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Policy of Labor Management and Health Education: a ProgeSUS experience

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Abstract *Aim: To evaluate the stage of labor management and education policies in municipal and state health secretariats (SMS and SES, respectively), having as reference the adherence to a qualification and structuring program of work management and education in the Unified Health System. Method: A descriptive and quantitative study, developed with 519 representatives from the Human Resources (HR) area of SMS and SES, through a survey composed of 56 questions, via a computer-assisted telephone interview in 2012. Responses were processed in a computerized database and the data treated by descriptive statistics. Results: Changes in professional qualification, the establishment of job and salary plans and negotiation processes were identified; on the other hand, there was no progress related to the financial and budgetary autonomy of the area of work management and health education. Conclusion: It is observed progress in the incorporation of innovations in the management in SES and SMS from the process of training of managers and financial induction. It is necessary to monitor and periodically evaluate the operationalization of labor and education policies aimed at strengthening them, correcting directions and implementing innovative actions.*

Key words *Human resources in health, People management, Decentralization, Public health policies*

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Introduction

In Brazil, over the last decades, the area of human resources in health (HRH) stands out as a field for coping with system problems. Despite the progress made by the Unified Health System (SUS), particularly regarding the decentralization guideline and the expansion of coverage of health actions and services, some challenges remain. In 2003, in the restructuring of the Ministry of Health (MS), the Secretariat of Labor Management and Health Education (SGTES) was created as the main federal instrument to mobilize management actions in the field of work and training, aiming to valorize and qualify the workers of the area[1].

Its main purpose is to equalize the existing problems in the area and define policies, articulating, on the one hand, actions linked to the Ministry of Education and Labor, the Legislative and Civil Society and, on the other, the demands of the federative management bodies of the system. Moreover, to assume, among others, a strategic role in the intersectoral guidelines that involve the development of a National Human Resources Health Policy (PNRHS) for the effective performance of SUS.

The construction of the SGTES[2] positive agenda is an important milestone for the HRH area, insofar as it incorporates themes accumulated and discussed in previous decades in health conferences and related in the Principles and Guidelines for Basic Operational Norms of Human Resources for SUS (NOB-HR), namely: guidelines for the elaboration of health care positions, careers and wages (PCCS); National Program for the Desprecarization of Labor in the SUS; Permanent Negotiation Tables of SUS (MNP-SUS); Qualification of labor and education management in SUS, among others.

Based on evidence collected in research carried out by the National Council of Health Secretaries[3] and by the Observatory Network of Human Resources in Health (IMS/UERJ)[4,5] the Program for Qualification and Structuring of Labor and Education Management in SUS (ProgeSUS)[6] was conceived in 2006. It was born with the objective of structuring, qualifying and supplying health secretariats with management tools for the organization and professionalization of work management in SUS. It is a program of technical and financial cooperation with states and municipalities, aiming at the qualification and strengthening of state (SES) and municipal (SMS) HR structures of SUS.

The program combines four components: I) financing for structuring the area of work and education management in the SES and SMS, through the acquisition of furniture and computer equipment; II) provision by the MS of a management information system for the work and education management in health; III) training of staff working in that sector of the SES and SMS; IV) participation, by the secretariats that join ProgeSUS, in the National System of Information in Labor Management of SUS.

This study aimed to evaluate the stage of policies of work and education management in health implemented in the SES and SMS that adhered to the restructuring project, considering the need to present subsidies that collaborate with the redirection and advancement of these policies.

Method

This is a descriptive, quantitative, national-level research aimed at the SES and SMS that joined ProgeSUS until October 2011, totaling 644 structures. The subjects of the study were the managers responsible for the area of HR in the health secretariats.

The data collection was done through a survey composed of 56 questions, whose observed variables are related to the identification of the institution and the person responsible for the HR department; adherence to ProgeSUS; job, careers and salary plan; performance evaluation (AD – from the Portuguese Avaliação de Desempenho); Permanent Trading Desk; deprecarization of work; budget and funding; health education; and opinions that included topics such as autonomy and management tools, evaluation of policies implemented by SGTES among others.

