


FLORENCE NIGHTINGALE'S LEGACY: A REFLECTION FROM PIERRE BOURDIEU'S PERSPECTIVE

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ABSTRACT

Objective: reflecting on Florence Nightingale's legacy from the perspective of the concept of *habitus*, proposed by Pierre Bourdieu.

Methods: theoretical reflection on Florence Nightingale's legacy in nursing based on the description of her contribution to health care and professional training in nursing, which allowed them to be consolidated as a new professional habitus grounded in accumulation of symbolic capital, especially scientific and social ones.

Results: important aspects of Florence Nightingale's family life, considered the first social contact and *locus* of incorporation of a *habitus*, determined her social relationships and investment opportunities, with implications for her professional life. Additionally, Nightingale contributed to global nursing by adding to it meaningful symbolic assets, since she overcame challenges and presented positive evidence that resulted from a care model.

Conclusion: the contribution of the founder of modern nursing must be known, grasped, and remembered, because her achievements were the result of a professional identity shaped by rituals, symbols, discipline, and power.

DESCRIPTORS: Nursing. History of nursing. Identity. Socialization. Gender. Social capital.

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LEGADO DE FLORENCE NIGHTINGALE: REFLEXÃO SOB A ÓTICA DE PIERRE BOURDIEU

RESUMO

Objetivo: refletir sobre o legado de Florence Nightingale sob a ótica do conceito de *habitus* de Pierre Bourdieu.

Método: trata-se de uma reflexão teórica sobre o legado de Florence Nightingale para a enfermagem, a partir da relação da sua contribuição no cuidado à saúde e formação profissional de enfermagem consagrado como um novo *habitus* profissional, alicerçado no acúmulo de capital simbólico, com destaque para os científicos e sociais.

Resultados: aspectos importantes da vida familiar de Florence Nightingale, enquanto primeiro contato social e *locus* da incorporação de um *habitus* determinou as relações sociais e sua oportunidade de investimento com implicações para sua vida profissional. Além disso, Florence capitalizou para a enfermagem mundial significativo bem simbólico, pois superou desafios e apresentou evidências positivas, produto de um modelo de cuidar.

Conclusão: o contributo da fundadora da enfermagem moderna deve ser conhecido, apreendido e lembrado, porque seu feito traduz uma identidade profissional esculpida em rituais, símbolos, disciplina e poder.

DESCRITORES: Enfermagem. História da enfermagem. Identidade. Socialização. Gênero. Capital social.

LEGADO DE FLORENCE NIGHTINGALE: REFLEXIÓN BAJO LA ÓPTICA DE PIERRE BOURDIEU

RESUMEN

Objetivo: reflexionar sobre el legado de Florence Nightingale bajo la óptica del concepto de *habitus* de Pierre Bourdieu.

Método: reflexión teórica sobre el legado de Florence Nightingale a la enfermería partiendo de la relación de su contribución al cuidado de la salud y formación profesional de enfermería como nuevo *habitus* profesional, fundamentado en la acumulación de capital simbólico, destacándose los científicos y sociales.

Resultados: aspectos importantes de la vida familiar de Florence Nightingale como primer contacto social y *locus* de la incorporación de un *habitus*, determinando relaciones sociales y su oportunidad de inversión, con implicancias para su vida profesional. Además, Florence capitalizó para la enfermería mundial un bien simbólico significativo, superando desafíos y presentando evidencias positivas, producto de un modelo del cuidar.

Conclusión: la contribución de la fundadora de la enfermería moderna debe conocerse, aprenderse y recordarse; su legado traduce una identidad profesional esculpida en rituales, símbolos, disciplina y poder.

DESCRITORES: Enfermería. Historia de la enfermería. Identidad. Socialización. Género. Capital social.

INTRODUCTION

The year 2020 celebrated the bicentenary (1820–2020) of Florence Nightingale, precursor and founder of modern nursing. Because of this important date, the World Health Organization chose 2020 as the global Year of the Nurse and Midwife, an initiative that gave nursing worldwide visibility and disseminated voices, values, and knowledge in the area. This commemorative date occurred in a unique historical moment of recent health care. On December 31, 2020, the world registered 7,675,973 COVID-19 cases and 194,949 deaths associated with the disease. Brazil was the third country with the highest number of confirmed cases, not to mention underreporting¹.

Therefore, bringing up a version of the past to present days is pertinent, given the possibility of reflecting on Florence Nightingale's legacy in nursing, especially when the protagonism and visibility of the profession in a pandemic context have been restoring its importance to people's health in the eyes of both society and the scientific community². It is noteworthy that the celebration of this anniversary is the pinnacle of the project oriented toward professional recognition of nursing initiated by Nightingale.

