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RESEARCH

Aspectos contextuais do transplante renal e o comportamento dos pacientes frente a terapia substitutiva

Contextual aspects of kidney transplantation and behavior of patients face to replacement therapy

Aspectos contextuales de trasplante renal y comportamiento de los pacientes frente a la terapia de reemplazo

Fernando de Souza Silva¹, Clelia Albino Simpson²

ABSTRACT

Objective: To analyze the contextual aspects of the behavior exhibited by patients with renal transplants, their immediate and specific, general and metacontexto dimension. **Method:** An exploratory and descriptive study with a qualitative approach, and the method and technique of oral history to life for the seizure of reports analyzed according to the analysis of the theoretical framework proporto context Hinds, Chaves and Cypress. **Results:** The network was composed of nine patients were interviewed between June and October 2011. Among the most frequently reported behaviors, it emphasizes the denial of the disease and treatment, followed by acceptance and resumption of life, with varying time duration for both process. **Conclusion:** The recovery of life from renal transplant recipients found support in family ties and belief in the divine. Better understanding of the behavior exhibited by patients brings reflections on improvements in nursing care for this clientele. **Descriptors:** Chronic renal failure, Renal transplantation, Nursing.

RESUMO

Objetivo: Analisar os aspectos contextuais do comportamento apresentado pelos pacientes transplantados renais, em sua dimensão imediata e específica, geral e de metacontexto. **Método:** Estudo exploratório e descritivo, com abordagem qualitativa, tendo o método e técnica da história oral de vida para a apreensão dos relatos, analisados segundo a análise de contexto proposto no referencial teórico de Hinds, Chaves e Cypress. **Resultados:** A rede foi composta de nove pacientes, entrevistados no período de junho e outubro de 2011. Entre os comportamentos mais relatados, ressalta-se o de negação da doença e tratamento, seguido pelo processo de aceitação e retomada da vida, com duração de tempo variado para ambos. **Conclusão:** A retomada da vida dos transplantados renais encontrou apoio nos laços familiares e na crença divina. O melhor entendimento do comportamento apresentado pelos pacientes traz reflexões acerca de melhorias na assistência de enfermagem a esta clientela. **Descritores:** Insuficiência renal crônica, Transplante renal, Enfermagem.

RESUMEN

Objetivo: Analizar los aspectos contextuales de la conducta exhibida por los pacientes con trasplante renal, su dimensión inmediata y específica, general y metacontexto. **Método:** Estudio exploratorio y descriptivo, con abordaje cualitativo, y el método y la técnica de la historia oral a la vida para la incautación de los informes analizados de acuerdo con el análisis del contexto teórico marco proporto Hinds, Chaves y Cypress. **Resultados:** La red se compone de nueve pacientes fueron entrevistados entre junio y octubre de 2011. Entre las conductas más frecuentes, destaca la negación de la enfermedad y el tratamiento, seguida de la aceptación y la reanudación de la vida, con duración variable tiempo para ambos procesos. **Conclusión:** La recuperación de la vida de los receptores de trasplantes renales encontró apoyo en los lazos familiares y la creencia en lo divino. Una mejor comprensión del comportamiento exhibido por los pacientes aporta reflexiones sobre las mejoras en la atención de enfermería para esta clientela. **Descriptor:** Insuficiencia renal crónica, El trasplante renal, Enfermería.

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INTRODUCTION

The chronic kidney patient lives constantly conflicts generated by dependence on technologies, making him feel sometimes alive, others dead, a consequence of renal replace therapies that save lives, at the same time that the transforms, subjecting the sick the extreme suffering, experienced on the censorship of want and not power, preventing of life come true in human and social acts.¹

One of the available therapeutic modalities, renal transplantation is the best treatment for Chronic Renal Failure (CRF), for being the most physiological and less painful, making individuals more free from limits imposed by dialysis, with consequent generation of better quality of life.^{2,3}

The kidney transplant can provide a social and biological condition more acceptable, the development of therapeutic technique has elevated the quality of life of transplant recipients at a level so satisfying, as the possibility of a new life.⁴

The Act on assistance to chronic renal transplanted patients, the nurse realizes how much this therapy rescues the patients' living in society, reintegrates them labor activities and improves biological condition, increasing the prospect and the quality of life after transplantation. However, also experience conflicting situations, which, people affected by chronic kidney disease, showed negative behaviors in relation to transplantation, resulting in the failure of therapy.

