

## The nurse and the model of living of the renal transplanted user: seeking the quality of life

O enfermeiro e o modo de viver do usuário transplantado renal: buscando a qualidade de vida

El enfermero y el modo de vivir del usuario transplantado renal: buscando la calidad de vida

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### ABSTRACT

**Objective:** To know the scientific production about the way of life of the renal transplant user in their home environment and the educational actions of the nurse capable of promoting quality of life. **Method:** An exploratory and descriptive study, which follows the steps of the integrative review, which enables the researcher to problematize the subject by grouping and systematizing what has already been produced scientifically and incorporating them into the care practice. **Outcome:** The total of 58 studies included in the sample. After careful reading of the abstracts, 50 studies had no adherence to the subject matter and were excluded. Therefore, 08 articles were read in full and make up the sample. **Conclusion:** Knowing the way of life of the renal transplant user allows the focus of care, besides being individual, to be based on human relationships.

**Descriptors:** Kidney transplantation, Nursing, Behavior.

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## RESUMO

**Objetivo:** Conhecer a produção científica sobre o modo de viver do usuário transplantado renal no seu ambiente domiciliar e as ações educativas do enfermeiro capazes de promover a qualidade de vida. **Método:** Estudo de caráter exploratório e descritivo, que segue os passos da revisão integrativa, que possibilita ao pesquisador problematizar a temática por meio do agrupamento e sistematização do que já foi produzido cientificamente e incorporá-los à prática assistencial. **Resultado:** O total de 58 estudos incluídos na amostra. Após a leitura criteriosa dos resumos, 50 estudos não possuíam aderência com a temática em questão e foram excluídos. Portanto, 8 artigos foram lidos na íntegra e compõem a amostra. **Conclusão:** Conhecer o modo de viver do usuário transplantado renal permite que o foco do cuidado, além de individual, seja baseado em relações humanas.

**Descritores:** Transplante renal, Enfermagem, Comportamento.

## RESUMEN

**Objetivo:** Conocer la producción científica sobre el modo de vivir del usuario trasplantado renal en su ambiente domiciliar y las acciones educativas del enfermero capaces de promover la calidad de vida. **Método:** Estudio de carácter exploratorio y descriptivo, que sigue los pasos de la revisión integrativa, que posibilita al investigador problematizar la temática por medio de la agrupación y sistematización de lo que ya fue producido científicamente e incorporarlos a la práctica asistencial. **Resultado:** El total de 58 estudios incluidos en la muestra. Después de la lectura cuidadosa de los resúmenes 50 estudios no tenían adherencia con la temática en cuestión y fueron excluidos. Por lo tanto, 08 artículos fueron leídos en la integración y componen la muestra. **Conclusión:** Conocer el modo de vivir del usuario trasplantado renal permite que el foco del cuidado, además de individual, sea basado en relaciones humanas.

**Descritores:** Trasplante renal, Enfermería, Comportamiento.

## INTRODUCTION

Scientific, technological, pharmacological and immunogenetic advances in the last decades have made it possible for organ and tissue transplantation to be a potential and effective alternative to the extension and quality of human life. This therapeutic modality benefits users who require solid organs, tissues, and cells through the development and improvement of surgical techniques, advances, equipment and immunosuppressive drugs necessary for this therapy.<sup>1</sup>

The Health Ministry defines transplantation as the surgical procedure that consists of the replacement of an organ (heart, lung, kidney, pancreas, and liver) or tissue (bone marrow, bones, and corneas) of a user/recipient, by another organ or normal tissue of a either living or dead user/donor.<sup>2</sup>

Concerning the renal transplantation and according to the Brazilian Association of Organ Transplantation, the number of procedures has been increasing over the years. Accordingly, studies from the Brazilian Transplant Registry (2016) show that in the period from January to June 2016, 3,823 organ transplants were performed in the country, of which 2,651 were the kidney. The *Rio Grande do Sul* State is the second State in the number of kidney transplants, with 291 in the first semester.<sup>3</sup>

Chronic Kidney Disease (CKD) promotes changes in the life of the individuals affected by it, and because of this Renal Replacement Therapy (RRT) also affects the user's life. The

RRT modalities are classified into renal transplantation and dialytic therapies, including hemodialysis and continuous ambulatory peritoneal dialysis.

