

Ações do enfermeiro na capacitação do usuário e família em diálise peritoneal

Nurse actions on user and family training in peritoneal dialysis

La enfermera para el su formación y la familia em la diálisis peritoneal

Vanessa Soares Mendes Pedroso¹; Gustavo Baade de Andrade²; Juliana Marques Weykamp³; Diana Cecagno⁴; Adriane Calvetti de Medeiros⁵; HediCrecencia Heckler de Siqueira⁶

How to quote this article:

Pedroso VSM; Andrade GB; Weykamp JM; et al. Nurse actions on user and family training in peritoneal dialysis. Rev Fund Care Online. 2018 abr/jun; 10(2):572-576. DOI: <http://dx.doi.org/10.9789/2175-5361.2018.v10i2.572-576>

ABSTRACT

Objective: The study's purpose has been to know the contributions of nurses' actions towards users and their relatives regarding the peritoneal dialysis training. **Methods:** It is a descriptive and exploratory bibliographic review with a qualitative approach. **Results:** Some strategies were found by nurses to enable users to perform the therapy at home, such as the need for this professional to have a broad knowledge of the family of the user, in order to verify the treatment good performance. Studies have shown that the nurses help reducing the suffering of individuals and their relatives, as they have the role of facilitating access to both care and spiritual resources. **Conclusion:** Several contributions of the nurse to therapy learning were observed throughout this research. These contributions are provided to the human being as integral care and also give to the individual and his family members the possibility for performing the self-care at home.

Descriptors: Peritoneal dialysis, nurse, nursing care.

¹ Nursing Graduate, MSc student enrolled in the Nursing Postgraduate Program at FURG, Member of the Research Group: Gerenciamento Ecosistêmico em Enfermagem/Saúde (GEES).

² Nursing Graduate, MSc student enrolled in the Nursing Postgraduate Program at FURG, Member of the Research Group: Gerenciamento Ecosistêmico em Enfermagem/Saúde (GEES).

³ Nursing Graduate, MSc in Nursing, PhD student enrolled in the Nursing Postgraduate Program at FURG, Member of the Research Group: Gerenciamento Ecosistêmico em Enfermagem/Saúde (GEES).

⁴ Nursing Graduate, PhD in Nursing, Adjunct Professor of the Nursing School at Universidade Federal de Pelotas (UFPEL), Member of the Research Group: Gerenciamento Ecosistêmico em Enfermagem/Saúde (GEES).

⁵ Nursing Graduate, PhD in Nursing by the FURG, Nurse of the University Hospital at UFPEL, Member of the Research Group: Gerenciamento Ecosistêmico em Enfermagem/Saúde (GEES).

⁶ Nurse and Hospital Manager, Specialist's Degree in Research Methodology, MSc and PhD in Nursing by the Universidade Federal de Santa Catarina (UFSC), Full Professor of the Nursing Postgraduate Program at FURG, Professor of the Faculdade Anhanguera Pelotas/RS, Member of the Research Group: Gerenciamento Ecosistêmico em Enfermagem/Saúde (GEES), Emeritus Professor at FURG.

RESUMO

Objetivou-se conhecer as contribuições do enfermeiro para usuários e familiares frente à capacitação da diálise peritoneal. Foi utilizado o método de revisão bibliográfica descritiva e exploratória com abordagem qualitativa. Obteve-se como resultado algumas estratégias encontradas por enfermeiros para capacitar os usuários a realizar a terapia em seu domicílio, entre elas, à necessidade deste profissional deter um amplo conhecimento da família do usuário, a fim de verificar o bom desempenho do tratamento. Estudos demonstram que o enfermeiro auxilia na diminuição do sofrimento dos indivíduos e suas famílias, na medida em que, têm o papel de facilitar o acesso aos recursos assistenciais e espirituais. Diversas contribuições do enfermeiro para aprendizagem da terapia foram observadas pela pesquisa. Contribuições essas que permitem ao ser humano um cuidado integral e fornecem ao indivíduo e sua família a possibilidade para o autocuidado domiciliar.

Descritores: Diálise Peritoneal; Enfermeiro; Cuidados de enfermagem.

