

SENTIMENTOS DA PESSOA EM HEMODIÁLISE: PERCEÇÃO DA EQUIPE DE ENFERMAGEM

FEELINGS OF A PERSON UNDER HEMODIALYSIS: PERCEPTION OF THE NURSING TEAM

SENTIMIENTOS DE LA PERSONA BAJO HEMODIÁLISIS: PERCEPCIÓN DEL EQUIPO DE ENFERMERÍA

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RESUMO

Objetivo: Conhecer a percepção da equipe de enfermagem sobre os aspectos emocionais da pessoa em hemodiálise. **Método:** Pesquisa de natureza qualitativa com 22 participantes da Equipe de Enfermagem de uma clínica situada na Zona da Mata Mineira/MG que atende pessoas portadoras de Insuficiência Renal Crônica com terapêutica renal substitutiva, que nos meses de outubro e novembro de 2016 realizaram seus depoimentos por meio de entrevista aberta. **Resultados:** Da análise compreensiva emergiram as Unidades de Significação: Sentimentos negativos relacionados ao tratamento que interferem no convívio com os profissionais; Sentimentos positivos relacionados ao tratamento; e Ambiente familiar, vínculo e confiança entre a equipe de saúde e os pacientes. Evidenciou-se que a demanda de cuidados transcende as técnicas focadas apenas na doença existente. **Conclusão:** Considera-se que a compreensão da Equipe de Enfermagem sobre os sentimentos expressos tende a colaborar na qualidade de vida das pessoas em hemodiálise e na realização do tratamento humanizado focado na integralidade da assistência prestada pela Equipe de Enfermagem.

Descritores: Insuficiência renal; Diálise renal; Cuidados de enfermagem.

ABSTRACT

Objective: To recognize the perception of the nursing team about the emotional aspects of an hemodialysis patient. **Method:** A qualitative research with 22 participants of the Nursing Team of a clinic located in the *Zona da Mata Mineira/MG*, which serves patients with chronic renal insufficiency with renal replacement therapy who, in October and November 2016, performed their testimonies by means of an open interview. **Results:** From the comprehensive analysis emerged the Units of Significance: Negative feelings related to the treatment those interfere in the conviviality with the professionals; Positive feelings related to the treatment; Family environment, bonding and trust between the health team and patients. It showed that the demand for care transcends techniques that focus only on existing disease. **Conclusion:** It considers that the understanding of the Nursing Team about the expressed feelings tends to collaborate in the quality of people's life under hemodialysis and in the accomplishment of the humanized treatment focused on the integrality of the assistance provided by the Nursing Team.

Descriptors: Renal insufficiency; Renal dialysis; Nursing care.

RESUMEN

Objetivo: Conocer la percepción del equipo de enfermería acerca de los aspectos emocionales del paciente bajo hemodiálisis. **Método:** Investigación de naturaleza cualitativa con 22 participantes del Equipo de Enfermería de una clínica ubicada en la Zona de Mata Mineira/MG, que atiende a pacientes portadores de Insuficiencia Renal Crónica con terapêutica renal substitutiva que, en los meses de octubre y noviembre de 2016 realizaron sus testimonios por medio de una entrevista abierta. **Resultados:** Del análisis comprensivo surgieron las Unidades de Significación: Sentimientos negativos relacionados al tratamiento que interfieren en la convivencia con los profesionales; Sentimientos positivos relacionados al tratamiento; Ambiente familiar, vínculo y confianza entre el equipo y los pacientes. Se evidenció que la demanda de cuidados trasciende las técnicas enfocadas sólo en la enfermedad existente. **Conclusión:** Se considera que la comprensión del Equipo de Enfermería acerca de los sentimientos expresados tiende a colaborar en la calidad de vida de las personas bajo hemodiálisis y en la realización del tratamiento humanizado enfocado en la integralidad de la asistencia prestada por el Equipo de Enfermería.

Descriptores: Insuficiencia renal; Diálisis renal; Atención de Enfermería.

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INTRODUCTION

Chronic Kidney Disease (CKD) is considered a serious public health problem, since it is rare for asymptomatic and insidious onset, contributing to the loss of renal function by heterogeneous changes that affect both the structure and the renal function, with multiple causes and prognostic factors⁽¹⁾.

Thus, the CKD is feared by the possibility to cause the death or lead to cardiovascular complications, neurological and total loss of function of the kidneys: called Terminal Chronic Kidney Disease (TCKD). When there is a progression to TCKD, the person needs some type of Renal Replacement Therapy (RRT) such as hemodialysis, peritoneal dialysis, and renal transplantation⁽²⁾.