It observes even that can occur other types of conflicts more distressing, as it is a case of a patient who underwent dialysis for many years, and stimulated by family, received the kidney from one of his daughters, however, failed to live with the freedom that the transplant gave him, developing a framework of deep depression which resulted in suicide.

In another situation, a patient who was identified to be transplanted began to feel lonely, even though close family and friends. Complained to miss the socializing with other patients and sympathetic understanding of the other companions of hemodialysis, passing to reject the immunosuppressive medication, claiming that the loneliness made him take the decision to refuse and, in consequence, accelerate the loss of the graft, in order to resume the sessions of dialysis.

It is sometimes of a paradoxical situation, which can be related to the patient's perception about the chronic renal failure and transplantation, and try different ways to experience this new reality, by assigning multiple values to the disease and the treatment, interfering dramatically in your way of living.²

On the basis of the problem described and in order to study the subjective context that involves people with chronic renal failure and transplantation, this study presents as guiding question: how people's behavior with IRC influences the renal substitutive therapy.

To answer the proposed question, it aimed to analyzing the contextual aspects of behavior presented by renal transplant recipients undergoing therapy in a hospital

substitutionary public reference university in renal transplantation and owned by Federal University of Rio Grande do Norte (UFRN).

The justification of this study is the result of the need for nurses questioning on new perspectives of care, since technological innovations provide more transplantation, culminating in the responsibility of new reflections on caregiving.⁴

The relevance of the research is on the growing number of chronic kidney patients each year, making the disease a serious global public health problem, resulting in greater demands on nursing care, given the multidimensional aspect of the new demands of this clientele.

METHOD

This study characterized as exploratory, descriptive and analytical, consisting of a research of qualitative nature, having as technique for data collection and methodological referential, oral history of life by enabling the seizure of experiences experienced through the narratives of people who agreed to be collaborators.⁵

This article was built by fragment of the dissertation entitled: oral History of life in renal transplant recipients: new paths to tread. Approved by the Research Ethics Committee of the Federal University of Rio Grande do Norte, under the Protocol of N. 199/2010.

On the recommendation of the methodological premise of oral history, was chosen the zero point, which is characterized by being the developer who knows the history of the group, is a source of communal memory. Ground zero should indicate the other employees to be interviewed, thus forming the network of community of destiny.⁵

The zero point of this study is the first kidney transplant patient from Rio Grande do Norte, as well as all other collaborators, identified by the book of records of the renal transplant service at the university hospital (search field). This contributor has indicated two other patients to be interviewed, which in turn indicated other pairs, for a total of ten participants, however, to make the Conference of reports, one of the employees quit to participate, totaling nine respondents.

All employees were subject to the criteria for inclusion set out: -the first patients undergo renal transplantation in that the University hospital. Infers that these experienced intensively the changes imposed by illness and treatment; -Those accompanied by the multidisciplinary team of the outpatient clinic in renal post-transplant in that hospital, for free access to information necessary for the research; -Voluntary Disposition to participate in the research, for being a fundamental methodological and ethical condition.

The interviews were conducted in the months of January and April 2011, recorded individually in Mp3 type device and guided by the following guiding questions; Talk about your life before chronic renal failure; Talk about your living with chronic kidney disease; Tell me how your life after renal transplantation. The recording lasted on average 50 minutes.

The location of the interview was chosen individually by each employee, which mostly opted for transplant outpatient clinic of the University hospital. Right now the employees signed the FICS and were told about the assumptions required by Resolution 196 of 10/10/96, the National Health Council which rules on ethical and scientific requirements of research involving humans, recently replaced by resolution 466/12.

