Perception of the person with chronic kidney disease about the Nursing care in hemodialytic treatment

Percepção da pessoa com doença renal crônica sobre os cuidados de Enfermagem no tratamento hemodialítico

ABSTRACT

Objective: to know the perception of the person with Chronic Kidney Disease about the nursing care received during hemodialysis treatment. Method: qualitative, descriptive research, based on the reflections of Collière and Waldow on human and nursing care. Ten patients on hemodialysis treatment participated. Results: demonstrate that attributes inherent to human care were evoked, such as: concern, presence, solicitude, welcoming, concern, protection, trust, and security. Conclusion: It was evidenced that the patients want the care to be fully developed.

Descriptors: Patient-centered Care; Nursing care; Kidney dialysis; Chronic kidney disease; Nursing.

RESUMO

Objetivo: conhecer a percepção da pessoa com Doença Renal Crônica sobre os cuidados de Enfermagem recebidos durante o tratamento hemodialítico. Método: pesquisa qualitativa, descritiva, fundamentada nas reflexões de Collière e Waldow sobre o cuidado humano e de Enfermagem. Participaram dez pacientes em tratamento de hemodiálise. Resultados: demonstraram que foram evocados atributos inerentes ao cuidado humano, tais como: preocupação, presença, solicitude, acolhimento, preocupação, proteção, confiança e segurança. Conclusão: evidenciou-se que os pacientes almejam que os cuidados sejam desenvolvidos em sua plenitude.

Descritores: Assistência Centrada no Paciente; Cuidados de enfermagem; Dialise Renal; Doença renal crônica; Enfermagem.

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HOW TO CITE THIS ARTICLE:
INTRODUCTION

Chronic Kidney Disease (CKD) is a public health problem resulting from the gradual and irreversible loss of kidney function. Worldwide, approximately 10% of adults are affected by some degree of CKD.\(^1\) In order to maintain the lives of people with CKD, it is necessary to institute Renal Replacement Therapy (RRT), in the form of hemodialysis, peritoneal dialysis, or kidney transplantation. According to data from the 2022 Brazilian Census of the Brazilian Society of Nephrology, it is estimated that 153,831 people are dependent on dialysis. Of these, 95.3% are on Hemodialysis (HD), most of which (80.3%) is funded by the public health system.\(^2\)

HD is a procedure whereby a machine filters and cleanses the blood and removes excess salt and fluids from the body, as well as controlling blood pressure and helping the body to maintain a balance of substances such as sodium, potassium, urea, and creatinine.\(^3\) Thus, it represents a life expectancy in the face of the incapacity of the disease, a painful but necessary alternative faced differently by each person affected by CKD.

In mediating between the patient and the machine through which the treatment is carried out, the nursing team plays a key role in survival, given the dependence on therapy until the end of life or kidney transplantation. Many patients have little information about the disease and the treatment they are undergoing. Some people undergo HD without a precise understanding of the nature of their condition or the purpose of the procedure, resulting in a greater delegation of responsibility to health and nursing professionals.\(^4\)

Despite the essential role played by nursing staff, the results of studies investigating the experiences of people undergoing HD have shown that there is ambiguity in the way they are affected when it comes to the care provided by these professionals. Positive results have been reported in the care received from nurses in the face of stigma by men experiencing HD,\(^5\) and also in satisfaction when care was established with technical competence, empathy, effective interpersonal relationships, and good communication standards.\(^6\)

On the other hand, care was perceived as harmful when patient education was neglected\(^6\) and when it was carried out in a mechanical, impersonal, uncompromising manner and with insufficient scientific knowledge.\(^7\)

The satisfaction of CKD patients undergoing hemodialysis treatment includes, as indicators of the quality of care received, relational aspects with the nursing team,

confident in the nursing team's ability to carry out the necessary care, and the availability of nursing time to discuss the disease with the patient.8

In this context, the thoughts on caring and care presented by Waldow (2001)9 and Collière (1989)10 make important contributions to reflecting on and understanding experiences from the perspective of the person experiencing HD. According to Waldow (2001)9 it is necessary to rescue the human sense of care, translated into attitudes of respect for human dignity, and sensitivity towards suffering, "as a form of expression, of relationship with the other being and with the world" (p. 17). This author understands care as "behaviors and actions that involve knowledge, values, skills, and attitudes, undertaken in order to favor people's potential to maintain or improve the human condition in the process of living and dying".9 For care to be carried out, compassion, interest, affection, responsibility, and concern for the other are necessary.

