THE PROCESS OF BECOMING A HEAD NURSE: AN ETHNOGRAPHIC APPROACH*

O processo de construção do enfermeiro: abordagem etnográfica

El proceso de construcción del enfermero: enfoque etnográfico

*Article extracted from the Master's dissertation entitled construction of the leading nurse: an ethno-nursing, 2016 Federal University of Rio Grande.

Liliane Alves Pereira[1]; Edison Luiz Devos Barlem[2]; Graziele de Lima Dalmolin[3]; Laurelize Pereira Rocha[4]; Claudia Denise Schalenberger[5], Carolina Domingues Hirsch[6]

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ABSTRACT

Objective: This paper is aimed at understanding the process of becoming a head nurse from the perspective of ethno-nursing. **Methods**: This qualitative research applied the assumptions of ethno-nursing and was carried out in a philanthropic hospital in the South Region of Brazil. The research participants were 22 nursing team members working in a clinical unit. Data collection was carried out from July to November 2015 and followed the nine ethno-nursing phases. Data analysis was performed during the observation phases as recommended by the ethno-nursing methodology. **Results**: Based on the findings, three categories arose as follows: "Interpersonal relationships", "Exercise of autonomy", and "Advocacy in health". **Conclusion**: Understanding the process of becoming a head nurse is an important element in professional practice because it increases the professional value and enables nurses to be acknowledged as care managers, expanding the quality of services through the actions promoted by the exercise of leadership.

Descriptors: Nursing, ethics, leadership, nursing research methodology.

[1] Nursing Graduate by the *Instituto Doctum de Educação e tecnologia*, Specialists' Degree in Hospital and Health Services Management by the *Universidade Católica de Pelotas* (*UCPel*), MSc in Nursing by the *FURG*, PhD student in Nursing at *FURG*, Professor at *UFN*.

[2] Nursing Graduate by the *FURG*, MSc in Nursing by the *FURG*, PhD in Nursing by the *FURG*, Professor at *FURG*..

[3] Obstetrical Nursing Graduate by the *FURG*, MSc in Nursing by the *FURG*, PhD in Nursing by the *FURG*, Associate Professor at *UFSM*.

[4] Obstetrical Nursing Graduate by the *FURG*, Licentiate Degree in Professional and Technological Education by the *Instituto Federal do Rio Grande do Sul* (*IFRS*), MSc in Nursing by the *FURG*, PhD in Nursing by the *FURG*, Associate Professor at *FURG*.

[5] Nursing Graduate by the *Centro Universitário Franciscano* (*UNIFRA*), Specialists' Degree in Intensive Care Unit by the *Anhanguera Educacional*, MSc in Nursing by the *FURG*.

[6] Nursing Graduate by the *FURG*, MSc in Nursing by the *FURG*, PhD in Nursing by the *FURG*.

RESUMO

Objetivo: compreender o processo de construção do enfermeiro líder na perspectiva da etnoenfermagem. **Método**: Pesquisa qualitativa baseada nos pressupostos da etnoenfermagem, sendo desenvolvida em um hospital filantrópico no extremo sul do país, em um setor clínico assistencial com 22 profissionais da equipe de enfermagem. A coleta de dados foi realizada de julho a novembro de 2015 em nove fases da etnoenfermagem. Análise dos dados foi feita de forma simultânea e concomitante as fases de observação, conforme preconizado pela metodologia da etnoenfermagem. **Resultados**: emergiram três categorias que caracterizam a construção do enfermeiro líder, sendo elas a advocacia em saúde, relações interpessoais e exercício da autonomia. **Conclusão**: a compreensão do processo de construção do enfermeiro líder constitui-se um elemento importante no exercício da profissão, pois garante a valorização profissional e reconhecimento do enfermeiro como gestor do cuidado, ampliado a qualidade dos serviços através das ações promovidas pela liderança da equipe.

Descritores: Enfermagem; Ética; Liderança; Metodologia de pesquisa em enfermagem.

