FACTORS ASSOCIATED WITH THE OMISSION OF NURSING CARE IN A PUBLIC TEACHING HOSPITAL

FATORES ASSOCIADOS À OMISSÃO DO CUIDADO DE ENFERMAGEM EM UM HOSPITAL PÚBLICO DE ENSINO

FACTORES ASOCIADOS A LA OMISIÓN DE LA ATENCIÓN DE ENFERMERÍA EN UN HOSPITAL PÚBLICO DE ENSEÑANZA

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Objective: to identify the factors associated with nursing care omission. Method: cross-sectional study conducted with nursing professionals from ten inpatient units of a public hospital in the Midwest, using the self-administered questionnaire MISSCARE-BRASIL. Bivariate analyses were performed with the Student t-tests and analysis of variance, in addition to the Pearson correlation. Results: 267 nursing professionals participated in the study, with a predominance of females (87.6%) and mean age of 43.1 years old (standard deviation: 10.1). The associated factors identified were: work unit, level of professional satisfaction and number of absences in the last three months. Conclusion: the omission of nursing care is a reality that demands management actions towards systemic factors that interfere in its occurrence, aiming at prevention and promotion of an integral, quality and safe nursing care.

Descriptors: Nursing. Nursing Care. Patient Safety. Quality of Health Care. Risk Management.

Objetivo: identificar os fatores associados à omissão do cuidado de enfermagem. Método: estudo transversal realizado com profissionais de enfermagem de dez unidades de internação de um hospital público do Centro-Oeste, utilizando o questionário autoaplicável MISSCARE-BRASIL. Foram realizadas análises bivariadas com os testes t de Student e análise de variância, além da correlação de Pearson. Resultados: participaram do estudo 267 profissionais de

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enfermagem, com predomínio do sexo feminino (87,6%) e média de 43,1 (desvio-padrão: 10,1) anos de idade. Os fatores associados identificados foram: unidade de trabalho, nível de satisfação profissional e quantidade de faltas nos últimos três meses. Conclusão: a omissão do cuidado de enfermagem é uma realidade que demanda ações gerenciais em direção aos fatores sistêmicos que interferem em sua ocorrência, visando sua prevenção e promoção de uma assistência de enfermagem integral, de qualidade e segura.

Descritores: Enfermagem. Cuidados de Enfermagem. Segurança do Paciente. Qualidade da Assistência à Saúde. Gestão de Riscos.

Objetivo: identificar los factores asociados a la omisión de la atención de enfermería. Método: estudio transversal realizado con profesionales de enfermería de diez unidades de internación de un hospital público del Centro-Oeste, utilizando el cuestionario autoaplicable MISSCARE-BRASIL. Se realizaron análisis bivariados con las pruebas t de Student y análisis de varianza, además de la correlación de Pearson. Resultados: Participaron del estudio 267 profesionales de enfermería, con predominio del sexo femenino (87,6%) y media de 43,1 (desviación estándar: 10,1) años de edad. Los factores asociados identificados fueron: unidad de trabajo, nivel de satisfacción profesional y cantidad de faltas en los últimos tres meses. Conclusión: la omisión de la atención de enfermería es una realidad que demanda acciones gerenciales hacia los factores sistémicos que interfieren en su ocurrencia, con el fin de prevenir y promover una asistencia de enfermería integral, de calidad y segura.

Descriptores: Enfermería. Atención de Enfermería. Seguridad del Paciente. Calidad de la Atención de Salud. Gestión de Riesgos.

Introduction

The phenomenon of care omission has been identified as a serious, continuous and constant failure in nursing work, constituting a global health problem that interferes with the quality of patient care and safety[1].

Nursing care omission refers to any aspect of nursing care, requested during patient assistance, not performed or only partially performed[2]. Its occurrence is as important for the safety of patients as commission errors[1], since it can generate an adverse outcome for the patient or contribute to this[2]. Moreover, it is strongly associated with the level of satisfaction of patients for the care received and the reduction of quality and safety in health care[3], becoming an ethical issue that challenges the professional and moral values of nurses[4].

