



## CONDUCT OF NURSES IN CARE OF HOSPITALIZED ELDERLY CONDUTA DE ENFERMEIROS NO CUIDAR DO IDOSO HOSPITALIZADO

### CONDUCTA DE LOS ENFERMEROS EN EL CUIDADO DE LOS ANCIANOS HOSPITALIZADOS

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#### ABSTRACT

**Objective:** investigating the conduct of nurses when assisting hospitalized elderly. **Method:** a qualitative study with ten clinical nurses of a federal public hospital in João Pessoa/PB, Brazil. The data were produced through semi-structured interviews, analyzed by Content Analysis Technique; after, the project was approved by the Research Ethics Committee, CAAE: 03535512.8.0000.5183. **Results:** the following themes were identified << Recognize the need for the presence of a companion for the hospitalized elderly >>; << Ensure the autonomy of elderly hospitalized >>; << Respect the privacy of the hospitalized elderly >>; << Provide information to the elderly patient and family >>. **Conclusion:** nurses demonstrated adopting ethical conduct to assist the hospitalized elderly and face difficulties as human resources and service structure to actualize their professional conduct. **Descriptors:** Aged Rights; Hospitalization; Nursing.

#### RESUMO

**Objetivo:** investigar a conduta de enfermeiros ao assistir idosos hospitalizados. **Método:** estudo qualitativo, realizado com dez enfermeiros assistenciais de um hospital público federal de João Pessoa/PB, Brasil. Os dados foram produzidos mediante entrevista semiestruturada, analisados por meio da Técnica de Análise de Conteúdo, após a aprovação do projeto pelo Comitê de Ética em Pesquisa, CAAE: 03535512.8.0000.5183. **Resultados:** as seguintes categorias temáticas foram identificadas << Reconhecer a necessidade da presença do acompanhante para o idoso hospitalizado >>; << Assegurar a autonomia do idoso hospitalizado >>; << Respeitar a privacidade do idoso hospitalizado >>; << Fornecer informações ao paciente idoso e família >>. **Conclusão:** os enfermeiros demonstraram adotar uma conduta ética ao assistir o idoso hospitalizado e enfrentar dificuldades quanto a recursos humanos e a estrutura do serviço, para efetivar sua conduta profissional. **Descritores:** Direitos dos Idosos; Hospitalização; Enfermagem.

#### RESUMEN

**Objetivo:** investigar la conducta de las enfermeras para ayudar a ancianos hospitalizados. **Método:** estudio cualitativo, realizado con diez enfermeras asistenciales de un hospital federal público de João Pessoa/PB/Brasil. Los datos fueron producidos a través de entrevistas semiestructuradas, se analizaron mediante la Técnica de Análisis de Contenido, después de la aprobación del proyecto por la Comisión de Ética en investigación, CAAE: 03535512.8.0000.5183. **Resultados:** se identificaron las siguientes categorías temáticas << Reconocer la necesidad de la presencia del acompañante a los ancianos hospitalizados >>; << Garantizar la autonomía de los ancianos hospitalizados >>; << Respetar la privacidad de los ancianos hospitalizados >>; << Proporcionar información al paciente anciano y su familia >>. **Conclusión:** las enfermeras demostraron adoptar una conducta ética al asistir a los mayores hospitalizados y hacer frente a las dificultades a los recursos humanos y la estructura del servicio, para cometer su conducta profesional. **Descritores:** Derechos de los Ancianos; Hospitalización; Enfermería.