Renal Transplantation (RT) has been described as the most effective treatment for terminal CKD, with an improvement in the quality of life and long-term survival of the patient.<sup>4,5</sup> Thus, RT allows changes in the way of life of the transplanted user, which can mean a return to Quality of Life (QOL).<sup>6</sup>

Corroborating this idea, RT causes some changes in users' attitudes and behavior, including family relationships, eating habits, medications, life projects, in other words, it interferes with the way of life of the transplanted user.<sup>7</sup> The change in these factors may or may not contribute to the development of an environment conducive to the development of health behaviors, including adherence to treatment.<sup>8</sup>

The term behavior comprises a set of observable actions and has been conceptualized and used in different ways in the daily performance of several professionals, as well as, scientifically. In this study, attitudes and behavior are understood as the actions expressed by the transplanted renal user, to adapt to their daily living as a renal transplant, in interaction with the environment in which they live.<sup>9</sup>

Therefore, it is understood that from the accomplishment of the renal transplant the user has its modified life context, which characterizes the possibility of direct and indirect influences in the continuity of its treatment. Faced with this, it is seen in health professionals an important link for the user to continue their therapeutic treatment, maintain healthy attitudes and behaviors, aiming to improve their QOL.

Among health professionals who provide guidelines, here considered as health education, to renal transplant patients, the participation of nurses in this process is evident. The nurse can influence the success of the therapy, encouraging and alerting the user about the modification of the attitudes and behaviors necessary for healthy living, after transplantation and leading to the instrumentalization for the practice of self-care.

Given the aforementioned, the nurse needs to be attentive to the needs and peculiarities that the user presents. Hence, it is essential to know the attitudes, behaviors of the user and their daily routine, making it possible to establish a care plan and guidelines that contribute to the effectiveness and effectiveness of renal transplantation.<sup>10,11</sup>

Based on the above and considering the need to translate research into nursing/health practice, this article aims to know the scientific production regarding the way of life of the renal transplant user in their home environment, and also to show the nurse's educational actions capable of promoting quality of life.

## METHODS

An exploratory and descriptive study, which follows the steps of the integrative review, which enables the researcher to problematize the subject by grouping and systematizing what has already been scientifically produced and incorporating them into the professional care practice.<sup>12</sup>

The databases were chosen for nursing and health topics, such as: *Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS)* [Latin American and Caribbean Literature in Health Sciences], MEDLINE virtual library, *Base de Dados de Enfermagem (BDENF)* [Nursing Database], Scientific Electronic Library Online (SciELO); and, the studies were selected in the form of articles in periodicals, with a five-year time cut (2012-2017) to gather data available online and in full.

The research was conducted between October 2016 and January 2017, in Portuguese, English, and Spanish. The cross-referencing between renal transplant, nursing, and behavior descriptors was performed with the Boolean operator “AND” in the search box that is intended for title/ abstract/subject. A total of 876 studies were performed and the criteria described above resulted in a total of 63 studies. Of these 05 studies were excluded because they were duplicated, leaving 58 articles.

The following inclusion criteria were considered: articles of original research, with Portuguese, English or Spanish language and published between 2012 and 2017. Exclusion criteria were as follows: monographs, theses, dissertations, duplicate texts in databases and articles without adherence to the topic.

In order to guide the integrative review, the following research question was formulated: Which studies presented in the scientific literature are able to identify the way of life of the renal transplant user in their home environment and also to show the educational actions of the nurse capable of promoting quality of life?

After reading the selected studies in full, the analysis was continued in order to describe and classify the results, evidencing the knowledge produced on the subject. Afterwards, the thematic categorization was then performed.

## RESULTS

A total of 58 studies included in the sample, 30 were found in the MEDLINE virtual library, 20 in the *LILACS* database and 18 in the *BDENF* database. After carefully reading the abstracts, 50 studies were not quite related to the subject matter, therefore being excluded. Consequently, 08 articles composed the sample.

Aiming to better visualize the data found in the 08 articles read in full, a table was drawn up in which data were published in relation to the distribution of the scientific articles selected between 2012 and 2017, captured online according to the year of publication, title of the article, objectives, methodology, and summary of the conclusions.

