

Care goals panel: evaluations and perceptions of patients and companions

Painel de metas do cuidado: avaliações e percepções de pacientes e acompanhantes

Panel de objetivos asistenciales: evaluaciones y percepciones de pacientes y acompañantes

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REVISA

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RESUMO

Objetivo: avaliar o "Painel de Metas do Cuidado" a pacientes idosos (com 60 anos e mais) na percepção dos pacientes e acompanhantes. Método: estudo exploratório, quantitativo e qualitativo, com pacientes idosos de uma Clínica Médica Geriátrica em um hospital de São Paulo e seus acompanhantes no período de novembro a dezembro de 2022. Os dados foram coletados através de formulários e questionários elaborados para esta pesquisa que continham questões abertas e fechadas. Resultados: participaram do estudo 59 idosos, sendo 66,1% do sexo feminino e 33,9% do sexo masculino. Entre as mulheres, foi constatado que 35,8% estavam na faixa etária de 81 a 90 anos. Sobressaíram as viúvas com 64,1%, enquanto nos homens os casados com 60,0%. Houve predomínio de idosos que moravam com familiares, mais frequente nos homens com 90,0% e nas mulheres 79,5%. Quanto à escolaridade encontramos um baixo número de analfabetos (3,4%) e apesar de 39,0% de idosos terem ensino fundamental, 30,7% tinham graduação ou pós, mais frequentes nos acima de 71 anos. Houve maior número de internações por problemas respiratórios com 33,9% dos casos, seguida daqueles por sistema geniturinário com 25,4%. Dos 59 acompanhantes (cuidadores e familiares) 69,5% eram familiares, sobressaindo a presença de filhos com 56,0% seguida dos cônjuges com 24,3%. Quanto à faixa etária, a maioria tinha de 41 a 50 anos com 37,3%, sendo 16,9% para os cuidadores e 20,3% para os familiares. Quanto à equipe multidisciplinar 36,3% são do sexo masculino e quase o dobro com 63,7% do sexo feminino. Conclusão: o "Painel de Meta do Cuidado" representa importante ferramenta para efetivação dos cuidados prescritos ao paciente idoso, com segurança e qualidade, somados a comunicação efetiva estabelecida entre os pacientes idosos, acompanhantes e equipe multidisciplinar, cuja participação reflete numa assistência mais segura, conforme preconiza a Organização Mundial da Saúde e a Agência Nacional de Vigilância Sanitária.

Descritores: Painel; Meta; Cuidado; Enfermagem; Paciente; Idoso; Comunicação; Riscos; Evento adverso.

ABSTRACT

Objective: to evaluate the "Panel of Care Goals" for elderly patients (aged 60 years and over) in the perception of patients and companions. Method: exploratory, quantitative and qualitative study with elderly patients from a Geriatric Medical Clinic in a hospital in São Paulo and their companions from November to December 2022. Data were collected through forms and questionnaires prepared for this research that contained open and closed questions. Results: 59 elderly people participated in the study, 66.1% female and 33.9% male. Among women, it was found that 35.8% were in the age group of 81 to 90 years. Widows stood out with 64.1%, while men married people with 60.0%. There was a predominance of elderly people who lived with relatives, more frequent in men (90.0%) and in women (79.5%). Regarding education, we found a low number of illiterates (3.4%) and although 39.0% of the elderly had elementary education, 30.7% had undergraduate or postgraduate degrees, more frequent among those over 71 years of age. There was a higher number of hospitalizations due to respiratory problems with 33.9% of the cases, followed by those due to the genitourinary system with 25.4%. Of the 59 companions (caregivers and family members), 69.5% were family members, with the presence of children standing out with 56.0%, followed by spouses with 24.3%. As for the age group, most were between 41 and 50 years old (37.3%), with 16.9% for caregivers and 20.3% for family members. Regarding the age group, the majority were between 41 and 50 years old (37.3%), with 16.9% for caregivers and 20.3% for family members. As for the multidisciplinary team, 36.3% are male and almost twice as many, with 63.7% female. Conclusion: the "Care Goal Panel" represents an important tool for the effectiveness of the care prescribed to the elderly patient, with safety and quality, added to the effective communication established between elderly patients, companions and multidisciplinary team, whose participation reflects in safer care, as recommended by the World Health Organization and the National Health Surveillance Agency.

