

EVIDENCE-BASED HEALTH: MULTIDISCIPLINARY RESEARCH FOR PRACTICE

DANIELE VASCONCELOS FERNANDES VIEIRA (ORGANIZER)



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APRESENTAÇÃO

Health research plays a fundamental role in the continuous development of evidence-based practice, ensuring that healthcare professionals rely on scientific knowledge to guide their decisions. This e-book, *Evidence-based Health: Multidisciplinary Research for Practice*, brings together a diverse collection of studies that highlight the importance of a multidisciplinary approach in health research and its direct implications for clinical practice.

The chapters in this volume explore various aspects of healthcare, ranging from clinical case reports to literature reviews and integrative analyses. The diversity of topics covered reflects the dynamic and multifaceted nature of health research, encompassing fields such as maternal health, autism spectrum disorder, sensory impairment, primary care interventions, and wound care. Each study contributes valuable insights that can enhance patient care, inform healthcare policies, and improve health education strategies.

Chapters:

Case Report of a Pregnant Patient with Hemophilia Type C and COVID-19. Authors: Tatiane Silva Moreira Bezerra, Amanda Ellen Andrade Felício, Clarice Pires Xavier, Amanda da Cunha Guimarães, Livya Ester Silva dos Anjos, Tais Capistrano Lopes, Francisco Regis da Silva. This case report highlights the clinical and obstetric challenges faced by a pregnant patient diagnosed with Hemophilia Type C and COVID-19, providing critical insights into the management of rare coexisting conditions during pregnancy.

Resilience in Families of Children with Autism: A Literature Review. Authors: Dulcinea Bandeira Soares Timbó, Normanda Araujo de Moraes. A comprehensive review of the literature exploring the resilience mechanisms adopted by families of children with autism, emphasizing the psychological and social factors that contribute to their coping strategies.

The Blind Person: A Phenomenological Understanding. Authors: Adriana Sousa Carvalho de Aguiar, Maria Celia de Freitas, Lúcia de Fátima da Silva, Morgama Mara Nogueira Lima, Monaliza Ribeiro Mariano Grimaldi, Paulo César de Almeida. A phenomenological study that seeks to understand the lived experiences of blind individuals, shedding light on their perceptions, challenges, and adaptation processes in society.

Health Education to Encourage Cytopathological Examination in Primary Care: An Experience Report. Authors: Laura Lourdes Rodrigues Nascimento, Jamile Domingos do Nascimento, Aryanne Eduarda Carvalho Oliveira, Ligia Maria Ferreira da Silva, Francisco Mardones dos Santos Bernardo, Paulo Henrique da Silva Muniz, Francisco Wandson de Barros Silva. This experience report presents an initiative in primary care to promote health education and

increase adherence to cytopathological screening, aiming to enhance early detection of cervical cancer.

Multiprofessional Assistance in Pressure Injury: Integrative Review. Authors: Evenson François, Yterfania Soares Feitosa, Luciano Moreira Alencar, Francisca Esmeraldina Campos, Francisco D' Lucas Ferreira de Santana, Maria Andreia da Costa Facundo. An integrative review that evaluates the effectiveness of multiprofessional interventions in preventing and managing pressure injuries, emphasizing the importance of coordinated healthcare efforts.

Educational Strategies for Preventing Pressure Injuries for Family Members and Caregivers of Patients Restricted to the Bed: An Integrative Review. Authors: Vanessa Ferreira de Melo, Yterfania Soares Feitosa, Maria Andreia da Costa Facundo, Anna Philomena de Alencar Brito Terceiro, Luciano Moreira Alencar, Leilany Dantas Varela, Daniele Vasconcelos Fernandes Vieira. A study that explores educational strategies aimed at training family members and caregivers on pressure injury prevention, contributing to improved patient outcomes and quality of life.

By compiling these significant contributions, this e-book seeks to bridge the gap between research and practice, offering healthcare professionals and researchers valuable knowledge that can be applied in real-world scenarios. We hope this collection serves as a resource for further studies and inspires the advancement of evidence-based healthcare interventions.

