on the theme and strengthens it as an essential concept of care for the user. It is important to emphasize the need to sensitize professionals and users regarding the meaning and intentionality of each one's action. For that reason, this is a topic that raises more discussions and research, especially in the Brazilian context, which is discreet and incipient if compared to the more developed countries.

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