

STRATEGIES AND ACTIONS USED BY NURSES AGAINST CHRONIC RENAL PATIENT SEXUALITY: INTEGRATIVE REVIEW OF THE LITERATURE

Estratégias e ações utilizadas pelo enfermeiro frente à sexualidade do paciente renal crônico: revisão integrativa da literatura

Estrategias y acciones utilizadas por enfermeras contra la sexualidad crónica del paciente renal: revisión integrativa

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ABSTRACT

Objective: to identify in the literature the strategies and actions used by nurses in promoting the sexuality of patients with Chronic Kidney Disease. **Method:** integrative review, with a qualitative approach and data collection from the Latin American and Caribbean Health Sciences Database, the Nursing Database and the Medical Literature Analysis and Retrieval System Online, using the following descriptors: “Sexuality” and “Chronic Kidney Disease” and Nursing or Nurse”. The search resulted in 232 productions, 12 of which were selected for analysis. **Results:** the strategies and actions used by nurses are related to care and utilization of the nursing process. **Conclusion:** the role of nurses contributes to the promotion of comprehensive care for chronic renal patients, in all dimensions of care, including sexuality. By applying the nursing process it is possible to draw a care plan according to your reality and help for a better quality of life.

DESCRIPTORS: Sexuality; Chronic kidney disease; Nursing or nurse.

RESUMO

Objetivo: identificar na literatura as estratégias e ações utilizadas pelo enfermeiro na promoção da sexualidade de pacientes com Doença Renal Crônica. **Método:** revisão integrativa, com abordagem qualitativa e coleta de dados nas bases Literatura Latino-Americana e do

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Caribe em Ciências da Saúde, no Banco de Dados em Enfermagem e no *Medical Literature Analysis and Retrieval System Online*, utilizando os seguintes descritores: “Sexualidade” and “Doença Renal Crônica” and *Enfermagem or Enfermeiro*”. A busca resultou em 232 produções, sendo 12 selecionadas para análise. **Resultados:** as estratégias e ações utilizadas pelo enfermeiro estão relacionadas ao cuidado e à utilização do processo de enfermagem. **Conclusão:** A atuação do enfermeiro contribui para a promoção da assistência integral ao paciente renal crônico, em todas as dimensões do cuidado, abrangendo a sexualidade. Ao aplicar o processo de enfermagem é possível traçar um plano de cuidado conforme sua realidade e auxiliar para uma melhor qualidade de vida.

DESCRITORES: Sexualidade; Doença renal crônica; Enfermagem ou enfermeiro.

RESUMEN

Objetivo: identificar en la literatura las estrategias y acciones utilizadas por las enfermeras para promover la sexualidad de pacientes con enfermedad renal crónica. **Método:** revisión integradora con un enfoque cualitativo y recopilación de datos de la Base de datos de ciencias de la salud de América Latina y el Caribe, la Base de datos de enfermería y el Sistema de análisis y recuperación de literatura médica en línea, utilizando los siguientes descriptores: “Sexualidad” y “Enfermedad renal crónica” y Enfermería o Enfermera “. La búsqueda resultó en 232 producciones, 12 de las cuales fueron seleccionadas para su análisis. **Resultados:** las estrategias y acciones utilizadas por las enfermeras están relacionadas con la atención y la utilización del proceso de enfermería. **Conclusión:** el papel de las enfermeras contribuye a la promoción de la atención integral para pacientes renales crónicos, en todas las dimensiones de la atención, incluida la sexualidad. Al aplicar el proceso de enfermería, es posible elaborar un plan de atención de acuerdo con su realidad y ayudar a una mejor calidad de vida.

DESCRIPTORES: Sexualidad; Enfermedad renal crónica; Enfermería o enfermera.

