






The perception of Psychosocial Care Center users about the assistance in mental health

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ABSTRACT

Introduction: The psychosocial care centers (CAPS in Brazilian Portuguese) are specialized services that assist people with severe and persistent mental disorders and it has the purpose of developing the process of psychosocial rehabilitation. **Objective:** to identify the perception of users of CAPS about the assistance in mental health. **Method:** it is a descriptive and exploratory study, with a qualitative approach, performed with 08 users of CAPS in Maceió-AL, Brazil, in February 2017, through interviews to collect material and content analysis to discuss the results. **Results:** From the subjects' statements, such categories have emerged "CAPS from the user's perspective" and "Challenges and possibilities to improve CAPS". **Conclusion:** The research points to the considerable importance of these services to the users and to the acknowledgment of the need to invest in public policies to improve the assistance quality.

Key words: Mental Health; Mental Health Services; Evaluation of Health Services

INTRODUCTION

The psychiatric reform (from now on PR) was initiated in the middle of 1970, and since then we have been experiencing it until nowadays. The reform was responsible for considerable changes in the structure of the assistance model of Brazilian mental health, proposing complete care based on strategy, which favors the familiar and social reintegration of individuals¹.

The PR can be conceptualized as a complex and social process characterized by four dimensions: the epistemological (theoretical-conceptual), the technical-assistance, legal-political and the sociocultural dimension. The first dimension is the epistemological one, which refers to constructing new paradigms and concepts regarding people with mental disorders and their process of health-illness, rupturing with the biomedical model and the traditional psychiatric and based in the deinstitutionalization logic. The second dimension, the technical-assistance, refers to the development of a new model of

assistance through new mental health services that allow a look at and integral care for all the user's necessities, rupturing with structured and traditional psychiatric models of asylums, in which the assistance was based on isolation, punishment, repression, discipline and authority^{2,3}.

The third dimension is the legal-political one, comprehended as discussing again and redefining the social and civil relations in terms of rights and responsibilities, human and social rights of people with mental disorders. For many years they had their autonomy taken away, their rights and basic needs denied, through the civil, legal and sanitary changes, provoking considerable changes in society and the mental health area. Finally, the fourth dimension, the sociocultural one, refers to the construction of a new social place for people with mental disorders, working on, culturally and historically, the stigma of madness impregnated for years in society, giving a new meaning to the idea of suffering and the mental disorder^{2,3}.

Consequently, it is apprehended that the PR process expanded the care model for

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mental health, figuring it out as a complex area, multidimensional, interdisciplinary, inter professional and intersectional, and must be continually articulating itself with civil rights areas, with culture, entertainment, solidary economy, among others⁴.

The movement of PR was responsible for major achievements in the mental health area, as the approval of the law nº 10.216, in 2001 known as "Psychiatric Reform Law". The law incorporates both the legal-political dimension as the technical-assistance, since it guarantees the rights of people with mental disorders in the Brazilian territory to be treated with dignity and respect, how it redirects the assistance and care in mental health preferably for an open-minded model, collective and to reintegrate the users in their families and society¹.

From the law approval, other meaningful changes happened within the National Mental Health Policy and within the Brazilian Health System – Sistema Único de Saúde (SUS). One of the main changes was the emergence and the setting of the Psychosocial Care Centers (CAPS). The CAPS, implemented from the decree nº 366 of Health Ministry became references to the assistance and care of people with persistent and severe mental disorders, becoming public and community services, functioning as part of the deinstitutionalization. They favor a real possibility of the individual to socialize and to have his subjectivity valued, through the combination of medicine and psychotherapy with actions regarding reintegration into society⁵.

The CAPS also develops a strategic role regarding the healthcare network, developing therapeutic, singular and collective projects, directing and guiding users in their daily activities, therefore, representing as a whole its organization, structure and the applicability of the PR four dimensions, mainly concerning the prominence and autonomy of the individual^{5,6}.

