

A PERCEÇÃO DO PACIENTE RENAL CRÔNICO SOBRE A VIVÊNCIA EM HEMODIÁLISE

CHRONIC RENAL PATIENT PERCEPTION ON EXPERIENCE IN HEMODIALYSIS

LA PERCEPCIÓN DEL PACIENTE RENAL CRÓNICO SOBRE LA EXPERIENCIA EN HEMODIÁLISIS

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RESUMO

A hemodiálise é o tratamento mais indicado para os pacientes com insuficiência renal crônica. **Objetivo:** Compreender a percepção do paciente portador de IRC que se submete a hemodiálise, bem como conhecer os fatores que dificultam e/ou facilitam essa experiência e as estratégias de enfrentamento. **Método:** Por meio de uma pesquisa de campo, de delineamento qualitativo, foram entrevistados nove pacientes que fazem hemodiálise em um hospital geral particular de Belo Horizonte. Os dados foram analisados segundo a técnica de análise de conteúdo temática. **Resultados:** O estudo evidenciou que, apesar dos benefícios da hemodiálise, que impactam inclusive na melhora da qualidade de vida do paciente, a sua percepção sobre o tratamento ainda é negativa, considerando que restringe suas atividades diárias. Somam-se os sentimentos de tristeza e revolta, envolvidos à essa vivência. Destacam-se o apoio da família, a fé em Deus e apoio da própria equipe de saúde, como forma de enfrentar as dificuldades advindas do tratamento. **Conclusão:** Considerando esse impacto sobre a vida do paciente, é essencial ampliar o conhecimento e compreensão acerca dessa vivência, a fim de que todos os envolvidos possam refletir sobre ela e, a partir daí, promover discussões que poderão, entre outros benefícios, nortear a prática, melhorar o entendimento, e qualificar a assistência prestada.

Descritores: Diálise; Nefropatias; Enfermagem; Nefrologia.

ABSTRACT

Hemodialysis is the most appropriate treatment for patients with chronic renal insufficiency. **Objective:** To understand the perception of patients with CRF who undergo hemodialysis; as well as knowing the factors that impede and/or facilitate this experience and the coping strategies. **Methods:** Through a field survey, qualitative design, nine patients undergoing hemodialysis were interviewed in a private general hospital in Belo Horizonte. The data were analyzed according to the thematic content analysis technique. **Results:** The study showed that, despite the benefits of hemodialysis, which impact even in the improvement of the patients' life quality, their perception about the treatment is still negative, considering that it restricts their daily activities. To this fact, the sadness and anger feelings are added, wrapped to this experience. Family support, faith in God, and the health team support stand out, in order to face the difficulties arising from treatment. **Conclusion:** Considering this impact on patient's life, it is essential to increase the knowledge and understanding about this experience, so that everyone involved can reflect about it and, from there, to promote discussions, which may, among other benefits, guide the practice, improve the understanding, and qualify the provided assistance.

Descriptors: Dialysis; Kidney diseases; Nursing; Nephrology.

RESUMEN

La hemodiálisis es el tratamiento más adecuado para los pacientes con insuficiencia renal crónica. **Objetivo:** Comprender la percepción del paciente portador de IRC que se somete a hemodiálisis; así como conocer los factores que dificultan y/o facilitan esa experiencia y las estrategias de enfrentamiento. **Método:** Por medio de una investigación de campo, de delineamiento cualitativo, fueron encuestados nueve pacientes que hacen hemodiálisis en un hospital general particular de Belo Horizonte. Los datos fueron analizados según la técnica de análisis de contenido temático. **Resultados:** El estudio evidenció que, a pesar de los beneficios de la hemodiálisis, que impactan incluso en la mejora de la calidad de vida del paciente, su percepción acerca del tratamiento todavía es negativa, teniendo en cuenta que limita sus actividades diarias. Se suman los sentimientos de tristeza y revuelta, envueltos en esa vivencia. Se destacan el apoyo de la familia, la fe en Dios y el apoyo del propio equipo de salud, como medio de enfrentar las dificultades derivadas del tratamiento. **Conclusión:** Teniendo en cuenta este impacto sobre la vida del paciente, es esencial ampliar el conocimiento y comprensión acerca de esa vivencia, a fin de que todos los involucrados, puedan reflexionar sobre ella y, a partir de ahí, promover discusiones que podrán, entre otros beneficios, orientar la práctica, mejorar el entendimiento, y calificar la asistencia prestada.

