



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

PRACTICE OF NURSES ON ATTENTION TO WOMEN IN THE CLIMACTERIC PERIOD

ATUAÇÃO DE ENFERMEIROS NA ATENÇÃO ÀS MULHERES NO CLIMATÉRIO PRÁCTICA DE ENFERMERAS EN ATENCIÓN A LA MUJER EN CLIMATERIO

Canã Borba da Silva¹, Grasielle Fátima Busnello², Edlamar Kátia Adamy³, Silvana dos Santos Zanotelli⁴

ABSTRACT

Objective: to know the strategies used by nurses about the attention to women in the climacteric period. **Method:** A descriptive study of qualitative approach, carried out with 10 nurses who work in Basic Health Units (BHU) of a western municipality of Santa Catarina / SC. The data was produced from a semi-structured interview within the period of September-October 2012. The research project was approved by the Research Ethics Committee, Protocol 83200/2012. **Results:** we found a deficit in knowledge of the interviewed nurses about the Health Policy regarding assistance during menopause, in addition to not carry out specific strategies at this stage of life. **Conclusion:** in this way is stated the need for incentive and training of nursing professionals to perform actions related to menopause, which can be addressed through continuing education strategies at the UBS. **Descriptors:** Climacteric; Women's Health; Primary Health Care.

RESUMO

Objetivo: conhecer as estratégias utilizadas pelos enfermeiros acerca da atenção às mulheres no período do climatério. **Método:** estudo descritivo de abordagem qualitativa, realizada com 10 enfermeiros que atuam nas Unidades Básicas de Saúde (UBS) de um município do Oeste de Santa Catarina/SC. Os dados foram produzidos a partir de entrevista com roteiro semiestruturado no período de setembro a outubro de 2012. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, protocolo nº 83200/2012. **Resultados:** constatou-se um déficit no conhecimento dos enfermeiros entrevistados sobre a Política do Ministério da Saúde com relação à assistência no climatério, além da não realização de estratégias específicas nesta fase da vida. **Conclusão:** desta forma afirma-se a necessidade de incentivo e capacitação dos profissionais da enfermagem para a realização de ações referentes ao climatério, que podem ser abordados por meio de estratégias de educação permanente na UBS. **Descritores:** Climatério; Saúde da Mulher; Atenção Primária à Saúde.

RESUMEN

Objetivo: conocer las estrategias utilizadas por los enfermeros sobre la atención a las mujeres en el climaterio. **Método:** Estudio descriptivo de enfoque cualitativo, realizada con 10 enfermeras que trabajan en Unidades Básicas de Salud (UBS) de un municipio del oeste de Santa Catarina / SC. Los datos fueron producidos a partir de la entrevista semi-estructurada con el período septiembre-octubre de 2012. El proyecto de investigación fue aprobado por el Comité Ético de Investigación, Protocolo 83200/2012. **Resultados:** se encontró un déficit en el conocimiento de las enfermeras entrevistadas acerca de la relación con la asistencia de Políticas de Salud durante la menopausia, además de no llevar a cabo estrategias específicas en esta etapa de la vida. **Conclusión:** de esta manera se afirma la necesidad de incentivos y capacitación de los profesionales de enfermería para realizar acciones relacionados con la menopausia, que puede abordarse a través de estrategias de educación continua de UBS. **Descriptores:** Climaterio; Salud de la Mujer; Atención Primaria de Salud.

¹Academic, Nursing Program, University of the State of Santa Catarina. Chapecó (SC), Brazil. Email: canaredel@hotmail.com; ²Nurse, Master in Environmental Sciences, Professor at the State University of Santa Catarina. Chapecó (SC), Brazil. Email: grasi1982@yahoo.com.br; ³Nurse, Professor in Public Health, University of the State of Santa Catarina. Chapecó (SC), Brazil. Email: katiadamy@hotmail.com; ⁴Nurse, Professor in Nursing, University of the State of Santa Catarina. Chapecó (SC), Brazil. Email: szanotelli@gmail.com

INTRODUCTION

The Women's Health has been the focus of health professionals and managers. In Brazil, the Ministry of Health (MOH) has a variety of strategic actions to meet the women in their stages of life, however there is an under-assisted and -attended phase by health professionals: the climacteric stage.

