ORIGINAL ARTICLE

UNVEILING THE NEPHROLOGICAL NURSE’S UNIVERSE IN THE HEMODIALYSIS UNITS

DESVELANDO O UNIVERSO DO ENFERMEIRO NEFROLOGISTA NAS UNIDADES DE HEMODIÁLISE

DESVELANDO EL UNIVERSO DEL ENFERMERO NEFROLÓGICO EN LAS UNIDADES DE HEMODIÁLIS

ABSTRACT

Objective: to discuss the nursing labor process developed in hemodialysis networks and experienced by nurses. Method: this is a convergent-assistance qualitative research with subject discourse analysis of six nephrological nurses who manage the care to the chronic renal patient undergoing hemodialysis treatment. For data collection, a semi-structured interview script was used, the interviews were recorded, after the signing of the free and informed consent term, on April and May 2009, as approved by the Research Ethics Committee of Universidade Federal do Espirito Santo, under the Protocol 718012/09-51. Results: it was possible to verify how the labor process is represented in the assistance and managerial discourse through the speeches of nurses’ interviews. Nevertheless, the discourse on the importance of teaching and research also deserved brief comments from them. Each interviewed nurse presented a different profile. Conclusion: performing duties with which the professional doesn’t identify her/himself, the work becomes something demotivating and then her/his contribution to the team becomes decreased. Descriptors: nursing processes; nurses; hemodialysis.

RESUMO

Objetivo: discutir o processo de trabalho em enfermagem desenvolvido em redes de hemodiálise e vivenciado pelos enfermeiros. Método: trata-se de pesquisa qualitativa convergente-assistencial, com análise do discurso do sujeito de seis enfermeiros nefrologistas que realizam o gerenciamento do cuidado ao paciente renal crônico submetido ao tratamento hemodialítico. Para a coleta de dados foi usado um roteiro de entrevista semiestruturado, as entrevistas foram gravadas, com a assinatura do termo de consentimento livre e esclarecido, em abril e maio de 2009, conforme aprovação do Comitê de Ética em Pesquisa da Universidade Federal do Espírito Santo, sob o Protocolo n. 718012/09-51. Resultados: foi possível verificar como o processo de trabalho é representado no discurso assistencial e gerencial por meio das falas dos enfermeiros entrevistados. Contudo, o discurso acerca da importância da docência e pesquisa também recebeu breves considerações deles. Cada um dos enfermeiros entrevistados apresentou um perfil diferente. Conclusão: ao exercer funções com as quais o profissional não se identifica, o trabalho torna-se algo desmotivador e, assim, sua contribuição à equipe torna-se reduzida. Descriptors: processos de enfermagem; enfermeiros; hemodiálise.

RESUMEN

Objetivo: discutir el proceso de trabajo en enfermería desarrollado en redes de hemodiálisis y vivido por los enfermeros. Método: esta es una investigación cualitativa convergente-asistencial, con análisis del discurso del sujeto de seis enfermeros nefrologistas que realizan la administración del cuidado al paciente renal crónico sometido al tratamiento hemodialítico. Para la recogida de datos fue utilizado un guión de entrevista semi-estructurado, las entrevistas fueron grabadas, después de la firma del término de consentimiento libre y esclarecido, en abril y mayo de 2009, con aprobación del Comité de Ética en Investigación de la Universidad Federal do Espírito Santo, bajo el Protocolo 718012/09-51. Resultados: fue posible verificar cómo el proceso de trabajo es representado en el discurso asistencial y administrativo por medio de las hablas de los enfermeros entrevistados. Sin embargo, el discurso acerca de la importancia de la enseñanza y la investigación también recibió una breve consideración de ellos. Cada uno de los enfermeros entrevistados presentó un perfil diferente. Conclusión: al ejercer funciones con las cuales el profesional no se identifica, el trabajo se torna algo desalentador y, así, su contribución al equipo se torna reducida. Descriptors: procesos de enfermería; enfermeros; hemodiálisis.

