TAKING CARE OF YOURSELF: LIMITS AND POSSIBILITIES IN THE CONSERVATIVE TREATMENT OF CHRONIC RENAL FAILURE

EL CUIDADO DE SI: LOS LÍMITES Y LAS POSIBILIDADES EN EL TRATAMIENTO CONSERVADOR DE LA INSUFICIENCIA RENAL CRÓNICA

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ABSTRACT

Objective: describing the limits and possibilities for self-care for people who are in conservative treatment of chronic renal failure. Method: a descriptive and exploratory study of a qualitative approach with 15 people in conservative treatment in clinic of uremia. Data production occurred from March to May 2011 through narrative interview. Data were analyzed by Content Analysis Technique in the Thematic Analysis mode. The research project was approved by the Research Ethics Committee, Protocol 0366.0.243.000-10. Results: showed the categories << The progression of the disease and its repercussions >>; << The expression of autonomy >> and << Support from family members for self-care >>. Conclusion: live with a chronic disease has not been perceived as synonymous of dependence, given the possibility to decide on the care of the body and the organization of life. Descriptors: Chronic Renal Failure; Nursing; Chronic Disease; Patient Care.

RESUMO

Objetivo: descrever os limites e as possibilidades para o cuidado de si de pessoas que se encontram em tratamento conservador da insuficiência renal crônica. Método: estudo descritivo e exploratório de abordagem qualitativa com 15 pessoas em tratamento conservador em ambulatório de uremia. A produção de dados ocorreu de março a maio de 2011 por meio de entrevista narrativa. Os dados foram analisados pela Técnica de Análise de Conteúdo na modalidade Análise temática. O projeto de pesquisa foi aprovado pelo Comitê de Ética e Pesquisa, Protocolo 0366.0.243.000-10. Resultados: evidenciaram-se as categorias << O avanço da doença e suas repercussões >>; << A expressão da autonomia >> e << O apoio dos familiares para o cuidado de si >>. Conclusão: conviver com uma doença crônica não foi percebido como sinônimo de dependência, tendo em vista a possibilidade de decidir sobre os cuidados com o corpo e a organização da vida. Descritores: Insuficiência Renal Crônica; Enfermagem; Doença Crônica; Assistência ao Paciente.

RESUMEN

Objetivo: describir los límites y las posibilidades para el autocuidado de las personas que están en tratamiento conservador de la insuficiencia renal crónica. Método: un estudio descriptivo y exploratorio de enfoque cualitativo con 15 personas en tratamiento conservador en uremia ambulatoria. La producción de datos ocurrió entre marzo y mayo de 2011 hasta entrevista narrativa. Los datos fueron analizados por la Técnica de Análisis de Contenido en el modo de Análisis Temático. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, Protocolo 0366.0.243.000-10. Resultados: mostró las categorías << La progresión de la enfermedad y sus repercusiones >>; << La expresión de la autonomía >> y << El apoyo de los miembros de la familia para cuidar de sí mismo >>. Conclusión: convivir con una enfermedad crónica no ha sido percibido como sinónimo de dependencia con miras a la posibilidad de decidir sobre el cuidado del cuerpo y la organización de la vida. Descriptores: Insuficiencia Renal Crónica; Enfermería; Enfermedades Crónicas; Atención al Paciente.

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INTRODUCTION

The incidence and prevalence of chronic kidney disease (CKD) have increased progressively in the world, becoming an epidemic. The DRC is the progressive and irreversible loss of renal function, divided into six functional stages according to the glomerular filtration rate. This rate represents the degree of loss of renal function. In advanced stages CKD is known for chronic renal failure (CRF), when there are clinical and laboratory findings, and the other organs and organ systems are functioning abnormally, with accumulation of uremic toxins in the body.¹

In pre-dialysis stage, conservative treatment is a series of measures and/or actions that seek to slow down the progression of kidney disease, assisting in improvement of clinical, physical and psychological conditions of people with CKD. In this period there is also the preparation of the patient and family for renal replacement therapy (RRT), such as peritoneal dialysis, hemodialysis and renal transplantation. This preparation is intended to help patients in the gradual adaptation to cope with the dialysis.²