Based on this reasoning, Collière (1989)10 defined care as an act with the primary purpose of allowing life to continue and emphasized that technicality alone does not provide the conditions for meeting the fundamental needs of the person.

Experiences of HD care from the patient's perspective are still little explored, and need further investigation, especially in developing countries, where there is less equipment to deal with the consequences of CKD and its replacement therapies.11 This study sought to fill this gap, as it is believed that its results can provide support for reorganizing nursing care management, as well as identifying the clinical skills of the team that can be modified, or even improved. In addition, people with CKD undergoing hemodialysis treatment can provide nursing professionals with important elements for reflecting on care practices in situations of chronicity, helping in the process of improving the quality of nursing care when treatments with a major impact on daily life are required.8

In view of the above, this study aimed to find out how people with CKD perceive the nursing care they receive during hemodialysis treatment.

OBJECTIVE

To know the perception of the person with Chronic Kidney Disease about the nursing care received during hemodialysis treatment.
METHOD

This is a descriptive, exploratory study with a qualitative approach that followed the recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ) guide.\(^\text{12}\)

The first author, a Nursing Undergraduate (NU), personally approached the potential participants in the research at an inland HD unit that serves around 243 people in the northeast region of Brazil, where dialysis sessions take place in three shifts, from Monday to Saturday, from 6 am to 9 pm. The inclusion criteria for taking part in the study were: people aged 18 or over, with a medical diagnosis of CKD and undergoing hemodialysis treatment for at least three months, able to understand and answer the questions.

In a meeting between NU and the Nurse Researcher (NR) with experience in conducting qualitative research, the process of collecting information was aligned and a heterogeneous convenience sample of ten patients was selected based on gender, level of education, age, and dialysis shift.

The instruments used were a sociodemographic questionnaire and a semi-structured interview, guided by the following questions: How does the nursing team care for you during HD? In your perception of the nursing care received during HD, what were the most pleasant and unpleasant experiences? When you need help from the nursing staff during HD, how are you responded to? How would you like to be cared for by the nursing staff during HD?

The interviews were conducted only in the presence of the researcher and the participant, from October to November 2019, at the place and time chosen by the participants (three in a private room at the dialysis unit, one in a private room at the university and six at the participants' homes). The content was recorded on a Sony PX312 digital voice recorder and then transcribed in full by the researchers using the Microsoft Word 2010 program. The interviews lasted between 9 and 42 minutes (average 23 minutes) and were concluded when the themes became recurrent and no more new content appeared. A single interview from each participant was used for the analysis. As there was no need to change the pilot interview, it was also incorporated into the analysis. The transcripts were not returned to the participants.

Bardin's thematic content analysis\(^\text{13}\) was adopted for the analysis, in three stages: pre-analysis, exploration of the material, treatment of the results, and interpretation. In the first stage, a floating reading of the material was carried out and the research corpus consisting of ten transcribed interviews was organized. In the
subsequent phase, the recording units were cut out, the thematic axes were highlighted and coded. Finally, the data was categorized, described, and interpreted based on the reflections on human care addressed by Waldow (2001)\textsuperscript{9} and Collière (1989),\textsuperscript{10} as well as the literature on the subject.

The participants were informed of the objectives of the research and signed the Free and Informed Consent Term (FICT). The research was approved by the Research Ethics Committee of the State University of Southwest Bahia, CAAE 72654117.9.0000.0055, and protocol 2.320.113. In order to guarantee confidentiality, the participants were given rock names, as they convey the strength that people with CKD have in fighting to maintain their lives.

**RESULTS**

Ten hemodialysis patients took part, five women and five men, aged between 27 and 71 (average 46.3 years). Of these, two were single and eight were married. As for schooling, one was not literate, two had completed higher education and one had a postgraduate degree. Dialysis time ranged from four months to 24 years, with five dialyzing at night, four in the afternoon, and one in the morning.