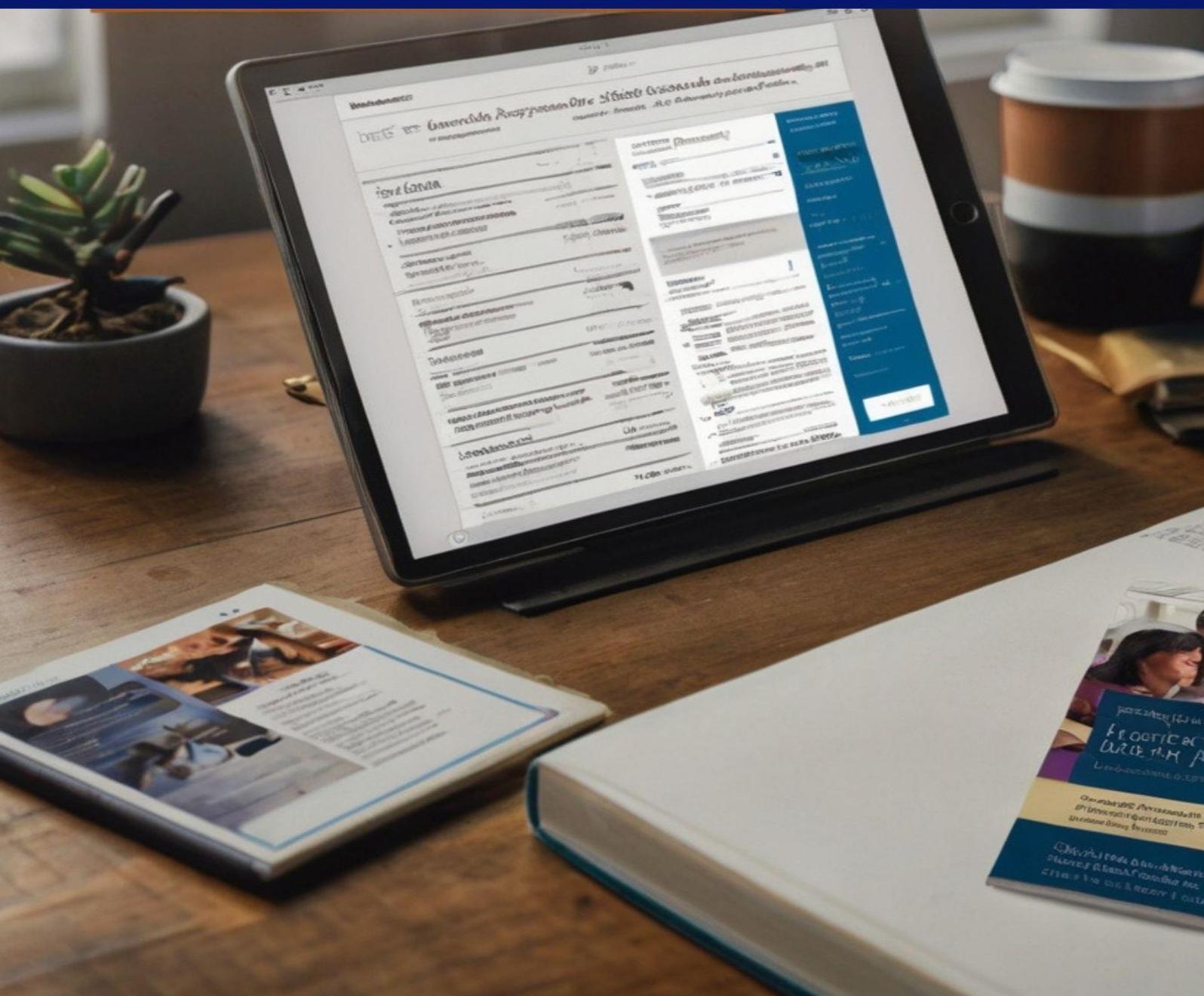


Ivana Cristina Vieira de Lima Maia
Editorial Team
Chief Editor

CHAPTER 3

THE BLIND PERSON: A PHENOMENOLOGICAL UNDERSTANDING

ADRIANA SOUSA CARVALHO DE AGUIAR
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THE BLIND PERSON: A PHENOMENOLOGICAL UNDERSTANDING

