



NURSING CARE PRACTICES IN THE CONTEXT OF MALE POLICY
PRÁTICAS DE CUIDADO DE ENFERMAGEM NO CONTEXTO DA POLÍTICA DO HOMEM
PRÁCTICAS DE CUIDADO DE ENFERMERÍA EN EL CONTEXTO DE LA POLÍTICA DEL HOMBRE

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ABSTRACT

Objective: to analyze the approach of Nursing care in the context of the National Policy of Attention to Human Health. **Method:** qualitative, descriptive, ethnomethodological study, developed with 33 participants through participant observation and semi - structured interview. The organization and categorization of data followed the guidance of the Content Analysis technique. **Results:** from the analysis, two categories emerged: daily care records, daily practices and the care movement. **Conclusion:** the daily practices of Nursing are aimed at people who are ill, in clinical and surgical situations, from the moment of the shift, clinical evaluation, hygiene, dressings, bladder catheterization, medication administration, records, orientation, admission and discharge. Thus, the actions of the policy are contemplated, partially, in the routine of the Nursing professionals in the hospital institution. **Descriptors:** Nursing care; Men's health; Comprehensive health care

RESUMO

Objetivo: analisar a aproximação do cuidado de Enfermagem no contexto da Política Nacional de Atenção à Saúde do Homem. **Método:** estudo qualitativo, descritivo, na vertente etnometodológica, desenvolvido com 33 participantes por meio da observação participante e entrevista semiestruturada. A organização e a categorização dos dados seguiram orientação da técnica de Análise de Conteúdo. **Resultados:** da análise, emergiram duas categorias - registro do cotidiano de cuidado, práticas cotidianas e o movimento do cuidado. **Conclusão:** as práticas cotidianas de Enfermagem estão voltadas para as pessoas adoecidas, em situação clínica e cirúrgica, envolvendo a passagem de plantão, avaliação clínica, higiene, curativos, cateterismo vesical, administração de medicamentos, registros, orientação, admissão e alta. Assim, as ações da política estão contempladas, parcialmente, no cotidiano dos profissionais de Enfermagem na instituição hospitalar. **Descritores:** Cuidados de Enfermagem; Saúde do Homem; Assistência Integral à Saúde.

RESUMEN

Objetivo: analizar la aproximación del cuidado de enfermería en el contexto de la Política Nacional de Atención a la Salud del Hombre. **Método:** estudio cualitativo, descriptivo, en la vertiente etnometodológica, desarrollado con 33 participantes por medio de la observación participante y entrevista semiestruturada. La organización y la categorización de los datos siguieron la orientación de la técnica de Análisis de Contenido. **Resultados:** del análisis, emergieron dos categorías - registro del cotidiano de cuidado, prácticas cotidianas y el movimiento del cuidado. **Conclusión:** las prácticas cotidianas de Enfermería están dirigidas a las personas enfermas, en situación clínica y quirúrgica, involucrando desde el paso de turno, evaluación clínica, higiene, curativos, cateterismo vesical, administración de medicamentos, registros, orientación, admisión y alta. Así, las acciones de la política están contempladas, parcialmente, en el cotidiano de los profesionales de Enfermería en la institución hospitalaria. **Descriptor:** Cuidados de Enfermería; Salud del Hombre; Atención Integral de salud.

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INTRODUCTION

Men's health continues to be highlighted, in the national and international scenarios, with many aspects to be discussed considering the high morbidity and mortality rates, the high incidence of exclusive chronic diseases in men, the low adherence in the search and use by health services, besides the prejudices, myths and taboos involving masculine specificities.¹

This panorama includes hypertensive cardiovascular diseases, leading the ranking in all regions of the country, followed by diabetes mellitus, circulatory diseases, chronic renal failure, those of pulmonary origin, Human Immunodeficiency Virus (HIV) and psychiatric, which are part of the chronic diseases.² In the case of cancer morbimortality indicators in the male population, the ranking is led by prostate cancer, followed by the lung cancer, and colon and rectum cancer in the third position.²

