



Nursing and the individual in a haemodialysis onset: a phenomenological study

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ABSTRACT

Aims: to comprehend the being-in-the-world while undergoing haemodialysis, aiming the offer of human care in its aesthetic dimension; to catalogue the perceptions of Chronic Kidney Disease (CKD) patients on the aesthetic dimension of their bodies regarding the care received while on haemodialysis; to suggest nursing care actions based on perceptions of the corporeity of the being-in-the-world during haemodialysis in an aesthetic dimension. **Method:** This is a phenomenological, descriptive-exploratory and qualitative study. Study setting: a haemodialysis clinic located in the state of Rio de Janeiro. Population of the study: 163 patients of the clinic. Patients who are over eighteen years old and undergoing haemodialysis, performed using the rope-ladder technique for at least two years, will be included in the study. A sample of 80 subjects is estimated, which is the corresponding number to the total of patients being submitted to the rope-ladder technique. They will be personally invited to take part of the research. Data will be collected through phenomenological interviews and analysed according to Amedeo Giorgio's method.

Descriptors: Renal Insufficiency, Chronic; Renal Dialysis; Esthetics; Nursing.

PROBLEM SITUATION AND ITS SIGNIFICANCE

In the phenomenology of perception, it is defended that the body moves to the foreground, thus manifesting the way individuals perceive the world and also themselves. Based on the understanding that an individual is physically inserted in the world, that is to say, his(her) relations with others and with the environment are mediated, firstly, by his(her) body, it is impossible not to think about those who have their bodies affected by the disease⁽¹⁾.

Given that, when relevant biological and aesthetics changes occur, such as those caused by Chronic Kidney Disease (CKD) and its treatment, the patient's body image can be negatively affected.

CKD is considered a global epidemic growing at an alarming rate. Its epidemiological data indicates the existence of over 110 thousand patients undergoing haemodialysis⁽²⁾, which demands proper vascular access. In Brazil, cannulation of arteriovenous fistulae (AVF) is traditionally performed using the rope-ladder technique, which is associated with the occurrence of aneurysms, scars, hematomas, and, consequently, disfigurement and psychological complications⁽³⁾.

In view of the above, this study intends to approach the dissatisfaction of CKD patients regarding their body image aspects and the nursing care actions needed for these patients, taking into account the being-in--the-world and the perception of his(her) corporeity.

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GUIDING QUESTIONS

How can the being-in-the-world be comprehended while undergoing haemodialysis, aiming the offer of human care in its aesthetic dimension? What is the connection between feelings and haemodialysis in the web woven by life? Which nursing care actions can be implemented based on the corporeity perceptions of the being-in-the-world undergoing haemodialysis in an aesthetic dimension?

AIMS

To comprehend the being-in-the-world while undergoing haemodialysis aiming the offer of human care in its aesthetic dimension; to catalogue the perceptions of Chronic Kidney Disease (CKD) patients of the aesthetic dimension of their bodies regarding the care received during haemodialysis; to suggest nursing care actions based on the corporeity perceptions of the being-in-the-world during haemodialysis in an aesthetic dimension.

METHOD

A phenomenological, descriptive-exploratory, qualitative study, which will be conducted in a private haemodialysis clinic located in the metropolitan region of the Rio de Janeiro state.

The population of the study will consist of the current 163 patients of the clinic. To determine the study sample, individuals who are over eighteen years old and currently on haemodialysis using traditional AVF cannulation techniques (rope-ladder) for at least two years will be selected. Those who present cognitive deficit that makes comprehending the interview impossible, individuals who are non-compliant to the treatment, that is, those who are repeatedly absent and/or do not undergo 12 weekly hours of dialysis, and those referred to another haemodialysis clinic during the data collection period, planned to happen in March 2017, will be excluded from the sample. A sample of 80 subjects is estimated, which is the corresponding number of the total of patients being submitted to the rope-ladder technique. They will be personally invited to take part of the research.

The phenomenological interview will be used as the data collection technique. It will be conducted by the main author of this article and orchestrated by the following triggering question: "How do you experience haemodialysis in your body?" The interviews will be conducted in the study scenario, after each subject's haemodialysis session. The statements will be recorded in a mp4 device and fully transcribed afterwards.

Data will be analysed according to Amedeo Giorgio's method, which follows four steps: (i) reading of each description given by the participants in its entirety in order to get a better sense of the whole situation in which the experiences occurred; (ii) identification of different units of meaning, which can be naturally identified in the statements; (iii) the statements are re-expressed in the language of psychological science while remaining faithful to the researched phenomenon; (iv) synthesis of each participant's experience into one consistent statement, which consists in transforming meaning units into consistent statements of the psychological understanding of the observed phenomenon.

Following the ethical precepts, the study was submitted and approved under ruling number 1.589.579, on July 2016, by the Medical School of Universidade Federal Fluminense (Fluminense Federal University) research ethics committee.

PROJECT INFORMATION

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All authors participated in the phases of this publication in one or more of the following steps, in According to the recommendations of the International Committee of Medical Journal Editors (ICMJE, 2013); (a) substantial involvement in the planning or preparation of the manuscript or in the collection, analysis or interpretation of data; (b) preparation of the manuscript or conducting critical revision of intellectual content; (c) approval of the versión submitted of this manuscript. All authors declare for the appropriate purposes that the responsibilities related to all aspects of the manuscript submitted to OBJN are yours. They ensure that issues related to the accuracy or integrity of any part of the article were properly investigated and resolved. Therefore, they exempt the OBJN of any participation whatsoever in any imbroglios concerning the content under consideration. All authors declare that they have no conflict of interest of financial or personal nature concerning this manuscript which may influence the writing and/or interpretation of the findings. This statement has been digitally signed by all authors as recommended by the ICMJE, whose model is available in http://www.objnursing.uff.br/normas/DUDE_eng_13-06-2013.pdf

Received: 10/04/2016 Revised: 10/15/2016 Approved: 10/15/2016