

## RELAÇÕES INTERPESSOAIS NO CENTRO CIRÚRGICO: EQUIPE DE ENFERMAGEM X EQUIPE MÉDICA

### INTERPERSONAL RELATIONS IN THE SURGICAL CENTER: NURSING TEAM X MEDICAL TEAM

### RELACIONES INTERPERSONALES EN EL CENTRO QUIRÚRGICO: EQUIPO DE ENFERMERÍA X EQUIPO MÉDICO

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#### RESUMO

**Objetivo:** Compreender significados e desvelar sentidos da equipe de enfermagem em centro cirúrgico nas suas relações interpessoais com a equipe médica. **Método:** Pesquisa de natureza qualitativa, embasada no referencial teórico, filosófico e metódico na fenomenologia Heideggeriana. Participaram 17 profissionais da equipe de enfermagem de um centro cirúrgico, entre os meses de outubro de 2016 a janeiro de 2017, utilizando a entrevista fenomenológica norteada pela questão: Como você significa as suas relações interpessoais com a equipe médica no seu trabalho?. Dos depoimentos emergiram as estruturas essenciais, a construção do conceito de ser e a unidade de significado, possibilitando desvelar os sentidos dos profissionais. **Resultado:** Os profissionais de enfermagem significaram as relações interpessoais com a equipe médica como boa, mas com conflitos e divergências. Foram desvelados os sentidos *ser-com*, *impropriedade*, *inautenticidade*, *ambiguidade* e *distanciamento*. **Considerações Finais:** Dos sentidos desvelados considera-se imprescindíveis que as relações interpessoais estabelecidas sejam harmônicas, baseadas na empatia, respeito e comunicação eficaz a fim de garantir uma assistência segura ao paciente. **Descritores:** Centros Cirúrgicos; Relações Interpessoais; Equipe de Enfermagem.

#### ABSTRACT

**Objective:** To understand and reveal meanings of the nursing team in a surgical center in their interpersonal relationships with the medical team. **Method:** Research of a qualitative nature, based on the theoretical, philosophical and methodical reference of the Heideggerian phenomenology. A total of 17 professionals of the nursing team of a surgical center participated in the study, which was carried out between the months of October 2016 to January 2017, using the phenomenological interview guided by the following question: What is the significance of your interpersonal relationships with the medical staff in your job?. Essential structures merged from the testimonies: the construction of the concept of being and the unity of meaning making it possible to unveil the senses of professionals. Outcome: Nursing professionals meant interpersonal relationships with the medical team as good, but with conflicts and disagreements. The senses of being-with, impropriety, inauthenticity, ambiguity and distance were unveiled. **Final Considerations:** From the unveiled senses, it is considered essential that the established interpersonal relations ought to be harmonious, based on empathy, respect and effective communication in order to guarantee a safe assistance to the patient.

**Descriptors:** Surgicenters; Interpersonal Relations; Nursing, Team.

#### RESUMEN

**Objetivo:** Comprender significados y desvelar sentidos del equipo de enfermería en centro quirúrgico en sus relaciones interpersonales con el equipo médico. **Método:** Investigación de naturaleza cualitativa, basada en el referencial teórico, filosófico y metódico en la fenomenología Heideggeriana. Participaron 17 profesionales del equipo de enfermería de un centro quirúrgico, entre los meses de octubre de 2016 a enero de 2017, utilizando la entrevista fenomenológica orientada por la cuestión: ¿Cómo te refieres a tus relaciones interpersonales con el equipo médico en tu trabajo? De los testimonios surgieron las estructuras esenciales, la construcción del concepto de ser y la unidad de significado posibilitando desvelar los sentidos de los profesionales. Resultado: Los profesionales de enfermería se refirieron a las relaciones interpersonales con el equipo médico como buenas, pero con conflictos y divergencias. Se desvelaron los sentidos *ser-con*, *impropiedad*, *inautenticidad*, *ambigüedad* y *distanciamiento*. **Consideraciones finales:** De los sentidos desvelados se considera imprescindible que las relaciones interpersonales establecidas sean armónicas, basadas en la empatía, el respeto y la comunicación eficaz para garantizar una asistencia segura al paciente. **Descritores:** Centros Quirúrgicos; Relaciones interpersonales; Grupo de Enfermería.