In a pioneering qualitative study on this subject, several nursing care omitted were identified, such as walking, decubitus change, feeding, patient education, discharge planning, emotional support, hygiene, documentation of intake/disposal and surveillance[5]. In Brazil, high prevalence of reports of care omission are still reported, especially for walking (66.5%), participation in discussions with the interdisciplinary team on patient assistance (62.8%), sitting the patient out of bed (61.0%) and planning and teaching of the patient for hospital discharge (53.7%)[6].

The excessive demands in the work and insufficient resources are examples of environmental factors that can predispose to the occurrence of omission of nursing care. This context makes it difficult to comply with all prescribed care, causing professionals to establish priorities resulting in the omission of care judged as less important[2]. The results of a systematic review showed that about 75% of nurses reported omitting some care. In addition, reports of omission increased when the number of professionals in the unit decreased[7].

The care omission is widely associated with unfavorable working conditions, present in many low and middle-income countries. It is estimated that up to 50% of nursing professionals in the United States and Europe have reported the omission of some type of care in their daily practices. In Latin America and other regions, the scenario is similar, with frequent reports of omissions linked to the scarcity of material and human resources[8].

In addition to the negative impacts on patient outcomes, the omission of care implies

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an increase in the length of stay and the rate of readmissions, which, added to the need for treatment of the caused damages, results in a significant increase in health costs[9]. Care omission also has serious consequences for professionals, leading to emotional exhaustion and fatigue, perpetuating a negative cycle of stress and dissatisfaction at work[10].

The background or factors external to professionals are elements of the care context that, when in deficit, favor the occurrence of nursing care omission, such as material resources, personnel level, teamwork and communication[11]. However, to better understand this phenomenon, the influence of other occupational factors needs to be evaluated, especially in developing countries, which concentrate low amounts of studies that address this theme[12].

In addition to the negative impacts on patient outcomes, care omission implies an increase in stay time and readmission rate, which, added to the need for treatment of the caused damage, results in a significant increase in health costs[12]. Thus, the challenge of identifying factors associated with nursing care omission in different realities of health organizations arises to provide subsidies to managers in the process of continuous improvement of nursing care[13], because the identification analysis and discussion of the phenomenon of nursing care omission and its possible causes assist in institutional risk management as an important quality indicator[14].

In this context, the following research question was elaborated: What are the factors associated with nursing care omission in a public teaching hospital? To answer the question, the objective of this study was to identify factors associated with nursing care omission.

Method

Cross-sectional and analytical study carried out in ten hospitalization units of a public teaching hospital in the Brazilian Midwest with approximately 300 beds for patients of the Unified Health System (UHS). The units involved in the study were: medical clinic, surgical clinic, pediatric clinic, maternal and child clinic, orthopedic clinic, tropical clinic, medical Intensive Care Unit (ICU), surgical ICU and neonatal ICU. This study was conducted and reported based on the guidelines proposed by the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE)[15].

The study population was composed of 401 nursing professionals who worked in the hospitalization units. The inclusion criteria were: work in the selected units and have more than one month of experience in the same unit. Professionals who performed exclusively administrative activities and those who were absent during the collection period due to vacation or leave were excluded. Among the target population, 376 professionals met the eligibility criteria, of which 47 refused to participate in the survey and 62 did not return the data collection instrument.

Data were collected between April and December 2017, through MISSCARE-BRASIL, which is an instrument validated for the Brazilian culture[16] and was duly authorized by the author for use in this study. All participants were instructed about the ethical aspects of the research, signed the Informed Consent Form (ICF) and received guidance to answer the instrument outside the work environment and return it later, on a date and time previously agreed with the researcher, so that there was no harm in their functional activities and assistance.

MISSCARE-BRASIL is a self-administered questionnaire divided into three sessions. The first one contains questions that aim to collect general information about participants, such as demographic data, professional profiles and level of job satisfaction. The answers of the professional satisfaction scale are analyzed considering the following score: *Very satisfied* = 5, *Satisfied* = 4, *Neither satisfied nor dissatisfied* = 3, *Dissatisfied* = 2, *Very dissatisfied* = 1. In this sense, the higher scores indicate higher levels of professional satisfaction[16].