Data from the Brazilian Society of Nephrology (BSN) show that 70% of people who make dialysis discover the disease later. In addition, the mortality rate is of 15% for those who cope the treatment. In accordance with the Brazilian Census of dialysis, in 2014, the estimated number of users with CKD in Brazil, under dialysis treatment, had a large increase from 42,695 in 2000 to 112,004 in 2014⁽³⁾.

The largest part of the population is unaware of the severity of the disease and, because it is often a silent disease, incurs in the absence of prevention and careless with their own health. Thus, people are diagnosed too late to emerge symptoms such as edema in the ankles, concentration difficulties, loss of appetite and hematuria⁽⁴⁾.

The person with Chronic Renal Failure (CRF) undergoing hemodialysis is under severe condition and demands specialized care and treatment conducted by health professionals with theoretical and practical knowledge sufficient to achieve quality and humanized care, in addition to the sensitivity that allows seeing the psychosocial and spiritual needs from the perspective of respect to individuality and comprehensiveness of care.

Because, in the course of hemodialysis sessions, many suffer with physiological changes, such as fatigue, malaise, fall of blood pressure and cramps; with emotional exhaustion, which translates into feelings of sadness, anger, frustration, insecurity and concern with the future⁽⁵⁾.

For all these notes, it highlights the importance of singular nursing care to act in a more consistent manner and closer to CKD patients under hemodialysis. The nursing team

should seek, by means of listening attentively, to learn and meet the demands of care in the emotional dimension, with a view to contribute to a better coping with daily dilemmas and to increase the quality of life, the prevention of complications and the health promotion, whereas the clinical characteristics.

In this sense, it became this study aimed to understand the perception of the nursing team about the emotional aspects of the person under hemodialysis.

METHODS

It is an exploratory study of a qualitative nature⁽⁶⁾. The scenario of the study was a clinic located in the Zona da Mata Mineira that meets CRF patients with renal replacement therapy. In the survey, 22 participated in the nursing team professionals of the Hemodialysis Sector, given the inclusion criteria: being older than 18, serve at least a year ago in the unit, without distinction of gender, color and religion and agree to participate freely, voluntarily, without charge; and exclusion, those who were of license or on vacation.

The information was obtained by means of open interview, in the months of October and November 2016, guided by the questions: "What feeling(s) you realize the person who is under hemodialysis? How do you do to cope with this feeling?" With the recording in Mp3 equipment, we aimed to total fidelity to the testimonies. The context of the interview was an informal conversation in encounter mediated by empathy and reduction of assumptions with views to give opening to free expression. The interviews were fully transcribed respecting the speeches, and to maintain the anonymity there was guaranteed the encoding of identification with the letter and interviewed with Arabic numbers and the sequence of the same.

The comprehensive analysis was found through attentive repeated readings, in order to identify the essential structures emergent from the meanings expressed, and the approximations between them; what allowed the construction of Units of Meaning: Negative feelings related to treatment those interfere in the conviviality with the professionals; Positive feelings related to treatment; and Family environment, bond and trust between the health team and the patients.

It complied with the provisions of Resolution 466/12 of the National Health Council (NHC) for research with human beings⁽⁷⁾. The

research project was registered on the Platform Brazil CAAE 57834216.2.0000.5147 and analyzed by the Committee for Ethics in Research at the Federal University of Juiz de Fora, being accepted by the Opinion N 1,678.297.

RESULTS AND DISCUSSION

The deponents were 22, being three nurses and 19 nursing technicians, 18 females, and 4 males, with ages ranging from 20 to 56 years old and 1 to 28 years of work in the sector.

Negative feelings related to the treatment and that interfere with the gathering with the team

The deponents observed in people undergoing hemodialysis, sadness, anxiety, isolation, fear, and lack and considered the suffering as triggering or increase of depression, disappointment, and feeling of loss of autonomy, instilling in them the inability to live or difficulty to live with quality. Since the beginning of treatment, they are always listening to what they cannot do, which will probably entail emotional disorders.

They also realized that must understand and perceive the changes that have occurred in the life of the people, because they bring with them feelings of resentment, anger, aggression, violence, and isolation. Eventually, these people transfer such feelings to professionals, or even feel uncomformed with their situation and do not carry out the treatment correctly.

