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Nursing process for elderly women with sexual dysfunction in primary care

Proceso de enfermería para mujeres mayores con disfunción sexual en atención primaria

Processo de enfermagem em mulher idosa com disfunção sexual na atenção primária

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Abstract

The aim was to conduct a nursing process study on an elderly woman with dyspareunia. This was an exploratory, descriptive, mixed-methods case study conducted in a mixed health unit located in the city of Rio de Janeiro, using data collected from medical records. Data analysis was performed using Callista Roy's Adaptation Theory, as well as the taxonomies of the North American Nursing Diagnosis Association International, the Nursing Interventions Classification, and the Nursing Outcomes Classification. The nursing process facilitated the identification of adaptation needs for planning therapeutic strategies, including the physiological, role, and interdependence adaptive modes identified in the case analysis. The nurse, through nursing consultations in the primary health care unit, plays a vital role in the adaptation process, empowering the elderly woman in her new condition and assisting in the appropriate management of her sexual health.

Descriptors: Sexuality; Nursing Process; Physiological Sexual Dysfunctions; Primary Health Care; Endocrinology.

Resumén

El objetivo fue realizar un estudio del proceso de enfermería en una mujer mayor con dispareunia. Se trató de un estudio de caso exploratorio, descriptivo y de métodos mixtos, realizado en una unidad de salud mixta ubicada en la ciudad de Río de Janeiro, que utilizó datos recopilados de historias clínicas. El análisis de datos se realizó utilizando la Teoría de la Adaptación de Callista Roy, así como las taxonomías de la Asociación Norteamericana de Diagnósticos de Enfermería Internacional, la Clasificación de Intervenciones de Enfermería y la Clasificación de Resultados de Enfermería. El proceso de enfermería permitió identificar las necesidades de adaptación para la planificación de estrategias terapéuticas, para los modos adaptativos fisiológicos, de rol e interdependencia identificados en el análisis del caso. La enfermera, a través de las consultas de enfermería en la unidad de atención primaria de salud, desempeña un papel vital en el proceso de adaptación, empoderando a la mujer mayor en su nueva condición y ayudándola en el manejo adecuado de su salud sexual.

Descriptores: Sexualidad; Proceso de Enfermería; Disfunciones Sexuales Fisiológicas; Atención Primaria de Salud; Endocrinología.

Resumo

Objetivou-se realizar o processo de enfermagem em uma mulher idosa com dispareunia. Estudo exploratório, descritivo, abordagem mista, do tipo estudo de caso, realizado em uma unidade mista de saúde, localizada no município do Rio de Janeiro, através da coleta de dados do prontuário. A análise dos dados foi realizada por meio da Teoria da Adaptação de Callista Roy, além das taxonomias da *North American Nursing Diagnosis Association International*, da *Nursing Interventions Classification* e da *Nursing Outcomes Classification.* O processo de enfermagem possibilitou a identificação das necessidades de adaptação para o planejamento de estratégias terapêuticas, para os modos adaptativos fisiológicos, de papel e de interdependência identificados na análise do caso. O enfermeiro, através da consulta de enfermagem na unidade básica de saúde, tem vital participação no processo de adaptação, autonomia da mulher idosa em sua nova condição, empoderando e auxiliando no manejo adequado da sua saúde sexual.

Descritores: Sexualidade; Processo de Enfermagem; Disfunções Sexuais Fisiológicas; Atenção Primária à Saúde; Endocrinologia.

Introduction

The climacteric and menopause period involves changes related to hormonal alterations, mainly a reduction in estrogen levels, which result in alterations such as vaginal dryness, decreased tissue elasticity, and dyspareunia. These physiological changes negatively impact sexual response and contribute to the development of dysfunctions in women during this phase of life[1].

This hormonal alteration manifests clinically in women through vaginal dryness, loss of tissue elasticity, and reduced vaginal compliance, which frequently results in dyspareunia. Physiological changes compromise the integrity of the female sexual response and act as determining factors in the development of dysfunctions in this population[2].