Descriptorios: Diálisis; Enfermedades renales; Enfermería; Nefrología.

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INTRODUCTION

Among Chronic Non-Communicable Diseases (NCDS) of importance in the context of public health is chronic renal failure (CRF). Currently, this disease affects 5-10% of the world population and its incidence in Brazil has increased, in particular, due to the increasing number of diagnosed patients, especially those with diabetes mellitus, hypertension, as well as by the increased longevity of the population⁽¹⁾.

Initially, the patient with renal insufficiency may develop Acute Renal Failure (ARF), which occurs when the kidneys stop working suddenly so total or partial; however, recover their function in an indefinite period. If the kidney is not recall, there is a progressive loss, gradual and irreversible of the renal function and a growing number of nephrons; installing the CRF, which, in its final phase, is called Terminal Chronic Kidney Disease (TCKD)⁽²⁾.

In the early stages of CRF, it is proposed that the patient make a more conservative treatment, turned to changes in food habits, in addition to the glycemic control and blood pressure; as a way to prevent the progression of the disease⁽³⁾.

When TCKD installs itself, and the kidney is no longer able to meet all the nutritional requirements of the body, due to overall loss of renal function; they are offered to the patient as a form of treatment and improvement of his quality of life, the methods of renal replacement therapy (RRT), composed by dialysis or renal transplantation. Among the modalities proposed dialysis, there are the peritoneal dialysis, hemodialysis and continuous renal replacement therapy⁽⁴⁾.

Hemodialysis is a procedure in which a machine cleans and filters the blood, replacing the physiological function of the kidneys, eliminating the residues harmful to health, such as the excess of salt and liquids⁽⁴⁾.

According to data from SBN (Brazilian Society of Nephrology), about 90% of patients in terminal phase perform hemodialysis as renal therapy⁽⁵⁻⁶⁾. Data from the 2013 census of the SBN, show that there has been an increase of 2,811 thousand dialysis patients in relation to the year 2012, totaling 2013 an absolute number of 100,397 thousand patients⁽³⁾.

Chronic renal patients undergoing this treatment stays, on average, 40 hours a month under sections of hemodialysis, which may compromise their physical and psychological condition and cause, personal, family and social

problems. The KRF and the proposed treatment can change radically the style of life of patients and people involved, they need to adapt to their new reality. However, this adaptation is an extremely complex process, which involves many implications and consequences, including on the quality of life of these patients⁽⁷⁾.

In addition, the patient perceives limitations and changes, both in his professional life, as in some cases, the loss of work; as well as in personal, with the decrease of the routine functions at home. Added to this situation, the low self esteem associated to the breakdown of self, due to the presence of a catheter for hemodialysis, as well as difficulties related to dietary and water restrictions⁽⁷⁾.

In this sense, considering the complexity of the disease and the treatment, it is necessary that the assistance occurs on the performance of a multidisciplinary team. The nurse, as a member of this team, when taking care of these patients, in addition to providing the technical care, should be aware of the stresses and anxieties that involve this condition⁽⁸⁾.

To do this, it becomes essential to recognize the patient's perception about his situation, so the professional can improve the quality of assistance provided, helping him to cope with the limitations that the treatment leads, promoting autonomy and encouraging self-care⁽⁸⁾. It seeks, therefore, to understand the perception of patients with CRF on the experience under hemodialysis; in addition to recognizing the factors that make difficult and/or facilitate this experience and coping strategies. Specifically aims to verify the influence of treatment in the everyday life of the patient after the initiation of hemodialytic therapy.

Considering the impact that the kidney disease and hemodialysis have on the patient's life, it is essential to broaden the knowledge and understanding of this experience, so that professionals, patients and family members can reflect on it and from there, to promote discussions, which can, among other benefits, guide the practice, improve the understanding, relationships and qualify for assistance.

METHODS

It is a field research, exploratory and descriptive with a qualitative approach. The descriptive research describes the dimensions, variations and importance of phenomena, and the exploratory study investigates its nature, how

it manifests and other related factors. The qualitative design is justified by the emphasis on understanding of human experience as it is lived, through narrative and subjective data⁽⁹⁾, which is the focus of this study.