RESUMEN

Este estudio tuvo como objetivo comprender las contribuciones de las enfermeras a los pacientes y las familias que enfrentan la formación de la diálisis peritoneal. Se utilizó el método de revisión de la literatura enfoque cualitativo descriptivo y exploratorio. se obtuvo como resultado algunas de las estrategias que se encuentran por las enfermeras para que los usuarios puedan realizar la terapia en su casa, entre ellos la necesidad de esta bodega profesional de un amplio conocimiento de la familia del usuario, con el fin de verificar el cumplimiento del tratamiento. Los estudios muestran que la enfermera ayuda a reducir el sufrimiento de las personas y sus familias, en la medida en que tienen la función de facilitar el acceso a la atención y los recursos espirituales. Varias de las contribuciones de las enfermeras a la terapia de aprendizaje fueron observados por la encuesta. Estas contribuciones que permiten al ser humano el cuidado integral y proporcionar al individuo y su familia la posibilidad para el hogar autocuidado.

Descritores: Peritoneal Diálise; Enfermera; Los Cuidados de Enfermería.

INTRODUCTION

Chronic diseases represent a public health problem, responsible for 70% of deaths in Brazil, as well as being an agent that causes the reduction of quality of life and death of users before the age of 70 years old.¹ Chronic Renal Failure (CRF) is defined as the inability of the kidneys to extract residues of metabolic degradation from the body, as well as to perform its regulatory functions.²

Among the possibilities of therapies for patients with CRF are hemodialysis and peritoneal dialysis. Hemodialysis is the substitutive treatment of renal function used to remove liquids and products from the body's metabolism through a device in which the user is connected during 4 hours three times a week when the kidneys are unable to performed their normal function.³

In turn, the Peritoneal Dialysis (PD), which is the focus of this study, corresponds to the process by which a catheter is installed surgically in the peritoneum of the user.⁴ This catheter is used to inject the dialysis fluid that needs to remain over 4 to 6 hours in the abdomen - more precisely

in the peritoneum - and then removed. The peritoneum is a semipermeable membrane that surrounds the abdomen, and is therefore able to remove liquids through osmosis. By withdrawing the solution introduced it brings toxins, excess water and minerals not metabolized by the kidneys.⁵

It shows that this type of therapy is performed at home, giving greater autonomy and comfort to the user.⁶ When it is performed in this place, it requires responsibility, knowledge and commitment of the one who does it, since it is necessary commitment with the introduction and removal of the liquid every six hours, according to the medical orientation. The implementation of this therapy requires training, which can be performed by a nurse, in order to facilitate the performance of the procedures in a safe way, then reducing the risk of possible contaminations and diseases that would interfere in the continuity of therapy.⁷

The nurse plays a fundamental role in this process, considering that he is responsible for receiving the user and relatives, for providing the care base so that the user is able to continue the therapy at home. Furthermore, the nurse also plans and develops actions directed to self-care, by solving possible complications related to the PD.⁸

The present study is justified by the possibility of being able to understand the variety of actions taken by the nurse towards the family member and user with regards to the peritoneal dialysis. Moreover, it is possible to recognize the contributions of this professional in the continuity/maintenance of this renal replacement therapy. Therefore, it is sought to build subsidies to encourage the practice of future nursing professionals, to help them to recognize the potential difficulties encountered in the process of adherence to the indicated therapy.

Given the aforementioned, the following guiding question was proposed: What is the scientific production over the period from 2011 to 2016 about the nurse's actions regarding the training of both the users undergoing peritoneal dialysis, and their relatives? Hence, the study's goals to know and analyze the scientific production over the period from 2011 to 2016 about the nurse's actions regarding the training of both the users undergoing peritoneal dialysis, and their relatives.

METHODS

It is a descriptive-exploratory study, which follows the steps of the integrative review and enables the researcher to problematize the subject by grouping and systematizing what has already been produced scientifically and incorporating them into the practice of care.⁹

The following were the databases used: *Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS)* [Latin American and Caribbean Literature in Health Sciences], MEDLINE virtual library, *Banco de dados da Enfermagem (BDENF)* [Nursing Database] and Scientific Electronic Library Online (SciELO), which allowed to find topics related to Nursing and Health. As criteria, the articles

were selected in periodicals with a five-year time cut (2011-2016), in Portuguese, English and Spanish, and showing free and electronic availability.

The descriptors used were as follows: peritoneal dialysis, nurse and nursing care. When crossing the descriptors peritoneal dialysis and nurse were obtained 101 articles. By adding the nursing care descriptor, 22 articles were found. Of these studies 14 were found in the MEDLINE virtual library, 06 in the LILACS database and 02 in the BDNF database. After the careful reading of the abstracts, it was verified that 10 studies did not have adherence to the subject matter and were excluded, then totaling 12 articles that were read and analyzed.

