

Experience Report

# A garden for meditation: experience report on the implementation of a protocol for individuals with anxiety in occupational therapy care

*Um jardim para meditar: relato de experiência sobre a implantação de um protocolo para pessoas com ansiedade no cuidado terapêutico ocupacional*

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## Abstract

This study presents the implementation process and outcomes of the Anxiety Protocol in Occupational Therapeutic Care (PACTO), developed within the framework of municipal public policies and the strategy for comprehensive mental health care, conducted in the garden of a primary health care unit. PACTO was conceived as a social response to the growing demand related to anxiety disorders among adults and older people in the local health district. It is composed of care strategies based on Integrative and Complementary Health Practices (PICS) and the dialogue between human mental health and ecological dimensions. Between 2023 and April 2024, PACTO promoted 286 meditation sessions and 241 auriculotherapy sessions for both users and healthcare professionals. As outcomes of these actions, the initiative fostered the development of health promotion and prevention events, the retrieval of memories/reminiscences and spirituality, as well as the enhancement of environmental care and support for healthcare professionals. PACTO proved to be a potential response to current public mental health demands and a reference model for intersectoral practices involving evidence-based PICS. Expanding the availability and access to PICS means acknowledging the value of

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preserving other rationalities and care strategies within occupational therapy, ensuring accessibility for users of the Brazilian Unified Health System (SUS), strengthening primary care, and encouraging initiatives for planetary health by considering environmental spaces as potential promoters of human care.

**Keywords:** Complementary Therapies, Meditation, Anxiety, Primary Health Care, Occupational Therapy.

### **Resumo**

Apresenta-se, neste trabalho, o processo de implantação e os resultados do Protocolo de Ansiedade no Cuidado Terapêutico Ocupacional (PACTO), desenvolvido no âmbito das políticas públicas municipais e da estratégia de assistência integral à saúde mental de usuários, no jardim de uma unidade básica de saúde. O PACTO foi concebido como resposta social à demanda relacionada aos quadros de ansiedade em adultos e idosos da região de saúde. É constituído por estratégias de cuidado baseadas nas Práticas Integrativas e Complementares em Saúde (PICS) e na interlocução entre a saúde mental humana e a dimensão ecológica. Entre 2023 e abril de 2024, o PACTO promoveu 286 sessões de meditação e 241 de auriculoterapia, destinadas a usuários e profissionais de saúde. Como desdobramentos dessas ações, destacam-se o desenvolvimento de eventos de promoção e prevenção em saúde, o resgate de memórias/ reminiscências e da espiritualidade, além do cuidado com a ambiência e com os próprios profissionais de saúde. O PACTO demonstrou ser uma possível resposta às atuais demandas públicas em saúde mental e uma referência de intersetorialidade para o uso das PICS baseadas em evidências. Ampliar as possibilidades e o acesso das PICS é reconhecer a importância da preservação de outras racionalidades e estratégias de cuidado na terapia ocupacional, garantindo a acessibilidade dos usuários do Sistema Único de Saúde (SUS), o fortalecimento da atenção básica e o estímulo a ações voltadas à saúde planetária, considerando espaços ambientais como potenciais promotores do cuidado humano.

**Palavras-chave:** Terapias Complementares, Meditação, Ansiedade, Atenção Primária à Saúde, Terapia Ocupacional.

## **Introduction**

This article presents a descriptive experience report on the development and implementation process of the Anxiety Protocol in Occupational Therapeutic Care (PACTO), designed to support users of a primary health care unit (UBS), with programmed activities conducted in a local garden designated as the *Espaço de Convivência Fauna e Flora* (Fauna and Flora Social Interaction Garden).

The unfolding and impacts of PACTO resulted from the synergy among different professionals in occupational therapy and nursing, involving clinicians, the regional council of the profession, the municipal coordination of Integrative and Complementary Health Practices (PICS), the local health manager, and the university. The joint goal was to disseminate new models of qualified and comprehensive mental health care through strategies aligned with the prerogatives of Planetary Health.

This report shares the experience of using PICS in mental health care based on the actions described in the protocol, which was implemented in a garden and fostered new perspectives on health care and support for both users and professionals.