A woman's sexual response is determined by a complex interaction of biopsychosocial and hormonal elements, gynecological dysfunctions, and endocrine fluctuations, which can significantly compromise libido and sexual satisfaction. Due to its multifactorial nature, the management of female sexual dysfunctions requires integrated therapeutic and diagnostic care that simultaneously encompasses physical, mental, and social aspects[2].

Beyond biological factors, aging involves psychosocial aspects, such as changes in self-image, issues related to interpersonal relationships, as well as biological aspects through the presence of chronic diseases and the continuous use of medications. Given so many variables, sexuality in old age often ends up being disregarded and permeated by social stigmas, even among healthcare professionals, who associate aging with asexuality. The invisibility of sexuality in old age hinders access to assistance and exacerbates emotional suffering[3-5].

Nursing plays a necessary care and educational role in the care of older adults, acting at all levels of healthcare. Given the multidimensional demands of aging, the approach to sexuality stands out, an aspect often neglected but vital for quality of life at this stage. In this context, the nursing team intervenes through qualified listening, clinical guidance, and demystification of taboos, empowering older women to understand, absorb, and adapt to the physiological and psychosocial transformations inherent in the aging process. In this way, it promotes not only sexual and reproductive health but also the maintenance of autonomy, self-esteem, and the individual's overall well-being[5-7]. Nursing consultations within the context of Primary Health Care (PHC) constitute a strategic space for implementing actions aimed at promoting safe and satisfying sexuality among elderly women[8].

To achieve this, nurses need to develop a holistic approach that goes beyond the care of chronic diseases, one that is more humanized and free from prejudice, and that recognizes sexuality as an essential part of well-being in old age[5,8,9]. In this sense, the objective of this case study is to carry out the nursing process in an elderly woman with dyspareunia.

Methodology

This is an exploratory and descriptive qualitative research study of the single case study type. The research aims to demystify some misconceptions; although aging brings physiological changes, they do not prevent the experience of sexuality. The greatest barriers lie in psychological factors, prejudice, and social intolerance[10].

Qualitative research fulfills this objective, as it seeks to identify, analyze, and interpret diverse perceptions on complex issues. This approach requires a deep understanding of the phenomenon, going far beyond the mere statistical and descriptive analysis of the collected data. Within this perspective, the single case study consists of a method focused on the construction of inductive theories, based on the empirical investigation of a scenario[10].

The study was conducted at a public, outpatient health institute located in the city of Rio de Janeiro. Data collection took place between February and June 2023 through medical record review, and data processing occurred from February to June 2026.

The analysis was conducted using the NANDA International (North American Nursing Diagnosis Association International), NIC (Nursing Interventions Classification), and NOC (Nursing Outcomes Classification) taxonomies, which enabled the identification of nursing diagnoses, the planning of interventions, and the evaluation of expected outcomes in a systematic and evidence-based manner[11-13].

The integrated use of these classifications promotes the standardization of professional language, strengthens clinical reasoning, and contributes to the quality of care provided to the elderly. Furthermore, the analysis was based on current scientific literature addressing the studied topic and sought to support clinical decision-making with recent evidence.

The theoretical framework adopted was Sister Callista Roy's Adaptation Theory, which understands the individual as an adaptive system in constant interaction with internal and external environmental stimuli. From this perspective, the adaptive responses of the case study were evaluated in the physiological, self-concept, role function, and interdependence modes, allowing for a holistic understanding of the health-disease process. The combined application of the NANDA-I, NIC, and NOC taxonomies, associated with Adaptation Theory, contributed to a more comprehensive, individualized, and scientifically grounded nursing care approach[14].

The application of the theoretical framework formed the basis for structuring a Nursing Process that articulates science and professional practice, aiming to promote the adaptation of the individual - understood broadly as an individual, family, or community - to environmental changes. From this perspective, the elderly woman's interactions with the environment are configured as stimuli that demand and drive the development of adaptive responses[14].