The ethical aspects were respected and, because it was an integrative review and did not involve human beings directly in the sample, it was not necessary to evaluate an ethics committee. Nevertheless, the references were cited, both directly and indirectly, as they were used throughout the text.

RESULTS AND DISCUSSION

By reading the 12 articles, they were grouped observing the studied theme, thus, the following categorization was obtained: The nurse's actions towards the training of the family members and the users undergoing peritoneal dialysis; Difficulties of the users in learning the training process; Contributions made by the nurses towards both the users undergoing peritoneal dialysis and their relatives.

The nurse's actions towards the training of the family members and the users undergoing peritoneal dialysis

Defined as a therapy modality, the PD performed at home requires that the user and family members be able to perform the necessary care for therapeutic practice. In this context, the nurse performs a function of extreme importance in the care process of this user, mainly during the training, and when necessary, also training the family member. Studies indicate that this training needs to be planned even in the outpatient phase of chronic kidney disease, which, according to them, contributes to the reduction of peritonitis, which is the greatest aggravation in this therapy.^{10,11}

Among the actions that precede the training activities of the user and the family, it is ideal for the nurse to construct a script that contemplates the clinical, social, psychological and spiritual aspects of the user, their family relations, the socioeconomic and housing conditions, which assist in the collection of information to know the difficulties and potentialities resulting from this treatment.⁸

In this sense, the importance of the theoretical details of the training promoted by the nurse to the user or family caregiver, with use of explanatory materials, activities, and returns to evaluate the correct technique performed by the family member or user.¹⁰ Given this context, a research emphasizes that the creation of links of the nurse with user

and family, aim to understand the difficulties in knowledge and adherence to treatment. But, they also point out that these are fundamental in combating the high prevalence of peritonitis.¹²

Corroborating this idea, a study carried out with 09 users undergoing peritoneal dialysis in a University Hospital from *Rio de Janeiro* city shows that the accomplishment of groups helps in coping with the sharing of experiences and experiences between the users and the nurse.¹³ Thus, it is understood that this conviviality is capable of contributing to the reduction of the incidence of peritonitis and the conflicts of practice at home since there is an exchange of experiences among users.

Following the same logic, different studies emphasize the need for nurses to perform an assessment of the user's capacity for self-care, to identify housing conditions through home visits and the formulation of a script, as well as a family analysis with aspects of interaction, integrity and coping, given that the family relations evaluated therein have an impact on the achievement and efficacy of therapy.^{8,11,13}

It emphasizes that during the training period, the nurse develops actions such as the user's approach to the renal replacement therapy service through a guided visit to the unit, the evaluation of the cognitive abilities of the chronic renal patient or its family member, the offer of training in order to perform home therapy and simulation of intercurrents, follow up of the user to the surgical center for the implantation of the abdominal catheter, and periodic home visits for follow up of the patient.^{8,11}

By using this line of thought, it is important to remember that in addition to carrying out educational assistance actions, to be observed at home, nurses need to provide a humane welcoming. In this sense, the results of a study carried out by 8 patients on peritoneal dialysis in a University Hospital from *Rio de Janeiro* city showed the need for reception and training for the user and family to be performed in a dynamic, interactive and integrated way.⁴

The analysis of the articles from this work allows identifying the possibility of using, during the training actions, the strategy of user support groups during peritoneal dialysis. This interaction with people who have the same problems and the same restrictions can facilitate the process of adherence to the training offered by the nurse so that the user can perform the substitutive renal therapy at home.¹⁴

Based on the aforesaid, it can be inferred that the actions of training when exercised in an interrelated, interactive and dynamic way by the nurses with the users and their family members, represent the possibility of fostering user autonomy, safer and productive care practices and greater effectiveness in maintaining treatment in the home environment, as well as achieving greater adherence by the user to substitutive dialysis treatment.

Difficulties of the users in learning the training process

When the chronic renal patient is faced with the need to perform a renal replacement therapy, considering the PD, represents a challenge to the acceptance of the process that involves this type of treatment. Corroborating this idea, the time is the first obstacle to be faced by the user, who, for the most part, requires brevity when considering the life maintenance.¹¹

The authors also point out that the short period between the diagnosis and the beginning of PD is an important difficulty for the process of training and conducting therapy at home.¹¹ Faced with this problem, it is inferred that at this moment, the fragility during the reception of this user and its family contributes to the resistance and denial of the therapeutic diagnosis.

