ABSTRACT

Objective: to describe the quality of life of patients on hemodialysis. Method: an exploratory-descriptive and cross-cut study with a quantitative approach. The sample was 17 chronic renal failure patients on hemodialysis, in a public hospital in northeastern Brazil. The collection took place from August to December 2014, using the instrument Kidney Disease and Quality of Life Short Form (KDQOL SF). The data analysis took place with the help of Epi Info version 3.5.2. Results: dimensions professional role (15.15%) and physical function (16.17%) had the lowest averages. The largest were presented by the dimensions of social support (87.71%) and sexual function (87.71%). Conclusion: most averages indicated good quality of life. However, it was possible to realize the important aspects of quality that have been most affected, requiring interventions. Descriptors: Nursing; Chronic Renal Failure; Quality of Life.

RESUMO

Objetivo: descrever a qualidade de vida dos pacientes em tratamento hemodiálítico. Método: estudo exploratório-descritivo, de recorte transversal, com abordagem quantitativa. A amostra composta por 17 pacientes renais crônicos em hemodiálise, em um hospital público do nordeste brasileiro. A coleta ocorreu no período de agosto a dezembro de 2014, utilizando-se o instrumento Kidney Disease and Quality of Life Short Form (KDQOL SF). A análise dos dados ocorreu com auxílio do Programa Epi Info versão 3.5.2. Resultados: as dimensões papel profissional (15,15%) e função física (16,17%) apresentaram as menores médias. As maiores foram apresentadas pelas dimensões suporte social (87,71%) e função sexual (87,71%). Conclusão: a maioria das médias indicou boa qualidade de vida. Porém, foi possível perceber os aspectos importantes na qualidade que foram mais afetados, necessitando de intervenções. Descrições: Enfermagem; Insuficiência Renal Crônica; Qualidade de Vida.

RESUMEN

Objetivo: describir la calidad de vida de los pacientes en tratamiento hemodialítico. Método: estudio exploratorio-descriptivo, de recorte transversal, con enfoque cuantitativa. La muestra compuesta por 17 pacientes renales crónicos en hemodiálisis, en un hospital público del nordeste brasileiro. La recolección se dio en el periodo de agosto a diciembre de 2014, utilizando el instrumento Kidney Disease and Quality of Life Short Form (KDQOL SF). El análisis de los datos fue con el auxilio del Programa Epi Info versión 3.5.2. Resultados: las dimensiones papel profesional (15,15%) y función física (16,17%) presentaron las menores medias. Las mayores fueron presentadas por las dimensiones soporte social (87,71%) y función sexual (87,71%). Conclusión: la mayoría de las medias indicó buena calidad de vida. Sin embargo, fue posible percibir los aspectos importantes en la calidad que fueron más afectados, necesitando de intervenciones. Descriptores: Enfermería; Insuficiencia Renal Crónica; Calidad de Vida.
INTRODUCTION

Non-communicable Chronic Diseases (NCDs) are considered a public health problem, accounting for about 60% of global deaths and affecting about 35 million people each year. Also, it is estimated that over the next ten years, there will be a 17% increase in mortality caused by them. Among the NCDs, there are the cardiovascular disease and CKD. They have contributed to the premature deaths and increase of costs for the health system.[1,2]

The incidence of CKD in Brazil and worldwide is related to other chronic diseases such as high blood pressure (hypertension) and diabetes mellitus (DM). The diabetes is considered the main cause of CKD since 40% of diabetics develop it. Moreover, it is perceived other risk factors for development of CKD, as the demographic transition displayed in recent years, due to increased life expectancy and an aging population.[1,3,4]

CKD is a syndrome developed from the slow, progressive and irreversible loss of kidney ability to perform its regulatory, endocrine and excretory functions. This is due to injuries which cause deterioration of the nephrons (functional renal unit).[5]