Studies⁽⁸⁾ indicate that these feelings reported as negatives are presented by phrases, tone of voice, smiles, or tears, evidencing ambivalence between joy and revolt. In the same way, these factors may be influenced by the understanding that the person has in relation to the disease, for the impact that it causes and the dependence of the hemodialysis machine^(9,10), as highlighted in these clips of testimonials:

[...] "There is a patient who thinks that life ended, who will die because they cannot eat and drink water.

[...] (feelings) of resentment, and we have to be there trying to dominate this situation" [...] (E1)

[...] "They are more fragile due to the problem they face. Each one has a kind of life, some face with more calm, others do not, many fall into depression" [...] (E2)

[...] "From the beginning, they are thus: Oh my God what I can do, I will not be able to do

anything in life. A mixture that they have with revolt." [...] (E3)

[...] "Anything that happens with them they become very sad, angry, and most of the time they spend badly because of it, because they keep that feeling within them" [...] (E4)

[...] "They try to hide the feeling of sadness, try very much to hide from everyone. And others, as well disgusted, that we have to be giving a greater affection, attention, explaining" [...] (E7)

[...] "They don't accept because life has many hardships, then they already are every week in 4 hours. There, sometimes you want to travel, cannot be without dialysis [...] are sad even with this situation" [...] (E8)

We perceive that the discovery of the treatment becomes disgusting and the feeling of inability makes people unconsciously, positioning themselves against all who are there to help them. Negative feelings and behaviors of revolt with the treatment emerge as torture and loss of time by not having a chance of cure⁽⁸⁾.

Another feeling that participants reported was the lack:

[...] "Are very needy, feel a great need of someone hearing". (E10)

[...] "There are some here very needy, sometimes they do something to be able to appear [...] come here because they want to chat with us" [...] (E11)

These changes in the daily routine of renal person generate greater impact in the way of life, causing disturbances and difficulties in their day to day, since the same goes to depend on a machine to survive and to live routinely on a hemodialysis sector⁽¹⁰⁾.

The negative feelings exist and they are expressed during the treatment of hemodialysis; because, in addition to the fear of prognosis and incapacity, there is the economic dependence and the change of the self that cause several changes from the treatment, reaching their family, which tend to modify their day-to-day to give support to the family member with chronic renal failure⁽¹¹⁾.

[...] "With the passing of time, he depresses, begins to get discouraged, do not want to come. Revolt because he saw that will not improve, which has no way" [...] (E14)

[...] "Because sometimes they upset with the disease, with problems at home, with difficulties at home. Changes completely to life, food, social life, they have many restrictions.

Many come here discouraged, thinking even to desist" [...] (E17)

[...] "We know all the negative feelings of hemodialysis, the need to be here 3 times per week, to mingle with the vascular access; sometimes, this access involve directly in the social life of him, leaving him up inside the house, outside of social conviviality" [...] (E20)

Researchers⁽⁹⁾ highlight that, among the people with CRI, depression is common and relates with increased morbidity and mortality. Other scholars⁽⁵⁾ express that emerge in hemodialysis feelings such as despair, insecurity, fear, which cause damage on their social life and physical and emotional damage. Furthermore, the confrontation of treatment, which is unknown and prolonged, makes this difficult moment for the person and his family⁽¹²⁾. Among the testimonies, we highlight:

[...] "Feelings are varied, you see feelings of denial. Of difficulty, anguish, not wanting treatment" [...] (E20)

[...] "Some deny the disease and treatment; think that will not heal themselves. Everything is very not him, from now on you are a chronic kidney, then cannot drink water, cannot eat food with too much salt" [...] (E22)

[...] "I very much fear and fear. Fear of what will happen in the future, the dependence of the family. Many people say that they are afraid of becoming a hindrance to family [...]" (E22)

From these statements, it appears that these feelings are intertwined, affecting the personal life around the changes that occur in life, so that suffers with adherence to treatment and with changes in food habits, for example, including the need to follow an appropriate diet and almost always accurate.

Thus, to understand the meaning of feelings that are presented by professionals, we realize that these are expressed with feelings of sadness, depression, anger, anxiety, fear and the non-acceptance, which interferes in their daily lives and in their other relatives⁽¹⁰⁾.

Given the above, we observe that, in times of revolt, the person undergoing hemodialysis tends to transfer their dissatisfaction for the nursing team and cause discomfort, although the professionals do not react negatively to understand that this form of expression is due to the difficulties of adaptation to treatment.

Positive feelings related to treatment

The deponents meant that some patients accept with more calm the disease and treatment, therefore understand the hemodialysis as a sense of more prolonged life and they demonstrate this feeling by the look, affection and love with the professionals.

