COMFORT OF RELATIVES OF PATIENTS HOSPITALIZED IN INTENSIVE CARE UNIT

ORIGINAL ARTICLE

ABSTRACT

Objective: to identify the comfort of family members of patients in intensive care unit (ICU). Method: it is an exploratory and descriptive study with a cross-sectional quantitative approach with 42 family members of ICU patients. The data collection instrument was the “Comfort Scale Family of People in State Health Critical - ECONF”. Data were analyzed using descriptive statistics with the help of statistical package SPSS v.21. Results: global “high comfort” was identified in the family members and the “high comfort” in the variables: “interaction,” “security” and “support.” Thus, the level of comfort of the family varied only in percentage. Conclusion: it was found that the comfort level of the family suffered influences on the characteristics of hospitalized relatives. Thus, the inclusion of family members in nursing care becomes necessary. Descriptors: Nursing Care; Family; Intensive Care Unit.

RESUMO


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INTRODUCTION

The concept of family has some flexibility on its understanding. The family can be understood as the first social group where the individual is part of it and contributes to the development and socialization of its members. In this way, “the family is undoubtedly a fundamental pillar for any human being, regardless of their nature or gender.”

When there is an unexpected need for hospitalization of a relative, the family, and the sick person are not prepared to adapt quickly to such changes in their routine, causing the disruption of living and changes in family dynamics.

The intensive care setting often causes negative feelings in patients and family members. Hospitalization experienced by them, patient and family “can become a difficult experience because of emotional weakness that invades at that time, since they are considerably shaken.”

Therefore, it is important to include the family in nursing care plans because the family vulnerability is intensified. The nursing care aims to promote and restore health, strengthen and comfort for the sick person and his family. In the nineteenth century, the nurse Florence Nightingale brought the concept of comfort associated with basic human physiological needs and their interaction with the environment.

Thus, when considering that comfort may result from family interaction with practices in health care to the patient, it is observed that the measurement of their level may allow the identification of how comfortable is the familiar in the variables: “Interaction” “Security” and “Support”. Thus, the importance of work to address the theme “comfort of the family” is needed in the health area, specifically in nursing, since to be professionals who are all the time connected to patient care, should be guided and included in its practical attention to the care of family health, and should begin by evaluating the comfort of this family. Moreover, through evaluation of the comfort levels, it is possible to reflect the quality and type of care provided to those involved in the process of hospitalization of the patient.

Visitors to people in the ICU needed comfort being influenced by gender, age and educational level of the participants. However, there are few studies to know the variables that influence the level of comfort of families who experience the hospitalization of their member. Therefore, knowing the comfort levels of the family during the hospitalization of a loved one can contribute to nursing practice and meet the needs of the patient-family so that it can be individualized, safe and humane, and help to give comfort practices for those involved in the patient’s hospitalization process to soothe their discomforts and help in coping throughout the hospitalization process. Based on the above, the purpose of the study is to identify the comfort of family members of patients in intensive care unit (ICU).

METHOD

Study result of the Coursework << The comfort of the family members of patients in the Intensive Care Unit >>. December 11th, 2014 at the Federal University of Alagoas/UFAL.

Exploratory, descriptive, and cross-sectional study, with a quantitative approach. The family members of patients admitted to the ICU of a university hospital in the Brazilian Northeast capital were the participants of this study. For the selection of participants, a non-probabilistic convenience sample was used. The inclusion criteria of the study participants were age less than 18 years old; having a family member for more than 72 hours in the ICU, regardless of aspects like kinship level, kinship ties, number of hospitalizations, severity level, and the reason for hospitalization and accepting to participate in the study by signing the Informed Consent Form (TCLE) (Appendix A). Exclusion criteria were the family who did not accept to participate in the study.

The study met the ethical aspects recommended in Resolution 466/2012 concerning Human Research and approved by CAEE Protocol: 34470114.1.0000.5013. Thus, family members were invited to participate in the study by understanding and clarification of the research objectives, meeting the criteria for inclusion and voluntary signature of the TCLE. For family members who were illiterate, the informed consent was read and signature by fingerprint. After this stage, they were asked to respond to the instrument in the next room reserved to the ICU.