Nowadays, there are 07 modalities of CAPS in the Brazilian territory: CAPS I, II and III, intended for the service of young people and adults with mental disorders. CAPS I and II intended for the service of young children; and the CAPS AD I, II, III and IV, intended for the service of those who have necessities due to the abusive use of

alcohol, crack, and other drugs. All the modalities follow the demographic and territorial logic for its implementation in the cities and states and they work with the Psychosocial Rehabilitation perspective. This perspective is the process that aims to facilitate and to contribute to the reintegration and reestablishment of family and social functions of the individual, valuing his autonomy and prominences, from measures and cultural, educational, artistic, sportive strategies, besides the ones related to work and supportive economy⁷.

With the current changes in the SUS and the public mental health policies, emerged our strategic services and device to assist individuals with mental disorders. In this way, aiming to guarantee the integrality of the assistance and care, through the decree nº 3577, in 2017, they reestablished within the SUS, the Psychosocial Care Network (RAPS in Brazilian Portuguese). It has the objective of managing the care in the mental health area; organizing the mental health assistance in the country and the community; promoting the expansion and the access of individuals with mental disorders and the population in general to the psychosocial care⁸.

However, even with all the assistance organization and the several services that the RAPS provides for society, the CAPS still represents the main service and, in some occasions, the only service responsible for the assistance in mental health based on social reintegration, through the autonomy restitution⁹.

The care promoted by the CAPS has on its principles the life defense and the perception of the individuals as part of the community. For this purpose, it is necessary to consider the relational connections, which involve the individual, that is, to comprehend them as life originators⁶.

It is known that the techniques, sustained by the psychosocial model, incorporated to the reception, to the care, emancipation, autonomy and the empowerment of the individual's contract. The relation among individuals with mental disorders and their social and political rights are, above all, a process of expanding the exercise of citizenship, individuals' diversity, and health care. Always, considering the differences and the existing contexts within the social and cultural scenario

to effectively develop deinstitutionalization as construction instrument of the subject as an individual empowered with projects^{2,3,4}.

In this manner, we believe that the opinions, impressions, and perceptions of the individuals themselves about CAPS, must be considered as much in the management of the health care within the services as in the treatment offered. The individuals, seen as important and active members, giving opinions, expressing which service needs changes in order solve its issues, restoring the individuals' rights of acting in the community¹⁰.

From the information that popular participation is expected as one of the SUS policies, and that the individual who attend CAPS, as an active member of his/her own self-care, is completely able to state which services could improve. This paper becomes essential and it is justified by the necessity of experiencing, from the individuals' perspective, how the mental health assistance is offered at CAPS.

That way, bearing in mind the necessity of evaluating the service offered in mental health within the context of the psychiatric reform context and its dimensions, the aim of this paper is to know the perception of people who attend CAPS and their perception about the mental health assistance.

METHODS

It is a descriptive study with a qualitative approach. We choose to perform a qualitative research given that it can capture the subjective and meanings people give to the world and the relations surrounding them, deepening in each perception and opinion of the users¹¹.

For this research, the scenario for data collection was the one of the CAPS and users. This scenario refers to a psychosocial center (CAPS) located in Maceió- AL. It is a CAPS II (for the population between 70.000 and 200.000 inhabitants), which assists adult users of both genders from 18 years old with severe and persistent mental disorders. It constitutes a municipal and public service, maintained by the Secretaria Municipal de Saúde, with resources

from the SUS, operating from Mondays to Fridays, from 8 am to 6 pm, with an open scheme.

The approximation of the individuals and the data collection of the research took place in February of 2017. The users who took part in the study, selected and chosen by convenience, and for the participation in the specific dates of the collection data. Therefore, the research subjects were the users of the CAPS service invited and interviewed at the same place they received assistance for at least 90 days under the conditions of physical and psychological in accord with the decision about acceptance or denial in taking part of the research, as well as answering the questions of the study. The users who had their communication and social interaction skills damaged, in a way that it made impossible the dialogue during the collection data period, were excluded from the research.

Alphabet letters were used to characterize the name of the users interviewed in the research to guarantee their real identity privacy. It is worth mentioning that the number of subjects was not predetermined, but it followed the saturation¹² criteria and it was closed when the collected information started presenting repetition in its content. That way, the research had samples with eight users.

