

## COMMUNICATING BAD NEWS TO FAMILY OF HOSPITALIZED CHILD<sup>1</sup>

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### ABSTRACT

In order to recognizing how health professionals communicate difficult news to the family of hospitalized children, nurses that meet the care needs of the pediatric unit of a public hospital in the State of São Paulo were interviewed. This is a qualitative descriptive study that used as a theoretical reference the Symbolic Interaction. For data collection there was used the technique of semi-structured interview and analyzed based on the Thematic of Qualitative Analysis of Bardin. Data analysis revealed that health professionals list hard news as those that compromise the quality of life of hospitalized children. In view of this, professionals have to deal with their concerns when addressing the family, needing help from other health care professionals to develop communication activities with the family. In this context, this study highlights the meeting as a team and multidisciplinary work as the propelling spring of communication between health staff and family.

**Keywords:** Hospitalization. Family. Child. Communication.

### INTRODUCTION

The inclusion of the family in the care of hospitalized children takes place through the communication process. Basic tool to develop the activities of health professionals, Communication is fundamental for the integral and humanized care, because through it is possible to recognize and accommodate the child's needs<sup>(1)</sup>.

Effective communication is an essential component of nursing care and, when subsidized by a sense of respect, attitude, cooperation and sensitivity, is the driving force of the relationship between the health professional and family unit<sup>(1)</sup>.

In order to establishing effective communication must be an interaction between transmitter and receiver of the message, and this needs to be conveyed clearly, so that it is well understood and so that together, family and healthcare team might think alternative on the situation. In this interaction, the team manages to convey the bad news to the family unit<sup>(2)</sup>.

Hard news or bad news can be defined as any information that encompasses drastic change in a person's prospects for the future in a negative sense. It is one that negatively alters the patient's expectation with respect to its future, and its

answer will depend, among other things, on his hope for the future, which is individual and influenced by his psychosocial context<sup>(3)</sup>.

It is important to mention that communication of difficult news can be of three types: the communication of the diagnosis of advanced disease with a poor prognosis; communication and attention to serious after-effects of treatments such as mutilation, loss of function and its consequences in the loss of quality of life; the breakdown of communication of current healing resources and preparing for exclusive palliative care<sup>(3)</sup>.

Thus, considering the approach of the family in the care of hospitalized children, this study sought to know how health professionals communicate difficult news to families of hospitalized children.

### METHOD

This study is characterized by a research grounded in a qualitative approach and a descriptive character. There was used the Symbolic Interaction (IS) as a theoretical framework and the Qualitative Analysis Content of Bardin as a methodological framework.

The Symbolic Interaction is designed to study human relations, contact between people,

<sup>1</sup> Scientific Initiation project supported by FAPESP.

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interactions and interpretations of human behavior. In this sense the IS tries to understand the meanings that human beings attribute to the objects with whom establishes interaction<sup>(4)</sup>.

In the context of hospitalization, children and family establish relationship with the professionals of the health service, creating meanings that are born from the experience lived by individuals. And it is the experience that actors define reality and establish actions. Such actions are the result of decisions involving definition, interpretation and choice, influenced by the relationship with the context and with themselves<sup>(4)</sup>.

The Content Analysis, in turn, is defined as a set of communication analysis techniques. This technique uses procedures for description of message content. It is described as a method that seeks to know what is contained in the messages<sup>(5)</sup>.

The Thematic Content Analysis consists of the pre-analysis when the material collected is transcribed and submitted to a careful and thorough reading; the analytical description, when the researcher classifies the responses according to the research objectives and the inferential interpretation, in which data are categorized<sup>(5)</sup>.

The study was conducted in the pediatric unit of a Health Institution located in a city of the countryside of São Paulo. In compliance with all provisions of Resolution No. 196/96<sup>(6)</sup>, which provides guidelines for conducting research involving human subjects, the project has been approved by the Research Ethics Committee of the Federal University of São Carlos in the opinion number 144/2012 and CAAE: 0377.0.135.000-11.

The members of the research were all nurses attending pediatric unit, totaling eight professionals, with the inclusion criteria: experience for at least a month in the area of pediatrics.

Data collection took place between November 2012 and July 2013 through semi-structured interview. This type of interview is the most used technique in the field of work process, as it allows obtaining objective nature of data as well as subjective<sup>(7)</sup>. It used private room in the health facility, ensuring the privacy of participants, who were asked about their

willingness to participate and after accepting, signed the consent form.

