

## REFLECTIVE ARTICLE / ESSAY

### CONTEXTUAL ANALYSIS OF THE DOMICILIARY NURSING CONSULTATION TO INDIVIDUALS WITH SPINAL CORD INJURY\*

#### ANÁLISE CONTEXTUAL DA CONSULTA DE ENFERMAGEM NA VISITA DOMICILIAR ÀS PESSOAS COM LESÃO MEDULAR

#### ANÁLISIS CONTEXTUAL DE LA CONSULTA DE ENFERMERÍA EN LA VISITA DOMICILIARIA A PERSONAS CON LESIÓN MEDULAR

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### ABSTRACT

The objective of the study was to analyze the contextual elements that influence the development of the home nursing consultation to individuals with spinal cord injury. A narrative review was conducted in the SciELO, IBECs, LILACS and PubMed data bases. Data were analyzed according to contextual analysis that proposes four layers of interactive contextual relations. These were examined and the analysis enabled the comprehension of the phenomenon (immediate, specific, general and metacontextual). The data were presented in thematic categories: the peculiarities of nursing consultation to people with spinal cord injury (immediate contextual level); the difficulties in assisting people with spinal cord injury (specific contextual level); beliefs, values and psychosocial repercussions of the individual when faced with the spinal injury (general contextual level); and the legal capital of individuals with spinal cord injury: from legislation to ministerial norms (metacontext). The meaning of the phenomenon derived from the analysis enabled its sharing and application in nursing practices.

**Keywords:** Nursing; House Calls; Spinal Cord Injuries.

### RESUMO

Objetivou-se analisar os aspectos contextuais que influenciam a realização da consulta de enfermagem na visita domiciliar às pessoas com lesão medular. Revisão narrativa nas bases SciELO, IBECs, LILACS e PubMed. O material foi analisado à luz do modelo Análise de Contexto, que indica quatro camadas de relações contextuais interativas dos fenômenos que facilitam a sua compreensão (imediate, específica, geral e metacontextual). Os dados foram apresentados em subtemas: as peculiaridades da consulta de enfermagem às pessoas com lesão medular (nível contextual imediato); os percalços do assistir às pessoas com lesão medular em visita domiciliar (nível contextual específico); crenças, valores e repercussões psicossociais diante da lesão medular (nível contextual geral); e capital jurídico para pessoas com lesão medular: da legislação às normativas ministeriais (metacontexto). O significado do fenômeno estudado foi mais bem compreendido, possibilitando ser compartilhado e utilizado nas práticas de enfermagem.

**Palavras-chave:** Enfermagem; Consulta em Domicílio; Traumatismos da Medula Espinhal.

### RESUMEN

El objetivo del presente estudio fue analizar los aspectos contextuales que afectan la consulta de enfermería en la visita domiciliar a personas con lesión medular. Se trata de una revisión narrativa en las bases SciELO, IBECs, LILACS y PubMed. El análisis de datos se llevó a cabo según el modelo de Análisis del Contexto, que indica cuatro niveles de relaciones contextuales interactivas de los fenómenos que facilitan su comprensión (inmediato, específico, general y metacontextual). Los datos se agruparon en subtemas: peculiaridades de la consulta de enfermería a personas con lesión medular (nivel contextual inmediato); contratiempos de la atención en las visitas domiciliarias a personas con lesión medular (nivel contextual específico); creencias, valores y repercusiones psicosociales ante la lesión medular (nivel contextual general); y capital jurídico para personas con lesión medular: de la legislación a las normas ministeriales (metacontexto). La mejor comprensión del significado del fenómeno estudiado permitió que fuese compartido y empleado en la práctica de enfermería.