The following session, called *Part A*, is composed of 28 items related to nursing care often omitted and has options for answers on a

five-point Likert scale, being: *Never performed* = 5, *Rarely performed* = 4, *Occasionally not performed* = 3, *Frequently performed* = 2, *Always performed* = 1. Higher scores indicate higher levels of care omission in the unit[16].

The last session, or *Part B*, has 28 items with possible reasons for omission of nursing care, divided into 5 categories: communication (10 items); material resources (4 items); labor resources (8 items); ethical dimension (3 items) and management style/institutional leadership (3 items). The response options are distributed on a 4-point Likert scale and scored as follows: *Significant reason* = 4, *Moderate reason* = 3, *Little significant reason* = 2 and *Not a reason* = 1. Thus, higher values indicate that the reason is present in the environment and is considered by the team as a potential cause of care omission[16].

The variables that resulted from the study were: mean care omission score, which is the sum of the scores of the nursing care elements divided by the total number of items, and the number of omitted care, which consists of the average number of items of care omitted by each study participant[16].

The exposure variables were categorized in sociodemographic (age and sex); occupational (unit, job, education, academic background, number of hours worked per week, time spent in the function and unit, period and work shift, absences and overtime worked in the last three months, perception that the number of employees in the unit is suitable); and professional satisfaction (job, profession and teamwork satisfaction)[16].

The data were entered into a database, with double checking, and analyzed in the software Statistical Package for the Social Sciences® (SPSS), version 24.0. The responses in *Part A*, which had five response options, were dichotomized. Care was considered omitted in cases where the marked answers were: *Occasionally not performed, rarely performed, never performed*[16]. Similarly, the reasons for omission, with four response options, were dichotomized. In this case, the options *Significant reason* and *Moderate reason* were considered as reasons for omission

and the answers of the alternatives *Little significant reason* and *Not a reason* as not being a reason for care omission[16].

Initially, a descriptive analysis of the data collected was performed. Bivariate analysis was then performed using one-way Analysis of Variance (ANOVA) to evaluate differences in mean scores omitted and number of care omitted by hospitalization units (Surgical ICU, Medical ICU, Neonatal ICU, Tropical Clinic, Medical Clinic, Surgical Clinic, Pediatric Clinic, Emergency Room and Maternity). With the value of test F statistic, means and standard deviations (SD) of each group, the global power of the test was calculated. In case of significance in ANOVA, the post hoc test of Bonferroni was used to perform multiple comparisons and verify the statistical differences between each unit pair. Bivariate analyses were performed using the Student t test for independent samples, analysis of variance and Pearson correlation coefficient to evaluate the association between the mean omission scores and the number of omitted care with the independent qualitative and quantitative variables, respectively.

Variables with $p<0.10$ in bivariate analysis were included in multiple linear regression models, using the stepwise method, to adjust potential confounding variables. In all analyses, p-values <0.05 were considered statistically significant.

The study was approved by the Research Ethics Committee (REC) of the *Hospital das Clínicas* of the *Universidade Federal de Goiás* under Opinion n. 1.922.667, Certificate of Presentation of Ethical Appreciation (CAAE) 62612216.0.0000.5078) and was carried out following all the research ethical recommendations recommended by Resolution 466, of December 12, 2012[17].

Results

The study included 267 nursing professionals, resulting in a response rate of 71.0% in relation to the target population, composed of 79 (29.6%) nurses, 177 (66.3%) nursing technicians and 11 (4.1%) nursing assistants.

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Among the participants, there was a predominance of females (87.6%), with an average of 43.1 (SD: 10.1) years old, ranging from 23 to 70 years old. Regarding vocational training, 77.5% of the professionals had graduate and/or postgraduate degree. The majority worked on the day shift (55.8%) in shifts of 12 hours per day (78.3%).

In the analysis of variance, there was a statistical difference in the mean score for care omission among health units (F: 6.75; p<0.001; test power= 0.999). Post hoc analysis indicated that the omission scores were statistically higher in medical (p=0.003) and surgical (p=0.001) clinics when compared to the ICU. The medical clinic (p<0.001), surgical clinic (p<0.001) and emergency room (p=0.010) had significantly higher omission scores when compared to neonatal ICU. The medical clinic also had a higher mean score than the pediatric clinic (p=0.006), while the surgical clinic had a better mean score of missed care than the pediatric clinic (p<0.001) (Figure 1).