The implementation and development of PICS in this garden were coordinated by the local occupational therapy service. Aimed at constructing meaningful routines and coping strategies for everyday life among users and professionals, the protocol emerged as a public response to the current prevalence of anxiety and psychological distress. The use of the garden within PACTO goes beyond a utilitarian function or its use as a therapeutic setting; it represents the construction of a perspective that correlates nature and human beings, fostering awareness of the natural spaces present within health facilities and enabling the reconstruction of personal histories and emotional connections for users and/or professionals in primary health care.

Among the objectives outlined in the *Plano Nacional de Saúde* (PNS) (National Health Plan) for the 2024–2027 period are the strengthening of primary care, the broadening of comprehensive care, and the promotion of innovation in health with a view to sustainable and accessible services, while also reducing dependency on health-related inputs (Brasil, 2024).

Global environmental changes and their health impacts have become an emerging topic that has driven the growth of Planetary Health—a field addressing the complex relationships between the degradation of the planet’s natural systems and the consequences for human health. The Planetary Health Alliance (PHA) brings together 420 organizations from over 70 countries to understand and respond to the impacts of global environmental change on human health. It advocates for the advancement of public administration and business management beyond the concept of Environmental, Social, and Governance (ESG), by adopting knowledge, values, and practices guided by Planetary Health (Irigaray et al., 2023).

The Sustainable Development Goals (SDGs) proposed by the World Health Organization (WHO) include ESG principles. A future based on sustainable, equitable, adaptable, and responsible practices should be a key theme in the practices, management, organization, and actions of occupational therapy, given the emerging global demands for well-being (World Health Organization, 2022). Nature-based solutions have shown practical applicability and positive impacts on mental health, including the reduction of violence, within the context of Global and Planetary Health perspectives—particularly in the transition to a more sustainable world following the COVID-19 pandemic (Di Giulio et al., 2021).

Perceptions of Planetary Health among professionals at a UBS, as reported by Machado & Reigada (2023), revealed issues such as a general lack of awareness of the theme, due in part to its absence in medical school curricula; a disconnection between health professionals and natural environments, which are rarely integrated into daily practice; and references to environmental events located in states other than where they work, indicating a predominantly utilitarian view of natural systems.

Recognizing the urgency of nature-based practices and promoting the integration of Planetary Health knowledge in the field of occupational therapy represent advances toward transdisciplinary and transdimensional approaches to everyday care—approaches that are both meaningful and equitable in response to new global health emergencies.

According to Luz (2021), the vitalist paradigm of PICS—as well as the professionals who work with these practices—is committed to preserving and/or restoring human life amid the current planetary crisis. There is an urgent need for PICS knowledge production to foster a re-creation of reality through critical debate and creative dialogue.

Routine disruptions, worsening socioeconomic conditions, and psychological distress experienced in recent years have intensified and exposed the rise in anxiety cases (World Health Organization, 2022). In Ribeirão Preto—the municipality where this experience occurred—the prevalence of generalized anxiety disorder in the 37–39 age group is 9.3% (Orellana et al., 2020). These findings are consistent with the 2019 *Pesquisa Nacional de Saúde* (National Health Survey), which reported that 6.2% of the Brazilian population discontinued routine activities because of mental health issues. Among individuals aged 18 and over, 10% reported a diagnosis of depressive disorder, totaling 16.3 million people (aged 45 to 59), mostly concentrated in urban areas and primarily in the South and Southeast regions of the country (Brasil, 2024). The COVID-19 pandemic hindered progress on the SDGs promoted by the 2030 Agenda, especially in the field of mental health. According to the Pan American Health Organization, in 2022, the prevalence of depression increased by 27.6% and anxiety by 25.7% in the Region of the Americas (Organização Pan-americana da Saúde, 2022).

## **Development of the Experience Report**

This experience report encompasses the development of PACTO, the application of integrative practices, and their effects and ramifications in the local care of both professionals and users.

The trajectory of PACTO within an UBS is, in this study, connected to the principles of comprehensive care, which advocate new theoretical-practical perspectives and the inseparability between the human being and nature.

Accordingly, this section describes the demand context and creation of the garden, the mode of care proposed by PACTO, and its limitations within the care process.

## **Contextualizing: *Espaço de Convivência Fauna e Flora*, the Meditation Garden**

The space, even prior to the involvement of the occupational therapy service, already featured trees and was inhabited by a small local fauna, composed of marmosets that visited the trees of the forest surrounding the health unit. However, the ground was worn because of rainfall, and the area presented limited accessibility.