Due to its pathophysiology, the CKD impacts the lives of patients and their families, and may negatively affect their socioeconomic and psycho-emotional. In the early stages of the disease, it usually shows asymptomatic; as progress, symptoms begin to appear. When the terminal chronic kidney disease (TCKD) is installed, it indicates the implementation of renal replacement therapy (RRT), because in this situation the absence of such interventions can lead the patient to death in 72 hours.[2,6]

Hemodialysis is the most commonly used RRT. Through an extracorporeal circulation circuit, it provides removal of excess liquid, the nitrogenous waste and various blood electrolytes (sodium, potassium and chloride) for the purpose of maintaining the hemodynamic balance.[5,7]

This treatment does not fully replace kidney function. Also, it is necessary an expert assistance involving advanced technology and increased consumption of financial resources. Patients usually dialyzed three times a week, in sessions of about four hours, which directly affects their quality of life, for both the treatment and the progression of the disease-causing various restrictions on their activities of daily life and in their social relationships.[8]

In this context, there is the Deficit Self-Care Theory, which Orem discusses from when there will be need of nursing intervention in helping to promote self-care. Orem lists factors that result in this condition. These factors range from the simplest aspects such as the individual’s age and gender to more complex issues such as health status (for example renal impairment), sociocultural orientation, among others.[9]

The World Health Organization (WHO) recommends that guidance to individuals with CKD and other chronic diseases are grounded in self-care as a strategy for skills development and care skills with their health to offer necessary conditions for learning and better coping the experience of the disease.[4]

It is known that the survival of these patients are increased due to the technological advances that have brought new perspectives for the treatment modalities available, particularly hemodialysis. However, it is clear that many of these individuals have the quality of life under the ideal compared to the general population. This reinforces the need to evaluate the quality of life in this population because dialysis is not intended only for the prolongation of survival but also for the contribution positively on the quality of life of individuals belonging to this specific population.[6]

The evaluation of quality of life can be very useful for the multidisciplinary teams, assisting in the assessment of prognosis, efficiency and adequacy of treatment, as in the planning of the necessary measures to minimize the psychosocial comorbidity and changes of patients with CKD.[10]

It is noteworthy also that the knowledge of hemodialysis treatment characteristics is essential for the patient to understand what are the possible complications, food and water restrictions and can thus implement self-care and commit to being responsible for improving their quality life.[11]

Research and evaluation of the quality of life are needed to quantify in terms that can be analyzed scientifically, of the consequences of the disease, the RRT and the consequences on the daily lives of patients with TCKD, thus contributing to the targeting of specific actions for their assistance and care.[9]

OBJECTIVE

- To describe the quality of life of patients on hemodialysis.

METHOD

Exploratory, descriptive and cross-cut study with a quantitative approach, performed in a
public hospital in northeastern Brazil, characterized as a regional reference that receives the people assisted by the Unified Health System (SUS).

The target people of this study were restricted to patients with CKD, regardless of age, who underwent hemodialysis in the institution. Inclusion criteria were patients with CKD, who underwent hemodialysis in the institution during the period of data collection. The exclusion criteria were patients with CKD, who are not on hemodialysis or not carry out this treatment in that hospital and patients with CKD on hemodialysis in the institution for some other reason were not on the day of collection, were not physically able to participate in the study or not agreed to participate.

Regarding data collection, it occurred between the months of October and November 2014. First, the questionnaire Kidney Disease and Quality-of-Life Short-Form -KDQOL-SF™ version 1.312 were selected as a tool for the evaluation of the quality of life of patients with CKD.

The questionnaires were applied individually for each participant. The interviews took place at exactly the right time during hemodialysis sessions, respecting the limitations of the patients. The average duration of the questionnaires was around 35 minutes, respecting the ethical aspects, paying attention to maintaining the privacy of patients and considering their physical, psychological and emotional limitations since the instrument is long and brings questions about personal aspects.

Data collection occurred during the performance of hemodialysis sessions. A questionnaire was answered by the participant while the others were read individually for each patient by the researcher as they were during hemodialysis session, some had an arteriovenous fistula or had some degree of visual impairment, factors hindering the questionnaire for them. All precautions have been implemented to avoid interference in patient response at the time of reading the questionnaires, all being applied by the same researcher.

