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ORIGINAL ARTICLE

NURSE AS MEDIATOR OF CONFLICTS AND POWER RELATIONS AMONG THE MULTIPROFESSIONAL TEAM IN SURGICAL CENTER

O ENFERMEIRO MEDIANDO CONFLITOS E RELAÇÕES DE PODER ENTRE A EQUIPE MULTIPROFISSIONAL NO CENTRO CIRÚRGICO

EL ENFERMERO MEDIANDO CONFLICTOS Y RELACIONES DE PODER ENTRE EL EQUIPO MULTIPROFESIONAL EN EL CENTRO QUIRÚRGICO

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ABSTRACT

Objective: to analyze the role of a nurse mediating conflicts and power relations between the multidisciplinary team in surgical center. **Method:** a descriptive, exploratory qualitative study with 13 nurses working in assistance and management of surgical centers, in a public hospital in Niterói/RJ. The data collection technique was recorded interview with a semi structured script. Data were analyzed by content analysis technique in Category model. The research project was approved by the Research Ethics Committee, Opinion No. 175 257. **Results:** after analyzing the data, two categories emerged: Personnel management: the nurse as a conflict mediator and Power relationship linked to the interpersonal interaction of multidisciplinary team. **Conclusion:** the nurse acts mediating conflicts with the establishment of partnerships between staff, as far as possible, in order to maintain favorable working conditions. **Descriptors:** Nursing; Conflict of Interest; Surgical Center.

RESUMO

Objetivo: analisar a atuação do enfermeiro mediando conflitos e relações de poder entre a equipe multiprofissional no centro cirúrgico. **Método:** estudo descritivo e exploratório com abordagem qualitativa, com 13 enfermeiros assistencialistas e gerenciais de centro cirúrgico, em um hospital público estadual de Niterói/RJ. A técnica de coleta de dados foi a entrevista gravada com um roteiro de entrevista semiestruturado. Os dados foram analisados pela Técnica de Análise de Conteúdo na modalidade de Categoria. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, parecer nº 175.257. **Resultados:** após a análise dos dados, emergiram duas categorias << Gerenciamento de pessoal: o enfermeiro como mediador de conflitos e << Relação de poder vinculado ao convívio interpessoal da equipe multiprofissional >>. **Conclusão:** o enfermeiro atua mediando conflitos com o estabelecimento de parcerias entre a equipe, na medida do possível, a fim de manter condições favoráveis de trabalho. **Descritores:** Enfermagem; Conflito de Interesses; Centro Cirúrgico.

RESUMEN

Objetivo: analizar la actuación del enfermero mediando conflictos y relaciones de poder entre el equipo multiprofesional en el centro quirúrgico. **Método:** estudio descriptivo y exploratorio con enfoque cualitativo, con 13 enfermeros asistenciales y gerenciales de un centro quirúrgico, en un hospital público estatal de Niterói/RJ. La técnica de recolección de datos fue la entrevista grabada con un guión de entrevista semi estructurado. Los datos fueron analizados por la Técnica de Análisis de Contenido en la modalidad de Categoría. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, parecer nº 175.257. **Resultados:** después del análisis de los datos, surgieron dos categorías << Gerenciamento de personal: el enfermero como mediador de conflictos y << Relación de poder vinculado a la interacción interpersonal del equipo multiprofesional >>. **Conclusión:** el enfermero actúa mediando conflictos formando grupos entre el equipo, en la medida de lo posible, a fin de mantener condiciones favorables de trabajo. **Descritores:** Enfermería; Conflicto de Intereses; Centro Quirúrgico.