**Palabras clave:** Enfermería; Consulta a Domicilio; Traumatismos de la Médula Espinal.

## INTRODUCTION

Nursing consultation is considered to be an important tool developed by nurses for the provision of health care, as this professional activity allows, through the use of scientific methods, the identification of health and disease events and recognition of patients' potentiality, as well as the outline of interventions in health promotion, disease prevention and health maintenance.<sup>1</sup>

When it comes to people with disabilities, health care requires the acknowledgment of intervening conditions permeating the existential context of these individuals and their families, whose experience is characterized by the many facets and consequences of disability and also by the events prior to this adverse health event.<sup>2</sup>

In primary health care, consultations generally occur at Family Health Units (FHU) or at the residence of the ascribed individuals through home visits, which is a key strategy to assist people who cannot go to the health facility. Individuals with spinal cord injury often experience this reality, considering that most of these individuals present mobility problems and impairment of organic structures causing a limitation of their functional capacity. They are often confined to bed, in use of wheelchair and/or with considerable mobility impairment.<sup>3</sup>

In addition to these facts, there are many accessibility barriers inside the FHU, as observed in a study conducted in the primary health care facilities in the city of Paraiba, Brazil, as follows: absence of handrails on the staircases; doors, floors and counters at odds with the legal standard; improper installation of telephones; water fountain location inadequate for people using wheelchairs or even lack of water fountains or water filters; and inaccessible restrooms.<sup>4</sup>

From this perspective, when the patient is a person with spinal cord injury, the nursing consultation usually occurs at home. However, in daily practice, it is perceived that nurses face certain challenges and difficulties to implement a nursing visit in the residence of persons with such special need. Often these difficulties have a variety of reasons: lack of preparation of nurses to assist people with severe disability; deficit of material resources, lack of specific care technologies for people with spinal cord injury that may guide the process of nursing work, and even difficulty in overcoming the biomedical paradigm that is still dominant in health services.

The nursing practice continues to face barriers, due to interference from other health professionals, because the working process in the Family Health Strategy is planned by a multidisciplinary team; and due to the need to accomplish several mandatory activities of pre-established national programs considered as a priority by the Ministry of Health (MoH): elimination of leprosy, tuberculosis control, hypertension control, diabetes mellitus control, elimination of child malnutrition, child health, women's health, elderly health, oral health and health promotion.<sup>5</sup>

Therefore, nursing consultation for people with spinal cord injuries suffers the influence of a range of contextual factors; it is relevant to understand these dynamics, as well as the interrelationship between these factors.

Considering that nursing consultation involves *lightweight care technologies* such as competence, sensitivity, planning and relational skills compatible to both the user, family and community needs,<sup>6</sup> this study was justified by the possibility of generating knowledge capable of a contribution for professionals training in the field of nursing care for people with disabilities, as well as the reformulation of concepts with a potential to support public policies that guarantee health rights and citizenship achievement for people with spinal cord injury.

By "context", we understand it as a concept of broad domain in which one phenomenon can be understood in relation to its meaning in the event totality and through a purposeful, systematic and analytical interaction from health professional to this health episode.<sup>7</sup>

Thus, starting from the assumption that nurses aim to understand care provision and use this knowledge to promote health, and, that nurses can predict, explain and control the effect of their care through purposeful interactions with the context of the phenomena,<sup>7</sup> this study aimed to critically analyze the contextual aspects influencing nursing consultation during home visits to people with spinal cord injury. The questions that guided the study were: what are the contextual elements of the phenomenon "nursing consultation during home visits to people with spinal cord injury"? And how do these aspects influence this phenomenon?

## METHODS

This study consisted of a scientific literature review on nursing consultation during home visits to people with spinal cord injury. An advanced online search was conducted in the following databases: Scientific Electronic Library Online (SciELO), Spanish Bibliographic Index of Health Sciences (IBECs) and Latin American and Caribbean Literature on Health Sciences (LILACS) for Portuguese headings, and in PubMed (National Library of Medicine) for the corresponding English descriptors, aiming to review national and international publications on the studied theme.