In compliance with ethical principles, the study adhered to the guidelines for research with human subjects established by Resolution No. 466/2012 of the National

Health Council (CNS) and was approved by the Research Ethics Committee of the Luiz Capriglione State Institute of Diabetes and Endocrinology under Opinion No. 5,814,509. Data collection occurred through the signing of the Informed Consent Form (ICF), guaranteeing anonymity, confidentiality of clinical information, participant autonomy, and the right to withdraw at any time without prejudice to their care.

Results

A 68-year-old woman arrives at the Family Clinic with a chief complaint of intense pain during sexual intercourse for approximately 12 months. She reports that the pain is mainly located in the vulvar and vaginal region, described as burning, a stinging sensation, and deep discomfort, with significant worsening during penetration and persisting for several minutes after intercourse. She states that the symptoms began mildly and sporadically, but progressed gradually, making sexual relations difficult and unpleasant, significantly impacting her quality of life, self-esteem, and romantic relationships.

She also reports significant vaginal dryness, decreased natural lubrication, and reduced libido, as well as discomfort when sitting for long periods and frequent local irritation. She denies post-coital vaginal bleeding, lesions, itching, discharge, fever, or associated urinary symptoms. She reports feeling embarrassed about discussing the problem previously and fearing that the symptoms were related to natural aging, which is why she delayed seeking medical attention.

In her past medical history, she presents with systemic arterial hypertension diagnosed approximately 10 years ago, controlled with regular use of enalapril 20 mg/day, with no history of cardiovascular complications. She reports osteoarthritis in both knees for approximately 8 years, with recurrent episodes of pain and functional limitation, using analgesics and anti-inflammatory drugs sporadically when necessary. She reports menopause since age 52, without undergoing hormone replacement therapy, reporting symptoms of progressive vaginal dryness and hot flashes in the first years of menopause. She denies diabetes mellitus, previous gynecological surgeries, sexually transmitted infections, or a history of gynecological cancer. She reports irregular gynecological check-ups in recent years, and her last preventive exam was more than 3 years ago.

In her social history, the user reports maintaining an active sex life with a casual partner, although the relationships have become less frequent due to pain and discomfort experienced in recent months. She reports being widowed for 5 years, living with her daughter and grandchildren, having a good family support network, and occasionally participating in social activities in the community. She denies smoking, alcoholism, or illicit drug use. She reports a regular diet but mentions low levels of physical activity due to joint pain in her knees.

Discussion

The clinical picture presented characteristics common in postmenopausal women, such as vaginal dryness and decreased libido, directly impacting quality of life and sexual health. Identifying sexual dysfunction and proposing individualized therapeutic strategies are essential for developing actions that promote quality of life, autonomy, and comprehensive health of elderly women, reinforcing the need to broaden the debate and improve the quality of care in this area.

Callista Roy's Adaptation Theory guided the nursing process through her understanding of the elderly woman as an adaptive system that responds to stimuli from her environment, where adaptation is essential for coping with the case studied: dyspareunia, in the face of hormonal changes associated with aging[15].

The concept of stimuli advocated by Roy's Adaptation Theory was adopted as a parameter for critical analysis and clinical reasoning, and reflects the subject's adaptive potential, classified as focal, contextual, and residual[15,16]. The focal stimulus corresponds to the main and immediate problem experienced by the person, being the one that requires the most attention at the moment. Contextual stimuli encompass the factors that contribute to experiences and that are the adaptive response in a direct or indirect way. Residual stimuli are related to beliefs, past experiences, attitudes, and feelings that, even if they do not present a clearly identifiable influence, can interfere in the adaptation process[17].