**Table 1** - Distribution of article data covering the following: article identification, publication year, title, objective, methodology and summary of the conclusions.

Article	Publication year	Title*	Objective	Methodology	Summary of the Conclusions
1	2013	Trajetória de vida de transplantados renais: apreendendo as mudanças ocorridas na vida dos pacientes	Understanding the changes that occurred in the life of renal transplant recipients after the diagnosis of the disease and treatment, through the report of the life trajectory of patients undergoing transplantation	Qualitative, exploratory and descriptive. The data collection took place through the oral history of life with 10 users transplanted from the university hospital Onofre Lopes. Narrative analysis performed by Bardin's content analysis method.	It is concluded that renal transplantation apprehends drastic changes in social, work, income and leisure relationships. Difficulties with regards to precarious health services were also evidenced. Family support and spirituality were highlighted as facilitators in accepting the pathological condition.
2	2013	O transplante renal na perspectiva da pessoa transplantada	Understanding how renal transplantation occurs in the eyesight of the transplanted person	Qualitative. The data collection was through an open interview with a sample of 03 participants who were selected in the public service for transplantation from the <i>Mato Grosso</i> State. Data analysis performed through thematic analysis.	It is concluded that the experience of the disease is individual and takes into consideration the life path of the user while healthy, in the process of chronicity and later in the transplanted phase.

Article	Publication year	Title*	Objective	Methodology	Summary of the Conclusions
3	2014	Atuação do enfermeiro nas orientações de alta ao paciente pós transplante renal	Describing the discharge guidelines from the nurse to the patient after renal transplantation	Qualitative, descriptive and exploratory study. The data collection was through a semi-structured interview and systematic non-participant observation, with 03 nurses from the renal transplant sector of a philanthropic school hospital in <i>Curitiba-PR</i> . Content analysis was used to analyze the data.	It was considered as relevant the findings that indicate the efficient communication by the nurse and the ample scientific knowledge of this professional are the pillars for adherence to the necessary care in this new stage of the life of the user, through the discharge guidelines for the transplant and family.
4	2014	Mudanças na qualidade de vida após o transplante renal e fatores relacionados	Identifying changes in quality of life after renal transplantation and verify the influence of sociodemographic factors on the perception of quality of life.	Descriptive, exploratory and quantitative-qualitative study. The sample consisted of 63 users, and the data collection was performed through an interview before after renal transplantation.	The results indicate that sociodemographic factors did not influence quality of life and that renal transplantation is perceived by the user as responsible for the improvement in the patient's life quality.
5	2015	El cuidado en un programa de trasplante renal: un acompañamiento de vida / O cuidado num programa de transplante renal: um acompanhamento de vida	Understanding the care experiences of nurses who are part of the renal transplant group in <i>Bogotá</i> city (Colombia)	Qualitative research with a sample of 10 nurses and collection through focus groups. Data analysis followed Janice Morse.	It is concluded in this study that the human dimension needs to prevail the technical aspect regarding the care with transplanted users, through an element that makes a lot of difference, called interaction.
6	2015	Factores asociados a calidad de vida relacionada con la salud de pacientes trasplantados de riñón	Knowing the Scientific Production on HRQOL in a patient with RT	A systematic review study. The sample included 42 studies. Descriptive-exploratory study with quantitative-qualitative approach.	The study concludes that some sociodemographic factors interfere negatively in the quality of life of the renal transplant user. In contrast, when compared to the stage where the individual was in renal replacement therapy, transplantation brings a significant increase in the life quality.
7	2015	Consequências atribuídas ao transplante renal: técnica dos incidentes críticos	Analyzing the consequences of a person having a kidney transplant.	Descriptive-exploratory study with a qualitative approach. Data collection was carried out through a semi-structured interview with a sample of 20 users. Data analysis was performed by the critical incident technique.	The study concludes that renal transplantation provides severe changes in the user's life, some of which are positive and others are negative. Nevertheless, the improvement in the quality of life occurs considering the period in which the user needed to perform renal replacement therapy for life maintenance.

