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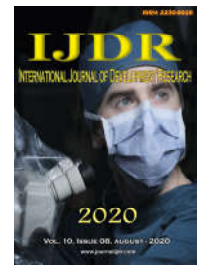
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RESEARCH ARTICLE

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## NURSING CARE FOR PATIENTS WITH CHRONIC KIDNEY DISEASE IN A PUBLIC REFERENCE HOSPITAL IN BRAZIL

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### ABSTRACT

Chronic Kidney disease is a condition that has taken great proportions mainly among the adult population, bringing direct implications in the life of the bearer of this condition. Thus, nursing care should be aimed at improving the individual's quality of life and promoting health. This study aimed to identify the interventions developed by nurses during the care of patients with Chronic Kidney Disease, as well as to describe the nursing care for this patient and to raise the main difficulties of nurses regarding this care. This is a descriptive and exploratory field study of qualitative nature, developed at the nephrology unit of the Getúlio Vargas Hospital in Teresina-Piauí, Brazil. Nursing interventions range from direct care actions such as vital signs monitoring, patient weighing, water intake monitoring, health education practices, patient safety, to managerial actions such as staff and material sizing. The difficulties are mainly concentrated in the lack of material and human resources, but the acceptance of treatment by patients are also relevant. From this, it is concluded that nursing care goes through difficulties that directly interfere with the quality of care, besides presenting itself as a complex process that needs knowledge and techniques that contribute to the improvement of patients.

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### INTRODUCTION

With the aging of the world population and the expansion of Chronic Noncommunicable Diseases (CNDs) such as diabetes mellitus and systemic arterial hypertension, Chronic Kidney Disease (CKD) has been increasing in a considerable number already representing 10 to 13% of the adult population on developed countries.

It is important to note that these pathologies represent the main ones associated with the development and progression of this renal dysfunction, which commonly has a late diagnosis which directly implies treatment alternatives and consequently the survival of these patients (COUTO et al., 2017). Annually, the Brazilian Society of Nephrology with the purpose of obtaining and disseminating safe and reliable epidemiological information conducts a national survey that seeks data on patients with CKD in some type of treatment and on the

country's, dialysis centers, and publishes this data every two years. In 2017, about 48,596 patients with this pathology were receiving some type of Renal Replacement Therapy (RRT) spread throughout the national territory, it is worth mentioning that 81% of these are financed by the Unified Health System (Sistema Único de Saúde - SUS) and the others by insurance or insurance (SESSO et al., 2017; THOMÉ et al., 2019). This pathology directly affects the metabolism and cell life of all organs, being a very significant health problem, some symptoms become frequent in these people's lives, such as: change in urine color, high blood pressure, emesis, nausea, loss of memory and libido, fatigue and general malaise, leading to a state of attention that requires more prolonged care by both the health team and the patient himself (SANTOS et al., 2018). High patient rates in some form of Renal Replacement Therapy (RRT) have increased in recent years and, consequently, high costs of financing these treatments, which depend on each individual and the evolution of the pathology demands a longer time. It is noticed that in Brazil there is an absence of prevention of these diseases, although there are public health policies implemented by the Ministry of Health, there is still a need for continuous implementation and effectiveness for this problem to be solved (ROCHA et al., 2018).

Within these perspectives, the nursing team is configured as a central pillar in the construction of health and well-being, considering that this professional acts in the care directed to each symptom or complication, from the first signs that can be detectable in the basic care to the most complex in-hospital procedures (MARQUES; FREITAS, 2018). In the construction of health care, it is essential to emphasize the nurse's responsibility in spreading information about the pathology to each patient and their families, thus providing care aimed at comfort and promoting a better relationship in living with the disease. For this, it is necessary to have scientific technical knowledge that strengthens and supports all the replicated content (TEODÓZIO et al., 2018). Given the above, the study aimed to identify the interventions developed by nurses during the care of patients with Chronic Kidney Disease, in addition to describing the nursing care for this patient and raising the main difficulties of nurses in the face of this assistance.