Over the past months, nursing has had its greatness and importance to people's health revived before society and the scientific community². In this context, the Brazilian Nursing Association and the nursing scientific community, represented mainly by educational institutions, have discussed the professional role played by nurses, as well as effective strategies to help us make our voices heard and promote concrete actions in favor of professional recognition.

After 200 years of Nightingale's birth and 110 years of her death, her voice and achievements still impact nursing routine, allowing us to get symbolic gains originating in the results of the perpetuation of her work. It is pertinent to remember the words she said on June 30, 1890: "when I am no longer even a memory, just a name, I hope my voice may perpetuate the great work of my life"^{3:186}.

Therefore, the ideas in the present reflection become clear with the understanding that successful strategies of "frontline nurses" and "vanguard nurses" symbolize what Pierre Bourdieu described as "the art of anticipating tendencies", which allows these people to choose the rewarding strategies. This ability is closely related to the incorporation of school and professional capital gathered in and by the scientific field⁴.

The concepts of *habitus* and field are central categories in the explanatory theory of Bourdieu's social world. The use of the term "*habitus*" by him sought a rupture with previous theories that associated the word with the notion of habit. Bourdieu emphasized the structures underlying practices, that is, acts grounded in a generating principle. From his perspective, *habitus* is acquired knowledge, which is incorporated as a permanent disposition that originates perceptions, evaluations, and practices. It can also be understood as an asset, an accumulated capital. It is noteworthy that the concept of capital, borrowed by Bourdieu from economics, plays a central role in his ideas, since formation of *habitus* occurs first in the family environment and then in the educational setting, in which capital is institutionalized⁴.

Therefore, *habitus* refers to something historical related to something individual and must be understood as a property of actors (whether individuals, groups, or institutions) aligned with the objective structures from which it results, because it is our material living conditions that originate our countless experiences of possibilities and impossibilities, shaping our unconscious sense of possible, that is, our understanding of our rightful place in the social world⁴. Consequently, this concept is a key one in the lens that Bourdieu used to see that *habitus* generates distinct and distinguishing practices that express interiorization of the exterior and exteriorization of the interior. In other words, it is a social structure internalized and objective turned subjective.

Additionally, according to the Bourdieusian conception, any attempt to analyze *habitus* must take into account its relationships with field, because *habitus* is a relational structure. Therefore, the dialectical relationships between *habitus* and field are the key to understand practical life⁴.

By addressing the concept of field, Bourdieu clarified that a diverse society does not form an exclusive totality. Instead, it originates a set of partially autonomous playing spaces that must not be analyzed from a single social logic, because each space is a field, which can be economic, political, or scientific, among other possibilities⁴, that is, a multidimensional space in which the weight and volume of the capital will determine how positions will be occupied by different social actors.

In the present reflection, which had the objective of discussing Nightingale's legacy in nursing from the perspective of the concept of *habitus* proposed by Bourdieu, the interest is oriented toward recognizing its contribution to the understanding of this legacy, given that *habitus* focuses on the way people act, think, feel, and are, capturing how the history inside each individual is brought to circumstances in the present, determining choices and ways of acting, which, in turn, are also determined by positions occupied in the social field. The present reflection has two sections. The first lists important and determining aspects of family life, given that the family is the first social contact and the locus of incorporation of a *habitus* that will determine social relationships and real opportunities in the social world. The second discusses aspects of Nightingale's professional life and her legacy as a symbolic asset for nursing.

FORMATION OF PRIMARY *HABITUS* IN FAMILY AS A BRIDGE TO CROSS BOUNDARIES IN SOCIAL SPACE

Florence Nightingale was born on May 12, 1820, during a trip of her parents to the Italian city of Florence. She spent her childhood mostly in London, alternating houses according to the seasons, a common practice among bourgeois families⁵.

Therefore, we can say that Nightingale's family origin contributed for her to develop behavioral patterns compatible with her social condition and build important social bonds that resulted from her social and symbolic capital, that is, her social standing, known and recognized by society's prominent people at the time. This occurred because families whose members occupy positions of power and prestige ground their social identities in their ancestry.

Transmission of powers between members of the same family evolves according to sociological inheritance, exemplified by goods, aptitudes, positions, and even prestige, which are hereditary opportunities of social recognition⁶.

Nightingale was homeschooled, initially by a governess and then by her father, who taught her maths and statistics, a rare thing for a Victorian father. Probably, this was what ignited Nightingale's passion for the second area. He also taught her Greek and Latin. She studied French and German, as well as universal history and England's political history⁵, which was quite unusual among nineteenth-century women. These were expected to reproduce the typical feminine model of that time, which put men in the absolute position of ruling and representing the family. Women were reserved the role of housekeeping, in agreement with the asymmetry between the genders, which was declared as essential for the regulation of the society of that time⁷.