For data collection, the “Scale of comfort to relatives of people in critical health condition ECONF” based and adapted was used. The ECONF is validated (internal consistency Cronbach’s alpha 0.925) and should be applied by interviews. It is composed of two parts: the first part, consisting of five closed questions about the “Characterization data of the admitted person” referring to age, length of ICU stay
(in days), severity level and reason for admission that determined ICU admission and the nature of the diagnosis; and 11 closed questions about the “Characterization data of the family member” relating to: socioeconomic, demographic and relationship data record with the hospitalized person including gender, age, educational level, marital status, city of residence, religion, situation job, monthly income, relationship with the admitted relative, head of the family, if he lives with the family and previous experiences with hospitalization of other relatives in ICU. The second part of the scale is made up of “Scale of comfort to relatives of people in critical health condition (ECONF)”, Likert-type with response categories ranging from an extreme degree of disagreement to the end of agreement as follows: 0 “not applied”, 1 “not comfortable”, 2 “uncomfortable”, 3 “more or less comfortable”, 4 “very comfortable” and 5 “totally comfortable”, consists of 46 questions relating to the comfort of family, grouped as follows: 20 questions on “Security”, 21 on “Support” and six related to “interaction”.

Being a long instrument, this study chose to apply half of the questions that make up the ECONF. Thus, there were 23 randomly selected questions used that addressed 10 questions about “Security”, 10 on the “Support” and three of “interaction”. The average length of the interviews was fifteen minutes per family. It was conducted a pilot test with 11 participants aimed at ensuring trust and understanding and response to each of the chosen questions. By being a validated instrument, it was not necessary to readjust the language of the questions.

To identify the level of overall comfort and for each of the three groups: “Security,” “support” and “interaction,” there was the sum of each of the answers obtained and calculated the overall average and the average for each answer groups. From the answer levels of ECONF, the interpretation of the results was: “Little comfort” - comfort level of average <2.50; “Average comfort” - average comfort level ≥ 2.5 and <3.5; “High comfort” - average comfort level ≥ 3.5.

For data analysis, the dependent variables of the study related to comfort levels, “security,” “support” and “interaction” and the independent variables to the family characteristics and characteristics of the hospitalized person were identified. Thus, the data collected were tabulated with the help of Excel program of Microsoft version 2010 and analyzed using descriptive statistics, with the help of Statistical Package for Social Sciences (SPSS) version 21.

### RESULTS

The results will initially be presented with the “characterization data of the family”, “Characterization data of the hospitalized person” and the “overall comfort level and variables: Interaction, Security, and Support”.

Of the characterization data of the 42 families in the study, most of them (71%) were female. About age, the predominant age range from 18-29 years old (31%), but there was the participation of 21% of family members aged 40 to 49 years old. Regarding religion, most of them (57%) identified themselves as Catholic, although there was the participation of 31% of evangelical church family followers, spiritualists with 3% and 7% said they had not a religion. On the education of family members, it was found that most of them (26%) mentioned having a high school degree.

According to the degree of kinship, 29% of respondents were identified as siblings of the hospitalized patients, 14% were their children, 12% mothers, 10% friends and 7% spouses. When asked if they lived with the hospitalized patient, 43% said yes and most of them (55%) reported not living with them. When asked who was responsible for the family, it was found that 36% were fathers and/or mothers of the hospitalized patients, 26% the family member, study participants, 24% were spouses and 5% hospitalized relatives. Most of the participants (81%) came from the capital, and 19% were from the interior of the state.

Regarding the characterization data of the hospitalized person regarding the reason for admission, it was found that, although most (31%) was from respiratory disease, 14% were for pregnancy complications and 12% due to cancer complications. The level of severity of the identified patients was “stable severe” (45%) followed by “stable” (33%) with an average hospital stay of 7.5 days.

Then, the results will be presented for the three questions related to the variable “interaction” and then the comfort level identified in this category. Following, the most relevant questions of the variables “interaction” “Security” and “Support” and then the comfort level identified in each of these variables will be presented. In the end, the overall level of comfort found in this study will be presented.

Next, the answer of the family members concerning the variable “Interaction” will be shown. It was found that for the majority (57%, 81%, and 81%) of the family this variable...
mentioned feeling “Totally comfortable,” as shown in Table 1.

Table 1. Comfort Scale (ECONF) of family members of patients admitted to an Intensive Care Unit (ICU) of a university hospital in northeastern Brazil, according to ECONF questions related to the “interaction” variable. Maceió, 2014.

<table>
<thead>
<tr>
<th>Comfort scale</th>
<th>Questions</th>
<th>n</th>
<th>%</th>
<th>n</th>
<th>%</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applied</td>
<td>“Realize that your family member likes the treatment.”</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Not comfortable</td>
<td>“Being able to help your family member to face this situation.”</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Uncomfortable</td>
<td>“Knowing that your family member realizes that you are nearby.”</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>More or less comfortable</td>
<td>03</td>
<td>7</td>
<td>-</td>
<td>-</td>
<td>01</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Very comfortable</td>
<td>15</td>
<td>36</td>
<td>08</td>
<td>19</td>
<td>07</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Totally comfortable</td>
<td>24</td>
<td>57</td>
<td>34</td>
<td>81</td>
<td>34</td>
<td>81</td>
<td></td>
</tr>
</tbody>
</table>

On the question “Realize that your family member likes the treatment”, it was found that the vast majority (93%) of participants felt comfortable when they realized that their hospitalized relatives like the treatment they receive in the ICU, but 7% considered this perception indifferent to feel comfortable.