Nurses were encouraged to talk about their experience in communicating bad news to the hospitalized child's family from the following guiding question: "How do you (name of health care provider) announce difficult news to the family of a hospitalized child?" From the answer to this question other were formulated with reference to previous answers of respondents and the objectives to be achieved. They were also asked about the means and resources used to communicate a difficult news for the family.

The interviews were recorded, transcribed and analyzed using the proposed method. For its closure there were used all potential participants, a total of eight nurses. To elucidate the categories, speeches were selected from participants, identified according to the professional who remained silent and the interview number (E1).

## RESULTS AND DISCUSSION

The process of collecting and analyzing data capture enabled categories that relate the experience of professional nursing opposite the process of communicating bad news to the family of the hospitalized child. The categories are shown below.

### 1. Valuing the clarification

The child's illness creates feelings of anxiety and distress in the family unit, which awaits clarification of the clinical picture and the prognosis. In this perspective, to establish communication with the nuclear family, caregivers accompany the child's clinical condition and seek to leave their aware family, in order to bring them to what's going on, avoiding thus omit information to the family, and increase feelings of anxiety and suffering. In this sense, communication with family is established from the child's entry into pediatrics.

Health professionals reflect on the language to be used based on the already lived experiences in the pediatric unit to communicate the news. Thus, they receive the family in order to minimize the stress of hospitalization, prepare for the impact that the news can cause and establish a trust and credibility relationship between the family and the team.

In a climate of respect to the family, in the face of difficult news, the nurse makes use of clear and objective language and avoids technical terms to facilitate the understanding of the child experienced situation. Besides the concern with the words, the professional is attentive to the environment in which the news will be given. He believes that a peaceful environment minimizes the possible noise in communication. Noise here understood as possible misunderstandings.

The interaction established between health and family team, professionals build an open, ie leave the family assimilate the news, question and express their wishes before the child's hospitalization. It is in this context, to clarifying family about procedures needs and the health situation experienced by the child.

[...] I seek to follow the child's clinical frame and try to make the child's family aware of what is happening in a way to try to bring them, for them to understand what's going on ... Use proper language to their education level. So I try not to hide anything from family. [...]. (E8)

I worry especially about the environment in which I will convey. So first, do not break the news to the child, not being in front of other children or other family members, living in a private room just for them, no noise and no nothing. Talk to them and give the time available to them, not my time, you have to be in their time. Allow time for if they want to cry, talk, question is their time, so I have to be prepared for them. (E6)

Reporting difficult news for hospitalized children the family is an arduous task that requires a physical and emotional preparation of the professionals involved in child hospitalization process. It's a vulnerable situation for the team itself, which has to deal with their concerns and values.

In interactionist perspective, humans are seen as social actors. However, in addition to communicating with other individuals, there is a self, that is indoors, toward which we act, addressing ourselves through symbols, seeing ourselves as social objects of ourselves. We communicate symbolically in our actions and interpret each other's actions. Thus, the interaction takes place in a continuous stream of shares making up the basis for what we choose to do in different situations<sup>(4)</sup>.

## 2. Recognizing the importance of teamwork

How the health professional considers the communication of bad news a difficult situation to deal with, he makes a move to seek his peers to share with them this chore. The professional, on occasion, find it difficult to clarify the importance and the need for a particular procedure, and also the difficulty presented by the family in understanding the situation.

Faced with these difficulties that some professionals find in communicating hard news to the family of the hospitalized child arise and find support in their peers to clarify the situation to the family unit. In this context, health professionals seek to work in a multidisciplinary way and not individually. After all believe facilitate understanding of the family about the child's clinical condition and the procedures to which it is subjected.

The presence of the multidisciplinary team in communicating difficult news is considered essential, especially for those professionals who have difficulty establishing communication with family about the child's illness. Such interaction is permeated by support, which is working since the team meeting, when discussing and planning how best to communicate difficult news for the family.

The staff meeting is pointed by professionals as an essential tool for the practice of care. Through the exchange of knowledge, information, perceptions, professionals find strategies to meet the family unit in order to minimize feelings of sadness and pain resulting from the child's hospitalization. The dialogue between team members gives forces so that they can help the family to face this moment of weakness.