Descriptors: Dashboard; Goal; Care; Nursing; Patient; Old; Communication; Risks; Adverse event.

RESUMEN

Objetivo: evaluar el "Panel de Metas de Atención" para pacientes ancianos (60 años y más) en la percepción de pacientes y acompañantes, respecto a los resultados de la atención propuesta. Método: estudio exploratorio, cuantitativo y cualitativo con pacientes ancianos de una Clínica Médica Geriátrica de un hospital de São Paulo y sus acompañantes de noviembre a diciembre de 2022. Los datos fueron recolectados a través de formularios y cuestionarios elaborados para esta investigación que contenían preguntas abiertas y cerradas. Resultados: Participaron 59 adultos mayores, 66,1% mujeres y 33,9% hombres. Entre las mujeres, se encontró que el 35,8% se encontraba en el grupo de edad de 81 a 90 años. Destacaron las viudas con un 64,1%, mientras que los hombres, personas casadas con el 60,0%. Hubo un predominio de ancianos que vivían con familiares, más frecuente en hombres (90,0%) y en mujeres (79,5%). En cuanto a la educación, encontramos un bajo número de analfabetos (3,4%) y aunque el 39,0% de los ancianos tenía educación primaria, el 30,7% tenía títulos de grado o posgrado, más frecuente entre los mayores de 71 años. Hubo un mayor número de hospitalizaciones por problemas respiratorios con un 33,9% de los casos, seguido de las debidas al sistema genitourinario con un 25,4%. De los 59 acompañantes (cuidadores y familiares), el 69,5% eran familiares, destacándose la presencia de hijos con un 56,0%, seguidos de los cónyuges con un 24,3%. En cuanto al grupo de edad, la mayoría tenía entre 41 y 50 años (37,3%), con un 16,9% para los cuidadores y un 20,3% para los miembros de la familia. En cuanto al grupo de edad, la mayoría tenía entre 41 y 50 años (37,3%), con un 16,9% para los cuidadores y un 20,3% para los familiares. En cuanto al equipo multidisciplinario, el 36,3% son hombres y casi el doble, con un 63,7% de mujeres. Conclusión: el "Panel de Objetivos de Atención" representa una herramienta importante para la efectividad de la atención prescrita al paciente anciano, con seguridad y calidad, sumado a la comunicación efectiva que se establece entre los pacientes ancianos, los acompañantes y el equipo multidisciplinario, cuya participación se refleja en una atención más segura, según lo recomendado por la Organización Mundial de la Salud y la Agencia Nacional de Vigilancia Sanitaria. Descriptores: Salpicadero; Gol; Cuidado; Enfermería; Paciente; Viejo; Comunicación; Riesgos; Evento adverso.

ORIGINAL

Introduction

The world population reached the highest growth rate in human history in the 1960s, about 2.1% per year, a time when the catastrophic vision of the "population bomb" began to spread. Since then, the pace of population growth has slowed, being around 1.1% per year in the five-year period 2010-15. In other words, the so-called "population bomb" is being defused, the world population is growing less and living longer, with this, there has been a significant increase in the number of elderly people¹. In Latin America, this demographic transition is occurring even more rapidly. More than 8% of the population was 65 years of age or older in 2020 and this percentage is estimated to double by 2050 and exceed 30% by the end of the century².

It is true to say that aging is a population reality even in developing countries, such as Brazil. With a substantial improvement in the health parameters of the populations observed in the 20th century, despite being far from being evenly distributed in different countries and socioeconomic contexts, aging is no longer the privilege of a few.³

For the significant number of elderly people that we will have in our country, it is worth understanding that a population becomes older as the proportion of elderly individuals increases and the proportion of younger individuals decreases. Population aging is a response to changes in some health indicators, especially the drop in fertility and mortality and the increase in life expectancy⁴.

Aging is a phenomenon of the life process, as well as childhood, adolescence and maturity, marked by specific biopsychosocial changes, associated with the passage of time⁵. However, it varies from individual to individual, and can be genetically determined or influenced by lifestyle, environmental characteristics, and nutritional status.