The collection instrument was prepared and structured in electronic form and applied through computer-assisted telephone interviews (ETAC), between July and September 2012. 519 (81% of the universe) interviews were completed, including all SES (n = 27) and the SMS of the capitals (n = 26), and 466 SMS.

Because 100% of the initially planned sample was not reached, an evaluation was performed to verify the representativeness of the data. For this purpose, the simple random sample (AAS) was used as the formula for calculating the representativeness of the response base. The results indicated that the number of interviews performed represents the studied universe, allowing differ-

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entiated readings that can be performed safely. The stratification by region (North, Northeast, South, Southeast and Midwest) and by population size (up to 50 thousand, 50,001 to 100,000, 100,001 to 500,000, over 500 thousand) indicated coverage of respondents higher than 70% in all strata where the secretaries are located.

The answers were processed in computerized database in Microsoft Office Excel® spreadsheets and Statistical Package for the Social Sciences (SPSS)®, and data treated by descriptive statistics. All the results were discussed and validated in periodic meetings with the set of actors of the National Permanent Negotiating Desk of SUS.

In agreement with the ethical norms destined to the research involving human beings, the study was submitted to the Committee of Ethics in Research of the Institute of Social Medicine of the State University of Rio de Janeiro and approved. The Informed Consent Form was sent to all the respondents by electronic mail, and read before the telephone interview began. At the end of the reading, the respondent was asked to confirm, under recording, the understanding of the term and his desire to participate freely in the research.

Results

Profile of the respondents

Those responsible for the area of HR in SES and SMS are mostly women (61%), aged between 30 and 49 years (31%), and higher education in non-health related areas (33%), especially law And administration. Regarding the denomination of the head of the HR department, the denominations set "manager", "director" and "coordinator" represented the highest percentage (29%), followed by "secretaries of health" (17%). The highest proportion of respondents held the position up to three years (30%).

Profile of the investigated health secretariats

The characterization due to the subordination of the area of work and health education management indicated that most of the organs are subordinate to the health department (65.9%). 27% of the organs of the SMS and 23% of the capitals SMS are subordinated to the central of HR of the city hall. In smaller municipalities (up to 100,000 inhabitants), the degree of decentralization is still small, given that just over 33% of HR organs are directly subordinated to the city hall. Regarding the hierarchical level of the area in the organization chart of the health department, the results indicate a predominance related to the second (26.4%) and third (20.2%) levels.

The main activities developed in the area of work and health education management, according to the respondents were: "personnel administration" and "performance evaluation". In the capital SMS, the "professional training and development for the health area" and "regulation" and "labor negotiation" stood out. The lowest percentages for SES and capital SMS were found, respectively, in the activities of "planning and budget" and "information systems". In municipalities above 500,000, in turn, the "integration between the education and health sectors" and "promote the articulation with the educational organs, trade union and supervision of professional practice and social movements "were the main activities cited.

Adherence to ProgeSUS

For 50.7% of the respondents to the adhesion to ProgeSUS, it made possible changes in the structuring of the management area, especially in the context of SES and capital SMS. When questioned about the degree of importance attributed to the components of ProgeSUS, it was observed a greater valuation for the *financing for the acquisition of computer and furniture equipment*, regardless of the type of secretariat, region or size of the municipality of location.

The most important aspects for the qualification and structuring of health work and education, based on ProgeSUS, were: the Specialization course in Work Management and Health Education that contributed to the qualification of the management processes and; the development and supply of information tools.

The restructuring of the team and the creation of the work and education management area, after participating in the specialization course, were the main changes most indicated.

Position, Career and Salary Plan (PCCS – from the Portuguese Plano de Cargos, Carreira e Salário)

In most of the researched secretariats there is a general career plan for all workers in the municipality/state (37%); and in 26% there are specific PCCS for the health sector, among which 42% were implemented after 2007.