The study sample consisted of 17 among the 22 patients who underwent hemodialysis in the institution during the collection period. A patient was weak and unable to respond to the questionnaire, and four refused to participate.

The data were tabulated in a spreadsheet and graphics by using Microsoft Office Excel® version 2010 program. Later, they were analyzed with the Epi Info® version 3.5.2 program to enable the response to objectives (general and specific) of this study.

The KDQOL-SF™ consists of 80 items on chronic kidney disease spread in 11 specific dimensions and eight generic dimensions. The specific part consists of the symptoms/problems dimensions (12 items); effects of kidney disease on daily life (8 items); Overload composed kidney disease (items 4); work situation (2 items); cognitive function (3 items); quality of social interactions (3 items); sexual function (2 items); sleep (4 items); social function (2 items); dialysis staff encouragement (2 items) and patient satisfaction (1 item).

As to the generic part, it consists of the dimensions physical functioning (10 items); limitations caused by physical health problems (4 items); limitations caused by emotional health problems (3 items); social functioning (2 items); mental health (5 items); pain (2 items); vitality “energy/fatigue” (4 items) and perceptions of general health (5 items).

To obtain the quality of life score, the numerical values of the questionnaire were processed on a percentage scale of 0% to 100% for each dimension. According to the Manual for use and correction of KDQOL SF™, the higher the score, the better the quality of life for that dimension.¹³

Thus, in this study, as well as another that evaluated the quality of life of patients undergoing hemodialysis, the scores of the dimensions present in the analyzed instrument were divided into groups: 1st group (0% score low quality of life); 2nd group (scores of 20.001% to 40% - low quality of life); 3rd group (scores of 40.001% to 60% - low quality of life); 4th group (scores of 60.001% to 80% - good quality of life) and 5th group (scores of 80.001% to 100% - good quality of life).⁸

The study was conducted from August to December 2014, after approval and release of the Research Ethics Committee Protocol (CAAE 36968414100005013), and the data collection occurred after the signing of the Consent Term (TCLE) and explanation of the ethical aspects as Resolution number 466/12 CNS/MS (National Health Council/Ministry of Health) on research procedures with human beings.¹⁴

**RESULTS**

The final sample consisted of 17 patients, 11 (64.7%) were female, and 6 (35.30%) were male. The age of participants ranged from 18 to 74 years old, predominant age range 40-59 years old (47%), with a mean age of 45.76 (± 16.38) years old. According to the division by
age group, 14 (17.6%) subjects were adults and 3 (82.4%) were elderly. Regarding marital status, 9 (52.90%) participants were married or were in a stable relationship.

The 19 dimensions of KDQOL-SF™ questionnaire were individually exposed to the statistical analysis of the data. The first 11 are specific dimensions, and the remaining eight are generic dimensions, as seen in Table 1 below.

The average of two dimensions studied scores were in the 1st group, which represents the degree of lower scores and hence indicates a low quality of life of patients in these areas. These dimensions were professional roles (15.15%) and physical function (16.17%).

As for the professional role, when asked about whether or not to keep a paid job, 14 (82%) participants judged that CKD impairs professional roles (15.15%) and physical functioning (16.17%).

Another factor in this study is that patients responded no interference of CKD in the possibility of having a paid job (18%) were autonomous and organized their time to work according to the time available when they were not on hemodialysis, and also holds the family support to continue these activities.

Physical function presented the 2nd lowest score. Among the participants, 14 (82%) responded that due to their physical health, the last four weeks the amount of time spent performing activities of daily living have reduced, also including professional activities. There were 16 (94.1%) reporting to carry out fewer activities than they would like in the last 4 weeks before data collection because of their physical health and treatment.

