

Women's temporality after cardiac surgery: contributions to nursing care

Temporalidade da mulher após cirurgia cardíaca: contribuições para o cuidado de enfermagem

Temporalidad de la mujer después cirugía cardíaca: contribuciones para atención de enfermería

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ABSTRACT

Objective: to unveil women's existential movement after cardiac surgery. **Method:** qualitative phenomenological study. The research setting was a hospital in Minas Gerais, in which ten women were interviewed between December 2011 and January 2012. **Results:** after hospital discharge, the women experienced physical, social and emotional impairments, and expressed the desire to go back to the time before their diagnosis, because they felt as though they still had heart disease. This vague and average understanding led to three units of meaning that, from a Heideggerian hermeneutic point of view, revealed the phenomenon of cardiac surgery as a present circumstance that limited the participants' daily lives. **Conclusion:** nurses supporting women patients after cardiac surgery should promote health considering existential facets that are expressed during care. The bases for comprehensive care are revealed in singular and whole meetings of subjectivity.

Key words: Nursing Care; Health Promotion; Cardiac Nursing.

RESUMO

Objetivo: desvelar o movimento existencial da mulher após a intervenção cirúrgica cardíaca. **Método:** pesquisa qualitativa de abordagem fenomenológica. Teve como cenário uma instituição hospitalar em Minas Gerais, na qual dez mulheres foram entrevistadas entre dezembro de 2011 e janeiro de 2012. **Resultados:** após a alta hospitalar, as mulheres vivenciam comprometimentos físicos, sociais e emocionais, desejando a volta do tempo anterior ao diagnóstico, uma vez que ainda se sentem cardiopatas. Essa compreensão vaga e mediana emerge de três unidades de significação, as quais, na perspectiva da hermenêutica heideggeriana, permitiram desvelar o fenômeno da cirurgia cardíaca como um agora que limita o dia a dia das mulheres. **Conclusão:** o enfermeiro, na disposição de ser-com-o-ser-ai-mulher-apos-a-cirurgia-cardíaca, deve promover a saúde, considerando as facetas existenciais que se mostram nos momentos de cuidado. Nessa oportunidade de encontros singulares e plenos de subjetividade se revelam as bases para a integralidade da assistência.

Descritores: Cuidados de Enfermagem; Promoção da Saúde; Enfermagem Cardiológica.

RESUMEN

Objetivo: desvelar la existencia de la mujer tras la cirugía cardíaca. **Método:** investigación cualitativa de enfoque fenomenológico. La escena fue un hospital en Minas Gerais, en el cual se entrevistaron diez mujeres entre diciembre de 2011 y enero de 2012. **Resultados:** tras el alta hospitalaria que todavía sienten las enfermedades del corazón a través de experiencias físicas, sociales y emocionales, las mujeres anhelan regresar al tiempo anterior al diagnóstico. Esa vaga y mediana comprensión viene de tres unidades de significado, las cuales, teniendo en vista la hermenéutica de Heidegger, ayudaron a descubrir que el fenómeno de la cirugía cardíaca limita la vida cotidiana de las mujeres. **Conclusión:** el enfermero ayudando después de la cirugía cardíaca debe promover la salud de la paciente, teniendo en cuenta sus aspectos existenciales en los momentos de atención. En esas oportunidades individuales y llenas de subjetividad residen las bases de la integralidad de la atención. **Palabras clave:** Atención de Enfermería; Promoción de la Salud; Enfermería Cardiológica.

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INTRODUCTION

Chronic non-communicable diseases have been a constant concern of the government of Brazil, where despite continued efforts to reduce morbidity and mortality from these diseases, numbers continue to suggest high prevalence and incidence. Among measures adopted, over the next ten years, the federal Strategic Action Plan aims to fight and minimize chronic diseases such as stroke, heart attack, high blood pressure, diabetes and respiratory diseases⁽¹⁾.

It is important to point out that ischemic coronary diseases can cause or aggravate other pathologies, and are a significant public health problem, especially when considering the fact that the incidence of these diseases is greater in populations with low levels of education and income. In this context, heart disease is an impediment to Brazil's fulfillment of the Millennium Development Goals, a commitment signed by the country and 190 other member countries of the United Nations (UN) in the year 2000⁽²⁾.