RESUMEN

Objectivo: comprender el proceso de construcción del enfermero líder en la perspectiva de la etnoenfermería. **Método**: investigación cualitativa basada en los presupuestos de la etnoenfermería, siendo desarrollada en un hospital filantrópico en el extremo sur del país, en un sector clínico asistencial con 22 profesionales del equipo de enfermería. La recolección de datos se realizó de julio a noviembre de 2015 en nueve fases de la etnoenfermería. El análisis de los datos fue realizado de forma simultánea y concomitante con las fases de observación, según lo preconizado por la metodología de la etnoenfermería. **Resultados**: surgieron tres categorías que caracterizan la construcción del enfermero líder, siendo ellas la abogacía en salud, relaciones interpersonales y ejercicio de la autonomía. **Conclusión:** la comprensión del proceso de construcción del enfermero líder constituye un elemento importante en el ejercicio de la profesión, pues garantiza la valorización profesional y reconocimiento del enfermero como gestor del cuidado, ampliando la calidad de los servicios a través de las acciones promovidas por el liderazgo del equipo.

Descriptores: Enfermería; Ética; Liderazgo; Metodología de investigación en enfermería.

INTRODUCTION

The current concept of leadership is directly related to business schools and its evolution is linked to the social, political, economic, ethical, and philosophical transformations that society has undergone in recent years.[1,2] Thus, leadership can be defined as a dynamic concept arising from each individual's social and historical context.[3]

The rigorous labor market demands have been affecting hospital environments, causing nurses to seek further training in order that they develop management and interrelationship skills, such as leadership skills. The reason is that nurses have to manage health spaces and other health care workers.[4] In this new health care perspective, it is indispensable to make the organizational vision more flexible and broader in order to offer humanized, ethical, and effective care.[1]

Accordingly, leadership emerges as an interpersonal relationship skill necessary to actively influence people with the aim of achieving a common goal. Its development requires the capacity for interpersonal relationships, dialogue, and motivational influence to promote changes.[5]

To visualize leadership in nursing and its complexity is to perceive that its concept emerges as a fundamental tool for the professional practice because the improvement of nursing professionals' ethical behavior requires building an individual and collective conscience. The nurses' leadership skills must be based on ethics so that ethical results can be produced.[6]

Most nurses perceive effective communication capacity as an essential attribute for leadership, rooted in ethics through the constant search for professional improvement. However, although nursing professionals know about leadership, only institution administration still exercise it. Nevertheless, leadership requires collaboration and awareness in order to be expanded as it is a way to influence people to achieve a common goal.[2]

Bearing in mind the aforesaid, it is necessary to understand the process of becoming a head nurse since the elements involved in this process (commitment, responsibility, communication, management, decision-making, etc.) can only be determined according to a specific reality.[7] Hence, this paper is aimed at understanding the process of becoming a head nurse from the perspective of ethno-nursing.

METHODS

This ethno-nursing study with a qualitative approach was performed in light of ethnography, which is defined as the study and analysis of nursing phenomena from each individual's perspectives, beliefs, values, culture, and behaviors.[8]

This study was carried out in a clinical unit located in a philanthropic hospital in the South Region of Brazil. The unit had 43 beds for patients covered by the *Sistema Único de Saúde (SUS)* [Brazilian Unified Health System].

Research participants were classified into 22 key informants (5 registered nurses, 16 nurse technicians, and 1 auxiliary nurse) and 51 general informants (18 residency students, 3 preceptors, 5 nutrition assistants, 3 sanitation staff members, 5 registered nurses, 16 nurse technicians, and 1 auxiliary nurse). The inclusion criteria for key informants were being in the work environment during the observation and interview phases and revealing attitudes/ leadership actions through dialogue, communication, or decision-making after the first phase of observations.

The observations took place from July to November 2015. Each observation lasted from 3 to 5 h, totaling 65 h. The interviews were conducted from November to December 2015 with each of them lasting from 45 min to 2 h.

After the selection of informants, the workers were observed while they performed daily activities and exercised leadership at work involving different actors of the care process. Their relationship with patients, family

members, companions, colleagues, management, and support services were also observed.

Data analysis was performed according to the four ethno-nursing phases using specific criteria congruent with the qualitative paradigm.[8]

In order to comply with ethical aspects, the participants' anonymity was preserved by using the letter "N" for nurses, "T" for nurse technicians, and "A" for auxiliary nurses, followed by a number referring to interview order. This study was approved by the Research Ethics Committee of the *Associação de Caridade Santa Casa do Rio Grande* under No. 07/2015.