Although the nursing approach to the three stimuli is extremely important for providing comprehensive care to elderly women with dyspareunia, the development of the nursing process focused on adapting to the focal stimulus of the elderly woman in the study. The health complaint that revealed the need for adaptation was dyspareunia, frequently associated with genitourinary syndrome of menopause, resulting from reduced estrogen levels and consequently alterations in the vaginal mucosa, such as atrophy. The diagnosis of impaired physical comfort was related to inadequate knowledge of modifiable factors in aging, characterized by dyspareunia[18].

Adaptation theory defines four adaptive modes as measuring instruments: physiological, role function, interdependence, and self-concept. The physiological adaptive mode includes the body's functioning necessary for maintaining life and health; in the case studied, it is affected by impairments in the sexuality of elderly women due to their physiological decline[16]. The diagnosis of impaired physical comfort was a physical and biological response, in a physiological way, to the friction caused during sexual intercourse. The same phenomenon occurs with decreased lubrication and increased tissue fragility, culminating in the diagnosis of Risk of Impaired Tissue Integrity related to friction on the dry vaginal surface during sexual intercourse. Role function refers to how a person perceives themselves, physically and emotionally, their feelings, beliefs, self-esteem, body image, and personal and sexual identity. Therefore, the nursing diagnosis of Impaired Sexual Function related to physiological changes resulting from the menopausal and climacteric process, characterized by dyspareunia, was established[11].

In the adaptive mode of interdependence, there are interpersonal relationships, emotional support, and the ability to give and receive affection, care, and social support. These adaptive modes are related to the difficulties elderly women face in understanding and managing their own bodies for sexual practices, in the new physiological configuration they present[16,17]. The diagnosis of Inadequate Health Self-Efficacy related to fear and insecurity about the physiological changes of climacteric and menopause, characterized by inadequate self-knowledge to make choices about their own health care, applies to this adaptive mode[11](Chart 1).

Self-concept relates to how a person perceives themselves physically and emotionally, including feelings, beliefs, self-esteem, body image, and personal identity. From this perspective, sexual dysfunction in older women transcends biological changes, severely impacting their psychological well-being[16,17]. The changes resulting from genitourinary syndrome during menopause, such as dyspareunia, distort the patient's physique and body image, leading her to perceive her body as fragile. Concomitantly, her personal life is affected by the frustration of her ideal self, since the inability to maintain a satisfactory sex life generates anxiety and decreased self-esteem. Although dyspareunia manifested, the failure to seek guidance and healthcare prevented her from becoming aware of the sexual dysfunction, and the elderly woman in the case study did not express any changes in her self-concept[2,8,18,19].

Impairment is observed in three of these areas, especially in role function and sexual function, directly impacting quality of life (Chart 1). Nursing, therefore, acts by promoting strategies that favor positive adaptation, contributing to the patient's overall well-being. The tangible planning for the elderly woman's case study aimed to improve her health status and physical and sexual quality of life, raising the indicators and, consequently, moving from a compromised condition to one adequate to her capabilities. (Chart 2).

Chart 1. Adaptive modes of adaptation theory and nursing diagnoses. Rio de Janeiro, RJ, Brazil, 2026

Adaptive modes of theory	Nursing diagnoses
Physiological	Impaired physical comfort
	Risk of impaired tissue integrity
Role function	Impaired sexual function
Interdependence	Inadequate self-efficacy in health
Self-concept	-

Chart 2. Presentation of the diagnosis and planning for nursing care. Rio de Janeiro, RJ, Brazil, 2026

Diagnosis	Planning	
	Indicator	Goal
Impaired physical comfort	Physical well-being	Increase
Risk of impaired tissue integrity	Skin integrity	Maintain
Impaired sexual function	Expresses awareness of sexual/personal needs	Increase
Inadequate self-efficacy in health	Recognizes personal physical limitations	Increase