The participants' health conditions were predominantly hypertension and diabetes mellitus, one case of Charcot arthropathy, repeated urinary tract infection, and osteogenesis imperfecta. With regard to the limitations of daily activities, seven participants claimed that CKD has limited them a great deal, as well as caused them to abandon many of their interests or activities previously carried out, two of the interviewees said that their daily activities had been reduced very little, and one reported no limitations, only the length of the dialysis sessions. The characteristics of the participants can be found in Table 1.

**Frame 1- Characteristics of the HD people taking part in the research.**

<table>
<thead>
<tr>
<th>Alias</th>
<th>Sex/Age</th>
<th>Level of Education</th>
<th>Time in HD</th>
<th>HD shift</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marga</td>
<td>F / 60 years</td>
<td>IES</td>
<td>6 years</td>
<td>night time</td>
</tr>
<tr>
<td>Mica</td>
<td>F / 60 years</td>
<td>PG</td>
<td>1 year</td>
<td>morning</td>
</tr>
<tr>
<td>Basalt</td>
<td>M / 52 years</td>
<td>CES</td>
<td>24 years</td>
<td>night time</td>
</tr>
<tr>
<td>Sandstone</td>
<td>M / 34 years</td>
<td>CES</td>
<td>4 months</td>
<td>morning</td>
</tr>
<tr>
<td>Adhesive</td>
<td>M / 54 years</td>
<td>IES</td>
<td>1 year</td>
<td>morning</td>
</tr>
<tr>
<td>Slate</td>
<td>F / 71 years</td>
<td>NL</td>
<td>1 year</td>
<td>afternoon</td>
</tr>
</tbody>
</table>
Regarding the material from the interviews, two thematic categories emerged: "Perception of the person with CKD about the care provided by the nursing team during hemodialysis treatment" and "Expectations about care during HD".

**CKD patients' perceptions of the care provided by the nursing team during hemodialysis treatment**

The interviewees said that they felt good and at ease during the time they were in the clinic for HD. As for the nursing care, they showed great satisfaction and admiration for the team, whose uninterrupted presence, competence, and attention transmit safety and protection to the patients. At the same time, the fact that nursing professionals are essential for hemodialysis treatment favors the feeling of dependence on the team. And to consider the form of treatment crucial, and care as something relevant in the therapeutic environment.

*I feel safe when I'm here.*

*Before God, when I'm in the room I feel safe. I feel at ease.* (Slate)

*They take good care of us. They put us in the machine, they worry about us. If we need anything, they're always there.* (Sandstone)

* [...] so we really feel protected. Adequate attention. I fell in love with this profession, I never expected that one day in my life I would depend on this professional as much as I do today!* (Pegmatita)

*We are treated with a lot of charisma by the nursing team. I feel good.* (Granite)

HD is a therapeutic modality that provides intense contact between those involved. The nursing professional's ability to listen, sensitivity, and interpersonal skills
favor humanization and comprehensive care, supporting the person with CKD, not only in technical aspects (associated with the functioning of the machine) and physical well-being but also psychological well-being. This establishes bonds of trust that reinforce the positive feeling of a family environment.

It's like we're a family, I don't have anything negative to say, I'm very well looked after by the nursing staff. They're very attentive." (Marga)

Because we get attached, it's like being a member of the family. (Pedra-pomes)

[...] the nurses joke around with us, so those four hours become something lighter [...] It's like a family, you know? We feel welcomed [...] (Pegmatite)

[...] the nursing staff work with love and goodwill, they're always worried about us, asking how we're doing, giving us attention and everything. I feel good, welcomed." (Basalt)

The relationship and empathy developed between nursing professionals and people with CKD is provided by the weekly meetings that are mandatory for hemodialysis treatment, without which the chances of maintaining life would be greatly reduced. The time they spend together helps them get to know each other's specificities, and establish bonds and affection, almost always with a positive impact, making it easier for them to cope with the disease and accept and remain on hemodialysis treatment.

**Expectations of nursing care during HD**

Regarding patients' expectations of nursing care during HD, patients reported that care would be better if the number of technicians per room increased if the nursing team carried out health education with family members and patients, and if the clinic adopted disposable capillaries for everyone and improved the education and training of nursing professionals.