In the question “To be able to help your family member to face this situation”, the majority (81%) of the family members were “totally comfortable” while eight of them (19%) indicated it was “very comfortable”.

For most (98%) of family members “to know that your family member realize that you are close” was considered an indifferent factor that brought comfort, while for 2%, it was considered an indifferent item to influence the comfort. Thus, with these results, the average level of comfort related to the questions “realize that your family member likes receiving treatment”; “Be able to help your family member to face this situation” and “knowing your family member realize that you are close” was 4.7 which means “high comfort” for the variable “Interaction”.

The answers to the family in the questions related also to “Safety” variable showed that most (67%; 57%; 48%; 74%) of respondents mentioned that they feel “totally comfortable” to feel that the team is interested in the recovery of their relative and provides detailed information with good will and at any time. Also, 57% of family members felt “totally comfortable” when they know that the best assistance has been given to his relative, as can be seen in Table 2.

Table 2. Comfort Scale (ECONF) of family members of patients admitted to an Intensive Care Unit (ICU) of a university hospital in northeastern Brazil, according to ECONF questions related to the variable “Security.” Maceió, 2014.

<table>
<thead>
<tr>
<th>Scale of Comfort</th>
<th>Questions</th>
<th>n</th>
<th>%</th>
<th>n</th>
<th>%</th>
<th>n</th>
<th>%</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applied</td>
<td>Feeling that the team is interested in the recovery of the family member</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Not comfortable</td>
<td>Receiving information about your relative at any time</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Uncomfortable</td>
<td>Receive detailed information on the status of the family member</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>More or less comfortable</td>
<td>14</td>
<td>33</td>
<td>17</td>
<td>41</td>
<td>19</td>
<td>47</td>
<td>11</td>
<td>26</td>
<td>17</td>
</tr>
<tr>
<td>Very comfortable</td>
<td>Knowing that the best possible care is being given to the family member</td>
<td>-</td>
<td>-</td>
<td>01</td>
<td>2</td>
<td>03</td>
<td>5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Totally comfortable</td>
<td>28</td>
<td>67</td>
<td>24</td>
<td>57</td>
<td>20</td>
<td>48</td>
<td>31</td>
<td>74</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>42</td>
<td>100</td>
<td>42</td>
<td>100</td>
<td>42</td>
<td>100</td>
<td>42</td>
<td>100</td>
</tr>
</tbody>
</table>

By analyzing Table 2, it was identified that 100% of participants felt comfortable when they realize that the team shows interested in the recovery of their family members. About “realize that the ICU team provides information with good will” generated a sense of comfort in 98% of respondents and only 2% indicated feel indifferent to comfort. When
asked whether to receive detailed information about their relatives, 95% of the family members mentioned they feel comfortable while 5% scored be indifferent to feel comfort when they receive detailed information on the status of their relative. To “knowing that the best possible care is being given to their relative”, 98% of family members scored feel comfortable when they know that the best assistance is being provided to their relatives. However 2% mentioned not be a factor influencing comfort.

Thus, with these results, the average comfort level of the variable “Security” was 4.01 which means “high comfort.”

3. Comfort Scale (Econf) of family members of patients admitted to an Intensive Care Unit (ICU) of a university hospital in northeastern Brazil, according to Econf issues related to the “Support” variable. Macelo, 2014.

<table>
<thead>
<tr>
<th>Type of Comfort</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Having a means of distraction in the waiting room (magazine, TV, radio)</td>
</tr>
<tr>
<td></td>
<td>Having comfortable furniture in the waiting room</td>
</tr>
<tr>
<td></td>
<td>Having water to drink in the waiting room</td>
</tr>
<tr>
<td></td>
<td>Having a bathroom near the waiting room</td>
</tr>
<tr>
<td></td>
<td>Having a place for meals in the hospital or nearby</td>
</tr>
<tr>
<td></td>
<td>n %</td>
</tr>
<tr>
<td></td>
<td>n %</td>
</tr>
<tr>
<td></td>
<td>n %</td>
</tr>
<tr>
<td></td>
<td>n %</td>
</tr>
<tr>
<td></td>
<td>n %</td>
</tr>
<tr>
<td>Not applied</td>
<td>-</td>
</tr>
<tr>
<td>Not comfortable</td>
<td>-</td>
</tr>
<tr>
<td>Uncomfortable</td>
<td>20 48 09 21</td>
</tr>
<tr>
<td>More or less</td>
<td>20 48 23 55</td>
</tr>
<tr>
<td>comfortable</td>
<td>01 2 06 14</td>
</tr>
<tr>
<td>Very</td>
<td>01 2 04 10</td>
</tr>
<tr>
<td>totally</td>
<td>42 100 42 100</td>
</tr>
<tr>
<td>comfortable</td>
<td>42 100 42 100</td>
</tr>
<tr>
<td>Total</td>
<td>42 100 42 100</td>
</tr>
</tbody>
</table>

