

Prática clínica desenvolvidas por enfermeiras na atenção primária em diferentes países: revisão de escopo

Clinical practice developed by nurses in primary care in different countries: scoping review

Priscila Araujo Rocha, Tamilis Souza Nascimento, Tatiane Araujo dos Santos, Handerson Silva Santos, Livia Angeli-Silva, Daniela Gomes dos Santos Biscarde

Authorship

Metadata

RESUMO

Introdução: a ampliação da prática clínica da enfermeira na Atenção Primária à Saúde é discutida constantemente, e se faz necessário conhecer como é desenvolvida em diferentes países. **Objetivo:** mapear a prática clínica desenvolvida por enfermeiras na Atenção Primária à Saúde em diferentes países. **Materiais e método:** a revisão de escopo, por meio do método proposto pelo *Joanna Briggs Institute* e pelo protocolo *Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews*. Realizada de novembro de 2021 a agosto de 2022, em bases de dados nacionais e internacionais. **Resultados:** dos 1.279 artigos encontrados nas bases de dados pesquisadas, 14 compuseram a amostra final. Os conteúdos foram sintetizados em três categorias: 1) melhores práticas clínicas; 2) uso de estratégias e de ferramentas na prática clínica; e 3) ações de prática clínica. **Conclusões:** as ações de prática clínica envolviam a consulta de Enfermagem em Oncologia, pré-natal, doenças crônicas, depressão e doença coronariana. As ferramentas que auxiliaram na prática clínica foram os protocolos de Enfermagem, a Classificação Internacional da Prática de Enfermagem e a Classificação Internacional das Práticas de Enfermagem em Saúde Coletiva.

PALAVRAS-CHAVE: Enfermagem de Atenção Primária. Enfermeiros e Enfermeiras. Atenção Primária à Saúde. Prática Clínica Baseada em Evidências. Pesquisa em Enfermagem Clínica.

ABSTRACT

Introduction: the expansion of the nurse's clinical practice in Primary Health Care is constantly being discussed and it is necessary to know how it is developed in different countries. **Objective:** to map the clinical practice developed by nurses in Primary Health Care in different countries. **Materials and method:** scoping review, following the method proposed by the *Joanna Briggs Institute* and the *Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews* protocol. Conducted from November 2021 to August 2022 in national and international databases. **Results:** of the 1,279 articles found in the databases searched, 14 made up the final sample. The contents were synthesized into three categories: 1) Best clinical practices, 2) Use of strategies tools in clinical practice, and 3) Clinical practice actions. **Conclusions:** the clinical practice actions involved nursing consultations in oncology, prenatal care, chronic diseases, depression and coronary heart disease. The tools that help in clinical practice were nursing protocols, The International Classification of Nursing Practice, and The International Classification of Public Health Nursing Practice.

KEYWORDS: Primary Care Nursing. Nurses. Primary Health Care. Evidence-based Practice. Clinical Nursing Research.

INTRODUCTION

In Primary Health Care (PHC), the nurse's work is understood as social practice, i.e., based on the needs of the population, social, cultural, environmental, and economic aspects^{1,2}. In addition, this practice is intrinsic to the nurse's work and goes far beyond the office spaces of health units, as it is also present in schools and homes^{3,4}.

In this sense, the nurse's clinical practice is based on comprehensive care for the individual's health and is present in the various spaces where this professional works, including PHC. For this level of care, systematized assistance is recommended, focusing on the individual beyond the disease and the patient, to respect their autonomy, their social context, and their life history^{5,6}.

In Brazil, some studies have shown that nurses associate clinical practice in PHC with welcoming activities, nursing consultations (childcare, prenatal care, mental health, hypertensive and diabetic care), home visits, and educational activities in groups⁷. Other studies have shown that the development of clinical practice in PHC provides positive results in terms of assistance and care for the population, through clinical protocols and the implementation of the International Classification of Nursing Practice (ICNP)^{5,8}.

Some studies show that the expansion of nurses' clinical practice in Brazil and other countries is in line with the movement to expand and strengthen PHC, with increased access in response to the population's health needs^{6,9,10}.