The instrument for the data production were a voice recorder and a script with questions regarding the user's identification, as age, gender, treatment time at CAPS, and history of hospitalization at psychiatric hospitals. We also used guiding questions to deepen the user's perception about the treatment, the feelings about the assistance obtained, the activities this individual took part in, about the family's participation to the service, how CAPS has been impacting their lives, and their opinion, how CAPS could improve. The interviews were analyzed through content analysis in the thematic modality, proposed by Minayo. The categories are elements or aspects with common characteristics or that relate to each other. In that sense, working with them means to gather elements, ideas or expressions surrounding a concept, which can to cover the frequent topics¹¹.

The analysis and interpretation of data was obtained in three phases: the first consisted on an

extensive reading, establishing a primary contact with the texts, in an attempt to apprehend the meanings that the subjects expressed in their statements. The second phase, the separation of ideas was performed, sentences and paragraphs, which identified the convergences and divergences of the participants in relation to the theme of the meeting and study. In the third and last phase, it was about the organization and the mapping of similarities and differences of the subject's statements. Continuous reinterpretation, aiming to outline the first ideas and selecting, the categories that answered to the research question were performed. The theoretical background was based on the concepts and presumptions of the Psychiatric Reform and Psychosocial Rehabilitation according to the literature of Amarante^{2,3,4}.

All the ethic criteria recommended by the resolution nº510 of 2016 from the National Health Council were followed. The ethics and research committee (CEP in Brazilian Portuguese) in the State University of Health Sciences of Alagoas, under the CAAEE nº 62682016.0.0000.5011, approved the project. The free Research Informed Consent Form was explained and handed in for each participant and their signature was requested. Confidentiality and anonymity were assured, and all the participants received the code "User" with his age.

RESULTS AND DISCUSSION

Regarding the interviewed users, they were from 31 to 67 years, the majority with a progressive history of hospitalization at psychiatric hospitals and only one of them denied this historic. It is worth mentioning that within the seven individuals interviewed, who stated the hospitalization at mental hospitals, and only two went through the hospital after initializing the treatment at CAPS.

Following the steps proposed by the methodological technique and after the assimilation readings, using the criteria of relevance and repetition, emphasizing the aim of the research, the following thematic categories emerged: 1) CAPS according to the user's perspective; 2) Challenges and possibilities to improve CAPS.

Theme 1: CAPS according to user's perspective

This first category represents the user's perspective regarding the substitute service proposed by the psychiatric reform concerning the Psychosocial Center. The users who usually go through treatment evidence the transformations of the mental health model assistance and they have as reference their experience of hospitalization at psychiatric hospitals.

Ahh! I would spend my time as a crazy person at the hospitals, take several pills, and my state got worse because of these things, I would take so much medicine...I could not believe that I could get better here at CAPS and I got better. (User, A, 37 years old)

The research subjects demonstrated feelings of trust about the service; they complimented and demonstrated satisfaction in relation to the assistance. All the users referred the to feeling of appreciating, when they questioned about the care offered by CAPS, the expression "I like it here", demonstrates deep affective meaning.

I like it here, I don't like to be locked up, and I am not a thief to be locked up, am I? A person who is locked up is a thief and when they are released they want to kill everybody, isn't it?

The aim of the CAPS is to offer service to the population, conducting clinical follow-up and the social reintegration of the users through work, leisure, access to civil rights and the strengthening of social and familiar relations^{5,6}.

For the subjects of this research, CAPS works as a service that transforms lives with the treatment, which is offered in a welcoming perspective. In this sense, the reception cannot be confused with screening, once for the people interviewed; they interpret the way they are treated, that is, how they are welcomed by the professionals and other users.

Social control is a possibility for the subjects/users to evaluate constantly as the reception is organized and performed for the service. One of the roles of the reception is to distinguish the type of complaint and to evaluate the adaptation of the services in relation to the user. The reception in the mental health area requires a professional attitude that allows a

good reception to the user and more than that, to listen to him in an appropriate, humanized and empathic way his claims¹³.