The World Health Organization (WHO) defines Menopause as a biological stage of life and not a pathological process, which comprises the transition from the reproductive to the non-reproductive period in women's lives. Menopause is a landmark of this phase corresponding to the last menstrual cycle, only recognized after the past 12 months of its occurrence and usually occurs around 48 to 50 years of age.¹

In 2010 the Brazilian female population totaled more than 97 million women. In this universe, about 33 million were between 35 and 65 years, which means that 34% of women in Brazil were in the age range in which menopause occurs.²

The climacteric stage defines the period of life and menopause the stopping of menses. The climacteric stage, though it may be a physiological phenomenon, can have negative effects on many organ systems and natural menopause occurs on average at age 50, taking into account the variation between countries. There is information that in developed countries menopause occurs later around 51 years, and in emerging countries like Brazil is around 48 years to 48.5 years old.³

In the climacteric period occur diverse and significant changes in women's lives, and much of the existing symptoms are directly related to the environment in which climacteric women live. Personal, emotional and socioeconomic factors are directly related to menopause, as well as organizational issues. The climacteric stage is (and should be understood as) a normal phase of a woman's life and not a pathology. Many women go through this phase without any complaints, often without help from a professional or treatment; others may have anxiety, hot flashes, muscle pain, and changes in their social and family relationships, sometimes needing help.^{1,4}

Health professionals should act in relation to issues that emerge in relation to the climacteric stage in order to identify cases that need monitoring towards health promotion, early diagnosis, immediate treatment of injuries and damage prevention. However,

this is an uncommon practice for many menopausal women go through the Basic Health Units (BHU) without being noticed. The pathologies are treated, but completeness is not applied, leaving the woman without guidance and health promotion activities.¹

In a study conducted in Rio Grande do Sul was found that most women say to ignore the term climacteric stage and it is necessary to clarify its meaning. In the same study, some women reported the climacteric phase as positive because they feel good about not menstruating, being clean, no bleeding. Still others refer to menopause negatively reporting much suffering with menstrual, bone changes, hot flashes and other symptoms related to the period.⁵

The MOH also states that menstruation and menopause are natural phenomena of female physiology, but for a long time were treated as a nuisance and seen as a disease by this population.¹

In respect of the above, the following question was elaborated: what strategies are being developed by nurses specifically for women in a climacteric stage at BHS in a city of reference in the West of Santa Catarina?

It is believed that with the knowledge and response to this issue, we can suggest, develop and implement strategies of care for this population.

OBJETIVE

♦ To know the strategies used by nurses towards the attention to women in the climacteric period.

METHOD

A descriptive study of qualitative approach, using the semi-structured interview, in the unit itself, such as data collection technique. The interview was conducted with 10 nurses working at BHS in a city of Western Santa Catarina.

Was used as an inclusion criterion being BHS nurse, working with the care of women. The interviews were conducted from September to October 2012, recorded, transcribed and analyzed. For data analysis, we used data categorization by thematic analysis, divided into three stages: Pre-analysis, material exploration and processing of data and interpretation⁶

This study was conducted by signing the Informed Consent Form / IC, respecting the ethical and legal requirements of Resolution 196 and the research project was duly approved by the Research Ethics Committee

of the University of the State of Santa Catarina under No. 83200/2012 .

RESULTS E DISCUSSION

After analysis of the speeches three categories emerged: Profile of interviewed Nurses; Assistance to Women's Health at BHS; Attention to Women in Menopause period in UBS.

◆ Profile of interviewed nurses

The participants were mostly female, and of ten interviews only one respondent was male. The age of nurses ranged between 29 and 54 years. The time of training in nursing of these professionals was between 4 and 27 years.

The interviewed Nurses, in general, had one or more specializations. Among them, Family Health is the most cited by nurses, apart from specializations in Intensive Care Unit (ICU), Neonatal ICU, Obstetrics, Occupational Health, Diagnosis Treatment and Prevention in Drug Dependence, Health Services Management, Social Management and Applied Pedagogy for Nursing.