Clinical practice takes place in various fields of activity for nurses in the Health Care Network (HCN) and, in PHC, it is given the greatest prominence due to its proposal to overcome the medical-centered model at national and international levels, to provide a broad and comprehensive view of the population's health-disease situations^{5,9}.

Among all the activities carried out by nurses, it is worth highlighting the nursing consultation, which is an opportune space for the development of clinical practice, through which there is closer interaction between the user and the professional since it allows the latter to get to know the individual, listen to their demands, assess their biopsychosocial and spiritual health conditions, and provide the necessary care^{2,5}.

Clinical practice integrates different specific duties, such as managing individual clinical care, which is characterized by consultations and the collection of tests. In addition, this practice also extends to the management of the family process, by involving the family in the care and management of the organizational actions that permeate these activities, in the sense of coordinating and evaluating the conditions necessary for them to take place¹¹.

Despite the existing studies and their indications of the need to expand the production of knowledge on the clinical practice of nurses in PHC, no studies were found that systematize the

existing production on the subject, to better outline the issues in this study.

However, one area of scientific production caught the eye: the direct association of clinical practice with evidence-based clinical practice¹¹⁻¹⁸. In this sense, this delimitation served as the guiding thread for the construction of such practices and constituted a decision-making method that permeates nursing and incorporates research into the best and most recent scientific evidence, supported by clinical experience. In addition, the user's preferences, the target of care, and the resources available are also taken into account, as well as optimizing health costs and the autonomy of professionals^{19,20}.

Therefore, this review aimed to map the clinical practice developed by nurses in PHC in different countries.

METHODS

It is a scoping review that allows for a mapping of the literature and an overview of a particular field of interest^{21,22}. The construction of this review was carried out according to the method proposed by the Joanna Briggs Institute (JBI)²² on scoping reviews and was guided by the items in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses - Extension for Scoping Review (PRISMA-ScR)²³. A protocol was developed for this research, which was published in the Open Science Framework, available at the following address: <https://osf.io/r74ne>

To develop the research question, the Population, Concept, and Context (PCC) strategy was used for the scoping review, which corresponds to P – nurses, C - primary health care, and C - countries that have PHC and that publish the most on the work of nurses in this area. Based on these definitions, the guiding question was established: what clinical practices are developed by nurses in PHCs in different countries? The criteria for the choice were countries in which PHC is consolidated and internationally recognized and whose territories publish the work of nurses in PHC. To identify the countries that have published the most on the work of nurses in PHC, we searched the Scientific Electronic Library Online (SciELO) virtual library, since it has a filter for publications by country.

The descriptors Nurse and Primary Health Care were used, and the countries with the highest number of publications were Brazil, Spain, Cuba, and Colombia, in that order. The countries with consolidated PHC were the United Kingdom and Canada. The British system, in turn, is internationally recognized as one of the most accessible and efficient state health systems in the West, while the Canadian system has the top position in the international ranking^{24,25}. The studies were researched in the Virtual Health Library (VHL) and its main databases, Latin American and Caribbean Literature in Health Sciences (LILACS); Nursing Database (BDENF), and Medical Literature Analysis and Retrieval System Online (MEDLINE) via PubMed. These

databases were chosen because of their wide dissemination of health publications.

The search and selection process for the studies took place from November 2021 to August 2022. To survey the studies, the terms standardized by the Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH) were: Nursing, *Enfermería*, Nursing; Nurses and Nurses, *Enfermeras y Enfermeros*, Nurses; Primary Health Care, *Atención Primaria de Salud*, Primary Health Care; Evidence-Based Clinical Practice, *Práctica Clínica Basada en la Evidencia*, Evidence-Based Practice. Along with the descriptors, the Boolean operators *OR* were used to group synonyms and *AND* to intersect terms. The search was conducted using descriptors in English. In MEDLINE (PubMed) and VHL, with the search strategy: (“Nursing” OR “Nurse”) AND (“Primary Health Care”) AND (“Evidence-Based Practice”).

Included were studies with a qualitative or quantitative approach, primary studies, randomized studies, systematic reviews, and books published in the selected databases that addressed the clinical practices of nurses in PHC in Brazil, Spain, Cuba, Colombia, the United Kingdom, and Canada in Portuguese, English, and Spanish, from January 2011 to December 2021.