Adriana Sousa Carvalho de Aguiar

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ABSTRACT

Introduction: The definition of disability, specifically visual disability, is a historical construct given that the sociocultural and scientific context influence the way of understanding this condition and, therefore, it is necessary to recognize nursing care from an ontological perspective, as acts beyond the technique. **Objective:** To understand the care process for blind people based on their perceptive experience as being in the world and their context of vulnerability to health problems. **Methods:** Theoretical-reflective study based on the philosophy of Martin Heidegger and Merleau-Ponty. **Results:** For Ponty, seeing is an experience that goes beyond the sense of sight. By the combination of all the senses, the blind person continues to see the world, but subjectively different. For Heidegger, care is based on the essence of giving meaning to existence, as it is a way of being in the world, in the relationship with oneself and with others. Thus, care and vulnerability are present in being itself and one must look differently at the presence and co-presence constructs, since each being, in its essence, has some particularities. **Final considerations:** From the phenomenological point of view, it is possible to understand the perceptive experience of the blind person, their particularities and their context of vulnerability to health problems, so that professionals can learn new meanings about the blind person and the assistance to this clientele.

Keywords: Comprehensive Health Care. Blindness. Nursing Care. Philosophy.

INTRODUCTION

The definition of disability, specifically visual disability, is a historical construct given that the sociocultural and scientific context influences the way in which this condition is understood.

The term visual impairment is associated with an irreversible state of decreased visual acuity of an individual, caused by congenital or environmental factors and which persists even after undergoing clinical and/or surgical procedures and using conventional optical aids (glasses, contact lenses). The decrease in visual acuity varies from mild, moderate, severe, profound (which make up the group of subnormal vision or low vision) to complete absence of vision (blindness) in which visual acuity is less than 0.05 in the better eye (World Health Organization 2010).

Blind people are exposed to situations of health vulnerability due to the limits in the process of social inclusion and the difficulty of accessing education, information and health services. More effective public policies and health interventions appropriate to the specificities of this clientele are needed (Soares *et al.*, 2018).

When reflecting on nursing care, it is necessary to recognize it from an ontological perspective, as acts that go beyond technique. They involve commitment to others, and therefore, a humanized action. Nursing care advocates a holistic view of the patient, that is, care that encompasses the global spectrum of health, social and daily needs (Barros; Nunes, 2019).

Nursing care for blind people must be based on knowledge about their needs and living conditions. To achieve this, it is important to get rid of preconceptions and existing concepts. Professionals must have the ability to empathize and have knowledge about the daily experiences of blind people so that they can understand the lives of their patients and thus develop effective health strategies.

Since vision is considered the main tool for understanding the world and the people around us, from the perspective of Merleau-Ponty and Heidegger, the following questions arise: How is the understanding of concepts regarding objects and space formed without being able to visualize them? How is the essence of care understood in health vulnerability? What phenomena are involved in situations of health vulnerability in blind people?

The research is justified by the need to better understand blind people. A phenomenological perspective on this issue may help healthcare professionals to learn new meanings about blind people and how to care for these patients.

Thus, the study aimed to understand the process of caring for blind people based on their perceptive experience as a being in the world and their context of vulnerability to health problems.

METHODS

This is a theoretical-reflective study that, based on the approach to phenomenology, based on the philosophy of Martin Heidegger and Merleau-Ponty in addition to scientific literature on the subject, was structured in two reflective axes: 1) The perceptive experience of the blind person; and 2) Care for the blind person and their context of health vulnerability.

To discuss the perceptive experience of the blind person as a being in the world and the conception of the body (of the) blind, this reflection was based on the work "Phenomenology of Perception" by Merleau-Ponty (Ponty, 2018). He argues that all knowledge present in consciousness passes, previously, through bodily perception. This philosophy is defined as "philosophy of the body", because it is through and from the body that human existence in the world is established.