That's the only complaint I have. There should be more nursing technicians to help with the care. (Mica)
I think there’s very little information provided by health professionals. Even about the disease, if there was a lot of information, it would encourage us, the patients themselves, the family. [...] I hope those capillaries are disposable. So they don’t have to be reused. (Pumice stone)

[...] now the technicians, some of them need better training. Some professionals don't provide proper care because of the routine. Another thing I thought there should be is a way for patients to evaluate the service. They've never asked you to evaluate all the staff, receptionists, and everyone who provides care. There should also be a way for patients to evaluate the nurses and doctors. It's a way of improving the health service. (Calcário)

DISCUSSION

The first category highlighted the importance of the nursing team and its visibility through the testimonies of patients undergoing dialysis treatment. Nursing's importance in HD treatment is favored by the fact that it is in direct and constant contact with the patient.¹⁰ Nursing's constant presence at all times during HD promotes bonding, which is considered one of the phases of what has been called permanent care.¹⁴ This form of care is outlined in seven sequential stages corresponding to the dynamics of dialysis therapy: welcoming, bonding, specialized techniques, encouraging self-care, evaluating treatment, coping with the discouraging routine, and restoring citizenship. Thus, nursing care is understood as an articulated and complementary relationship between the scientific knowledge present in nursing care and the appreciation of the essence of the other, as a complex being in its entirety.¹⁴

Nursing’s visibility can be seen in the narratives, not only from a technical point of view, in the handling and use of the hard technology of HD machines but also in the interaction between the caregiver and the person being cared for. In this sense, the visibility of the nursing team's care is signified by what is perceived and felt by the patients when they interact with the professionals.¹⁵

The care provided by the nursing team goes beyond the technical dimension and involves establishing therapeutic and trusting relationships. For patients undergoing hemodialysis treatment, being cared for means establishing an interpersonal relationship, adhering to treatment, and having their lives prolonged. The importance of the role of each component of the triad, client-professional-machine, is
clear for the effectiveness of the treatment. Despite the complexity and specificity of HD, the nursing team offers assistance that transcends simple compliance with technical procedures, and acts from the perspective of humanized care and concern for the "being cared for".16 “Caring is presented as an action that goes beyond technical and scientific reason, it is eminently relational, because it finds its basis in the interactive process”.17 The act of caring involves emotions such as love, friendship, and the healing process (Collière, 2003). According to Collière (1989, p. 235)18 “caring, providing care, taking care of, is, first of all, an act of life, in the sense that it represents an infinite variety of activities aimed at maintaining, sustaining life and allowing it to continue and reproduce”.

Nursing work in HD is dynamic, complex, and routine, providing professionals with a daily perception of clinical improvement and maintaining patients’ lives, differentiating it from other areas of nursing. HD patients face difficulties in accepting the disease due to their dependence on treatment and seek new family and social references in their interactions with the nursing team. The context reveals the complexity of the work, highlights the need to establish emotional bonds, and at the same time emphasizes the wear and tear on patients’ emotional demands over the years of treatment.19 Despite the extreme importance attributed to treatment for maintaining life, there is an association with feelings of sadness and panic. HD is described as a tiring and monotonous procedure due to its mandatory nature. However, in the face of inevitability, patients express compliance with the therapy.20

This appreciation and admiration for the nursing profession on the part of the patients were due not only to the experience of hemodialysis treatment but also to previous experiences in other care environments, in situations of suffering in which nursing competence and sensitivity were crucial to handling these moments of crisis. In other words, by perceiving the nursing staff's lack of care in previous situations, patients were able to compare their (in)efficiency in different situations. Thus, in this study, the relevance of the nursing role was confirmed in the constant and differentiated relationship established between the nursing team and the patient during hemodialysis treatment.

The nursing care received by the people with CKD interviewed was seen in a positive light, mostly associated with attributes such as attention, concern, presence, solicitude, welcoming, protection, and safety. Nursing skills range from technical processes to humanistic skills, which have repercussions on the overall humanized care process. From this perspective, the care offered helped to promote life and
pushed back death, with the patient being the point of departure and arrival of care.\textsuperscript{21} Nursing care in HD is shown in the competencies of knowing how to be and do nursing, which are indispensable, notable, evident, explicit, valued, and even distinguished by category (nurse and nursing technician).