The lack of plans in 29% of the secretariats (especially those located in small municipalities) was justified by the inexistence of a management policy that contemplates the implementation of PCCS and the lack of autonomy of the secretariat to elaborate the plan.

Regarding the specific plans for SUS workers (n = 137), 44% incorporated the National Guidelines for the establishment of PCCS under the SUS, approved by the National Permanent Negotiation Table of the SUS (MNNP-SUS)[7], according to the Respondents; 39% did not know how to report. Among those who answered that there was no influence of the guidelines in the preparation of the plans, the most mentioned reasons were the lack of knowledge of the existence of the guidelines, the lack of understanding of them, and the lack of interest by them.

Regarding the aspects covered in the specific PCCS for health, the most cited as criteria for career progression were: development opportunities associated with continuing education and length of service (79.9% and 73.5%, respectively).

The discussion of PCCS models to the health differentiated by professional category and level of education was reported by 31.6% and 18.3% of managers, respectively. Among these secretariats, 50.6% treat this discussion within a specific commission for this purpose, 8.1% discuss at the negotiation tables and another 16% at other negotiation venues.

Performance evaluation (AD – from the Portuguese Avaliação de Desempenho)

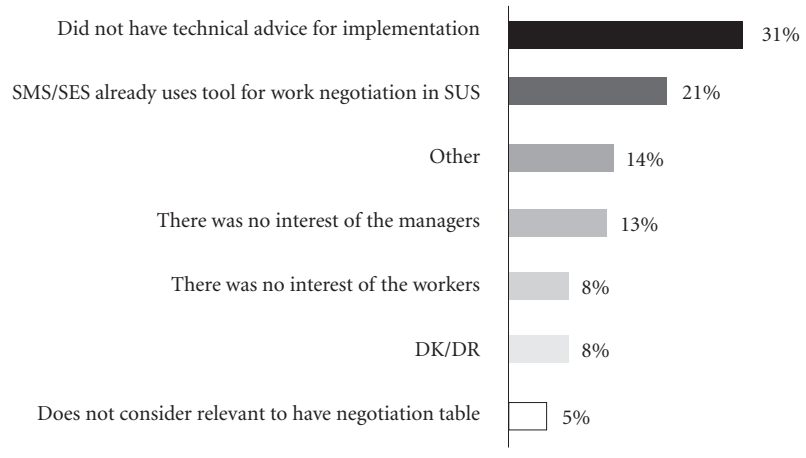
In 47% of the secretariats (n = 242) there are AD processes for all public workers; In 24% there are specific processes for the health sector, among which 67% are fruits of negotiation between workers and managers.

The main aspects of health-specific AD are "career development opportunities" and "career advancement" (70.7% and 61.8%, respectively). Specifically between SES and SMS capital, the most cited was "the payment of gratuities".

Permanent negotiation table of work

The labor negotiation tables are not implemented in 44% of the secretariats (n = 226). The main reasons for non-implantation are shown in Graph 1.

It was identified the existence of 137 tables (26%) implemented, among which only 53 are in operation, and 76 have approved internal regulations. The largest number of SES and capital SMS tables was implemented between 2003 and



Graph 1. Reasons for not installing the Permanent Negotiating Table of the Unified Health System in the states and municipalities, according to respondents. Brazil, 2012 (n = 226).

Source: : ObservaRH/IMS-UERJ. Evaluation of National Policies and Programs of Labor Management and Health Education in SUS. Brazil, 2014.

DK/DR: Does not know/Does not respond; SMS: municipal health secretariats; SES: state health secretariats.

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2008, and between SMS, as of 2009. Regarding the scope, 45% of the tables are specific to the health sector.

After the tables implantation, 46.7% of the respondents stated that there had been changes in work relationships, especially in relation to public tenders and selection processes, working conditions, PCCS and salary.