There were not average scores of the dimensions that would fit in the 2nd group. Five dimensions had scores that embedded in the 2nd group, which also indicates low quality of life of patients, which are: the burden of kidney disease (16.17%), General Health (17.60%), Energy/Fatigue (16.17%), Physical functioning (17.60%), and Social function (17.60%).

As for the professional role, when asked about whether or not to keep a paid job, 14 (82%) participants judged that CKD impairs professional roles (15.15%) and physical functioning (16.17%).

Table 1. Evaluation of dimensions of quality of life through KDQOL-SF™ of patients on hemodialysis (n=17) in a public hospital in northeastern Brazil, Maceió, 2014.

<table>
<thead>
<tr>
<th>Components of KDQOL-SF™</th>
<th>N (%)</th>
<th>Average scores (%)</th>
<th>Standard Deviation</th>
<th>Score rate of KDQOL-SF™</th>
<th>Classification of Quality of life (QOL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional role</td>
<td>17 (100%)</td>
<td>15.15</td>
<td>36.41</td>
<td>1° group</td>
<td>Low QOL</td>
</tr>
<tr>
<td>Burden of kidney disease</td>
<td>17 (100%)</td>
<td>44.39</td>
<td>46.01</td>
<td>3° group</td>
<td>Low QOL</td>
</tr>
<tr>
<td>Patient satisfaction</td>
<td>17 (100%)</td>
<td>62.35</td>
<td>19.96</td>
<td>4° group</td>
<td>Good QOL</td>
</tr>
<tr>
<td>Effects of Renal Disease</td>
<td>17 (100%)</td>
<td>62.50</td>
<td>35.22</td>
<td>4° group</td>
<td>Good QOL</td>
</tr>
<tr>
<td>Sleep</td>
<td>17 (100%)</td>
<td>64.77</td>
<td>34.39</td>
<td>4° group</td>
<td>Good QOL</td>
</tr>
<tr>
<td>Cognitive function</td>
<td>17 (100%)</td>
<td>74.11</td>
<td>31.31</td>
<td>4° group</td>
<td>Good QOL</td>
</tr>
<tr>
<td>List of symptoms/problems</td>
<td>17 (100%)</td>
<td>77.94</td>
<td>35.22</td>
<td>4° group</td>
<td>Good QOL</td>
</tr>
<tr>
<td>Quality of social interaction</td>
<td>17 (100%)</td>
<td>81.17</td>
<td>24.54</td>
<td>5° group</td>
<td>Good QOL</td>
</tr>
<tr>
<td>Dialysis staff encouragement</td>
<td>17 (100%)</td>
<td>82.35</td>
<td>28.55</td>
<td>5° group</td>
<td>Good QOL</td>
</tr>
<tr>
<td>Sexual function</td>
<td>17 (100%)</td>
<td>85.93</td>
<td>34.11</td>
<td>5° group</td>
<td>Good QOL</td>
</tr>
<tr>
<td>Social support</td>
<td>17 (100%)</td>
<td>87.71</td>
<td>28.65</td>
<td>5° group</td>
<td>Good QOL</td>
</tr>
<tr>
<td>Physical function</td>
<td>17 (100%)</td>
<td>16.17</td>
<td>37.09</td>
<td>1° group</td>
<td>Low QOL</td>
</tr>
<tr>
<td>Emotional function</td>
<td>16 (94%)</td>
<td>45.83</td>
<td>50.35</td>
<td>3° group</td>
<td>Low QOL</td>
</tr>
<tr>
<td>General Health</td>
<td>17 (100%)</td>
<td>49.11</td>
<td>42.68</td>
<td>3° group</td>
<td>Low QOL</td>
</tr>
<tr>
<td>Energy/Fatigue</td>
<td>17 (100%)</td>
<td>53.23</td>
<td>34.48</td>
<td>3° group</td>
<td>Low QOL</td>
</tr>
<tr>
<td>Physical functioning</td>
<td>17 (100%)</td>
<td>57.51</td>
<td>43.29</td>
<td>3° group</td>
<td>Low QOL</td>
</tr>
<tr>
<td>Emotional well-being</td>
<td>17 (100%)</td>
<td>65.00</td>
<td>36.97</td>
<td>4° group</td>
<td>Good QOL</td>
</tr>
<tr>
<td>Social function</td>
<td>17 (100%)</td>
<td>69.85</td>
<td>41.64</td>
<td>4° group</td>
<td>Good QOL</td>
</tr>
<tr>
<td>Pain</td>
<td>17 (100%)</td>
<td>71.17</td>
<td>35.05</td>
<td>4° group</td>
<td>Good QOL</td>
</tr>
</tbody>
</table>
kidney disease (44.39%), emotional function (45.83%), general health (49.11%), energy/fatigue (53.23%) and physical functioning (57.51%).