When considering heart surgery and particularly the most common type, myocardial revascularization, it is believed that more men than women undergo this surgery, because the male sex is considered a risk factor. However, women present less favorable results in the postoperative period, with decreased quality of life between six weeks to six months after surgical intervention⁽³⁾. In addition, the occurrence of ischemic heart disease in women is increasing, alerting health care professionals, especially nurses, of competing attributes of care at different levels of the health care viewpoint⁽⁴⁻⁵⁾.

In order to meet the multiple care demands of women with heart disease and other users, the Brazilian public Unified Health System (SUS, as per its acronym in Portuguese) understands that professional training must transcend the biomedical model in order to achieve inter-subjectivities necessary for relationships in health care. In this regard, higher education institutions have adopted the principle of comprehensive care as the basis for practical and theoretical knowledge in various training scenarios of nursing students⁽⁶⁾.

Comprehensiveness reflected as social action makes use of elements that favor its implementation, for example, health promotion. At the confluence of ideas around this strategy, nurses present possibilities for integration with the three levels of health care, supporting sustainable expansion of public policies

based on "building healthy lifestyles"⁽¹⁾ by considering multiple human dimensions, and not just the physical and mental⁽⁷⁾. In carrying out such a practice, nurses acquire visibility, increasing their autonomy by means of their own knowledge.

In this perspective, it is possible to consider that phenomenology has proposed reflections capable of sustaining the concept of health promotion that surpasses the purely objective perspective, and goes to the meeting of the person as a being endowed as a being of presence, by unveiling their hidden meanings in daily care⁽⁸⁻¹⁰⁾.

Phenomenology is a line of thought that seeks to describe phenomena based on the understanding of who experiences them, in order to situate them as they were. To this end, the essential meanings are sought in perception, dialogue and reflection of what ties together the objectivities and subjectivities, considered to be inseparable⁽¹¹⁾.

Among phenomenologists, Martin Heidegger and his work *Being and Time*, which reveals his philosophical thinking of human beings as being intramundane, calling it the *being* and *Dasein*, which indicates that human beings move in the world based on both the instance of facts (ontic) and (ontological) phenomena. Launched into the world as a being of possibilities, the being lives, existing (*ek-siste*) in facticity, decay and transcendence, being in the manner of all and according to the ways of being of all in everyday life. In this *ek-sistir*, the human being may assume their most personal existential structure - a being of *healing* - a philosophical expression that, according to Heidegger, translates into a being of care for oneself and others, or as *Dasein* or being-that, which indicates that who understood himself as a being of possibilities⁽¹⁰⁾.

In order to originally establish presence or the being-that, the philosopher conceives not traditional history and time, but rather the historicity rooted in temporality, that is the foundation of healing - a being that cares for themselves and others - and enables ways of being in which the future, present and past meet in temporality (*ekstases*) whose denominator is "equal to a pure sequence of nows, with no beginning or end"⁽¹⁰⁾.

Thus, according to Heidegger, the actuality, the strength from having been and the future are the *ekstases* that "show the phenomenal characters of *for oneself*, *going back to* and *to come to the meeting of*", respectively, as phenomena that reveal temporality⁽¹⁰⁾.

After undergoing heart surgery, discharge from the hospital and returning home, the women experienced various difficulties, for example, pain and fatigue during simple physical activities that were regularly performed before surgery. Socially, the participants experienced impairment in returning to work or even living in society. Finally, the women felt uncomfortable because they judged themselves as useless, experienced ongoing anxiety due to their dependence on others, and wished that they could go back to the time before the diagnosis, because despite the surgery, the women still felt as though they had heart disease⁽⁸⁾.

The aim of this study was to unveil the existential movement of the participants after cardiac surgery, considering this to be capable of supporting healthcare proposals and professional performance focused on health promotion and reduction of morbidity and mortality from chronic non-communicable diseases.

METHOD

This was a qualitative phenomenological study that drew on the analytical theoretical framework of philosopher Martin Heidegger. The study was carried out at a mid-size hospital in the Brazilian state of Minas Gerais, and field work occurred between December 2011 and January 2012.