What calls my attention the most here at CAPS is the friendship, the way they deal with us, this motivates me a lot, it gives me a reason to come, I feel very good when I get here, I transform myself here, I become another person when I leave (User F, 49 years old)

Accommodating and welcoming are actions that assume this special place to listen, a place that owns flexibility, which is, it can be recreated according to claiming, besides it can make possible the encounter as a starting point for the development of a care project, specific and singular to the world that each user presents¹⁴. Through the statements, it is perceived the connection relation established in the service among users and professionals through the reception offered at CAPS.

What makes me happy to come here is to know there is a family here (User B, 37 years old)

My family does not care about me, when I am going through a crisis; they call the hospital and send me there. When I am here, they do not show up, I am the only one who comes, they are supposed to come, but they do not come, they say they are working and that they are not going to any crazy place (User D, 35 years old).

This statement demonstrates that the family needs to receive orientation and support to manage their feelings, reorganize and rearrange their role before this mental issue reality.

The support of CAPS must include guided actions to the family, since they are important to the process contribution and commitment to developing social reintegration projects, respecting the individual possibilities and the right principles.^{5,15}.

The mental health practice improves by the qualification of the meetings among the subjects that take care and that need care. It is important to develop a mental health policy that promotes changes from the reception to the empowerment and participation, since this one comes from a democratic intervention strategy committed with the autonomy of the subjects towards the freedom to manage their own health¹⁶.

The assistance offered to the patient at CAPS II includes reception, individual and group

attendance, attendance in ateliers, home visits, attendance to the family and community activities focusing on the integration of the person with a mental disorder in the community and his familiar and social reintegration⁵.

According to the statements of the users interviewed, it is perceived that the health assistance offered at CAPS has been improving concerning the quality of life of the users. The following statement states it:

If I don't come, I feel sick, I cry. If I don't come, I don't take my medicine, I hear voices, I hear someone calling me. When I am here, taking part in the activities I don't feel any of this. (User C, 67 years old)

According to the statements, it is verified that CAPS assumes its role of welcoming the user as a second family and it creates connections through the possibility of listening to the patients from a humanized perspective. On the other hand, it is also perceived a certain dependency to the service.

Theme 2: Challenges and improvement possibilities at CAPS

The changes stated by the interviewed subjects deal with administrative issues that affect the assistance quality.

I think that nowadays at CAPS, there are many users for few professionals, a lot is left to be desired, since that attention that a psychologist gives for a patient he will not be able to give anymore due to the quantity of patients, and they are a lot for few professionals. (User A, 37 years old)

According to the statements of the research subjects, it was identified an issue in the insertion of these individuals in the labor market. This confirms the necessity of articulating the health division, through RAPS, with other municipal divisions, mainly those of work and economy and also of the expansion of RAPS, increasing the number of CAPS services and of qualified professionals to expand the conditions, which favor the possibility of work activities and income generation.

It is known that the main work strategy for a CAPS user is the income generation through the solidary economy, which receives investments

from the government to produce handmade and handicraft materials. However, with little investment of CAPS in the city and a large number of users in the service, this investment may not be enough for everyone's¹⁷ needs. Nowadays, Maceió presents the quantitative of five CAPS, in which one is intended to individuals who are addicted to alcohol and drugs, one for the children and young adults and just three for the adults and the elderly. It may appear an insufficient number when the list of the relation between CAPS and inhabitants is made, considering the city has approximately one million residents^{5,7}.

About the impression the users have of the professionals, it was realized through their statements that there is still some despise and the need of investing in the relationship between professionals and users. Besides, more opportunities for better and greater participation of the users in the decisions of the service and these decisions may reflect opportunities, mainly those of work in the community.

And...what could improve at CAPS is the people, the people who are in power, right, part of elite...I think they could look more for us, for us from CAPS and if they look at us and give us resources, the CAPS could be better, if they gave us a chance, the employees do what they can, but what we need, what could improve at CAPS is the job offer out there for us who have mental disorders, we are discriminated, so CAPS will only get better when there will be a public policy. (User B, 37 years old)

These statements indicate the lack of investments in the assistance network to the mental health, resulting in assistance quality consequences offered to the user, despite them stating their satisfaction towards the treatment. They also say the service lacks support in important areas as the service infrastructure, food supply and material for workshops, with few applications to the legal-political and sociocultural dimension, related to the lack of engagement on the services investments.