For Merleau-Ponty, a person can "be both sighted and visible" (Ponty, 2019). In this context, the body of the blind person sees and is seen. Seeing is due to the refinement of their perceptions focused on the other senses.

To discuss care in health vulnerability, the work Being and Time by Martin Heidegger was chosen because it brings the question of Being into its premises. In it, the author chooses man as the path to knowing Being, as essence.

Being is the way in which something becomes perceived, manifest, understood and, finally, known to the human being in his existence (Heidegger, 2005).

RESULTS AND DISCUSSION

The perceptual experience of the blind person

The organs of the human body, especially the eyes, are responsible for a large part of our experiences in relation to the world. So, how do blind people fit into this context? For Merleau-Ponty, perception of what surrounds us is not obtained solely through vision. And this perception is not the same for blind people as for sighted people.

Understanding perception only from a biological perspective becomes a reductionist way of situating the blind person in the world. However, the blind person produces his or her world without perceiving what is visible to the eyes. As a result, he or she can explore the world through the other sense organs that have functionality.

According to Merleau-Ponty, when a human being comes across something that presents itself before his consciousness, he initially notices this object in total harmony with its form, based on his perceptive consciousness. Merleau-Ponty adds that the object, after being perceived by the subject, enters his consciousness and becomes a phenomenon. With the intention of identifying, it even further, the human being intuits something about it, imagines it in all its fullness and will then be able to describe what it really is (Ponty, 2018).

Merleau-Ponty contests the biological view of the gaze, stating that sensory experience provides the foundations for the creation of knowledge. It is in the field of the senses that the act of seeing is inscribed. Therefore, it is important to emphasize that “the senses communicate” (Ponty, 2019).

Thus, vision integrates the other senses in obtaining information about the environment and about oneself. For the blind, vision and touch comprise the same action in the perception of the world. While the sighted person perceives images through the sense of sight, the blind person needs to find different mechanisms to perceive them. It is through this perception that the blind person creates its identity, its way of seeing, of looking (Azzini; Rigoni, 2019).

Therefore, such statements make us reflect that seeing is an experience that goes beyond the sense of sight. It is perceiving/feeling/knowing/touching/relating/experiencing. Thus, it is through the combination of all the remaining senses, daily experiences, thoughts, memories and emotions that the blind person can continue to see the world, but in a subjectively different way.

One of the preconceptions about blind people is that they have more acute senses. This fact occurs due to everyday practice, which Merleau-Ponty associates with the concept of “habit”, which “is at the same time motor and perceptive” (Ponty, 2018). In fact, the remaining senses become more developed through practice throughout life experience. It is not that they were born with more refined senses of taste, smell and hearing, but rather, when vision is interrupted, brain plasticity makes the person “see” through other senses and formulate non- visual mental images (Roqué; Rosaneli, 2018).

The world is for sighted people (people who can see) as they see it, and for the blind as they see it, and this perception is unique and individual. The feelings and judgments constructed by sighted people in relation to the environment that surrounds them may not be shared by blind people, because they perceive and interact with space differently.

Only blind people can talk about the perception that a blind person has of the world, because only they can perceive it through their body. This happens in the same way between two sighted people (Roqué; Rosaneli, 2018). The difference is that a visually impaired person constructs their world without the perception of what is visible to the eyes.

In understanding the phenomenology of perception, the blind person lives in the world enjoying all of his functional potential, but in a way that reaches the amplitude of the invisible, of the sensitive that the body brings and gives him through contact with his interior and exterior (Ponty, 2018).

Not seeing the colors of an object, for example, means not having access to a property of the object itself, but this does not mean that the blind person does not have the elements to be able to establish associations and feel this quality of that object.

A study that aimed to understand how blind people formulate mental images when walking through public spaces showed that all the senses contribute to a perceptive composition, and that it is possible to formulate an image of the city when walking through public spaces, without this representation necessarily being visual (Roqué; Rosaneli, 2018). In reference to blind people, their remaining senses create mental images that shape the experience of the place.