By analyzing Table 3, it is noted that 4% of respondents said they would feel comfortable if there were a means of distraction in the ICU waiting room, while the majority (96%) considered having magazines, television or radio in the waiting room would not be a comfort factor promoter. For most (76%) of families, having comfortable furniture in the waiting room would be a factor indifferent or unimportant to promote comfort, while for 24% of respondents would be an important factor for comfort. About having water to drink and a bathroom next to the waiting room was considered by most (74%) of family members as being indifferent or bring a little comfort, while a minority (26%) of respondents scored be an important factor to have comfort. If there was a place for meals in the hospital or nearby was considered by 29% of participants as something indifferent or unimportant to have comfort while 45% of respondents considered being a condition that promotes comfort. Thus, the average overall comfort for the variable “Support” was 3.5, which means that the participants have “high comfort.”

Thus, the study results showed that when lovers of belief, the level of comfort may be favored by the social and spiritual support. Faced with the uncertainty of the condition, the events and future situations of the hospitalized family member, religion and spirituality can provide the family a better control of emotions.15-8

The level of education of the families mostly had a high school degree, which may have facilitated the understanding of the family regarding the information provided by health professionals. The literature states finding greater dissatisfaction with health services in the patients with higher education.7,19 Thus, the study results showed...

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divergence since it was identified that the lower the level of education the higher satisfaction of families who experience hospitalization of a relative.

There was a female predominance of family members visiting the hospitalized patient. The family is understood from the perspective of the female figure. Literature shows women as main caregivers, their presence with the patient aims to fill some needs related to security and emotional support.1,7,9,20

The study found that most of the families had no previous experience with hospitalization family members in ICU, and most were from the capital and the city where it was located the hospital of study. Concerning the experience of feelings caused in the family for the loved one hospitalization, they can lead to illness of family members due to physical and emotional discomforts arising from the threat of life and changes in family structure.7,10

It was found that the head of the family was parents of hospitalized members and sometimes the patient. The illness of the responsible member of the family changes the functions performed by the family and causes changes in routine, which could affect the interaction with them and the everyday.1,9,21

In research about the perceptions of family members on the level of severity of the diagnosis, most considered it as “stable severe” health picture of the loved one. It is observed that no definition of the diagnosis has an important impact on the onset of discomfort in the family as well as feelings such as sadness, fear and feeling of impotence with the hospitalization.5,22,3

For the items “realize that their relatives likes the treatment they receive”, “feel that the team is interested in the recovery of their family member”, and “knowing that the ICU provides security for the recovery of their family members”, it was found that the families who experience monitoring the loved one feel more secure, less anxious and fearful as to the health status and treatment that the patient receives.24 Thus, it is necessary care that addresses the patient’s family safety in ICUs. Thus, the nurse, his team and other health professionals should conduct guidelines and adopt measures that provide security and confidence in the treatment offered.7,24,5

The humanization of the hospital physical environment, while favoring the recovery of the patient, contributes to the promotion of comfort to the family.26,7 Thus, it was found that failures in the physical structure could cause conflicts compromising the service and the feeling of comfort of the family. However, it was found that when asked about the comfort related to the presence of distraction means, suitable accommodation, availability of water, bathroom and dining facilities, the respondents felt uncomfortable questions. Although the literature rates lack convenience as discomfort family participating in this study, when they experience the loss of the possibility of anguish and the feeling of impotence to hospitalization relatives, it became indifferent in the face of conditions of the environmental physical structure. Thus, it was found that measures to provide a humanized and welcoming environment favor the reduction of discomfort and cause welfare to families.1,6,26-7

The hospital causes numerous conflicts in the family due to the health uncertainties, the prognosis for the future and coping with the disease by the loved one, in addition to the responsibilities and faced tensions daily1,9,28. Thus, these uncertainties and doubts may result in a new level of organization and lifeperspective1,9.