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## INTRODUCTION

The Surgical Center is considered a complex and high risk sector, both due to its specificity and to a restricted sector that imposes stressful moments on the health team when dealing with aspects related to technical competence, material resources and interpersonal relationships<sup>(1)</sup>. The sector is organized by a set of areas and facilities, with the purpose of performing anesthetic-surgical procedures in the best possible conditions for patient safety and comfort for the care team<sup>(2)</sup>.

The work is performed by a multi-professional team, including the nursing team, the surgical team, the anesthesiologists team, the cleaning team and, in some hospitals, the administrative team is also part. It is essential that there is a harmonious and integrated performance between the teams, for customer safety and efficiency of the entire service<sup>(3)</sup>. In this sense, it is essential that the environment be healthy, with a good relationship between the work teams, aiming at the safety and well-being of the patients, as well as the good development of the proposed activities<sup>(4)</sup>.

Interpersonal relationships can be considered as work tools and their lack or limitation can lead to distant and conflicting impersonal relationships, which directly affects care. This requires the development of social skills such as communication, problem solving, cooperation, empathy and assertiveness in order to support the interaction process<sup>(5)</sup>. Thus, interpersonal relationships and the presence of these skills are relevant in the development of established relationships and acts as a facilitator in the work environment, helping collaborative work, as well as promoting nursing worker satisfaction in the performance of teamwork and treatment of the patient<sup>(6)</sup>.

In addition, knowledge of interpersonal relationships in the operating room is necessary and essential for setting goals in order to promote better team relationships and prioritize quality nursing care<sup>(7)</sup>. Therefore, understanding about the relationships established between the teams becomes paramount, as discontent will influence patient care. This understanding will help with problem solving and quality care<sup>(8)</sup>. The biggest stressors in the work of the nursing staff are the interpersonal conflicts between nurses and doctors and between nurses and their staff<sup>(9)</sup>.

Conflicts arise between the various professional categories and disagreements

between the medical and nursing classes are common. These will interfere with the work progress, impairing the performance and motivation of the professionals involved and successively the quality of care provided putting at risk the patient safety. It is one of the main problems in health services and can cause ethical problems negatively affecting the relationship<sup>(10)</sup>.

There are several factors that generate conflicts in health services and among them are limited resources, working conditions, lack of definition of professional practice space, technologies used in the work process and high level of demand of institutions and patients in relation to the work performed by professionals<sup>(11)</sup>.

Communication is considered a factor of segregation or aggregation depending on how it will occur and the relationships between health professionals the problems are constant and will directly interfere with the continuity and quality of service<sup>(12)</sup>. Therefore, it is an essential element when it comes to the interpersonal relationship and is necessary for the achievement of care goals. It is through it that the professional expresses their opinions and feelings within the workplace. It is part of the nursing care process, as it strengthens the interaction between teams, patients, family members and should be conducted ethically with the intention of harmonizing human relations<sup>(13)</sup>.

It is necessary to understand that if communication between team members is ineffective, factors that may cause dissatisfaction in health institutions may arise, causing poor assistance, subject to iatrogenic<sup>(13)</sup>. The study had, as its guiding question, and object, the relations between the nursing and medical teams in the Surgical Center and its objective to unveil meanings of the nursing staff in the operating room in their interpersonal relations with the medical team.

## METHODS

Qualitative research based on the theoretical, philosophical and methodical framework of phenomenology, because it allows to immerse in subjectivity, go to the things that are hidden and understand the phenomenon, because each person is unique and the same situation can be experienced differently by each person<sup>(14)</sup>. So phenomenology is the study of phenomena, it is letting and seeing for oneself

what one shows oneself as one shows oneself from oneself<sup>(15)</sup>.