From 2015, male mortality is mainly concentrated in the group of young people, before the age of 25, by the incidence of deaths from external causes, violent or unnatural.³ In addition to these causes, men also die earlier, possibly because of the more frequent risk behaviors: they seek health services less, because of time constraints, and mainly because of the false self-perception of their physical and mental infallibility.⁴ Add to this the resistance, carelessness and a certain prejudice to address the self-care and health promotion/protection and disease prevention.⁵

The survey of the Nursing literature of the last five years highlights studies focused on this theme, related to the promotion, protection and recovery of health in the context of basic care.⁴⁻⁶ Others have analyzed the issues of subjectivity regarding gender, masculinity, to the prejudice of men in terms of health, social stigmas, and gender invisibility in relation to health demands.⁵⁻⁶ In addition, articles were found whose analyzes fell on the knowledge of primary care nurses regarding the National Policy of Integral Attention to the Health of the Man and the masculine look about the attendance in the health strategy of the family.⁷⁻¹⁰

In the international studies analyzed, a more comprehensive view of the male

health status observed in the 27 member States of the European Union was observed. They highlight data on male morbidity and mortality resulting from different health conditions affecting men in Europe. The results pointed to emerging patterns that show marked differences between the health of men and women. Men - much more than women are exposed to greater risks, such as alcohol consumption, drugs, smoking, higher rates of obesity, more sedentary lifestyle, among others.¹¹

This difference between the health of men and women indicates that the disadvantage to men's health is not entirely related to their biological structure. There is also a high level of preventable premature morbidity and mortality among men.¹¹ Thus, in the literature consulted, most of the studies focus on primary care, with qualitative and quantitative approaches and systematic review. However, we understand that this policy deserves to be discussed in different scenarios of the public health system in order to make it better known. In this way, it can be adjusted to the needs of each scenario, listening to health professionals with their daily practices and understanding their difficulties.

It is emphasized that the literature confirms the participation of Nursing in the production of scientific knowledge on the subject. However, there is a gap in the health practices directed to the man, in the Nursing routine, in the hospital level. In this sense, it was sought, in the daily life of the hospital space, how nurses integrate the care environment, how they relate to each other and with hospitalized patients, making their actions more visible. For that, it was taken into account that, on the premise, the whole social group is able to understand itself and can comment on itself, as well as being able to self-analyze.¹²

Therefore, from the point of view of ethnomethodology, the need to understand this everyday life is emphasized, since it reveals, in addition to other interfaces, life experiences, routines and unusual situations, and it is also the meeting place of people who, in telling and retelling their experiences, they rescue, in the simplest of gestures, what is of greater value, greater meaning.¹³⁻⁶ In this way, it will be possible to highlight the plurality of Nursing care,

that is, to reveal what is hidden in their speeches.

In this perspective, this study is justified because it proposes to describe the daily practices of care in hospital urological unit and to observe the extent to which these are aligned to the NPIMHC. In addition, the study contributes to the expansion of the theme in the hospital universe, contributing to the understanding of the necessary adaptations in the care practices developed by the Nursing team. With this understanding, the possibility of changes in professional conduct and posture is created when dealing with human health issues.

Thus, the initial consideration refers us to the following guiding questions: What are the daily practices developed in the Nursing care of human health in a unit of urology? These practices of Nursing care are close to those recommended in the health policy of man?

OBJECTIVES

- To analyze the approach of Nursing care in the context of the National Policy of Attention to Human Health.
- To describe the practices developed in Nursing care to human health.

METHOD

Qualitative, descriptive study, on the ethnomethodological side. Ethnomethodology is a social current originating in the context of American sociology, based on the studies of Garfinkel, which analyzes the social phenomena available in human activities of the daily life of individuals, incorporated in discourses and actions as "methods to make these activities visible, rational and reportable for all practical, reportable purposes as organizations of ordinary daily activities."¹³
¹³¹ It seeks to understand and observe how the individuals analyzed appropriate and use the methods to make sense and at the same time to perform their daily actions in communicating, making decisions and reasoning. This type of research is concerned with the daily actions, from the simplest and trivial to the most complex.¹⁵

When complementing the above, ethnomethodology will seek indications, in the National Policy of Man, that there is a strengthening of the actions and services made available to the population, showing the hospital context.