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INTRODUCTION

The Surgical Center is considered one of the most complex hospital units due to its specificity, the constant presence of stress and the possibility of health risks to which patients are subject when undergoing a surgical procedure.¹

Ordinance No. 400 of December 6, 1977, of the Ministry of Health, defines surgical center as a set of components designed for surgical activities, and to Anesthetic Recovery, and can be considered a complex organization due to its features and expert assistance.² Therefore, this sector consists of a set of areas and facilities that allows to perform surgery in the best possible conditions of safety for the patient and comfort for the team that assists him.³

The organization of a Surgical Center is not just a conglomeration of techniques. It is a complex organization, a human and social system. Its raw material is human and its product is human. The teams are comprised by professionals that, in a dynamic and interactive process, provide systematic and comprehensive care to patients during their stay in this unit.³

For each member of the surgical, anesthetic and nursing teams are assigned specific roles, being all responsible for the surgery to be developed safely and with the least risk to the patient and staff.³ Hence, the role of nursing requires, in addition to scientific knowledge, responsibility, technical ability, emotional stability, along with knowledge of human relations, favoring the management of conflicts, disagreements and dissatisfactions that are frequent, especially due to the diversity of the professionals working there.⁴

In Surgical Center, the work dynamics, coupled with the relationship between professionals working in the unit, should happen smoothly. For this, it is essential an integrated work with skilled and educated professionals, favoring coping with the demands of that environment for the security and well-being of the patient.⁴ Thus, conflict is defined as the external or internal disagreement, resulting from differences in ideas, values or feelings between two or more people.⁵

Conflicts that can cause misunderstandings between the multidisciplinary teams within the surgical center unit are connected to the hospital everyday experience, in caring, professional/patient relationship and the relationships between the very professional teams. This is often due to hierarchical

positions, ethical stances and especially by inadequate communication.

The conflict in surgical centers is considered as normal in light of the context of the environment. Although the purpose of the actions is the same, the reestablishment of the patient, the means are different; each professional has established his role or assignment. It is imperative that these teams are inter-related to achieve the goal.⁶ The power is essentially repressive, it is the power that represses nature, individuals, instincts, a class.⁷ Corroborating other author, the power that the medical profession plays in a hospital setting is strongly evident and proven. This reality is the known by the direction and administration.⁸

Often conflicts occur within the surgical centers because it is an enclosed workplace. As the generator of conflict we may cite relationship with the medical and nursing staff, once the medical staff tends to remain in hierarchically superior position to the nursing staff. Other situations that may trigger conflicts are related to the proper functioning of the surgical center activities, management of nursing staff, working conditions for the performance of activities of nurses in the surgical center, among others.

This study is justified because the nurse is the person responsible for the unit's management of Surgical Center, where several functions are allocated on him. For this reason, nurse needs to have professional knowledge of the causal factors of conflicts between the multidisciplinary team, and shall know how to lead this team seeking greater efficiency in patient care and improving the working conditions of those professionals who work in direct contact with the patient.⁸ Work experience in a hospital setting for 11 years and 8 years specifically in the Surgery Unit, experiencing daily conflicts, was one of the main reasons that led to this research.

As a contribution, this study intends to stimulate new research and to provide nursing that operates in Surgical Centers a reflection on its role as mediator between power relations and conflicts that may interfere with the work dynamics and service of sectors. Thereby contributing to the improvement of care provided to patients in this unit and improving interpersonal relationship.

After reviewing the literature on the subject, it was found that the researches were directed to the context of stress in the surgical center environment, to the ethical issues of nursing and to the sizing of staff in the same scenario. Thus, we can justify this research as relevant to contribute to the

reflection on the nursing practice in the complex surgical center unit.

The problem of this research is: How does the nurse act mediating conflicts and power relations among the multidisciplinary team in the surgical center? It has as object the nurse mediating conflicts and power relations among the multidisciplinary team in the surgical center, the objective was given:

- To analyze the performance of nurses mediating conflicts and power relations among the multidisciplinary team in the surgical center.

METHOD

This is a descriptive study with a qualitative approach.⁹ Subjects were 13 nurses, of both sexes, working in surgical centers, clinical and managerial, performing day services in a state public hospital in Niterói/RJ. They all have signed an informed consent form, and autonomy and anonymity of each participant have been respected.

The data production was conducted through interviews with a semi structured script, from January to March 2013. The interviews were recorded, transcribed verbatim, respecting the language used by the interviewees. For each participant, we employed the pseudonym "Pearl", which is defined as "person of great moral qualities"¹⁰, this feature appreciated by nurses.