The following subjects indexed in the list of the Brazilian Descriptors in Health Sciences (DeCS) were used: "*Enfermagem*" (Nursing), "*Consulta em Domicílio*" (Home Consultation), and "*Traumatismos da Medula Espinhal*" (Spinal Cord Injuries). The similar terms in English were selected from the list of the Medical Subject Headings (MeSH): "Nursing", "House Calls", and "Spinal Cord Injuries." We used the Boolean operator "AND" in the process of intersection among descriptors. The non-indexed headings *Lesão Medular/Spinal Cord Injury* and *Consulta de Enfermagem/Nursing Consultation* were also used to offer more robust

intersections. Finally, we also considered references found from the articles initially found in the literature review, as well as those found by manual search. We also included books, doctoral dissertations, and MoH documents for purposes of theoretical and historical background and further discussion.

For data analysis we considered the Contextual Analysis model, which indicates the existence of four interactive levels within a context (immediate, specific, general and meta-context), referred to as layers of relationships that facilitate the understanding of phenomena. The immediate level is characterized by the most apparent contextual characteristics of immediacy where the phenomenon occurs; the specific level is a layer that comprises the immediate past and the relevant factors of the phenomenon at the moment it is occurring; the general level considers the life understanding of the subjects involved in the phenomenon, which is generated based on past and current interactions with that situation; and the meta-context is a layer that incorporates both past and future in the development of a socially constructed knowledge and operates continuously, resulting in a shared social vision.<sup>7</sup>

We associated the data collected to each contextual level. The findings were summarized in a table and organized in subthemes according to the conceptual perspective of each affected contextual layer. It should be emphasized that contextual levels are interactive and not static and / or isolated, being presented in subtopics for easy visualization of each layer and, consequently, the understanding of it in its totality, so that one can achieve the Gestalt comprehension of the phenomenon.

## RESULTS AND DISCUSSION

The subthemes were named as follows: the peculiarities of nursing consultation to people with spinal cord injury (immediate context); the difficulties in assisting people with spinal cord injury during home visits (specific context); beliefs, values and psychosocial repercussions of the individual when faced with the spinal injury (general context); legal aspects for people with spinal cord injury: from legislation to ministerial norms (meta-context). The identified subthemes, confronted by the contextual layers that influenced the nursing consultation in home visits to people with spinal cord injury, are shown in Figure 1.

### THE PECULIARITIES OF NURSING CONSULTATION TO PEOPLE WITH SPINAL CORD INJURY

The concern about people with disabilities is relatively recent, since for many years these individuals remained as figures unnoticed by society. From this perspective, health assistance toward this demand is in development, however, one realizes that,

with the advancement of technology and therapies, the survival of persons with spinal cord injury increased. Therefore, nursing professionals need to know and apply theoretical frameworks of their area of expertise focused on the quality care for this type of subject who exhibits peculiar conditions. Thus, nursing care, besides being grounded by its own theoretical models, should be done in a careful and systematic manner, and by means of clinical reasoning that guarantees a minimization of the disability consequences and that facilitates a return to society.<sup>8</sup>

Given the increasing need for rehabilitation services, it is important to have nurses participating in multidisciplinary health teams. These rehabilitation services should consider not only the acute phase after injury and its direct complications, but also the long period of recovery after spinal cord injury, aiming toward a better quality of life, functional independence, social inclusion and self-care skills.

In this context, nursing consultation needs to be performed as a legitimized tool for nursing care, and it must be effective in identifying health / disease status and prescribing nursing measures in order to contribute to health promotion, protection, recovery and rehabilitation of users, family and the community.<sup>9</sup>

Nursing consultation for people with spinal cord injury presents different particularities in its patterns because these patients possibly will present some type of disability, such as physical and sensory dysfunction, and dependence on others to perform daily and intimate activities, such as hygiene after eliminations. Therefore, the nurse faces users confined to bed or in use of wheelchairs, who often spend most of their time at home, especially in the bedroom, with high self-care deficits.

Moreover, during the nursing consultation for people with spinal cord injury, it is expected that nurses observe and intervene in complications that can arise from the injury, such as neurogenic bladder, neurogenic bowel, neuropathic pain, pressure ulcers, deep vein thrombosis, urinary tract infections and pneumonia.

