



RESEARCH ARTICLE

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## PERCEPTION OF CHRONIC RENAL PATIENTS ON NURSING CARE IN A HEMODIALYSIS CENTER

<sup>1</sup>Karina Morais Wanzeler, <sup>2</sup>Luzia Beatriz Rodrigues Bastos, <sup>1</sup>Leilane Katarine do Carmo dos Santos, <sup>1</sup>Débora Leticia Lima da Rosa, <sup>1</sup>Edielma Pereira Pinho, <sup>1</sup>Alexandre Barbosa da Cruz, <sup>1</sup>Andréa da Silva Pereira Amaral, <sup>1</sup>Gabriela Nunes Pinheiro, <sup>3</sup>Diniz Antonio de Sena Bastos and <sup>4</sup>Priscila de Nazaré Quaresma Pinheiro

<sup>1</sup>Nurse, University of Amazonia, UNAMA, Belém, PA, Brazil

<sup>2</sup>PhD in Nursing, University Federal of Goiás, UFG, Professor of Nursing, University of Amazonia, Belém, PA, Brazil

<sup>3</sup>PhD in Management, University Trás-os-Montes, UTAD, PT, Professor of Psychology, University of the State of Pará, UEPA, Belém, PA, Brazil

<sup>4</sup>Master in Tropical Diseases, University Federal of Pará, UFPA, Pharmaceutical of the Municipal Secretary of Health, SESMA, Belém, PA, Brazil

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#### \*Corresponding author:

Karina Morais Wanzeler

### ABSTRACT

**Objective:** To understand the perception of patients with chronic kidney disease on nursing care in a Hemodialysis Clinic of Belém / PA. **Methodology:** Qualitative research, developed in Renal Disease Clinic and Diagnostic Methods with 10 patients on renal replacement therapy (hemodialysis), whose data collection took place through semi-structured interview, based on the Bardin method. **Results and Discussion:** The categories that emerged from the study were: Hemodialysis as life expectancy; Difficulties in hemodialysis treatment; Nursing care in the treatment of hemodialysis patients. They portrayed hemodialysis treatment as the way found to survive and live qualitatively with chronic kidney disease; they made obstacles that cause disturbances in the treatment process and the perception regarding the care provided by the nursing team during the execution of hemodialysis procedures. **Conclusion:** Patients recognize the importance of humanized care and the welcoming potential of the nursing staff. However, they question the size of staff for the volume of patients and the technical capacity of professionals who have little experience in the exercise of the function.

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## INTRODUCTION

Renal failure is characterized by loss of kidney function and can be divided into acute renal failure (ARF) with the sudden development of loss of renal function and chronic renal failure (CRF) characterized by slow, progressive and irreversible development. CRF is associated with two diseases of high incidence in the Brazilian population, hypertension and diabetes, and other causes such as nephritis, frequent urinary tract-damaging infections and congenital diseases (Oliveira et al., 2019). Chronic kidney disease is defined as an injury to the renal parenchyma and / or functional kidney impairment for a period of three months or more. The reduction in glomerular filtration rate can be up to 50% compared to normal.

Noting that the diagnosis is made by a laboratory test called serum creatinine clearance, in order to identify risk groups with the presence of microalbuminurics, proteinuria, hematuria and the reduction of glomerular filtration rate (Sousa et al., 2018). Chronic renal failure can be treated by hemodialysis, a rigorous treatment that requires special care, as it consists of blood filtration and removal of metabolic waste from the body, helping to control blood pressure and water balance in the body. On average, three hemodialysis sessions per week, lasting three to four hours, are necessary, and indispensable for the maintenance of life (Araújo et al., 2016). Nursing is present throughout the dialysis process, and its commitment is to ensure that the procedure happens within the normal range, from the preparation of the hemodialysis machine, with the