RESULTS

The data analysis (which comprised the four phases of ethno-nursing) gave rise to the following categories related to the process of becoming a head nurse: "*Interpersonal relationships*", "*Exercise of autonomy*", and "*Advocacy in health*".
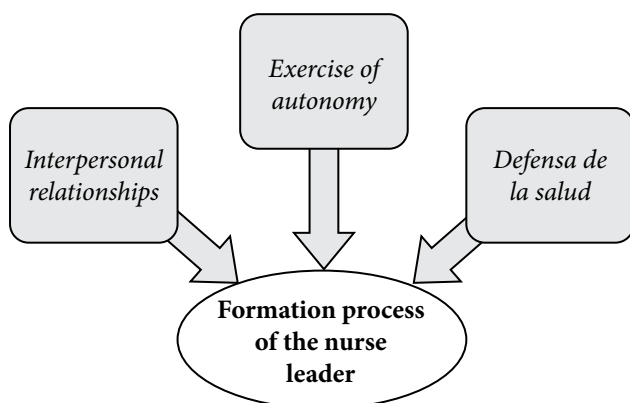

Figura 1 – Elements of the leading nurse construction

Interpersonal relationships

In this category, it was possible to observe that interpersonal relationships had a great influence on head nurses' development since leadership in nursing is intertwined and influenced by clear and effective communication with workers, patients, and other hospital support services.

Communication is essential for head nurses' daily life as they ensure that care is provided with knowledge and confidence by establishing a bond of trust with patients and their teams.

I've already administered dipyrone and tramal to the patient and talked to his relative. She's aware that I can't keep giving him more medications consecutively. We talked and she also thinks that he intends to take morphine, but it's not even prescribed (N2).

I always listen to my nurse, she comes and says things for us to learn, and when it's wrong she talks too, she gets

straight to the point right away. At first, I even thought she was arrogant, but she doesn't just tell us what we have to know, she teaches us a lot (T5).

Head nurses need to constantly interact with support services and establish clear communication to ensure patient care. This interrelationship between head nurses and support services allows team members to regard head nurses as people who consider other factors while performing their activities and make decisions that favor the organizational environment.

I wonder if I could talk to the pharmacist, it's because we'll have to see how the boxes with "If Necessary" (IN) medications will look. These medications have been used extensively here in the Unit and we need to define how it's going to be, but I need that she states her position on it because it's impossible to go to the pharmacy all the time to get them, we don't have human resources for that (N1).

The sectors with hospitalized people maintain a bond of mutual help between them. Furthermore, they establish a supporting relationship at critical moments during work shifts so as to not hinder assistance.

The nurse colleague will give me the medicine cups and I'll get them, this here I asked at the pharmacy and she said I can borrow it, she told me the other materials were already available at the pharmacy so I can go get them. (N3)

I called her because I had never done this procedure here before and none of us did not know how to do it. Then she came and helped me, she showed me how we do it because they have a lot of surgical patients and they do it often, unlike us. Other times, they call me and I will help. Nobody really knows everything. (N1)

Therefore, interpersonal relationships are essential components to the exercise of leadership because interaction with other people makes head nurses create spaces for action and perceive their potential and weaknesses at work.

When she realizes that some conflict is happening, she comes right away and says that we may not be best friends, but here we are professionals and we need to work together and respect each other, only once I saw her being more ruthless with her colleague (T8).

Exercise of autonomy

In this category, the importance of the team for the exercise of autonomy was considered because nurses can demonstrate knowledge, resolve conflicts, acknowledge

employees, and respect team members' individualities by maintaining a relationship with others.

> *The nursing team is there for the patient, he needs a different type of care, in which the professional says: 'I'll never leave my house to come to the hospital and do only part of my job, I come because I know that the patients who are here need me* (T7).

The workers' values cause professional relationships to have a common objective. In this context, head nurses play the role of a mediator with reasoned opinions, mobilizing the group in favor of this common objective, which is patient care.

> *I've worked in many units of this hospital, but I've never come across a nurse like this before, she tells us: "You can do it and if you don't know I'll go there and help you, but only you will do it because you're capable* (T3).