The research was conducted in a General Hospital, private, large size, located in the municipality of Belo Horizonte, Minas Gerais. The institution account with the hemodialysis sector that note 13 chronic renal patients hospitalized or through outpatient care⁽¹⁰⁾.

The subjects of this study were 9 chronic renal patients who underwent hemodialysis in this institution. To participate in the study there were considered the following inclusion criteria: patients of both sexes, aged from 19 to 80. And exclusion: patients with any neurological or mental deficit or with decreased level of consciousness, which may hinder the exposure of their experiences and opinions.

The number of patients interviewed was not determined initially; the sample being defined only when there was the understanding of the object of study by researchers. This assumption is supported by the method of data saturation, which is a method that increases the sample until the point at which does not get more new information and reaches the redundancy⁽⁹⁾.

The ethical precepts that involve the study are based on the Law 510/2016, which establishes the guidelines for research involving human beings, basing its recommendations on the four basic references of bioethics: autonomy, nonmaleficence, beneficence, and justice⁽¹¹⁾. After a detailed explanation of all theoretical and methodological aspects that involve research, all patients signed the Informed Consent Form, documenting their consent to participate in the same, and the Informed Consent of the use of testimonies, effectivating their agreement in relation to the recording of interviews.

It should be emphasized that this study has not offered to the participant of research any direct benefit. However, it is expected that this study unveils important information about the experience of chronic renal patient who is undergoing hemodialysis, so that the knowledge that will be built from this research contributes to the scientific community and reach the professional practice, so as to contribute effectively to the improvement of the quality of nursing care provided, based on integrality of care and in pursuit of quality of life of patients.

In relation to the potential risks that the participant of research can expose, we highlight some discomforts and constraints in relation to any question. However, this risk was effectively reduced and/or abolished, considering that it was clarified to the participant, before the beginning of the interview, that the same could refuse to answer any question and/or withdraw from the research at any stage of the same, if so desired, without any cost to the same. Also, it was explained to the participants, that they would not be identified by their name, and yes by flowers, avoiding the risk of identification. Guaranteed to subjects in the study, secrecy and confidentiality of information provided, thus avoiding the risk of exposure.

The data collection was previously planned. First held a meeting with the responsible for the hemodialysis sector of the hospital, on the best days and times for conducting the interviews. After this definition, the researchers went to the unit, and invited the patients to participate in the study, after detailed explanation of the same. With the authorization of the patient, the interview occurred at the same time, since the patients who did not authorize the interview on the day of the invitation was scheduled a day and time, according to the availability and interest of each one of them.

The interviews occurred through the use of a script of semi-structured interviews, which "are used when researchers have broad topics or issues that need to be addressed during the interview"⁽⁹⁾. For the interviews were established three guiding axes that aided in the conduction of the conversation: the difficulties that affect the patient in his daily life after the beginning of the hemodialysis treatment, the psychological factors changed in function of the treatment and their expectations. The interviews were recorded on audio, via recorder and transcribed soon after, with the prior consent of the interviewee, by signing the own document attesting to this consent.

The data were analyzed using the method of thematic content analysis, which are organized around three chronological poles: 1) The pre-analysis, which includes the phase of organization itself, which aims to make operational and systematize the initial ideas, so as to conduct an accurate outline of the development of the successive operations of a plan of analysis; 2) Exploration of the material which consists essentially in coding operations, decomposition

or enumeration, on the basis of rules previously formulated and finally, 3) Treatment of the results, in which the researchers performed the inference and interpretation, with the significant results and faithful, with the purpose of interpreting the previewed objectives and other unexpected discoveries⁽¹²⁾.

RESULTS AND DISCUSSION

1. Characterization of patients interviewed

In relation to the profile of the patients interviewed, observes that the majority is male

(77.7%) and that only (22.2%) are females. Concentrate on the age range from 43 to 78 years old, from these 44% are elderly. Being the treatment time with a variable from 1 month to 3 years; 66.6% performs hemodialysis to more than one year, and 33.3% subjects to the treatment less than a year.

As shown in Figure 1 below, through this characterization, it can perceive and identify a better way the profile of patients involved in this study.