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## INTRODUCTION

The age structure of the population is changing. One example that has been occurring in Brazil relates to the quantitative increase of the elderly, with exponential growth and projections for 2025 around 32 million people.<sup>1</sup> In this sense, coupled with the demographic transition is occurring epidemiological transition, characterized by reduced morbidity and mortality from infectious and parasitic diseases and increased mortality from chronic diseases. These usually require continued treatment and may lead to complications that culminate in functional disabilities.<sup>2</sup>

The elderly are characterized by a vulnerable being, not only the biological aspect, but the social aspect, due to the differing situations experienced daily related to cultural, economic and political issues. Therefore, advanced age leads to decreased defense conditions of the human body, characterized as a major for disease susceptibility factor, which in turn leads to frequent hospitalizations.<sup>3-2,4-5</sup> This reality can be seen the hospital environment, health teams and by companions. The latter had its presence in the hospital environment ensured by Ordinance n. 280, of April 7<sup>th</sup>, 1999, of the Ministry of Health.<sup>6</sup>

In this sense, the National Policy for the Elderly (2006) emphasizes that the practice of care for the elderly requires a comprehensive, interdisciplinary and multidimensional approach that considers the interaction between the physical, psychological and social factors that influence the health of older people and the importance of environment in which they are inserted.<sup>7</sup>

Given this, one notes the need for professionals to be prepared and qualified to meet this age group since the elder care demands knowledge and actions based on ethical values. Regarding nurses, study shows that gerontological nursing as a specialty, is based on knowledge of the aging process for the recovery needs of bio-psycho-socio-cultural and spiritual needs of the elderly. Its standards of quality, service organization, to guide practice theoretical concepts, data collection, nursing diagnosis, planning and continuity of care, intervention, assessment, multidisciplinary collaboration, research, ethics and professional development. In addition, health services must be adequate to meet this ever-growing portion of society.

The interest in studying about the conduct of nurses in the care of the hospitalized elderly came from the understanding that,

given the sharp increase in the elderly population, also accentuated the prevalence of chronic degenerative diseases in this age group which implies, on the one hand, increase in hospitalization in this age group and others in need of professionals prepared to meet this growing demand. Study shows that there is lack of training of health professionals working with the rehabilitation and health education, which influences the admissions submitted to the elderly with chronic diseases.<sup>2</sup>Based on this understanding, the question is: What is the conduct of nurses in the care of the hospitalized elderly?

Based on the foregoing, the study aims to:

- Investigating the conduct of nurses when assisting the hospitalized elderly.

## METHOD

This is an exploratory study with a qualitative approach, conducted in units of Clinical Medicine (wards A and B) of a Federal Government Hospital, located in the city of João Pessoa-Paraíba. Each unit consists of Clinical wards aged two to four beds and one isolated; making a total of sixty beds in two wards. That clinic has fifteen nurses who pursue it their professional duties. This site was chosen due to the significant demand for hospitalized elderly.

The population consisted of nurses working in these units hospitalization and the sample consists of ten of them, after being informed about the study objectives and signed the Informed Consent Form (ICF), agreed to respond to instruments proposed. The research sought to meet the requirements of Resolution 466/2012 of the National Board of Health, for research involving humans.<sup>9</sup>

After approval of the research project by the Research Ethics Committee (REC) of the University Hospital Lauro Wanderley, registered under number CAEE: 03535512.8.0000.5183, the data were collected through semi-structured interview technique, guided by a roadmap consisting of two parts: the first consists of data about participants and the second qualitative data consist of subjective questions pertaining to the study objectives.

Selected the participants, individual interviews were conducted in September and October 2012, after a prior telephone contact and the in the own working environment of the participants.

The characterization data of the participants were analyzed using simple statistics and presented descriptively using frequency and percentage. The empirical material from the interviews were transcribed

verbatim and subjected to analysis technique content<sup>10</sup>, considering the three phases: pre-analysis of statements, with the aim of organizing the initial ideas, the exploration of the material held by several successive readings. Grouping the initial ideas emerged four discursive categories: 1 - Recognize the need for the presence of a companion for the hospitalized elderly; 2 - Ensure the autonomy of the hospitalized elderly; 3 - Respect the privacy of the hospitalized elderly; 4 - Provide information to the elderly patient and family. After a description of the categories the last phase, the inference or interpretation, the analysis and display of categorized material was performed.