The exclusion criteria were studies that did not answer the research question, were unavailable in full and online, and that dealt with the hospital context. The study selection process was carried out by two reviewers independently, and a third was consulted in case of disagreement. This review followed the process of selecting sources of evidence with the following steps: screening by title, reading the abstract, and, finally, evaluating the full text.

Data extraction from the selected documents took place from November 2021 to August 2022 and was organized in a Microsoft Office Excel spreadsheet designed by the researchers themselves with the following data: the title of the article, the year of publication, the methodology, the country, and the types of practices. All the texts considered relevant to the review's research question were listed.

Based on this data extraction, a critical evaluation of the selected studies was carried out using qualitative analysis, highlighting the main focuses and creating categories that are presented in a narrative synthesis.

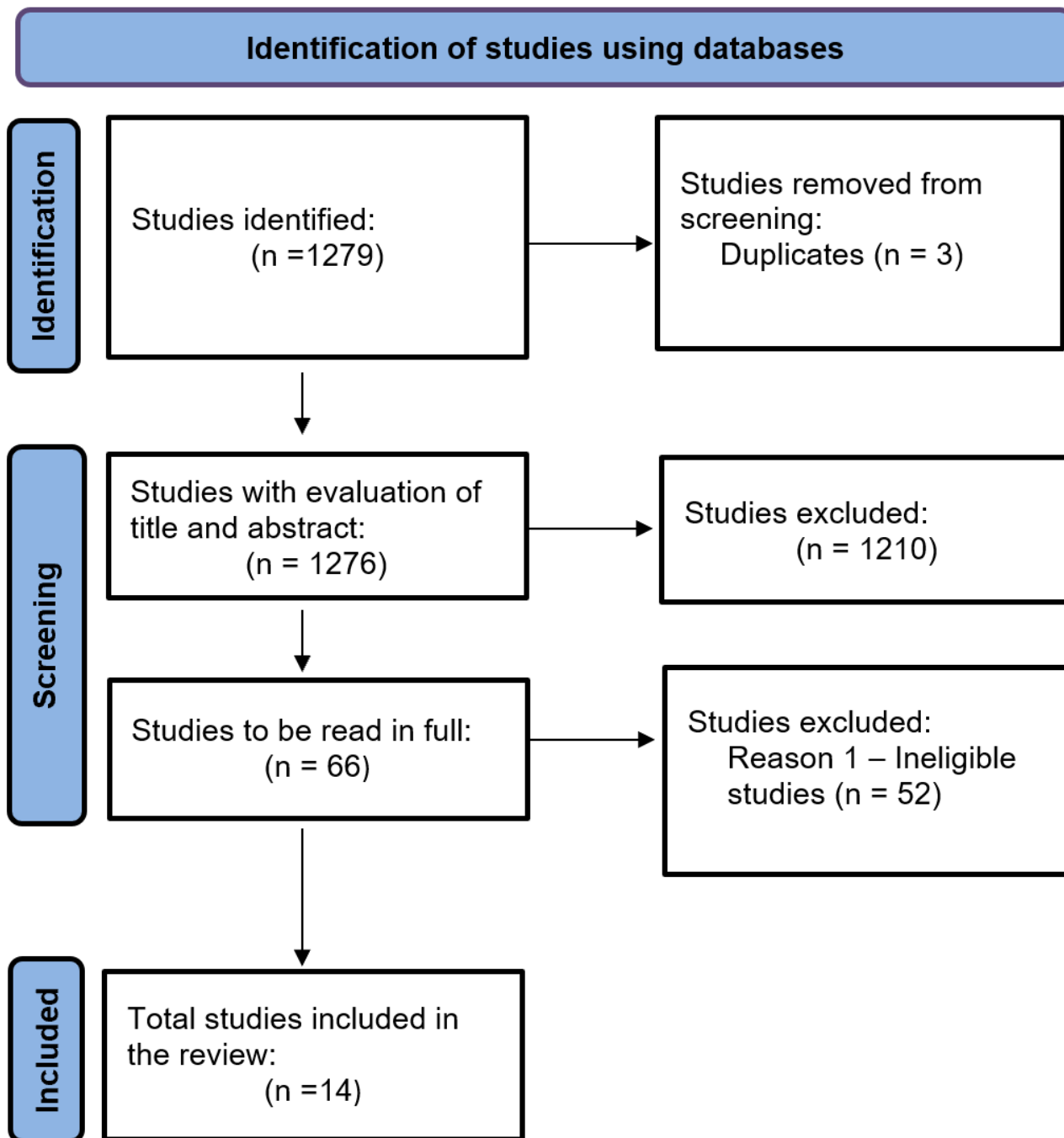
Because the studies used were in the public domain and available in the literature, there was no need for them to be submitted to the Research Ethics Committee (REC).