Figure 1: Patients in the survey, Belo Horizonte, 2015.

Patient	Age	Gender	Time of hemodialysis
Rose	58	Male	1 month and 15 days
Lily	57	Male	1 and 7 months
Kiss flower	78	Male	2 years
Bromeliad	55	Male	2 years and 1 month
Orchid	70	Female	4 months
Mandacaru	66	Male	1 year
Margaret	72	Female	2 years
Harpichord	49	Male	3 years
Tulip	43	Male	2 months

Source: Hemodialysis sector of a general private hospital from Belo Horizonte.

2. The experience of the chronic renal patient in the context of dialysis

2.1 The perception of the initial impact of the need under hemodialysis treatment: from denial to acceptance

The analysis of the reports of the research subjects showed that the registration unit "Denial" was the one that most stood, appearing in all the speeches. Initially patients undergo a process of dichotomy between rejection and acceptance before the need of hemodialysis treatment, which is expressed by feelings of fear, uncertainty, sadness and anger.

The experience of receiving the news that to keep alive is required to submit to a hemodialysis treatment is experienced by patients in a negative way and painful. To realize how difficult it is for them to accept the existence of health aggravation, to be able to cope with the anguish of

reality in having a serious illness that requires an invasive treatment, and for the rest of life.

"At principle was terrible... I found a terrible situation, total dependence, then reacted too, stayed a few months would make deciding whether or not..." Kiss

"In the beginning I didn't accept no way (...), Oh I thought that I would never more give consideration to doing nothing". Orchid

The non-acceptance of the disease and its treatment is evident in the reports. It should be noted that this negative perception relates to the prerogative of dependency and disability.

This situation is predictable, considering that the hemodialysis despite its benefit generates in the same degree of revolt, because at the same time in which guarantees the life, makes a person dependent on technology⁽¹⁶⁾.

When confronted with the reality of the chronic disease, the patient fears that everyday activities become compromised and physical weaknesses that cause significant changes, which makes him dependent on various aspects and for the rest of his life. This feeling of dependence is linked to the lack of control over his body and his own life⁽¹⁴⁾. On many occasions it is necessary to delegate tasks to other people, and fail to take control of the situation.

"I have a company, then leave things for others do is difficult." Rose

The control of situations that permeate the life of the human being is directly related to the sense of security and stability. The changes generate instability and new adaptations. The hemodialysis changes completely the everyday life of the subject, who is attending the dialysis units and to live with machines and unknown professionals.

"First you change your behavior, you have to agree on five hours of the morning, time, I am very impatient, then get in touch with me as well, you'll be sitting here four, five hours here... Our, I am very impatient, it causes a certain tension." Mandacaru

The hemodialysis sessions are held, usually by four hours, in three or four times per week, and the time and the number of sessions will depend on the clinical status of the patient⁽⁴⁾. The time allotted to the sections often generates some anxiety, whereas really the patient has to wait for the machine to perform the treatment.

"Hard to stay 4 hours is a time that you can rethink everything... thinking in everything, reliving everything." Rose

Furthermore, the need to expose the body to the care of the team, and follow the highly restrictive guidelines, in relation to water and food intake, often trigger negative feelings⁽¹⁴⁾.

"(...) the impact that there is also the question of dietary reeducation, changes everything. Have to cook twice to get the potassium, do this, do what, as I do?" Lily

"(...) it is not easy, just changed my whole routine. I had to adapt to this new situation, medication, diet regime, a series of restrictions that i never had." Kiss

Considering all this problematic, it is essential that the entire team is prepared to give special attention to these situations and understand the perceptions of these individuals. The difficulty in dealing with reality and with his

own feelings can cause serious conflicts in the development of the dynamics of interpersonal relationship, with the staff, family and friends⁽¹⁴⁾; and despite himself, whereas many patients, sometimes not able to overcome the situation and remain denying the pathology, the treatment and the professional support for a long time, as can be seen in the statements below:

"It was a shock, until today I do not agree. I was two months hospitalized, and 12 days in the ICU. After that I stayed knowing that I had to do dialysis forever took a shock." Margaret

It is known that the hemodialysis is necessary for maintaining the well-being of the chronic renal patient, but brings a reality suffered and permeated with consequences related to treatment, considered difficult, arduous and full of restrictions. This situation can lead the patient to have a negative perception of the treatment hemolyticus, demotivating so his grip, so that in a few moments, the patient neglect⁽¹⁵⁾.