The research was carried out with 33 Nursing professionals, seven nurses and 26 Nursing technicians from a urology unit of the University Hospital of Rio de Janeiro and data were collected between May and July 2016.

The inclusion criteria of the participants were: nurses and Nursing technicians, with permanent link in the institution, working in the urology unit, regardless of age, sex, ethnicity and religious belief; in effective exercise in the period of data collection, regardless of the work shift and have at least one year of work in the institution.

The exclusion criteria of the participants were: professionals who were on leave due to leave for health or pregnancy treatment, premium leave and vacations.

Data production was based on two techniques: participant observation and semi-structured interview, considering that the main concern of the researcher who uses ethnomethodology, when going to the field, is to develop the method of observation and the understanding of how the members of the group act from their point of view.¹⁶

The participant observation was developed in 14 days, alternating between morning, afternoon and evening, for a total of 40 hours of insertion in the urology unit, with all six teams working in that area observed.

The participant observation technique followed the following steps: approach of the researcher to the social group under study and insertion in the field; familiarization with the group; daily records of daily practices of urology care; systematization and organization of collected data; analysis and interpretation of data.

The collected data were recorded in the field diary containing records of behaviors, speech, tone of voice, facial expressions, verbal and corporal. Records were also made of the way of interaction between professionals and users of the service and other individuals present in the institution, as well as the dynamics of care. The central ideas in the records followed the direction of Content Analysis.¹⁷

The interviews were audio-taped in electronic media, in a reserved place in the unit, soon after the moment of observation in the field and accepted the invitation made to the professionals to participate in

the study. Each interview had an average duration of 15 to 20 minutes, totaling six hours and 14 minutes. They were then transcribed in full. Participants answered the following questions: What is your personal routine before you get to work? How do you describe your daily work routine?

For the organization, the identification of the units of records and the categorization of the data, the Content Analysis was used.¹⁷ With respect to the secrecy and anonymity of the deponents, the excerpts of the interviews were identified by the letter P associated with the sequential number of participation, P1, P2, P3, and so on. Initially, we present the data of the field diary followed by the fragments of the interviews.

The study respected the formal requirements contained in the national and international norms regulating research involving human beings. The development of the research was authorized by the Ethics and Research Committee, Plataforma Brasil, under no. 1,582,510 and all participants signed the Informed Consent Term (ICT).

RESULTS

From the process of categorizing and analyzing the data, two analytical categories emerged: Records of daily care in urology; Daily practices and the care movement. These categories indicate that there is a relationship between Nursing care and the Guidelines for Attention to Human Health, both of which are concerned with helping the human being to grow, meet and be a person, help him take care of himself and make them independent and autonomous. One of the ways to achieve these goals is to promote health actions that contribute significantly to the understanding of the unique male reality in its diverse socio-cultural and political-economic contexts, and particularly in its humanization strategies.

It should be emphasized that the Nursing team of this unit is responsible for health care in the pre- and postoperative period of elective surgeries, sometimes in an emergency situation. In addition, it follows the whole routine, from hospitalization to discharge and stabilization of the clinical and surgical profile of inpatients, in order to provide better conditions for recovery, rehabilitation and health promotion.

◆ Category 1 - Daily records of care

From the data of the field diary, two scenes were selected, considered the most expressive and that refer to the construction of daily life and actions of common sense, as demonstrated by ethnomethodology, as a possibility to apprehend, properly, what is done to organize our social existence, evidencing the real, described by the people. The data of observation magnify vision, like a magnifying glass, and so the everyday story unfolds. The following information will emerge at the dawn of a work day. They are described as first and second scenes.

1st Scene: Arriving at the unit at 06:40 am, I positioned myself at the infirmary entrance, where it was possible to observe the arrival of the professionals to pass the shift. On that day, the team was composed of two nurses and five Nursing technicians. Every time a professional arrived and the shift was passed to the first professional who arrived. Some entered the unit with street clothes. The countenance of some expressed tranquility; of others, tiredness. Some radiated positive feelings of well-being, others not so much. As they entered the unit, they greeted the colleagues who were there, changed their clothes, put on their lab coats, and went to the Nursing station to participate in the routine. In this unit, the shift is passed on the edge of the bed, from patient to patient (Diário de Campo, 2016).