Nursing care for impaired physical comfort[11–13] was indicated by the promotion of the physical well-being of elderly women and considered pharmacological treatment, acting in a complementary and educational way in relation to body management in sexual practices and symptomatic relief for elderly women. Topical estrogen (local hormone therapy) administered via creams was considered to help reverse cellular atrophy, aid in thickening the vaginal epithelium, and increase local vascularization. It also reverses the restoration of acidic pH and recovery of physiological lubrication, the primary cause of pain[18]. Vaginal moisturizers alleviate daily symptoms of dryness, itching, and burning, regardless of sexual activity, as they reduce mechanical action during penetration, prevent micro-fissures, and reduce acute discomfort during intercourse. For these implantations to be effective, nursing staff must examine the vagina to assess physiological changes that cause dyspareunia, such as vaginal contents, consistency, color, odor, presence of blisters and signs of inflammation, roughness, atrophy, elasticity, lateral, anterior, and posterior fornices, and analyze the presence or absence of cysts, tumors, adhesions, fistulas, and scars. The cervix should also be evaluated for its location, shape, volume, and shape of the external os, as well as the volume and production of mucus, blood, or other secretions, polyps, ectopia, and foci of endometriosis[20].

The nurse's approach should be tailored to be free of limiting and debilitating beliefs, understanding that sexual life exists in old age and can be affected by physical aspects, emotional well-being, self-esteem, and interpersonal relationships. It is fundamental that the healthcare team, especially nursing, is trained to identify, support, and propose appropriate interventions aimed at improving the quality of life of these women[5,8,17,21].

The risk of impaired tissue integrity was indicated by the maintenance of tissue integrity and shared common care considerations with the diagnosis of impaired physical comfort, such as health education and the use of vaginal lubricants during sexual intercourse. Health education should be provided during nursing consultations in primary

care units, focusing on local measures for vaginal hydration and trauma prevention; self-care related to intimate health is essential to address dyspareunia, the main complaint of elderly women[1,6-8]. To prevent a risk diagnosis from becoming a real diagnosis, tissue integrity monitoring should be performed through physical examination of the genitalia. A supportive environment should be used to encourage discussion of sexual difficulties[12,13].

Nursing care for impaired sexual function and inadequate self-efficacy in health has focused on discussing the necessary modifications to achieve satisfactory sexual activity, as addressed in the care for other nursing diagnoses. This care aims not only at the use of pharmacological technologies, but also educational ones to eliminate ignorance and limit beliefs about self-care.

The difficulty older women face in understanding and coping with changes in sexuality during aging results in insecurity, lack of information, and limitations in adopting measures to promote sexual health and quality of life. Therefore, part of the difficulties faced by older people is more related to a culture that devalues and limits them. Breaking down taboos means recognizing the need for sex education even in old age[7].

In the context of elderly women with dyspareunia, impaired physical comfort, sexual dysfunction, and inadequate self-efficacy during intercourse are focal stimuli, demanding priority adaptive interventions to restore well-being. Contextual stimuli encompass factors that directly influence this response, such as hormonal changes during menopause, vaginal dryness, and communication barriers with the partner. Additionally, limiting beliefs about sexuality in aging, negative past experiences, and feelings of shame or insecurity can act as residual stimuli, negatively impacting the woman's adaptation in physiological, self-concept, interdependence, and role function modes[7].

In this context, nursing plays a fundamental role in developing educational actions, addressing questions, and promoting spaces for dialogue that contribute to strengthening coping mechanisms and a more effective adaptation to the changes resulting from aging. In this way, health education becomes an important tool for deconstructing stigmas, stimulating self-care, and promoting a better quality of life for the elderly population[2,6,9].

In this sense, it is understood that the sexuality of older women is an issue that cannot be neglected, made invisible, or stigmatized, both in society and in healthcare. It is urgent to expand knowledge and improve care through health education. This training should involve not only older women but also professionals, who frequently face barriers to addressing the topic in clinical practice[6,7].