However, if on the one hand the denial can negatively impact on the therapy, acceptance, favors. The positive perception about the treatment, which can be seen in some speeches, leads to better adherence to the same and greater physical and psychological well-being of the patients. This accession is directly linked to the fact that the patient assume their chronic condition, in order to accept it as part of their own person and in an attempt to live everyday, and harmonically, with their health condition⁽¹⁴⁾.

"Now I have accepted a good, knows that until one day I was talking with my daughter that I even lack the day that I won't." Orchid

"I have to accept, is a thing that will be good for me... If I don't do I die; to live a few more days I have to do." Margaret

"To meet the established by doctors, my presence three times per week, went on to be a goal of life, came to be the first place." Kiss

The time in which the patients begin to accept the hemodialysis is subjective, because this depends on the coping strategies that each use, and the awareness that this treatment is the only way to keep alive. This reflects positively, because this acceptance leads to the completion of the medical determinations, water restrictions and food standards.

It should be emphasized that the patient has the unconditional right to all information relating to his health, treatment and the alternatives available. To him, it is delegated to the same law, equally absolute, to reject the

treatment; however, this rejection means rejecting the life itself⁽¹⁶⁾.

Thus, considering the complexity of the disease and treatment, and the feelings and perceptions triggered, it is necessary that the assistance occurs on the performance of a multidisciplinary team⁽⁸⁾, in order to collaborate for the integral care.

2.2 The daily life of chronic kidney patients after treatment under hemodialysis

The changes in the quotidian and the limitations arising from the treatment that impact on the daily lives of patients, in leisure activities and even in professional life, are highlighted by them as an obstacle to having a life considered "normal". Before the interviews, we could observe that the perception of patients in relation to these changes is negative, even though they recognize the benefits of the treatment. This may be explained by changes in routine, the impossibility of traveling either for leisure or for work, establish a program of life, to restrict locations to be frequented, and be conditioned to keep more at home, which limits their freedom.

"I have no freedom, I am son small cannot travel, make a trip, programming. Total loss of freedom of action, even more who worked traveling... My expectation is very little because professionally is almost impossible." Harpsichord

The chronic disease represents bodily injury and limitations, because, in general, there is a removal of the patient from their social group, for your leisure and sometimes the family itself⁽¹⁶⁾. However, the pleasure is very important for the emotional stability, because these activities promote the welfare, causes the patients to forget for a few moments the difficulties, worries and even the routines.

The chronic condition and the hemodialysis treatment are often sources of stress for patients, which can cause problems such as loss of employment and limitations of physical activities⁽¹⁴⁾.

"Professionally the impact is immense, whereas I am in full professional activity, and having to travel in Brazil (...)The greatest difficulty is having to travel in Brazil, I cannot tell, because not every place has hemodialysis, bogs." Bromeliad

Although the patient report difficulty in traveling to work, or even the leisure, why not have the possibility of carrying out the treatment

in other parts of Brazil, it is emphasized that currently there are strategies for the hemodialysis treatment does not prevent him from performing trips. There are calls hemodialysis in transit, which was created to ensure that even if the patient is in another region, it will be possible to give continuity to the treatment. If the patient needs or wish to travel, the clinic responsible for your treatment performs the exchange of information that ensures the realization of hemodialysis⁽¹⁾.

It is essential that such information is effectively passed on to the patient that makes dialysis because the job is one of the ways of human self-expression, identify and take place in the world, acquiring freedom and autonomy⁽¹⁴⁾, and thus must be encouraged even in patients who somehow have some limitation.

Patients report that despite the benefits of hemodialysis, the difficulties are many, as the offset for both go to clinic, how come from out of town, and so they have to rely on family or with the support of local governments.

"My daughter back here and search (...) my difficulty is to live away." Margaret

"I am from the countryside, I come in the car of City Hall because in my town had no spot for hemodialysis, I'm waiting for parking there, so is two hours to travel." Tulip

Added to the difficulties, the reeducation of eating habits, whereas the impact refers to dieting, restricting food and adapt to this new reality. Adaptation is needed for treatment, which requires commitment and dedication⁽¹⁷⁾.

