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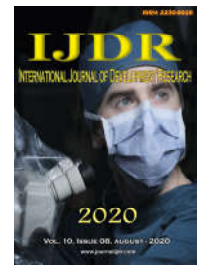
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RESEARCH ARTICLE

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QUALITY IN NURSING CARE IN VIEW OF THE CHRONIC KIDNEY PATIENT IN HEMODIALYTIC TREATMENT LIVING WITH HIV / AIDS AND COINFECTIONS

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ABSTRACT

Introduction: NCDs are considered a serious and growing public health problem, where NCD is considered a NCD due to its prolonged clinical course, clinical manifestations, and others.

Method: descriptive-exploratory, cross-sectional with a quantitative approach. The research was carried out at the Real Hospital de Beneficência in Pernambuco - RHP. Data were obtained through the application of a semi-structured questionnaire, individually, about nursing care. The population was composed of all coinfecting patients with Chronic Kidney Disease, seen at the Nephrology Unit, totaling 54. **Result:** It was observed that the most of the interviewees, when asked about the quality of nursing care, reported a good level of satisfaction, (59%) where they also report that they are oriented about the procedures that are performed (56%) and that they receive humanized care (57 %) and it was observed that a large part of the interviewees visualized aseptic techniques during the procedures by the nursing professionals (81%). **Conclusion:** that the quality of assistance achieved good quality standards provided to most of the respondents, however the nursing team must to seek excellence in their care, thus allowing a closer relationship between nursing professionals and patients.

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INTRODUCTION

Chronic Noncommunicable Diseases (NCDs) are considered a serious and growing public health problem and are the leading cause of death and disability worldwide. It is believed that patients with CKD undergoing hemodialysis are the most predisposed to contamination by viral infections by the hematogenous route, since they need to undergo a series of invasive procedures to perform the hemodialysis treatment, to which they are submitted according to their clinical and sociodemographic conditions. (CORREA et al., 2011). The care for chronic renal patients is provided by a network consisting, among others, of the Ministry of Health, ANVISA, State and Municipal Health Secretariats, Dialysis Services and health professionals, family and other social groups. The quality of the technical work, the communication and the relationships between professionals / patient / family and the user's opinion are fundamental for the treatment.

Studies on the quality of health services highlight the relevance of patients' perception, vision and satisfaction, which allows the opportunity for their expression, leading to the strengthening of their participation in the planning and exercise of social control processes (TAVARES; COUTINHO, 2011). The nurse has a relevant role in the care of Chronic Kidney patients and one of the key points is the encouragement of self-care, in order to facilitate the patient's cooperation and adherence to treatment, in addition to encouraging him to face daily changes and achieve their well-being (BEDIN; RIBEIRO; BARRETO, 2004). The aim of the study was to investigate, in the view of the person undergoing hemodialysis treatment living with HIV / AIDS and coinfections, the quality of care provided by the nursing team.

MATERIALS AND METHODS

A descriptive-exploratory, cross-sectional research with a quantitative approach was carried out. Descriptive studies aim

to observe, describe and document aspects of a situation, but they can also be developed with the purpose of raising opinions and determining the nature of certain relationships regarding the theme and end up serving as a new view of the problem (GIL, 2010). The research was carried out at the Real Hospital de Beneficência in Pernambuco - RHP. The hospital is a health, teaching and research institution, which provides integrated care with technical, scientific and human excellence, aiming to be a nationally and internationally recognized health institution. The population consisted of all coinfecting patients with Chronic Kidney Disease, attended at the Nephrology Unit, RHP, undergoing hemodialysis treatment. The sample consisted of 54 CKD patients on hemodialysis, of the probabilistic type for convenience, according to the flow present in the clinic to carry out their hemodialysis session, safeguarding the inclusion criteria, in order to represent the opinions of the population. 62 patients from 18 to 75 years of age, of both sexes, with a conclusive diagnosis of CKD, submitted to hemodialysis sessions, living with HIV / AIDS and Co-infections (HBV and HCV) were invited to participate in the research. Only 54 consented to participate in the research. Hemodynamically unstable patients and those with differential diagnosis of chronic kidney disease, those undergoing emergency hemodialysis for other apparent causes and those who do not accept to be part of the research were excluded from this research. The interviews were scheduled individually at a pre-determined place and time with the study participants, in an outpatient clinic, where at the time of the interview it was used exclusively for this purpose, without creating a burden on the interviewees or for the hospital. All subjects received information and clarifications regarding the research, and then signed the informed consent form, if they agreed to participate in the study. A Checklist type questionnaire was used, with semi-structured questions, built by the authors, dealing with the research objectives, consisting of two stages: 1 - Sociodemographic data of the subjects chosen for the research; 2 - Data referring to Nursing Assistance to patients undergoing hemodialysis (procedures and techniques). After data collection, we performed the quantitative tabulation with simple descriptive and factorial statistical analysis. The project was sent to the Ethics and Research Committee - CEP, of Faculdade da Estácio do Recife-PE, respecting the ethical concepts recommended by Resolution No. 466/12 of the Ministry of Health - MS. The research participants signed the TCLE in two copies, where the first will remain with the same and the second copy will remain with the researchers, where they will be archived for a period of 5 years. As for the risks, there was no apparent minimum risk for the research sample, due to any embarrassment in the lack of knowledge of the subject addressed, or during data collection, for not knowing how to answer the question. The research brought benefits, as it will base future studies to guide other research and verified the knowledge of the health professionals of the researched unit, contributing to the strengthening and diffusion of knowledge in the area of health and continuing education, as it will subsidize future training.