Nightingale was an intern at the Kaiserswerth Deaconess Institute, in Germany, where she had the first contact with the discipline inherent in nursing, which encompassed fulfillment of rules and timetables and division of education according to social class. Kaiserswerth was presided by pastor Fliedner, who, by applying funds provided even by Queen Victoria, trained nurses to offer care to sick people at the hospital. Nightingale did not receive training in nursing care, but learned in detail how nurses' work was carried out, especially aspects of syllabus organization, nurses' uniforms, probationary periods, and criteria to be approved in the training⁸.

She also got to know the work developed by São Vicente de Paulo sisters of charity at the Hôtel-Dieu, in Paris, where she could keep a close watch on the care-related and administrative work they carried out. She would take notes, draw graphics, and write lists of the developed activities.

Sometime after that, she went back to this hospital and stayed there for over a month, adopting the sisters of charity's religious habit as her outfit⁸. There is no doubt that living around those sisters and embracing a hallmark of theirs influenced the creation of her nursing model, since the internship allowed her to reconcile her *habitus* and the inclinations necessary to nurses by means of the incorporation of a natural censure.

In 1853, Russia invaded Turkey, which initiated the Crimean War (1853-1856). Great Britain secretary of state for war, Sydney Herbert, accepted Nightingale's offer to look after wounded soldiers and asked her to be in charge of a nurse mission in Crimea. She, her personal maid and 38 nurses set off to Uskudar, now a part of Istanbul, on October 21, 1854. When they arrived, they found five thousand British soldiers housed in filthy and dilapidated buildings and no medical equipment, not even essential items. Her first measure was organizing hospital infrastructure, which showed her administration capacity⁹.

It is important to emphasize that, over the years that preceded the conflict, Nightingale had been preparing to be a nurse. She was still young, 34 years old, and had a deep knowledge about the conditions of hospitals in England. By going to the front as a leader of a group of nurses, she officially became a servant of her country, a position unheard of for a woman. Despite this unprecedentedness, bringing with her a group of nurses to work in military hospitals in battlefields, a public space traditionally reserved to men and denied to women, subverted the social order in force that established women as immaculate and fragile.

Therefore, Nightingale was a woman ahead of her time, whose symbolic capital inherited by her family, but also accumulated in and by the field during her trajectory in the hospital setting, was a bridge to legitimize the irrefutable argument for the need for her to make public appearances. She also put up fences delimiting spaces for nurses in public spaces that historically belonged to men.

Nightingale gave visibility to the work carried out by nurses regarding not only direct care of sick people, but also the environment, for instance by organizing laundry, linen, kitchen, cooking, warehouse, and cleaning services. She controlled the hospital setting by means of careful observation and rigorous supervision: she put together work hierarchy and strict discipline in nursing.

She did not allow nurses under her rule to walk alone in the nighttime. Every night, she finished her 20-hour work day by inspecting every nursing ward herself in the light of a lantern she carried. This image of the lonely figure going her rounds across the silent hospital became part of the popular imagery and originated her famous title of "the lady with the lamp".

The lamp found in graduation ceremonies and other academic rituals in educational institutions since 1920 praises, passes on, and perpetuates Nightingale's legacy. In modern days, the lamp is still part of these rituals: it is always lit by a nurse, whose attributes qualify them to embody and symbolize her ideals.

The honor of being chosen to light the lamp, which evokes Nightingale, is, at the same time, the public recognition of the people who develop an outstanding work in nursing and become worthy of a tribute and a model to be followed, and an acceptance of the responsibility of the permanent need to live up to this recognition, given that one of the functions of institutionalization rituals is discouraging any possibilities of unfulfillment of what is expected from acclaimed people.

Institutional rites have the function of building magic fences capable of precluding transgression or desertion of acclaimed people or groups. The regularity of these rituals, exemplified mainly by graduation ceremonies, associated with emblems (flags, medals, statues, pictures), and witnessed by important people in Brazilian history, specifically health and nursing history, disseminated the long-lasting requirements inherent in the instituted identity, so as to keep the conditions to preserve this identity¹⁰⁻¹¹.

During her activities in the Crimean War, deaths caused by infection decreased from 42% to 2.2% over just a few months. She used statistics to evaluate the impact of care of patients and mortality reduction and designed the rose diagram to graphically show the importance of adequate hygiene conditions in hospitals, since most soldiers died because of infectious diseases. She also demonstrated the importance of statistics for communicating with society and health authorities. She was the first woman to publish material in this field and be accepted as a member of the Royal Statistical Society and an honorary member of the American Statistical Association^{9,12}.

Additionally, there is no doubt that Nightingale's personal characteristics favored order in the chaos that prevailed in Uskudar. Endowed with unwavering determination, extreme methodicalness, and an eye for detail, she imposed strict discipline for herself and for others. This imposition led to the assimilation of a *habitus* compatible with the characteristics required from a nurse from Nightingale's perspective. Therefore, the teachings that are more determining for assimilation of *habitus* are transmitted by means of some kind of taming of the body, and they can be conveyed by disapproving looks and a way of speaking marked by censure⁴.