The assistance team makes it clear that nurses are responsible for managing care, seeing them as allies in the care process. It was also observed that medical professionals respect and comply with the nurses' decisions even when they are not in accordance with what they had idealized.

> *The resident asked me: 'Did you evaluate that bandage, nurse? Is a debriding or healing agent suitable?' I said: "There is still necrosis, so a debriding agent is better".* (N2).

> *I told the doctor that if he said he'd apply an ointment, then he should have done it because he has to keep his word, I had to call him, he didn't like it very much, but he did it. The patient's skin is very itchy, I think it's allergy.* (N5)

Nursing, which is a science, is capable of maintaining work and making decisions for the benefit of the job and should recognize itself as having autonomous assignments.

> *I told him: 'No! This procedure has to be done by a physician, and I will not do it, after you finish it, I come and do the dressings, this is my responsibility, not the other procedure'. They think they can rule us, they can't! I've studied as he's studied, but with the aim of doing different things.* (N1)

The exercise of autonomy is linked to leadership through its solid characteristics since it is only possible to exercise leadership if workers acknowledge each one's individuality, valuing what is best in each member of the team and developing the skills necessary for the success of care actions.

Health Advocacy

This category presents the interfaces between the elements associated with the development of leadership attributes related to health advocacy, understood as an inseparable element of nursing care.

The process of becoming a head nurse depends on the constant exercise of health advocacy and actions that consider the patients' individuality, respecting their uniqueness and personal characteristics.

> *You need to keep an eye on him because as long as he weighs 50 kg he will take four pills, then increase the dose. And do it always in the morning... He's a bedridden patient, you know, and his relative is the one who takes care of the medications, so I've already instructed both of them because they will go home soon.* (N1)

Another important element with regard to advocacy is respect for the culture. By doing so, the leader can acknowledge the patient's uniqueness, promoting an effective dialogue in order to perform care actions tailored to the patients' needs.

> *We had a patient from Senegal, every day they brought food. The nurse told the social worker and the nutritionist that we couldn't force them to eat the food from here... So we put him in a single room and the colleague brought the food for him. It was hard at first because it was so different and had a strange smell. But he was very thin because he didn't eat properly.* (T1)

Given the precarious health conditions, the exercise of leadership by the nurses was evident when they sought to encourage the team to provide care with almost exclusive dedication, especially when the patient is unable to make decisions due to his/her clinical conditions.

> *I went there to assess the patient and told the doctor that she was asking for water, she was pulling out the probe to swallow, I told him that she was very attentive and there was no need to insert the probe again. He didn't listen to me, the other day she pulled it out again and I didn't insert it, I updated the prescription and then I talked to him and he accepted.* (N1)

> *In fact, we have to do it for the patients who cannot expose their opinions, we are their voice in these situations, they only have us.* (T3)

Nurses seek to exercise leadership through actions aimed at empowering patients and/or companions so that they can exercise their rights and act in defense of their interests and needs, thus ensuring their dignity.

I always say what I'm going to do with him, even if the patient may be unconscious, I say it, they don't know why I am delivering such care to him. (T4)

They arrive and I already talk to them to know if they are from the city or not, [...] to request that the relative bring food when the patient is elderly. Some patients don't say anything when you realize they'd been without food for two, three days here. There are bedridden or abandoned patients who need help, food, special care and we have to pay more attention, I go, I do [...], I ask. (T3)

When effective, empowerment is a great ally of the nursing team, making health actions more effective by recognizing the multiple aspects that constitute patients' health needs.

DISCUSSION

It was possible to perceive that the process of becoming a head nurse comprises actions, behaviors, attitudes, and ethical postures associated with interpersonal relationships, the exercise of autonomy, and health advocacy.

The communication process is an essential element for the development of healthy interpersonal relationships, which is one of the elements in the process of becoming a head nurse. Thus, for someone to exercise leadership, he/she needs to establish relationships with other employees who indirectly contribute to the care for patients, such as those from health teams or support services.