The need for specialized technical care in HD is fundamental for patient safety, therapeutic efficiency, and compliance with current regulations. Regarding this type of care, it is clear that it begins before the fistula is punctured in preparation for the HD procedure.\textsuperscript{22} Although this is a routine treatment, each dialysis is unique, as it takes place under different psycho-emotional and physical conditions, and can also be differentiated by the expertise of the professional and the conditions of the care environment. It is emphasized that technology and techniques should be used as nursing knowledge that enables the development of care.\textsuperscript{22} Nursing constantly handles health technologies that require technical-scientific knowledge based on acceptable evidence for the clinical management of HD patients.

In this study, based on the conceptions of care presented by the interviewees, it was noted that non-technical care, or care based on the relationship with the patient, was preceded and succeeded by technical care, contributing to individualizing it or facilitating its execution or acceptance, as also described by Collière.\textsuperscript{21} This relational and sensitive aspect of nursing care clarifies the breadth and fullness of nursing care in HD and its essentiality, regardless of the professional category established for this care process.

The care provided results in a relationship of trust between the patient and the caregiver, and this trust extends to the therapeutic environment. Taking proper care of a person whose emotions are destabilized requires the professional to perceive their needs.

In this way, the care process must meet physical, technical, and emotional requirements if it is to be effective.\textsuperscript{10} It is therefore inevitable to establish a genuine helping relationship that demonstrates a willingness to listen to others and accept and understand their experiences and the meanings they attach to their journey. In addition, it is essential to enable the expression and emergence of the knowledge of the client under care, since they are the privileged source of information.\textsuperscript{18}

Along these lines, meeting the needs of people with CKD promotes satisfaction and contributes to a sense of comfort. Comfort is perceived through physical and emotional benefits for those who experience it. This means that it has subjective elements, and its perception varies according to individuals' thoughts and ideas, and
what each person values. This study shows that patients rely on the nursing team to adapt to dialysis treatment, face the difficulties presented, and establish a balance between the disease and clinical treatment.

Nursing work requires sensitivity and needs to be very close to the patient so that they can understand the health-disease process and how the treatment is given to them, and offer them ways of adapting to make the best use of dialysis treatment, as well as their adherence.

Although HD is essential in the lives of people with CKD, it is also considered a complex therapy that causes a lot of suffering. When patients are connected to the dialysis machine, there is a situation of dependence that is not restricted to the dialysis machine, but to the professionals responsible for care and integrity at the time of dialysis.

Solicitude is an essential characteristic of a nursing team in a dialysis clinic. It is a characteristic of someone who is solicitous or who readily offers help. The narratives in this study reveal the agility of the nursing team in acting promptly according to the needs presented by the patients. Thus, in relation to what caused the greatest satisfaction, the agility, solicitude, affection, and technical competence of the care provided by the nursing team prevailed. However, dissatisfaction with the delay or lack of care requested, the lack of information about the clinical treatment of the disease, and the lack of success in punctures revealed the highest level of dissatisfaction during the testimonies in this study.

The difficulties faced by CKD patients during HD treatment highlight the importance of quality care, which promotes adherence to procedures and encourages self-care. It is crucial to improve nursing teams in order to offer holistic care, capable of meeting the various demands that arise during HD.

Some patients emphasized the importance of professionals undergoing technical training in continuing education practices, in order to carry out their activities safely and quickly in the midst of complications. It can be seen that this training contributes to the quality of care provided to these people, who suffer disastrous consequences as a result of their difficult therapeutic itinerary. The chances of failure during attempts to access dialysis can be reduced and, consequently, the sensation of pain and the risks during HD can be reduced, as well as greater patient satisfaction. Regarding the need for updating and specialized training, Nobahar recommended that the nursing team should develop technical competence in the management of dialysis devices, and also be able to act in the midst of dialysis complications.
According to the report of one of the participants in this study on her conceptions of care, the bond makes the environment more peaceful and pleasant, and is important for the success of the care provided, making such a complex and painful treatment "lighter" and more tolerable. This aspect was also highlighted by Waldow when she described how care transforms the environment.

The main nursing interventions for dialysis patients are aimed at preventing infections, guiding self-care, helping to control the diet, providing guidance to the family and the patient, and promoting a comfortable environment. However, the first category showed that care and comfort are aspects that are highly valued by patients during renal replacement therapy. Thus, meeting their expectations and care needs during HD brings relief and helps to overcome the pain manifested during therapy.