Second Scene: On the same day, at another time, positioning myself next to the Nursing station, around 07:35, I noticed that, after receiving the shift, those professionals who worked on the night shift changed their uniforms, said goodbye to their colleagues and left the infirmary. I visualized the preparation of the medicines. A nurse was evaluating hospitalized and monitored patients. The second nurse passed between the patients and talked with them, walking, calmly; I noticed that she asked the technician for pain medication. He took her to administer the medicine (Diário de Campo, 2016).

When complementing the above information, associated with the testimonies of the participants who are arriving at the unit, other particularities of the social world are revealed, demarcated by ethnomethodology, which seeks the smallest detail to find meaning to the actions needed from day to day:

I leave the house at 05:30 to be here at work at 7:00 am and I take a bus, full train, I give 12 hours of work on the other job and here, 12 a.m., 12 a.m., totaling 24 hours literally focused on Nursing the patient

since moment he arrives until when he goes to surgery or discharge home. This is the basic work routine, doing 24h, 12h, 36h. (P28)

I live in Niterói, I leave home about 11 hours or so, I leave all my material, clothes, separated the day before, I go to the other hospital, work until 6pm and I come running here, and here I get the call. (P25)

The participants show the routine of their personal life before arriving at work: I first come from my house, even though it is a little way away, I come with satisfaction because I love my profession, it was she who gave me the good fruits that I have until today. (P19)

I work at another hospital, at the National Cancer Institute as a nurse, so every time I come to this institution I'm coming from there, I come here and I take my shift. (P29)

◆ Category 2: Day-to-day practices and the care movement

The care movement intertwines with the incessant social movement, as can be observed in the testimonies of urology Nursing professionals. Social movement is the world of routines, in which most of the acts, actions and daily life happen:

Some activities are always the same, like getting on call and leaving the shift in the best possible way to pass on to your colleague. (P8)

Our routine of work consists, first of all, in the receipt of the shift, where information about the patients is given in a general way, clinical status, other information that is more relevant with respect to the therapy itself and the Nursing in that period. (P31)

In these small fragments, the hospital is perceived as a care producing space, according to the Manpower Policy, which provides for accountability in the care of people, not only in primary care, but in contexts in which they are sick. They are human beings whose rights necessarily pass through the reception of a responsive and resolute service. Thus, care management demands activities routines, material resources, and, of course, scientific knowledge to perform the functions of all involved.

There are other activities that can be highlighted, in the daily practices of care, in the following statements:

Always prioritizing care, then I register (P8). After everything is done, I make the record in the chart, trying to apply a little SAE within that attention. I raise the main diagnoses and propose the interventions and follow the evolution throughout the shift. I'm going to look at the answers and what

can be evaluated within the shift we evaluate, which we do not, we move to the next shift. (P3)

In the daily routine, Nursing care practices such as dressing change, surgical cleaning, medication administration, bladder catheterization, or even recording of activities performed, either, in the form of a medical record or in prescription, are highlighted; the bedside visits; the accomplishment of admission and discharge; the evaluation of the patients, highlighting the general state; evaluation of the degree of complexity, pain scale, intervention and examination of hemodynamic changes; the performance of care management, which characterizes team checking, assessment of the scale, evaluation of inputs, filling of the census and general bureaucracies of the ward, being also, observed, the preservation of respect for the hierarchy in front of the team. At other times, daily care practices:

I arrive here, I take the shift, I receive the patients, I evaluate all of them, who is in the preoperative, postoperative, to redistribute my activities, to see what are the priorities, who are the patients that demand my initial activities and start planning my care. (P29)

During the shift, I follow the interurrences, I intervene when necessary. (P31)

Generally, I start with the prescriptions with the identification of the patients who will do surgery on the day, the patients with possible highs and those with demand for more urgent procedures. The nurse, in the morning shift, performs dressings, procedures, probes, accesses, transfers and the afternoon shift is more dedicated to receiving the patient from the surgical center, to the evolutions and the demands of discharge and admission. (P33)