Data on women who underwent heart surgery in the first half of 2011 were collected in the hospital's book of surgical records and patient records of the hospital. This period was selected in order to avoid enlisting study participants who were still in post-operative recovery, as the study intended to investigate them in the daily routine of life after surgery.

Inclusion criteria were being aged 18 years or older, and having more than three months after discharge from the hospital following heart surgery. Exclusion criteria included women with serious mental illness. The study was undertaken in accordance with ethical precepts.

Possible participants were contacted by telephone and invited to participate in the study. Upon verbal agreement, individual meetings took place at the women's homes. After signing a free and informed consent form, phenomenological interviews were used for data collection, which had a script with participants' personal data and the guiding question: "How is your daily life after heart surgery?".

Both verbal and non-verbal language, silences and other expressions were considered from the participants' interviews, with all data recorded in the researcher's field journal. Participants' anonymity was maintained using the names of flowers, due to the closeness of flowers to the feminine universe. The statements were digitally recorded in MP3 players and transcribed in full.

In total, ten interviews were conducted, which occurred to the extent when the meanings expressed response to the research objective, and at the same time exhibited emergence of the phenomenon under study. These were considered reasons to break off the phase of field research. Using the theoretical framework of hermeneutic analysis, a movement founded in the theory of Martin Heidegger, data analysis began with close readings of the interviews in search of meanings expressed by women. Phenomenological reduction enabled distinction between essential structures at the expense of occasional

structures, favoring the former, since they responded to the research objective⁽¹⁰⁾.

The approach or grouping of essential structures make up the units of meaning as a *posteriori* categories which are called vague and average understanding, being inherent in Heidegger's first methodological moment. This phase of analysis shows how the participants appeared to themselves, and understood themselves, in the day to day after heart surgery, thus revealing the understanding from the life experience given meaning by them. This understanding of their being in the realm of events culminated in the lived concept of being-a-woman-after-surgery. This concept is the common thread that enables the second methodological moment, called hermeneutics, in which interpretation is sought from feelings of being-that-woman to attain their movement that is their temporality, the object of this study.

This study was approved by Ethical Committee in Research.

RESULTS

From the meanings that described the understanding that the women had of themselves, significant referral to the temporality issue was noted. In phenomenology, time is not chronological but phenomenal, and corresponds to the lived phenomenon experienced, regardless of when it occurred. Hence, three units of meaning emerged: remembering what it was like and what the women could do before surgery; the day to day after surgery and dependency on others, discrimination, disorientation, doubts and many restrictions; and expressing their needs, limitations and fears: the threat of death every day.

1. Remembering what it was like and what they could do before surgery

For being-a-woman-after-surgery, the phenomenon revealed the surgery as a now that permeated their daily life. In the *power of having been* healthy, the women projected themselves with a possible return to health, which translated into misunderstanding as wanting to no-longer-being-a-cardiac, as per their following statements:

I just want to sit at the machine and sew. I have the urge to do things, but I can't; I want to do some work from home, but I am unable to, you know? (Rose)

I liked to go out a lot, but I can't. I went out a few days there to go out, when I got here close to my house I fell, so there is no way to go out. (Daisy)

You don't go back to being what you were. Like the doctor told me, I wouldn't go back to having the energy I used to have, because I had a violent peak, I worked in three places, got home and did all my stuff. (Violet)

I would like to have the life I had, and now there is no way. When I want to do some housecleaning in my way, I can't lift the weight; and if I lift weight, I feel a little pain here right away, where the surgery was done. (Orchid)

I didn't come home, I worked a lot, and now I stay here inside the house. I go to my son's house a lot, but I stay just in this world. (Lily)

I was a cleaning lady at the church, I did cleaning there... you miss it, you get used to working, then you see the work and can't do it? (Hydrangea)

Look, I have happiness, yes, but it seems like a little is gone after this. I don't know if it's fear, but I'm not like I used to be, no, I'm more reserved. There's nothing like health. The surgery, we can't do certain things. So, I mean, sometimes we feel useless, even at home. (Yellow lpe)