checking of conductivity and temperature values, to the preparation of the patient with initial weighing and periodic checking of vital signs, installation of the patient with the cleaning and puncture of the fistula and monitoring of the course of hemodialysis treatment (Vegetable garden and Lopes, 2017). The nursing work in the dialysis session includes physical, emotional and cognitive evaluation, for the elaboration of the patient care plan. From the systematization of care, nursing traces its interventions on the situational diagnosis of each patient, in order to control possible related or risk factors, such as anxiety, impaired tissue integrity, acute pain, ineffective control of the therapeutic regimen, risk. infection and risk of fluid volume imbalance (Freitas et al., 2018). Nursing, being more present in living with these patients, becomes an important mediator to identify the health conditions and determinants that influence the user's health (Vasconcelos and Silva, 2019). Dialytic treatment is characterized by a monotonous and limited routine, in which the daily activities of chronic renal patients have restrictions after the start of treatment, causing a sedentary experience and difficulty in locomotion, which results in a deleterious quality of life (Brito et al., 2017). Given the above, the study aims to understand the perception of patients with chronic kidney disease (CKD) about nursing care in a Hemodialysis Clinic of Belém / PA.

## MATERIALS AND METHODS

Study based on qualitative research, developed at the Clinic of Kidney Diseases and Diagnostic Methods in Belém / PA, with 10 patients with chronic kidney disease undergoing renal replacement therapy (hemodialysis) over 3 years, outpatient follow-up and preservation of cognitive status. Data collection took place in April and May 2019 through semi-structured interviews with questions about socioeconomic profile, clinical data on the disease, nursing care and patients' perception. The interview was held three times a week in the morning and afternoon shift. In the data analysis, Bardin's methodology was used, which allowed the organization and appreciation of patients' discourses based on the questions raised, producing an interpretation of the researched sample (Bardin, 2011). To ensure anonymity and privacy, participants were identified by the initials of the names and were informed about the character of volunteering and not obligatory in their participation. The study took place after the approval of the Research Ethics Committee of the University of Amazonia / UNAMA, meeting the requirements of Resolution 466/12 of the National Health Council (CNS), under number CAAE 0891321900005173.

## RESULTS AND DISCUSSION

The categories that emerged from the study were: Hemodialysis as life expectancy; Difficulties in hemodialysis treatment; Nursing care in the treatment of hemodialysis patients.

### 1<sup>a</sup> category - Hemodialysis as life expectancy

This category portrays hemodialysis treatment as the way found by the patient to survive and live in a qualitative and consistent manner with what chronic kidney disease allows in their daily lives, according to the following reports:

*"At least there is a machine for us to survive, a little longer"* (Interviewee 1)

*"Look means to me everything! Because I'm living, I'm fine, I don't feel anything, you understand, rarely the times I get beaten up soft"* (Interviewee 3).

*"Very difficult at first, I was shocked, then I got used to it, I'm aware that this treatment gives me durability"* (Interviewee 6).

For many patients, the machine means a prolongation of life, a way found to live in a normal way to their daily lives. When submitted to hemodialysis treatment, patients manifest the feeling of hope for survival, requiring only that humanized care be the driver for the quality of treatment (Guzzo et al., 2017). Thus, in addition to the increased survival achieved by treatment, another goal to be achieved and the improvement in activities of daily living and self-image (Machado et al., 2019). During the treatment of hemodialysis, patients report that the hope of quality of life is renewed with each session when they face the welcoming environment that the professionals involved provide and transmit to them through motivation, cuddling, attention, and commitment to humanized care, considering such an indispensable factor for the success of the service provided (Silva et al., 2017). Parts of patients mention aspects of spirituality and religiosity as supportive in coping with hemodialysis treatment, strongly believing in its effectiveness as a propeller of hope for a better life, showing a positive resource in the well-being of this individual (Leimig et al., 2018). Hemodialysis is a way of life, treatment provides mental and physical well-being, promotes quality of life and especially increases the life expectancy of patients, even if they accept and learn to live with the disease, realize that overcoming of difficulties constitutes a milestone in the uniqueness of one's life (Xavier et al., 2018).

### 2<sup>a</sup> category - Difficulties in the treatment of Hemodialysis

The patients under treatment explained barriers that caused disorders in the hemodialysis treatment process, according to the statements below:

*"Adaptation to food, fluid intake, weight loss, appearance of sequelae after making the fistula change in self-esteem ..."* (Interviewee 2).

*"Very sick, uneasiness when the session ends, but there was no way, when I entered here I had two options or went crazy or I accepted the treatment"* (Interviewee 5).