[...] "Has a patient who already know unchanging too and understood; already know dominate the situation, the days, the time, and that cannot eat." (E1)

[...] "In general, nowadays, patients have good acceptance for the treatment. They have a feeling prosperous because they see the future perspective of more prolonged life" [...] (E5)

[...] "Has the patients who are very nice, they have a feeling of affection, make it a point to remember his birthday. Great affection by everyone, even a beautiful feeling of love and gratitude" [...] (E16)

[...] "The people over 40 have a different view after they understand what really is the hemodialysis, accept better, if better care in relation to the supply, to ingest the liquid mainly, they are restricted" [...] (E17)

[...] "We perceive perseverance, joy at being alive, and gratitude. He was able to see that the hemodialysis means life and not end of life" [...] (E21)

In this context, it is inferred that, when the people who perform hemodialysis can glimpse the treatment with greater acceptance⁽¹⁴⁾, comprise the necessary accession to the increase of life quality and this becomes a source of satisfaction for professionals, encouraging them to repay the attention, affection and love.

Family atmosphere, bond, and trust between health staff and patients

There are reports on how a family environment and bond with the renal patients transmit trust, security and an improvement in their quality of life. The importance of printing something more translates into feelings of gratitude and brings most comfortable feeling by considering the nursing professionals and the team as a member of their family, as noted:

[...] "Everybody is there to be able to give a basis for them [...]. Everyone is a psychologist, mother, everything in here." [...] (E1)

[...] "You end up creating a great bond with them, is part, you see 3 times a week. It is another family that you have [...]. They feel safe, confidence in us" [...] (E2)

[...] “Here, everybody is the patient’s family. Just who knows the feeling of each one. Patients have a lot of confidence to open. Sometimes does not speak with one, but speak with another what is happening; thanks be to God, so everyone can find out and try to help” [...] (E3)

[...] “It’s the same feeling as if I too was part of her family, love, affection. I can feel it by the hug, by thanksgiving because I am doing something important for the life of them.” [...] (E8)

[...] “In a situation of loss it’s very complicated, because the bond exists. I have lived here situations of the same feeling of loss as if it was someone very important in my family. This brings me to thrill” [...] (E13)

This family feeling always shows the quality of care that nursing professionals are paying, not restricted to the thought of switching on and off the machine and leave without a necessary attention. Collaborating, researchers⁽¹⁵⁾ express that, in hemodialysis, the nursing team becomes a constant presence, which represents an element of greater contact with the patient and a part of paramount importance as educators for health, responsible for transmitting security and support when necessary.

We realize that having a family together with the patient is brave to cope with the disease because, in many cases, he seeks in the nursing team that is not at home. It is then that the nursing team “represents” a family for this, as far as he demonstrates feelings of gratitude and trust to professionals. This is because, in fact, is with them with whom he establishes the conviviality during a good part of the week, increasing this bond and transforming this care offered and passed by professionals as if they were even members of the family.

It is of great value to add an integral assistance atmosphere in the hemodialysis sector and that, to this end, the nursing professionals should provide assistance with scientific knowledge and permeated by human subjectivity, with actions such as the reception, listening, tapping, the interpersonal relationship, establishing the therapeutic relationship between the patient and the health team professionals⁽¹³⁾.

Thus, it is understandable that the professionals of this sector have in them an aspect of integrality of care, seek a humanized way bring during the hemodialysis treatment,

comfort, as well as establish an adequate relationship with the family involved⁽¹⁶⁾. It is observed that the listen to this patient brings to him positive feelings and an improvement in the quality of treatment, as well as the importance of putting in place of another.

CONCLUSION

The Nursing Staff reported as perceives the feelings of the person under hemodialysis treatment, being understood that it is important to recognize to put him in place of another, the host, support, provide security, the chat, give attention and listening. In this way, allow not only the technical development, but also the fundamental humanized care for the quality and safety of care with an integral assistance.

It believes that this study may contribute to the teaching, research and for clinical practice, in relation to the care performed by nurses and the nursing technicians, in the context of dialysis. The focus of the work does not focus only on the proposed technique, but aims to feelings and emotions as well as offers important aspects for reflection about the daily care in nursing. Refers mainly to people with emotional and psychological difficulties for the acceptance of a continuous and prolonged treatment, for which the demand of care transcends the techniques focused only on existing disease.

We stress, as a limitation of this study, its implementation in a single clinic of renal replacement therapy. Therefore, we emphasize the need for the development of other researches in other scenarios, because it knows that chronic kidney disease on dialysis and its treatment are among the diseases/therapy those generate greater impact on the quality of life of the person.

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