We have a team that helps us, [...] to be with addressing the news. (When I'm not in a good day to give the news). So we can even delegate a little, accompanying, but not actively participating in the process as a whole. Just be accompanying colleagues as a backup. (E5)

I find it a great help to have a multidisciplinary team, where we have the clinical discussion [...] In that one is realizing this and the other is not, one helps the other to see and then think it helps a lot. (E2)

I started talking with him (father), I realized that it was excessive even care [...] the child was

stressed, agitated because of the puncture was the first time I was in the hospital [...] the father was not secure with just one person, that my communication with him was no longer [...] with a strong bond, for him to feel safe and then say "Go". Then I ask help of an employee. (E1)

The communication of bad news is seen as one of the most difficult task in the practice of health professionals, including nurses, for which still do not feel prepared<sup>(8)</sup>.

In order to understand how to communicate the bad news, and facing their own feelings, healthcare professionals resort to meeting in staff as a strategy to meet and/or apprehend the way to approach the family in communicating bad news. The reports reveal that during the meeting between team members for exchange of information, perceptions and feelings that empower them to build family communication about the child's clinical condition.

The meeting team enables professionals to creating coping strategies, allowing the emotional growth and competence of its members. Moreover, it is a time when the team uses the same language, which allows the realization of an integrated work to better care for the family unit<sup>(9,10)</sup>.

Teamwork is the foundation for the bad news communication to the family of the hospitalized child. Professionals point that to develop a multidisciplinary work with the family facilitates the understanding of the child's clinical condition and the strengthening bond between staff and family unit. The interaction established this relationship allows the development of communication skills that foster care offered to children.

Professional support each other and act to provide moments of physical and emotional comfort to the family. Teamwork is essential for viewing the work process, as well as the feelings experienced by the family in this time of turmoil. Through multidisciplinary team to offer comprehensive care with humane care practices<sup>(11)</sup>.

### **3. Acceptance as a means of alleviating the suffering**

Hosting in the family unit by health professionals aims to make it less difficult the suffering resulting from the bad news communication. The family support is offered by

professionals from the arrival of the child to the health facility. Through the communication process, the health team seeks to know the family unit in order to build links in order to help it to participate in the care of children during their treatment.

The quality of care given to the family is fundamental, in that it will bring support to face the situation and will influence to be collaborative with the team. Otherwise, a process of denial and perception of neglect of child care can be triggered.

Support is a strategy that permeates the relationship between those involved in the child's hospitalization process. Professional search still accept and fully understand the concerns of family members, by offering psychological, emotional support and assistance seeking to soften the stressful situation due to experience a moment of weakness. It is shown still open to experience the child's hospitalization difficulties with his family, trying to take in the child care needs of loopholes, such as insecurity, anxiety, and fear of the situation of a possible complication.

The health worker assesses that offering an attentive listening and care for the child, not only physical help the family to cope with safely hospitalization, even in his intimate, present uncertainty regarding the evolution of the clinical picture of child. For this, the reception and transmission of messages encouraging become central theme of this experience, as the family unit acts as an important power in the recovery.

So, at the time of entry, this approach, and this host will do it with the family and the child is crucial, it is essential. I can talk to her treatment going forward will depend on it: if you have a family that will be collaborative, it will have the strength to bear it or will it be the one family that will deny, questioning and sometimes it could cause you problems during hospitalization and can be negligent. (E7)

Especially the mother, when she finds a professional who supports chatting, giving shoulder, that says that will improve the mother feels more secure. So I try to give that assurance, the more I have within me that insecurity regarding the evolution of the child, my concern is, "Will it respond well?" (E4)

The analysis of empirical data reveals that the healthcare professional, at all times of the communication process with the family, seeks to offer support. Through simple language he comforts the family in this hazy situation. And even in times when there is a need to prioritize certain tasks, health team does not fail to communicate the need for attention to care for the child at that delicate moment of his hospitalization.

The health professional to communicate the bad news to hospitalized children's family offers his cooperation for the restoration of health, an offer as informative and emotional support. In respectful dialogue with family, talks about the peculiarities of the disease, its consequences and especially about the possibility of a good prognosis<sup>(12)</sup>.

The established interaction builds a productive dialogue that enables the autonomy of subjects and humanized care. In this process, family and child become partakers in care, having something to say and do, not restricted to complaints. The instant interaction is established, there is the production of a care that calls for rich extensions, ie care that is not restricted to the techniques to be carried out by professionals<sup>(13)</sup>.

In this interactive process a healthcare environment communication stimulates the expression of feelings, sets up a trust with mutual commitment, against the development of care<sup>(14)</sup>.