## METHODS

It is a descriptive and exploratory study, field and qualitative. This research was developed at the nephrological clinic of Hospital Getúlio Vargas in the city of Teresina-PI. The unit has two referral clinics totaling 23 beds and another hemodialysis room with a capacity for 14 patients. The nephrology unit has been restructured and has been active since May 2004 and currently has 10 professional nurses working on a scale. The participants in this study were 6 nurses who work directly in the sector and who agreed to participate in the study, once the acceptance was signed, they signed the Free and Informed Consent Form (ICF) (ANNEX A) which was drafted according to the norms of the Resolution of the National Health Council (NHC) 466/12, which deal with research with human beings. Considering this, the study included all nurses working in the sector, who have been working for more than a year and who accepted to participate in the research, and as exclusion criteria, nurses who were on vacation and on leave and those who were substituted. In order to fulfill the objectives of the study, a semi-structured

interview was conducted with questions asked by the researchers themselves (APPENDIX). In this script, a fixed link of questions was developed, in which the conformation of the text was immutable for all respondents, where it was intended to contemplate the characteristics of nursing care provided to patients with CKD and the main difficulties faced during the provision of care (MARCONI; LAKATOS, 2010; GIL 2010). After data collection, the ordering and reproduction of the interviews were carried out in full, and after the information was collected, a qualitative analysis was carried out using the thematic analysis method, whose guiding proposal is the study's theme, at the end, establishing through a text meant for the analytical purpose of this study (DESLANDES; GOMES; MINAYO, 2013).

The manuscript obtained all ethical approvals for its realization

## RESULTS AND DISCUSSION

The analysis of the content of the interviews allowed the definition of the central unit that entitled this study "nursing care" and, from there, the perceptions of those involved in two different categories emerged: Assistance to patients with Chronic Kidney Disease and Difficulties faced by nurses in assistance to patients with Chronic Kidney Disease.

**Assistance to patients with Chronic Kidney Disease:** This category describes the nurses' duties during the practice of nursing care for chronic kidney patients, being defined due to their significant relevance during the interviews. In this sense, the aim here is to explain step by step how this process is performed in care practice.

*P3 [...] we are responsible for the progress and synchronization of the service during treatment and after [...]*

In nursing practice, the professional nurse is assigned to plan assistance in the way that best suits the patient's need, extending the care to him and his family. In this context, it is natural to develop goals and objectives so that care focused on health promotion is directed, thus confirming the important role of these professionals in health establishments (SANTOS et al., 2018). Through a highly organized system, it is possible to provide quality assistance geared, above all, to the resolution of problems and health problems. The use of the Nursing Care Systematization (NCS) supports care and meets all relevant needs, since one of the steps concerns planning and execution that must meet the individual and collective needs of each individual.

*P2 [...] so nursing assistance to be efficient it is important that this dialysis service nurse has specialized knowledge [...] the lack of technical, theoretical basis will make her insecure in the planning and execution of nursing care [...]*

It is up to this professional the good performance of assistance aimed at the technical-scientific and the particularities of each patient, today considered a link between the other health professions, considering that he is configured as a care manager, in addition to be a professional who has a greater percentage of time with health service users in their levels of care (SILVA et al., 2019). Nursing is closely linked to care

through techniques that improve the patient's quality of life during the hospital intervention period, is responsible for most of the care and is performed by the execution of the NCS, which is guaranteed as the execution of decisions regarding actions performed at the time of assistance, thus requires improvement in the prognosis and effectiveness of therapy.

*P2 [...] the care she should cover, is not only related to medical care, but also to psychological and spiritual care [...]*

An important mission of the nursing team is to assist chronic kidney patients in the most diverse problems, being prioritized or holistic around their pathology, they are with a team with responsibility for continuous care focused on physical, mental and spiritual well-being, being pertinent or adequate knowledge about each problem to choose therapeutic decisions, always prioritizing techniques that improve the perception of their health condition. The nurse to provide care with the use of nursing knowledge that promotes comfort, control of signs and symptoms, family support and a very important characteristic for the integration of the multiprofessional team that must have an effective communication with the purpose of use or patient well-being (MESSIAS, 2018).

*P1: Assistance to chronic kidney patients involves observing how female patients can look at urea, creatinine, alcohol and potassium, hematocrit, hemoglobin, everything that affects my body [...]*

Not that it concerns nursing care or the nursing professional should pay attention to the care that should be promoted with the team, it is important to plan that must be built with the patient a health culture, it is up to the experienced nurse, clarification of doubts, referral to other professionals, active listening and basic care that make the total difference in their lives.

*P5: [...] the nurse inside the hemodialysis room does some care directed to the patient type of fistula puncture that normally or the nurse does [...] the nurse in the room is monitored if everything is within the right limits on the machine so that you can get off really well, have a good dialysis [...]*

Nursing has played an important role in treating patients in some form of renal replacement treatment, including those present before, during and after an analysis session. It is up to the nursing team from the reception to the care most associated with these patients with weight registration, takes them to a machine, measures vital signs, anticoagulation, proper functioning of the analysis machine, temperature, patient comfort, and must also be attentive to changes, as these when neglected can cost the patient's life (SILVA et al., 2018).