The statements of the participants from the interviews are referenced by the letter "E" on the word nurse; (E1) corresponds to one statement, and so on.

## RESULTS AND DISCUSSION

### ● Characterization of study participants

Of the ten nurses in the study, nine were female and only one male, aged between 26 and 56 years old. Regarding the time of performance of the participants in the nursing profession observed variation between 2 and 36 years. As for Postgraduate courses two reported having *stricto sensu* courses, being a PhD in Nursing, and another Master in Sociology, seven of them have *lato sensu*, two in the area of Geriatrics and Gerontology, and five in other areas (Public Health Nursing Management of Health Care in the Intensive Care Unit Process). Only one did not attend Postgraduate.

As regards the holding of courses in the area of care of elderly, only one has courses in that area. This data serves to confirm the lack of qualified professionals in the area to attend this specific population actually studied.

### ◆ Discursive Category 1 – Recognize the need for the presence of a companion for the elderly hospitalized

Respondents emphasized the concern to ensure the presence of a companion of the elderly at the time of admission, still reporting that one of its conducts in this assistance is to maintain this presence, as evidenced in the statements that follow:

*The first thing we care about is soon to follow, to have someone in the family's there with him [...]. (E1)*

*[...] My conduct is to keep the companion, the person next to him, allowing this companion remains with the patient. (E6)*

The speeches refer the above concern to ensure that right hospitalized elderly, which is very positive, considering that the literature indicates that the presence of family members during the hospitalization process makes the elderly feel safe and supported by family thus helping in their recovery.<sup>11</sup>

The care is in a dynamic process that depends on the interaction between the elderly and their families and shares outlined by professionals, enabling a look at the elder who consider the bio-psycho-social and spiritual aspects experienced by him and family.<sup>12</sup>

For authors<sup>10</sup>, the elderly with harms to health and in need of therapeutic hospital-level care, improvement in the quality of life when in the presence of an accompanying family member or a friend.

It is noteworthy, that the residence of hospital companion for elderly patients is mandatory according to the Decree n.280 of the Ministry of Health.<sup>6</sup>

### ◆ Discursive category 2 - Ensure the autonomy of the hospitalized elderly

The National Health Policy for the Elderly (PNSPI) assures the elderly the right to autonomy. However, when hospitalized, it has its autonomy relegated to an imperceptible plan, arising from the hierarchy of care, situations of fragility inherent to the hospitalization process.<sup>13,14</sup> This fact can be corroborated by the testimony of the interviewees:

*We have seniors here completely disoriented; sometimes, beyond disoriented is unable [...] has no companion, so it's hard we respect the autonomy of a person who does not even know what you're saying. (E6) [...] Not always, because often he is conscious, but not oriented, then sometimes it has to be contained in the bed. (E4)*

*I try to get their rights [seniors] respected, as much as possible, according to what I know about what the service offers. (E7)*

Although respondents recognize the patient's right to autonomy, the weakness that affects by disease and consequently the dependence of others, favors even more difficult for the elderly to make autonomous decisions, and then placed in foster care professionals in hospital settings the responsibility to see this guy as a person with needs, values, experiences and own intentions.<sup>14</sup>

Another important aspect to note is that the nurse when performing certain procedures with the elderly patient is directed first to the escort to explain it, not providing information directly to the elderly patient for it to exert

their autonomy to talk about themselves, a fact that is evidenced in the following excerpt:

*[...] We before reaching the elderly and asking, we talk first with the caregiver, is it usually responds by patient. (E7)*

From this report it is emphasized that the principle of autonomy judge the person as autonomous when it has freedom of thought to decide on what they think is best in life. In the case of elderly patients, it becomes more difficult to establish the autonomy given that the same, in some cases, has no mental faculties able to make decisions, become an increasingly large dilemmatics.<sup>15</sup>