Living with the IRC imposes changes in the activities and life expectancy of those who need to undergo conservative treatment, but the patient has the help and support of the health team and family to follow therapy. Thus, often adhere to treatment seems to imply the quality of life of people with CRF because it needs to establish relationships based on trust, understanding and technical-scientific knowledge of the multidisciplinary team.³

To help the person with CRF, in the process of becoming ill, the family needs to reorganize and adapt to changing roles and functions that need to be rethought and distributed. These changes are driven by the way the disease manifests itself and the meanings that the patient and family attribute their condition.⁴

From the diagnosis of CKD, the person goes through a series of changes taking an attitude of autonomy from the need and importance of taking care of themselves. Self-care is seen as the way of taking care of themselves either by you or by someone. It is made up of everyday care relationships translated in gestures, words and attitudes.⁵

Self-care is permeated by the subjectivity of the care process, recommending the knowledge of each individual. In this sense, nursing is identified in the implementation of a plan of care guided by the experience of the other that seeks to promote the quality of life of people with CRF. It is nursing a mediating role, opening to the dialogue and recognizing the individual as the only knowledgeable of your situation.⁶

We emphasize the importance of nursing care provided to people in conservative treatment of CKD and the manifestation of their autonomy, in view of the educator role of nurses. Worrying about the issue of self-care as the person autonomy promoter with kidney disease need to be a matter of reflection of the health team, in order to favor adherence to treatment, compared to the importance of this to the improvement of living conditions of the patients and their families, insofar as the disease progresses.

The study was guiding question << What are the limits and possibilities for self-care of people with CKD who are on dialysis? >> To answer this question, the study aimed to:

- Describe the limits and possibilities for self-care of people who are in conservative treatment of chronic renal failure.

METHOD

An article drawn from the dissertation << Self-care of people with chronic renal failure under conservative treatment >> submitted to the Postgraduate Program of Nursing and Health Sciences Center, Federal University of Santa Maria/UFSM. Santa Maria-RS, Brazil. 2012.

A descriptive and exploratory study of a qualitative approach carried out at a uremia clinic of a public hospital in southern Brazil. Participated 15 people in conservative treatment of CKD, and for determining the number of interviews took into account the data saturation criterion and achieve the proposed objectives.

It had as inclusion criteria of the study: to be adult; present comprehension and verbal communication; and be in conservative treatment of CRF Glomerul Filtration Rate (GFR) <60 ml/ min, which means being in stage 3, or subsequent stages, 4 or 5 CKD. We used the criterion of GFR <60 ml/min, because it indicates the beginning of moderate renal failure, at which time the patient has laboratory abnormalities and need better care of their health.

Data production occurred from March to May 2011 through narrative interview recorded in audio, in a private room. The narrative interview contributes to the understanding of health and disease phenomena, in which the person brings its experience the way it perceived and interpreted.⁴ in this study, respondents were
encouraged to reporting their experiences and concepts related to the fact of being in the conservative treatment of chronic renal failure.

The data were analyzed using Thematic Content Analysis covering three stages: pre-analysis, exploration of the material, and the treatment of results obtained and interpretation. In pre-analysis documents there were identified for analysis and reflected the initial assumptions of the study, with the initial reading of the interviews. After, there was exploration of the material, with the transformation of raw data aiming to reach the core of understanding of the empirical material and highlighting the themes that emerged. Finally, the treatment step of the results and the interpretation according to the frequency content in the transcribed material was developed, placing thus the themes in evidence.

To preserve the anonymity of the respondents it was used the encoding of interviewed by the letter E, followed by the Arabic numeral according to the performance sequence of the interviews. We obtained the approval of the Ethics Committee of the Federal University of Santa Maria, Protocol number 0366.0.243.000-10. According to Resolution 196/96, this was in effect in the period of the present study. The ethical aspects were observed in studies involving humans. Participants signed the Informed Consent in duplicate after being informed about the objectives of the study.

RESULTS AND DISCUSSION

From the data analysis the following thematic categories emerged << The progression of the disease and its repercussions >>, << The expression of autonomy >> and << Support from family members for self-care >>.