It is noteworthy that Nursing professionals practice what is described in Nursing resolutions, systematizing the daily routine. However, the method and institutionalization of these actions is lacking materializing in the activities developed in the care. In continuity, other reports continue the daily practices of urology:

After we receive duty, Czech team, scale; then I know that my team is complete. (P8)

We divided the activities of the service, Some stay on medication, others with evolution, others get more in the care part, but all interconnected, that's how we get the job done. (P9)

I am the urology nurse, I have my technicians, and we work together as a

team, we develop the activities that you have in the industry, from patient care, to the administrative part, everything you need to be working. (P18)

DISCUSSION

The first category gives a brief description of the beginning of a work day. It is possible to capture some clues, signaled by ethnomethodology, demonstrated from the passage of duty, common and common activity of the profession. Important moment because it demonstrates the aspects of the reality of daily life.

In addition, we observe the dynamics of institutional daily life as a fundamental panorama to understand how social actors start and develop their activities, how they organize and solve themselves in time, work, and how they carry out their negotiations to put in practice their actions. Each uses their own tactics and worldviews. In this context, ethnomethodology presents itself as a reflexive social practice, which seeks to explain the methods of all social practices, including its own methods (Practice, Indiciality, Reflexivity, Describability, and Notion of membership) which individuals use to give sense and, at the same time, perform their daily actions.¹⁴

By associating the scenes of observation with the testimonies, situations arise that appear to be commonplace, but are relevant to understand how the daily construction of which with its peculiarities of strength, capacity for interaction, attention, care, organization, occurs. These interrelations express the perspective of integral attention, as referred to in NPIMHC, that is, understood in the forms of social organization, how the human being relates to others, revealing the conception of social production of health and the dialectic relationship between those care and who receives the care and recognizing the professionals as care subjects.

This reasoning also refers to indiciality, which means that "although a word has a transsituational meaning, it also has a different meaning in every particular situation that is used", 14: 114 meaning that it makes sense because it refers to the relation which the observer maintains with the members, in a social way, to produce and recognize everyday life and make it visible. In the ethnomethodological perspective, it can be affirmed that the

Nursing actions, in this hospital environment, are intertwined with ethnomethods at all times. The professional interprets behaviors, transmits sensations through looks, tone of voice and even in silence, in the evaluations of the patients' expressions, in the yearnings, fears and concerns.

By widening the focus of the look towards politics, it is observed that the NPIMHC provides health care at different levels: primary care, outpatient and, above all, hospitalized man. In this case, the hospital structure is organized in compliance with the policy, operating health promotion, prevention and rehabilitation of hospitalized persons, but it is loaded with symbologies, institutional culture and signs, as described in the Policy, which may compromise the operation of actions.

The description of everyday practices in urology, emphasized in the testimonies of the participants, go to the NPIMHC, demonstrating the situation of the hospital context and the need to recognize that it is the gateway of men in a state of illness.

The quotidian pointed out by these professionals starts from the entrance to the unit, to assume their responsibilities, prioritizing the activities to be performed. In ethnomethodological language, practice is demonstrated, a method that people use for the everyday activities of everyday life¹². For Nursing, it means the daily practice of care, that is, the reality in the hospital context. It is observed that the hospital context is close to the NPIMHC in relation to care and health actions that contribute significantly to the understanding of the singular masculine reality in its diverse socio-cultural and political-economic contexts.⁸

However, not all actions of the policy are contemplated and operationalized in the daily routine of Nursing professionals. There is a need to strengthen and qualify primary care in order to ensure health promotion and prevention of preventable diseases, especially chronic diseases, which in general require a great commitment of the patient, modifying living habits, adherence and regular follow-up. These strengthened actions would reduce hospitalizations and avoid the physical and emotional suffering of the patient and his family in the struggle for their health and quality of life.⁸

The second category explores practices and the care movement, in which Nursing is observed in its initial work organization. This begins not only in the shift, but, also, in receiving and supporting people, both professionals, and service users. This is human, it is care, humanization, generator of bond, reception of needs and this is the way that reunion occurs between human beings - and not between objects. In this case, one of the guiding principles of the guidelines is highlighted, which is the practice of health through humanization and the quality of care, principles that must permeate all actions.⁸ Such actions can be expanded by promoting their articulation with the health service. permanent education and update of the NPIMHC with other professionals in the outpatient service.