INTRODUCTION

Nowadays, chronic diseases occupy more and more space in health care and among these is the Chronic Renal Disease (CKD), which consists of the sudden or gradual loss of renal function. CKD is currently classified as a worldwide public health problem. In Brazil, the incidence and prevalence of kidney functional failure is progressing, the prognosis is still poor and the costs of treating the disease are considered high.¹

In the face of CKD, it is necessary to implement Replacement Renal Therapy (RSRT) such as hemodialysis, performed by means of a machine and an extracorporeal system that removes impurities and nitrogenous substances from the blood.² The performance of hemodialysis implies changes in the daily routine that may generate impacts on the quality of life of individuals.³

The routine performance of hemodialysis triggers several situations, which affect not only the physical but also the psychological aspect, with personal, family and social repercussions. Thus, the sexuality of the patient with CKD is highlighted as an issue that directly affects his/her quality of life. The high rates of sexual dysfunction predominate in males (20-30%), in populations with chronic pathologies,

in the case of renal disease, the rates are higher (60-70%), triggered by several factors.³

In this context, sexuality stands out, considered an essential element in the life of the individual to maintain balance, since it is not limited to the sexual act itself and is not linked only to reproduction and procreation. It is an interaction and relationship between people, changing the way they feel about themselves, their body image, and mutual communication.²

In this sense, the World Health Organization (WHO) brings that human sexuality constitutes part of the individual's personality, that is, it is a basic need and an aspect of the human being that cannot be separated from other aspects of life. As far as CKD is concerned, sexual decline is linked to habitual progress due to hormonal, physical, neurological and psychological changes. Because of this, hemodialysis patients are often less sexually active than healthy people, and are often affected by erectile dysfunction in men, menstrual changes in women, decreased libido and fertility in both sexes.⁴

Thus, it is necessary that nursing understands individuals affected with CKD as a holistic being, through the creation of a bond, in order to know the reality of each one and perceive changes experienced, drawing a unique therapeutic plan to recover the perception and role of this individual in society with all the determinants that is inserted.⁵

The nurse can act in different ways, such as educational actions, aiming at the physical, psychic and social rehabilitation of the patients, according to their new way of life, in order to reduce feelings of frustration and denial, showing that they are capable of performing the activities of daily life and work, with positive results in self-esteem. And, as an educating agent, stimulate and train your team through the exchange of knowledge, as well as implement strategies that qualify the care of patients with CKD.⁶

In front of what was presented, this study sought to make available subsidies that aim to implement strategies for quality of life of this patient, giving support for decision making, orientation and qualification of the nursing team, aiming at a better way of living with all the determinants that this patient with DRC is inserted.

In this perspective, this research had as objective to identify in the literature the strategies and actions used by the nurse in the promotion of the sexuality of patients with Chronic Renal Disease.

METHOD

It is an integrative review carried out from five established steps, such as: formulation of the review question; establishment of criteria for selection and definition of databases; construction and completion of a form for registration and extraction of data collected; critical evaluation of primary studies and analysis and descriptive synthesis of the results of the review.⁷

In the first stage a theoretical deepening on the theme of sexuality and chronic renal disease was carried out, delimiting the guiding question “What are the scientific productions about the strategies and actions used by the

nurse in the promotion of sexuality in patients with chronic renal disease?

The PICOT strategy was used to elaborate the question: Population (P); Intervention (I); Comparison (C); Outcome (O) and Time (T). For this review, the following structure was considered: P - chronic kidney disease patients; I - promotion of sexuality; C - actions and strategies used by nurses; O - guidelines given to patients. This strategy helps to find the best evidence more effectively and quickly.⁸

In the second stage, the selection criteria and the database search were established. The inclusion criteria were complete original articles in English, Portuguese and/or Spanish that were available free of charge. The exclusion criteria were: articles that did not answer the review question and articles that did not present an abstract in the database.

The search occurred in the Virtual Health Library (VHL) in the databases: Base de Dados em Enfermagem (BDENF) and Latin American Caribbean Literature on Health Sciences (LILACS) and Medical Literature Analysis and Retrieval System Online (MEDLINE), using the following descriptors: sexuality and chronic kidney disease and nursing or nurse, plus the Boolean operators AND and OR.