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INTRODUCTION

Nurse is the professional who coordinates and manages the whole care process which will be developed with regard to the patient and everything surrounding her/him in the context of the hospital institution and the many institutions which turns care into the benchmark for its maintenance.¹,² Patient, with her/his specificities, her/his needs, her/his discharge or recovery through some treatment, constitutes the main reason for nursing care, which must be efficiently performed, with commitment from the person who develops it, thus ensuring the quality of care provided and the satisfaction of patients and their families.

In this context, nurse becomes a major character, an agent for changes who uses the activities created and taught during her/his undergraduate course to improve her/his work and do it properly.³ In specific units of care to the sick person/patient, nursing and its areas of expertise use a broad apparatus for the coordination of this treatment. The requirement to manage care and, at the same time, provide direct patient care results from different forms of work⁴ which are within a general context named Nursing Labor Process, where there is a mixture of different functions assigned to this professional, encompassing the management, care, research, and teaching to healthcare staff members, patients, family members, and community.⁵

The nephrological nurse's specializing as a manager of nursing actions is a specific requirement from the Resolution RDC 154⁶ which stresses the compulsory presence of this professional, an expert, as the technician responsible for the nursing work.

However, nephrological nurses at units for treatment to the chronic renal patient, in many moments, in order to meet customer's needs, add to their management activities actions which escape from their professional focus and divert, this way, their attention, demanding part of the time which should be aimed at the care and continuing education of their staff. This situation leads, also, to a distancing from another important aspect of the labor process, as, for instance, the research which should be within the context of the nurse's work.

By adding responsibilities beyond those required by her/his profession, this expert ends up not making clear her/his presence as a contributor to the unit. She/he assumes the role of care manager, an element of his competence, fulfilling, this way, part of the labor process, but she/he neglects equally important aspects, such as care, research, and teaching.

It's worth stressing that the four perspectives of the labor process are not inert and they should complement themselves in any environment where the nurse perform her/his tasks. They relate to each other and occur, at times, simultaneously. It's this connection which creates a synergy, turning the nursing labor process inherent, unique, and useful to the society it cares for.

In the field of research in nephrology, the production of nursing scientific knowledge still needs to be further explored⁷, and researches which may influence the nursing practices along with patients with chronic renal failure become increasingly necessary. The organization of the nursing labor process shows to be a matter of concern in the studies, since nurses primarily aim at reflecting on nursing care, as well as at planning to offer a good quality care.⁷

This study was proposed with the aim to discuss the nursing labor process developed in hemodialysis networks and experienced by nurses.

METHOD

Convergent-assistance qualitative research, with subject discourse analysis of six nephrological nurses who perform the management of care for the patient with chronic renal failure undergoing hemodialysis treatment. The study setting comprised a hemodialysis network in Grande Vitoria, Espirito Santo, Brazil, consisting of independent clinics providing hemodialysis treatment to users of the Unique Health System (SUS) and private health care insurances. In these units, hemodialysis (HD) treatments, continuous ambulatory peritoneal dialysis (CAPD), automated peritoneal dialysis (APD), and intermittent peritoneal dialysis (IPD) are carried out. Six nurses working in the area participated in the study.

For data collection a semi-structured interview script was used and the interviews were recorded and approached as research data according to the Collective Subject Discourse. They were held on April and May 2009 and transcribed that same year. We used Bardin's proposal⁸ with regard to categorization, a methodology which uses content analysis according to the representation rule – that is, a representative sample of the early research universe.

The institutions, study settings, signed an
authorization allowing the research to be carried out and, with regard to the identification of participants in this investigation, we had a total of six nurses, who were informed on the research purpose and agreed to participate, through the signing of the Free and Informed Consent Term.

The legal and ethical principles concerned were observed in this study, in accordance with the approval by the Research Ethics Committee from the Center for Health Sciences of Universidade Federal do Espírito Santo, under the Protocol 718012/09-51.

RESULTS

In the group, five individuals were female and all of them obtained the degree of specialist in nephrology. The time-length working in this area ranged from 2.5 to 16 years. Only one respondent follows up patients whose data are analyzed in this research.

The interviews with the subjects enabled the identification of four core thematic categories, which are discussed below.