From 1980 graduation in Brazil began to grow considerably, with this growth scientific production in Nursing also has grown in all types of productions, books, articles, dissertations, theses, among others. This characterizes the need for qualification and updating and explains the fact that most of the nurses interviewed already have a specialization in nursing or is attending.⁷

◆ Health care of women in basic health unit

All respondents nurses work in a Family Health Strategy (FHS). Three nurses divide their activities between assistance and coordination activities in a FHS unit. The other nurses act only in FHS, developing several activities related to assistance for different audiences, as can be confirmed in the following lines:

[...] I act as a clinical nurse, I attend women for a family planning program, cancer prevention, attend hypertension and diabetes, children from time to time, we make home visits and attend arriving emergencies, that need review, it is all the work as already prescribed by the Department of Health, so in every unit nurses work in much the same way right [...] (E1)

[...] Women's Health, there is also the health card and eventually Hypertensives and Diabetics [...] (E 2)

[...] We already work in groups, say collective activity, hypertensives in the

unit, women's health, we do childcare, we do all these activities [...] (E3)

In the FHS, the nurses develop their work process in two main fields: the health unit, with the team of professionals, and the community, supporting and supervising the work of the Community Health Agents (CHA) and attending the people that require nursing care.⁸

The nurse's duties in the FHS are described as: to execute, to the level of their skills, basic care towards epidemiological and health surveillance in the attention to children, adolescents, to women, to working people and the elderly, to develop actions for training CHA and nursing assistants, in order to perform their functions at the health service, to create contact opportunities with healthy individuals or patients, to promote health and address the aspects of health education; promote quality of life and contribute for the environment to become healthier; discuss permanently the concept of citizenship, with the work team and community, emphasizing the health rights and legal bases that legitimize them; take part in the programming process and action planning and organization of the work process in healthcare units of the Family.⁸

Only one of the nurses surveyed reported that their activity in the Unit is only related to Women's Health, held on-demand with all women in the coverage area, as reported in the following:

Work on women's and preventive health, all pregnant women's health, women's health in general. (E 4)

About the population assisted in the units, it was observed that there is support to women, children, adolescents, youth, pregnant women and elderly women. Towards this population various welfare activities are performed, including collection of the screening test of cervical cancer, as aforesaid a procedure performed by most respondents.

In one testimony it was reported that a large number of women seeking health facilities, are mainly looking for Pap smear testing for cervical cancer. This procedure is directly related to the performance of nursing in women's health among respondents cited as the main tasks of nurses in health care of women, explaining in this way the fragmentation of care:

[...] Look they seek it because we do everyday the preventives, Monday through Friday, morning and afternoon, some weeks are good and some weeks not as good [...] as these are every day, the demand to it is not [...] let's assume the most I've ever done for

a day was 7 Preventives, I do not know if it's because they are done every day [...] in the morning and afternoon, over here they are [...] (E 5)

Women who seek health services, according to respondents, are housewives, workers, women of reproductive age, pregnant women, adolescents seeking guidance on family planning and some seek guidance on climateric phase and menopause:

[...]Of all ages, we do preventive, we do pregnancy tests, do hormone replacement, we have hypertensive women, diabetics [...] (E7)

Given that women are the majority of the Brazilian population and are also the ones that use public health services the most, health is considered in a larger view, related to the socioeconomic conditions of women, living conditions, food, work, housing and leisure.¹

For the interviewed nurses the care given to women seeking health services is summarized in preventive screening collections of cervical cancer, requesting mammograms, delivery of contraceptive methods and guidelines on family planning. Also cited are requests for pregnancy testing, prenatal care, referral to hormone replacement therapy, group activities, general guidelines for women, and guidelines related to sexuality for adolescents.

◆ Assistance to women in the climacteric period in basic health units

Respondents reported that there is a large number of women in the climacteric period attending the health unit. The assistance provided to these women are carrying out screening collection for cervical tests, hormone replacement therapy, and request referrals like mammography tests.