Following an initiative involving intersectoral coordination among local leadership and the maintenance and engineering departments of the network, the renovation of the space began in December 2022 and was completed in April 2023. The area was redesigned aiming at improving the physical environment, preserving the small fauna, maintaining the existing trees, and adding elements such as grass, benches, and a covered structure. The materials used were selected for their natural characteristics, such as wooden steps and a wooden pergola.

The occupational therapy actions were initiated with the objective of fostering a sense of connection and appropriation of the space by professionals through a cultural

contest to select the name of the garden. The initial goal was to promote effective integration, considering the administration's concern that the space not be perceived merely as an external area for passing through, observation, or smoking.

Professionals submitted name suggestions and participated in a prize-based vote. The contest mobilized all staff members at the unit, yielding 33 entries. This stage played an important role in the appropriation of the space, promoting creativity, leisure, and interaction from the moment of its naming and inauguration.

The winning name, *Espaço de Convivência Fauna e Flora*, was officially adopted during a celebration held on site, with the participation of administrators, coordinators, and professionals. The event was marked by a moment of celebration, during which, spontaneously, staff and coordinators proposed a prayer.

This moment reflected the experience of connection and comprehensiveness felt by the participants, as evidenced by the collective desire to integrate spirituality into the occasion. This aligns with the perspective of Anthroposophy, which understands the different natures—physical, psychic, vital, and spiritual—as continuously interrelated (Lanz, 2005). Creating an environment that welcomes and sustains these dimensions is of great value for comprehensive care.

This aspect emerged not only from the gathering of people but also from the contact with nature and the striking beauty of the local fauna and flora.

## **Creation of the Anxiety Protocol in Occupational Therapeutic Care (PACTO)**

PACTO was developed through a joint effort with the Clinical Protocol and Care Strategy Review Committee of the Regional Council of Physical Therapy and Occupational Therapy – 3rd Region – São Paulo (CREFITO-3). These committees are part of the *CREFITO-3 Na Estrada* initiative, which promotes activities aimed at bringing the council closer to professionals by identifying regional needs. In this context, the committees contribute to making occupational therapy actions within the state's care network more visible and systematic, through technical cooperation with municipalities, council members, and professionals.

The Clinical Protocol and Care Strategy Review Committee in Occupational Therapy of CREFITO-3 in the municipality of Ribeirão Preto was established in June 2022 and composed of four professionals from the municipal health department. The committee's activities included monthly remote meetings with the council representative to gather situational and epidemiological data on service users and the activities conducted by occupational therapists, with the aim of formalizing a protocol based on strategies already in place at the service sites.

The committee submitted PACTO in September 2023, although the practices had already begun in April 2023, when the occupational therapist joined the health unit.

PACTO activities were conducted in accordance with the definitions and regulations set forth by Resolution No. 408/2011, which governs the specialty of Occupational Therapy in Mental Health (Brasil, 2014), the Protocol on Integrative and Complementary Health Practices in Nursing: Auriculotherapy and Auricular Acupuncture issued by the Coordinating Office I for Integrative and Complementary Health Practices of the Municipal Health Department of Ribeirão Preto (Ribeirão

Preto, 2022), and the National Policy on Integrative and Complementary Health Practices (PNPIC) (Brasil, 2015). Meditation was selected as a strategy because it is easy to integrate into daily routines and effective for emotional regulation, as indicated by evidence maps from the Brazilian Academic Consortium for Integrative Health (Consórcio Acadêmico Brasileiro de Saúde Integrativa, 2020).

The purpose of the PACTO protocol was to offer professionals and the population a mental health care strategy focused on health promotion and the prevention of mental health conditions related to anxiety. It also aimed to strengthen connections and coordination within occupational therapy services. The following objectives were established:

1. To expand coping resources for anxiety conditions, including crisis management and the reduction of occupational and social impacts;
2. To organize care flow and preventive strategies within the occupational therapeutic process, ensuring health and well-being in response to occupational limitations associated with anxiety conditions;
3. To provide health education and enhance the perception of mental health processes by offering relevant information for care services.

Referrals followed a flow originating from the primary care network (general medicine), from specialist referrals (psychiatry outpatient clinic), and/or from multidisciplinary mental health team evaluations.