- Clinical activity

Its focus is aimed at the multidisciplinary team, the care provided by nurses, and material support. According to the testimonies collected through the interviews, there's an unbalanced work of the multidisciplinary team, since nurses end up assuming roles of other professionals, in order to provide a better care to patients, it's evidenced in the speech of Respondent 02:

[...] the whole clinical care to the patient is also carried out by the nurse, and... a little of social work, psychology. We always end up doing it.

Also, according to Respondent 04, "to depend on other specialties" turns more difficult the work done by the nurse. The same participant continues his interview as follows:

We already have so many assignments as a nurse, we have, thus, to provide things the social work constantly do, you know. And we solve problems. It's... everything concerned with psychological issues. [...] It all, if social work and psychology were along with us, would greatly facilitate the labor of nurses. [...] The nutritionist, also, I think she has a very decreased work time to carry out other types of... approach to these patients, she could help a lot.

In this category, the convergence in the discourse of nurses interviewed was related to the duties and tasks that these professionals perform in their daily work, when many of them would be under the responsibility of other professionals, but, due to the absence of them, the nurse assumes them, in order to meet the patients’ needs. On the other hand, by aggregating functions which aren't inherent to the profession of nursing, the nurse ends up not characterizing his spectrum of action and, also, he doesn't turn them into nursing actions. While nurses are diverted from their duties to solve others' problems, ideally performed by other professionals, he can't care for the sick patient, which is the main goal of his job.

By analyzing the points which hindered the completion of her work, Respondent 05 says:

If I had a more active social work, the nurse would have more time to perform her function, she would not be so concerned with social issues, it doesn't mean she must not worry about, there was a need for a more active sector dealing with social service.

Regarding the management of care, the interviews showed a concept of nursing care which stood out due to continuous monitoring, be it in the course of chronic disease and the needs it poses with its specific care procedures or even the socio-vital processes. Considering the speeches of Respondent 04, one notices the specific difficulties of the nephrological nursing service when providing care to patient with renal disease, and there's, as well, the health system as an obstacle to implement specific care procedures:

The patient has a limited vascular access and SUS itself is not able to solve it. All this hinders the dynamics of the service, you know. It's... and these things which can't, which are beyond our reach [...].

This continuous monitoring also implied a need for different specialties and the provision of services which aren't at the reach of nurses to be fully available:

It's... even here in the clinic, which is a private institution, the patient is treated by the nephrology sector, but it depends on other things, other particularities, in order to do other tests, which aren't those specific to our job, hospitalization, scheduling of consultation, it's... It all makes it much more difficult. [...] And there are things which aren't, which flee from our reach, to get the admission of a patient in need of it, then the healthcare network of the town, of the State, doesn't meet this need and doesn't provide assistance. This is something which makes us upset, this situation. (Respondent 04)

Nurse's participation in the provision of care is also demonstrated when one is aware of the different phases the patient experience when she/he finds out her/his disease and
chronic condition:

There are many patients, especially new patients on dialysis, entering the stage of illness denial. It’s... and monitoring throughout treatment. Then, there’s adherence to treatment. They gain weight, gain weight between one dialysis session and the other, they don’t follow a prescribed diet. (Respondent 04)

When searching for some kind of difference which indicates that the care management is performed by nurses, there was a careful positioning with regard to the way how the work is developed. With this, one can observe the activities which involve nurses, what kinds of knowledge they use, and, especially, to whom they report it. Through the above described, the position of Respondent 01 becomes clear by indicating her role and activities:

[... ] I am a clinical nurse. I provide assistance for all types of patients. But what kind of assistance? I am a direct care nurse [...]. Otherwise, no! I provide care. I follow up the dialysis in the ICU, which is the external dialysis. It’s the patient in acute dialysis. [...] It’s not the usual profile of dialysis [...].

A firm speech on her job and occupation is also reported by Respondent 03:

[... ] I am a nurse of the outpatient unit. So, I’m concerned with outpatient conservative treatment. I work at the glomerulopathies outpatient unit, which is part of the conservative treatment. I’m now responsible for the peritoneal dialysis and kidney transplantation.

Respondent 05 proved to be very firm in her statement by saying that her role:

To care for! The day it becomes something different, I stop doing this job. Caring for is my main function, management comes afterwards, of course.