The progress of the disease and its impact

With the advancement of IRC, the person tends to have physical difficulties such as back pain, weakness, tremors, cardiovascular changes, edema, nausea, and other symptoms that prevent it from performing and autonomously take your appointments and care. Faced with this condition, people with CRF undergo various physical, social and emotional limitations, and the loss of renal function. Thus, it is necessary to evaluate the daily life, in order to view the occupational performance, special diets, restrictions and family dynamics of the people with CRF.

The dependency care appears to increase with advancing renal disease, as well as the difficulty of performing such activities, as highlighted by the participants:

For many years I've been here (ambulatory), I would like to deal on the farm, weeding, but about eight years here, I can't! I'm not doing anything else! In the bathroom you have to help me because it gives me shortness of breath. (E3)

I hope to improve. Be good. I can do some work. If it's around the house, because now I can't even get a tool on the floor, fish and ruined that leg as well. But I'm getting better slowly. (E2)

I could climb a ladder, work, and get the coverage of a house. Today, I cannot anymore, I started to lose the strength of body, and I've lost gradually, it wasn't fast, I was losing. (E9)

The progression of the disease has caused some people abdicate previously practiced activities that gave them pleasure. However, the participants' difficulty of performing such activities, as well as the dependency care appears to increase with advancing renal disease, as well as the difficulty of performing such activities, as highlighted by the participants:

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...
then couldn’t find the vein and did that, then take care of this now, they don’t even check injection pressure. (E3)

Participants demonstrated knowledge in caring for the AVF and its importance for joining TRS. Recognizing the limits imposed by the disease, respecting it and knows take care of them can avoid a possible negative impact of treatment.

With regard to self‐care of the patient to preserve the fistula care are intended to protect the vascular access, avoiding excess weight and blood pressure check, which can stop the blood flow, causing thrombosis in the AVF. The administration of medications is limited and intended only to hemodialysis due to the possible formation of hematomas, which can impair venous network.11

It is for the health team to clarify, beyond the disease, symptoms, physical limitations and care of the fistula, and continuously stimulate the adherence to treatment, from the accountability of the subject.11 Adequate knowledge on the progress of the disease and its impact seems to be important in self‐care of people with CRF on conservative treatment. These people have different singularities, which require their own care, individualized, focused on the real needs of each.

♦ The expression of autonomy

The issues related to autonomy in the IRC can be key factors in self‐care, with the power to deciding about itself, to be active, expressing their knowledge. In this study, autonomy was perceived by participants as a form of exercise of self‐care:

[...] I do the food! I live alone, I do everything! I wash my clothes, what patch you have to patch it, nail button when you have to preach; [...] I do my little work, because now I'm retired. (E1)

[...] I don't work much in the Sun, do work in house, clean my house, I live alone, cook for me, I do all my service. (E4)

[...] I control everything, medicine, food; I do a bit of everything. To bathe, I take up, grabbed some iron bars that I put inside the bathroom, I hold on with one hand and with the other I rub. (E8)

The care of the body, the house and other activities indicates that the participants enjoyed a degree of autonomy. The day to day functions of performance can enable health benefits as the "feel good". In this sense, the study subjects were satisfied in maintaining sufficient physical condition to continue to perform the care of the body expressing their autonomy.

The term autonomy the ability of people to act on the determinants of their health.12 Autonomy refers to the ability to self-govern their lives, rights of freedom, privacy and choice of own behaviors.13

Care actions, such as hygiene, comfort, power, can give autonomy in self-care. This can be considered as care actions to oneself, in order to meet its physical, mental and spiritual needs in a search of a (re) establishment of the internal harmony of the body.14

Another situation expressed in relation to autonomy refers to financial independence, an important factor in their lives. Have their own financial income and be free to carry out of their professional and productive activities is a possibility to express autonomy:

[...] I have my retirement, I'm a rural worker and have the retirement of late, my husband, and my and defend me with it. So, they (the family) don't care, this business of saying, you have to buy me something, I don't! Since I wear, footwear, I don't bother them, no, never. (E4)

[...] nobody does my stuff; for the time being does not need; to mean... the Bank business, cattle, tax, which does is the son, I give the orders and he makes.

The fact that financial independence to make their own purchases and develop their own activities manifest the autonomy of these people, enabling you to keep moving even with the help of family members. In this perspective, the maintenance of autonomy and independence is a goal of the IRC conservative treatment for health promotion.