I think that what could improve here is the food we eat; from my point of view did you get it? (Laughs) because honestly the food score here is zero. (User F, 46 years old)

Man...what was necessary to improve here was the material for our handmade works, since sometimes we don't have it. (User H, 31 years old)

The experiences of the psychiatric reform had to overcome the challenge of going beyond the perspective, which sees the process as just a service restructuration. That way, the challenge presented to the users reflects the struggle for rights in order to guarantee a humanized attendance and it is necessary a better investment on human resources of the mental health services, besides a qualified and capable group for the assistance to meet the necessities of every user^{4,18}.

CAPS must establish care in mental health in the perspective of integral service, which values the individuals stay in the community, favoring the formation of solid connections and the guarantee of rights, as recommends the technical-assistance and legal-political dimensions^{2,3,16}.

The importance of the psychiatric reform is treating the subjects as real people, not focusing on the disease, more specifically, on the subject that needs to be medicated and isolated. It allows the expression of the will, the autonomy of dealing with rights and social integration.^{4,19}

That way, it is comprehended that the CAPS, for the users are in its majority the only alternative to experience effectively the reintegration in the daily life of society, through actions and strategies, which are developed in the services and that prepare the users for social coexistence.²⁰

At CAPS, the users also receive, besides the follow-up of the service professionals, other professionals in training and undergraduate students, since it is a place for the practice of universities and residence programs in mental health. This contact with students also supports an important exchange for the users, since it allows the closeness with other realities, other groups that, daily; it would not be possible to reach²¹.

It is important to emphasize that researchers, which enables listening to the user of the Psychosocial Care network are relevant and must be encouraged, once it gives the opportunity to comprehend the perception of the person who receives the assistance and extends new change proposals and improvement of the service. Besides, it is necessary that the people with mental disorders be seen as part of society and that they have conditions, in the rehabilitation process to regain their social life.

Even though this paper has limitations, it can be pointed out its regionalization, in which the data represent the reality of a capital in a Brazilian state in the northeast region of the country. Presenting different characteristics, even the users as the services, besides portraying the users' perceptions of an only specialized service in the city, presents different meanings for the subjects, their experiences and perceptions.

FINAL CONSIDERATIONS

The present paper enabled us to comprehend the perception of users of CAPS about the mental health assistance and it demonstrated there is coherence among the assistance offered by the service, the psychiatric reform dimensions and the Social Rehabilitation process. It also demonstrates the comprehension of the service by the target group and the resolution of its issues. The results still point out to the meaningful importance of these services to the mental health of users and the recognition of the necessity on investments in public policies to improve the assistance quality.

According to the statements, it is understood that the Psychosocial Centers represent a meaningful improvement to the care in mental health; however, these services need to be extended, since the quantity of services is still not enough for the population. It needs improvement in its physical structure, material for the workshops and enough professionals, as stated by the interviewed.

This study confirms the importance of articulating with other sections like education, work, and economy to reinforce the Psychosocial Care Network and its effectiveness of care in mental health, autonomy recovery, and reintegration of the user in the familiar and social environment, mainly through work.

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Conflict of Interest Statement -

The authors declare that there are no conflicts to declare.

Authors' contribution

Study conception: Alice Correia Barros

Data collection: Alice Correia Barros

Analysis and interpretation of data: Alice Correia Barros e John Victor dos Santos Silva

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Review and final approval of the final version: Alice Correia Barros, John Victor dos Santos Silva, Luise de Cássia Tzesnioski, Lucas Kayzan Barbosa da Silva e Maria Zélia de Araújo Lessa Santos

Source of funding

There is no source of funding.

Approval of the research ethics committee

CAAE nº 62682016.0.0000.5011.

Registration of clinical trials on a public access basis

It does not apply

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Editor:
Prof. Dr Felipe Villela Gomes

Received in: aug 24, 2020
Approved in: oct 14, 2020



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