PACTO services were delivered through open groups of up to six users, with weekly 90-minute sessions, targeting individuals with anxiety conditions (with prior history or early symptoms, even without diagnosis, reports of symptoms in everyday life, and impairments in activities of daily living and instrumental activities of daily living), as well as diagnosed anxiety disorders (ICD-10 code F41 and subcategories), with or without pharmacological treatment (Wells et al., 2011). The population included individuals over 18 years of age, of all genders, with associated comorbidities (such as depression), excluding cases involving suicidal ideation or psychotic disorders. Eligibility required residence in the eastern health region of the municipality. Cases involving problematic use of psychoactive substances (alcohol and drugs) and lack of adherence to treatment (three unexcused absences without prior notice to the therapist) were excluded.

The initial assessment included data collection from the welcoming process, clinical history, and the occupational therapy referral form. Occupational demands were listed for selection using items adapted from the International Classification of Primary Care, 2nd edition (ICPC-2), which categorizes issues related to individuals and reasons for consultation (World Organization of National Colleges, Academies, and Academic Associations of General Practitioners/Family Physicians, 2009). Items included: sleep/wake disturbances; impairment in daily activities; functional changes (memory, attention, perception); difficulties in social skills; experiences of loss and grief (related to work or relationships); trauma with an impact on daily activities; physical functional limitations (reduced mobility, pain); social isolation; behavioral changes (irritability, anxiety, tension); and loss or restriction of leisure, educational, and/or social activities.

PACTO consisted of: weekly auriculotherapy sessions, following the protocol for auricular acupuncture/auriculotherapy in mental health (Ribeirão Preto, 2022); group

writing and sharing activities related to recurring anxious thoughts, excessive worries, and coping behaviors in response to everyday adversities; body-centered approaches such as relaxation, stretching, self-massage on acupuncture points, and guided meditation with attentional focus on breathing processes, including specific abdominal breathing derived from the *Suseonjae* method (a practice from South Korea).

This technique begins with a sequence of muscle relaxation and joint mobilization exercises, using movements such as shaking, tapping, rubbing, stretching, or pulling. The practice also stimulates acupuncture points and promotes both blood and energy circulation, in accordance with the rationale of Traditional Chinese Medicine and its perspective on body practices (Brasil, 2018). After the exercises, participants engage in conscious breathing with focus on a specific area of the body, known as *Danjeon* breathing. This practice involves directing attention to the region below the navel, designated as the *Danjeon* breathing area (Hyun et al., 2009; Mun, 2010).

## **Repercussions of PACTO on Local Care and the Everyday Lives of Users and Professionals**

PACTO activities began in the garden in April 2023. Over the course of one year, 286 meditation procedures (an average of five per day) and 241 auriculotherapy sessions were recorded at the site, according to the SUS Table (municipal HygiaWeb system data).

Outcomes in the everyday lives of users included the resumption of meaningful activities, the development of cognitive and bodily strategies for managing everyday situations, a reduction in the number of self-reported anxiety/panic episodes, and the use of breathing techniques during adverse events.

Group discharge was guided by the resumption of a previously meaningful activity or the introduction of a new activity that had been removed from the user's routine because of anxiety or panic. Discharge also required the user's confirmation of the ability to use breathing and/or bodily regulation strategies in everyday life, as well as a three-month period without crisis and documentation of progress (such as reduced episodes and a perception of well-being).

Meditation practices were also offered as support for professionals from the UBS and the broader network in five sessions (49 participants) held in May 2023, in celebration of Worker Health and Integrative and Complementary Health Practices Month. Feedback, recorded in video format, indicated improvements in sleep, physical pain, and general well-being, and emphasized the importance of maintaining such welcoming initiatives for staff.

In September, meditation sessions were offered during a health event focused on diabetes and hypertension. Eight users provided written feedback using the following terms: "great" (four occurrences), "relaxation", "excellent", "very good", and "I felt lighter".

The garden proved to be a facilitator for activities such as discussion circles, therapeutic groups, body practices, meetings, and various events. Within five months, four health promotion and prevention events were conducted in the space, involving professionals and users from the region, in addition to several group sessions and gatherings.

On World No Tobacco Day, a joint action by the Coordinating Offices for Integrative and Complementary Health Practices and for Noncommunicable Diseases offered auriculotherapy services, guidance on tobacco use prevention, and the creation of open, smoke-free areas. This action ensured optimal use of the natural space, strengthened tobacco control strategies, and publicized the available care network. During this event, 34 health professionals from the UBS were assisted, with a focus on anxiety-related concerns.