For the organization and analysis of data we used the content analysis technique,¹¹ the modality analysis by category, based on the decoding of a text on several elements, which are classified and form analogical groupings.¹²

From the data analysis, two categories merged: "Personnel management: the nurse as a conflict mediator" and "Power relationship linked to the interpersonal interaction of multidisciplinary team".

According to ethical and legal principles related to research involving human subjects, contained in Resolution 196/96 of the National Health Council, this research was approved by the Ethics Committee on Research, Faculty of Medicine, Fluminense Federal University/University Hospital Antonio Pedro of the State of Rio de Janeiro (Opinion No. 175 257 on 07/12/2012).

RESULTS AND DISCUSSION

The team was composed of 15 nurses, two were excluded, one for refuse and one per license and in the end a total of 13 nurses were interviewed. After transcribing the interviews and exhaustive reading of them, it was performed a separation into primary and

secondary themes. Anticipating the categories, the profile of the nurses interviewed is shown as follows.

In a total of 13 respondents, 92.3% were female and 7.7% male. It is known by all the health professionals that female are historically predominantly in nursing. Back then, the activity of taking care of people was confounded with the work of the mother in the care of children and other dependent people, such as patients. Maternal protection was the first form of manifestation in the care of the fellow.¹³

These characteristics can sometimes serve as a foundation for nurse as a conflict mediator, source of balance and passivity. Thus, nurses have experienced different situations in their daily work and reflect this historical nature discourse, which sometimes has nothing to do with the purpose of the profession.

Although most of the professionals surveyed are female, yet the nurse as "he" is being used to refer to the research subjects because it is common when it comes to profession to use the masculine. We emphasize that it is timely to remember that in many professions where people of both sexes work, the reference to professional is commonly in male gender.¹⁴

69.2% of nurses had 0 to 5 years of experience in the unit; of these, 38.4% have 0 to 5 years of graduation. Only 15.4% of respondent nurses have over 15 years of experience, having more than 15 years of graduation. This shows that a very significant number of workers have lower time of experience and lower time of graduation; these same nurses reported that they had difficulty in developing work when they initiated in their activities provided there.

It is important to have in the surgical center trained professionals and with minimal experience in the area, since it is considered a closed unit and specialized in frequent situations of risk to patients' health. It is emphasized that the surgery center is a specific and complex unit, and requires an adjustment period for people who are entering.⁸ 23% of interviewed nurses were specialized in surgery center, 46.3% have expertise in another field and 15.3% have no expertise. When the nurse has nurse proper expertise in the area that he is willing to work, it makes him competent to do what he intends, managing to develop differently, compared to nurses without specialization or expertise in another area

The Federal Council of Nursing (COFEN) reaffirms the importance of specialization in

nursing as follows: "considering that the dedication, with special technical and scientific care to a field of nursing, it leads to greater efficiency of the professional work and effectiveness of its results".¹⁵

In the surgical center, the nurse is responsible for the supervision and direction of the sector, so he needs to possess a range of skills and competencies, always seeking improvement and growth, both for himself and for his team. Competence is defined in three main areas: knowledge (knowing), skills (knowing/doing) and attitudes (knowing/acting). For nurses, competence involves skills, such as the integration of knowledge with practice, critical thinking, leadership, ability to guide the team and results-based management.¹⁶

From the readings of testimonies, the texts were assembled, reaching the categories:

◆ Personnel management: the nurse as a conflict mediator

Regarding administrative matter, the nurse will always be the link between the medical staff and administration. This fact often becomes the central focus of conflict. The nurse is seen by the medical staff and the unit staff as a representative of the administration of the surgical center.

In relation specifically to nursing acting in the surgical center, we highlight the important role of nurse as administrator and leader of the unit, in order to be properly equipped to engage in this environment dynamic, which requires conditions to plan their activities with security, competence, and adequately lead their team. It is highlighted the need of professional to have autonomy to develop his work, this autonomy should be given by the hospital board and conquered by the professional and maintained by competence.

Respondents, when asked whether the unit had interpersonal conflicts, 91.7% said yes and that it occurred frequently. These same nurses said that among the reasons causing conflict are:

[...] lack of human resources and lack of material, sometimes [...]. (Pearl 8).