Figure 1 – Difference between the mean score of nursing care omission and inpatient units. Goiânia, Goiás, Brazil − 2017. (N=267)
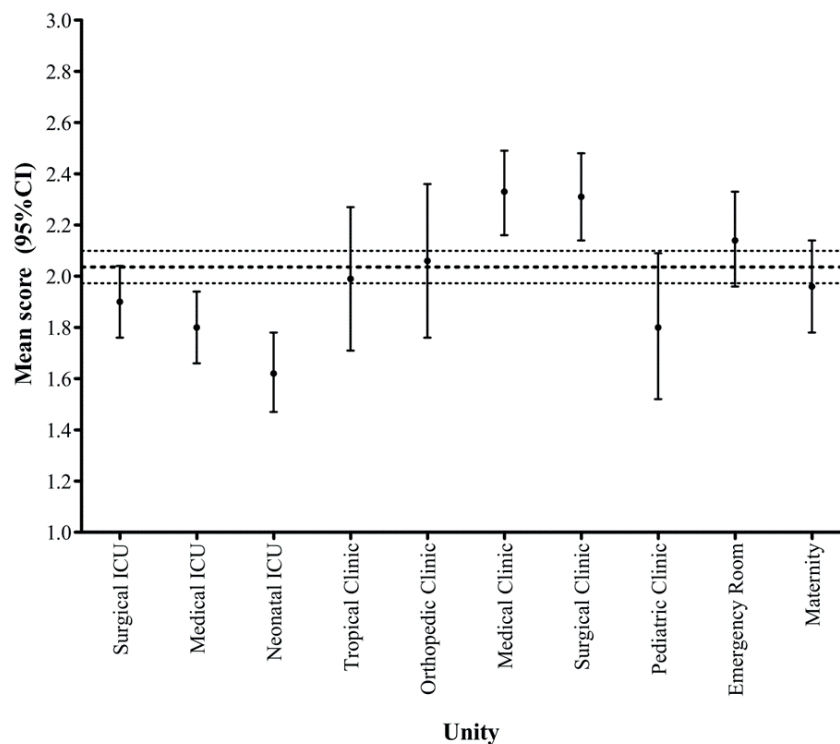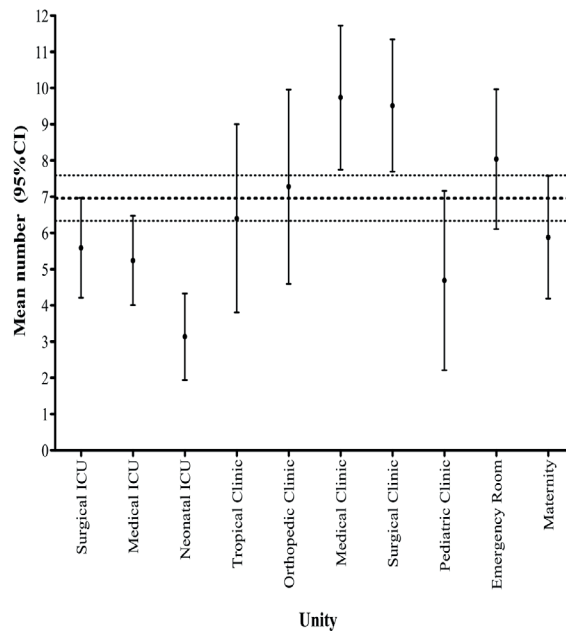

Source: created by the authors.

Regarding the number of omitted care per participant, there was a difference in this variable between the units studied (F: 5.70; p<0.001; test power= 0.999). The medical and surgical clinics had higher number of omissions when compared to the surgical ICU (p=0.022 and p=0.046, respectively), medical ICU (p=0.011 and p=0.022, respectively), neonatal ICU (p<0.001 and p<0.001, respectively) and pediatric clinic (p=0.013 and p=0.026, respectively) (Figure 2).

Figure 2 – Difference between the number of omitted care procedures per participant and the hospitalization units. Goiânia, Goiás, Brazil – 2017. (N=267)

Source: created by the authors.