The study investigated the existence of other spaces of labor negotiation, and the places most mentioned by the respondents were: meetings of health councils and assemblies with workers. For 19.5% of the secretariats, conflicts are not resolved in any instance.

Improvement of work

There are numerous contracting methods used by the secretariats. The most mentioned types were: statutory (86.5%) and commissioned position (84.4%), as shown in Table 1.

Among the managers of the researched secretariats, 72.3% were not aware of the Protocol on the Improvement of Work of MNNP-SUS. Of the secretariats that indicated knowing the protocol (n = 144), 72% reported having used it to guide relative policies; 20% said they had no interest in using it and another 20% said they did not understand the concept of precarious work.

Budget and financing

Regarding the budget and funding, 78% (n = 21) of the SES managers, 80.8% (n = 21) of the capitals SMS and 65.7% (n = 306) of the SMS reported the existence of a budget for the work management and health education area. The incorporation of payroll in this budget occurs in 66% of the secretariats.

The lack of financial and budgetary autonomy of the managers was reported by 63% of the managers of the SES, 84.6% of the capitals SMS and 62.2% of the SMS. Most respondents (62%, n = 321) were not able to report the percentage of funding allocated to the area. Among those who knew (38%, n = 198), 12% indicated that the percentage of resources is less than 5%.

The study, when investigating the opinion of the manager regarding the sources of financing of the area, obtained a majority (71.5%) indication for the responsibility of the three governmental spheres (federal, state and municipal).

Health education

According to the results of this study, 209 (41%) health secretariats are referenced to some Permanent Education Pole (PEPS), of which 14 are SES and six SMS.

Table 1. Modalities of hiring of human resources practiced by health secretariats according to type of secretary. Brazil, 2012.

Types of hiring	SES		Capitals SMS		SMS		Total	
	N = 27	%	N = 26	%	N = 466	%	N = 519	%
Statutory	25	92,6	25	96,2	399	85,6	**449**	**86,5**
Comissioned Position	23	85,2	25	96,2	390	83,7	**438**	**84,4**
Temporary Contract	20	74,1	20	76,9	328	70,4	**368**	**70,9**
Provision of service contract	19	70,4	19	73,1	325	69,7	**363**	**69,9**
CLT	14	51,9	16	61,5	247	53,0	**277**	**53,4**
Stage Scholarships	16	59,3	19	73,1	211	45,3	**246**	**47,4**
Cooperatives	14	51,9	9	34,6	46	9,9	**69**	**13,3**
Public Foundation	7	25,9	6	23,1	46	9,9	**59**	**11,4**
Social Organization	8	29,6	3	11,5	46	9,9	**57**	**11,0**
OSCIP	7	25,9	2	7,7	34	7,3	**43**	**8,3**
ONG	2	7,4	2	7,7	34	7,3	**38**	**7,3**
Verbal agreement	0	0,0	2	7,7	10	2,1	**12**	**2,3**

Source: ObservaRH/IMS-UERJ. Evaluation of National Policies and Programs of Labor Management and Health Education in SUS. Brazil, 2014.

CLT: Consolidation of Labor Laws; OSCIP: Civil Society Organization of Public Interest; ONG: Non-governmental organization (All from the Portuguese as follow - CLT: Consolidação das Leis do Trabalho; OSCIP: Organização da Sociedade Civil de Interesse Público; ONG: Organização não governamental.)

As the main difficulties faced by PEPS, there are: few budgetary and financial resources for many projects; release of financial resources beyond needs, and financial implementation by PEPS. This scenario does not change when stratification by type of secretary.

Among the positive aspects of PEPS, the most mentioned were the existence of Administrative Rule nº. 198/GM/MS of 2004, which instituted the National Policy of Permanent Education in Health (PNEPS)[8]; the articulation of a local team; and dialogue with educational institutions. Regarding the main positive aspects of the MS support ways to states and municipalities, the main indications were for the transfer of financial resources.

