

## Assessment of knowledge on renal replacement therapy in health care workers of the regions: Juiz de Fora, São João Nepomuceno e Santos Dumont

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### ABSTRACT

In line with the Editorial "How to explain the low penetration of peritoneal dialysis in Brazil," published in 2014 in the Brazilian Journal of Nephrology written by Professor Hugo Abensur, we show the results of a study "Assessment of knowledge on renal replacement therapy in the health workers of the regions: Juiz de Fora, São João Nepomuceno e Santos Dumont" (Approved by the Ethics Committee of UFJF CAAE: 23659213.8.0000.5147 and funded by FAPEMIG under APQ number 03626-12). We conducted a study with the **Objective:** to evaluate the knowledge of RRT for the health professionals of Juiz de Fora, São João Nepomuceno e Santos Dumont. **Methods:** A Cross-sectional study from April 2014 to April 2015 with the population of health professionals (doctors, nurses and nursing assistance) who worked in the emergency units (EU) and primary health care (PHC). Health professionals were interviewed using a semi-structured questionnaire, based on a clinical case of a patient diagnosed with *Diabetes Mellitus*, Hypertension and Chronic Kidney Disease who developed worsening renal function; initially presented creatinine 1.8 mg/dL and evaluated to 12 mg/dL. Different questions did made for professional category. **Results:** We interviewed 75

professionals from 8 municipalities, 26.7% physicians, 32% nurses and 41.3% of nurse assistance. A mean age was 38 years. Of these 70.7% were working in PHC and 29.3% in EU. Both the EU as in PHC, the frequency of cases care was similar between once a month, once every three months. Most would forward the patient to hospital and indicate RRT. The RRT is most suitable for physicians was HD (> 90% of cases) and less than 10% as first choice indicate was PD. The association of "creatinine" and "renal function" is appropriate in over 90% of respondents, despite no association with the same level of glomerular filtration when this question is asked. More than 90% of non-medical professionals wish to conduct education/training in nephrology/RRT. **Conclusion:** We observed that most professionals do not indicate peritoneal dialysis, especially medical professionals from EU or PHC; 90% of them indicated HD. On nurses from PHC 52.1% indicated HD and 9.4% DP. Those EU, 41.6% indicated HD and 26.6% PD. We conclude that minority health professionals indicate PD as first choice and the qualitative question often refer deficit "knowledge in the area" and are interested in conducting training/capacity building.

**Keywords:** dialysis; knowledge; male, nurses; physicians; transplantation.

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Dear Editor,

In line with the Editorial “How to explain the low penetration of peritoneal dialysis in Brazil,” published in 2014 in the Brazilian Journal of Nephrology, written by Professor Hugo Abensur,<sup>1</sup> we show the results of a study entitled “Evaluation of knowledge on renal replacement therapy by healthcare professionals from Juiz de Fora, St. John Nepomuceno and Santos Dumont microregions” (Approved by the Ethics Committee of UFJF CAAE: 23659213.8.0000.5147 and funded by FAPEMIG under APQ number 03626-12).

## INTRODUCTION

The city of Juiz de Fora is a hub for renal replacement therapy (RRT), with three dialysis centers serving 37 towns that are embedded in these microregions evaluated, totaling a population of approximately 837,991 people. Ideally, all patients and their families should be involved in the decision-making process regarding the choice of renal replacement therapy (RRT). We believe that one of the silent barriers to the small percentage of patients in home RRT is the lack of information or inadequate information held by healthcare professionals.

## GOAL

To evaluate the knowledge about RRT held by healthcare professionals from the microregions of Juiz de Fora micro, St. John Nepomuceno and Santos Dumont.

## METHODS

This is a cross-sectional study carried out between April 2014 and April 2015. The study population comprised healthcare professionals (doctors, nurses and nursing technicians) who worked in emergency (UPA)

and primary health care (UAPs) units. The healthcare professionals were interviewed using a semi-structured questionnaire, based on a clinical case of a patient diagnosed with *Diabetes Mellitus*, Hypertension and Chronic Kidney Disease, who developed worsening renal function, a creatinine of 1.8 mg/dL that went up to 12 mg/dL and with different questions whether the professional worked at a UPA or an UAP and based on professional category, and the questionnaire had a qualitative issue.

## RESULTS

We interviewed 75 healthcare professional from 8 municipalities, 26.7% were doctors, 32% nurses and 41.3% were nurse technicians. Their average age was 38 years. Of these, 70.7% worked at UAPs and 29.3% in UPAs. Both at the UPAs and at the UAPs the frequency of similar cases seen was between once a month and once every three months. Most would refer the patient to a hospital and indicate RRT. The most often indicated RRT mode by doctors was HD (> 90% of cases) and less than 10% would indicate PD as first-choice treatment. The association of “creatinine” and “renal function” is appropriate in over 90% of the answers, despite no association of the former with the level of glomerular filtration when this question was asked. More than 90% of non-medical professionals wished to have training/education on nephrology/RRT.

## CONCLUSION

We found that most professionals do not indicate peritoneal dialysis, especially medical professionals, both from the UAPs and the UPAs; 90% of them would refer patients to HD. On nurses and nurse technicians from the UAPs, 52.1% indicated HD and 9.4% PD. Of those from UPAs 41.6% indicated HD

and 26.6% PD. We conclude that a minority of healthcare professionals indicate PD as first choice and, regarding the qualitative issue, they frequently report lack of adequate “knowledge in the field” and they are

interested in undergoing training/education programs.

#### REFERENCE

1. Abensur H. Como explicar a baixa penetração da diálise peritoneal no Brasil. *J Bras Nefrol* 2014;36:269-70.