My daily life is not what I expected, no, because I thought I was going to get the surgery, and if things worked out, I would be set for life, but they didn't. I want to have my life, control my house, go to the supermarket, go out on the street, resolve things, have my independence. (Begonia)

2. Daily life after surgery involves dependency on others, discrimination, disorientation, doubts and many restrictions

In the actuality, dependence on others and discrimination as a person with heart disease bothered the women, some of whom demonstrated their need to have been better oriented by healthcare professionals to have more understanding of themselves in the post-surgical daily life. The women revealed that in their daily life, they did not know how to overcome the limitations imposed by surgery, nor the label of having heart disease. The participants were depressed and contrite with the limitations imposed by others, and disoriented by the lack of clarifications by healthcare professionals.

So I'm a woman that, like, I don't do anything ... I think I'm depressed. (Rose)

Sometimes I think that the people I live with discriminate against me; they think I'm not able to do something as well as I could before. They limit me. (Orchid)

In the first few months, I was a little depressed because I needed everyone to help me...it is sad to depend on others. (Bromeliad)

Like I said: "My God! If I knew it was going to be like this, I would not have had the surgery." To do nothing and other people have to do everything for me. Other people bathing me, I felt it was awful. (Lily)

I'm holding on, I am not washing clothes, so I miss it, you know? Because it is very bad to just sit there. You see the work, you want to do it, but you can't. So I look, I go to my mom's, I go to the front gate, then it distracts my mind from standing still. (Hydrangea)

[...] Why did I have the surgery? Was it to operate? I still haven't resolved this doubt of mine; I did not agree. Everything: "Oh, you can't do that, let me do it for you". The surgery, we can't do certain things, quadruple bypass, you know, the issue of heart rate. (Yellow lpe)

This bothers me a lot. People try to keep me from things they don't know, just because I have a cut in the middle of my chest, and they think I'm restricted from everything. (Purple lpe)

I think that when we are going to [operate], I think we should be prepared for what we will need. And I also think that people need to be very clear on what they can and can't do after the surgery. I felt a lack of serious orientation; I didn't have that kind of orientation, nor for the family or partner or for myself. That was lacking. (Begonia)

3. Expressing their needs, limitations and fears: the threat of death every day

After heart surgery, the women needed support and help to overcome limitations inherent to the heart disease, which were not eliminated with the surgery. The fear of becoming pregnant, of having a heart attack or being about to die, or even the death of someone close to them, were present, as much as the women tried to distract themselves. Significant threats impeded the women from thinking about their own life, which was also their responsibility.

I think about dying a lot, my husband dying, being without him. Because he helps me a lot. (Rose)

The fear that I'm going to have another heart attack, you know, that fear of 'Did I do everything right? Am I really having a problem here again?' So I started walking, he told me to walk 5 km every day! But I can't do it all, no. When I got back to having an activity, I started to get better, you know? (Violet)

I'm afraid I'm going to have to do another surgery, and have to stay in the ICU. Sometimes I wanted to shoot myself, for not knowing what was going on ... (Orchid)

I think it's like this: we have to ask God for a lot of strength, if you have to go through that, there's no point in despair, you have to go along with it. (Hydrangea)

I'm afraid to lie down and die, from one minute to the next. Because they mess with it, and take out the heart. Apparently I was very close to death. (Yellow lpe)

So, the only fear was if I could have children someday. I'm already aware that it's going to be a very great disturbance, the disturbance that I'll have in order to get pregnant. (Purple lpe)

[...] fear of ... will I ever get back to the way I was, or be independent enough to take a bath, to go to the bathroom? These things affect me deeply. My faith, thanks to God, which helps me a lot. (Begonia)

DISCUSSION

Phenomenological hermeneutics, founded in the theoretical framework of Martin Heidegger, is an existential analysis, an ontology, of the being studied as presence of being /being present, in German known as *Dasein*. In the perspective of

Heidegger, the being that we all are assumes experiences in the ontic or factual dimension of being-in-the-world. Thus, the being-all has a history that can be revealed in the present and here and now, made up of past moments and linked to the future as an opening of possibilities. Therefore, the traditional concepts of past, present and future are expressed as an "improper understanding of time"⁽¹⁰⁾.