Employees also signed the letter of consent, instrument required in oral history studies, with a view to establishing the ethical and legal link of the interviewed, the interviewer and research⁵. For the guarantee of anonymity used bird names as aliases, in order to preserve the identity of the participants.

After listening to the recordings of the reports were a transcript, the textualization, the Conference, and finally the transcreation of the narratives, as the technical and methodological assumption of oral history of life, from the perspective of Meihy⁵.

It was used as a subsidy context analysis, the theoretical framework of Hinds, Chaves and Cypress⁶, considered a valuable tool in the recognition of a given phenomenon in reality, through the categorization of context in four levels of layers interlace up, the follows: the first stratum is the level of immediate context in which the phenomenon is portrayed itself, with the main feature of immediacy, focusing on the present, its environment and the subject's identity; In the second stratum is the level of specific context, which refers to aspects that can potentially influence a situation, characterized by individualized and unique knowledge of the immediate past and is composed of the elements present in the environment that influence the phenomenon; In turn, the third layer is the level of general context, which uses the visions and beliefs that influence the phenomenon, incorporating reference to the subject's life, arising from the interpretations derived from past and current interactions; Finally in the fourth class, called metacontext, which comprise up the social aspects of the phenomenon, incorporating and reflecting the past and the present, highlighting the conditions of learning for the future.

RESULTS AND DISCUSSION

After the methodological treatment (transcript, transcreation, Conference and textualization) proposed by the oral history of life⁵, the contextual analysis, categorizing the narratives of employees, according to the theoretical framework used in this study, based on: immediate context: the behavior shown by chronic kidney patients subject to renal transplantation. Specific context: The biological, psychological and social changes provided by chronic kidney disease. General context: the process of acceptance of pathological condition and renal Therapeutics. And the Metacontext: understanding of behavior presented by patients with chronic kidney and renal transplantation.

Characterization of employees

Among the nine interviewed, seven are male, aged between 21 and 56 years. The majority (80 percent) of them receives up to one minimum salary, pension, benefit from 10% with more than five salaries and 10% has no income. Six employees have incomplete elementary school, two with incomplete high school and a high school with complete, demonstrating the low educational level of the group. Religion is predominantly Catholic, with seven respondents, for two evangelicals.

The economic data of the sample are worrisome, given the relationship between level of education and low financial income, with the indicators that contribute to the low quality of life, struggling to keep food and adequate housing, as well as consequent lower survival rate.⁷

The behavior displayed by chronic kidney patients subject to renal transplantation.

The behaviors exhibited by humans, the conditions imposed by pathological processes, interfere in the evolution and impact of diseases on the lives of the people involved, as well as in accession or not, to treatments.

In General, it is observed that the first reaction presented by the developers of this study, to be informed of the diagnosis of chronic renal failure, shock was temporary, with gradual recovery time varies between one and the other.

The outcome of this moment temporary shock depends on how the news was reported the diagnosis of a serious illness, the transition of this phase is almost always the negation of the pathological condition.⁴

At that same moment the doctor told me that I had no more way, only the transplant, I was scared, lacked ground to my legs, I thought, Wow!, and now?, with two little girls, still taking milk, and my wife?. Starting life now and it turns out a business that to me was too terrible, it was just awful. (Galo de campina)

It was identified that the denial of the disease was present in almost every line of the staff, from the moment of diagnosis of chronic renal failure into submission hemodialítica therapy, probably, this fact relates how the news of the diagnosis and therapeutic need outside informed by doctors.

It was discovered that I had kidney problem here at the Hospital, at the time we don't know what's going on in the mind of the person, what is the kidney problem, doesn't want to accept, but there comes a time you have to dialysis, and then he has to accept. (Azulão)

Denial is a behavior that arises in virtually all patients who receive the news of the diagnosis of a serious illness, especially when abruptly or premature release, by persons unknown or little known of patients. This phase can happen in more advanced stages of the disease or shortly after the finding.⁴

Between therapeutic modalities, renal transplantation instead is the treatment that improves the quality of life of those who submit, because it is more physiological, providing more freedom and less suffering to patients.⁸

The kidney transplant is seen by employees as the beginning of a new life, unlike hemodialysis that was related to the endless suffering. On transplant therapy, the patients reported reviving the prosperity and freedom that dialysis often made it impossible.