Thus, it is understood that the immediate setting of the nursing consultation for people with spinal cord injury during home visits is permeated by peculiarities and specificities, a fact that creates the need for nurses to implement different actions compared to the assistance offered to other health care users.

### THE DIFFICULTIES IN ASSISTING PEOPLE WITH SPINAL CORD INJURY DURING HOME VISITS

The performance of home visits by nurses in the provision of health care should include educational activities to raise the awareness of individuals about health issues in their own residence. During home visits to people with spinal cord injury, nurses can encourage self-care and recommend house modifications in order to facilitate access and homecare.



Figure 1 - Representation of contextual layers for nursing home visits to people with spinal cord injury. Natal/RN, 2013. Natal/RN, 2013.

By using that assistance strategy, one can support an amplified perception of the health-disease process, outlining the care plan with the patient's family, strengthening comprehensive care, stimulating dialogue and personal autonomy in health care itself, building patient-provider connections and compliance in relationships.<sup>6</sup>

However, there is no specific instrument for nursing consultation for people with spinal cord injury during home visits, which hinder health care for this demand. Thus, this study supports the assumption that the deficiency or absence of technological resources may cause poor care to individuals with spinal cord injury. This was a gap of knowledge that concerned us, because health work process tools and technologies are important for the articulation of and intervention on patient needs.<sup>10</sup>

Another factor hindering nursing consultation at home is the low economic power of people with spinal cord injury, since some health promotion actions become limited because of the impossibility of acquiring some inputs, such as adequate

food, mattresses, water, orthotics and prosthetics, catheters, medication, services from professional caregivers, curatives, among others. From this perspective, people with disabilities face operational and architectural barriers to conduct activities, obtain information for labor qualification, and therefore fail to insert themselves in the labor market, as well as lacking access to leisure and health services.<sup>11</sup>

Another barrier is the lack of adequate working conditions for professionals working in primary health care. We can cite as examples the little time for nurses to conduct their activities, including the protocol of priority activities by the Ministry of Health and regular home visits to users of these services. Often nurses reserve one shift a week for this type of activity, in such a way that several residences must be visited in a short period of time. Thus, nursing visits at home become shorter, which may compromise the quality of care. This situation still occurs even with the recommendation of at least three appointments per hour by the PHC nurse.<sup>12</sup>

Another challenge deeply involved in the studied phenomenon is the lack of qualification of some professionals to assist people with disabilities, and especially those with medullary lesion.<sup>13</sup> Unpreparedness is a factor that negatively influences the achievement of nursing consultation, because, as mentioned above, people with disabilities and / or spinal cord injury have specific needs that require specific actions.

It is noteworthy that, in the home setting, all members of the family are included, so that when one is a victim of a spinal cord injury, the whole family is affected, especially when the injury produces impairments in the victim. In this sense, the members of the family must arrange and redesign their routine, giving another meaning to their lives, to better understand the individual affected and learn to live with the implications arising from the injury. Additionally, they need to maintain their work routine and take care of other family members. Such conditions can cause difficulties and moments of anguish and suffering.<sup>14</sup>

Therefore, the changes in the spinal cord injury victim and his family context will determine the restructuring of the family in relation to the degree of disability generated, as well as influencing the importance of family roles developed before and after the injury onset.

Regarding the interference of family members on the nursing consultation, we cited the breach of privacy and confidentiality between nurses and patients. Such a condition may increase embarrassment, reducing the quality of information passed, as well as hindering the patient-provider bond.<sup>15</sup> Privacy and confidentiality can ensure accuracy of the information reported by users, especially in relation to deficits in sphincter control and sexual function.

So, the whole household scenario of a person with spinal cord injury reveals a situation in which all family members are involved somehow in the rehabilitation process and sometimes removes privacy and confidentiality during nursing consultation. Nursing consultation may be disturbed by the overload of activities of the nurse, lack of instruments and / or protocols to guide nursing action, lack of skills, and financial difficulties of the family in acquiring some inputs related to health promotion. Thus, the second contextual layer emerges as the specific context.