"The issue of food re-education, changes everything this is the problem for business travelers, because you can't keep a feed that has keep to a person who does hemodialysis take potassium, do this, do that, how do I do? I'm traveling in pousada and hotel, there's no way." Lily

"I had to adapt to this new situation, diet regime, a series of restrictions that I never had." Kiss

Nutrition plays an important role in the treatment of dialysis patients. On this nutritional assessment is essential, and ensures the efficiency of the procedure. The nurse can act guiding patients on nutrition; however, all are accompanied by the nutritionist, who is the expert on the subject. Alerts the dialytic procedures determine conditions that require specific dietary guidelines to maintain or improve the nutritional condition of clients⁽¹⁸⁾.

The nurse must be aware of the perception of the patient in the face of these changes, mainly water and nutrition, because it can be a source of frustration for change everyday habits and impose various privations. However, on this aspect it is important to involve the patient in that careful, being co-responsible by the advances and improvements, as well as relapse. The patient should be made aware of the importance of maintaining a strict diet for his chronic state. The health and diet guidelines proposal should enhance the knowledge, the socioeconomic and cultural condition⁽¹⁸⁾.

The CRF requires adaptation or, at least, the client to the dialysis treatment. Since many people cannot adapt to the new lifestyle, just join because it is essential for the maintenance of life⁽¹⁹⁾. However, under hemodialysis treatment has many benefits, that impact on quality of life. But during the interviews can verify that some patients don't realize from the perspective of this improvement, and therefore just keeps living and not living properly.

"Dialysis is the only tool available today for those who have kidney problem. The dialysis treatment, not the way it's a coffin lid only, no way." Lily

However, in addition to prolong life, hemodialysis triggers a better control of the extracellular volume with resulting improvement in blood pressure, and cardiac structure, function better nutritional status with increased body weight thin, appetite, reduction episode hipotensivos intradialíticos and improves the quality of life among others⁽²⁰⁾.

These other benefits can be observed in the lines below.

"I already feel a difference, I get tired less, get a little lighter." Rose

"I feel lighter, I think my body is lighter, more available, it seems that took a weight off my body." Orchid

3. Knowledge, feelings and expectations under hemodialysis treatment

Many hemodialysis patients have little knowledge about their disease and treatment. The reactions in the face of the diagnosis reveals that some people deny their pathological condition and feel afraid, others react negatively by lack of knowledge about the disease and treatment⁽¹⁹⁾. However, for those who have knowledge about the hemodialysis, to relate the

indispensability in relation to the maintenance of life.

"I don't know the consequences of hemodialysis as well, but apparently yes (...), but I also know the benefits that it provides, such as quality of life, it is the first, I reestablished my condition." Kiss

On the other hand, not only to lack of information, but also, the lack of awareness about the risks and their clinical condition, may encourage non-compliance medical proposals to receive the diagnosis of chronic disease, which triggers the start of hemodialysis treatment. Can be perceived in the statements of the interviewees that some were advised to have a surveillance in relation to their health status, but did not follow the recommendations, which refers to the feeling of carelessness and disengagement with their own health.

"I should be careful when younger, so as not to leave reach the point that arrived, I made lots of bullshit did not follow the guidelines. I was a diabetic and fed things that does not match my diabetes (...) took soda, eat things that i could not, is that both my kidneys stopped with star fruit; I ate 16 star fruits." Tulip

The speech above represents the lack of knowledge about the care that the chronic kidney should be taken to avoid the progression of the disease. Especially regarding food intake, the patient describes have ingested the star fruit, which is contraindicated for these patients to possess an oxalate, which physiologically is eliminated by the kidneys. As the kidney patient does not have this function preserved, may trigger a neurotoxicity, that the organism leads to neurological changes different from mental confusion, insomnia, coma and even death⁽²³⁾.

Early diagnosis and immediate routing to the nephrologist are essential steps in the handling of the renal patient, because it enables the pre-dialysis education and the implementation of preventive measures that slow or even stop the progression to more advanced stages of CRF, as well as decrease morbidity and mortality⁽²⁴⁾.