Before all the benefits offered by the kidney transplant, also highlighted reports of patients who do not envisioned the positive outlook of the treatment. On the lines of collaborators, it was noticed that the transplant brings continuous concern with the functioning of the graft, with frequent hospitalizations, the many drugs to be administered daily, and lack of socializing with colleagues of hemodialysis. However, what was present in most reported fear of new treatment and fear of anything negative with the living donor.

I'm afraid my sister to donate his kidney to me and get sick, and more than the other sister has donated her kidney and it turns out it didn't work, sometimes I wonder if my sister get sick will be feeling guilty. (Galo de campina)

Renal therapies instead provide the maintenance of life through informed therapeutic technologies hard and take hard, this is a relationship of dependence of patients with the machinery, equipment, medicines, invasive procedures and organs grafted, which transform the condition of man in the world who lives.⁹

This behavior presented by patients is strongly related to how the same face dependence, thus preparing them for this step of therapy is crucial to the success of the results and the effective improvement of quality of life. The nurse must recognize strategies to strengthen the coping capacity of these patients. In most reports noted the pursuit of spirituality and religiosity as support for confronting the difficulties imposed by disease and substitutive treatment.⁸⁻¹⁰

The biological, psychological and social changes with chronic kidney disease.

The chronic loss of kidney function involves drastic changes in the lives of patients, who face daily limitations caused by physical difficulties, reflecting on the social, psychological and spiritual condition of the affected. The disease situation culminates in dependence on medications, and professionals that provide life proceed.¹¹

Changes in the lives of the employees of this study form a cycle that opens with the diagnosis of kidney disease and early symptoms and continue with the implementation of therapeutic modalities.¹²

Dialysis-dependent patients experience everyday changes so intense because the treatment increases the survival of affected, but does not promote an increase in quality of life.¹

The losses are linked to social exclusion promoted by groups of patients' relationship, by hospital admissions constants or by choice of seclusion of the patient himself. Reports of loss of employment and income, the family ties and friendships were present in the interviews given by the collaborators.

On the other hand, the symptom of pain cause important losses in the quality of life of individuals, and was present in various moments of the trajectories of life reported by employees, whether because of the very process of pathological evolution, who are undergoing hemodialysis treatment or temporarily, as a result of kidney transplant, in the

same way, the physical, psychic and social suffering appeared frequently during the speeches.

It is notorious that the kidney transplant promoted improvement in the quality of life of those interviewed, provided the social rehabilitation and reconciliation of family and relationship groups, however, employees reported changes caused by transplant therapy, primarily those related to low immune response and the gastrointestinal problems caused by daily medication.

The process of acceptance of pathological condition and renal Therapeutics.

The acceptance of the disease can occur in various moments in people's lives as a result of the incorporation of pathological condition and its treatment in daily life, the sick, after experiencing moments of difficulty, rejection, guilt and fights, they get along better with their State of health, however, get used to coexistence of signs and symptoms and frequent daily like pain.⁴⁻¹¹

Patients of this study demonstrated in their reports, the relationship of the acceptance of the disease process and treatment, with the feeling of impending death and the essential need to undergo therapeutic modality.

Acceptance is observed at the time that individuals recognize the function of the treatment and the relevance of the adequacy to the condition of his health, to try and adopt behaviors, attitudes and practices shaped the limitations imposed by chronic disease. The acceptance process transforms the vision of patients with renal replace therapies, from torture to the salvation of their lives.⁴

In the accounts of employees was explicit the relation of Divine faith and hope with acceptance of the disease and its treatments, especially the transplant. This is a condition commonly observed among the patients with chronic diseases, to restore their resilient capacity.¹³

Most of the employees started the treatment of chronic kidney disease through hemodialysis, requiring time variable to accept undergo therapy, and hear frequent reports from those they found in the transplant, refuge of the sufferings imposed by dialysis.