Also in September, during the diabetes and hypertension health event, eight high-risk users received care involving body-based practices and breathing strategies for emotional regulation, as well as information on body–mind regulation systems related to heart rate control.

During the activities of Yellow September, a discussion circle on Burnout Syndrome brought together the UBS's staff and management to explore symptoms, with participation from the psychology and occupational therapy teams, totaling 16 professionals.

An increasing number of events, new care strategies, and care actions emerged from interactions with the garden. Having a natural space with appropriate infrastructure (thermal roofing, benches, lighting, and landscaping) enabled the development of new care practices in connection with the environment.

The main impact observed among the staff resulted from their participation in care activities conducted in the space and, subsequently, from the synergistic effect of the care received, which encouraged further care initiatives and interactions among professionals and users.

Among the qualitative outcomes observed in users were the growing demand for and regular participation in garden-based activities, as well as the resurgence of memories and reminiscences. Reports of childhoods spent on rural properties or in backyards, and recollections of interactions with nature—such as climbing trees or playing with animals, especially marmosets and chickens—became frequent.

The discourse surrounding spiritual well-being emerged in reports from six participants, who described a return to or renewed interest in spiritual practices. In all groups, especially during school vacation periods, the presence of children and/or family members of users was noted. These individuals expressed to the therapist their interest in inviting other relatives to join the activities.

Upon completing PACTO, once individual goals had been achieved, users received guidance to continue their practices within the community. This included referrals to sites offering physical activity and meditation practices in the municipality (through university support networks), recommendations to maintain follow-up in clinical medical care (primary care) or psychiatric care (specialized care), and psychological monitoring (outpatient services) or referrals to other support points within the network (such as universities).

The limitations of this report involve several perspectives, including the restricted applicability of PACTO in other contexts, its replicability, and the need for future research on the effects of environment-based practices. It is also important to note that, because of location and accessibility issues, not all activity settings were feasible for all users, either because of group size limitations or lack of accessibility for wheelchair users.



## Discussion

Occupational therapy, when utilizing PICS as a therapeutic resource, can facilitate the process of comprehensive care and health education for patients.

Meditation is widely used today as a tool for emotional regulation and the promotion of well-being. It has been recommended among the measures to address the pandemic by the professional council itself (Consórcio Acadêmico Brasileiro de Saúde Integrativa, 2020; São Paulo, 2020).

The development of PACTO corresponded to the creation of a local care model designed to reduce the demands reported by the medical team in the occupational therapy support process. These professionals indicated that complaints and anxiety-related conditions were frequent in everyday care and reported feeling limited in terms of available care approaches, especially because of the wait times for referrals to psychological and/or psychiatric evaluation. This scenario often led to medication prescriptions and low responsiveness to users' needs, with persistent symptoms.

Some professionals identified a negative impact on the therapeutic bond, reporting difficulties in providing support for psychological distress because of unresolved anxiety symptoms and other health concerns influenced by this condition—such as hypertension, obesity, and diabetes—as well as the inability to meet all care demands within the time available for appointments.

In 2024, the World Health Organization indicated that 3% of the global population requires ongoing mental health care across all age groups, through intersectoral and diversified approaches (Brasil, 2024).

Therefore, addressing local demands by considering the potential of available resources—such as the health unit's infrastructure, the local administration's openness to new care strategies, the multidisciplinary team, the municipal coordination efforts to implement PICS, and professional engagement—was crucial for offering care based on PICS within occupational therapy. This innovative approach contributed to the global commitment to reduce the progression and chronicity of anxiety conditions in contemporary society.

Occupational therapists possess significant potential to design protocols and care strategies based on PICS, given their education grounded in the concept of the human being as a whole. When implemented in partnership with older people, integrative body practices conducted through occupational therapy promote quality of life and conscious choices, enabling the recreation of a meaningful everyday life in the aging process (Camargo et al., 2018).

Tesser et al. (2018) emphasize the key role played by PICS in effective care within Primary Health Care, although challenges remain with their institutionalization because of the limited number of qualified professionals and the financial resources allocated to this line of care. Although the PNPIC has progressed over the past decade, its effective implementation still requires the promotion of territorial spaces that strengthen discussions on these practices (Brasil, 2015), with an emphasis on analyzing the perceptions and knowledge of both the general population and professionals regarding PICS.