Relationship difficulties inhibit the establishment of effective communication, leading to uncoordinated care actions and reduced teamwork.[9] The effectiveness of the communication process depends on dialogue, group dynamics, and planning among nurses and other hospital services.[10]

Nurses are responsible for managing, coordinating, guiding, and leading the sector to achieve a common goal. However, one must consider that head nurses carry out care actions together with their teams because it is not possible to exercise leadership alone. Therefore, leadership requires encouraging professionals to work together, interacting with other sectors and constantly keeping them motivated with the purpose of achieving a common objective by integrating all those involved in the care process and building a network of favorable interrelations.[11]

The nurses' ability to act and interact can be observed in different situations of daily work. By exercising professional autonomy, they defend their ideals in front of other health care workers. This exercise of professional autonomy allows nurses to be acknowledged by other professionals because they play a transformative role in the work environment and positively encourage other professionals.[12]

In this sense, the head nurses' characteristics, such as defending personal values, can influence their peers and employees to develop the same ones because the exercise of leadership is carried out collectively, as well as the actions that involve their development. Consequently, the head nurses' positive actions and attitudes strengthen the team's respect for them through acknowledgment of the work developed in the care environment, influencing the place positively and allowing themselves to be influenced by it.[13]

In this context, the autonomy stimulated by head nurses makes the entire team gain visibility within the institution, motivating co-responsibility in daily decision-making. So, it is the head nurses' and hospital facilities' responsibility to foster autonomous actions with a unidirectional focus among the employees.[5]

Another element linked to the ability to communicate is health advocacy, which has a great influence on the development of leadership skills. Health advocacy is defined as the act of defending patients' interests by providing information about their rights and health condition. Health advocacy has the purpose of assuring patients that a care plan respecting their right to autonomy will be developed by providing clear information about their rights and health issues.[14]

So, health advocacy is perceived as an action that contributes to the head nurses' development in the hospital environment and is considered as a fundamental leadership value. These actions take the form of instructions to patients aimed at decision making, facilitating communication between patients and health care workers, thus promoting patient autonomy.[15]

Head nurses acknowledge that they only can exercise leadership if they advocate for the patients' rights, respect peoples' singularities, and guarantee that their care needs will be satisfied. The exercise of advocacy by nurses must ensure the defense and protection of patients, respecting their uniqueness through relationships of trust, which allow them to participate in decision-making.[16]

With regard to this premise, by advocating for patients and considering their needs and personal beliefs, nurses can become a true leader, guaranteeing the patients' dignity, recognizing their desires, and promoting their autonomy. Accordingly, for head nurses to broaden their vision to the detriment of the differences of patients (who are understood as people with rights and duties), it becomes necessary to develop and act with leadership by receiving patients within the hospital environment or even establishing a bond of trust with the team.[16]

Therefore, to advocate is to respect patients' individualities, beliefs, personal values, and differences. It is to empower them by providing them with information

about their rights so that they can seek and act according to their wishes. Head nurses recognize that their actions must go beyond the execution of tasks; instead, they must influence people through behaviors, ethical postures and healthy relationships that can ensure care quality and carry out action plans that promote nursing and the care effectiveness.[17]

When faced with this duty, head nurses recognize themselves as protagonists of care, simultaneously advocating for patients and building autonomy skills. The reason is that health advocacy is a primary action for professional practice and leadership.

The contributions of this study to nursing are ethical and consistent with its scientific approach, autonomy, and interdependence in everyday work. Nonetheless, this study was carried out with a specific sample of nursing professionals working in a single sector of a health facility in the South Region of Brazil, which constituted a limitation.

CONCLUSIONS

Through the study results, it possible to realize that the development of leadership skills allows nurses to acknowledge and manage the cultural similarities and differences, values, and beliefs that characterize individuals and constitute living spaces. Understanding the process of becoming a head nurse constitutes an advance in nursing since it provides the opportunity to help solve problems at work through healthy interpersonal relationships that enable both workers and patients to exercise autonomy. In addition, acknowledging this process make it possible for workers to advocate for patients.

Considering that culture strongly influences how leadership is developed, it is necessary to conduct further research to acquire more knowledge and strengthen the exercise of leadership by nurses in different frameworks.

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Author responsible for correspondence:
Liliane Alves Pereira
Address: Rua Dos Andradas, 1250, Centro, Santa Maria,
Rio Grande do Sul, Brazil
Zip code: 97.010-030
E-mail: irliliane7@hotmail.com
Telephone number: (55) 3222-1200

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