Would new transplants today, my life is being better during the transplant that during hemodialysis. These days my life is normal, agent makes the diet, leads a quiet life, I'm a very happy person, thanks to God. (Azulão)

The acceptance of the disease must facilitate adherence to treatments, mainly in the renal transplant where the self-care and the co-participation of the patients are fundamental tools for therapeutic success.

Understanding the behavior presented by patients, in order to promote better living with kidney disease and transplantation.

You can see the lines of employees the importance of experiences experienced for the best confronting the limitations imposed by the chronic kidney disease and therapies instead.

People affected by chronic diseases are conditioned to live with the limitations in everyday life, causing distress, physical and social apathy, irritability, sadness and isolation.³

Greatly becomes essential to understand which behaviors presented by patients with chronic kidney disease until they found out, the coexistence with the kidney transplant, so that nurses can assist them in confronting the limitations imposed by kidney disease and therapies instead.

The health professional must be able to analyze the patient's mental health aspects for this type of problem, with a view to help them leverage their resources to better tackle the adverse situations of disease and treatment, thus, the understanding of the aspects inherent in the quality of life, well-being, self-efficacy and coping strategies, can help in better control of the emotional aspects of patients.^{1,3,11}

The self-efficacy refers to individuals' beliefs about their abilities to plan and execute tasks. Such beliefs are important for self-regulation and motivation toward changing goals and expectations of positive results in health. The low self-efficacy, is associated with anxiety, depression, loneliness and low self-esteem.¹¹

From this point of view the nurse can use the strengthening of self-efficacy to enhance the skills of patients in self-care itself, facilitating the cognitive processes, performance, facing the adverse situations, promoting the may become less vulnerable to limits of chronic kidney disease and transplantation.

All employees of the study themselves Christians, thus, it was observed that relationship of God with the deliverance of death and improvement in quality of life, bringing therefore therapeutic success, happiness and divine protection.

[...] and it was only God in my life! I turned myself in, threw me in the arms of God, and He who supported me, because if I had in the big world there, had already died a long time ago, and today I am here telling this story. (Araponga)

Employees speak of God, in the accounts, so grateful, and even with all the suffering experienced, feel blessed for having won the day, found the strength to the resumption, and in no time we hear whining, we know that people who suffer from chronic diseases, they care about extreme attitudes to escape the pain felt, but here, words like suicide were replaced by the words "thank God".

Strengthen health actions while people affected by chronic diseases if safeguards in their spirituality, the possibilities of therapeutic success converge for the behavior that individuals have the pathological process and their treatments, in a humanistic perspective, belief in God becomes strength and search for better living conditions.¹⁰⁻¹³

CONCLUSION

Most employees reported the experience and the experience of a great emotional impact by receiving the diagnosis of chronic kidney disease, although they have taken steps that relate to denial, acceptance, rehabilitation and readjustment to the new way of living.

The loss of kidney function reflected negatively on the lives of employees, however, the acceptance of the pathological condition the strengthened, mainly by a supportive family and the divine belief.

Employees brought in their reports, the fact that they fit in the experiences, full of relentless condition of want and power, to be alive or undead, of be or be.

The seizure of experiences lived and told by employees of this study enabled better understanding about the context of the struggle for life of renal transplant recipients, bringing subsidies for the restructuring of nursing actions facing the demands of this clientele.

The nursing care provided to patients affected by chronic renal failure must realize the individual and his multidimensional context, seeking to assist them in adjusting the harmony of his psychological condition, biological, physical, social and spiritual health, affected by charges of disease in these people's lives.

It highlighted the need to strengthen self-efficacy as motivating strategy to promote self-care, fundamental condition for therapeutic success and to the improvement in patients' quality of life.

The reflections we make here do not represent the end of the discussions about the interference imposed by chronic kidney disease in people's lives, per hour, mark and cause the construction of other studies, on the reports of employees who clamor for changes.

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