[...] Yes they come to do the preventive and to seek remedy for high blood pressure [...] (E 8)

[...] It is the service they seek too, right? We offer here in primary care all that is recommended by the ministry of health, like the pope-nicholas for over 40 years olds, reproductive health with supply of oral contraceptives, we have here a gynecologist in the unit who also deploys IUD for those woman that are interested, women who want to get pregnant, we have all prenatal monitoring with routine consultations, tests recommended by the Ministry of Health, and other complaints which in turn can occur in some clinical conditions [...] (E9)

According to the Care Manual for Women in Climateric stage / Menopause by the MOH, the work of health professionals across the Climateric stage should incorporate listening,

hear the customer in a qualified way with comprehensive care, provide guidance on sexuality, besides stimulating the woman to be the protagonist of her life. It is also the professional review of each case carefully, whereas women are different and that each case is too, so that assistance given to women may be effective.¹

The woman in climateric stage causes reflections on sexual desire, beauty and femininity. The climacteric woman lives a myth of loss of sexual desire. Society creates stereotypes about the role of women, about being a mother and being a wife; this vision for climateric women can negatively interfere in this process, it is necessary and important that women are aware about it, about the changes at that stage and on the best way to live that period. Thus facilitating the understanding of these women that the climateric stage is just a phase change of women's lives and should not be seen as an end.⁴

Positive attitudes of professionals improve care for women during this period of life, as a stimulus to self-care and self-esteem. Also, professionals can encourage these women to seek information related to sexuality in the climacteric stage, helping them to better understand the phase in which they are living and find the best possible way to get through it. Professionals can also offer treatment available in the primary care network, or refer to other reference services, if necessary.¹

Climateric women had a life of struggle, facing losses, difficulties, dramas and personal conflicts, and their life stories are complex involving feelings beliefs and values and experiences that influence the climateric stage.⁹

The MOH suggests: Supporting women in their initiatives for improvement of the conditions and relationships of life, valuing the experience and knowledge acquired during life; Encourage the practice of safe sex at that age taking into account the increase of sexually transmitted diseases (STDs) and Acquired Immune Deficiency Syndrome (AIDS) in this age group; Stimulate the libido, activating it in the best way possible while always respecting beliefs and values. In this way to reinforce the need to break cultural stereotypes of decreased sexual desire in the climacteric period, noting that menopause is not the end of life but the beginning of a new phase.¹

As for hormone replacement as a treatment for climateric women, one of the interviewees

reported that women receive guidance on the use of hormones and on perimenopause:

[...] They talk to me then I give guidelines on perimenopause, right? When they complain of hot flashes on the hormone, placing hormone, especially women who have high blood pressure, often the doctor does not associate hormone with high blood pressure, does not work right? Then usually I go and schedule for a gynecologist to get a better assessment so to ask for laboratory tests, right [...] (E10)

Many professionals, especially in the medical field continue to medicalize assistance and prescribe the use of hormones in a comprehensive way. Healthier forms of treatment such as diet and physical exercise are less used. Current guidelines also indicate the practice of alternative medicine with the use of herbal medicine, homeopathy and acupuncture, which are other treatment options, but still little used. You must also remember that women are different and they go through this phase in different ways. Women who really need hormone replacement therapy (HRT) should be evaluated carefully so that the dose and the effects will not harm the body.^{1,4}

Study showed that social change is happening to women in recent years, a lot of times women take responsibility for their families both financially, and as an authority figure.¹ The live of the climacteric women is a dynamic process in which the process of aging itself and the possible chance of becoming ill become major challenges for these women and every advance in their personal perspectives becomes as a special achievement.⁹

In one study, the surveyed sexually active women, 60.6% reported decreased sexual activity after menopause. With regard to this information, the authors reinforce the idea that women's sexuality in the climacteric period is not related only to hypoestrogenism, is also related to psychosocial and cultural factors associated with aging itself.¹⁰

Women experience menopause in many different ways and this experience is characterized by biological, cultural and social differences of them.⁵ For women and men in this phase of life and aging, appears very strong the issue of sexual aging, these conflicts occur due to women's sexuality in the climacteric stage be loaded with many prejudices and taboos.¹

The aging process has become a global phenomenon from the 80s, began in developed countries and then in developing countries. This also shows the Brazilian reality

as a developing country, where demand for service is much greater and attention to the aging of the climacteric women has to share space with other demands.¹⁰