Final Considerations

Dyspareunia represents a focal stimulus that directly interferes with a woman's adaptation, with significant repercussions on her physiological functioning. The structuring of the Nursing Process revealed that providing sexual health care to elderly women requires clinical and critical reasoning to overcome barriers that transcend the biological changes of aging, encompassing the sociocultural stigma that renders intimacy invisible and silences clinical complaints. For nursing, the central challenge lies in overcoming the taboos and limiting beliefs of the professionals themselves that may restrict the approach to this topic in Primary Health Care (PHC) consultations, given that such obstacles compromise qualified listening and perpetuate fragmented care.

Therefore, the adaptation of elderly women requires continuous and prejudice-free care, and nursing acts as the main facilitator of this process. Through health education and nursing consultations in primary health care units, seeking interventions focused on comfort, the nurse provides the appropriate stimuli to reverse ineffective responses. This assistance allows the elderly woman to redefine her sexuality, regain her autonomy, and improve her quality of life.

A significant limitation of this case study relates to the impossibility of fully implementing the Nursing Process, since data collection was carried out through the analysis of information recorded in medical records. Therefore, it was not possible to conduct fundamental steps such as direct assessment of the patient, conducting interviews, performing complementary physical examinations, and continuously monitoring clinical progress—essential elements for a complete and individualized application of the Nursing Process. Furthermore, the reliance on existing records may have restricted the acquisition of more detailed or up-to-date information, influencing the formulation of diagnoses, the planning of interventions, and the evaluation of results. Despite these limitations, the available data allowed for the analysis of the case and the discussion of nursing care relevant to the situation studied.

In conclusion, this study facilitated the articulation between an active learning methodology, applied to the structuring of the Nursing Process, and the development of care directed towards the elderly population critically and reflectively. The investigative process highlighted the need to broaden the debates about sexuality in senescence, reinforcing the relevance of nursing care in promoting the health and quality of life of elderly women with sexual dysfunctions, based on the principles of humanized and comprehensive care.

References

1. Cardoso ABS, Martins AIS, Barbosa CÁP, Neto JRM, Melo JHL, Silva PML. Fisiopatologia e manejo clínico das disfunções sexuais femininas: uma revisão integrativa. Rev Inic Cient Odontol [Internet]. 2025 [citado em 6 jun 2026];23(s2). Disponível em: https://periodicos.ufpb.br/index.php/revico/article/view/74112