RESULTS

A total of 1,279 articles were identified, of which three were removed due to duplication. The titles and abstracts of the remaining 1,276 were then thoroughly read and 1,210 were discarded. After reading the 66 articles in full, 14 were selected because they met the inclusion

criteria, as shown in Figure 1.

Figure 1 – Flow diagram of the study search and selection processes



Source: prepared by the authors

The 14 studies included in this review are six qualitative studies, four literature reviews, one randomized trial, one participant study, one methodological study, and one multicenter cross-sectional study. They were carried out in the following countries: Brazil, the United Kingdom, and Spain.

Table 1 shows the articles included in the review, with the following data: year, authors, title, country of origin, type of study, and type of practice.

Table 1 – Articles included in the scoping review

YEAR	AUTHOR	OBJECTIVE	TYPE OF STUDY	COUNTRY	CLINICAL PRACTICE
2011	Chaney EF, Rubenstein LV, Liu CF, Yano EM, Bolkan C, Lee M, <i>et al.</i> ²⁶	To evaluate the implementation of Collaborative Care (CCM) for the treatment of depression in primary care through Evidence-Based Quality Improvement (EBQI).	Systematic review	United Kingdom	Adherence to the Translating Initiatives in Depression into Effective Solution (TIDE) protocol for the speed and completion of all clinical evaluations required for individual randomized evaluation patients.
2012	González-Torrente S, Pericas-Beltrán J, Bennasar-Veny M, Adrover-Barceló R, Morales-Asencio JM, De Pedro-Gómez J ¹²	To evaluate the factors that influence evidence-based clinical practice among nursing professionals in PHC.	Multicenter cross-sectional	Spain	Evidence-based clinical practice, such as structure, environment and professional skills, has contributed to improving the quality of care.
2012	Barley EA, Haddad M, Simmonds R, Fortune Z, Walters P, Murray J, <i>et al.</i> ¹⁴	To explore the relationship between coronary heart disease and depression, with a view to developing a new intervention for use in PHC.	Systematic review	United Kingdom	The use of evidence-based intervention guidelines informed by patient and clinician preferences and established theory.
2013	Apostólico MR, Hino P, Egly EY ²⁷	To identify the limits and potential of the International Classification for Public Health Nursing Practice (ICPPH) in nursing consultations with child victims of domestic violence.	Qualitative, case study type	Brazil	Nursing consultations with children in situations of domestic violence and the use of the ICNESC to promote systematized care.
2015	Meira BM, Pereira PAS, Silveira MFA, Gualda DMR, Santos Júnior HPO ¹⁵	To understand the challenges faced by primary care professionals in caring for women with postpartum depression.	Qualitative	Brazil	Nursing care for women with postpartum depression.

(Table 1 Continued)

