

Nurse perception regarding cytopathological exams in physically disabled women

Percepção dos enfermeiros frente à realização do exame citopatológico em mulheres com deficiência física

How to cite this article:

Araújo RF, Coura AS, Carvalho IJSA, Farias RGC, Aragão JS, França ISX. Nurse perception regarding cytopathological exams in physically disabled women. Rev Rene. 2023;24:e81786. DOI: <https://doi.org/10.15253/2175-6783.20232481786>

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Conflict of interest: the authors have declared that there is no conflict of interest.

Special Call - Promoting the health of vulnerable populations

EDITOR IN CHIEF: Ana Fatima Carvalho Fernandes
ASSOCIATE EDITOR: Francisca Diana da Silva Negreiros

ABSTRACT

Objective: to understand the perspective of nurses regarding the obstacles faced by physically disabled women in regard to cytopathological examinations. **Methods:** qualitative study with 11 nurses from Basic Health Units, including urban and rural areas. Data was processed and analyzed using the software IRAMUTEQ (*R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*). **Results:** classes 1 and 5 were grouped into the class "Inadequate infrastructure"; class 2 was "Results of the collected exams"; class 3, "Feelings at the time of examination"; and 4 "Team training". **Conclusion:** we revealed that women presented negative feelings during the examination, professionals lacked further training, there were no strategies to deal with the situation in the unit, and facilities were inadequate to attend the needs of the users. **Contributions to practice:** we demonstrated that it is essential to provide care to physically disabled women and carry out routine exams in this population. Furthermore, this study can give support to strategies to adapt and improve the knowledge of the workers who provide care.

Descriptors: Community Health Nursing; Disabled Persons; Gynecological Examination; Women's Health; Health Vulnerability.

RESUMO

Objetivo: compreender a ótica dos enfermeiros sobre as barreiras enfrentadas pelas mulheres com deficiência física no que concerne à realização do exame citopatológico. **Métodos:** estudo qualitativo, realizado com 11 enfermeiras das Unidades Básicas de Saúde, incluindo zona urbana e rural. O processamento e a análise dos dados utilizaram o *software* IRAMUTEQ - acrônimo de *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*. **Resultados:** as classes 1 e 5 foram aglutinadas na classe "Inadequação da infraestrutura"; a classe 2 foi "Resultados dos exames coletados"; a 3, "Sentimentos na realização do exame"; e a 4, "Capacitação das equipes". **Conclusão:** desvelaram-se sentimentos negativos vivenciados pelas mulheres na realização do exame, falta de capacitação dos profissionais, ausência de estratégias de manejo na unidade, e estrutura física inapta para as necessidades das usuárias. **Contribuições para a prática:** comprovou-se a necessidade de atenção às mulheres com deficiência física e de realização do exame de rotina. Ademais, mostrou-se necessário fomentar estratégias para a adequação e melhoria dos conhecimentos dos profissionais que realizam os atendimentos.

Descritores: Enfermagem em Saúde Comunitária; Pessoas com Deficiência; Exame Ginecológico; Saúde da Mulher; Vulnerabilidade em Saúde.

Introduction

Physically disabled women have many vulnerabilities: their physical limitations and gender lead to prejudice and social experiences that are negative when compared with males. This inequality leads to a less privileged social standing, which causes these women to have lower social participation levels⁽¹⁾.

The cytopathological examination is a practical manual method, carried out by nurses and physicians in gynecology, prenatal, and family planning consultations. In primary care, most examinations are carried out by nurses, who are trained and apt to perform this practice. The professional responsible for the examination should be prepared to provide better care to the woman. They should listen to her complaints, transmitting safety and being empathetic as they carry out the examination⁽²⁾.