[...] seek doctor to pass visit, because the sector has no duty physician or a diarist and URPA works as nursery [...]. (Pearl 9).

[...] the reality of public hospital [...] the use of URPA as if it is ICU. (Pearl 13).

The fact that resources are scarce strengthen these accounts, and poorly defined role expectations are also common sources of conflict in organizations; it is also created conflict when there are differences in economic and professional values and when there is competition among professionals.⁵

Although nursing training is directed to take care of, nurses are faced with the task of managing, often having to mediate conflict situations, since they work in a scenario characterized by a lack of personnel, overhead activities, which may cause job dissatisfaction due to lack of basic conditions. In the Surgical center, some patterns of conflict are considered normal, since different groups with different views of the same world need to interrelate to meet a common goal.¹⁷

Conflicting issues can cause personal problems for the professional who lives in the conflict. They may feel overwhelmed, humiliated, even undervalued before their team. Authors also emphasize that a person, when experiencing a conflict, may feel demoralized, unmotivated and have his productivity reduced.¹⁷

Respondents, when asked how they perceive this work, expressed themselves:

I have a work [...] that is the hardest part of our job; it is managing people, managing conflict, the needs of each [...]. (Pearl 2).

[...] It is a hard work, it is a heavy day-to-day, it is a stressful job, but at the same time it is very good and it gives me a great comfort to work in the surgical center [...]. I learned to work with people management, which is something that seems very complicated, but when you establish partnerships, it is easy to work; of course we always have to make the concession that is good for the service, good for employees and good for the performance of tasks [...]. (Pearl 3).

[...] The nursing staff also has its advantage, some coming as a day laborer, others work for 12 hours and some are on duty for 24 hours who actually work with me all the time, we still have surgical technologists of outside companies who come to work in the surgical center which are also people with whom I work, i.e., it is a sector that has a lot of movement of people both professionally and in and out patient [...]. (Pearl 6).

[...] Nurse should always be studying to be aware and know how to work [...]. (Pearl 7).

It is a more specialized, more specific work, with knowledge well directed towards patients and this requires study and directed study. (Pearl 8).

It is a job that requires dedication, continuous study, critical thinking and quick and accurate decision making. (Pearl 11)

Leadership is one of the core competencies to be acquired by a healthcare professional. According to Resolution No. 3 of November 7, 2001, in working with the multidisciplinary team, health professionals should be able to assume leadership positions, always keeping in mind the welfare of the community.

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Leadership involves commitment, responsibility, empathy, ability to make decisions, communication and effective and efficient management.¹⁸

Managing people is a complex task, a highly dynamic process in which the nurse must be competent and qualified to personnel management within the surgical center. The interviewed nurses put themselves aware of the difficulty to develop their work of personal management. Based on this scenario, it is necessary that nursing professional is always improving knowledge, skills and attitudes to develop their work in this unit, as well as investing in research, professional training and constant updating.

◆ Power relations linked to interpersonal interaction of multidisciplinary team

The nurse's role is not restricted to running techniques or procedures, more than this; it proposes a comprehensive care action that involves, among other things, the ability to develop communication and interpersonal interaction with the multidisciplinary team. Communication is a process of understanding, sharing sent and received messages.¹⁶

New trends in health care indicate the need to learn how to work with the slopes of multiprofessionalism and interdisciplinarity, which has not always been an easy task for the nurse who manages the work process of a hospital unit.

Nursing care goes beyond physical examination techniques. It is essential to emphasize that in caring, nurses occupy other spaces besides theirs, they also manage sectors, the need to calculate and to provide material for the procedures, prepare operating rooms, meet the families, talk with the multidisciplinary team and the needs of each patient under their care, give allowances for other members of the healthcare team so that they can perform their functions. They still have to establish a focus on safety and satisfaction of patients who are exposed to risk situations.

According the reports of respondents when they were asked how they would describe the power relations established between them and the multidisciplinary team in the surgical center, they mentioned the use of power of the medical staff as a major interpersonal conflict that occur in the surgical center, which most of them often is related to the hegemony that some doctors treat the nursing staff.