YEAR	AUTHOR	OBJECTIVE	TYPE OF STUDY	COUNTRY	CLINICAL PRACTICE
2018	Kahl C, Meirelles BHS, Lanzoni GMM, Koerich C, Cunha KS ¹³	Understand the actions and interactions involved in the development of nurses' clinical practice in PHC.	Qualitative	Brazil	The use of clinical nursing protocols and the ICNP.
2018	Souza GRM, Cazola, LHO, Pícoli, RP ²⁸	To identify the role of PHC nurses in cancer care, based on evidence in the scientific literature.	Integrative Review	Brazil	Working in care activities, health education and cancer prevention and control actions in PHC.
2019	KAHL C, Meirelles BHS, Cunha KS, Bernardo MS, Erdmann AL ¹¹	Compreender como a prática clínica dos enfermeiros tem repercussões no atendimento ao usuário na APS.	Qualitative	Brazil	The development of nurses' clinical practice in PHC: the repercussions of nurses' clinical practice on the care of health users in PHC.
2020	Doménech-Briz V, Romero RG, Miguel-Montoya I, Juárez-Vela R, Martínez-Riera JR, Mármol-López MI, <i>et al.</i> ²⁹	To describe the role of the nurse case manager in care management, in order to determine their effectiveness in coping with chronic diseases.	Literature review	Spain	The role of the nurse case manager in ensuring continuity of care for complex patients with chronic diseases.
2020	Horwood J, Brangan E, Manley P, Horner P, Muir P, North P, <i>et al.</i> ³⁰	To investigate the feasibility and acceptability of extending the centralized Nurse-Led Telephone Management (NLTM) of the National Chlamydia Screening Program.	Randomized trial Randomized trial	United Kingdom	Telephone consultation in the management of all cases of chlamydia and gonorrhoea diagnosed at the PHC.

(Table 1 Conclusion)

YEAR	AUTHOR	OBJECTIVE	TYPE OF STUDY	COUNTRY	CLINICAL PRACTICE
2020	Raznievski LFS, Fettermann FA, Rosa AB, Bordignon JS, Freitas HMB, Donaduzzi DSS ¹⁶ .	Identify primary care nurses' perceptions of good labor and birth care practices from the perspective of evidence-based practices.	Qualitative	Brazil	Nurses' prenatal care and the need for knowledge about labor and common practices in conducting normal childbirth.
2020	Silva KJ, Vendrusco C, Maffisoni AL, Durand MK, Weber ML, Rosset DM ¹⁷	To learn about and reflect on the best nursing practices and their interface with the Expanded Family Health Center and Primary Care.	Participant Research	Brazil	Reflecting on the nursing work process and getting closer to the centers fosters autonomy, collaborative practices and interprofessionalism.
2020	Siega CK, Adamy EK, Sousa PAF, Zanatta EA ³¹	Describe the development of a terminological subset of the ICNP for nursing consultations with infants in PHC.	Methodological study	Brazil	The nursing consultation for infants in PHC in the development of a terminological subset in the ICNP.
2021	Vendruscolo C, Silva KJ, Araújo JAD, Weber ML ¹⁸	To analyze the implications of the continuing education process for the development of best practices in PHC nursing.	Qualitative/ Quantitative	Brazil	Continuing education to develop the best nursing practices in PHC.

Source: prepared by the authors

DISCUSSION

This review sought to map what has been produced in the literature about the clinical practices developed by PHC nurses in different countries. Data extraction and analysis enabled the identification of three thematic categories: best clinical practices; the use of strategies and instruments (tools) in clinical practice; and clinical practice actions.

Best clinical practices

Clinical practice is linked to Evidence-Based Practice (EBP) due to the need to integrate the best available evidence with clinical experience and the individual characteristics of each patient³². It is also associated with best practices. These, in turn, are defined by the United Nations (UN) as a technique or method which, through experience and research, demonstrates the reliability to lead to the desired result³³.

A study carried out in Brazil¹⁷ addressed the issue of best practices, which consist of recognizing the most appropriate option for each situation, using resources and the best up-to-date evidence for clinical management to obtain the desired results. The nurses in the study recognized that best practices must be permeated by dialogue to establish effective communication and facilitate interprofessional work¹⁷.

In 2009, a study carried out in Spain with 377 nursing professionals from 57 health centers used the validated instrument “Nursing Work Index Instrument (PES-NWI)” to evaluate clinical practices. The results highlighted that evidence-based clinical practice, combined with structure, environment, and professional skills, contributes to care and the adoption of best practices¹².

Thus, for nurses, best practices appear as the possibility of increasing the quality of patient care and clinical outcomes, as well as improving their safety and professional performance^{9,19,32}.

A study carried out in the state of Santa Catarina with 216 PHC nurses revealed proposals for improving best practices. The authors pointed to continuing education as a way to develop these practices in nurses, since the search for knowledge built in and through work can contribute to qualified care¹⁸.