During this survey, respondents were asked about the existence of some care specific strategy for women in the climacteric period in their operating unit. Most respondents stated that there is no specific activity of care for women experiencing menopause, only few report the existence of a strategy, as the following lines:

[...] No, no, we do everything in general there is no group [...] (E11)

[...] Specifically not, therefore we have no project only normal care [...] (E12)

[...] Women's health right, that this is one activity performed for women, we go in the communities do this only for women, we do not have it yet, we have worked in partnership for example when the CRAS already developed an activity, so we go along in these activities, but when we promote, it's not specific only to women, there is a specific program. We meet here in the unit, another outdoor activity usually we do in partnership with another institution, another sector [...] (E13)

Hormone replacement therapy is cited as the main care action to menopausal women:

[...]not so Specific, what happens is that many of these women are hypertensive or diabetic and we have groups working hypertensive and diabetic patients, then these groups at least once a year we have a meeting, a year we treat this matter menopause, andropause has also men together, right [...] and sometimes happens that some talk in the waiting room on the subject and they come every two months to remove the hormones when they are already registered for continuous use the health post provides it. So it's the nurse giving continuity to this, the doctor makes a prescription and guides us that they return to the doctor at least once a year to review and as they come to remove the hormone when we do preventive we already see the question of pressure, if it's okay, do routine exams once a year to see if they did not develop diabetes, do the preventive for cancer and do all the monitoring of them [...] (E14)

There is controversy regarding the use of HRT, including situations of contraindication, that even though minimal, should be prioritized in the monitoring and guidance of these women.¹¹

The MOH also emphasizes the importance of research in relation to menopause because as life expectancy increases, the need for studies to older women also, and the need to

update should accompany any change occurring in the population.¹

It must be reflected upon with regard to training and the performance of nurses, which occurs from the undergraduate and graduate courses and participation in continuing education activities. Only two respondents replied that they underwent a course, training or conference on the climacteric topic.

Ordinance GM / MS No. 1996 of August 20, 2007 provides for the guidelines for the implementation of the National Policy on Continuing Education in Health and considers that the Continuing Education is learning at work, where learning and teaching are incorporated into the everyday organizations and work. Continuing education thus is based on learning and possibility of transforming professional practices.¹²

These nurses apply the knowledge acquired in the nursing consultation, where they seek to pass everything they know about women's health. However, most report not to know, or to know, but does not use the Women's Health Policy aimed at climacteric women:

[...] I've read it but I can not say in detail because there are very few women that even seek the service in this situation as well, there aren't many who are on hormone replacement therapy, most do physical activity or have dietary attention, there are very few that even seek therapy [...] (E 15)

Only one participant said that she uses the MS Policy with respect to menopause, another says to apply it in nursing consultation, in conversation with women. It is noteworthy that the PAISM, created in 1983, brought the concept of integral care to women's health, which involves all the actions developed for this group of women. But creating the PNAISM in 2004 reaffirmed the need for actions related to menopause, aimed at middle-aged women. However it is perceived that these actions also depend on the interest of each professional and their individual initiatives and do not set up an articulated and organized action in health services focused on comprehensive care^{13;14}

CONCLUSION

The research findings find that there is need for the establishment and implementation of specific strategies for women in the climacteric period in BHUs. Respondents nurses have knowledge deficit on the researched topic, although most of the interviewed referred to working with

menopausal women, as it is placed in the context of women's health.

Women's health is a complex playing field, which requires total dedication in all his actions, with comprehensive care to women and not just some specific strategies.

The need was found for incentive and training of nursing professionals to perform actions related to menopause, which can be addressed through continuing education strategies at BHUs.

The results showed that the climacteric stage is not treated with due and deserved importance, often not being care priority for these women. Assistance is characterized by scattered actions associated with other activities, such as in the hypertensive group, confirming the absence of specific strategies for women in the climacteric period in the surveyed BHUs.

There is no doubt that the nursing care is extremely important for menopausal women, enough that actions are carried out with holistic view, because women need to be met and assisted from the professional to the physical, psychological, social and cultural point of view as a whole. It is believed that in this way, women really have their needs met efficiently at all stages of their life and in different ways, as recommended by the Brazilian Public Health Policy.