Table 1 presents the bivariate analysis of nursing care omission with characteristics of nursing professionals. There were associations with the variables of job, profession and teamwork satisfaction, adequacy of the number of employees and absence from work in the last 3 months. For the variable related to the intention to leave the position, the difference was statistically significant only for the *number of omitted care* outcomes per participant. The variable adequacy of the number of employees was significant only for the *mean care omission score* outcome (Table 1).

Table 1 – Bivariate analysis between demographic and professional characteristics of professionals with nursing care omission. Goiânia, Goiás, Brazil – 2017. (N=267) (continued)

Variables	Care Omission			Number of Omitted Care		
	Mean	**Standard deviation**	p	**Mean**		p
Sex						
Female	2.03	0.52	0.833[1]	6.91	5.20	0.665[1]
Male	2.05	0.53		7.33	5.48	
Education						
High school	2.02	0.55	0.206[2]	6.80	5,47	0.112[2]
Higher education	1.93	0.52		5.74	4,81	
Post-graduation	2.07	0.51		7.46	5,24	
Job satisfaction						
No	2.39	0.55	<0.001[1]	9.67	5,60	<0.001[1]
Yes	1.98	0.49		6.31	4,90	

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Table 1 – Bivariate analysis between demographic and professional characteristics of professionals with nursing care omission. Goiânia, Goiás, Brazil − 2017. (N=267)   (conclusion)

Variables	Care Omission			Number of Omitted Care		
	Mean	Standard deviation	p	Mean		p
Profession satisfaction						
No	2.23	0.60	0.015[1]	9.21	6,04	0.005[1]
Yes	2.02	0.50		6.65	5,02	
Teamwork satisfaction						
No	2.22	0.52	<0.001[1]	9.14	5,70	<0.001[1]
Yes	1.93	0.48		5.71	4,48	
Intention to leave the job						
No	2.02	0.52	0.089[1]	6.74	5,19	0.030[1]
Yes	2.20	0.57		9.17	5,35	
Work						
Nurse	2.10	0.48	0.177[1]	7.48	5,33	0.295[1]
Nursing technician	2.00	0.53		6.74	5,19	
Work shift						
Day	2.04	0.49	0.658[2]	7.11	5,15	0.424[2]
Night	2.04	0.56		6.93	5,38	
Day, afternoon and night	1.86	0.43		4.63	4,68	
Adequate number of employees						
0-25%	2.15	0.53	0.015[2]	7.98	5,51	0.075[2]
50%	2.06	0.50		6.82	4,93	
75-100%	1.93	0.52		6.29	5,11	
Absence from work in the last three months						
No	1.96	0.51	0.004[1]	6.32	4,84	0.005[1]
Yes	2.18	0.54		8.33	5,77	
Work hours						
6 hours	2.10	0.54	0.597[2]	8.26	6,13	0.121[2]
12 hours	2.02	0.52		6.66	4,95	
6, 8 and 12 hours	1.97	0.62		5.80	5,17	
	R[3]		p	R[3]		p
Age (years)	-0.074		0.238	-0.089		0.159
Exceeding hours	-0.066		0.316	-0.054		0.411
Time of experience in the work	-0.044		0.481	-0.042		0.502
Time of experience in the unit	-0.059		0.338	-0.072		0.247

Source: created by the authors.

Notes: (1) Student's t-test for independent samples; (2) Analysis of variance; (3) Pearson's correlation test.

The association of nursing care omission with the characteristics of nursing professionals showed that the variables that obtained statistically significant difference in relation to the mean care omission score and the number of omitted care were: job satisfaction, satisfaction with the profession and teamwork and service absences in the last three months (Table 2).

After adjusting for confounding variables in multiple linear regression, it was found that the following factors were associated with the omission of care and the number of omitted care: medical and surgical clinics with positive association; neonatal ICU, job satisfaction and satisfaction with teamwork associated negatively. In addition, the absences in the last three months

were associated only with the *number of omitted care* per participant.

Table 2 shows the results of the multiple linear regression model for factors associated with the mean care omission score and the number of omitted care. It is important to note that only variables with p value < 0.10 in the bivariate analysis were included in multiple linear regression models.

