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HEALTH EDUCATION FOR PATIENTS UNDERGOING HEMODIALYSIS

EDUCAÇÃO EM SAÚDE PARA PACIENTES EM HEMODIÁLISE

EDUCACIÓN EN SALUD PARA PACEINTE EN HEMODIÁLISIS

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ABSTRACT

Objective: to report the knowledge of patients with chronic renal failure subject to hemodialysis. **Method:** qualitative study, type of action research, conducted in a hemodialysis clinic, in the interior of Piauí/PI, with eight patients in the period of August 2012. For collection of data, participant observation, field diary and interviews with guiding questions were used. The data analysis was based on assumptions of thematic analysis. The research project was approved by the Committee on Ethics in Research, Protocol no. 0422004500011. **Results:** deduced from the reports, were lack of knowledge about the treatment process and evidences of a life marked by insecurity, limitations of social and family life, a process of painful treatment. **Conclusion:** it can be observed an experience marked by misinformation, arousing questions in the area of nephrology about the need to rethink educational paradigms that currently exist, seeking to adequate the nursing actions. **Descriptors:** Nursing ; Health Education; Nephrology.

RESUMO

Objetivo: relatar o conhecimento dos pacientes com insuficiência renal crônica submetido à hemodiálise. **Método:** estudo qualitativo, do tipo pesquisa-ação, realizado em uma clínica de hemodiálise, no interior do Piauí/PI, com oito pacientes, no período de agosto de 2012. Para coleta de dados utilizou-se de observação participante, diário de campo e roteiro de entrevista com perguntas norteadoras. A análise dos dados baseou-se nos pressupostos da análise temática. O projeto de pesquisa teve a aprovação pelo Comitê Ética em Pesquisa, Protocolo nº 0422004500011. **Resultados:** depreendeu-se dos relatos, desconhecimento sobre o processo de tratamento e evidências de uma vivência marcada por insegurança, limitações à vida social e familiar, processo de tratamento doloroso. **Conclusão:** pode-se observar uma vivência marcada por desinformação, despertando questionamentos na área da nefrologia sobre a necessidade de se repensar acerca dos paradigmas educacionais atualmente existentes, buscando adequar as ações de enfermagem. **Descritores:** Enfermagem; Educação em Saúde; Nefrologia.

RESUMEN

Objetivo: relatar el conocimiento de los pacientes con insuficiencia renal crónica sometido a hemodiálisis. **Método:** estudio cualitativo, do tipo pesquisa-acción, realizado en una clínica de hemodiálisis, no interior do Piauí/PI, con ocho pacientes, en el período de agosto de 2012. Para coleta de dados utilizo se de observación participante, diariamente de campo y ruterio de entrevista con preguntas indicativas. Análisis de los dados se basó en los presupuestos del análisis temático. El proyecto de pesquisa teve a aprovação pelo Comitê Ética em Pesquisa, Protocolo nº 0422004500011. **Resultados:** Se deprende de los relatos un desconocimiento sobre el proceso de tratamiento y evidencias de una vivencia marcada por inseguranza, limitaciones a la vida social e familiar, proceso de tratamiento doloroso. **Conclusión:** pódese observar una vivencia marcada por desinformación, despertando cuestionamientos en la área da nefrología sobre la necesidad de repensar acerca dos paradigmas educacionais atualmente existentes, buscando adequar las acciones de la enfermaria. **Descriptores:** Enfermaria; Educación en Salud; Nefrología.

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INTRODUCTION

The renal disease is a major and growing worldwide public health problem, regardless of the degree of development of the country, both in terms of the number of people affected, disabilities, premature mortality, as the costs involved in the control and treatment of its complications. Among the main causes of kidney failure are diabetes mellitus, arterial hypertension, chronic glomerulonephritis, the obstructive uropathies and polycystic kidney disease. Approximately 4% of patients in intensive care units around the world have acute kidney injury and require renal replacement therapy.¹

The treatment involves two steps, the principle, establishing the conservative method, with adjustment of the life-style and medication support. Facing its inefficiency, we let go of methods such as hemodialysis and peritoneal dialysis.² Current scientific advances allow access to a technological apparatus able to partially replace the renal function, increasing the survival of large proportion of patients with chronic renal failure.³ Practise however, faces two concrete situations: the revelation of a serious threat to the integrity of a part of the body and the continuing dependence on mechanical means to stay alive.⁴

It should be emphasized that the patient faces many questions related to a new living and to adapting to the conditions imposed by the routine of dialysis treatment, which is why it is argued that the development of health education activities is a relevant aspect in its management and adaptation.