In the third stage, the selected articles were evaluated from the full reading regarding the quality of the data and its relation with the research problem. It contained the following information: Identification (ID); author/year; title; study design (DE); level of evidence (NE); and main results.

The fourth stage comprised the critical evaluation of primary studies, through a system of evidence classification. There are different classifications that can be used, from the type of research question of the selected primary studies. The method used for classification takes into consideration the type of clinical question of the primary study.

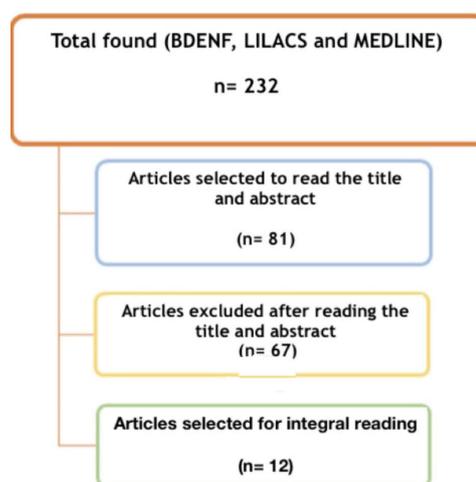
Since this is an integrative review study, the studies were classified by their level of evidence, using the classification proposed by Melnyk and FineoutOverholt which aims to

identify the quality of the studies selected for this review. Thus, one (8.4%) is classified as level III, since it comes from non-randomized clinical trials; five (41.6%) are level IV, from case-control studies and six (50%) are level VI, since they come from descriptive or qualitative studies.

RESULTS AND DISCUSSIONS

After a pre-analysis of the total of 232 references obtained, 220 publications were excluded, 17 without texts available online, 81 excluded after reading the titles, 67 excluded after reading the abstracts, 55 excluded after reading the entire article. 12 articles were selected for analysis, as shown in the figure below (Figure 1).

Figure 1 - Presentation of the selection after applying the exclusion and inclusion criteria. Santa Maria, RS, Brazil, 2019



Then, the articles that met the selected inclusion criteria were organized in a synoptic table, being numbered with the letter A (Articles) and a numerical sequence, as a matter of organization, Table 1.

Table 1 - Synoptic table of the articles used in the construction of the work. Santa Maria, RS, Brazil, 2019

ID	Author/ Year	Title	DE ⁺	NE ⁺	Results
A1 ⁹	ALMUT RYH, et al. 2017	Towards a Symptom Cluster Model in Chronic Kidney Disease: A Structural Equation	Quantitative	4	Psychological distress, stage of CKD and age explained most of the variation in the experience of symptoms. The symptom clusters had a strong negative effect on quality of life, with fatigue, sexual symptoms and restless legs predictors stronger.
A2 ¹⁰	COLLIER F. 2016	Maladie chronique et sexualité, un tabou pour les soignants	Qualitative	6	The chronic disease affects the quality of life and, in particular, sexuality. The consequences on sexuality are found at the physical, psychological level and in the life of a couple.
A3 ¹¹	MUKADDERMF, et al. 2012	Investigating the sexual function and its associated factors in women with chronic illnesses	Quantitative	4	Sixty-five percent of the women in the sample were defined as having sexual dysfunction. Most women expressed pain during intercourse, orgasm problems, and satisfaction and reluctance to have sex.