The elderly use hospital services more intensively than other age groups, involving higher costs and implying a longer duration of treatment and slower and more complicated recovery, as geriatric patients have multiple chronic diseases, along with sequelae and treatments that such diseases require.

The age group over 65 years old uses health services more, especially hospitals, where hospitalizations are longer and mortality is higher, as well as intensive care units and medical clinic units. Data from the observatory of annual publication of hospital indicators, developed by the National Association of Private Hospitals (ANAP), indicate that, in 2020, there were 1,511,350 hospitalizations with an average hospital stay of 4.59 days⁶.

Hospitalization is considered to be of great risk, especially for older people. About half of the hospital admissions of the elderly have diseases of the circulatory system and respiratory system as their most frequent causes. As repercussions, hospitalization is generally followed by a decrease in functional capacity and changes in quality of life, which are often irreversible. The way in which the provision of hospital care to the elderly population is organized provides care incentives with more quality, as well as care with less risk and differentiated.

Each patient and their family has their own needs, weaknesses and potentialities, knowledge, values and beliefs. Patient and family education helps them understand and participate in their care and make the best care decisions together. Health organizations work to establish bonds of trust and

open and well-informed communication with patients, to understand and protect each other's cultural, psychosocial and spiritual values.

In a study carried out using available information for data management through a computerized panel and developed by nurses and information technology professionals for the prevention of pressure ulcers, it was concluded that it enabled the rapid and real-time visualization of patients' risks with a multidisciplinary team, proposed interventions and effectiveness of prevention measures. in addition to promoting the integration and empowerment of nursing professionals in care management⁷.

The programs adopted in health institutions on patient safety should support decision-making and management interventions, modifying the practice of care. The actions adopted need to generate results such as reliable practices that make a difference in patient safety, minimizing risks and changing the picture of undesirable events⁸.

Companions and the patient himself must participate in their care, being aware of their rights and duties as users of health services; understanding the risks associated with care; choosing the properly specialized health professional; providing correct information about their health; and, once the treatment is accepted, following the instructions of the professionals and participating in care and therapeutic decisions.

Thus, following international health models and programs, the HSC incorporates strategies for the adoption of practices of excellence in care, respecting the rights and duties of patients, prioritizing the education of patients and their families, following safety standards for care, valuing the nursing care model and following national and international recommendations and guidelines for the participation of patients and families in care. The HSC innovated in this segment when it implemented, in January 2016, the Goal Project for Patient- and Family-Centered Care, adding the aspects of improvement in the performance of multidisciplinary care centered on communication, quality and patient safety, with the use of the Care Goal Panel.

The model of the Care Goal Panel is unprecedented in Brazil and, considering its implementation in the institution, with easy adoption and use by the multidisciplinary team, especially the nursing team, through a simple, objective and multidisciplinary communication process, which includes the patient and their family members in the care center, led us to investigate its effectiveness in the assessment of care risks for elderly patients, as well as the provision of care and probable reduction of adverse events, including more effective communication between patient, companion (caregiver/family member) and multidisciplinary team and the follow-up of safe hospital discharge.

Methodology

Type of Research

It was proposed to carry out a prospective, exploratory, descriptive, quantitative case study with qualitative analysis of the data, considering that it would be a way to know the perception of patients, companions (caregiver/family member) and multidisciplinary team about the implementation and use of the "Care Goals Panel", considering the effectiveness

of the goals established for the care of the hospitalized elderly and the communication between those involved: patient, companion and health team.

The study was carried out at the Geriatric Medical Clinical Unit (UCMG) of the Santa Catarina Hospital (HSC), with a specialty for the care of elderly people with chronic diseases or not. The Hospital was founded in 1906 by the Sisters of St. Catherine, belonging to the Congregation of St. Catherine Association, a philanthropic entity responsible for offering management services in the areas of health, education and social service.

UCMG is located on the 3rd floor of block A, has 30 apartment beds that serves adult clinical patients, with an emphasis on the elderly. It is equipped with adequate equipment and equipment to serve patients in low, medium and high complexity care. Patients can be admitted from the adult emergency room, hospitalization sector, Intensive Care Unit and Surgical Center. To identify care complexity, the classification scale is used, performed daily by the team of clinical nurses. This scale is an instrument that helps to distribute nursing professionals according to the degree of dependence of patients.