2. Costa MN, Noronha SP, Lima PHS, Barbosa TS, Silva PML. Fisiologia da função sexual feminina e condições de saúde associadas às disfunções: revisão integrativa. Rev Inic Cient Odontol [Internet]. 2025 [citado em 6 jun 2026];23(s2). Disponível em: https://periodicos.ufpb.br/index.php/revico/article/view/74111
3. Scremin M, Silva Junior RF, Rocha DB, Maciel APF, Ferreira CR, Jesus ECP, et al. Prática esportiva diária e doenças crônicas não-transmissíveis entre a população idosa. Estud Av Saude Nat. 2024;19:e2273. https://doi.org/10.51249/easn19.2024.2273
4. Bıçakçı NK, Çatak B, Altay B, Çalmaz A, Soner G. Qualitative research on elderly people's perception of sexuality and sexual lives. Afr J Reprod Health. 2025;29(11):79-90. https://doi.org/10.29063/ajrh2025/v29i11.7
5. Sodré CP, Netto LA, Santos LPS, Nogueira GA, Duarte ACS, Chicharo SCR, et al. Desejo e longevidade: a sexualidade da mulher idosa sob o olhar da enfermagem. Glob Acad Nurs. 2025;6(Supl. 5):e534. https://doi.org/10.5935/2675-5602.20200534
6. Reis RPD, Oliveira JKC, Vanderlei MG, Barbosa DFR, Santos JMD, Gomes MP, et al. A atuação do enfermeiro frente à sexualidade na terceira idade: uma revisão integrativa. Rev Eletr Acervo Saude. 2020;(55):e3740. https://doi.org/10.25248/reas.e3740.2020
7. Brasil. Ministério da Saúde. Guia de cuidados para a pessoa idosa. Brasília (DF): Ministério da Saúde; 2024.
8. Carvalho MR, Oliveira HMS, Figueira IVS, Nogueira GA, Oliveira BC, Barros JTF, et al. Entre toques, sentidos e afetos: caminhos do desejo e do cuidado na mulher idosa na atenção primária. Glob Acad Nurs. 2025;6(Supl. 3):e524. https://doi.org/10.5935/2675-5602.20200524
9. Marcon KCA, Gobatto M, Binotto MA. A utilização e o acesso aos serviços de saúde por pessoas idosas na atenção primária. Saude Colet (Barueri). 2025;15(94):15077-94. https://doi.org/10.36489/saudecoletiva.2025v15i94p15077-15094
10. Pesquisa qualitativa e seus fundamentos na investigação científica. Rev Gest Secret [Internet]. [citado em 7 jun 2026]. Disponível em: https://ojs.revistagesec.org.br/secretariado/article/view/4019
11. Herdman TH, Kamitsuru S, Lopes CT, organizadores. Diagnósticos de enfermagem da NANDA-I: definições e classificação 2024-2026. 13ª ed. Porto Alegre: Artmed; 2024.
12. Wagner CM, Butcher HK, Clarke MF. NIC: classificação das intervenções de enfermagem. 8ª ed. Rio de Janeiro: Guanabara Koogan; 2025.
13. Moorhead S, Swanson E, Johnson M. NOC: classificação dos resultados de enfermagem. 7ª ed. Lucena ADF, Almeida MDA, organizadores. Rio de Janeiro: Guanabara Koogan; 2024.
14. Masson E. Éclairer le raisonnement clinique des étudiants en pratique avancée par les théories infirmières. Soins. 2024;69(886):45-9. https://doi.org/10.1016/j.soin.2024.05.013
15. Kinalski SS, Beuter M, Benetti ERR, Leite MT, Venturini L, Brandão MAG. Microteoria de enfermagem na prevenção do delirium em pessoas idosas na unidade de terapia intensiva. Rev Lat Am Enfermagem. 2023;31:e4072. https://doi.org/10.1590/1518-8345.6707.4072
16. Dayılar Candan H, Doğan S, Güler C, Carroll K. Roy adaptation model: theory-based knowledge and nursing care with a person experiencing COVID-19. Nurs Sci Q. 2022;35(3):304-10. https://doi.org/10.1177/08943184221092434
17. Wang Y, Chang J, Fei G, Zhou Q, Sun D. Roy adaptation model-based nursing care improves quality of life for elderly burn patients. Am J Transl Res. 2025;17(6):4679-88. https://doi.org/10.62347/UWNY6958
18. Streicher L. Postmenopausal dyspareunia. Menopause. 2024;31(12):1087-9. https://doi.org/10.1097/GME.0000000000002438
19. Syamsidar S, Asmaningrum N, Rondhianto R. A systematic review of adaptation measurement instruments based on Roy's adaptation model in the nursing context. J Keperawatan. 2025;11(1):248-58. https://doi.org/10.29241/jmk.v11i1.2225
20. Fundação Oswaldo Cruz (Fiocruz). Semiologia ginecológica: o atendimento da mulher na atenção primária à saúde [Internet]. Rio de Janeiro: Fiocruz; [data desconhecida] [citado em 7 jun 2026]. Disponível em: https://portaldeboaspraticas.iff.fiocruz.br/biblioteca/semiologia-ginecologica-o-atendimento-da-mulher-na-atencao-primaria-a-saude/
21. Gasparin VA. Rastreamento dos cânceres de mama e colo do útero em mulheres idosas da atenção primária à saúde [tese]. Chapecó: Universidade Comunitária da Região de Chapecó; 2024. Disponível em: https://www.proquest.com/openview/94b84c00ff620fa15dac272a5feaf161/1?pq-origsite=gscholar&cbl=2026366&diss=y