ID	Author/ Year	Title	DE [†]	NE [†]	Results
A4 ¹²	LEITE EML, et al. 2018	Percepções de pacientes submetidos a tratamento dialítico substitutivo sobre a sexualidade	Quantitative	4	There were reports about sexuality, sexual complaints, leading to believe that the adaptation to the new routine, resulting from the treatment and limitation, caused damage to the sexual experience of the patient; the erectile dysfunction, ejaculatory and physical fatigue were highlighted.
A5 ¹³	PEREIRARM, et al. 2018	Explorando la sexualidad en mujeres en diálisis: una Aproximación cualitativa	Qualitative	6	For women on dialysis, the experience of sexuality is a fundamental aspect in their lives, which should be considered in the training of health professionals working in the renal area.
A6 ¹⁴	STEINKE EE, et al. 2013	Chronic disease and sexuality	Qualitative	6	Nurses have great opportunities to positively affect the sexual health of individuals with chronic diseases. Using clear, open and honest communication is essential to meet the quality of sexual life needs of people with chronic diseases.
A7 ¹⁵	PIETERS R, et al. 2018	Training rehabilitation teams in sexual health care: A description and evaluation of a multidisciplinary intervention.	Quantitative/ Qualitative	3	The results showed that team knowledge, comfort levels and approach levels increased significantly. Team members were more active in relation to sexual health and patient care.
A8 ¹⁶	LIRA ALBC, et al. 2010	Pacientes transplantados renais: análise de associação dos diagnósticos de enfermagem	Quantitative	4	The results showed associations between disturbed sleep pattern and sexual dysfunction.
A9 ¹⁷	BERETA R, et al. 2009	Aspectos psicossociais e sexuais no paciente renal em tratamento hemodialítico	Quantitative	4	The hemodialysis treatment is very restrictive and stressful, directly influencing the psychic, social, spiritual and sexual dimensions of IRC patients. The health team must keep updated and more involved with the care of the patients, mainly in the orientation and clarification of the existing doubts.
A10 ¹⁸	LOTTE P, et al. 2014	Sexual dysfunction is more than twice as frequent in Danish female predialysis patients compared to age- and gender-matched healthy controls.	Quantitative	4	Pre-analysis patients reported lower scores for the Female Sex Function Index compared to controls. They present more frequent sexual suffering and more frequent sexual dysfunction.
A11 ¹⁹	QUEIROZ MO, et al. 2008	Tecnologia do cuidado ao paciente renal crônico: enfoque educativo-terapêutico a partir das necessidades dos sujeitos	Qualitative	6	The participants revealed the need to deepen on specific themes, such as the social issue and sexuality. Listening to the subjects allowed them to show their learning needs and point out tools and strategies to be used in the proposal of health education.
A12 ²⁰	HEGARTYPK, et al. 2012	Renal replacement and male sexuality.	Qualitative	6	Sexual function is a strong predictor of overall quality of life and tends to change with renal replacement. Men with kidney disease should be asked if they have sexual or relationship problems and, if necessary, referred to specialized therapy.

Source: Author

†DE - Study design; †NE - Level of evidence

As for the Database, seven (58%) of the publications obtained were from MEDLINE, four (33%) from BDENF and one (9%) from LILACS. In relation to the year of publication, the year 2018 predominated with three (25%) articles.

As for the magazines, they were published in twelve different magazines with the same number of publications. Regarding the countries, four (33%) studies were carried out in Brazil, the other publications were Australia, France, Turkey, Chile, Colombia, Netherlands, Denmark and United Kingdom. Regarding language, English predominated with six (50%) articles, followed by Portuguese with four (33%) articles.

The articles collected revealed that the strategies and actions used by the nurse to promote sexuality in patients with Chronic Renal Disease are related to the care^{9-15,19-20} and the use of the nursing process to promote sexuality in the reindeer disease patientl.^{9-12,16-20}

Care strategies used by the nurse to promote the sexuality of patients with Chronic Renal Disease

The promotion of sexuality is related to the creation of an appropriate environment, holistic care and sexual concern. According to the selected studies, these are the main strategies used by nursing, as a way to perform an adequate approach to each patient, allowing to expose their feelings so that, from this, the nurse can draw the profile of this patient.^{9-15,19-20}

The creation of a psycho-social, tranquil environment must be compatible with the patient's capacity, in order to favor the understanding in relation to the orientations and to perceive the alterations of the body, environment that shapes the human being as a whole. This is an ideal strategy for patients to explore their desires, fears and confrontations related to sexual life, in a way that is open to the professional, analyzing the sexual functions and inserting them in the care plan and thus using sexual health education. The appropriate and calm environment is indicated for a holistic approach by nursing, which is considered an integral part of protecting and improving health and concomitant with quality of life.¹¹