The denial or even the illusion that adherence to treatment is not necessary causes the users to see the health professionals a harsh and impossible behavior, and can be understood as hostile attitudes.^{4,11,15}

Another aspect identified that hinders the capacity building of care involving dialysis therapy corresponds to the lack of information during the brief period between diagnosis and treatment. The lack of knowledge related to this therapy, as well as the myths that are told to the users, may interfere with the learning of PD care, which is essential for home practice.⁴

The presence of the abdominal catheter used in the PD was also identified in the sample as an element responsible for interfering in the user and family training practices. The acceptance of the implanted catheter in the abdomen of the user can also be determinant in the learning process, considering that many patients have difficulty accepting this device as an appendage of their body, not being able to touch it or even look at it. According to the authors, this lack of acceptance regarding the catheter impairs the learning process of peritoneal dialysis.^{8,11,16}

This idea demonstrates that the catheter can also be considered a hindrance in the learning of the therapy. However, after overcoming this initial sensation, the client modifies his negative perception and accepts the catheter as part of himself, and that it is essential for maintaining his life.¹³

Based on the aforementioned, it is clear the need for better guidance and clarification during the period between the chronic disease and the imposition of renal replacement therapy, because when performed effectively, it potentiates the learning process of essential practices for the dialysis treatment.

Contributions made by the nurses towards both the users undergoing peritoneal dialysis and their relatives

At the moment of the CRF diagnosis, the nurse assists in choosing the method, and leading the client on a guided visit to the unit in order to become familiar with the different therapeutic modalities.⁸ Subsequently this professional evaluates the potential of the user and the family for the success of the chosen method. By opting for peritoneal dialysis, the user will receive from the nurse the training sessions to perform the therapy at home, where hospital discharge occurs only when the user is able to perform self-care actions with regards to the PD.

Among the results found, denial is an important hindrance to the therapeutic process of the client with chronic kidney disease. In this way, the contribution of the nurse in the continuity of dialysis therapy starts from the welcoming, then providing support during the period of recognition and acceptance of the disease and treatment. Corroborating this idea, different authors affirm that some attitudes of this professional can contribute to the strengthening of the individual in the delicate moment in which he receives the diagnosis and the indication of the peritoneal dialysis.^{4,13}

Another identified factor is to understand the meaning of the dialysis method in contributing to the adherence of the treatment. In a study carried out at the University Hospital from *Rio de Janeiro* city with 8 users undergoing PD, it is pointed out that while the patient sees DP as a continuation of chronic kidney disease, he associates the therapeutic method with fears, and anxiety that leads to death.¹⁴ Faced with this, the nurse is able to stimulate the user's way of thinking/acting, about the way he recognizes the disease, helping to regain autonomy and confidence for the self-care practice.

After hospital discharge, it is ideal for the nurse to systematically perform periodic home visits in order to assess the dialysis treatment progress, where he develops care and education actions, with a view to preventing injuries, such as peritonitis. In the meantime, studies that the presence of constant guidelines is necessary to prevent complications.^{8,12,13,17} It is essential that the language is accessible, as well as the technical and assistance activities that promote efficient dialysis treatment, are contributions of the nurse in the maintenance of therapy, which promotes the improvement of the user's life quality.

From the results evidenced by this study, it is inferred that the educational function of the nurse has an indispensable meaning in the humanized care and in a systematic way to the user in peritoneal dialysis. This professional is important in this process because he can follow and influence the physical, biological and emotional aspects experienced by the individual throughout the treatment period.

The nurse's contributions towards the patient undergoing PD need to go beyond assistance techniques. It involves supporting, understanding, and encouragement, to

apprehend this individual in its totality, helping him in adapting and coping with the new way of life.

CONCLUSIONS

The research was able to demonstrate the nurse's contributions to the user undergoing peritoneal dialysis. It was evident the importance of this professional's performance in the clinical setting, coping and success in the accomplishment of home therapy and in a way that involves all the human aspects of the user, being the nurse able to provide an integral care and, therefore, to enable him for self-care.

Nonetheless, the study presents a limitation concerning to the methodology used, and then requiring a larger exploration of the subject through a field research that is capable of analyzing the relationships of nurses, users and their relatives, as well as the conditions offered to both the learning and accomplishment of home therapy.