The implementation of meditation and auriculotherapy practices in the UBS garden fostered significant engagement among users and professionals in self-care processes,

reinforcing their connection to the natural environment and the health unit. This experience stimulated new care practices, both for oneself and for others, and expanded awareness of the potential of PICS for mental health care within the professional field of occupational therapy.

Gardens in health units and/or hospitals have been widely described for their ability to promote human well-being. Known as “healing gardens”, these spaces have demonstrated effectiveness in various mental health conditions—from children with atopic dermatitis (Baik et al., 2024) to stress reduction in older people who engage in activities in such spaces for two hours a week (Kim et al., 2024).

Green spaces within hospitals have also emerged as relevant strategies for health preservation and recovery. Landscape is understood as a therapeutic element, and when aspects and principles of design are considered, it is possible to achieve benefits and restore the essential connection between human beings and nature (Szabo et al., 2023).

The *Espaço de Convivência Fauna e Flora* was not originally designed for PACTO activities or with a therapeutic design focus. Its initial objective was to preserve local life potentials, considering that animals already roamed the area because of its proximity to the surrounding forest, and that vector control procedures were routinely conducted there.

The existing trees were preserved, and new elements were incorporated, such as a vegetable garden developed by the nutrition team for educational activities on healthy eating. These developments were the result of administrative efforts, given the significance that the space came to represent for the entire professional team and for the identity of the health unit in the municipality and the region. It became referred to by users and managers as “the UBS with a garden”.

Innovating mental health care strategies through PICS and the use of the garden, as described in this report, constitutes a practice of exchanges based on meaningful actions in mental health care. Since 2018, the *Lancet Commission* has highlighted deep global inequalities in this field—from funding to treatment access—and has reinforced the urgency of recognizing mental health as a fundamental right, especially for people at risk or already affected. This recognition is essential for the improvement of global mental health and quality of life, considering the social determinants of health for achieving the SDGs (Patel et al., 2018).

Experiences in the field of occupational therapy referred to as *ecossocial* have shown effectiveness in mental health by promoting actions that seek to reduce social impact and foster well-being. This is a strategy aimed at understanding the processes that link society and nature in the transformation of territories and communities (Mansilla et al., 2023).

## **Final Considerations**

It is important to emphasize the need for health spaces to align with global environmental preservation goals, as outlined in the SDGs, thereby enhancing the development of new health care perspectives linked to the therapeutic potential of PICS. The connection between health and nature encourages both professionals and users to reconsider care and environmental models.

The natural space allowed professionals and users across different groups to move through the area for moments of rest, leisure activities, and care-related actions, thereby highlighting the richness of experiences that supported interpersonal relationships, emotional bonds, innovation, and well-being. It is essential that the creation of such spaces include maintenance plans and the involvement of the local community in the care and stewardship of the fauna and flora. It is noteworthy that the garden became a space for administrative coordination, with the management beginning to acknowledge the value of these interactions and their therapeutic potential.

The garden became a space for observing local nature and life potentials—animals, people, plants—while honoring singularities and actions, thus going beyond mere physical ambience. It is hoped that this report will encourage and inspire other health services to adopt nature-based care approaches, fostering innovation in care rationalities and in occupational therapy practice settings in response to current demands for reconnection between human beings and the natural environment.

Nonetheless, it is important to acknowledge limitations regarding the replicability of this experience, considering the requirement for specific knowledge of PICS among occupational therapists working in the primary care network, as well as the availability of a natural space for such actions. Even so, the sharing of this protocol contributes to the re-creation of a model of care that is attentive, affective, and closely connected to the natural environment. It also encourages the development of occupational therapy practices that move beyond traditional approaches to the care of people with anxiety, while strengthening the professional field of PICS and occupational therapy itself.

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### Author's Contributions

Amanda Polin Pereira was responsible for the writing, analysis, and development of the manuscript. Francielen Aparecida Rodrigues Santos was responsible for the development and review of the manuscript/policies. Elisângela Aparecida de Almeida Puga was responsible for the writing and review of the manuscript. Luana Alves de Figueiredo Bianchi Neves was responsible for the collection and review of quantitative data for the report. Edilaine Cristina da Silva Gherardi Donato was responsible for the writing and review of the manuscript/theoretical framework. Regina Célia Fiorati was responsible for the writing and review of the manuscript/theoretical framework. All authors approved the final version of the text.

### Data Availability

The data that support the findings of this study are available from the corresponding author, upon reasonable request.

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