In this sense the patient has a relevant role for not worsening your pathology. It is considered that it is necessary that patients are aware of your potential to autocuidar, because it is assumed that people aren't completely sick, they have potential to become protagonists of their own care, and the nurses should be trained and

aware of the duty to encourage him to lose the notion of passivity^(16,25).

"It was my fault because the doctor warned me about a year ago I had to take care of my kidney and I didn't give him credit." Rose

From the speak above, we can realize that the patient is blamed by the progression of the disease, because it acknowledged that did not care who had been instructed by the doctor. In this context, it is known that the education of patients, orientation and follow-up is not function only from the doctor, and a commitment to all health team.

It is worth noting the key role of nurses in this direction because this is part of the professional team that is more present in this process. Therefore, it is he who is able to identify your needs and intervene effectively. The nurse who, through the nursing process, plan on educational interventions with customers, according to the assessment it carries out, in order to help them relearn how to live with the new reality and to survive with chronic kidney disease⁽¹⁸⁾.

The analysis of the reports shows that patients perceive hemodialysis as a prison, and express this perception through sense of sadness and anger. The feeling of being trapped in a machine and depend on her to exist, impact on quality of life of the patient, which translates his life as a median experience or even too bad.

"Feeling of prison, jail, even trying to sleep to go faster (...) a quality of life more or less." Kiss

"(...) It's a disgrace to life, try to take things easy, more that it's a plague." Harpsichord

The negative feelings can be associated with the fear of the unknown, of failure, of family and of underpinning not self-image and even death, being a constant feeling expressed in the lines of the participants. Refer to the fear and insecurity of being abandoned, and anxiety about the possible limitations arising from this situation and the repercussions on the way of being and living as well as on the changes of quality of life.

This lack of knowledge about the diagnosis, can trigger this sense of anxiety, nervousness and even fear of death, in more advanced cases can take this patient in depression, the experience of receiving the diagnosis, especially for the patients who do not have any knowledge is one of the most difficult moments for the patient⁽²⁶⁾.

"I was really scared because I've lost a brother, then said, in a little while I die." Orchid

"When is start of hemodialysis everyone gets on top, then forgetting, this plague of chronic disease is that, you get normal and then it's just a guy with little problem." Harpsichord

The physical inability to the development of everyday activities and work, in addition to the dependency causes feelings that depress the quality of existence of the hemodialytic patient⁽¹⁴⁾.

The denial to accept the disease and treatment, to keep wrapped the negative feelings can promote the development of a depression. For the kidney patient, depression can mean the loss of confidence in the effectiveness of hemodialysis and, more seriously, take the patient not to accept living under the conditions imposed by the treatment eventually abandon it, which can lead even to suicide⁽²¹⁾.

"Hemodialysis... actually that's a disgrace. If I didn't have the boys, I had killed myself." Harpsichord

The impact of treatment for the kidney patient goes beyond physical exhaustion, and triggers a negative perception that denotes your emotional disorganization. Psychological support is of utmost importance to help chronic renal patients in accepting the irreversibility of their illness, for a better assistance to dependency conflicts and independence and, above all, on your recovery emotional structure, fundamental factors for therapeutic success. However, many patients do not support this feature as a source of support for their treatment. Using defense mechanisms that can signal if the patient is able to face the situation or not⁽²¹⁾.

"Don't let, don't let this disease, disorder take care of me, what's bad is my kidney and it's not me, not my head, he's bad, moreover, have to carry him inside me. So don't let it get in the way on my day to day. I never needed and don't need psychological support, because I was born with this problem, so I have to administer it." Lily

In the speech above we can realize that the patient uses two mechanisms of defense. The first refers to the attitude that the disease impact negatively on his daily life. The second relates to denial in assuming the need to need psychological support. It is necessary to reflect on such mechanisms whereas the first, helps to deal well with the disease, since he makes it clear he's fine and that kidney disease is something abnormal, different to your reality. However the second mechanism can bring harm to his long-term treatment, since he does not accept help and prefers to manage the disease alone.

However, although in most cases the patients they deal with negative feelings, there are those that have positive thinking, related to feelings of hope and gratitude.

These sensations are linked to greater confidence and patient safety in relation to his life.