The increase in the prevalence of renal failure, combined with the complexity of its treatment, such as dietary restrictions, use of medications and associated chronic complications underscore the need for effective educational programs viable to public health services. The change in behavior, with the adoption of a balanced diet and physical activity, is essential to control the disease.³

Educational actions should be considered a priority in the policies for the prevention, early diagnosis and treatment, able to develop a critical awareness of the cause of their problems in people. Many professionals do not implement them, due overvaluation of other activities, such as the scheduled appointments, daily emergencies, high demand and the lack of interest of the population.⁵ In this sense, it is argued that the changes in care methods directed to educational practices in health are still

incipient and have little visibility on the national stage. Thus justifying non-perception as a auxiliary strategy in the process of caring.⁶

It is observed that, if care were developed in a dialogic environment, the patients would understand their vulnerability better. There is, therefore, the need for new practices, in which to configure strategies for change of techno-assist models, indicating the creation of possibilities to foresee new knowledges and practices that expand the alternatives of better conditions of survival in this population.⁷

This study aims to report the knowledge of patients with chronic renal failure undergoing hemodialysis.

METHOD

Article developed from the paper of completion of undergraduate course. Strategy of education in health for patients on hemodialysis, the Federal University of Piau/UFPI-Picos, Picos/PI/Brazil, 2012.

Qualitative study of the action research type, carried out in hemodialysis clinic accredited to public service, with an installed capacity of up to 179 patients a month. Eight patients in dialysis treatment participated in the study, arranged in groups in the 2nd and 3rd shifts, including adults with preserved communication. Not participating in the survey were patients with hearing and cognitive deficits, transferred to another dialysis treatment or remaining for more than two weeks in hospital. Data collection was carried out in the months of August and September 2012.

Notes were taken in a field diary, immediately after the end of the note. These notes referred to the record of the activities performed, the sequence and duration of actions, the people involved, the exchanges of information observed, the physical environment and the reflections of the observer.

The interviews were guided by a roadmap with biographical identification data questions and guiding questions that gave subsidies to the formation of thematic categories of health education, being recorded by recorder tool.

The data collection process was subsidized by assumptions recommended by Freire.⁸ This methodology is used in literacy and, for the author, it is first and foremost, learn to read the world, understand your context. With the application of this technique in the present study, we sought to create opportunities for the chronic renal patients to develop and

improve their skills to read the world in which they live, composed of hospitals, complex equipment, strict diets and fluid restriction, technical vocabulary and not always accessible professionals.

This method, which is active, dialogical and critical apires to know how the chronic renal patients think about their reality, so that, becoming aware, they are actors in the process of self-care. And, thus, to discuss issues that permeate the proposal of a transforming education, in which the guiding element is the dialog of the professional with the subject, in a horizontal relationship.

The analysis of the study took place in two steps. At first it was the lifting of the thematic universe, which refers to the set of topics generators, i.e., the description and interpretation of situations of chronic renal patients on hemodialysis and the identification of their learning needs and their prior knowledge. The second stage consisted of the phases of survey of the generating themes and organization of the material in the collection of data. This was followed by the selection and coding of words and phrases recorded during observations participants. Finally, the ordering of topics generators. The subject will be depicted in the results by the codes P1, P2 to P8.

It should be noted that the study was submitted to the Ethics Committee and Research of the Federal University of Piaui, with approval protocol under registration no. 0422004500011.

RESULTS

Identified gender differences among chronic renal failure patients showed, six (75 %) male, the group most affected by the disease that remains in dialysis treatment. With respect to the age group that an average of 42 years of age was found. Regarding marital status, six (75 %) said that they were married, education showed an approximate average of 5 years of study and seven (87.5 %) were unemployed. Corresponding to disease and treatment it was identified that only one patient knew the cause of renal disease, whose average treatment time was one year and eight months.