The difficulties to access and the disagreeable practices of hospitality towards women are some of the reasons that lead to little coverage in the screening or cytological exams, which can happen due to the inflexibility of team schedules, or to the fact that the uniqueness of these women is not attended well⁽³⁾. Therefore, disabled women need adaptations so they can access the service, since there are architectural, cultural, environmental, or attitudinal obstacles. Additionally, the resistance, discrimination, or lack of training of health workers can push them away from the service⁽⁴⁾.

Women lack knowledge about preventive exam recommendations in regard to the age and frequency with which exams should be carried out⁽⁴⁾. Thus, the work of the nurse when executing cytological exams is extremely important to improve the screening and monitoring of the population, performing an active search for these women while carrying out scheduled health education actions in the health teams⁽⁵⁾.

Nurses find it difficult to provide integral assistance to these women in the primary care, situation

in which they are closer to the community and form a bond with users in the area they work. This is added to the several obstacles and stereotypes that women who are disabled have to deal with to access health services. Consequently, this research is relevant as it reiterates the barriers health workers face when carrying out cytopathological examination in disabled women.

Considering this context, our objective was to understand the perspective of nurses regarding the obstacles faced by physically disabled women in regard to cytopathological examinations.

Methods

This is a qualitative research Data collection took place from July to August 2021, with 11 nurses from the Primary Health Care Units from Campina Grande, PB, Brazil. These units are present in the city's seven sanitary districts, including urban and rural areas, and are responsible for attending disabled women registered in the municipality. The primary units have, approximately, a total of 80 nurses. 19 of them were invited. 8 refused due to lack of time or because they simply did not want to participate; as a result, our sample includes 11 nurses.

The research used the Consolidated Criteria for Reporting Qualitative Studies (COREQ) guidelines to develop the writing of the manuscript. Thus, it attended thoroughly to the 32 criteria in the three domains: Research team and reflectivity, Study design, and Analysis and findings.

The following elements were considered as the eligibility criteria to be included in this study: nurses from Primary Health Care Units (PHU) from Campina Grande - PB who performed cytopathological examination in at least one disabled woman who were registered in the area where the PHU is located. Exclusion criteria included: nurses who carried out cytopathological examination in women who had mental, visu-

al, and/or auditory disabilities associated with their physical ones, as described in patient medical records.

The sample was random. Due to the sanitary and epidemiological situation caused by the new coronavirus (COVID-19), and in an attempt to guarantee the safety of the researcher and the participants, data was collected via phone, using the contact information made available by the Municipal Health Secretariat.

The first contact with the nurses was a first approximation to explain the research. The Free and Informed Consent Form and the Consent Form for Voice Recording were signed digitally through Google Forms®. The signature was considered to be an agreement for remote participation in the research.

Thus, a preliminary call was made, and in it, the research was explained. Then, the Google Form® was sent to an e-mail provided by the participant, so they could give their consent. After their agreement was verified, a second call was carried out to carry out the interview and collect the data.

The interviews were scheduled with the nurses according with their date and time availability. The mean length of the interviews was of 40 minutes per call. The telephone call for data collection was recorded in a portable recorder. Later, data was transcribed into Libre Office, and analyzed.

The data collection instrument included the following sociodemographic data: age, sex, city of origin, marital status, religion, educational level, ethnicity, primary health care unit, rural or urban work, and time working in the PHU.

The guiding questions regarding the study object were: What are the difficulties in carrying out a cytopathological exam in physically disabled women? Do you believe the service is apt to deal with the needs of physically disabled women? Did you feel prepared to attend the demands of physically disabled women when you performed a cytopathological exam on them?

Data processing and analysis were carried out using the software Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires (IRAMUTEQ). For the analysis and processing of data, we used a descending hierarchical classification, classical textual statistics, and similitude analysis.

The research was approved by the Municipal Health Secretariat and by the Research Ethics Committee at the *Universidade Estadual da Paraíba*, receiving opinion No. 4,872,521/2021 and Certificate of Submission for Ethical Appreciation No. 48580721.8.0000.5187. All ethical precepts were respected, according with Resolution 466/12.