The Code of Ethics of the Nursing Professional, in their articles 17 and 18 emphasizes that it is the duty of nursing staff to provide appropriate person on the rights, risks, benefits information, and to respect, recognize and perform actions that guarantee the right of the person or his legal representative to make decisions about their health and treatment.<sup>16</sup>

Thus, the nurse must act looking ameliorate this situation, demonstrating trust, confidence, respect and understanding, as well as encouraging the recovery of patient autonomy.<sup>14</sup> In the following report, the nurse emphasizes the importance of trust for a good elderly care:

*First observe the patient's condition, the majority reaches bedridden, so we have to watch the patient well, spend a trusted him, so that in the course of his internment he can feel good. (E3)*

#### ◆ Discursive Category 3 – Respect the privacy of the hospitalized elderly

The content expressed in this category demonstrates that the elderly patient privacy is not respected because of poor physical premises of the hospital and the large number of people (professionals, caregivers, visitors) that circulates in the wards.

*[...] The privacy I guess there is, the wards have multiple beds, we have equipment such as screens for're using in all procedures. (E1)*

*[...] Here have wards ranging from two to four beds, so not always have the privacy they desire [...]. (E4)*

*[...] Is not respected because, for example, a ward of four patients with four companions, with several professionals through visits, so it's hard [...]. (E5)*

*[...] Physical structure we have not, missing ladder, the physical facilities are inadequate, the bathroom floor is non-slip, the wards generally have four beds which makes patient privacy. (E8)*

These settings make it clear that from the moment the patient is hospitalized your

privacy is already compromised, increased proportionally according to disease severity and the degree of care dependency.

Other factors are responsible for characterizing the lack of privacy hospitalized elderly as invasion of territorial space, when it does change the physical space without their permission, and personal space, where exposure of intimate parts occurs during the execution of procedures.<sup>17</sup>

However, although some respondents attribute the lack of privacy the precarious structure of the service, other professionals seeking ease the difficulties adapting to the structure of the service, to the extent possible, respect it.

*[...] Sometimes we have to keep the very structure of the hospital, but we tried to the utmost, using screens, contends that at the time of the companions bed bath and even patients who wander leave. (E6)*

*[...] We try to leave the maximum unexposed patients. (E3)*

*[...] Here actually try to adapt because they have many things that are not directly compatible with the elderly, as the physical structure, the amount of people working is deficient in relation to lot of elderly patients who are chronically ill, bedridden [...]. (E4)*

*[...] We try to provide privacy where possible because they usually have four-bed wards. (E9)*

In fact, privacy is a necessity and a human right to preserve his body from exposure and manipulation by others, and disregard this right characterizes his invasion. In this sense, the CEPE, in his article 19 mentions that it is the duty and responsibility of the nurse observe modesty, privacy and intimacy of human being.<sup>16,17</sup>

To the authors<sup>17</sup>health professionals, especially those in nursing, is one that is in constant contact with the patient during hospitalization and should therefore safeguard their rights during their care, preserving the intimacy and privacy through the use of screens, covering parts of the body that need not be exposed during a procedure, recognizing the elderly as an individual, thus ensuring assistance based on respect, which is an ethical action.

#### ◆ Discursive Category 4 – Provide information to the elderly patient and family

In the reports of respondents perceived that the provision of information is done only when the patient or family seeks this information. However, respondents reported that the difficulty in providing information is given by the fact that patients and families often do not understand about it.