In relation to the content analysis of speeches, it was possible to identify 10 categories: understanding about the disease, kidney functions, cause the onset of renal disease, care performed while bearer RI, nutritional care, learn about the treatment and knowledge of the AVF.

Understanding about the disease

What I do know is that it has no possibility of leaving the treatment, only with transplantation. I did not feel anything in the machine P1.

Just wish to know how to get well. I am very afraid of not becoming well P2.

Just know that the best is to undergo the treatment P3.

I know nothing about the disease, I started now and nobody told me nothing P4.

Just know that it has no cure, The kidney stops working P5, P6, P7, P8.

Renal Functioning

Don't know anything P1, P5.

The function of the kidney is for us to drink water P2.

Filter the blood and do the cleaning of the body P3, P4, P8.

I know only that it is chronic kidney, but I do not know what it means P6.

The kidney filters the blood and kicks out impurities P7.

Causes the onset of renal disease.

Never understood the cause of this disease P1, P4, P8.

I just know that the kidney can stop, I do not know why P2.

High blood pressure, was what the doctor said. This was the cause of my disease P3, P5, P7.

People say that it is because of the pressure that lowers. Ttruth is that I became ill because my husband died, I was very sad and this caused my illness P6.

Care conducted while bearer IRC

Avoid salt and fried food, food without oil. Care with nutrition P1, P3, P6, P7, P8.

Take medication P2.

Avoid liquid, for the liver not to swell and as I have heart problem we must avoid any harm. Because the liquid remains on the heart and lungs P4.

Do not smoke, do not drink alcoholic beverages and does not take very much liquid P5.

Nutritional Care

Avoid red meat eat more chicken and fish, softdrinks, and some types of fruit, such as carambola P1.

Don't know P2.

Eat balanced food, avoid soft drinks, alcoholic beverages, heavy food P3, P7.

I eat everything, rice, beans and everything I used to eat P4, P5, P6, P8

Learn about the treatment

Don't know anything P1, P2, P3, P7.

The section of dialysis takes the liquid that the kidney is not P4.

It is the function of the kidney P5.

Serves to draw water from inside of you. If this does not happen one remains full of

water and takes all the liver and the heart P6.

Serves to draw the liquid from water P8.

The machine is a way of life. The dialysis machine gives life and can take the life also (P2)

Knowledge about making the AVF

It is a tool with a little electric motor, a hose is connected in the vein. When you put in the vein it vibrates P1.

I do not know anything P2.

One does not know how it is, I know only that it is the surgeon who does it P3.

Puts an artificial vein, a hose, I do not understand well P4.

It is done a cut that connects a vein in another P5, P6, P7, P8.

DISCUSSION

For the person with chronic disease, several factors are involved in the process of well-being and living with the disease. It is argued that the engagement of the patient in self-care is made possible by educational activities aimed at raising awareness in accordance with the interests and individual needs.⁹ However, in the face of crisis and changes in daily routine, permeated by appliances and hours of treatment, the family is also affected. Observations show that changes evidenced by use of catheter, arteriovenous fistula, and changes in self-image can compromise conjugal relations.¹⁰

This infirmity, over the last decade, has registered high incidence and prevalence, which has triggered the worldwide scientific community. It is assumed that, for each patient in renal replacement therapy, there are 20 to 30 other with chronic renal disease in its various stages.¹¹ Evidence, therefore, to the low coverage of the health sector in the screening of patients at an early stage of the disease. Thus, many begin treatment when the rim already has lost a great part of its function.¹² In this sense, considering knowledge and attitudes of patients, it may be wondered if provided information is effective?