Among the items that make up the overhead dimension of kidney disease, there were statements about interfering too much of CKD in personal life in general (64.7%), time spent on relevant disease (82.4%) and possible disappointment to handle CKD (29.4%).

Regarding the emotional function, 16 (94%) patients responded to items that comprise it. Of these, 8 (47.05%) respondents said they have reduced in the last four weeks time performing activities of daily living, including professional activities, because of their emotional health, and 10 (58.8%) participants said that the last four weeks they performed fewer activities than they would like because of some emotional problems such as anxiety, feeling depressed, among others.

The patients answered questions involving relevant aspects regarding the physical functioning. They were asked about activities of daily life and felt difficulties develop them. Among the activities performed with greater difficulty, there were those that require much effort (58.8%) and walk several blocks (47.1%), as shown in Figure 1.

![Figure 1. More difficult activities of daily life by patients on hemodialysis (n=17), for the KDQOL-SF® questionnaire in a public hospital in northeastern Brazil, Maceió 2014.](image1)

Even as the scale physical functioning in the daily activities carried out without difficulty in the past four weeks, it is highlighted walking one block (70.60%) and activities involving self-care, such as bathing or dressing (88.20 %), as can be seen in Figure 2.

![Figure 2. Activities of daily life conducted without difficulty by patients undergoing hemodialysis (n=17), for the KDQOL-SF® questionnaire in a public hospital in northeastern Brazil, Maceió 2014.](image2)

The dimensions had scores for the 4th group, representing good quality of life: patient satisfaction (62.35%), emotional well-being (65%), effects of renal disease (62.5%) , sleep (64.77%), social function (69.85%), pain (71.17%) cognitive function (74.11%) and list of symptoms/problems (77.94%).

The participants showed that they felt bothered by some effects of kidney disease in their daily lives. Among them, what bothered the most was the least ability to travel, cited by 14 (82.30%) of respondents, as seen in Figure 3. They did not feel bothered by relying on health professionals, 11 (64 70%), or possible changes in sexual life, 10 (58.80%).

![Activities requiring lot of effort, Walking several blocks, Climbing several stairs, Walking more than a km](image3)
Patient quality of life with chronic renal...

Regarding the dimension symptoms/problems, respondents showed that they felt uncomfortable, little or greatly, especially with the feeling of weakness or dizziness (76.50%), as shown in Figure 4.

The 5th group is the last KDQOL-SF ™ scores, also featuring good quality of life. In this study, the variance of this group appears between 81.17% and 87.71%, with the dimensions that fit into the same quality of social interaction (81.17%), dialysis staff encouragement (82.35 %), sexual function (85.93%) and social support (87.71%).

In the sample studied, 15 (87.2%) patients said they were helped by staff to cope better with the disease and encouraged to be more independent and maintain self-care.

Regarding sexual function, 8 (47%) patients reported having an active sex life in the last month before to collection. Participants who had other marital status responded not having practiced sexual intercourse during that period. Among the patients who responded to the constituent items of this dimension, 6 (35.3%) reported no problems as sexual satisfaction and 7 (41.2%) said they had no problems with sexual arousal.