*Sometimes we want to inform, but both the patient's family as well as the layman, even if we try to explain some fail to understand. (E3)*

*[...] Sometimes patients have a process of slowing down to understand certain things and people do not have the patience to explain. (E6)*

*[...] Always looking for the family about the disease, hospitalization of the patient, it is clear [...]. (E10)*

*When the family asked not to comment on the pathology then we dodges it, otherwise we provide all the information to the patient and family. (E2)*

Before the speech is worth noting that the relationship between nurses and elderly patients in the hospital setting assumes its relevance when the elderly are characterized as the main users of the health service, and nurses, professionals more present in this context. Thus, given that nurses are in greater contact with the patient, providing information to both the patient and the family, it becomes a duty to be fulfilled.<sup>18</sup>

It is noteworthy that the family is undoubtedly considered a fundamental pillar of support for the patient who is hospitalized. What is observed in health systems is that families are assigned some responsibilities of care to their family members, delegating to them the central role in care in situations of illness and addiction.<sup>19</sup>

Thus, the authors<sup>20,21</sup> emphasize that family participation in health care of the hospitalized elderly is of fundamental importance for the recovery of the same and that nursing should invest more in the communication process, given that this will help effective and efficient care of the hospitalized elderly.

## CONCLUSION

Nurses take to the study demonstrate an ethical conduct when watching the hospitalized elderly, even facing difficulties as lack of human resources and precarious structure of the service.

Further demonstrate the concern to ensure the presence of a companion of the elderly during hospitalization and autonomy, although in some situations (frailty and dependence caused by illness) they realize that the elderly have difficulty deciding on their care.

On the opinion of nurses, the privacy of hospitalized elderly is not respected and is compromised due to the structure of the service that does not offer the ideal conditions of service.

Considering these difficulties they seek to adopt a behavior that seeks to overcome them by adapting the structure of the service and investing in the communication process for

the nursing care directed to this patient is finalized so that you can meet your health needs.

## REFERENCES

1. Papaléo Neto M, Ponte JR. Envelhecimento: desafio na transição do século. 2ª ed. São Paulo: Atheneu; 2007.
2. Almeida ABA, Aguiar MGG. Nursing care of the hospitalized elder: a bioethical approach. Rev bioét [Internet]. 2011 [cited 2013 May 15];19(1):197-217. Available from: [http://revistabioetica.cfm.org.br/index.php/revista\\_bioetica/article/view/615/632](http://revistabioetica.cfm.org.br/index.php/revista_bioetica/article/view/615/632)
3. Paz AA, Santos BRL, Eidt OR. Vulnerabilidade e envelhecimento no contexto da saúde. Acta paul enferm [Internet]. 2006 [cited 2013 June 15];19(3):338-42. Available from: <http://www.scielo.br/pdf/ape/v19n3/a14v19n3.pdf>
4. Almeida MA, Aliti GB, Franzen E, Thomé EGR, Unicosky MR, Rabelo ER, et al. Prevalent nursing diagnoses and interventions in the hospitalized elder care. Rev Latino-Am enfermagem [Internet]. 2008 July/Ago [cited 2013 May 15];16(4):707-11. Available from: <http://www.lume.ufrgs.br/bitstream/handle/10183/65591/000660746.pdf?sequence=1>
5. Lima CLJ, Costa MML, Ferreira JDL, Silva MA, Ribeiro JKS, Soares MJGO. Perfil sociodemográfico e clínico de idosos institucionalizados. J Nurs UFPE on line [Internet] 2013 Oct [cited 2013 Oct May 10]; 7(10):6027-34. Available from: [http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/4710/pdf\\_3668](http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/4710/pdf_3668)
6. Brasil. Ministério da Saúde. Portaria 280 de 07 de abril de 1999. Diário Oficial da República Federativa do Brasil. 1999.
7. Brasil. Ministério da Saúde. Portaria nº 2.528, de 19 de outubro de 2006. Aprova a Política Nacional de Saúde da Pessoa Idosa. Diário Oficial da União. 2006 out 26; Seção 1. p.142-5.
8. Sakano L M, Yoshitome A Y. Diagnósticos e intervenções de enfermagem em idosos Hospitalizados. Acta Paul Enferm [Internet]. 2007 [Cited 2013 Oct 05];20(4):495-8. Available from: <http://www.scielo.br/pdf/ape/v20n4/17.pdf>
9. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Diretrizes e normas regulamentadoras da pesquisa envolvendo seres humanos: Resolução nº 466/2012. Brasília (DF); 2012 [cited 17 June 2013]. Available from: <http://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>