Table 2 − Factors associated with the omission of nursing care and the number of omitted care procedures. Goiânia, Goiás, Brazil − 2017. (N=267)

Variables	β	t	EP	P
Mean score of care omission[1]				
Unit				
Surgical ICU (Reference Variable)				
Medical ICU	-0.06	-1.09	0.09	0.278
Neonatal ICU	-0.18	-3.18	0.11	0.002
Tropical clinic	0.05	0.44	0.11	0.445
Orthopedic clinic	0.10	1.49	0.14	0.139
Medical clinic	0.29	4.07	0.10	<0.001
Surgical clinic	0.19	2.53	0.11	0.012
Pediatric clinic	-0.10	-1.35	0.14	0.180
Emergency room	0.11	1.66	0.11	0.098
Maternity	0.04	0.55	0.11	0.581
Job satisfaction				
No (Reference Variable)				
Yes	-0.21	-2.35	0.09	0.020
Satisfaction with teamwork				
No (Reference Variable)				
Yes	-0.14	-2.24	0.07	0.026
Absence in the last 3 months				
No (Reference Variable)				
Yes	0.22	3.89	0.07	<0.001
Number of omitted care[2]				
Unit				
Surgical ICU (Reference Variable)				
Medical ICU	-0.02	-0.29	0.92	0.773
Neonatal ICU	-0.16	-3.05	0.99	0.003
Tropical clinic	0.04	0.80	1.21	0.427
Orthopedic clinic	0.10	1.31	1.51	0.134
Medical clinic	0.28	3.31	1.28	0.001
Surgical clinic	0.17	2.10	1.19	0.036
Pediatric clinic	-0.07	-1.09	1.29	0.279
Emergency room	0.12	1.20	1.76	0.279
Maternity	0.03	0.15	0.49	0.626
Job satisfaction				
No (Reference Variable)				
Yes	-0.13	-2.03	0.93	0.043
Satisfaction with teamwork				
No (Reference Variable)				
Yes	-0.20	-3.22	0.66	0.001
Absence in the last 3 months				
No (Reference Variable)				
Yes	0.21	3.48	0.68	0.001

Source: Created by the authors

Notes: β = Standardized beta coefficient; t = t-statistic; SE = Standard error; (1) R2 of the model = 0.281; (2) R2 of the model = 0.249.

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The predictor variables model of the mean score of care omission explained 28.1% of this variable's variability (R^2: 0.281). There was a negative association between working in neonatal CU and the mean score of care omission. Moreover, satisfaction with the profession and teamwork were negatively associated with care omission. On the other hand, the medical and surgical clinics were positively associated.

The model of predictive variables for number of omitted care per participant explained 24.9% of the variability of this variable (R^2: 0.249). Working in neonatal ICU was negatively associated with this outcome. However, working in the medical and surgical clinic was positively associated. Satisfaction with work and teamwork were negatively associated, and the *absences in the last three months* were positively associated with the *number of omitted care.*

These results indicate that medical and surgical units had higher reports of care omission and the neonatal ICU reported fewer omissions, when compared to the surgical ICU. Professionals who reported satisfaction with work and teamwork omitted less care when compared to those who reported dissatisfaction. Being absent from work in the last three months was also associated with higher numbers of nursing care omitted than professionals who were not absent.

Discussion

Regarding the factors associated with nursing care omission, this study pointed out the type of hospitalization unit, professional satisfaction with work and teamwork, as well as the occurrence of absences in the last three months.

The medical and surgical units are the largest in the analyzed institution, with 13 wards with 5 beds each, assisting complex and high dependent patients. In these units, nursing professionals are sometimes responsible for more than one ward, which can lead to situations such as changes in the patient's clinical picture, interruptions in their activities and high demand for activities, leading to increased omission. This is because the development of excessive working hours can alter the physical and psychological functioning of the worker and, consequently, negatively influence the provision of safe care[18]. Medical-surgical units also had higher reports of omitted care by nursing professionals in a study conducted in ten hospitals in the Midwest region of the United States of America[10].

Neonatal ICU was less associated with nursing care omission, which may be due to the profile of patients, the reduced number of beds and the number of professionals per patient. These findings corroborate the results of another study that aimed to identify critical processes for nursing care omission in maternal and child units, where the presence of nurses at bedside and the adequate number of professionals were proposed as important strategies in the mitigation of care omission[19].