Another Brazilian study carried out with nurses in a city in Rio Grande do Sul identified an important space for guiding pregnant women during prenatal care; both a potential space for developing clinical analysis and a highly complex one, crossed by social, race, and gender issues, which demand a professional look and practical expertise from the worker. However, the study found little EBP in nurses' routines, which is explained by a lack of systematization of this care or a lack of understanding of what these practices would be like¹⁶.

It should be noted that the lack of academic training in research skills, the lack of time for study, the lack of an adequate organizational structure, and the daily overload are factors that prevent PHC nurses from carrying out EBP and thus adopting best practices³².

The use of strategies and tools in clinical practice

A study carried out in Brazil aimed to understand how clinical practice has an impact on the care provided to PHC users, and revealed that clinical nursing protocols and the ICNP also

contribute to the development of nurses' clinical practice in PHC, and have a positive impact on user care¹¹.

Also in Brazil, another study looked at the use of ICNP as an effective clinical decision-making support tool in nursing consultations with infants in PHC. The development of a terminological subset of the ICNP aids the nurse's assistance to infants, which contributes to clinical reasoning, planning, and evaluation of actions. Thus, the use of the ICNP contributes to systematized consultation and the description of professional practice through unified language³¹.

Furthermore, another study pointed to the use of the International Classification of Public Health Nursing Practices (ICNPH) as a systematizing care tool that can make child violence visible in nursing consultations. However, even with the potential of the ICNPH, the study revealed that the nursing diagnoses and interventions that indicate the risk or occurrence of violence were not fully identified by the nurses²⁷.

These findings show that the use of standardized languages, such as the ICNP and ICNESC, enriches nurses' clinical practice by facilitating communication and enabling the representation of nursing knowledge. Standardization provides an international overview of which practices are most widely adopted, to assess their quality and create theoretical constructs that can support new approaches³⁴.

The CIPESC is aimed at identifying the terms used by Brazilian PHC nursing. Like the ICNP, it provides safe concepts to represent the elements of nursing practice, improving precision in the documentation of care and strengthening terminology. However, it is little used by nurses, both in Brazil and in other countries³⁵.

The protocols reinforce the use of EBP, which helps in the nursing consultation with the possibility of follow-up actions, diagnosis, and recommendation of the best course of action. The study carried out in the UK evaluated the implementation of Collaborative Care (CCM) for the treatment of depression in PHC, using Evidence-Based Practice Quality Improvement (EBQUI)²⁶.

Adherence to the intervention plans was used as an indicator and it was observed that the application of collaborative care, based on evidence-based practice, incorporated the main resources recommended in the literature regarding patient education and activation; management collaboration; systematically assessed symptoms; collaboration between primary care providers, care managers and mental health specialists.

By adhering to the Translating Initiatives in Depression into Effective Solution (TIDE) protocol for speeding up and completing clinical assessments, patients received antidepressants in appropriate doses, compared to those who did not adhere to the EQUI-CCM. In addition, they received more filled prescriptions, which, however, did not lead to significant improvements in symptoms²⁶.

These national and international studies converge on the use of clinical care protocols for nurses in PHC. These protocols are systematization tools that describe a situation and contain its operationalization and specifications. In this sense, they are structured based on scientific evidence, to guide nurses when making decisions in their clinical practice^{5,9}.

However, it must be stressed that nurses should not limit their care entirely to the protocol. The social, cultural, and economic issues of each individual and community must be taken into account without disrespecting their autonomy. In this way, the protocols should be adaptable to the local reality and care centered on the patient's needs.³².

Clinical practice actions

In the activities related to the nurse's clinical practice in PHC, the authors highlighted nursing consultations for the different life cycles, such as prenatal consultations, childcare, and consultations for people with hypertension and diabetes, as well as reception and home visits⁷. The articles found in this review corroborate these clinical practice actions.

A Brazilian study highlighted that among the actions and interactions in the clinical practice of PHC nurses is the systematization of care in nursing consultations, supported by clinical protocols and ICNP¹³.

Another study revealed that in prenatal care in PHC, nurses' actions are restricted to the physiological issues of pregnancy and the postpartum period. This leads to difficulties and delays in detecting postpartum depression, as well as managing inadequate referrals to services, which can worsen the clinical condition of pregnant and postpartum women. The same study pointed to problems such as the lack of care protocols for postnatal depression and the lack of training for nurses¹⁵.