REFERENCES

1. Censo Demográfico 2010. Características da população e dos domicílios: resultados do universo. Rio De Janeiro: IBGE, 2013. Acompanha 1 CD-ROM. Available at: <http://www.ibge.gov.br/home/estatistica/populacao/censo2010/caracteristicas_da_populacao/resultados_do_universo.pdf>. Acesso em: mar. 2016.
2. Smeltzer SC, Bare BG. Brunner & Suddarth: Tratado de enfermagem médico-cirúrgica. Volume 2, 12.ed. Rio de Janeiro: Guanabara Koogan, 2011.
3. Maldaner CR, et al. Fatores que influenciam a adesão ao tratamento na doença crônica: o doente em terapia hemodialítica. Rev. Gaúcha Enferm., Porto Alegre, v.29, n.4, p.697-753, jan-mar 2008.
4. Santos FK, Valadares GV. Conhecendo as estratégias de ação e interação utilizadas pelos pacientes para o enfrentamento da diálise peritoneal, Rev Esc Anna Nery Rio de Janeiro, v.3, n.17, p.424-31, jul-set 2015.
5. Riella MC. Princípios de nefrologia e distúrbios hidro-eletrolítico. 2.ed. Rio de Janeiro: Guanabara Koogan, 2000.
6. Calderan C, Torres AAP, Zilmer JGV, Schwartz E, Silva DGV. Práticas de autocuidado de pessoas com insuficiência renal crônica submetidas à diálise peritoneal ambulatorial contínua. Rev. Cuidado Fund Online, Rio de Janeiro, v.5, n.1, p.3394-02, jan-mar 2013.
7. Sociedade Brasileira de Nefrologia. Censo 2013. Available at: <http://www.sbn.org.br>. Acesso em: 16 de mar. 2014.
8. Torreão CL, Souza SR, Aguiar BGC. Cuidados de enfermagem ao cliente em diálise peritoneal: contribuição para prática e manejo clínico. Rev. Cuidado Fund Online, Rio de Janeiro, v.2, n.1, p.317-325, set-dez 2011.
9. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. Texto Contexto Enferm., v.17, n.4, p.758-764, 2008.
10. Abreu RC, Pereira ERP, Gabriel DP, Caramori CA, Barreti P, Caramori JCT. Influência do treinamento na diálise peritoneal. J Bras Nefrol. São Paulo, v.2, n.30, p.126-31, mar 2011.
11. Santos FK, Valadares GV. Vivendo entre o pesadelo e o despertar – o primeiro momento no enfrentamento da diálise peritoneal. Rev Esc Anna Nery, Rio de Janeiro, v.1, n.15, p.39-46, jan-mar 2011.
12. Pennafort VPS, Queiroz MVO. Componentes clínicos associados ao cuidado de enfermagem a crianças e adolescentes com doença renal crônica. rev. Rene, Fortaleza, v.4, n.12, p.758-66, out-dez 2011.
13. Tavares JMAB, Lisboa MTL. Tratamento com diálise peritoneal: a prática do autocuidado no contexto familiar. Rev enferm UERJ, Rio de Janeiro, v.3, n.23, p.344-49, maio-jun 2015.
14. Santos FK, Valadares GV. Conhecendo o mundo do ser que enfrenta a diálise peritoneal: nexos simbólicos presentes no cotidiano. Rev enferm UERJ, Rio de Janeiro, v.3, n.19, p.473-78, jul-set 2012.

15. Timm AMB, Beuter M, Perlini NMOG, Schwartz E, Budo MLD, Pauletto MR. A dinâmica da família frente a diálise peritoneal no domicílio. Rev Rene Fortaleza, v.4, n.16, p.540-08, jul-ago 2015.
16. Cruz DOA, Araújo STC. Diálise peritoneal: a percepção do cliente na convivência com o cateter. Rev. ACTA, São Paulo, v.21, n. números especiais, p. 164-8, 20011.
17. Scatolin B, et al. Atividade de vida diária dos pacientes em tratamento de diálise peritoneal intermitente com cateter. Arq. Ciênc. Saúde, São Paulo, v.17, n.1, p.15-21, jan-mar 2012.

Disclose: The authors claim to have no conflict of interest.

Received on: 11/05/2017
Reviews required: 16/05/2017
Approved on: 22/05/2017
Published on: 10/04/2018

Author responsible for correspondence:

Vanessa Soares Mendes Pedroso
Rua Alcides Veleda, nº 256, casa 9
Bairro Areal, Pelotas/RS, Brazil
ZIP Code: 96081-622

E-mail address: vanessasoaresmendes@gmail.com
Telephone numbers: +55 (53) 9 8134-4254