10. Bardin L. Análise de conteúdo. Edição revista e ampliada. São Paulo: Edições 70; 2011.
11. Nascimento FR, Almeida JM, Fillus WA. A opinião do acompanhante sobre seu papel em uma unidade de referência em trauma. *Boletim enferm* 2008; 2(1):36-50.
12. Oliveira M ZPB, Barbosa RMSP, Barbas, S. O exercício da autonomia do idoso no tratamento médico. *Rev bioét* [Internet]. 2012 [cited 2013 June 12];20(2):307-17. Available from: [http://revistabioetica.cfm.org.br/index.php/revista\\_bioetica/article/view/749/781](http://revistabioetica.cfm.org.br/index.php/revista_bioetica/article/view/749/781)
13. Brasil. Ministério da Saúde. Portaria nº 2.528, de 19 de outubro de 2006. Aprova a Política Nacional de Saúde da Pessoa Idosa. *Diário Oficial da União*. 2006 out 26; Seção 1. p.142-5.
14. Leite MT, Gonçalves LHT. A enfermagem construindo significados a partir de sua interação social com idosos hospitalizados. *Texto & contexto enferm* [Internet]. 2009 Jan/Mar [cited 2013 June 10]; 18(1):108-15. Available from: <http://www.scielo.br/pdf/tce/v18n1/v18n1a13.pdf>
15. Conselho Federal de Enfermagem. Resolução Cofen nº 311, de 2007. Aprova a reformulação do Código de Ética dos Profissionais de Enfermagem [cited 20 May 2012]. Available from: <http://www.portalcofen.gov.br/2007/materia.s.asp?ArticleID=7221&sectionID=34>
16. Pupulim JSL, Sawada N. Privacidade física referente à exposição e manipulação corporal: percepção de pacientes hospitalizados. *Texto & contexto enferm* [Internet]. 2010 Jan/Mar [cited 2013 June 05];19(1):36-44. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S010407072010000100004](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S010407072010000100004)
17. Prochet TC, Silva MJP. Proxêmica: as situações reconhecidas pelo idoso hospitalizado que caracterizam sua invasão do espaço pessoal e territorial. *Texto & contexto enferm* [Internet]. 2008 Apr/June [cited 2013 July 05];17(2):321-26. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S010407072008000200014](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S010407072008000200014).
18. Carvalhais M, Sousa L. Comportamentos dos enfermeiros e impacto em doentes idosos em situação de internamento hospitalar. *Rev eletrônica enferm* [Internet]. 2007 [cited 2013 June 10]; 9(3): 596-616. Available from: [http://www.fen.ufg.br/fen\\_revista/v9/n3/pdf/v9n3a04.pdf](http://www.fen.ufg.br/fen_revista/v9/n3/pdf/v9n3a04.pdf).
19. Araújo I, Paul C, Martins M. Cuidar no paradigma da desinstitucionalização: a sustentabilidade do idoso dependente na

- família. *Revista de Enfermagem Referência* [Internet]. 2010 [cited 2013 June 28];3(2):45-53. Available from: <http://www.scielo.gpeari.mctes.pt/pdf/ref/verserlln9/serlln9a08.pdf>
20. Schimidt TCG, Arruda, ML. Sentimentos da família na interação com a equipe de enfermagem. *Cogitare enferm*. 2012 Apr/June; 17(2): 348-54.
21. Cabrita MFG, José HMG. O idoso na equipe de cuidados continuados integrados: programa de enfermagem para prevenção de quedas. *J Nurs UFPE on line* [Internet] 2013 Jan [cited 2013 June 20];7(1):96-103. Available from: [http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/3524/pdf\\_1827](http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/3524/pdf_1827)

Submission: 2013/07/10

Accepted: 2014/01/03

Publishing: 2014/04/01

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