The data also highlight the Systematization of Nursing Care (SNC), which is the process that organizes the professional work regarding the method, person and instruments, making possible the operationalization. In addition, it is a scientific methodology, that enables, nurses to perform, organize and plan their actions in a systematized manner.¹⁸ The professional who acts in the health of the man aims to develop his competencies directed to the action. In this way, it broadens the strategic vision, mobilizes internal and external resources, assumes responsibilities and, mainly, communicates, in order to prioritize the patient's needs. It should be clarified that the SAE is not yet fully institutionalized, but is developed and adapted to the reality of the unit in a random way. It is emphasized that the implantation of SNC has been motivated by the institution to be fully systematized in the service.

The adequacies for its institutionalization should contain: the summary of data collected about the person, family or human collectivity throughout the health and disease process; the Nursing diagnoses about the person's responses, as well as the actions or interventions performed in face of the Nursing diagnoses and the results achieved.

The scientific method to be used is called the Nursing Process and it is recommended that the activities developed contribute to the management of the systematization of the actions of these professionals¹⁸. This

process, when well constructed and appropriate to the situations, contributes to the visibility of care, to the profession as science and to the evidence of each area where it is being applied. In addition, it facilitates the development of clinical reasoning, the decision for Nursing diagnosis, results and interventions, showing the relevance of Nursing in society.

Therefore, these clues, revealed through the lines, refer to the mental images in which the gestures and the body movements are visualized forming a set of languages, per se. This set is indicative, as ethnomethodology is based, because it comes from a context in which this recorded observation appears and evidences the roles played by social actors in the construction of daily life of care practices, paying special attention to the details of this construction that has been revealed.

In this way, the instrumentalization of the whole process helps to put into practice the guidelines of the NPIMHC, developing a qualified work with activities directed to the individual and oriented to the achievement of the desired results. In this process, the researchers became imbued with the use of reflexivity, because it was possible to capture the rational properties recognizable in individuals based on common sense and their scientific knowledge of things. In the same way, throughout their data production process, their contexts of interaction, notion of membership and interaction were observed.¹³

CONCLUSION

The results show the daily practices developed in the Nursing care of human health, which are part of the hospital context of a unit of urology. The practices are aimed at people who are ill, in clinical and surgical situations, from the moment they go on duty, assess the patient's clinical condition and all the fundamental care necessary for the care of the hospitalized man, such as body hygiene, dressing changes, surgical cleaning, bladder catheterization, medication administration, pain scale evaluation, intervention and follow-up of exams, registry of the clinical conditions of the patient, admission and discharge and management of care.

The actions of the policy are contemplated, partially, in the daily routine

of the Nursing professionals in the hospital institution and approach the context of the man policy, demonstrated by the professional involvement, the integrality of the care, the reception, the humanization of the care for the man and the quality of the assistance, as well as the difficulty of fully implementing the policy in practice. These professionals build social everyday life when they begin their routine in their homes, revealing a dynamic daily life, filled with social and institutional responsibility. In addition, they articulate among their peers to carry out, their multiple activities, successfully.

Likewise, daily care practices were interpreted with the help of ethnomethodology, allowing the apprehension of the social facts of a hospital unit through the clues and relating the indications to the guidelines of the Policy.

Changes in the health services are suggested in order to motivate the professionals' qualification for the issues presented in this study as a way to guarantee the progress, greater resolution of the problems and difficulties, besides qualifying the practices of attention to the health of the man in the hospital context .

The results of this study could contribute to the research, teaching Nursing, deepening the actions and motivating the implementation of Policy Guidelines in the classroom, as well as the insertion of students and teachers in the hospital environment, guiding the actions, helping the nurses in the recognition and alignment of actions based on NPIMHC and the service of the user of this service. From the point of view of scientific knowledge, it will contribute to the increase of the bibliography on the subject and may motivate other researches.

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