The study setting was the Surgical Center of a University Hospital, located in a municipality in Zona da Mata Mineira. The participants were nurses and nursing technicians who are part of the sector team, totaling seventeen professionals.

Interviews were conducted from October 2016 to January 2017, at the participants' own workplace at their request without, however, interfering with the progress of the service, at previously scheduled times, in a room that ensured their privacy. The invitation was given individually and at this moment the purpose of the research was clarified, as well as the possibility of withdrawal without any burden.

As inclusion criteria were considered nursing professionals, both sexes who had at least six months of experience in the sector and the exclusion criteria were professionals who were on vacation, vacation or leave at the time of the interview.

The statements were collected through open interviews with the use of a digital recorder. The average interview time was ten minutes, being used, as the guiding question: How do you mean your interpersonal relationships in your work sector? After full transcription of the content, the speeches were fully transcribed and analyzed repeatedly seeking fidelity of information. It used the field diary to record the expressions related to nonverbal language. The technique of color marking was used delimiting the lines that approached the object under study. In the analysis, the information was organized in order to group the reports that were similar and from this grouping emerged the essential structures that enabled the constitution of the meaning unit<sup>(15)</sup>.

The participants received as pseudonyms names of perceptual and affective elements of daily life since in the sector are experienced daily many feelings and emotions and such feelings accompany them with intensity. The choice of the pseudonym was made by the researcher after the phenomenological meeting according to the feeling or emotion that the interviewee exposed during her testimony.

The study in question had its research project approved by the Research Ethics Committee of the Federal University of Juiz de Fora under opinion no. 1,049,543 / 2015.

## RESULTS AND DISCUSSION

Participants' ages ranged from 29 to 63 years. Regarding occupation, three professionals worked as nurses, twelve as nursing technicians and two as assistants. Of the seventeen interviewed, eleven had a college degree. Operating time in the sector ranged from six months to 26 years.

From the essential structures was organized the Meaning Unit which comprises the first methodical moment, the vague and median understanding. Thus, the nursing team professionals in the operating room meant that the interpersonal relationships with the medical team are good, but have conflicts and divergences.

The nursing staff reported that the relationship with medical professionals is good and smooth:

"I have a good interpersonal relationship (Love). Each one knows their moment and we work quietly." (Trust)

"I see a very good relationship, I have no difficulty with that." (Tolerance)

"Everyone has to always be working together there for each other. If you do not have this team, the work does not flow cool (Tranquility). One helps the other and that's important." (Sensibility) Divergences and conflicts are present as can be observed in the speeches:

I may have disagreement with my colleague, but professionalism cannot interfere." (Respect)

"There are the differences that are everywhere but it is nothing serious, nothing that cannot be circumvented and that's it." (Affection)

"These are small conflicts, which is not all perfect logical." (Tolerance)

"Much of the conflict has still happened due to inexperience even." (Charisma)

"They stress about anything but want to push the blame on nursing." (Empathy)

Avoid conflict and prefer not to talk or wait for stress to pass:

"We do not give much confidence ... he speaks, I listen, I never hit anyone, I will not argue, they talk, I listen." (Tolerance)

"If the person is stressed at the time, then I let that stressful moment pass by then I talk to the person when they are quiet." (Patience)

"I'd rather not talk, I'd rather avoid friction." (Passion)

"In the same service, more talk, these things even with the doctors, who does more, are the nurses." (Harmony)

Sometimes there is a lack of consideration for the opinion and knowledge of the professional as well as a lack of respect and non-recognition of their work:

"We always impose ourselves because otherwise the patient ends up being the most harmed. You know the doctor thinks he owns everything." (Trust)

"We note that this part that theoretically the nursing staff understands as the basic, as crucial to ensure patient safety, is not always taken into consideration by the medical team." (Charisma)

"Most of them (doctors) don't look at us like professionals, look at us like, anyone does that, or if you don't have it in the room, it makes no difference." (Balance)