Evaluation of policies implemented by SGTES

Managers were asked to evaluate the policies implemented by SGTES. The results are shown in Table 2.

ProgeSUS, followed by training / specialization programs and PCCS were the ones that obtained the highest approval percentages. It emphasizes the high percentage of ignorance of the other initiatives and programs of the SGTES.

Autonomy

Regarding the degree of the leader autonomy of the work management area to perform different activities in the area, 77% and 72% of respondents said they had little or no autonomy over hiring personnel and optimizing financial resources, respectively. The greater autonomy was credited to the training of personnel (35.6%).

Management tools

The management tools PCCS, AD and negotiation table were considered as facilitators of the management processes by 57%, 70% and 47%, respectively. The non-use of these tools was reported by 25%, 17% and 37%, respectively.

Discussion

With the expansion of the SUS, and especially after the 1996 NOB, decentralization to municipalities became official and priority, giving them responsibility for the organization, coordination and execution of local health systems (municipal SUS). The municipalization took place primarily at the primary level of care, while when it comes to third-level, specialized and hospital care, there is a greater division of responsibility between government spheres.

However, it is still argued about the managerial capacity of the municipality, even because the regulation of the decentralization process remains incomplete, generating ambiguity and indefiniteness regarding the responsibilities of the federated entities. And because the municipalization itself does not require extrapolation of organizational difficulties and management at the local level[9].

Moreover, the expansion and increasing municipal responsibility, especially in this decade, regarding primary health care, demands the incorporation of innovations not always able to overcome old existing problems[10]. Thus, it is consensual that the municipalization of SUS must be linked to a cooperative relationship between the spheres, in order not to allow a fragmentation of the health system.

Previous and parallel to this process of decentralization, we find the social and economic transformations, especially in the field of work. These become more evident from the process of productive restructuring, characterized mainly by the incorporation of technologies and other innovations, aiming at a more flexible organization and work management[11,12].

Within SUS, SGTES, besides reconfiguring this area in national politics, brings with it an accumulation of power for this field of action. In this sense, among other initiatives, ProgeSUS emerges, whose proposal is intrinsically articulated with the objectives that guided the creation of the SGTES, among them, to plan and formulate policies for management and regulation of work and health education, aiming at the best quality of health services and actions[13].

This study identified that the induction provoked by the project in the health secretariats favored the creation of RHS (Human Resources in Health, in Portuguese known as Recursos Humanos em Saúde), structured physical areas and qualified management teams of the SES and SMS, as part of the first and third components of the proposal. All states and capitals adhered to the program, even though the financial resources offered to each management structure were scarce.

The management information system for the labor and education management sector in SUS was considered the least impacted, since, despite

Table 2. Opinion of the human resources managers on the actions of the Secretariat of Labor Management and Health Education according to type of secretariat. Brazil, 2012.