The study population was composed of elderly patients aged 60 years and over, of both sexes, hospitalized for at least 3 days at UCMG, with or without chronic diseases, of any pathology, who met the inclusion criteria and who were hospitalized from October to December 2022 (three months) and the respective companions of each patient, who agree to participate in the research.

Form - Patient and companions (caregiver/family member): The first part of the patients contained characterization of the profile as: age group, gender, education, marital status, forms of housing, nationality, hospitalization and (re)hospitalizations with ICD and hospital discharge outcome. The second part was called "feedback", which sought to verify the perceptions of patients, companions as well as their profile. Before the beginning of the research, all patients and companions read, signed and acknowledged the informed consent form (Appendix D), containing two copies, one of which was in the possession of the participants and the other with the researcher.

After approval by the Research Ethics Committee of the USP School of Nursing and the Hospital Institution, data collection was carried out from November to December 2022, when all health professionals and elderly patients hospitalized at UCMG and who met the inclusion criteria were contacted. The interviews were conducted and monitored by the researcher himself, at times that were agreed upon with the interviewees, with the intention of making them as comfortable as possible to answer the questions.

Results

Seeking to evaluate the results of the implementation of the "Care Goals Panel", regarding the effectiveness of nursing care and communication between patient, companion (caregiver/family member) and multidisciplinary team, a study was carried out with 60 elderly hospitalized at the UCMG of Hospital Santa Catarina. These elderly people were selected according to inclusion criteria, along with their companions, who were also invited to participate.

Table 1 - Profile of patients according to gender, hospitalized at Hospital Santa Catarina. São Paulo, 2023.

Elderly Profile		Female		Male	
Age Group (Years)	n	%	n	%	
60 to 70	3	7,7	2	10,0	
71 to 80	11	28,2	7	35,0	
81 to 90	14	35,8	10	50,0	
≥ 91	11	28,2	1	5,0	
Total	39	66,1	20	33,9	
Marital Status					
Married	8	20,5	12	60,0	
Divorced	3	7,7	1	5,0	
Single	3	7,7	2	10,0	
Widower	25	64,1	5	25,0	
Residence					
With the family	31	79,5	18	90,0	
Alone	8	20,5	2	10,0	
Nationality					
Brazilian	36	92,3	19	95,5	
Foreigner	3	7,7	1	5,0	
Total	39	100,0	20	100,0	

When analyzing the profile of the patients' companions, we found a predominance of family members (69.5% (41) and females (83.1% (49), who stood out both in family members and caregivers (Table 4).

Table 2 - Profile of the companions of elderly patients. São Paulo, 2023.

PROFILE OF THE COMPANIONS						
Gender	Caregiver		Family Member		Total	
	n	%	n	%	n	%
Female	14	23,7	35	59,3	49	83,1
Male	4	6,8	6	10,2	10	16,9
Degree of Kinship						
Spouse	-	-	10	16,9	10	24,3
Child	-	-	23	39,0	23	56,0
Brother (a)	-	-	5	8,5	5	12,2
Other	-	-	3	5,1	3	7,3
Age Group (Years)						
18 to 30	0	0,0	6	10,2	6	10,2
31 to 40	1	1,7	3	5,1	4	6,8
41 to 50	10	16,9	12	20,3	22	37,3
51 to 60	3	5,1	6	10,2	9	15,3
61 to 70	2	3,4	10	16,9	12	20,3
71 to 80	0	0,0	4	6,8	4	6,8
≥ 81	2	3,4	0	0,0	2	3,4
Total	18	30,5	41	69,5	59	100

Table 3 – Perception of patients, companions, and multidisciplinary teams about the "care goals panel", São Paulo, 2023.