Article	Publication year	Title*	Objective	Methodology	Summary of the Conclusions
8	2015	Transplante renal: análise comportamental a partir da técnica dos incidentes críticos.	Identifying the behavior of people with renal transplantation using the critical incidents technique.	Descriptive-exploratory study with a qualitative approach. Data collection was carried out through a semi-structured interview with a sample of 20 users. Data analysis was performed by the critical incident technique.	It is concluded that kidney transplantation results in both positive and negative behaviors, although these are subjective. Such behaviors may influence the maintenance of the graft and the nurse needs to be attentive to these behaviors. It is also important to emphasize the importance of nursing orientations and the nurses' extensive knowledge about the behaviors that interfere in the therapy.

Source: Organized by the authors.

\*Note: The titles were kept as in their original languages.

The data in relation to the year of publication show that in the year of 2013, 02 (25%) articles were found, 02 (25%) articles in 2014, and 04 (50%) articles in 2015. A higher production on the theme researched in the year 2015, indicating that research on this theme is growing in number of publications.

Concerning the titles of the articles, it is observed that 03 (37.5%) refer to the renal transplant user, and 05 articles (62.5%) are associated with the mode of living of the transplanted kidney user. These data show that there is an association between renal transplantation and changes in the mode of living of the transplanted patient. The data allow us to infer that, perhaps, the way of life influences the therapy adopted, in this case, the transplant. Considering this statement, it is possible to reflect on the need of the nurse to know the way of living of this user to plan the information and guidelines that will provide in the post-transplant period, in order to assist in the maintenance of therapy.

Regarding the objectives described in the articles, it is worth noting that 05 (62.5%) refer to changes in the life of the user after renal transplantation, 02 (25%) reflect on the nursing orientations and, 01 (12.5%) referring to the user's view about life after kidney transplantation. Given these data, it is possible to consider that the scientific production based on the mode of living of the renal transplant user is still small and the discussion of these behaviors and their association with the guidelines provided by the nurse can be an important tool in the maintenance of therapy.

With regards to the methodology developed in the studies, it is observed that all the studies of the sample (08) articles (100%) used the descriptive and exploratory method. When considering the approach used, we have 06 (75%) qualitative studies and 02 (25%) quanti-qualitative were found. Because one of the articles presents itself as an integrative literature review, further analysis will be based on only seven studies. Analyzing the place of the research, 07 (100%) in hospitals of the public network with transplantation sector.

Observing the method used in the data collection, it was found that 03 (42.84%) used the semi-structured interview technique, 02 (28.56%) used the open interview, only 1 (14.28%) with oral history of life, and also 01 (14.28%) with the use of focus groups. Considering the analysis

and interpretation of the data of the 07 papers analyzed, 02 (28.56%) used Bardin analysis, 02 (28.56%) technical critical incidents, 01 (14.28%) thematic analysis, 01 (14.28%) descriptive statistical analysis and 1 (14.28%) used qualitative research analysis.

Considering the summary of the conclusions of the studies reviewed, it was verified that most of the authors of the 08 studies analyzed, in general, highlight the quality of life promoted by renal transplantation, as well as the influence of the way of living in the maintenance of this therapy. The summary of the conclusions also showed that the nurses' work must meet the human demands of transplanted individuals, through educational actions that promote quality of life.

## DISCUSSION

### Way of life of the renal transplanted users in their home environment

In the international and national literature, renal transplantation is the best therapeutic option for users with CKD. Nonetheless, this therapeutic modality promotes changes in the routine renal transplant user.<sup>1,4,5,6,8</sup>

Given the aforesaid, a study conducted with 20 kidney transplant recipients in the *Rio Grande do Sul* State emphasized that life after renal transplantation is permeated by new behaviors, some that aid in the success of therapy and others that lead to failure, but, all behaviors are different from those presented during the dialysis treatment period, inferring that the different behaviors come from the change in the life of the user after the transplant.

In this sense, the changes occurred in the life of the user resulting from renal transplantation are understood as liberating, insofar as the user can move away from the hospital routine promoted by the RRT. Nevertheless, a study conducted in *Bogotá* city with 10 specialist nurses from the RRT service indicated that despite the freedom promoted by the transplant, the constant feeling of fear regarding the possibility of rejection permeates the relationship and communication of these professionals with the transplanted users.