RESULTS AND DISCUSSION

62 patients were invited to participate in this study, however, only 54 (87.1%) were fit. When analyzing the study variables, it can be seen that the age range ranged from 28 to 74 years, where 43% are 39 to 49 years old and 28% 50 to 60 years old. Regarding gender, 59% of respondents were male and 41%

female. In education, the predominance was that of incomplete elementary school with 41%, high school with 26% of respondents. Regarding the origin, most live in the metropolitan region of Recife with 92% of the patients surveyed. In relation to the research, it is possible to observe a certain parity in the data of Souza e Silva. (2014), where 63 chronic kidney patients, aged 26 to 85 years, were interviewed. The study showed a higher frequency of males, with 63% and 37% of females, and the majority of respondents attended incomplete elementary school with 35%. When asked about the quality of nursing care, with regard to care before, during and after the dialysis session, 59% of patients with chronic kidney disease rated the care as good, 37% reported it as excellent. In the middle of the 21st century, with the Systematization of Nursing Care (SAE), being one of the pillars for humanized, holistic and individualized care, it is notorious to realize that quality must be offered to all individuals under the judgment of the nurse or the team from the initial care, with the removal of doubts, even during the procedures addressed to professionals (standards and techniques). The closer the relationship of trust that exists between patients and / or nurses / staff, the less insecure individuals will be during hemodialysis. Regarding this thought Freitas et al. (2014) states that in order to structure and direct patient care by the nursing team, it is essential to base nursing actions on specific theoretical foundations that guide professional practice. According to Medeiros and Medeiros (2013), in their study related to nursing care provided in hemodialysis treatment 33 promoted by patients with chronic renal failure, care involves an interactive action that should be based on the ethical dimension between caregiver and patient. According to Silva. (2013), the quality of care is a complex process and its function is to constantly identify the factors that can be improved in the work dynamics of the nursing team. In particular, hemodialysis requires specialized nursing care, but it is not reduced to technical care. In this way, the need for the nursing team to be better trained and aware of its importance in providing assistance in search of excellent care is evident. According to the data in Graph 2, for 76% of the interviewees, nursing advises on the procedures performed on the hemodialysis treatment, such as: care with their access, control of fluid intake, time spent on the hemodialysis machine, 34 checking lines and capillaries before starting the session and weight control, the possibility of kidney transplantation, etc. According to Schmidt (2012), the provision of information must be an appropriate communication, to favor the understanding and understanding of the patient about what is being informed, without technical or scientific terms. If there is no effective communication, there may be conflicts due to the lack of interpretation of the information. 59% 41%. Regarding the differentiation between the Nurse and the Nursing Technician, 59% of the interviewees said they knew how to differentiate them. According to the reports, these peculiar characteristics would be: in the performed procedures, where it is the technician who punctures the fistula, install the patient with the machine, check weight, check blood pressure; the nurse installs catheters located in large vessels, the catheter dressing, commands the team, performs the Nursing Care Systematization and the dimensioning of the technical nursing professionals. These data are also found in Silva's research. (2013), where 78.9% of respondents say that the first assistance is performed by the nursing technician and 21.1% report that it is the nurse. 35 According to Oliveira, Silva and Assad. (2015) nurses should have as their grounded work the ability to make decisions in order to guarantee an

effective result, without wasting resources. To this end, they must have skills to evaluate, systematize and decide the most appropriate conduct, standing out from leadership as a competence to be developed. When asked about some addictions, 42% of patients do not use alcohol, 83% are not smokers, 17% used illicit drugs, 80% do not use medication for anxiety and / or depression. In the approach to comorbidities, patients undergoing hemodialysis had the following characteristics: 11% had a diagnosis for the HIV virus, 67% for the HCV virus and 22% for the HBV virus. Of the 54 patients, 46% referred to Systemic Arterial Hypertension (SAH) as the underlying disease, 41% did not report any disease, 9% Type II Diabetes mellitus and 4% Type I Diabetes. These studies corroborate the studies by Costa et al. (2014) where they report that Hypertension and Diabetes are responsible for about half of the patients who are undergoing hemodialysis. Excellent 27% Good 57% Bad 16%.