For Merleau-Ponty, understanding perception considers the subject of this perception and their perceptive experience. Perception occurs in the body, in the relationships of meaning with what occurs around it (Ponty, 2018).

Reflecting on the conception of the body based on Merleau-Ponty's Phenomenology of Perception allows people to internalize other ways of being and existing in the world, to perceive other perspectives of appreciating the objects and events around them.

To care for people without vision, health professionals need to understand the world of blind people, what they feel, how they relate, think, act and live. This will help them become more sensitive professionals, increasing their capacity for empathy and understanding otherness.

Care for blind people and their context of health vulnerability

Care, in phenomenological thinking, names a way of being, includes behaviors, be it diligent or negligent, fearful or safe, attentive or inattentive behavior, attitudes, values and principles that are experienced daily by people in certain circumstances, but, above all, it concerns Being (Heidegger, 2005).

According to Heidegger, presence is the pure expression of Being, which constructs its existence in the world in which it is inserted. Co- presence is justified by the indispensable correlation of the human person with others (Being-with), since there is never an isolated being or way of being. Thus, presence is always co-presence, the world is always a shared world, and living is always coexistent (Heidegger, 2005). From this relationship that is established between presence and co-presence, care emerges.

From a Heideggerian perspective, care is based on the essence of Being, giving meaning to existence, as it is a way of being in the world, in the relationship with oneself and with others (Heidegger, 2005).

Care and vulnerability are present in Being itself. The concept of vulnerability is linked to health and the area of human rights. It is described as situations that threaten human autonomy, such as the possibility of being injured or suffering any harm. In scientific literature, the term vulnerability is recurrently used as a synonym for risk, a concept that limits its understanding, showing man as a passive being. The concept of risk indicates probabilities, while vulnerability permeates it by constituting itself as an indicator of inequity and social inequality (Roqué; Rosaneli, 2018).

Today, a redefinition of care is proposed that encompasses a more comprehensive dimension and comprehensive health care. In Heideggerian philosophy, presence and co-presence related to their existence must be viewed differently, thus preserving the fact that each Being in its essence has its particularities (Heidegger, 2005).

In the context of health care, this refers to the concept of equity, which is evident in the provision of care to individuals according to their needs/particularities. To receive health care guided by the principles of equity and comprehensiveness, people with disabilities need health care that is appropriate to their particularities.

In the case of blind people, several factors favor exposure to various situations of health vulnerability. Due to changes in visual function, these people have limitations that compromise interactions with other individuals and the environment, the execution of daily tasks and self-care practices, thus increasing the risk of diseases (Soares *et al.*, 2018).

Furthermore, blind people have restrictions in accessing health information, as many of the guidelines are passed on through materials made in a format that is incompatible with access by blind people, which reduces the possibility of this public receiving essential information for health promotion (Marques *et al.*, 2018).

Another issue is the barriers to accessibility to health services that increase the vulnerability of blind people in terms of health. Architectural barriers on public roads and buildings, which prevent or hinder access to health services, are some of the difficulties experienced by blind people (Marques *et al.*, 2018).

Research on accessibility in primary health care units shows these challenges. Furthermore, access difficulties are also part of the patient-health professional interaction, which is unfamiliar with communication techniques adapted to the needs of this population, which hinders the effectiveness of care (Marques *et al.*, 2018).

co-presence must be looked at differently, as each Being in its essence has its particularities (Heidegger, 2005).

In this context, it is essential that health professionals understand that caring for people in vulnerable situations, such as those without vision, requires using methods appropriate to the specificity of each client base, so that they can become emancipatory and transformative beings, active in their own journey.

Therefore, authentic care becomes essential in nursing practice, so that these professionals are perceived as beings who care for other beings, in a therapeutic, scientific and humane way. Respecting the integrity of Being in vulnerability must be a priority in the care process, through behaviors that privilege the Being, that favor the potentialities of the subjects cared for (Marques *et al.*, 2018).

Thus, just as for Heidegger care is based on the essence of Being, care for people in vulnerable health situations calls for authentic care, in which Being has the possibility of transcending. This health care is intertwined in the professional-patient relationship.