In this sense, one study pointed out that it is essential to reconcile knowledge with clinical practice and to provide individualized care. The study also revealed that the nurse is an active member of health promotion and cancer prevention actions in PHC²⁸.

The research conducted in Spain presented the role of the nurse case manager in PHC as primarily responsible for ensuring continuity of care for complex patients with chronic diseases. This care is carried out through comprehensive interventions, which consider the needs of each person and provide coordinated and continuous care. This requires a common practice model that includes protocols and EBS²⁹.

In the UK, a study covered the telephone consultation carried out by nurses in the management of all cases of chlamydia and gonorrhea diagnosed in PHC. This research revealed the positive cost-benefit impacts of evidence-based clinical practice and recommended that it be expanded nationwide³⁰.

Another UK study explored the relationship between coronary heart disease and depression by developing a new intervention for use in PHC. To deliver and evaluate the interventions, the study relied on a systematic review and qualitative research to synthesize the empirical and identify the evidence and theories that inform the intervention that best contributes to mood and cardiac outcomes in patients with Congestive Heart Disease (CHD) and depression. The result was the realization of an intervention based on patient preferences associated with the clinic. The step-by-step process begins with a psychosocial assessment, followed by a personalized care plan¹⁴.

In short, the nurse's clinical practice actions in PHC must be carried out based on systematized and planned patient-centered care. Thus, they cannot be reduced to diagnoses, cures, procedures, and prescriptions but rather to a space for producing relationships and interventions⁵. However, the articles analyzed did not identify clinical practice from the perspective of comprehensiveness and subject-centeredness.

A limitation of this review is the lack of a common term, descriptors, or keywords specific to clinical practice, which may have left some studies out of the research results, in addition to the few studies that met the inclusion criteria.

CONCLUSION

The results showed that the best clinical practices are related to EBP in a way that allows nurses in PHC to provide quality care to the population and improve their professional performance. The clinical practice actions in PHC involved nursing consultations in the areas of oncology and pediatrics, prenatal care, chronic diseases and coronary heart disease, and postpartum depression. The strategies and tools that helped the nurses in their clinical practice were the nursing protocols, the ICNP, and the ICFSC.

However, it is necessary to ensure that the use of these tools is not a technical and mechanistic limitation so that it is reduced to an isolated practice. In addition, the studies did little to address the integral realization of this clinical practice with a view to the centrality of the individual, especially in the studies carried out outside Brazil.

The contributions of this study to the field of nursing are: to encourage reflection on the nurse's clinical practice; to indicate the need for this practice to take place from a broader perspective, to consider the social determination of the health-disease process; and to center the subject, as well as placing them as the protagonist of the process, based on their social, historical, economic, cultural, and family context.




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Authorship			
Name	Institutional affiliation	ORCID 	CV Lattes 
Priscila Araujo Rocha	Universidade Federal da Bahia (UFBA) / Federal University of Bahia	https://orcid.org/0000-0003-2572-776X	http://lattes.cnpq.br/3936349451254301
Tamilis Souza Nascimento	Universidade Federal da Bahia (UFBA) / Federal University of Bahia	https://orcid.org/0009-0001-2555-0231	http://lattes.cnpq.br/4287365303678512
Tatiane Araujo dos Santos	Universidade Federal da Bahia (UFBA) / Federal University of Bahia	https://orcid.org/0000-0003-0747-0649	http://lattes.cnpq.br/6352216498562773
Handerson Silva Santos	Universidade Federal da Bahia (UFBA) / Federal University of Bahia	https://orcid.org/0000-0002-4324-8888	http://lattes.cnpq.br/3661198527166401
Livia Angeli-Silva	Universidade Federal da Bahia (UFBA) / Federal University of Bahia	https://orcid.org/0000-0001-5606-5477	http://lattes.cnpq.br/4655493619449995
Daniela Gomes dos Santos Biscarde	Universidade Federal da Bahia (UFBA) / Federal University of Bahia	https://orcid.org/0000-0001-8758-2645	http://lattes.cnpq.br/9731914469600700
Corresponding author	Priscila Araujo Rocha  priscilarocha@ufba.br		

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