*P5: [...] another thing that is also handling a lot of catheters, in addition to punishing some other care [...]*

*P3: [...] quality of functioning of the fistula puncture, use of hemodialysis catheter [...]*

During the execution of hemodialysis therapy or of the nurse, observing the punctures that usually occur in the Venous arteries (VA) and catheters, in order to avoid possible frequent

variations in these actions, taking into account some situations such as: thrombosis, stenosis, ischemia and aneurysm, so that this is a qualified professional to guide patients who do not have access to basic treatments, such as washing hands and arms before the start of hemodialysis, which causes all the difference (SILVA; VIEGAS, 2018). Upon receiving the diagnosis of CKD or the individual undergoes changes in his routine, he can drastically change his body, as dialysis therapy is most often used and carries numerous risks. Nowadays, care related to the containment of infections is increasingly on the rise, in this theme nursing care is relevant with the access of these patients who depend on them to continue with the quality of the procedure. With the modernization of health systems, the nurse became even closer to the patient, present from the screening and confirmation of the diagnosis in outpatient services, to high complexity services, when largely dependent on specific treatments and strategies to keep alive.

*P2: [...] Guide on the importance of sanitizing access to not infect [...]*

*P5: [...] those guidelines for both the patient when starting or accompanying help with these issues, delivery folder, educational material for respecting renal failure and care for the fistula, care for the catheter [...]*

*P5: [...] explaining what a machine is, what is the machine function for which he is responsible, what are the precautions he will take between one analysis and another, so as not to gain too much weight or who will mean the life in a way that he introduces the importance of the analysis that he will do [...]*

The chronic renal patient needs changes on a daily basis to improve the quality of life, for this, they are related educational actions by the health team, with recommendations and clarifies as private questions for each individual. These changes need to be effective and must reach the biopsychosocial states that generally use the use of care technologies to keep alive (LEITE et al., 2018). In health education, select nursing professionals, as he is an important mediator of preventive actions, considering that health units are important as elaborate reminders, folders etc. It is pertinent to provide assistance aimed at health problems and promotion, and these educational practices linked to specialized care form a network that interconnects thoughts and techniques that bring beneficial effects to the assistance services. When carrying out educational practices, it is necessary that the parts that are part of the teaching and learning process are closely interconnected through the construction of sabers' thoughts and recognitions, it is important that the issues are resolved and the language is easily accessible for the effective implementation of exchange of knowledge and for whom this patient can put all the guidelines into practice.

*P4: [...] communicate to a multidisciplinary team about any changes, this is where people have a good and resolute team [...]*

Another important factor is the respect for communication between health professionals and patients, being considered an important treatment center in the treatment of chronic diseases, directly helping with therapeutic adherence. In this sense, a communication to be satisfactory must consider as particularities and the context of each individual, and here

comes health education, which must include the main questions in order to establish this effective communication between patients and the entire team involved in the treatment (MATSUOKA et al., 2019). It is also characterized as the role of the nurse to mediate all aspects that influence the health condition of patients, so it is essential during renal replacement therapy, a calm environment, with comfort and insurance, directly influencing the treatment and treatment methods, since many suffer emotional confrontations caused by the chronicity of the pathology and the condition in which they live, being adopted by a nursing professional or emotional support with the multidisciplinary health team responsible for the well-being of these patients (MELO et al., 2019). Patients undergoing critical analysis with painful, chronic therapy and consequences that generate changes in their routine, in addition, as comorbidities associated with CKD, and the high level of therapeutic complexity cause important changes that contribute to the participation of patients to treatment (ALVES et al., 2018). During nursing care, it is possible to find several ways to change the changes suffered over the life of patients, whether in analyzes or transplants, based on the establishment of controls that promote the quality of health care and it is possible to use accurate and accurate data. NCS as stages of investigation, diagnosis, nursing, planning and implementation, safety and professional safety that should aim to promote the biopsychosocial well-being of their patients.

*P3: [...] as administrative obligations, among them, for example, we have a team organization that respects or that a door requires a division of employees for each number of patients [...]*

Another nursing, conferred by a nurse, is designed for professionals who are trained through a technical technique that provides or provides personnel, characterized by the direct construction of monthly scales, so that this makes necessary managerial and leadership skills that use organization throughout team service (SOUZA et al., 2018).