In terms of age, there is a predominance of patients aged between 40 and 59 years old, which corroborates to some extent with the 2013 census of SBN, which exposed the highest prevalence ranging between 19 and 64 years old (62.6%), while the age groups in this study inserted in the age range reported by it.

As for being married or in a stable relationship (52.9%), other studies showed similar results, which can be related to the fact that CKD occurs most commonly in adult people.

In this study, it was identified some commitment analyzed dimensions, with high variation in the values of the scores found, ranging between 15.15% (professional role) and 87.71% (social support). This may be related to the heterogeneity of patients on hemodialysis participants, such as differences in age, length of time on hemodialysis, in the course of the disease, among others.

The quality of life includes physical, psychological and social domains, consisted of several components that are perceived subjectively by the patients, resulting in different quality of life assessments by them.

The general health of the patients was relatively compromised (49, 11%). This finding may be associated with the fact that during...
the treatment of CKD carriers may feel anxious, bothered by decreased autonomy and need to adapt to their new reality. Furthermore, increased risk of infections due to reduced immunity and possible losses in hemodialysis affects the lives of patients in different aspects.\textsuperscript{8,18}

Patients showed dissatisfaction with their current professional role (15.15%). The same occurs in other studies that even with higher scores than this work were the smallest found in these studies about other dimensions analyzed.\textsuperscript{8,18,21}

The dependence of chronic renal patients with hemodialysis machine reduces their chances of developing paid activities, because it requires at least three shifts every other day during the week to perform the treatment, thus interfering directly in their lifestyle because, while there is a reduction in their monthly income, an increase in expenses related to CKD and treatment\textsuperscript{1}.

The profession is part of the identity of an individual, as is usually chosen according to their individual capabilities; contributing or in substantial portion to the family income; It provides a sense of usefulness to society, and also indispensable for growth and interpersonal relationships. Thus, it is clear that due to the difficulty of maintaining employments, added to the problems inherent in the CKD, is greater for these individuals at risk of developing the sense of frustration, impotence and idleness.\textsuperscript{18}

Physical function (16.17%) presented the second position in compromising the quality of life of the participants. This may be related to the hemodialysis treatment and systemic changes (deficiency in excretory functions, endocrine and regulatory) that occur in the body of the kidney patients and the emergence of unpleasant symptoms, resulting in possible interference in performing activities of daily living or even professional activities.\textsuperscript{5}

The physical functioning showed better scoring average (57.51%), although also present low quality of life rating. The limitation of activities of daily living caused by the disease and hemodialysis favors sedentary lifestyle and consequently the functional disability.

In this context, it is noteworthy that the decrease in physical activity may contribute to the onset of cardiovascular diseases, which are the leading cause of death in CKD patients. The advised is that CKD patient regularly practice physical exercises with expert guidance, indicating the proper physical activity, with frequency, duration and intensity more suited to their current physical condition.\textsuperscript{22}

Still on the physical functioning, it was observed that the activities of self-care, such as bathing and dressing were carried out without difficulty by 88.20% of them. This finding is important because, in chronic renal failure patients, a major concern is related to self-care.

Several implications of the disease and treatment can negatively affect the realization of self-care, favoring the increased dependence of these patients to healthcare professionals and their families. At this time, the intervention of nursing is indispensable, since the self-care deficit tends to accentuate as the disease evolves and often the individual finds himself bound to perform self-care systematically.\textsuperscript{23}

Nursing can contribute to the self-care of chronic renal patients on hemodialysis, assist the acceptance and adaptation of their current health condition to feel encouraged to adopt behaviors, attitudes and practices that meet the requirements imposed by the disease. These range from on attitudes to personal hygiene to those related to treatment adherence, medication, and food, essential for the good development of their health-disease process.\textsuperscript{24}

The dimension effects of renal disease showed better scoring average (62.50%). In general, participants did not bother or felt little uncomfortable with the items that make up this dimension. However, liquid (76.50%) and food limitation (70.7%) were the most bothered, although little.