The provision and prediction of human and material resources guarantee the functioning of healthcare services, and their inadequate status compromises the quality of care procedures delivered to the patient. Here, we highlight the importance of technical training for nurses and their team through teaching strategies aimed at their improvement and instrumentation. It was identified in the speech of Respondent 04, because of his concern about the resources used in his labor process:

[... ] providing things, paying attention to things, it’s... it’s... predicting is always... some adverse event which may happen. It’t... not only to patients, but to the structure of the clinic itself, you know. Under the supervision of the nursing team, it’s... not only the nursing team and the cleaning staff, also, you know, the clinic’s cleaning.

According to Respondent 02, this assistance to the patient could also be better planned and carried out with regard to the nursing labor process if money was more evenly distributed, providing and predicting the assistance to users of the health system:

It’s... to make available more money, so that it was possible to benefit the patient, to be able to carry out examinations that they can’t do today because the health system does not allow, or when it’s allowed it takes a long time. I think it would facilitate further our labor process.

Finishing the first category, with regard to the material support, one agrees that the elements of the nursing labor process should be compatible to the specific issues involved in the practice of this profession. In nephrology, one can indicate as work objects the staff of professionals involved in the treatment of patients with renal failure and the processing of various materials related to direct or indirect care to the patient. The human and/or material resource, or their lack, as well as their organization, were pointed out by some respondents as those responsible for hindering the work of the nephrological nurse:

There is a lack of some things, lack of staff (sometimes), lack of material (sometimes). So, this lack of a specific physical thing is very difficult for us to work. You can’t overcome this lack, this lack of what you don’t have. (Respondent 01)

The same respondent goes on at another moment talking about the difficulties of working in the nephrology sector, something which, according to her view, is very difficult and becomes even worse due to the lack of materials:

[... ] because nephrology is very complicated, indeed! [...] If you don’t have the material, if you don’t have capillary, if you don’t have a thread, if you don’t have a heparin, if you don’t have a medicine, how could you overcome these needs? There’s no way!

Regarding the organization of the healthcare network, if it was properly structured, Respondent 03 believes that her work process would be performed in a better way:

A better organization of the network around me. It provides support so that my work can be done. [...] The activities end up becoming more difficult and we end up leaving something undone to supply some needs which were left behind [...].

It was also reported by Respondent 06:
By assuming the managing role, such as maintenance of personnel, machinery, physical infrastructure, and other things, I lose a time which I could use to care for my patient. If general organization was effective, my work would be much easier, for sure!

Even with the lack of some of the materials mentioned, there were also those who, because working in private intuitions, were satisfied in being able to present a service with adequate human resources and material supply:

In terms of material supply... it... I have nothing to complain about. All we ask is... there’s material, more than we need. It’s... we provide a good quality service to the patient, for sure. We have the best materials, the best capillary, the staff was gathered in a nice way, very good people were selected. I have nothing to complain about, indeed. (Respondent 04)

There’s also a further account of Respondent 02:

The Clinic participates a lot in things we proposed, in terms of providing supplies and staff, and I think it facilitates our work.

To finish, Respondent 03 reported that bureaucracy is an obstacle to the work’s dynamics, which is promoted by a human team and material resources:

[…] the fact that... we can’t achieve the highest quality in service because of some bureaucracies which end up hindering the flow of activities.

*Management activity*

- It highlights the issue of autonomy, organization/manager nurse and communication.

Nurse’s autonomy in decision making with regard to the organization of nursing labor depends on standards established by the institution, making it an obstacle to the necessary changes happen. Respondent 02 answered on her way of achieving a better performance in her labor process with the following statement:

[…] it lacks a bit of autonomy for the nurse in order to be able to handle money, to be able to lead the patients to pass all exams needed which SUS does not provide.

She added, talking of the difficulties to do her job because of a hierarchical mismatch in the institution:

[…] we end up not doing everything the way we should, because there isn’t an openness to talk about some things directly to the owners or managers […] And it ends up influencing the nursing labor […].