For the philosopher, being-with-other-beings-in-the-world, the presence, historically, is a

sequence of experiences in time...but the experience is really personal simply given in each now. For saying it thus, it rises above the sequence of the nows of its time. That is why it is said that presence is temporal⁽¹⁰⁾.

Therefore, temporality can be understood by means of *ekstases*, in which the being is constituted from that which designs, being open to be able to be oneself. This is called anticipatory decision. It is through this that the future announces when the presence precedes itself. The force of having been leads to the being that "can be your having been, can face themselves so as to come back". And, focusing on factual dimension, human beings learn in the action the *ekstase* of actuality, as the being-together. The "future that updates the force of having been" expresses the phenomenal unit of temporality⁽¹⁰⁻¹¹⁾.

In the experience of the fact of having heart disease, the women expressed, assigned meaning and viewed themselves as being limited of future possibilities. Understanding themselves as removed from the initial concept of being cured after surgery, the women felt overcome by psychological, physical and emotional fatigue. In the movement of self-realization, the women expressed that they were at the margin of the health system, to have their care decided by other people⁽⁸⁾. In this sense, the women were rooted to a temporal here and now, devoid of considerations of their body image, with their desires and intimate searches for greater autonomy weakening their ability to produce their care, choosing what to do, how to do it, and why to do it. So, they lived and survived without expectations or prospects.

The absence of professional guidance contributed so that the women were dominated by daily life, which imposed restrictions and the impossibility of going back to before the diagnosis, since improvement of heart disease was not in the context the women intended. She is not she, is not who she thought she was and imagined, that could happen to be after the surgery. In this way, the *inauthenticity* in which the women expressed themselves revealed disregard of the possibility of having heart disease. For the women in this study, the disease followed them, even though the cause of the symptoms had been surgically treated.

The situation of chronic disease that the women experienced separated them from domestic work, and from caring for the home and family⁽¹²⁾. In this uniqueness of having been and in the *actuality*, the women saw themselves as being limited by restrictions from healthcare professionals and relatives, moving in a circumstance of "in your maybe not, or finally yes"⁽¹⁰⁾ of better possibilities for themselves, *improperly* unveiling themselves. This made them powerless to decide how

to take care of themselves or promote their health, under the label or prejudice of having heart disease.

Within the meanings of the women, the desire to become healthy again, without heart disease, was based on the ideal imaginary, since it was inserted into the dynamics of the public health care system as a *being* with chronic non-transmissible disease under "monitoring, prevention and control", in order to contribute to sustainable social and political development, with a decrease in morbidity and mortality from chronic disease⁽¹⁾. After the surgery, the women did not express themselves as beings of possibilities - *Dasein*, rather, they expressed themselves as beings, and in fact felt controlled by the actors of the system, while in chronology and quantification of the exercises, freedom for activities, medicines, consultations and examinations which are the same for all. This context of care was shown in a reductionism that was not consistent with the concept of comprehensive health care, which was based on the value of the subjects to the detriment of objects⁽⁷⁾.

The *ekstases* meant and denoted in the women's statements promoted discussions on the temporality of nurses in care. In their intentionality, nurses care in the *actuality* in order to promote the *strength of having been* and encourage the *future*. However, they did so in an incipient manner, by placing the biological dimension in the center of the process, leaving the sidelines to be endowed with subjectivities. In the chronological time in which the women express themselves as that which permeates nursing care of the being-a-woman-who-had-heart-surgery, care is directed to protocols and technical routines in a continuous doing and aim that leads healthcare professionals to distance themselves from the being^(8,10).

In daily care, it is common for nurses to make statements related to their lack of time to establish stronger bonds with patients⁽¹³⁾, in a receptivity that implies empathetic listening capable of providing opening for possibilities of genuine care that should be based on the need of the other in their being-able-to-care-for-onself.

On the face of it, by recognizing that care based on the biomedical model has not been sufficient to create the comprehensiveness⁽¹⁴⁾ intended by the SUS, the challenging perspective emerges of the nurse transcending care, seeking the ontological sphere, i.e. the fundamentals that in *appearance* look as though they are therapeutically resolved, although they do not *appear* that way to the cared being.