"I am aware that good things can happen in my life if God wants. (...) I have a feeling I'm going to get and what I want, what the doctors are going to help me, I trust good thing on my treatment." Margaret

However, satisfaction with life and feeling of well-being can be set as momentary feelings. It is believed that investment in achievement of improvements can be built and consolidated, in a process that includes reflection on what is to your quality of life definitory and the establishment of goals to be achieved, taking as inspiration the desire to be happy and hope that can always happen something better⁽²²⁾.

Each individual expressed positive feelings differently throughout life⁽²²⁾, whereas they will reflect their expectations for the future. However some patients have little or no future expectation, for they find difficulties during treatment, related to age and comorbidities.

"I am very sad, I don't have expectation because my age group no longer allows more transplant, so they say, but I also had other diseases also banned, had prostate cancer, which affected, so there is, I have a limitation, a problem that we don't know if I could take." Kiss

In this sense, the nurse needs to know the main problems in the lives of patients who perform hemodialysis, as well as the coping strategies used for adaptation or adherence to the new lifestyle⁽¹⁹⁾.

4. Coping strategies of the difficulties related to chronic kidney patients under hemodialysis

It can be noticed that the subjects interviewed seek in different ways to cope with the hemodialysis treatment, and seek support is in his own family, health professionals or even in faith in God. From the analysis of these interviews, you can verify that the registration unit "support", is said to appear in most of the speeches.

The news of the need of performing hemodialysis involves a physical and emotional exhaustion and the treatment is marked by challenges and hope, and the individual needs to live every day facing the obstacles encountered,

without leave overcome by them. For this reason, are developed coping strategies that pervades since a social and family support, the faith and the comprehension of the individual on the importance of treatment and of their disease⁽¹⁴⁾.

"God have helped me a lot. (...) the doctors will help me (...). My daughter, everything it helps me." Margaret

"Support was the family, with certainty, my wife also works, but the days that I come to the hemodialysis she does not work, then my son is also the provision he helps me in many things, my brothers are also always close, always linking, then my family helped me a lot." Rose

"Faith is my biggest support. As a Christian, I think that the great... is an opportunity that I'm trying to survive, God gave me this position, then I have to grasp with tooth and nail, exactly to meet the rest of the mission that I am here." Kiss

The fact of residing with the family or have some companion can foster a better social support related to complications as a result of CRF, the hemodialysis treatment and its comorbidities. The religious beliefs function as cognitive mediators for interpretation of adverse events in a positive way, which may favor the adaptation of people to the health condition⁽¹⁹⁾.

In this context, the nurse has an important role in enhancing this support related to spiritual and social ways, because it is extremely important for the acceptance of the disease and consequently in better adherence to treatment.

In addition, considering that the family has an important role in the context of hemodialysis patients, it is important for the nurse to establish a bond with her, and keeping the her informed, helping her to understand the treatment and providing a psychological support⁽¹⁸⁾.

FINAL NOTES

The study showed that, despite the benefits of hemodialysis that impact, including the improvement of renal patient's life, their perception about the hemodialysis treatment is still negative. Although sometimes the perception is positive and some patients refer including gratitude, even so, the hemodialysis treatment for patients brings suffering, anguish and fear. The initial impact, to receive the diagnosis of a chronic disease, is permeated by denial, anger and anxiety. In the course of years is observed some acceptance, but shrouded in various feelings such as fear, anger, abandonment and loss, concerns, and feelings of helplessness. These

feelings have an impact in the life of personal, professional, and even in the relationship with the healthcare team. To overcome this situation, the chronic renal patients seek various coping strategies, such as the support in faith, family, and even to the health professionals, these being considered allies during the treatment.

It is clear that the multidisciplinary team has a preponderant role in the care of these patients and it is extremely important that all health professionals understand their perceptions to guide the care, collaborating and increasingly improving the quality of care provided.

In this context, it is worth mentioning the role of the professional nurse, who is gaining an ever greater space in the area of nephrology, this being a highlight for their action. This professional plays a fundamental role in the care of these patients because, in addition to being able, are those who live with them daily. This professional plays a fundamental role in the care of these patients because in addition to being able, are those who live with them daily. Therefore, it becomes necessary to improve the care team for that patient be seen holistically, thus supplying the demands found throughout the treatment.

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