"Sometimes they can make me feel so much inferior to them, a nothing, a zero left. No one takes what you say into consideration." (Passion)

"There is a half-asshole minority that sometimes even likes to belittle our service, think our service is something like that, anyone can do." (Serenity)

"That they always belittle us. You can do your best that is never good, it seems you are used to undoing your service." (Empathy)

The showing of the nursing staff about their interpersonal relationships in the Surgical Center from the meanings established by it was pointed to vague and median understanding or first methodical moment emerging the units of meaning and then the concept of being, which is the conductive wire of hermeneutics. Thus, from the guiding line one walks from the ontic to the ontological dimension, which will constitute Heidegger's second methodical moment, the interpretative or hermeneutic understanding. To constitute the being it is necessary to go beyond the being.

In the interpersonal relationships established in the sector, being-there found itself thrown into the world and confronted with the facticity belonging to that world and thus being-there is necessarily being-in-the-world-with-others. The world of being-there is always world-with, in which being-in is being-with-others, constituting itself as indispensable of human existence and can occur in various ways, with no positive or negative value being given to different

modes of life to be with each other. We can be with each other loving or hating, caring or careless, empowering or disabling<sup>(16)</sup>.

The other is the one with the being that I am in a common world myself. At the same time that being-in-the-world becomes being-with-others, the world itself establishes itself as a shared world. The other is not just the other, it is a co-existing one. So in relation to the other Dasein I perceive, to my own Dasein, his character of being-with<sup>(17)</sup>. The human being is always relating to those around him, even if incompletely, because being-there is fundamentally being-with. It is part of the condition of being-with being-in-the-world, so the world is always shared<sup>(15)</sup>.

The deponents unveiled their impropriety by trying to avoid conflict by not saying what they thought, preferring to keep quiet rather than speaking thus reaching the mode of inauthenticity. There are two modes of being-in-the-world: as authentic existence or proper way of being and as inauthentic existence or improper way of being. Authentic existence is the property of being where being-there is recognized as presence leaving anonymity and impersonality. In inauthentic existence being-there finds itself in impropriety without its own direction<sup>(15)</sup>.

Although man is a being of existence, most of the time this existence is inauthentic, for in daily life he is delivered to the talk and opinions that come from others which results in the concealment of his being or a misunderstanding of their own existence. Thus, inauthenticity occurs when we no longer own ourselves or are not responsible for our own desires<sup>(18)</sup>.

Ambiguity was unveiled as team members reported that the relationship between them and the medical team was good, nursing was respected, and there were no relationship difficulties. However, they stated that despite being a quiet relationship, conflicts and disagreements were present and treated well when treated well.

There was a lack of communication between the professionals, not asking for help from another professional who shared the same space because they were not talking, but who needed help, not wanting a certain professional assisting in the surgery, not taking into account what the other said, unveiled the distancing. Only by discovering for the presence the distance of the entities does the intra-mundane entity itself

become accessible distances and intervals with reference to other entities<sup>(15)</sup>.

The participants left the facticity of working in this Surgical Center. They uncovered themselves in impropriety by avoiding conflicts not speaking what they thought thus reaching the mode of inauthenticity. They reached the ambiguity mode by reporting that the relationship was very good when it was not, but they also stated that the relationship was not good when they remained working and relating to the whole team in a polite and satisfying manner. They distanced themselves when they occupied the same geographical space, but they did not speak.

Interpersonal relationships can positively or negatively affect work development and job satisfaction as noted in some testimonials. Dissatisfaction, professional devaluation and communication were some of the problems evidenced by the participants and that will directly influence the quality of service provided, corroborating some studies<sup>(8,10-13)</sup>.

There is no interaction without communication and both are fundamental for care<sup>(12)</sup>. Poor communication contributes to a stressful environment. Thus, it can be considered as an essential tool in the workplace because it is through it that professionals can express themselves thus strengthening interpersonal relationships<sup>(7,13)</sup>.