Results

The 11 nurses interviewed in the PHUs were female, with a mean age of 46.45 years. Regarding professional training, 72.7% are postgraduate, while 27.3% are only graduated. Their mean time working in the unit was 10.63 years.

The IRAMUTEQ analysis of the descending hierarchical classification found that 58.9% of the total text segments (TS), as well as 572 words, only appeared once (hapax). A basic lexicographical analysis divided the corpus in 111 text segments, related with 970 words that appeared 3,856 times.

Figure 1 presents the similitude analysis and shows a semantic range with five main axes: "exam", "gynecological table", "difficulties", "women", and "no". It can be noted, in this graphic representation, how the word "no" involves several words in the discourse, which directly interfere in negative aspects of the exam, quality care, access to the service, physical structure, and input provided.

In Figure 2, classes were titled according with their representation in the context of obstacles to perform the cytopathological exam in disabled women.

The descending hierarchical classification was named and interpreted as prescribed by the dendrogram (Figure 1), from left to right. Classes 1 and 5 were grouped into the class “Inadequate infrastructure”; class 2 was “Results of the collected exams”; class 3, “Feelings at the time of examination”; and 4 “Team training”.

The grouped classes 1 and 5 show the absence of infrastructure in the PHUs. This issue was brought forth by many interviewees: *In my office there's a bathroom, but the door that gives access to it is too tight, I think its 70 cm wide, but it should be 80 cm wide for a wheelchair to pass, I don't remember exactly what the size should be, all I know is that it's too tight* (E02).

The inadequate space has a direct influence on the cytopathological examination: *Here in the unit the trouble is that the bathroom has no bars* (E04). *The physical structure is old. There's a step to enter the bathroom, there's no accessibility. There should be no step, the flusher and should be accessible, as well as the sink to wash your hands* (E08). *We're waiting for a renovation in the unit, there is only one access ramp* (E11).

Some of the obstacles indicated by the interviewees were the structure, the quality of gynecological tables, and the difficulties to collect the data in the setting these women had to deal with: *The gynecology table for the cytological exam is too old, the leg supports are too old, the support is not enough. The main problem is how old the equipment is, it is outdated, that's the greatest difficulty in my opinion* (E01). *Even considering adaptable beds, those digital ones you can move according with each patient's need* (E02). *The gynecological table is so old I'm afraid it may break when women get on it. The gynecological table is the worst thing we have, it could be more welcoming* (E07). *The first issue is safely getting them on the gynecological table, the equipment doesn't provide the proper comfort and safety these patients need, we don't have that* (E05). *They need even more care due to the lack of accessibility of the gynecological table, which is high, tight, with leg supports* (E09).

Class 2 shows the shortcomings in the collection of the results, an element that decreases the efficiency of the service: *Another thing that happened with this patient I talked about, she went through all that trouble to undergo a cytological exam, and at the time her exam didn't come, so, imagine that, all that sacrifice, and there was no final result. It's another thing*

pushing her away from the service, these cases happened two years ago. She didn't want the exam due to her disability, and in the end she didn't get the result (E05) *The result takes too long because there is only one lab in town that reads all the slides, so one of the issues is how long it takes to get a result* (E01).

In class 2, we also found important results regarding the lack of supplies for the exam, reducing the ability of the UBS to work as an entry point for the user and attend to the demands of the population: *Look, we haven't performed cytological exams in no woman for one year, because there's no materials. The material arrived this week, so we'll resume the exams* (E07). *We're not doing it due to the lack of material, there was an issue with acquisition, we spent three months with no cytological exam, but this month, the material for collection arrived* (E06). *The lack of materials makes it difficult, the COVID-19 pandemic was a challenge. Oftentimes the challenge is not even related with their disability, because since this is an urban area they have easy access and the area makes their residence close to their unit. The greatest challenge is having the supply* (E09).

Class 3, “Feelings of health workers and women in regard to the examination”, showed negative feelings during examinations of women with physical disabilities, as noticed by the workers who carried out the collection.