Regarding the humanization of the nursing team, in the view of the respondents, 57% is good. Humanization implied taking care of others as they would like to be cared for and having a comprehensive view of the patient. It is the need for team 36 to show respect, attention and especially empathy for the user. According to Garuzi (2014), Human care is felt and experienced within everyone, involving principles, acts, values, ethics that should be part of our daily lives. Welcoming the patient is seen as a measure capable of promoting bonds between users and professionals, enabling the encouragement of self-care, better understanding of the disease, and co-responsibility in the proposed therapy, strengthens professional and intersectoral work, qualifies health care, humanizes practices and encourages actions to combat prejudice. According to Chernicharo, Silva and Ferreira. (2014), humanization as a practice of all professionals strengthens the work of the multiprofessional team. Thus, when there is a team work involved in the premises of humanization, valuing each subject, identifying their limitations, as well as understanding this being in its social insertion, full of beliefs, values and conduct. Health care will begin to go beyond simple maintenance and restoration of health, to include actions that meet the subject in their individuality, viewing the individual as a whole and not as part of a machine under maintenance. Graph 5 - data regarding the aseptic techniques used by the Nursing team during the hemodialysis session in the view of HRP patients, Recife-PE, 2016. 81% of respondents say that the nursing team uses aseptic techniques during their session, 15 % report that sometimes and 4% say that they do not 81% 4% 15%. 81% of respondents say that the nursing team uses aseptic techniques during their session, 15% report that sometimes and 4% say that they do not 81% 4% 15% The Nursing Team uses Aseptic Techniques during their session Yes No 37 times aseptic techniques are used. However, the study site has a strict infection control where it meets the ordinance, RDC n° 11 of 03/13/2014 where it provides for the disposal of lines and capillaries for patients with the HBV, HCV and HIV virus. According to Cais (2009), the hemodialysis procedure presents a risk for the acquisition of infection in the patient due to the inadequate handling of the nursing team professionals, with frequent breaks of skin barriers to obtain vascular access, due to the quality of the water and solutions used and due to the reuse of hemodialysis. And when asked if they would recommend the hemodialysis clinic to other patients, or even the hospital, 93% of individuals with CKD would indicate it. This shows that the excellence provided in the services, is within the standards

required to maintain a welcoming, comfortable and safe environment, for such individuals, who arrive at the service, sometimes with countless uncertainties

Final Considerations

This research aimed to show the degree of satisfaction of nursing care provided in a hemodialysis clinic, where it is seen as a reference in the state of Pernambuco for the care of chronic kidney patients who live with HIV / AIDS and Co-infections. With the present study, it was noted that nursing has been developing research to improve the standard of nursing care provided to patients who live with chronic kidney disease and who need to undergo hemodialysis sessions, 3x a week, for 4 hours , enough time to generate yearnings, frustrations and fear of the unexpected during this treatment that condition them to be connected to a machine. For this reason, the nurses who work in this segment need to be well trained and follow the trends in the health area and especially those in the nursing process, because in addition to the efforts and investments aimed at increasing the number of years of life for such patients, they do - concern with the quality of the care provided is necessary, so that health can be promoted, prevented and restored. With the application of our research, our objectives were achieved, as it was possible to investigate and identify the nursing actions provided by the Nursing team at the aforementioned hospital. Nursing care reached a good quality parameter with (59%) of the patients surveyed, where they reported that the standards of guidelines related to the procedures performed, before, during and after their respective hemodialysis sessions were provided for (76%) of respondents. With regard to the humanization of assistance, the results found were also satisfactory, reaching (57%) approval by the interviewed patients, in the evaluation parameter that investigated how to differentiate the members of the Nursing team, it was evidenced that (59%) of the patients knew the difference between Nurses and Nursing Technicians not only because of the characterization of the uniform, the level of assistance provided, but also because in that hospital Systematization is carried out, where they are visited at the bedside and presented by the Nurse at on call from the professionals who were composing the Nursing team on their respective session day. Continuing with the quality of care, most (81%) of the patients affirm that during the care, aseptic techniques are used by the nursing professionals. During the course of our research, we pointed out as a difficulty to carry out the same in which, in the midst of carrying out the same, we realized that some professionals approached the patients in order to hear what they answered, especially in terms of nursing care. that may have influenced the results found. However, the result presented in this study will subsidize the researched hospital, conditions so that it can work on the points marked as liable to improve, conditions to reach a possible level of excellence in the quality of the care provided.

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