Research performed in a renal transplant service in Curitiba corroborates with the international findings. 03 nurses participated and it was evidenced that during the therapeutic communication, the nurse emphasizes some behaviors related to the drug therapy and, there is a concern of this professional that the users understand the importance of the guidelines to avoid rejection. Thus, the users are presented by the nurse to some new behaviors that will be necessary for the coexistence and graft maintenance.

It is important to highlight the results of a research carried out with 9 participants, which were renal transplants in the *Rio Grande do Norte* State. The data indicate that the changes in the life of the transplanted user are permeated with prejudice and stigma and, as a result, impair social, work, leisure and income relationships. In view of these results, the authors affirm that transplantation is one of the factors for the social exclusion of the users.

From these conflicting results, the nurse needs to identify the changes in the way of life resulting from kidney transplantation and, with this information, to act through educational actions to prevent injuries and improve care and help in the success of the transplant.

### **Nurse's educational actions capable of promoting the quality of life of the transplanted user**

The nurse has an important role in the condition of the transplanted user, being responsible for the assistance in daily post-transplant care and also with educational actions, in the form of guidelines that may contribute to the success of the procedure. However, pre-transplantation also requires instructions and guidance. Reports refer to the lack of information about the changes that transplantation can promote in the routine of the user and this fact can produce negative attitudes and behaviors in the individual transplanted by the surprise caused by such changes.<sup>10,11</sup>

Aiming at improving the quality of care provided to the transplanted user, the *Associação Brasileira de Transplante de Órgãos (ABTO)* [Brazilian Association of Organ Transplantation] created in 2008 a nursing protocol in organ transplantation, orienting nursing care to the user undergoing renal transplantation. In this guideline, the *ABTO* affirms that during the immediate preoperative period the nurse's focus are the educational activities, in the form of orientations for the user and his family, including care with medication, exams, prevention of complications of the basic pathology and adherence to therapy. The indication is that nurses involve the family in the education process to encourage home care.

Considering the abovementioned, it is inferred that in order to promote the success of educational actions nurses need to know the reality of the renal transplant user, their expectations, and experiences, so that from this information can create strategies and actions that can guide the family and the user, as well as providing conditions for the user to understand, understand and become protagonists in the course of therapy and thus promote their quality of life (QOL).

The World Health Organization (WHO) defines QOL as the user's perception of their position in life and their interrelations in the contexts/systems of cultures, values, goals, expectations, concerns, and standards. Some studies analyze the QOL of the user undergoing renal transplantation undergoing changes in behavior after transplantation positively influence their QOL.<sup>13,14</sup>

The change in the behavior of transplanted patients does not favor QOL and promotes rejection of the organ, a fact related to the amount of alteration in the routine promoted by the transplant. However, the authors of the same study concluded that the positive changes outweigh the negative changes after renal transplantation when compared to life in renal replacement therapy.<sup>15</sup>

According to research carried out in *Bogotá* city with 10 nurses, the contradictions between positive and negative behaviors in different users come from the subjective and individual character of the users. In this sense, the research highlights the importance of nurses recognizing this unique aspect of the human being and, thus, providing orientations directed individually to each of the users under their care.

In contrast, a study conducted in *Curitiba* city with 3 nurses pointed out efficient communication as responsible for the success of the therapy. In these findings, educational practices are performed through guidelines and are those that, if well understood by the user and performed by him, can help in the transplantation process and promote quality of life.

## **CONCLUSIONS**

Knowing the renal transplant user's way of life can allow the care focus to be based on human relationships, besides being individual as well. Taking the statistical data related to care, as well as the success of the RT, are important tools that scientifically support the guidelines passed on to users. Nonetheless, perceiving this subjective dimension related to the user's behavior could help the nurse to offer guidelines that the user is truly able to execute.

Herein, it was found that there are numerous educational actions that nurses can promote in the form of guidelines post and pre-renal transplantation. Correlating these orientations with the experiences of the user, mainly referring to the behavior and their attitudes, preparing the user for the practice of self-care, therefore, being able to empower him in the face of therapy and contributing to his quality of life.

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