Actions	Evaluation	SES		Capitals SMS		SMS		Total	
		N = 27	%	N = 26	%	N = 466	%	N = 519	%
Reorientation National Program for Professional Training in Health (Pro-health)	Good	16	59,3	18	69,2	163	35,0	197	38,0
	Regular	0	0,0	3	11,5	64	13,7	67	12,9
	Insufficient	1	3,7	1	3,8	18	3,9	20	3,9
	Doesn't know	7	25,9	2	7,7	201	43,1	210	40,5
	DK/DR	3	11,1	2	7,7	20	4,3	25	4,8
Education Program for Working for Health (PET-Health)	Good	19	70,4	19	73,1	149	32,0	187	36,0
	Regular	1	3,7	3	11,5	48	10,3	52	10,0
	Insufficient	0	0,0	0	0,0	15	3,2	15	2,9
	Doesn't know	7	25,9	2	7,7	234	50,2	243	46,8
	DK/DR	0	0,0	2	7,7	20	4,3	22	4,2
National Program of Support to the Training of Physicians Specialists in Strategic Areas (Pro-residencies)	Good	18	66,7	11	42,3	93	20,0	122	23,5
	Regular	0	0,0	4	15,4	32	6,9	36	6,9
	Insufficient	1	3,7	1	3,8	18	3,9	20	3,9
	Doesn't know	8	29,6	6	23,1	303	65,0	317	61,1
	DK/DR	0	0,0	4	15,4	20	4,3	24	4,6
Middle Level Professional Training Program for Health (PROFAPS)	Good	20	74,1	6	23,1	70	15,0	96	18,5
	Regular	0	0,0	3	11,5	37	7,9	40	7,7
	Insufficient	1	3,7	3	11,5	14	3,0	18	3,5
	Doesn't know	6	22,2	10	38,5	325	69,7	341	65,7
	DK/DR	0	0,0	4	15,4	20	4,3	24	4,6
Training/ Specialization Programs	Good	14	51,9	9	34,6	203	43,6	226	43,5
	Regular	6	22,2	6	23,1	69	14,8	81	15,6
	Insufficient	1	3,7	2	7,7	30	6,4	33	6,4
	Doesn't know	6	22,2	4	15,4	144	30,9	154	29,7
	DK/DR	0	0,0	5	19,2	20	4,3	25	4,8
Position, Career and Salary Plan	Good	16	59,3	13	50,0	182	39,1	211	40,7
	Regular	7	25,9	4	15,4	72	15,5	83	16,0
	Insufficient	2	7,4	2	7,7	50	10,7	54	10,4
	Doesn't know	2	7,4	3	11,5	144	30,9	149	28,7
	DK/DR	0	0,0	4	15,4	18	3,9	22	4,2
Negatiation Table of SUS	Good	15	55,6	19	73,1	160	34,3	194	37,4
	Regular	4	14,8	0	0,0	61	13,1	65	12,5
	Insufficient	3	11,1	2	7,7	49	10,5	54	10,4
	Doesn't know	4	14,8	1	3,8	173	37,1	178	34,3
	DK/DR	1	3,7	4	15,4	23	4,9	28	5,4
Reward InovaSUS	Good	20	74,1	18	69,2	154	33,0	192	37,0
	Regular	1	3,7	1	3,8	47	10,1	49	9,4
	Insufficient	1	3,7	1	3,8	17	3,6	19	3,7
	Doesn't know	5	18,5	2	7,7	226	48,5	233	44,9
	DK/DR	0	0,0	4	15,4	22	4,7	26	5,0
Program for the qualification and structuring of labor and education management in SUS (ProgeSUS)	Good	21	77,8	17	65,4	240	51,5	278	53,6
	Regular	1	3,7	5	19,2	72	15,5	78	15,0
	Insufficient	3	11,1	0	0,0	23	4,9	26	5,0
	Doesn't know	2	7,4	1	3,8	111	23,8	114	22,0
	DK/DR	0	0,0	3	11,5	20	4,3	23	4,4

Source: ObservaRH/IMS-UERJ. Evaluation of National Policies and Programs of Labor Management and Health Education in SUS. Brazil, 2014.

the effort made by the MS in the development and provision of information tools to support management, this did not Managed to be incorporated in the processes of management of the health secretariats, still remaining a great challenge for the area.

The comparison of these results with findings from a previous study[14], published later[15-17],

suggests a greater decentralization of the RHS, which, for the most part, is directly linked to the respective health secretariats. This finding is also corroborated by the hierarchical position of these organs in the organizational chart: second and third levels, mostly. It also points to the expansion of the labor negotiation policy, due to the considerable increase of secretariats with specific PCCS for health and an increase in the number of negotiating tables installed.