For communication to be optimized, it is necessary to develop some strategies in order to minimize problems and strengthen interpersonal relationships. Periodic meetings can emerge as a strategy for bringing professionals closer together and will influence the interpersonal relationships of teams, with the aim of improving managerial communicative skills and thus creating competencies to better deal with professionals<sup>(12)</sup>.

Multi-professional practice is indispensable in the context of work, but at the same time it is considered a challenge as it is necessary to recognize the other and the importance of their work<sup>(7)</sup>. In this way, motivational and group dynamic lectures could also be considered strategies where each professional can understand their role and the role played by the other.

Fragmentation in health reinforces professional isolation and a greater commitment to professional recognition; however, the team's ability to turn their gaze to the other cannot be

diminished, and the importance of all involved for the end result, quality care, can be recognized<sup>(7)</sup>.

## FINAL CONSIDERATIONS

From the understanding of the meanings expressed in the participants' statements, it was possible to unveil the meanings of the nursing staff in the operating room in their interpersonal relationships with the medical team. The investigative approach pointed to interpersonal relationships as being fundamental for the development of the sector's activities, as it favors the quality of care. However, in some moments these relations were conflicting, which may be related to the peculiarities of the sector.

It is observed that communication is essential for the realization of the work process and a constant challenge among the teams, especially in the Surgical Center because it is a closed sector with numerous complex situations involving professionals who face an intense and stressful routine due to specific procedures that occur there, the complications that occur throughout the work day and the proximity they are in favoring tensions and conflicts.

Being with the team enables the exercise of empathy to the extent that the professional is open to dialogue and listening, as it promotes the exchange of knowledge and, as a consequence, appropriate patient care. It was identified through the results the adoption of occupational stress prevention aiming at the work environment and quality care to the surgical patient.

It is understood as a limitation of this study to have been performed in only one operating room unit. But it is believed that it nonetheless brought contributions to reflection and encouragement to the development of others to fill the gap in the literature.

Another limitation refers to current publications on the specific theme of interpersonal relationships in the operating room. In addition, further studies of these relationships are suggested, focused on the operating room theme, as current studies are scarce, but essential for a better understanding of these relationships.

## REFERENCES

1. Martins FZ, Dall'Agnol CM. Surgical center: Challenges and strategies for nurses in managerial activities. *Ver Gaúcha Enferm.* 2016;37(4):1-9. DOI: [10.1590/1983-1447.2016.04.56945](https://doi.org/10.1590/1983-1447.2016.04.56945)