REFERENCES

1. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Manual de atenção à mulher no Climatério / Menopausa. Brasília: Editora do Ministério da Saúde, [Internet]. 2008 [cited 2013 May 16]. Available from: http://portal.saude.gov.br/portal/arquivos/pdf/manual_climaterio.pdf
2. IBGE - Instituto Brasileiro de Geografia e Estatística. Sinopse do Censo Demográfico 2010. Rio de Janeiro [Internet]. 2011 [cited 2013 May 16]. Available from: <http://www.ibge.gov.br/home/estatistica/populacao/censo2010/sinopse.pdf>
3. Oliveira VN de, Valente JG, Medeiros SF de. Aspectos Reprodutivos das Mulheres Climatéricas do Programa de Saúde da Família em Cuiabá. Rev Brasil Ginecol Obstet [online]. 2002 [cited 2012 Oct 22];24(7):441-6. Available from: <http://www.scielo.br/pdf/rbgo/v24n7/12836.pdf>
4. Valença CN, Azevêdo LMN de, Malveira FAS, Germano RM. Conhecendo a si mesma: olhares femininos sobre menopausa e

climatério. J Nurs UFPE on line [Internet]. 2010 [cited 2013 Jan 12]; 4(2):792-801. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/viewFile/980/pdf_59

5. Zanutelli SS, Resselz LB, Borges ZN, Junges CF, Sanfelice C. Vivências de mulheres acerca do climatério em uma unidade de saúde da família. Rev pesq.: cuid. Fundam on line [Internet]. 2012 [cited Jan 2013 22];4(1):2800-11. Available from: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/1632/pdf_492

6. Minayo MCS. O desafio do conhecimento - pesquisa qualitativa em saúde. 11th ed. São Paulo: Hucitec, 2008.

7. Padilha M de I, Borenstein MS, Carvalho MAL, Ferreira AC. Nursing history research groups: a brazilian reality. Rev Esc Enferm USP [Internet]. 2012 [cited Jan 2013 22];46(1):186-93. Available from: http://www.scielo.br/pdf/reeusp/v46n1/en_v46n1a26.pdf

8. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Saúde da Família: uma Estratégia para a Reorientação do Modelo Assistencial. Brasília: Editora do Ministério da Saúde, 1997.

9. Zampieri M de FM, Tavares CMA, Hames M de LC, Falcon GS, Silva AL de, Gonçalves LT. O processo de viver e ser saudável das mulheres no climatério. Esc Anna Nery Rev Enferm [Internet]. 2009 [cited Jan 2013 20];13(2):305-12. Available from: <http://www.scielo.br/pdf/ean/v13n2/v13n2a10.pdf>

10. De Lorenzi DRS, Saciloto B. Frequência de Atividade Sexual em Mulheres Menopausadas. Rev Assoc Med Bras [Internet]. 2006 [cited May 2013 16]; 52(4):256-60. Available from: <http://www.scielo.br/pdf/ramb/v52n4/a27v52n4.pdf>

11. Mota MFZ, Garcia ORZ, Verdi M. Enfermagem na atenção primária de Saúde: textos fundamentais. Florianópolis: UFSC/NFR/SBP, 2007.

12. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Política Nacional de Educação Permanente em Saúde. Brasília: Editora do Ministério da Saúde [Internet]. 2009 [cited May 2013 12]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_educacao_permanente_saude.pdf

13. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações

Programáticas Estratégicas. Política nacional de atenção integral à saúde da mulher: princípios e diretrizes. Brasília: Editora do Ministério da Saúde [Internet]. 2011 [cited May 2013 12]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_mulher_principios_diretrizes.pdf

14. Gonçalves R, Merighi MAB. Climatério: novas abordagens para o cuidar. In: Fernandes RAQ, Narchi NZ. Enfermagem e saúde da Mulher. Barueri, SP: Manole; 2007.

Submission: 2013/07/30

Accepted: 2014/12/06

Publishing: 2015/01/15

Corresponding Address

Silvana dos Santos Zanutelli
Departamento de Enfermagem
Centro de Educação Superior do Oeste
Universidade do Estado de Santa Catarina
Rua Benjamin Constant, 84E
Bairro Centro
CEP 89802-200 – Chapecó (SC), Brazil