In this study, patients' reports identified satisfaction in the way they are treated during treatment, with attention and affection, and it has a positive psychological impact. From this perspective, we agree with Collière when he states that "caring is learning to take into account two 'partners' in care: the one who treats and the one who is treated" (Collière, 1989, p.155).

A study carried out by Stavropoulou with patients undergoing hemodialysis treatment revealed three significant aspects related to nursing care: physical care, psychological support, and health education. In nursing, health education can be characterized as an essential tool to support effective care. It is directly linked to self-care and aims to promote well-being and quality of life in the face of any pathological condition. However, nursing professionals are the most accessible and closest during the treatment routine.

In line with the current study, patients reported that the nursing team brings comfort and relief in the midst of their difficulties, has a good interpersonal relationship, and makes the environment family-like. Thus, this interpersonal relationship and the bond between patients and healthcare professionals during care is significant for the patient's well-being.

The expectations of the patients in this study in relation to nursing care during dialysis concern an increase in the number of nursing technicians, that the nursing team carries out health education with family members and patients, the adoption of disposable capillaries, and better training and qualification of nursing professionals. These requirements are essential for good clinical practice by the nursing team.

The results of this study are similar to those found by Nobahar, who showed that in order to improve HD care, a nursing team with good interpersonal relationships,
knowledge, and experience is needed to develop HD skills. On the other hand, an understaffed and unqualified nursing team is one of the barriers to providing care for patients during HD. Treviso et al. (2017)\(^3\) pointed out that nurses are responsible for managing care, involving direct patient actions, managing the nursing team, and material resources, and organizing care in a systematized way. In order to play their role effectively in HD, it is essential that nurses have specific qualifications in the area. Their skills and abilities must converge to provide comprehensive care for patients undergoing HD.

Finally, we must highlight the emphasis placed by the participants not just on what is done, but on how it is done. This difference was emphatic and capable of generating pleasant sensations and positive feelings, and was described by the participants as follows: they do it with love, affection, pleasure, joy, goodwill, and care. These aspects suggest a good relationship and a good mood, which values the person being cared for, helping them to relax, and also translates into an identification with professional care.\(^3\) By satisfying these patient needs, care will be provided in all its fullness. This is a major challenge for teaching, clinical care, and health and continuing education for nursing professionals.

This study has limitations, such as the participation of patients from a single HD unit and a convenience sample. However, the heterogeneity of the participants helped to provide a more comprehensive view of the experiences of people on HD. Thus, its results can help to improve nursing care in these units, as it allows us to reflect on the practices capable of causing (un)pleasant impacts on patients undergoing hemodialysis therapy. It is suggested that further studies be carried out with participants from different geographical areas and address aspects that are also important in providing excellent care, such as interdisciplinarity and the HD care environment.

**CONCLUSION**

The results of these studies show the value attributed to nursing care and its relevance to patient satisfaction with hemodialysis treatment, both from the point of view of interpersonal and technical relationships.

The conceptions of people with CKD about the nursing care they received during HD evoked attributes inherent to human care, such as concern, presence, solicitude, welcoming, concern, protection, trust, and safety. The affectionate way in which the nursing team carries out the care provides pleasant sensations and positive

feelings, which refer to valuing the human being, making them feel good and at ease, like family, even in the face of painful and complex treatment.

The patients interviewed hope that nursing care in hemodialysis treatment will be improved by hiring more professionals, intensifying educational activities with the participation of the family, active participation in the process of evaluating the quality of care, and investment in the training of nursing professionals. It is therefore important that nursing professionals move towards providing care in its entirety, by developing competencies in terms of knowing, being, and doing.

Nursing professionals who work in the care of people dependent on HD must develop their actions based on scientific evidence and have the skills to provide comfort in order to guarantee greater safety and a better quality of life for this population that faces significant health challenges. In addition, they can promote educational actions that increase knowledge about the disease and its treatment, and enable the identification and prevention of complications related to CKD and HD. They can also open up communication channels so that patients can talk about their experiences of (non)care and suggest solutions to meet their real biopsychosocial needs. In addition, professionals need constant continuing education to implement humanistic care that promotes life and human dignity.

CONTRIBUTIONS

All the authors contributed to the development of all the stages of the study, from the survey and collection of data to the analysis and discussion of the data, as well as the writing and critical review of the information gathered, including the approval of the final version of this study.

CONFLICTS OF INTERESTS

Nothing to report.

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