Perception		Patients		Companions		Multidisciplinary Team	
		n	%	n	%	n	%
Facilitates communication between teams	No	1	1,7	0	0	0	0
	Yes	58	98,3	59	100,0	80	100,0
Provides insightful information	No	2	3,4	0	0	2	3,4
	Yes	57	96,6	59	100,0	78	96,6
Some information was missing from the dashboard	No	58	98,3	43	72,9	65	81,5
	Yes	1	1,7	16	27,1	15	18,5
Helps in the process of care and care	No	2	3,4	-	-	-	-
	Yes	57	96,6	-	-	-	-
Total		59	100,0	59	100,0	80	100,0

Discussion

An important characteristic of the elderly contingent is its heterogeneity. It is reasonable to assume, for example, that a significant portion of this population enjoys good health conditions, usually associated with the younger elderly – under 80 years of age. With advancing age, increasing limitations for the performance of daily activities usually arise, especially due to the worsening of the most prevalent chronic diseases among the elderly. In this case, the contingent of older elderly people – aged 80 years or older – tends to present greater losses of autonomy and independence⁹.

It is interesting to note that we found a greater number of women in all age groups. Among the elderly, there is a higher percentage of widows, unlike men, who in this age group are predominantly married. More and more families experience this process, due to the fact that women have greater longevity and, therefore, become widows in a greater proportion than men¹⁰.

As for elderly people who live alone, we found a percentage that deserves to be highlighted, because living alone in some cases is an option for the elderly person and their family, depending on their ability to maintain their independence and autonomy. The family recognizes these capacities and needs as important factors in maintaining safe living alone¹¹.

Among the elderly patients in our study, more than one third were in the age group over 71 years old and had completed elementary school. A highlight for this population is the expressive group of undergraduates and postgraduates, which is not common for this age group, which shows that the HSC clientele is composed of patients with a differentiated standard in terms of financial income and with more opportunities for educational development. Although studies carried out in the city of São Paulo indicate that just over half

of the elderly population, 51.13%, did not complete high school¹².

Regarding the issue of the elderly patient's companion, we also need to highlight their age profile, as it was extremely relevant. In this study, 30.5% of the companions were over 60 years old. It is increasingly common to find hospitalized elderly patients who have the presence of an elderly companion. This reality reflects the aging of the population and the importance of considering the specific needs of this group during the care process¹³.

The presence of an elderly companion can bring significant benefits to the hospitalized patient. The shared experience between them creates a special connection and mutual understanding of the needs and concerns faced in the recovery process. In addition, having the company of someone in the same age group can minimize feelings of loneliness and isolation, which are so present at this stage of life¹⁴.

Seeking to know the functionality of the "Care Goal Panel", it proved to play a fundamental role in improving communication between patients, companions and the multidisciplinary team. This resource reinforces the proposal of providing direct and clarifying information about the care plan, with goals to be achieved, treatment progress and prediction of care risks.

For patients, the "Goal of Care Dashboard" allowed a clearer understanding of their treatment condition and the therapeutic goals established. By visualizing the goals set, they felt more involved in their own care process and could participate in informed decisions about their care.

Companions also benefited from having access to the information presented on the panel. They could better understand the patient's treatment plan, track its progress, and contribute to adherence to the guidelines contained in it.

Conclusion

This study made it possible to evaluate the results of the implementation of the "Care Goals Panel" regarding the effectiveness of nursing care, considering the value of communication established between elderly patients, companions (caregiver/family member) and multidisciplinary team.

For these conclusions were to consider all those involved in the process:

Profile of patients and companions

As for patients:

- 66.1% were female, 64.1% widowed and 64.0% were over 80 years old, showing greater longevity than men;
- 90.0% of men lived with their families, while women 20.5% lived alone;
- 95.5% were Brazilian, 39.0% had elementary education, and 30.7% had undergraduate and graduate degrees. Only 3.4% were illiterate;

As for companions (caregivers and family members):

- 69.5% of the companions who were family members, 16.9% spouses and 39.0% children, 59.3% were female;- 30.5% of the companions were elderly, more frequent in the group of family members;;
- 3.4% of caregivers were over 80 years old;

Perception and suggestions of patients and companions about the "Care Goal Panel"

- 100% of patients, companions and multidisciplinary team stated that the panel facilitates communication between teams,
- 96.6% that it provides clarifying information and for 81.5% there was no lack of information on the panel;
- 98.3% of the patients did not suggest anything to the panel and 1.7% suggested adding the date of hospitalization;
- 8.5% of the companions suggested that the goals set on the panel be better explained.

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