#### 4. Coping the critical situation

The health professional, despite his experience of living with the difficulties of the family before the child's hospitalization, reveals just how difficult and undesirable task of communicating a difficult news to her. It considers that the difficult news requires a mental and emotional preparation, because the urges to deal with their own limitations and desires.

To be responsible for communicating difficult news to the family of the child in the hospital, the health professional is faced with fear, anguish and especially powerlessness before certain situations, leading him sometimes to postpone the communication to family, until the moment in which it is questioned about the evolution of the child's clinical condition.

The healthcare team emphasizes that the provision of difficult situations brand family negatively, to the extent that generates modification in the life cycle and consequently the entire family planning. Faced with this situation, the professional of the pediatric unit feels distressed and saddened by the loss of the child and by reporting the situation to the family, especially when she already shows have gone through a difficult time in advance. Professionals believe that the bad news involves from simple and ordinary procedures, to the death of the child, as well as situations that cause physical impairment or neurological sequelae that will lead to a child's permanent physical limitations.

By contrast, sincerity, gratitude and rapid evolution of the clinical picture shown by the children motivate professionals to continue working in pediatrics.

Hard news goes from a report of a chronic disease that will need more advanced treatment, a more invasive treatment [...] or need to do both a blood collect and an ultrasound that sometimes the mother scares, thinks will be absurd treatment "Oh my son already has a chronic illness, what's going on?" So has all this bias we need to try to talk through communication with parents... More difficult for a parent is when a child to death [...] or the mother who says, "No one will touch my son" "Or you can the first time, or we will not continue." [...] When I go talk to, I always try to maintain a normal voice and communicate in an easy way for the mother and very objective. Why? Because if I start talking to her and she changes the subject, I can leave this most concerned mother yet. [...] I try to be as objective as possible, so that it will receive the news, and also another question, ask questions with us. (E1).

The worst news is the death [...] that you did what you had to do, but had no other means. (E3)

The communication of bad news, as perceived by the participants, is the revelation of diagnostics life-threatening, causing anguish that prevents the dreams and the hope of a different future. Health professionals believe that simple and trivial information, which are part of the hospital routine, as well as those that cause the loss of a loved one, a negative mark the family life<sup>(11)</sup>. Thus, to communicate the bad news caregivers ponder the importance of dialogue on the procedures to minimize the family desires.

Words, objects and actions are intentionally used in social interaction. They are symbols we use to communicate to represent something for others. From the interpretation of symbols, the receiver defines the situation and act in response, according to the settings<sup>(4)</sup>.

### 5. Recognizing the limits of the treatment

There are times when the health team is not able to prepare in advance the family to face a difficult situation, mainly due to the high demand for urgent and emergency procedures. From this perspective, the family support ends up being left to the background, to the extent that, at times, priority is given to the technical procedures rather than communication.

After the moment of critical intervention, relations are established and the family starts to rely more on team performance.

When we arrive in the morning and at the beginning of one of the shifts, we look at the child and already realize it was very serious. [...] So do all the procedures you end up leaving it sideways, just prioritizing the care of children, got it? If she had stayed here several days, she had prepared better, but the child has come very bad. (E2)

However, when the child does not show improvement in the evolution of its clinical frame, as a precautionary measure in the preservation of life, there is a need to refer her to a hospital more specific and specialized in general ICU, which requires giving this news difficult for the family.

I look for most often say, "Look mom, your baby cannot afford to stay here, it will be sent to the ICU unit, but it is not that he is very bad, feeling bad, but it's a precaution. There will be a 24-hour doctor caring for your baby, your child, and there has specific teams to stay with him, only with the interneers". (E4)

In some cases of obvious sensitivity and fragility, the family, for not properly understand the evolution of the clinical condition of the child, you can create a blockage in the understanding of this condition, triggering feelings of revolt, anguish, questioning and denial of the evident clinical state, resulting from longing in the child improves, often blame the conduct of health professionals.

In this sense it is essential to identify existing professional family support in order to engage

effectively with the nuclear family and then perform better strategies for coping and acceptance of difficult news. However, in extreme cases such as infant death, when the family itself now recognizes that the team reached the limit of its reach, ultimately comfort her, conveying positive words.