### **BELIEFS, VALUES AND PSYCHOSOCIAL REPERCUSSIONS OF THE INDIVIDUAL WHEN FACED WITH THE SPINAL INJURY**

A spinal cord injury can cause disruptions in the individual's psycho-physical unity, which previously functioned properly – and provide body changes and limitations, causing several psychological reactions such as depression, isolation, impulsivity, aggressiveness and apathy.<sup>16</sup> On the other hand, due to the need of

the person with spinal cord injury, and his/her family, to rethink values and continue social relationships, feelings of connection and mutual aid may arise, given the situation of crisis experienced.

These feelings may be present during the home visit, in such a way that the nursing consultation ends up being influenced by these sensations. Moreover, the family habits are contextual factors that should not be ignored; otherwise the consultation might be ineffective due to lack of approval of family members – the main care providers.

The family environment of the person with spinal cord injury is permeated by beliefs, values and relationship dynamics specific to each family. Thus, when performing the consultation, nurses should be aware of the feelings of those involved in the process, such as fear, uncertainty and suffering.<sup>17</sup> Spinal cord injury affects the entire family, so one should consider possible changes in the dynamics of conflict and performance of roles within the family.<sup>14</sup> Nurses should also realize that he/she, as a nurse/human being, also shares beliefs and values about themes, such as: family, diseases, impact of the disabilities, and familiar organization.

In respect to beliefs of the individuals involved in assisting people with spinal cord injuries in the home environment, another relevant factor is the remaining idea that primary health care is a simple, low cost alternative to care provision with little use of technological resources. In another study of contextual analysis, the category “cultures and beliefs about primary health care” showed the assertion that users classify public health actions as being of low quality and with many operational problems, a fact that generated feelings of dissatisfaction and distrust among users.<sup>18</sup>

From this perspective, it is understood that there are subjective factors interfering with nursing consultation for people with spinal cord injury in the home environment, which are derived from interpretations generated by past and current interactions. Therefore, this situation is interconnected with the broader picture of the phenomenon studied.

### **LEGAL CAPITAL FOR PEOPLE WITH SPINAL CORD INJURY: FROM LEGISLATION TO MINISTERIAL NORMS**

In an attempt to meet the demands of people with disabilities, the Brazilian government enacted the National Policy for the Integration of Persons with Disabilities<sup>19</sup> and the National Health Policy for People with Disabilities<sup>20</sup>. These guidelines recommend: comprehensive health care, promotion of quality of life, organization of health care services for people with disabilities, and training of human resources to assist these people. Besides the legislation mentioned above, the very principles of the Unified Health System (SUS) also advocate equity,

comprehensiveness and universality of care.<sup>5</sup> However, people with disabilities, especially individuals with spinal cord injury, are still struggling to obtain employment and access goods and services, including health care.<sup>11</sup>

As for health care, Primary Health Care (PHC) is responsible for a large part of the rehabilitation and social inclusion process of people with spinal cord injury. The MoH normalizes PHC through the National Primary Health Care Policy (ordinance 2.488/GM/2011). This ordinance indicates that the PHC work process should enable “comprehensive and continuous primary care, organized to a geographically ascribed population, with guaranteed access to diagnosis and laboratory support” and the development of “actions on risk groups and on behavioral, dietary and/or environmental risks”, in order to prevent the onset of preventable disease and adverse events.<sup>5</sup> Within PHC, health professionals should seek technical efficiency as well as the comprehension of the needs that emerge in the dynamics of individuals and their family’s life.<sup>21</sup>

Thus, nurses working in the Family Health Strategy – also normalized by the aforementioned ordinance – could have a prominent role in health promotion, rehabilitation and socialization of patients with spinal cord injury, as nurses are able to monitor more directly and consistently the health-disease events of these people.<sup>5</sup> However, care for people with spinal cord injury in PHC facilities is characterized by difficulties in scheduling medical appointments and laboratory tests, barriers in communication among services, and lack of care continuity.<sup>13</sup>