*"In the beginning it was very difficult, I stopped working, I had to retire, I live far away, it is difficult to get here very early, 3 times a week to do the treatment, we were weak"* (Interviewee 7).

Difficulties include radical changes in diet, fluid restriction, staying for 4 hours in the hemodialysis machine, malaise at the end of the sessions. This scenario also includes the distance from the residence to the dialysis clinic, the transport, and the treatment that extends to the home, leisure, in which the family is configured as a great assistance to this individual (Fidelis et al., 2016). In this context, we highlight the patients and their companions who came from more distant locations, showing great physical stress, because they needed to be at six o'clock in the clinic, and returned to their homes at noon; and needed municipal transportation provided by the Out-of-Home Treatment Program (PDT) (Martinez et al., 2015). A negative point considered by the interviewees concerns the time of treatment, which assumes a relevant role with the appearance

of the most cited comorbidities, hypertension, diabetes mellitus and heart failure, being pointed as determinants in their survival (Sousa *et al.*, 2015). This picture demonstrates that the form of coping with the disease and its implications compromise psychic issues, since sometimes aggressive, anxious, depressive and insecure behaviors are usual, requiring a new psychic construction of adaptation and adherence to all treatment requirements (Oliveira, 2016). Thus, it is up to the nurse, together with the multidisciplinary team, to recognize that the course of this confrontation and the personal and individual transformations are pertinent to each human being (Cruz *et al.*, 2016).

### 3<sup>rd</sup> category - Nursing Care in the treatment of hemodialysis patients

This category depicts the patients' views regarding the care provided by the nursing staff during the execution of hemodialysis procedures, as shown in the reports:

*"Look, I've never had a problem with the nursing staff, they are caring people, they are even more than my own family" (Interviewee 3).*

*"Today there are a lot of people, I'm afraid because if something happens inside here how a nurse will handle all these people" (Interviewee 4).*

*"This new law that leaves 1 nursing technician for 6 patients, 1 nurse per shift, is very complicated" (8)*

*"Novice technicians who have no experience mainly in handling the fistula" (Interviewee 10).*

There are reports of adequate and quality care by the nursing staff involved in the treatment. The care of the nursing staff should involve the systematization of care, from admission to discharge of the hemodialysis patient, performing a pre-hemodialysis assessment, recording the weight to determine the volume to be removed on hemodialysis (Santos *et al.*, 2018). Continuous patient monitoring is essential to avoid possible complications such as hypotension during treatment and close care with the arteriovenous fistula in which patients are prone to thrombosis and dialysis cannula bleeding at the puncture site, always observing possible phlogistic signs (Oliveira *et al.*, 2018). Currently, there is a growing concern with nursing care in hemodialysis treatment, with care failures and inadequate techniques, being essential the technical and scientific knowledge to act properly in safe care for this patient (Bastos Barbosa Silva and Mattos, 2019). Paulo Eduardo We highlight a report concerning the qualification and experiences of professionals with handling techniques employed in hemodialysis, alarming the new demands of newly graduated nurses to seek specialization in the area due to the need of the health service itself to maintain the quality of the services provided (Walnut *et al.*, 2016). Inefficient service management and management, staff deficit, work overload, difficult relationship between teams, poor communication, and poor continuity of care provided to patients have all impaired care at the healthcare institution who perform hemodialysis procedures (Freitas and Mendonça, 2016). In health, by dealing directly with the lives of human beings, the performance of professionals is accompanied by the expectation of high levels of reliability and responsibility in their work. Thus, studies and actions are necessary to improve

working conditions and quality of life of professionals (Pereira *et al.*, 2018).

### Conclusion

For most people with Chronic Kidney Disease hemodialysis treatment represents a second chance to continue living and increased life expectancy, but it is a treatment that generates physical and psychological distress due to the frequency with which it should be performed and the occurrence of side effects. In this context, nursing professionals are important components of treatment support, due to the technical presence in hemodialysis sessions, establishing a link in the professional-patient relationship, which confers humanization to the procedure and provides a welcoming environment with better responses to coping with the disease. Patients recognize the importance of humanized care and the welcoming potential of the nursing staff, question the staffing size for the volume of patients and the technical capacity of professionals who have little experience in conducting hemodialysis care.

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