Surgeons, particularly orthopedic and neurosurgeons, are very difficult people, unfortunately they think they are beyond all

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others on earth, then it is very complicated, especially with medical staff, they do not recognize the value of nursing and we have many problems because of this [...]. (Pearl 1).

Power relations are very stigmatized in the surgery center, I think that there are those surgeons who come, who fight, we have all these stigmas. (Pearl 2).

[...] Because if he is imposing himself to me I am going to impose myself to him [...] when he started to raise his voice, I raised my voice first [...]. (Pearl 6).

I have had some problems with new doctors, [...] they would say: "I am the boss here" and it caused much inconvenience. (Pearl 7).

Although the power is "complicated, more dense and diffuse than a set of laws", it permeates different opinions.⁷ Power is something that enables an individual to achieve goals, is understood as the ability to act or the strength and potency to accomplish something. The power may be feared, worshiped or lack of confidence. The power itself is neither good, nor bad; how it is used and its purpose is to determine how it will be.⁵

Power relations may be responsible to the frequent occurrence of problems in relationships, often making the working environment unbearable.⁸ In order to the doctor and nurse be able to perform a quality care, it is necessary to maintain a harmonious relationship. The interpersonal relationship should aim for a balance point. One can cite as an example if a doctor mugs with words a nursing professional, immediately, as reported in the statements above, the nurse responds in the same tone. This stance ends up exacerbating the conflict. It is importante, in a situation like that, to be resonable, knowing how to listen and then act in a correct and proper manner. It is also necessary that each professional assumes its full role, which is within its jurisdiction, each occupying its space.

This division of the importance of the role of each, I guess that this makes here, this place that you are studying, that relationships are not as bad as I have seen elsewhere. (Pearl 2).

We respect their space and they will also have to respect ours. We [...], do not coordinate them, but we coordinate nursing, we lead nursing. [...] The best way to work this power is respecting and maintaining its limit of power, we cannot overcome it, it is showing their limit too, this is the best way. (Pearl 5).

It is believed that, from the moment that nurses assume in full what is within their competence, occupying their space with the

prerequisites needed to their function and with the support of the direction of the institution, they will perform their duties successfully, with less pressure and stress. So their team will be well treated and the patient will be seen in a holistic manner, and this will be reflected positively on the results of the organization.⁸

In the surgical center, the work of each team member is important and necessary for that surgical procedures are carried out correctly and appropriately. Each professional has a role in the sector, and it is essential to have a good interpersonal relationship between professionals, respecting the role of each, so that the work has elapsed efficiently.

The search for evidence that give basis to the care practice brings the need for nurses to engage in research, and one of the ways the professional to develop methodological skills is through improvements. It is needed to develop the initiative for nurses to write about these doings, so that knowledge can be disseminated and used by other nurses.¹⁹

CONCLUSION

One of the major difficulties nurses face in surgical centers is related to maintaining good interpersonal relationship with the multidisciplinary team, especially among the medical staff.

The nurses also reported as difficulties that exist in the unit the lack of infrastructure, such as material resources and human resources for the health care of patients. It is necessary that the general management of the institution where the study was conducted rethink possible improvements, especially in regard to materials, equipment and human resources, allowing the teams working in the surgical center to develop their work more effectively and possibly reducing conflicts.

Nursing in surgical center operates and interacts with various health professionals. It is important that this category has always a quest for knowledge, leadership, and autonomy to manage situations of conflict and maintain good relationship with their team, so they can provide better nursing care.

Interpersonal relationship is a constant feature in the surgical center, and problems between the teams end up jeopardizing the proper functioning of the unit. Relationship conflicts are frequent, as demonstrated through reported evidence, hence the need for nurses to have skills and competence to manage appropriately, knowing how to listen and seek better solutions. It is indispensable that also occurs frequently an interpersonal interaction with the multidisciplinary team,

working communication, competence developed by each team member, thus generating respect and professional ethics, thereby mitigating these conflicts.

The nurse acts mediating conflicts through the establishment of partnerships between staff, placing limits on power relations, interfering positively on interpersonal relationships, managing material resources, as far as possible, in order to maintain favorable working conditions.

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