In the context of tertiary nursing care for perioperative patients with heart disease is geared to meet highly-complex needs founded on the active participation of nurses throughout the process⁽¹⁵⁾. Through the women's discourses, it was possible to understand that healthcare professionals were sometimes removed from acting authentically, which focuses on the human being as opposed to the illness⁽¹⁶⁾.

Based on interpersonal relationships that consider the opening so that the other exposed herself fearlessly and with liberty, nurses should seek the being-a-woman-who-had-heart-surgery that require acts of care⁽¹⁷⁾. By offering themselves therapeutically, nurses welcome, allowing exposure of the aspirations and limitations that the patient carries, which, in turn, appears as clues indicating in which way(s) which

the professional should go in order to encourage the women caring-for-themselves.

In addition to non-adherence to the hospital discharge plan, it was markedly observed, in contrast to the comprehensive link that should be present in the SUS. Communication among nurses on continuity of care in practice scenarios would enable implementation of the principle of comprehensiveness with respect to care with life, when conceiving of dynamization of the nursing process.

In the here and now, the answer should be based on what is already possible on the horizon of healthy potentials. In this sense, self-care education is an alternative which the nurse should not give up on at any of the levels of care, that are based on guidance to adopt a healthier lifestyle, including practice of physical exercises a directed⁽¹⁸⁾. The family must also be inserted into this process, considering heredity to be a factor for the development of heart diseases.

It is noteworthy the importance of valuing the moment of education as a station of exchange of knowledge and learning in a dialogical perspective, of real communication in which the subjects involved in the process mutually understand each other⁽¹⁹⁾. For nurses, this implies thinking of the larger goal of educating in the context of health promotion, and being able to achieve the purpose she proposed for herself.

In the interim, the contribution of the nursing consultation is valuable as an important tool for nursing work, in the scope of primary and secondary care of the being-a-woman-who-had-heart-surgery. Right now, health promotion is strategically designed according to individualized and achievable goals, evaluated jointly by the woman and nurse during every existential meeting⁽¹⁷⁾. Providing opportunities for the future from the women's decisions, the nursing consultation is a space with genuine possibility of caring for the other.

As with other chronic diseases, the active behavior of nurses with women with heart disease allows for

modification of the panorama of magnitude of the disease by their participation in the creation, development, dissemination and evaluation of strategies for female clients; the offer and completion of recommended practices, professional training and contribution to advances in the field of research⁽²⁰⁾.

Yet despite the proactive attitude of nurses engaged in promoting programs and strategies, nurses must seek effectiveness of promotion of the health of women with heart disease, understood by the range of self-care in all of its dimensions. Soon, by meeting the women's demands from the perspective of being healthier, nursing professionals should offer themselves, creating the space required so that the opening of the other occurs in the scope of the biological, psychological, social and spiritual, where beliefs, conceptions of the world and way of being adopted in the every day are valued, in order to project from the being-a-cardiac-woman to the being-that-woman who recognizes her possibilities of being-in-the-world.

CONCLUSION

Unveiling the existential movement of women after cardiac surgery enabled understanding of how phenomenological time interferes with recovery of the *being*, labeled by the system as someone who is regarded by her non-transmissible chronic pathology. Temporality as a way of being of someone who experiences a disease situation makes it possible to reflect about nursing care that recuperates healthy potentials beyond the chief complaint, valuing the other in her entirety.

In this manner, in their willingness to being-with these women, nurses should promote health, considering the facets that the patient shows in moments of care, understanding that these are unique and existential encounters permeated by subjectivities.

Heidegger phenomenology extends the range of possibilities for professional nursing by scaling beyond the ontic sphere to the being-that-cares and the being-who-is-cared-for, beings endowed with the presence of being, participants who can relate ontologically. In this sense, both promote: the nurse in the acquisition of greater autonomy, and the woman, who is cared for from that which is being signified as personal and unique.

Thus, the objective science gaps founded in the tradition point out possibilities for nursing studies that outline more consistent knowledge with practices that feature in their scope the human being as a subject of care.

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