It is clear from the statements that they generally recognize the importance of health education. However, due to the inefficiency in educational practices, the patient knows very little about his condition and that the dialysis treatment is not a cure for the disease, which can compromise adherence to therapy. From this perspective, it is identified that many patients accept their condition of health, proven by incorporation of the condition to be renal.¹³ However, it becomes a source of tension to the extent

that it imposes other challenges and new responsibilities to the individual, such as dieting, taking medication, and the fact that a possible physiological disharmony and unwanted constraints may have to be faced.¹⁴ These factors relate to anguish and suffering, which will interfere with their daily life, as well as of those who surround them.¹⁵

The interpretation of the reports reveals the importance of how the experience with the chronic kidney disease becomes complex. Corroborate, therefore, that the process of becoming ill accompanied by insecurity and anxiety, cause negative expectations about life projects, making it impossible to see the disease dissociated from its human condition.¹⁶ Patients, for example, have difficulty in dealing with the risks inherent in the treatment, the fear of death permeates the daily seeing the expression: The machine is a way of life. The dialysis machine gives life and can take life also (P2).

It is argued that the professionals themselves are unprepared to deal with proficiency this moment of life. The medicine practiced today, although imbued with sophisticated technology, underestimates the personal needs of the patient, whose amplitude permeates their daily lives, affecting family dynamics, not to mention the financial burden imposed on the health care system.¹⁰ The statements arouse thoughts of those feelings needing to be addressed in the light of the principle of care, which leads to a lessening of the effects of the experience of a terminal illness. On the other hand, the knowledge of the vascular access for hemodialysis may be considered insufficient, because it consists of an anastomosis of an artery with an adjacent vein, which may be made by means of a prosthesis (arteriovenous graft), which was not correlated in reports.¹⁷

The care in the fistula occurs since its creation, it must occur in a continuous manner, since it is essential for the hemodialysis treatment. Between the initial treatments, the patient must take regular exercise with the hand; never allow venous puncture; the puncture should be held up to three centimeters of anastomosis site; the needles shall be five centimeters away to avoid recirculation, in addition to the grouping of needles weaken the wall of the vessel, producing an aneurysm; perform hemostasis for 10 minutes before doing the pressure dressing; do not pick up weight on the arm of the fistula; do not allow measuring blood pressure.¹⁷

It is, therefore, based on the reports that the education and psychosocial preparation

does not receive the attention it deserves. Although considered to be variables not biological, are fundamental in the optimization of health care in the period pre-dialysis chronic kidney disease. In the first instance, it is important that nurses nephrologists to reclaim the time during care, to engage with the health education, in order to create a dialogic space of interaction between all involved in the treatment. This is because, within the proposal for the promotion of health, the educational model stands out as conceptual and methodological that contributes to the transformation of the logic of health actions.¹⁵

It is worth pointing out the importance of socioeconomic advice in the progression of renal diseases. Similar to that observed in other chronic diseases, and it is possible that the economic conditions have a negative impact on the evolution of the disease. Thus, it is also important to provide conditions for the knowledge of their constitutional rights, motivating them to maintain their professional activities and focus on the different programs of free access to medicines, program of basic food basket of medicines, high-cost medications, such as erythropoietin, benefits and services available to complement the care for patients with CKD.¹⁵

Characteristically, the chronic conditions require strategies for special care that help users to create awareness for the self-management. The need for information is perceived in the reports. These need to be seen as focus on quality care, in which, it is recommended that care and interpersonal interaction as guiding element of practice.

CONCLUSION

The narratives demonstrate a lifestyle marked by ignorance and insecurity. We could surmise that the experience with chronic renal disease is permeated by complex issues that involve limitations the adaptation and coexistence with a process of painful treatment. Getting explicit the requirement of permanent coping that exposes the patient to put hand at adaptive resources not always successful.

There is a reported need for more information, on which, it emphasizes the dichotomy between the information provided by patients who perform the dialysis treatment and the need for maintenance of care. It is, therefore, imperative to remember that this is an ethical social commitment, supportive, stripped of any unilateral interest, having as objective the promotion and

restoration of health, reintegration of the person in his social environment and the development of creative potential of the professional in the search for treatment adherence and suitability to the new reality. The care is guided in a relationship of responsibility, involvement, cooperation and participatory spirit of both parties. In this scenario, it is proposed that implementation of new education proposals that should immerse themselves in daily practice, whose intentionality pervades the technical and bureaucratic to welfarism bound to the current professional practices.

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