A study showed that the patient's characteristics, such as care needs, influence nursing care omission, because most nurses defined their priorities according to the different characteristics of the patient, such as the severity of the disease or age and perceived benefit of treatment[4]. Thus, even if the amount of omitted care is large, it is possible that nurses prioritize not only the most important care but also groups of patients, such as newborns.

Another factor that was associated with care omission was the satisfaction of professionals with work and teamwork, because, as satisfaction increases, care omission decreases. Job satisfaction comes from several factors, such as: workload, perception of adequate number of professionals, work environment and the provision of care that are required by patients[10].

The nursing care omission generates, reciprocally, feelings of dissatisfaction. The vast majority of professionals want to do a good job, however, they feel distressed when they do not complete all the care that a patient needs, which negatively influences their self-image, causing feelings of incompetence[20]. Evidence showed that, in situations where nursing professionals did not provide the necessary care, they presented negative perceptions and dissatisfaction with their work, increasing the possibility of abandoning the profession, aggravating the shortage of human

resources and increasing the turnover rate of professionals[21-22].

In this study, satisfaction with teamwork obtained the lowest average among the three aspects of satisfaction evaluated. In the results of the analysis, it was negatively associated with omitted care, that is, professionals who were more satisfied with teamwork reported fewer omitted care. Teamwork in the health area, which results from the cooperation of professionals for a common goal, is a fundamental component that improves the quality of care and reduces the omission of nursing care[22-23].

Teamwork has become increasingly important in health services, because clinical care is increasingly complex and specialized due to the increase of comorbidities, chronic diseases and labor shortage, requiring a multidisciplinary approach in hospitals in health care. Furthermore, evidence indicates that teamwork reduces the chances of errors, increases patient safety and reduces factors leading to Burnout Syndrome. This is because it establishes a shared responsibility towards the patient, and the teams help to reduce the hierarchy and centralizing power that exists in health organizations[24].

Finally, the occurrence of absences in the last three months was also associated with higher numbers of visits omitted by professionals. The lack of professionals at work is called unplanned absenteeism, but it should not affect the quality and continuity of care due to the preservation of adequate human resources by calculating staff additions from the Technical Safety Index[25].

When there is no adequate planning for staff replacement in case of absences, there may be immediate consequence for the professionals on duty, who will have to take over the work assigned to them and the absent ones, resulting in overload and probable impossibility to perform all the activities foreseen in the care planning. It is important to note that nursing is characterized by the continuity of its work 24 hours a day, allowing an element of care to be transferred, according to the patient's situation, to another shift.

The main limitations of this study concern data collection due to its seasonal variation, since it lasted eight months and was conducted in a single institution. Nevertheless, it is important to emphasize that this is an analytical study of the factors that may be related to the omission of nursing care in the Brazilian reality.

Another limitation refers to the potential for bias in self-reporting of nursing care omission and reasons by nursing professionals, because the reports of nurses were not validated with other sources, such as electronic records, etc.

It is emphasized that, by understanding the aspects that interfere in the work process, causing the phenomenon of nursing care omission, this study contributes to enable managers and the institution to plan and execute cycles of improvements, to implement process changes that generate lasting and effective results.

The relevance for professional practice in identifying factors associated with nursing care omission lies in mitigating the factors that interfere with the provision of nursing care to the patient; reducing the nursing care not performed and, consequently, obtaining positive results in patient care.

Conclusion

This study showed factors associated with the phenomenon of nursing care omission: the type of hospitalization unit, where professionals crowded in clinical and medical units reported higher levels of omission; the level of professional satisfaction, so that participants dissatisfied with the profession and teamwork reported omitting more; professionals who reported absences from work in the last three months. These data are important warning markers for the implementation of improvement measures to reduce the nursing care omission, contributing to a quality and safer nursing care.

Collaborations:

1 – conception and planning of the project: Juliana Carvalho de Lima and Ana Elisa Bauer de Camargo Silva;

2 – analysis and interpretation of data: Juliana Carvalho de Lima, Ana Elisa Bauer de Camargo Silva, Kaique Duarte Cavalcante Silva, Lauana

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