Such barriers perceived in PHC may result from the biomedical model still prevalent in health practices and from the influence of positivism and behaviorism in academic curricula. In this sense, in a society with different beliefs, values and cultures, nursing actions remain under a mechanistic and reductionist interface rather than that of a comprehensive care, where the concept of a socially determined health-disease process is considered.<sup>22</sup>

Thus, changes in the training of professionals are urgent, aiming toward a comprehensive, reflective and patient-centered care profile. Furthermore, it is pertinent to redesign public policies for people with disabilities, as well as to raise operational changes within society in the fight against prejudice and social exclusion. In this sense, it is believed that we contemplated the metacontext of the studied phenomenon, which has reflected the other levels of contextual relations of nursing consultation during home visits for people with spinal cord injury.

## FINAL CONSIDERATIONS

This study allowed a better comprehension of nursing consultation during home visits to people with spinal cord injury. We achieved a critical analysis of the interrelated key contex-

tual issues that influenced the aforementioned phenomenon, contributing to a reflection on the challenges faced to achieve care for this population, so that the meaning of the phenomenon could be better understood, allowing this knowledge to be shared and applied in further studies, as well as in the daily health service activities.

The study revealed that nursing consultations for people with spinal cord injury in primary health care should not be performed in the same way it is offered to other individuals in the plural society, considering that people with disabilities have unique needs requiring specific health actions. In this perspective, several contextual factors were involved in this phenomenon, which were continuously interacting among each other and influencing care. Important elements need to be considered: the immediate conditions of people with spinal cord injuries, such as physical and self-care limitations; specific difficulties faced by nurses in their practice, such as lack of skills, lack of working conditions and lack of care technologies for people with spinal cord injury. Plus, more general conditions, such as negative feelings, beliefs and values of people with spinal cord injury and their family, as well as nurses themselves; and finally, the metacontextual conditions represented by public policies.

It is believed that nurses can develop nursing care and assistance activities for people with spinal cord injury, considering these individuals’ peculiarities, without losing sight of the individual/family binomial. While working with the family, nurses should preserve the privacy of the spinal cord injury patient during the consultation.

Regarding nursing process work, we suggest the development and the validation of an instrument/protocol capable of guiding nursing consultation during home visits for people with spinal cord injury, so that nurses can focus on self-care abilities. Activities of PHC nurses need to be rethought in order to offer better working conditions, less overload of activities, and improvement of the care quality. Training courses for nurses on people with spinal cord injury care are also necessary.

It is urgent that nurses exercise their sensitivity to perform care. They should consider the beliefs, values and experiences of people with spinal cord injuries and their families, as well as self-monitor their own feelings so that they do not interfere negatively in the health care offered.

Finally, we conclude that we must pursue the strengthening of public policies that defend the rights of persons with disabilities, foster academia curricula to enable comprehensive and reflective care rather than the biomedical model, as well as raise awareness around operational barriers that people with spinal cord injuries face, to address them and achieve the process of socialization. Thus, these people may have the conditions to fully exercise their right of citizenship and assume the responsibility for their own life and health.