The nephrological nurse’s autonomy, regarded as a factor which led to the specialization of some nurses, as well as the attitude they had when performing their labor, even without knowing in detail the job carried out. According to Respondent 04, one of the reasons that led him to attend the specialization course was, precisely, the autonomy a nephrological nurse presents:

The autonomy a nephrological nurse has. […] the attitude of the nurse who was technically responsible for this clinic. The mastering she had on the specialty, both dialysis and transplantation, CAPD [continuous ambulatory peritoneal dialysis], the way how she spoke so easily. I thought it was cool.

In her turn, Respondent 02 chose this specialization because she identified herself with the attitude of these nurses:

[…] I identified myself a lot with the attitude of nurses, with the way they performed their work here. I had been falling in love with the activities carried out and… I decided to attend the specialization course.

Regarding the organization/manager nurse, the need to seek qualification for manager nurse bring up activities with a bureaucratic nature which, in turn, comprise the set of management operations. However, this management should not go far beyond bureaucracy, with the purpose of implementing, monitoring, and maintaining appropriate conditions so that the healthcare model advocated by the institution is applied in an effective and efficient way. In the interviews by nurses, the claim of one of them (Respondent 04) on the need that the institution hires a nurse trained to manage the labor process was remarkable, since it doesn’t have a professional specifically qualified to perform tasks inherent to the organization of nursing actions in the institution:

It is... direct patient care, assistance, as well as management, something which doesn’t exist in this institution, a manager nurse and a supervisor nurse in charge of the shift, you know. Generally, we find this kind of professionals in large centers, supervisor nurse in charge of the shift, manager nurse who is, who would be, responsible for bureaucratic issues, shall we say, number of patients, staff scheduling, it’s… it’s… among other things. But there’s, thus, the role of nurses in the institution of dialysis, it’s... it’s a manager as well. There are many things he has to provide and assess.

During her interview, Respondent 06 also reported the need for a nurse in charge of the management, so that her labor process could be better accomplished:
There must be a better distribution... an allocation of some patients, in order to provide a better care and management of the unit, so this nurse wouldn’t assume the assistance responsibilities of his colleague and other professionals, being able to fulfill his coordination tasks.

Finishing the category management, communication should be mentioned. This sub-item was identified and included in the managerial speeches, since mismatch of information can become a factor which hinders the fulfillment of nurse’s labor along with the multidisciplinary team and it can directly affect patient care. According to Respondent 02, one of the difficulties for carrying out her work was the mismatch of information between those responsible and those interested in maintaining the quality of service:

[…] in the clinic where I work, the most difficult issue is the relationship between the physicians who are partner owners of Clinica do Rim, the management, and nurses. There’s a lot… a lot of mismatch of information! So, we end up not carrying out everything the way we should… […] points which turn it more difficult, it’s, I think, the provision of a good customer service […].

♦ Research activity

As stated earlier in the discussion, this third category presents a lower volume in the speeches of nurses. One reason for the small representativeness of the category research is due to the fact that only one of the invited nurses dedicates a part of her/his activities for the application of knowledge in nursing concerned with the area under study.

According to Respondent 03, to be also acknowledged as a contribution to research, her labor would only depend on her dedication and training to pursue knowledge, as one notices below:

[…] to improve my labor process, in order to work better, it depends on me! So... it depends on improving my skills, so that I can achieve better results and make this process increasingly better, more well defined and well done. There’s nothing else interfering.

In literature reviews on the nurse’s labor process, research as a need for nurse’s professional wasn’t found. This is reflected in the difficulties found by one of the respondents to fulfill her work as a researcher:

As a researcher... there’s a difficulty to find, here, close to me, people who do the same kind of work. So, it’s something that... if I need some help, I have to look for very far away from here.

Specialist’s training, lato sensu graduate courses, search for a wide or deep mastering of a certain area or field of knowledge in specialized nursing, such as nephrological nursing. This specialist is a professional with the ability and capacity to develop, participate, and expand researches or other forms of knowledge production aiming to improve professional practice. Therefore, improvement of professional practice is the result of producing new knowledge and practices. They can be the fruits from lato sensu graduate courses which develop a process of knowledge construction integrating theory into practice, through research and a professional care with an investigative nature. In another speech, Respondent 03 points out that what led her to attend a specialization course was having started her professional career as a researcher, as one can notice here:

[…] when I finished college, I started working on research and... and research in the field of nephrology, I worked with people who had an experience of many years in the area. I thought about attending an specialization course to have a little more... some basis on... to know what I was doing.