Thus, as the nutritional status of patients with CKD, it is necessary that nursing monitor and periodically assess the presence of anorexia, of uremic toxins, gastrointestinal disorders, metabolic disorders, and is always attentive to losses nutrient in the dialysate, comorbid conditions and chronic infections that contribute significantly to the state of malnutrition. Nursing should guide the patient to a healthy diet and proper fluid intake, preventing or reducing the toxicity and uptake of metabolites and liquid.\textsuperscript{25}

In this study, the dimension list of symptoms/problems related to kidney disease had a mean score of 77.94%. However, some symptoms were quite cited, highlighting weakness or dizziness (76.50%). However, the classification of this dimension may be related to the fact that hemodialysis provides a reduction of uremic symptoms since its function is to decrease the filtration of liquids and metabolic substances blood, responsible
for producing unpleasant symptoms (uremic). 21

About sexual function, it had the second-best score in this study (85.93%). This finding demonstrates the good sexual satisfaction and ability to become sexually aroused. Having a stable and/or lasting relationship provides complicity between those involved, which facilitates getting better sexual performance. Sexuality includes various manifestations, impulses, desires, feelings present in interpersonal relationships and can be differentiated as involvement with the partner. 26

In this study, the emotional function showed relatively low scoring average (45.83%) and may be related to the fact that often the CKD is associated with suffering and death for patients and their families. Thus, the emotional function can be adversely affected leading to reduced quality of life. 27

On the other hand, the emotional well-being scale showed the highest scoring average (65%), which may indicate better adaptation on the health situation and the current support provided by friends and family.

Nursing can intervene in these issues to improve the quality of life of these patients. Guidance on the disease and treatment and clarification of possible questions allow the patient and family are aware of relevant aspects and demystifies preconceived ideas that can influence the adaptation of these individuals to present health condition and thus favor the best coping emotional problems which may emerge. 24

The dimensions of social function (69.85%), quality of social interaction (81.17%) and social support (87.71%) achieved average scores enough to be classified as consistent dimensions, aspects of quality of life of participants. The integration and support received by family and friends can contribute to this fact; it is common during hemodialysis sessions attendance of them as companions of patients.

The dimensions of patient satisfaction and dialysis staff encouragement reached, respectively, the values of mean scores 62.35% and 82.35%. This shows that patients, in general, feel encouraged by the team to be as independent as possible, also be possible to see the link between patients and healthcare professionals and the provision of specialized and appropriate assistance for these to meet the target audience's needing and promoting measures to minimize many of the health changes faced by them.

The link between health professionals and patients are essential for the emotional support they so badly need, and promotes better adherence to treatment, thus contributing to the reduction of complications and comorbidities related to the disease, increasing their life expectancy. 8

CONCLUSION

This study showed the impairment of quality of life for renal patients on hemodialysis, highlighting the professional role and physical function, demonstrating the need for strategies to mitigate this situation to reduce the impact generated by these two dimensions in the lives of people, since they can negatively affect other dimensions and course of the disease.

On the other hand, most of the topics verified, 12 dimensions, were little affected, especially social support and sexual function, involving satisfaction with the elapsed time in the company of family members and the support received, as well as the relationship with the spouse. Thus, it is important to maintain this level through continuous guidance for patients and their families about the disease and the importance of strengthening these ties and how best to face the consequences generated by the CKD.

Faced with systemic changes and changes in other aspects of the life of these patients, which can interfere directly or indirectly in self-care, it is important to note the finding of this study, the participant satisfaction with treatment and with the encouragement offered by the multidisciplinary health team to them.

In general, most of the average scores obtained indicated good quality of life. However, through this study, it is understood the important aspects of quality that have been most affected, requiring intervention also is possible to develop strategic measures to improve them and thus increase the quality of life of those involved.

In this context, it is essential for nurses, healthcare staff who deal directly with patients for a longer period in guiding and carrying out educational activities with these patients and their families, as well as assisting in the face of many stressors that may arise in their daily lives.

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