This movement can be explained, at least in part, by the reinstallation of MNNP-SUS in 2003, which since then has been operating uninterruptedly and by the valorisation of this management tool by the MS[18] Labor Management Policy. Nevertheless, maintaining the effective functioning of the tables already installed is one of the great challenges posed for the maintenance of the negotiation process. And in this context, the lack of mobilization and ignorance of the actors involved in negotiation processes and management tools, under-financing of the sector, the lack of technical support by the SES and the "lack of political will" is taken as hindrances.

The change of government and health managers is seen as an obstacle to the negotiation and implementation of PCCS, since, generally, the processes initiated in previous management are not followed up. The low institutionality of actions in the field of work and education in health facilitates discontinuities and changes experienced with alternation of managers, although the field of HR presents a rotation that can overcome an elective mandate, in some cases[19].

The pairing of the findings between the two surveys is also not favorable to this when it comes to knowledge of the MNNP-SUS Policy and Protocol of Work Improvement[20]. In 2008, the percentage of those who reported not knowing such protocol was 42.3% (n = 107). In this study, the lack of knowledge was slightly more than 72% (n = 373). Likewise, there was a lower number of health secretariats referenced to PEPS; as there was no significant progress in relation to the financial and budgetary autonomy of the work management area and health education, when compared to previous studies[4,5,14-17].

In general, the HR organs of the SES and SMS, especially those of the capitals, have been putting into practice instruments of the SGTES 'positive agenda, although there are significant variations in the breadth and extention of this implementation. Confirming that this is a universe composed of disparate units, characterized by deep regional inequalities and a large number of fiscally and administratively fragile municipalities, the research showed that the HR organs of the SES and, in particular, the capitals SMS, showed a greater dynamics and have more resources to program the management and development of the work according to the policies defined by the MS.

In this context, it is clear the cooperation of the SES in fulfilling its role as articulator and technical supporter of the municipalities in the process of structuring and developing labor and education management policies, thus promoting the regulatory and planning capacity of the function HR by the municipal SUS[16].

Despite the advances, there is no doubt about the interference of the variable "autonomy" of the respective HR body in the institutionalization of its technical - financial, administrative and organizational capacity - to ensure that the management functions are being performed by the unit of government. It is assumed that the delegation of the allocative function of budgetary and financial resources and organizational autonomy to its management structure has a positive impact on the scope of the exercise of the functions of coordination of working conditions and permanent education strategies.

In view of the above, it is noted that the federal commitment to implement policies that promote changes in work management, such as ProgeSUS, is remarkable. Such policies have proven to be very relevant and fundamental for the strengthening of the HR area. However, there is still a lot to be done in order for municipalities and states to incorporate the guidelines established in the negotiation processes and to acquire the desired managerial capacity.

Conclusion

The purpose of this study was to identify if the managerial processes and organizational structure recommended by MS for the area of HR have been incorporated by the SES and SMS that joined a program to strengthen work management and education. The results point to changes that have contributed especially to professional qualification, implementation of PCCS and negotiation processes.

The implications presented and extended debates will allow the elaboration and collective construction of aspects related to work management and health education, in the search for general and specific solutions, adequate to the limits and potential of the municipalities studied. In

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addition, the common trait observed in the analyzed groups goes back to the fragility of broader issues such as the autonomy of financial management and processes that involve work (planning, hiring, career, etc.).

This study does not exhaust all the possibilities, even more, the analyzes presented here should be discussed and disseminated to the various actors involved in the process of assessment, validation and construction of alternatives to the area, aimed at strengthening the SUS.

There is a need for constant monitoring and evaluation of the operationalization by federal agencies of labor management and health education policies, to account for the specificities of the area and the trends of changes in these administrative realities, contributing to the strengthening of national conduction strategies of MS/SGTES policies.

Collaborations

C Magnago worked on designing, collecting, interpreting data, writing the article and final approval; CR Pierantoni worked on designing, data interpretation, article writing and final approval; SP Vieira worked on designing, collecting, interpreting data and writing the article; T França, RG Miranda and DN Nascimento worked on data collection, interpreting data and approval of the final version.

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