♦ Teaching activity

Pervading the labor process, there’s the teaching activity in nursing, which is incipiently developed and poorly structured in the practice of health institutions in Brazil which, mostly, still doesn’t measure the results achieved by the patient through the care provided after several health education plans. The implementation of nursing care, one of the nursing process phases, allows that, through education, the assistance becomes complete and grounded, and enables the visibility of results expected by the professional who manages a healthcare service unit.

On the other hand, in the realm of continuing education for nursing professionals, there’s a perception that in the last decade a greater incentive to specialization was implemented, both in the field of the lato sensu and stricito sensu graduate courses. These changes concern the perspectives as tools to achieve more consistent views on the quality of institutional work, that is, on the reach of the aims and function of the contributor in the institution where she/he performs her/his labor process. According to the speech of Respondent 02, her ideas corroborate the what was indicated above:

[…] and also because the company's
management, as soon as I graduated, hired me and a requirement to continue at the clinic was obtaining a specialization certificate. Moreover, the clinic sponsored my graduate course.

DISCUSSION

The research aimed at revealing the nephrological nurse’s work universe, presenting a portion of the role they play in their workplaces and how they identify themselves as contributors to healthcare services, where they perform management activities in dialysis units. The professionals emphasized their role as a caregiver and the convergence between care/manage.

We highlight that the representative cores of the labor process were demonstrated through the speeches which designated the assistance and management aspects, despite always putting some brief remarks on the importance of research, which is a part of this process, and teaching, as a crucial part for the development of the professionals team focused on the treatment of the patient with chronic renal failure.

The research also sought to think through what is experienced by the nurse when she/he shows up himself as an enforcer of many tasks and how the management of care for the patient with chronic renal failure undergoing dialysis treatment has been carried out. It also sought to discuss and deepen themes on the reality of this management and what might be idealized by the nurses responsible for these specialized units, regardless of being part of a private or public service, who ultimately assist and care for patients with different socioeconomic statuses.

Certain questions remain: what might be missing for nephrological nurses to exert their work in a way that they consider more satisfactory? Is there a lack of manager nurses so that dialysis services are better coordinated and that the nurse practitioners do not feel so overloaded? Is there an actual split between manager nurse and nurse practitioner? How this specialized nurse regards her/his contribution to the staff? Isn’t there a lack of further searches and questions on the treatment in dialysis units when they present different patients profiles? Why a specific nurse isn’t allocated to provide continuing education in dialysis centers with several units or with an increasing number of contributors? These are, thus, questions which show to be pertinent in a new area of activity, such as nephrological nursing.

CONCLUSION

The composition of the nursing labor process is intertwined with the labor process in healthcare as a whole — care, manage, teach, and research. It should be considered in a simultaneous manner and coordinated to all its components, because a process isn’t performed in isolation, its categories are interwoven.

One can notice that, in these environments specialized in dialysis, nurse performs a lot of tasks. Many of them are focused on direct patient assistance or, indirectly, on actions aimed at guaranteeing that the health service concerned is well managed and always provided with resources readily available and affordable to care for people with chronic renal failure.

Each nurse interviewed presented a different profile. In exercising functions with which the professional isn’t identified, the work becomes rather demotivating and the contribution from her/his role to the staff is decrease. The discussion on the need for institutions to discover the profile of their nurses is pertinent. The suggestion is that each service has a nurse practitioner and a manager nurse and, whenever possible, nurses responsible for the continuous presentation of service data, as well as the continuing education of the various employees of the institution, regardless of the area where they are allocated to work. Thus, strategies are sought to minimize errors, aiming to achieve an outstanding quality in the services provided to patients and the staff as a whole. Taking these specificities into account, regarding the nurse’s profile, the contribution to the institution would be an increase in the quality of the care provided, making the service more clear and concise. And, also, the possibility of offering a greater attention to the customer and providing a greater motivation to nurse, so that she/he is able to fulfill her/his tasks in a more pleasant manner and, thus, contribute to increase the institution’s credibility.

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