Herbert, the secretary of state for war, and other members of the government saw Nightingale as a spokesperson of an authorized speech about reforms that had to be made in military hospitals, especially regarding administrative practices and hygiene measures. So much so that the journal *The Times* gave her the necessary support, informing the public about her work in Crimea and, therefore, building her heroic image. It is necessary to consider here that communication relationships are, in an inseparable way, power relationships, because they can name, that is, point out, and make exist effectively, and, consequently, transmit and consecrate a social identity¹³.

Florence Nightingale as a symbolic asset for nursing

The teaching system conceived by Nightingale was officially implemented on June 24, 1860, at St. Thomas' Hospital, in London, by means of the creation of a school to train nurses. This system established the following criteria: fulfillment of physical, moral, intellectual, and professional aptitude for a student to be selected; presence of a nurse as the head of the school; connection of the school with hospitals, but with the former keeping its financial and administrative autonomy; and provision of housing for the students at places near the hospital⁵.

The Nightingale system was disseminated throughout the world, especially by British and American nurses. In Brazil, Anna Nery School of Nursing, open on February 19, 1923, symbolizes the application of Nightingale's model adapted to the American society, which has been occurring for nearly half a century¹⁴.

Nightingale's ideas are present these days and are the basis of nursing care, as exemplified by the concepts of person and environment, and as the fundament of the concepts of health and disease. She is known for being a pioneer in the development of a theory for nursing, currently entitled environmental theory. Therefore, she wrote an explanatory basis for the profession, showing the importance of the environment to disease prevention and how the place contributes to healing or death¹⁵⁻¹⁶.

She lived 90 years and wrote down her refusal to have a national funeral and a tomb at Westminster Abbey. She died on August 13, 1910, and preferred to be buried beside her parents in Romsey, near Embley Hall. A monument paying tribute to her was inaugurated in Waterloo Place, London, in 1915⁵.

This important posthumous homage contributed to making the founder of nursing famous, giving her eternal life, since a monument perpetuates the image of the honoree over time⁴. In Brazil and worldwide, over the twentieth century and the two first decades of the present century, Nightingale's successful trajectory has been remembered, so the memories worth being preserved are turned into a symbolic asset for nursing.

In the year in which Nightingale's bicentenary was celebrated, Brazil was in the top positions regarding the number of confirmed cases of COVID-19 and deaths caused by the disease, despite underreporting, in a context of denial of the seriousness of the illness and the understanding of the importance of social isolation and use of masks. Thus, these circumstances were a perfect illustration of symbolic violence, since it is committed when receivers of ideological discourse have to deal with it from the perspective of what has to be perceived, that is, a lack of understanding that has to remain unchanged. Therefore, it can be inferred that successful symbolic violence is that which discredits objective reality.

It is possible to deduce that the current struggle is incessant, as well as a battle for space occupation within a symbolic order. But it is also the fight to review these demands because, when symbolic violence is perceived, social space is reconfigured by dint of making visible what was invisible and openly declaring what was kept private before.

In this context, Brazilian nursing, developing its activities on the front line to treat more and less severe cases of COVID-19, obtained national visibility and had its importance to the Brazilian Unified Health System acclaimed. This recognition echoes Nightingale's words, who had a recognition project for the profession^{2,17}. Additionally, nurses at educational institutions, in coordination with professional associations, especially the Brazilian Nursing Association, promoted meetings, seminars, and lectures, among other online events, that gave visibility to the scientific capital of nurses in the process of fighting the pandemic, which stressed the contribution of research to care improvement.

Nightingale's bicentenary year allowed us to see our visibility restored. Our voices and actions are a powerful instrument to fight and break with the ideas instilled over the objective structures, of which the former are the result, as well as subvert the established order.

FINAL CONSIDERATIONS

By thinking about Nightingale's legacy in nursing from the perspective of Bourdieu's concept of *habitus*, we can declare that this visionary woman instituted a professional identity shaped by rituals, symbols, discipline, and power. Her system was disseminated throughout the world and, after defining, consolidated this professional identity. Despite the adaptations to the reality of different cultures, the essence of the principles of Nightingale's school was always kept. That said, the existence of world nursing's founder, acclaimed as the icon of nursing, must be known, recognized, and immortalized.

Reminiscing her successful work in the sphere of care of wounded soldiers in a great war allows, by means of a bridge between past and present, to ponder the current time, in which, because of the pandemic context, nurses' expertise is necessary, as it is usual in serious sanitary crisis. Additionally, going through this expertise's importance to the prevention of COVID-19 and care of people affected by the disease is a possibility of subverting a social order that denies science, contributing to producing realities that can harm society.

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NOTES

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