Usually the family's reaction is frustration, because when usually seek the service always seek a significant improvement, so for them it is frustrating not only for the family and for us. [...] the family brings the child to the service, has confidence in the team and in our work. (E5)

We try to show what our limitations and why. We try to show that if we cannot do anything in the case and we have made our best, we will transfer to the improvement of the patient. Because we did as far as was possible, even our limits are exhausted. And from that we have to be humble and transfer to a place that will give better support and try to show for the family. (E4)

Communication is an active process which refers to establishing a relationship, so that care acquires significant dimensions, through exchanges and sharing of emotions and feelings. In this context, support from health professionals is a source of strength and encouragement for the family to not be discouraged in the face of adversity<sup>(15)</sup>.

## CONCLUSION

The difficulty of communicating bad news for the family of hospitalized children is seen as an obscure situation that jeopardizes the family future.

Health professionals in the desire to understand the best way to communicate the bad news, as well as facing their own feelings, turn to team meeting, thus allowing the exchange of information, perceptions and feelings, which empowers them to achieve an integrated work and provide better care to the family unit. In this context, teamwork, for the respondent nurses, is the basis for the bad news communication to the family of the hospitalized child and to strengthen the bond between them.

For nurses, the environment where interactions occur refers to family, without fail, suffering and change their daily activities. In

order to minimizing the stress of hospitalization, the team seeks fully welcome the family unit, taking into account the social, cultural context as well as the experiences and values that the child is accustomed to experiencing. In this context, the family unit feels more confident and quiet to experience the peculiarities of their new reality.

In proposing to recognizing how health professionals communicate difficult news to the family of the hospitalized child, this study has limitations, since it did not thoroughly investigate the various communication aspects, not including the family's communication with the child or the family's communication with

others professionals who make up the health care team. In this context, the communication needs to be unveiled to better assist the family unit.

Based on these results, studies are needed involving communication in the family environment on the child's hospitalization, since effective communication reflect in the quality of integral and humanized assistance to the nuclear family. Also, it is important to research about the coping strategies of the team to communicate a difficult news to the extent that the moment is vulnerable not only to the family but to the health professional himself.

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## COMUNICAÇÃO DE MÁS NOTÍCIAS À FAMÍLIA DA CRIANÇA HOSPITALIZADA

### RESUMO

Com o objetivo de conhecer como os profissionais de saúde comunicam uma notícia difícil à família da criança hospitalizada, foram entrevistados enfermeiros que atendem as necessidades assistenciais da unidade pediátrica de um hospital público do interior do Estado de São Paulo. Trata-se de um estudo qualitativo de caráter descritivo que utilizou como referencial teórico o Interacionismo Simbólico. Para a coleta de dados foi utilizada a técnica da entrevista semidirigida, com base na Análise de Conteúdo Temática de Bardin. A análise dos dados revelou que os profissionais de saúde elencam notícias difíceis como aquelas que comprometem a qualidade de vida da criança hospitalizada. Frente a essa situação, os profissionais têm que lidar com seus anseios ao abordar a família, necessitando de ajuda de outros profissionais de saúde para desenvolver essas atividades de comunicação. Neste contexto, o estudo destaca a reunião em equipe e o trabalho multidisciplinar como a mola propulsora da comunicação entre equipe de saúde e família.

**Palavras-chave:** Hospitalização. Família. Criança. Comunicação.

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## COMUNICACIÓN MALAS NOTICIAS PARA NIÑO DE LA FAMILIA HOSPITALIZADO

### RESUMEN

Con el objetivo de conocer cómo los profesionales de salud comunican una noticia difícil a la familia del niño hospitalizado, fueron entrevistados a enfermeros que atienden las necesidades asistenciales de la unidad pediátrica de un hospital público del interior del Estado de São Paulo. Se trata de un estudio cualitativo de carácter descriptivo que utilizó como referencial teórico el Interaccionismo Simbólico. Para la recolección de los datos fue utilizada la técnica de la entrevista semidirigida, con base en el Análisis de Contenido Temático de Bardin. El análisis de los datos reveló que los profesionales de salud indican noticias difíciles como aquellas que comprometen la calidad de vida del niño hospitalizado. Frente a esta situación, los profesionales tienen que lidiar con sus anhelos al abordar a la familia, necesitando de ayuda de otros profesionales de salud para desarrollar estas actividades de comunicación. En este contexto, el estudio señala la reunión en equipo y el trabajo multidisciplinario como fomentadores de la comunicación entre equipo de salud y familia.

**Palabras clave:** Hospitalización. Familia. Niño. Comunicación.

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**Submitted:** 25/05/2015

**Accepted:** 19/09/2015