FINAL CONSIDERATIONS

Through the phenomenology of perception, it can be understood that the understanding that a blind person has of the world goes beyond the things seen, and that this is their own and individual. Care is revealed in the relationships between the existence of the people who care and those who are cared for.

Care, although necessary at all stages of life, is essential when there is vulnerability. People with disabilities, particularly visual disabilities, are in a vulnerable state due to limited access to health services, information and other public policy tools.

During the care process, the encounter between the caregiver and the person being cared for is of utmost importance, because, depending on how it begins, the relationship can encourage the development of potential in the other person. The human dimension, fostered by the act of caring, has a transformative character, of integration with the world, the environment and people.

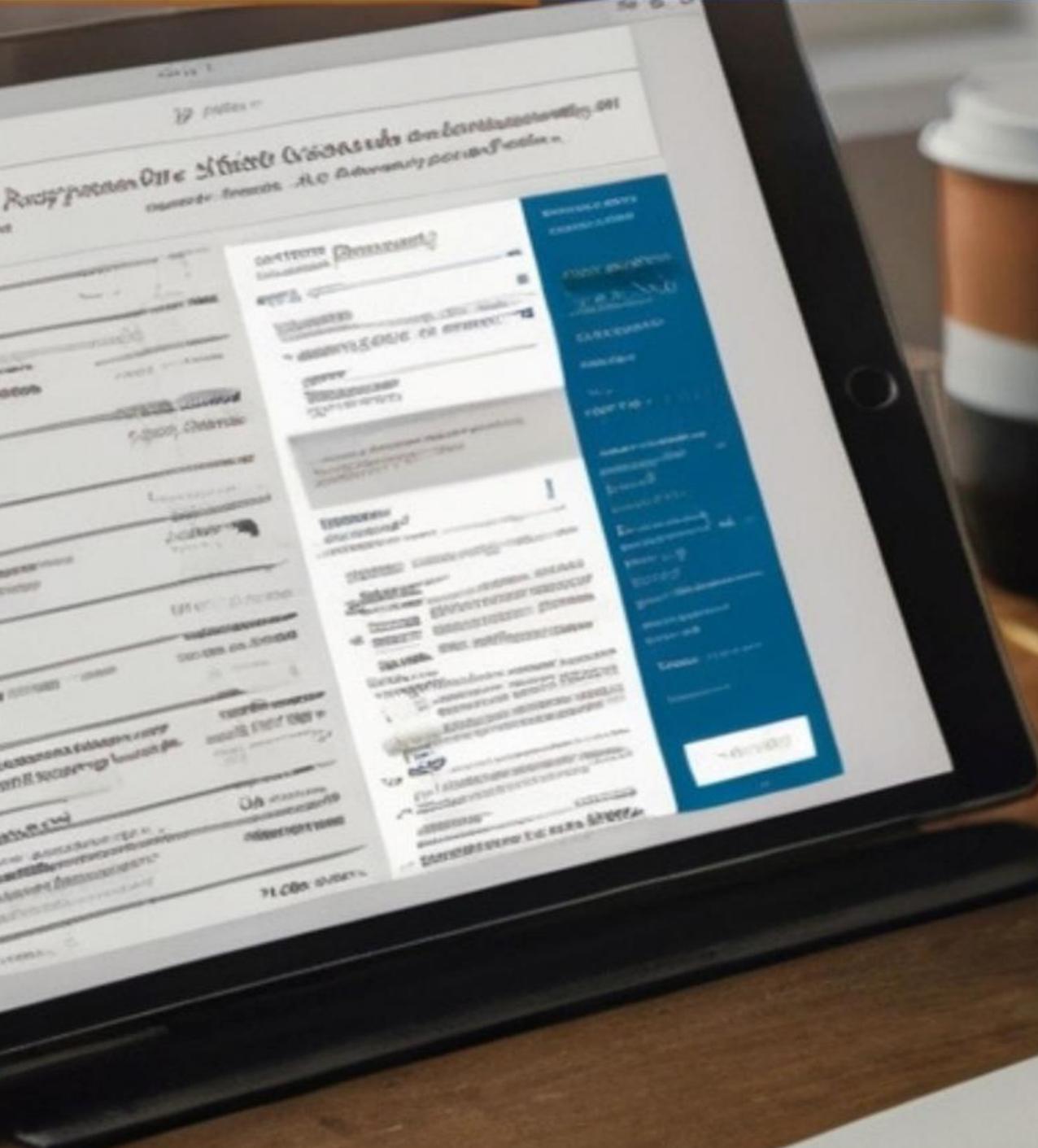
In turn, care based on the essence of Being takes on an existential dimension. As Heideggerian theory mentions, each Being in its essence has its particularities.