These feelings are described in the following excerpts: *Not only she is embarrassed by the process as a whole, she's constantly afraid of falling* (E01). *She was really emotional, she had been through the exam before the amputation, before needing to use the wheelchair, and she said it was something that she was always worried about* (E02). *She didn't say, but I noticed during it, you know? We notice that the person is not feeling comfortable* (E05). *More ability would certainly make it easier to deal with these issues, so the patient doesn't feel inferior or excluded because the professional is not prepared* (E09).

Class 4 discussed the lack of training in the teams to attend physically disabled women safely and efficiently. Primary Care workers reported: *We need training about this topic, or even a specialized reference location where they could go and feel more comfortable, seeing other women that encourage them to do the exam too, because then she wouldn't be the only disabled person to go to a place and feel singled out* (E03). *It would be important to provide training for the professionals, becau-*

se I have been to training sessions, but never about disabled women (E06). We have no specific training, we are guided by humanization, by the idea of treating the other well, we don't have that training on how to proceed (E07). The team as a whole must be trained through meetings, and we need to determine a target and carry out an active search of disabled women, do house visits and guide them so they are embraced and are not harmed (E11).

The research showed the impact of the pandemic in the access and realization of the exam to prevent cervix cancer, especially in our target audience, that is, disabled women: *But during the pandemic we barely carried out any cytological exams (E07). A lot changed with the pandemic, I need to construct my vision and improve care (E09). Due to the pandemic, we couldn't carry out home visits, we attend to the demand that comes to the unit. And disabled women are often not included because we need to facilitate their access, improve care, include, spread information about its importance, especially when it comes to health education, and now I started looking differently at these women (E11).*

Discussion

The data collected presented obstacles to the realization of preventive exams. The main ones were: lack of infrastructure in primary care units, exams whose results are not delivered after collection, lack of basic supplies to carry out the examination, untrained health teams, lack of accessibility and hospitality to disabled women, and impact from the COVID-19 pandemic.

This study corroborates literature regarding the obstacles to carry out the Pap smear examination in disabled women: lack of knowledge about the importance of the examination, difficulties in the access to the health service, and the fact that women describe this procedure as uncomfortable⁽⁶⁾.

A research in Primary Health Care Units (PHU) regarding the accessibility for disabled people found issues such as the lack of signaling in public lanes; pavements with multiple levels, which is risky for disabled persons; location and type of unit (constructed or renovated), showing that these factors were not in

accordance with the needs of this public⁽⁷⁾.

This demonstrates the inequality in the use of preventive services due to disabilities. Therefore, the greater the dependency level, the lower the adherence to preventive services. This evidence shows that this issue needs more public visibility, and that resources should be allocated to reduce the obstacles to disabled women in the triage for cervix exams, also showing that services need to adapt in order to provide equal assistance to this population⁽⁸⁾.

The presence of well-kept equipment also guarantees that the users will receive better care and have their issues dealt with more effectively. This would also avoid unnecessary embarrassment and discomfort on the part of both workers and users, since the space primary units have to carry out the cytopathological examination is not the same prescribed for clinical offices⁽⁹⁾.

Literature has already shown psychological barriers, due to which disabled patients may not be able to precisely express their physical complaints, reducing their access to the necessary health care. Some of them may even be unable to receive preventive medical care⁽¹⁰⁾. Furthermore, physically disabled women should be further educated on how necessary and beneficial it is to regularly screen for cancer. Further research is also necessary on why these women have been informed that it is not necessary to undergo screening exams⁽⁶⁾.

Not delivering the results of the exams affects the reference and counter-reference system, directly interfering in the effectiveness of women care when it comes to cervix examination to screen for early cancer cases. In addition, exams must be well done, and results should be verified by the PHU nurse, so they can be followed up or referred to the adequate departments in the Single Health System⁽¹¹⁾.