2. Medeiros A, Araújo-Filho I. Centro cirúrgico e cirurgia segura. *J Surg CI Res* 2017;8(1):77-105. DOI: [10.20398/jscr.v8i1.13037](https://doi.org/10.20398/jscr.v8i1.13037)
3. Associação Brasileira de Enfermeiros em Centro Cirúrgico, Recuperação Pós-Anestésica e Centro de Material e Esterilização (SOBECC). Esterilização de produtos para a saúde. In: Associação Brasileira de Enfermeiros em Centro Cirúrgico, Recuperação Pós-Anestésica e Centro de Material e Esterilização (SOBECC). Diretrizes de práticas em enfermagem cirúrgica e processamento de produtos para a saúde. São Paulo: SOBECC; 2017.
4. Rachwal CM, Langer T, Trainor LT, Bell MA, Browning DM, Meyer EC. Navigating Communication Challenges in Clinical Practice: A new approach to team education. *Crit Care Nurse* 2018;38(6):15-22. DOI: [10.4037/ccn2018748](https://doi.org/10.4037/ccn2018748)
5. Abreu TFK, Amendola F, Trovo MM. Relational technologies as instruments of care in the Family Health Strategy. *Ver Bras Enferm.* 2017;70(5):981-7. DOI: [10.1590/0034-7167-2016-0337](https://doi.org/10.1590/0034-7167-2016-0337)
6. Araújo MPS, Medeiros SM, Quental LLC. Interpersonal relations among nursing staff: Fragilities and strengths. *Rev Enferm UERJ* 2016; 24(5):1-5. DOI: [10.12957/reuerj.2016.7657](https://doi.org/10.12957/reuerj.2016.7657)
7. Trajano MFC, Gontijo DT, Silva MW, Aquino JM, Monteiro EMLM. Interpersonal relationships in the surgical unit from the perspective of nursing workers: An exploratory study. *Braz J Nurs.* 2017 [citado em 12 out 2019]; 16(1):159-69. Available in: <http://www.objnursing.uff.br/index.php/nursing/article/view/5530>
8. Barros ERS, Ellery AEL. Inter-professional collaboration in an Intensive Care Unit: Challenges and opportunities. *Rev Rene* 2016;17(1):10-9. DOI: [10.15253/rev%20rene.v17i1.2600](https://doi.org/10.15253/rev%20rene.v17i1.2600)
9. Kwiecie?-Jagu? K, M?drzycka-D?browska W, Chamienia A, Kielaitė V. Stress factors vs. job satisfaction among nursing staff in the Pomeranian Province (Poland) and the Vilnius Region (Lithuania). *Ann Agric Environ Med.* 2018;25(4):616–24. DOI: [10.26444/aaem/75801](https://doi.org/10.26444/aaem/75801)
10. Amestoy SC, BackesVMS, Thofehrn MB, Martini JG, Meirelles BHS, Trindade LL. Conflict management: Challenges experienced by nurse-leaders in the hospital environment. *Rev Gaúcha Enferm.* 2014;35(2):79-85. DOI: [10.1590/19831447.2014.02.40155](https://doi.org/10.1590/19831447.2014.02.40155)
11. Eduardo EA, Peres AM, Kalinowski CE, Cunha ICKO, Bernardino E. The negotiator that we have and the negotiator that we want in nursing. *Texto Contexto – Enferm.* 2016;25(3):1-9. DOI: [10.1590/0104-07072016001030015](https://doi.org/10.1590/0104-07072016001030015)
12. Broca PV, Ferreira MA. Communication process in the nursing team based on the dialogue between Berlo and King. *Esc Anna Nery* 2015;19(3):467-74. DOI: [10.5935/1414-8145.20150062](https://doi.org/10.5935/1414-8145.20150062)
13. Martins CCF, Santos VEP, Pereira MS, Santos NP. The nursing team's interpersonal relationships v. stress: Limitations for practice. *Cogitare Enferm.* 2014;19(2):287-93. DOI: [10.5380/ce.v19i2.36985](https://doi.org/10.5380/ce.v19i2.36985)
14. Silva AL, Silva LF, Souza IEO, Moreira RVO. Female patient that suffers from heart disease with pressure ulcer: A phenomenological reflection on a clinical care model of comfort. *Esc Anna Nery* 2013; 17(1):168-72. DOI: [10.1590/S1414-81452013000100023](https://doi.org/10.1590/S1414-81452013000100023)
15. Heidegger M. *Ser e tempo*. Petrópolis: Vozes; 2015.
16. Santos AG, Monteiro CFS, Nunes BMVT, Benício CDAV, Nogueira LT. The nursing care analyzed according the essence of the care of Martin Heidegger. *Rev Cubana Enferm.* 2017 [citado em 23 set 2018]; 33(3). Available in: <http://www.scielo.br/pdf/jbn/v33n3/0101-2800-jbn-38-03-0313.pdf>
17. Braga TBM, Farinha MG. Heidegger: Searching for sense for the human existence. *Rev Abordagem Gestált* 2017 [citado em 23 set 2018]; 23(1):65-73. Available in: [http://pepsic.bvsalud.org/scielo.php?script=sci\\_arttext&pid=S1809-68672017000100008](http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1809-68672017000100008)
18. Santos R, Mohr AM. A (de) vida angústia de morte: Considerações a partir da filosofia e da psicanálise. *Nat Hum* 2018 [citado em 23 set 2018]; 20(1):169-87. Available in: <http://revistas.dwwwe.com.br/index.php/NH/article/view/318/210>

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