Health care settings should promote appropriate settings, with less people flowing and comfortable for patients to talk about their feelings, in order for the individual to report their difficulties and confrontations regarding sexual life. As a consequence, they will be able to visualize new possibilities, clarify their doubts, and, through the exchange of knowledge, obtain a new perception of sexuality.²¹

The diversity of the sexuality of the chronically ill kidney patient motivates the primordially of the implementation of holistic care, in order to promote a better quality of life. Thus, it is relevant to investigate their health care, associated with beliefs and cultural aspects, obtaining information so that they can be guided in a humanized, respectful and true way.^{1,16}

Some strategies and actions to face the conflicts about sexual life are: referral to other specialized professionals, use

of drugs, improvement in self-image, support from family and friends to form a support group, encouraging them to have a normal routine exercising some basic activities of daily life and leisure, enabling the biopsychosocial well-being. Also, consider the reduction of limitations imposed by the chronic disease and its treatments, in the assistance to the bearer of CKD stimulated by the nurse.¹⁶

The sexual concern is directly related to the quality of life. The change in image and the emotional affects significantly the sexuality in marital relations, in the form of decreased libido, affectivity, complication in feeling desire, to perform sexually, discouragement and physical discomfort caused by the damage of the treatment of the chronic renal patient. There is also the fear of not supplying the sexual needs of your partner (a), the embarrassment in relation to one's own body and the feeling of the obligation to have sexual relations to reward and be grateful, as a form of loyalty of the one who has not moved away, even if sick.²²

Thus, it is essential that health professionals understand the reality they are in and that they attend in a welcoming and humanized way, conducting their actions with attention to the psychosocial issues arising from the treatment, providing the construction of positive feelings of confrontation in order to improve the quality of life.²²

In the search for a solution to his sexual problem, the individual seeks guidance from a specialized professional, family, friends or other means of his trust. This demand requires leaving aside any kind of prejudice, and conservatism in order to succeed in your issue. It is also important to have the support of people with whom one identifies, has confidence, and who experience the treatment and its reality.²³

The nurse's role is to contribute to the promotion of integral care for the chronically ill kidney patient, in all dimensions of care, including sexuality. Developing activities that help to experience and accept the changes caused by the chronic condition, co-responsible for the patients, their companions, family and friends.²³

The renal patient with sexual problems must be treated individually, with recognition and respect for their beliefs, their fears, with positive reaction of the presence of family and friends and desire for the constant presence of their and other reactions and feelings often demonstrated in silence, in forms of body language. The care with the same requires that the professional possess beyond technical knowledge, skills that allow the recognition of symptoms and needs, which go beyond the physical situation, because at this stage, the emotional is well shaken.

Stimulating autonomy means saying that an individual has conditions to live in society, the capacity to make choices, overcome losses and limitations originated by the disease. However, autonomy depends on the level of consciousness and assimilation of the patient on the picture.²⁴

The development of new research on human sexuality in the process of becoming ill is also emphasized, in order to understand the changes that occur in this stage of life

of people with chronic illness. In this way, it facilitates the creation of care plans for this patient.²³

The performance of nursing to use actions and strategies of care to promote the sexuality of the patient with CKD is of paramount importance in the holistic context, providing a calm environment and observing their sexual concern. Resulting in their quality of life of this patient, the nurses should be looking at expanded and also focused on the sexuality of the patient, proposing an appropriate care plan.

The nursing process as a strategy to promote the sexuality of patients with Chronic Renal Disease

The promotion of sexuality addressed in the articles brings the nursing process as a strategy used by the nurse in the care of the patient with renal disease, which includes: nursing diagnosis, data collection, interventions and multidisciplinary approach, in order to draw up a care plan with multiprofessional support.^{9-12,16-20}

The professional nurse acting as coordinator of a group must systematize the assistance performed, with vision in the difficulties of each patient, allowing a better support for adherence to treatment, enabling access to quality of life, using precedents for modifications when essential. The work performed in the act of caring must guarantee a quality assistance, through the nursing process implemented in his work.²⁵