**Difficulties faced by nurses in assisting patients with Chronic Kidney Disease:** Defined through the guiding script of this study, this visa category explains how difficulties experienced by nursing professionals in the nursing care routine begin as the most frequent statements during the data collection process.

*P1: [...] when there is a lack of material, for example, today I had to work without alcoholic chlorhexidine because I don't have it at home [...]*

*P5: [...] sometimes there is no material suitable for some puncture, material for the patient himself [...]*

*P6: [...] material is lacking, medicine is lacking [...]*

In these statements, it is clear that the lack of resources needed to assist patients in their needs ends up harming the health service, given that the majority of dialysis patients are totally dependent on the public service, this assistance is not viable. These patients need procedures that are mostly preventive to other aggravating factors and, without basic conditions, it is impossible to perform them. During nursing care, the use of material resources is necessary, as they guarantee the quality of the service provided to the patient and allow the non-interruption due to the absence or lack of quality of these materials, for this it is essential to manage resources that

guarantee the forecast and provision of basic materials for dignified assistance (SILVA; ALVES; SANTOS, 2019).

*P3: [...] lack of a better structure for those who can feel more security [...]*

One of the major issues for good quality hospital care concerns the structure of the nursing team's work environment. The absence of this type ends up directly affecting the provision of services to patients with disorders for them and, mainly, for professionals who make it impossible to provide a quality service (CARVALHO et al., 2019). In view of the lack of human resources, there is an overload of assignments within the service and especially the nursing team, or that ends up generating many disorders in the face of care and demands more agility and speed from the professional in solving the patient's complications, thus causing stress, tiredness, demotivation and among other factors (SCHERER et al., 2016).

*P5: [...] excesses of assignments that a person has, as sometimes he stops people from doing any activity due to lack of time [...]*

One of the most recurring problems that hinder nursing care is the intense increase in assignments, the distance or the professional increasingly providing good quality health care, a major driver of this phenomenon is the realization of practices that go beyond the attributions of nurse, cause problems still mainly in professionals (COSTA et al., 2018). The health professional who does not have adequate time to perform his service ends with direct assistance, does not affect patients who use specific care such as those who depend on dialysis therapy, it is essential that nurses have minimal conditions and are used to perform assistance within of what is expected and without prejudice to the fulfillment of their duties, so it is pertinent or correct sizing of personnel by the service management.

*P3: [...] as deficiencies in some processes that need to be improved, for example, they do not touch patient safety and a culture that takes time to be implemented [...]*

When it comes to the implementation of practices that promote patient safety, it is extremely important to interact between the central managers of health services and the professionals who are directly involved in the assistance, the lack of support results in the inadequacy of these practices that are currently organized in goals. to better serve patients by preventing them from any changes (REIS et al., 2019). Today, most health services need to adapt to patient safety standards, first because it provides quality in the services provided and second because it guarantees professionals quality standards in the services, in addition to avoiding mistakes previously made, for this work is fundamental. set that promotes integrative practices to promote the improvement of the quality of life of the chronic kidney with activities that involve the patient, the professional and the community involved in the process of caring for this patient.

*P4: [...] one of the main ones is acceptance of treatment by the patient [...]*

*P5: [...] with the patients themselves that sometimes they are rebellious to the treatment they do not want to comply with some rules [...]*

The difficulty of accepting the treatment must be overcome together with the team and the family, the latter with significant importance, as they are directly with him every day. The use of practices that improve and soften the treatment directly influences the condition of the chronic being, and with the professional must be aware of the changes and offer individual and collective care in order to make positive progress in the treatment. Hemodialysis therapy causes the individual affected with CKD to undergo sudden changes in lifestyle, from simple everyday functions, to stigma and psychological and social changes, in view of which patients often have difficulties in adherence to treatment and imposed restrictions, in this context it is necessary to have the figure of health professionals and family in the emotional support that will certainly contribute to the quality of life of this patient (GALVÃO et al., 2019).

### Final considerations

When analyzing the data that formulate this study, considerations could be made regarding nursing care for chronic kidney patients and the care difficulties experienced by the nursing staff of the nephrological clinic at Hospital Getúlio Vargas. Nursing care for patients undergoing renal replacement treatment goes through numerous difficulties of the most diverse nature such as: financial, material, human and assistance resources, directly affecting the renal patient in his routine, which is often exhaustive as a result of treatment. Thus, assistance to chronic kidney disease should be understood as a complex process that requires nursing professionals to have a self-knowledge regarding the clinical conditions of each patient, in addition to specific care techniques for the nephrology area, meeting the biopsychosocial needs of individuals and ensuring a continuous and quality care aimed at health promotion.

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