The maintenance and/or the beginning of a work activity can also provide autonomy:

[...] I was under a lot of stress to be home, I'd be alone during the day, so I decided to work, I put a wash, and I'm always in function. (E9)

[...] I'm normal, nothing has changed with the disease, I worked and still working. My service is heavy, I work with Cobbles, and never stopped doing anything. (E13)

Work activities can be seen as enabling the quality of life of people in conservative treatment; does not constitute in barriers to labor activities. A study15 that evaluated the quality of life of elderly patients with CRF describes the ability to work shows the importance of the self-fulfillment of these people.

♦ The support of relatives to self-care

The adjustments and changes to control the IRC require often that the family involved in assessing the disease:

The wife, she's the one who makes [the power]. I even tell her make two, one for me and one for them, because it has more people and has no need of them eating almost no salt. The wife does everything; but if she doesn't, has her daughter who lives in the back. Mother-in-law, who is
married to another son of mine, lives right next door. She put the medicine so: there are so many pills for today and for tomorrow, not to miss. Hence has a bottle that she lets tidy and I just. She put the name of the remedy and the pills out there, so many in such a time and we're good to go.

who looks after the kitchen is my Mistress [wife], she does everything well right, and my food is separated from everyone, because of the fat and salt. (E13)

My boss [wife] makes [feed], but puts very little salt, is not without salt, but she declined. (E15)

The family care is perceived as a source of attention, support, dedication and concern. Share the care can be a coping strategy for these people, where the family is crucial in health status.

Family members, friends, religious congregations and groups of people form support networks; they are essential in facing difficulties. In the case of chronic diseases, such as kidney disease, it is known that the difficulties caused by the disease are prolonged.

The existence of people who form the support network helps the individuals to experience the symptoms of the disease, encouraging them to follow the treatment. The family care covers, in addition to affection, love, devotion and respect, a relationship of friendship, understanding and interaction, contributing to the recovery and construction of autonomy of these people.

The family may represent an important link in the monitoring and treatment compliance IRC:

The woman [wife] come with me [queries] because I am very forgetful, if I go there I don't tell even half of the meds I take, because she's the one who controls. (E9)

I take care of myself, of the remedies, the examinations, everything, everything, and my husband helps me. (E10)

Support from family members can be seen as a positive factor in helping to monitor the conservative treatment of CRF. The participation of family members on a daily basis of the demands of the treatment, as in frequent consultations, diet preparation and medications, seems to stimulate self-care, leading to compliance.

To facing adversity treatment of a chronic disease, family makes arrangements, adaptations and even changing roles. The emotional bonds are responsible for the involvement of their loved, because when a family member gets sick, it affects all its condition, to some level and when the disease is chronic, the effect is multiplied.

Among the factors that influence care of the IRC during the pre-dialysis as physical and cognitive function, activities of daily living and the knowledge of the disease, family support is the factor that has the greatest positive effect on the behavior of patients.

In disease situations, it is common that family support becomes crucial. In this context, the presence of the family can help in the care and increase the motivation to treatment. Added to this, the family can still count on the support of the health care team. The approach of the health team with the family through educational activities can be a facilitator for effective adherence to conservative treatment of these people with CRF.

CONCLUSION

Conservative treatment of IRC imposes several limitations and changes in daily life. In this study it was showed that the progression of the disease and the effects of conservative treatment may limit care of themselves. Among these limits are the dependency care, difficulties in performing daily activities, continuous monitoring and the need for inclusion of new therapies.

Even with the difficulties imposed by the treatment, the findings also have identified that there are possibilities to cope with such adversities. The expression of autonomy and the support of family members were listed as possibilities for self-care in the conservative treatment.

The disease situation is not always factor of loss of autonomy. Living with a chronic illness was not perceived as synonymous with dependence, given the possibility to deciding on the body care and organization of life.

Family support was considered important following the conservative treatment. However, these people decide what should or should not do from their knowledge, their peculiarities, of disease symptoms and reactions of their body, which highlights the importance of autonomy of these subjects in self-care.

It is for health professionals not only physical care to the patient and sharing information to their families, but stands out their mission to promoting the autonomy of these individuals through health education activities that encourage self-care.

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