The access to cytopathological examination is an important tool for the early detection of cervical cancer in association of the human papillomavirus. It is necessary to promote the integral health of these women, since health promotion, prevention, and

assistance should be provided to these women in the appropriate ages. Furthermore, the study shows the need for data to be correctly filled in in medical records, in order to allow for data association. This includes socioeconomic information, gynecological history, lifestyle, and sexual activity⁽¹²⁾.

The lack of supplies in the Primary Care is an obstacle to health services, related with the structure and organization of the services. This shows how underfunded health services are, which directly interferes in their ability to provide health to the users in their territory. Moreover, these factors have been shown to interrelate and feed on each other in health networks, weakening the process of care at Single Health System⁽¹³⁾.

Primary health care workers face difficulties that can undermine attention, some of which are associated with user behavior, such as: rarely appearing at the units, not adhering to care plans, not scheduling preventive exams, in addition to a disbelief regarding the efficiency and problem-solving capabilities of public service⁽¹⁴⁾.

Considering the lack of training of the health team to adequately exam specific populations, permanent health education would be an important tool to deal with this issue. Therefore, it is necessary to address evidence-based practices and reflect about them, to provide updated quality assistance within Single Health System⁽¹⁵⁾.

Primary Health workers need constant training involve theory and practice so they can reach the goal of providing a quality health service, in addition to many others. Thus, health organizations should provide courses and training regarding preventive Pap smears, considering the constant updating of science and its protocols⁽¹⁶⁾.

The COVID-19 pandemic also had an impact, causing a substantial decrease in the number of exams to prevent cervical cancer. Not undergoing preventive cytopathological exams can lead to serious public health issues, as it reduces the efficiency of early scree-

ning and leads to more serious cases. Thus, strategies should be implemented to resume the attention to women who must undergo the exam periodically⁽¹⁶⁻¹⁷⁾.

Study limitations

This study was limited by the lack of in-person contact with the nurses of the units, due to the COVID-19. As a result, all contact was virtual, thanks to data provided by the municipal health secretariat.

Contributions to practice

We demonstrated that it is essential to provide care to physically disabled women and carry out their routine exams. Furthermore, our findings give support to the adaptation and improvement of the knowledge of the workers who provide care.

Conclusion

The nurses from primary care reported many obstacles in their attempts to provide cytopathological exams to physically disabled women: the physical structure of the unit could not attend to the needs of the users, gynecological tables were old and not appropriate, causing discomfort to the physically disabled women during the exam.

Nursing workers also gave account of the negative feelings experienced by these physically disabled women: fear, insecurity, accessibility issues, lack of contact with the health workers, and the service. Furthermore, nurses were not training regarding the unique nature of each woman and the strategies need to deal with this situation in the unit. Therefore, training is a possible strategy to eradicate the negative feelings found in these women. Finally, the supplies were not sufficient, exam results took too long or even entirely absent, in addition to the fact that professionals were overworked due to the demands and to the impact of the pandemic context.

Acknowledgments

We would like to thank the *Conselho Nacional de Desenvolvimento Científico e Tecnológico* (National Council for the Scientific and Technological Development), an organ of the Brazilian government, for the support provided to this research through its Institutional Program of Scientific Initiation Scholarships (PIBIC) at the *Universidade Estadual da Paraíba*.

Authors' contribution

Concept, design, or data analysis and interpretation: Araújo RF, Coura AS, Carvalho IJSA.

Writing of the manuscript or relevant critical review of the intellectual content: Araújo RF, Coura AS, Carvalho IJSA, Aragão JS, França ISX.

Final approval of the version to be published: Araújo RF, Coura AS, Carvalho IJSA, Farias RGC, Aragão JS, França ISX.

Parties responsible for all aspects of the text and for guaranteeing the precision and integrity of any part of the manuscript: Araújo RF, Coura AS, Carvalho IJSA, Farias RGC, Aragão JS, França ISX.

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