Nursing diagnosis provides benefits such as: providing measurable criteria to evaluate the care provided; giving support and direction to care; facilitating research and teaching; delimiting independent functions of nursing; encouraging the patient to participate in their treatment and therapeutic plan; and contributing to the expansion of a body of knowledge proper to nursing.²⁶

The diagnosis of sexual dysfunction was present among patients with CKD. It refers to the state in which the individual goes through a change in sexual function, during the phases of sexual response of desire, excitement and/or orgasm, which is unsatisfactory, not rewarding and inadequate. It is characterized by limitations imposed by the disease, perceived deficit of sexual desire, and verbalization of the problem. Factors related to altered body function (disease) and biopsychosocial alteration of sexuality were highlighted and expressive in male patients.²⁷

Sexuality is characterized by problems associated with physiological, biological, psychological, social, and cultural components, requiring a multidimensional approach during care. The ideal is that, in nursing practice, the health and sexual well-being of the patients be considered, where appropriate methods of data collection should be inserted to detect, along with all areas of life, problems in sexual life and triggering factors in the initial stage.¹¹

The multiprofessional team must work to stimulate the capacity of human adaptation, positively and to the new life style. The adaptation to chronic diseases is prolonged,

continuous and dependent on the commitment to health and support received, whether by the team, health services and/or family. In this way, goals must be set in order to promote educational and elucidative actions, preserve the patient's autonomy, listen, respect his singularity and subjectivity, guarantee his right to make decisions, offer better answers to situations that depend on specialized care, in order to insert him as an active agent in his health-disease process, generating adherence to treatment and consequent improvement in the quality of life.¹⁶

It is believed that by meeting the basic human needs of patients with CKD, through the systematization of nursing, it is possible to promote adequate, humanized and efficient care, considering that it will serve as a guide for the nursing team to provide their care, aiming at maximizing the quality of care and, consequently, improving the quality of life of patients on hemodialysis or dialysis.²⁵

Regarding body dissatisfaction, before starting treatment, patients should participate in education and orientation programs. Pre-dialysis education would be of paramount importance for all the other problems presented, whose main objective would be essentially prevention and early confrontation with aspects related to treatment.²⁸

In this way, the role of the nurse is understood as essential in the care of the chronic renal patient who needs to seek strategies to promote sexuality, act in the integral evaluation of the patient, including his or her sexual health, draw up an individual plan according to the need, sensitize and guide the team to work on the issue of sexuality and implement appropriate nursing processes.²⁶

CONCLUSION

This study identified that the patient with CKD suffers many modifications in his life, be it social, dietary restriction or also sexual life, which result in damage to his physical and psychic integrity. Frequently, he feels insecure and sad with the treatment submitted and its side effects, as well as finds resistance in this new way of life, bringing consequences in the quality of life. Therefore, sexuality is an integral part of the quality of life, fundamental for body homeostasis.

In this context, the consequence of the changes caused by the disease in the body and soul occurs. The transformations caused in the body of the chronic renal patient awaken depressive, emotional and psychological feelings, loss of self-esteem and contempt for not accepting their current appearance.

The role of the nurse's professional is of paramount importance in the rehabilitation and readaptation of the chronic renal patient to his new life condition, and the multiplicity in relation to sexuality must be understood. It is fundamental to know the patient individually, seeking to unveil concepts, prejudices about the disease and sexual demands.

Patients must be admitted to the care plan as a holistic being, within their uniqueness and individuality, in order to

recognize their sexual problems and draw care plans according to their reality. Then, through the nursing process, it occurs the creation of an appropriate environment to expose their feelings and the performance of the multidisciplinary team. In order to recover the physical, psychic and social health of the chronic renal patient, and minimize the impact of the disease on sexual life.

In front of the exposed, it is pointed out as limitation of the study, the low number of Brazilian publications about the sexuality of the patient with CKD, being thus, relevant that field researches are carried through with focus in this thematic, seeking to give subsidy for the practice of the professionals of the nursing.

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