Understanding the perceptive experience of the blind, their particularities, care and its relationship with health vulnerability from a phenomenological perspective favors the apprehension of new meanings about the blind person and the care of this clientele.

As a limitation of the study, theoretical-reflexive nature stands out, with the need to verify its practical application through research with other designs that enable theoretical application in the daily lives of nurses who assist people with blindness.

REFERENCES

- AZZINI, E. P.; RIGONI, A. C. C. The blind body: the verb and the intensification of disability. *Health Transform Society*, v. 10, n. 1/2/3, p. 44-53, 2019. Available in: <http://incubadora.periodicos.ufsc.br/index.php/saudeetransformacao/article/view/5298/5635>. Access on: 18 feb. 2025.
- HEIDEGGER, M. *Being and time (Part I)*. 5th. ed. 2005. Available in: <https://www.amazon.com/Being-Time-Martin-Heidegger/dp/0060638508>. Access on: 18 feb. 2025.
- BARROS, Johanna Laís Militão Fernandes de; NUNES, Natália Abou Hala. Visão Holística da Enfermagem na assistência prestada a pacientes com dor crônica. *Revista de Enfermagem da UFPI*, Teresina, v. 8, n. 2, p. 1-10, abr./jun. 2019. Available in: <https://revistas.ufpi.br/index.php/reufpi/article/view/7823>. Access on: 18 feb. 2025.
- MARQUES, J. F.; ÁFIO, A. C. E.; CARVALHO, L. V.; LEITE, S. S.; ALMEIDA, P. C.; PAGLIUCA, L. M. F. Physical accessibility in primary health care: a step towards embracement. *Revista Gaúcha de Enfermagem*, v. 39, e2017-0009, 2018. DOI: <https://doi.org/10.1590/1983-1447.2018.2017-0009>.
- PONTY, M. M. *Phenomenology of perception*. 5th ed. 2018. Available in: <http://faculty.las.illinois.edu/rrushing/581b/ewExternalFiles/Merleau-Ponty%2C%20Phenom%20of%20Perception%20Selections.pdf>. Access on: 18 feb. 2025.
- PONTY, M. M. *The visible and the invisible*. 3rd ed. São Paulo: Perspectiva, 2019. Available in: https://monoskop.org/images/8/80/Merleau_Ponty_Maurice_The_Visible_and_the_Invisible_1968.pdf. Access on: 18 feb. 2025.
- ROQUÉ, B. B.; ROSANELI, A. F. Mental images of blind people: environmental perception in phenomenological geography. *Geograficidade*, v. 8, n. 2, p. 95-107, 2018. Available in: <https://doi.org/10.22409/geograficidade2018.82.a13135>. Access on: 18 feb. 2025.
- SOARES, J. R.; PAGLIUCA, L. M. F.; BARBOSA, E. M. G.; MAIA, E. R. Knowledge acquisition on communication with blind patients in nursing consultation. *Revista Rene*, v. 19, e3490, 2018. Available in: <https://doi.org/10.15253/2175-6783.2018193490>. Access on: 18 feb. 2025.
- WORLD HEALTH ORGANIZATION. *Global data on visual impairments 2010*. Geneva: WHO; 2012. Available in: <https://www.who.int/blindness/GLOBALDATAFINALforweb.pdf?ua=1>. Access on: 18 feb. 2025.



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