The alternative answers to “being able to help your about face this situation”, the family scored as “totally comfortable”. The result converges to the findings in the literature that characterized the search for spiritual support as a way for families to find help to keep themselves emotionally controlled and help their relatives to overcome and endure living with hospitalization.5,18,28 The social and spiritual support and interaction provided to the families of this study give comfort and motivation to face adversity during hospitalization of their loved one in the ICU.

The family recognized the humanized and welcomed as an important measure to promote comfort and face adversities of the hospital. The questions “realizing that the ICU team provides information with good will”, “realizing that professionals do not insist that they get right at the end of visiting”, “to be allowed more visitors when needed” and “receiving information from professionals so that they can understand” was a predominance of levels of “very” and “totally comfortable” punctuated by family members. It was found that the humanized and welcoming service by health professionals minimize the discomforts of the family. It was found that when the team performed a differentiated service with the families of ICU patients, such as being attentive during care actions ensured smoothing their discomforts during the hospitalization period. Thus, it was observed the need for a humane and friendly
assistance by the health team with the introduction of the family in the performances of comfort. 1,7,9,28

It was noted that lack of information or inconsistent information, and/or unpredictability cause discomfort. Thus, family members need clear and objective information, which includes all their doubts and anxieties. Health professionals, especially nurses, should include clarification of the diagnosis, prognosis and treatment of the patient and on the equipment and procedures used to provide comfort, clarification, confronting and eliminating doubts. 7,9,28 In this study, most family members punctuate “very or totally comfortable” when “receiving information about their relative at any time” and “receiving detailed information on the status of their relatives.” Thus, it was noted the importance of effective communication between staff and family members of the patient to reduce the discomforts.

Regarding the items “knowing that the best possible care is being given to their relatives” and “realizing professional competence in those who work in the ICU,” it was found that the majority of respondents felt “very” and “totally comfortable.” Considering the hospitalization as uncertainty caused, it was found that family members need to feel safe with the treatment that the parent receives. Thus, it was necessary for strategies to support the weaknesses and provide measures to reduce tension and strengthen confidence in the treatment offered.5,20

In this study, it was identified a global “high comfort” of the respondents as well as variations in the “interaction,” “security” and “support.” Other studies1,14 found that “high comfort” found in the variable “security” may be related to a humanized care with warm measures addressing listening and understanding.

For the family study participants found the level of comfort in the variable “interaction” was presented as being “high comfort”; while literature14 identified a high level of comfort for the same variable. Thus, it is considered that “the high level of comfort for the family shown in this dimension showed that they could realize the possibility of seeing her recovered relative”.14: 54

The average value found in the variable “interaction,” identified in this study approached the level “average comfort.” However, the average was relatively lower than in other variables, but remaining in the level called “high comfort” was observed that the restrictions on the interactions between family and hospitalized relatives potentiated the discomforts. There was a greater divergence in the affirmative regarding the variable “support” remained with the average within the parameters “high comfort”. It was noticed that the existence of a socio-cultural context and compared with other health services available in the state, may have been one of the factors that made possible the acceptance and flexibility in the face of difficulties of the loved one hospitalized and their daily leaving in the background of the self-care and personal needs.1,14

CONCLUSION

It was possible to identify through this study the level of “high comfort” and global variables related to “security,” “interaction” and “support.” It was found that the variable “support” had a higher dispersion approaching of the level “average comfort.” There was an influence of the characteristics of hospitalized patients, such as gender, age; the level of severity, the degree of kinship, time and reason for admission, the comfort level of the interviewed family members.

It was found that are indispensable measures to provide the comfort of the family throughout the relative’s hospitalization. Thus, it is necessary humanized service and welcoming to families and encouraging the adaptation to new routine, comfortable, clear and objective information. These measures become essential to soften the discomfort, reduce anxiety and hence provide safety, support, and strengthening family links.

The results showed the importance of including practical and effective care in various health care areas, especially to nursing, and are directed to families with actions designed to promote comfort and emotional security of families. As a public institution, the study portrayed in a real way that this population has experienced during the loved one hospitalization.

It is noteworthy that the limiting of this study was about the number of relatives interviewed and that, being a topic of importance for nursing, but being a highly complex environment, many participants did not accept to participate in the study because of the emotional shock caused by the admission of their relatives. Moreover, it is considered important that further studies are carried out in other health institutions both in the capital as in the state as well as perform this study in other states of Brazil in order to expand care policies to inpatient family in ICU and improve nursing actions in meeting the needs not only of patients but also the relatives that they can be involved in the
process of care of their relatives and measures respecting the particularities of each family.

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