## REFERENCES

1. Souza PA, Batista RCR, Lisboa SF, Costa VB, Moreira LR. [Users' perception of primary care about the nursing consultation]. *REME - Rev Min Enferm*. 2012 jan/mar; 17(1):11-7. (Portuguese)
2. Baptista RS, Pagliuca LMF. Disabled persons an evolutionary perspective: conceptual analysis. *Online Braz J Nurs*. 2009; 8(3). [Cited 2013 Sep 16]. Available from: <http://www.objnursing.uff.br/index.php/nursing/article/view/j.1676-4285.2009.2511/551>
3. França ISX, Coura AS, França EGF, Basílio NNV, Souto RQ. Quality of life of adults with medullary lesion: a study with WHOQOL-bref. *Rev Esc Enferm USP*. 2011; 45(6):1364-71. (Portuguese)
4. França ISX, Pagliuca LMF, Baptista RS, França EG, Coura AS, Souza JA. [Symbolic violence in the access of people with deficiency in basic units of health]. *Rev Bras Enferm*. 2010; 63(6):964-70. (Portuguese)
5. Brasil. Diário Oficial da União. Portaria 2.488 de 21 de outubro de 2011. [Approving the National Primary Care Policy, establishing the revision of guidelines and standards for the organization of Primary Care, for the Family Health Strategy (FHS) and Community Agents Program (PACS)]. Brasília: DOU; 2011. (Portuguese)
6. Gaiva MAM, Siqueira VCA. [The practice of home visits by the professionals of the Family Health Strategy]. *Cienc Cuidado Saúde*. 2011; 10(4):697-704. (Portuguese)
7. Hinds PS, Chaves DE, Cypress SM. Context as a source of meaning and understanding. *Qual Health Res*. 1992; 2(1):61-74.
8. Vasconcelos AS, França ISX, Coura AS, Sousa FS, Souto RQ, Cartaxo HGO. [Nursing interventions in the basic needs of the person with medullary lesion: integrative review]. *Online Braz J Nurs*. 2010; 9(2). [Cited 2013 Sep 16]. Available from: <http://www.objnursing.uff.br/index.php/nursing/issue/view/23> (Portuguese)
9. Conselho Federal de Enfermagem (COFEN). Resolução COFEN nº. 317/2007. [Revoking the COFEN Resolution 271/2002 which provides for the actions of the nurse in the consultation, prescription of medicines and request for tests]. Brasília: COFEN; 2007. (Portuguese)
10. Coura AS. [Validation of the content of an instrument for the nursing consult in a home visit for people with medullary lesion: a focus on self-care (thesis)]. Natal: Universidade Federal do Rio Grande do Norte; 2013. (Portuguese)
11. França ISX, Pagliuca LMF. [Forms of sociability and the establishment of otherness: the experience of people with disabilities]. Campina Grande: Eduepb; 2008. (Portuguese)
12. Brasil. Ministério da Saúde. Portaria nº 1101, de 12 de junho de 2002. [Capacity of production, in consults, of human resources in the area of health]. Brasília: Ministério da Saúde; 2002. (Portuguese)
13. França ISX, Baptista RS, Abrão FMS, Coura AS, França EG, Pagliuca LMF. The non-care of patients with spinal cord injuries in primary care: bioethical challenges for health policies. *Rev Bras Enferm*. 2012; 65:236-43.
14. Barbosa IV, Carvalho ZMF. [Sentiments of family members after medullary lesion]. *Index Enferm*. 2011; 20:1-6. (Portuguese)
15. Przenyczka RA, Lacerda MR, Chamma RC. [Professional confidentiality: when to reveal it?] *Enferm Foco*. 2011; 2:145-8. (Portuguese)
16. Gallo BM, Hudak CM. [Intensive nursing care: a holistic approach]. Rio de Janeiro: Guanabara Koogan; 2011. (Portuguese)
17. Schoeller SD, Bitencourt RN, Leopardi MT, Pires DP, Zanini MTB. [Changes in the life of people with acquired medullary lesion]. *Rev Eletrônica Enferm*. 2012; 14:95-103. (Portuguese)
18. Costa RKS, Enders BC, Menezes RMP. [Work in the health team: a contextual analysis]. *Ciênc Cuidado Saúde*. 2008; 7:530-6. (Portuguese)
19. Brasil. Decreto nº 3.298, de 20 de dezembro de 1999. [Disposition about the National Policy for Integration of the Person with Disability, consolidating standards and protection, and other provisions]. Diário Oficial da República Federativa do Brasil, 21 dez; 1999. (Portuguese)
20. Brasil. Ministério da Saúde. [National Health Policy of the Person with Disability]. Ministério da Saúde: Brasília; 2002. (Portuguese)
21. Borges R, D'oliveira AFPL. [The medical home visit as a space for interaction and communication in Florianópolis, SC]. *Interface Comunic Saude Educ*. 2011; 15(37):461-72. (Portuguese)
22. Barbosa IV. [Medullary lesion and its significance for the family (dissertation)]. Fortaleza: Universidade Federal do Ceará; 2008. (Portuguese)