

Continuous clinical assessment by nurses essential for health promotion in hemodialysis*Evaluación clínica continua por enfermeros fundamental para la promoción de la salud en hemodiálisis**Avaliação clínica contínua por enfermeiros essencial à promoção da saúde na hemodiálise***Keila do Carmo Neves¹**

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Abstract

The aim was to discuss how the continuous clinical assessment by nurses is an essential action in promoting the health of people with chronic kidney disease. Qualitative, exploratory and descriptive study, based on a recorded interview, with eight nurses on hemodialysis at a University Hospital, Southeast region of Brazil, in 2017. The analysis was processed with the help of the NVivo® 11 software. To place the patient at the center of care, clinical assessment must be continuous; must be monitored gradually; it needs to encompass complaints, needs and clinical oscillations; must consider everyday conditions experienced by him. Everything helps in understanding the behavioral and clinical profile in the face of the changes necessary for adherence to treatment. Continuously valuing the psychological, physical, social, emotional state and the ability to understand the patient in each clinical evaluation has a positive impact when performed frequently and when interdisciplinary interventions are available, in favor of promoting their health.

Descriptors: Renal Dialysis; Renal Insufficiency, Chronic; Nursing; Nursing Care; Health Promotion.**Resumen**

El objetivo fue discutir cómo la evaluación clínica continua por parte de los enfermeros es una acción esencial en la promoción de la salud de las personas con enfermedad renal crónica. Estudio cualitativo, exploratorio y descriptivo, basado en una entrevista grabada, con ocho enfermeros en hemodiálisis en un Hospital Universitario, región Sudeste de Brasil, en 2017. El análisis fue procesado con la ayuda del software NVivo® 11. Para colocar al paciente en el centro de atención, la evaluación clínica debe ser continua; debe ser monitoreado gradualmente; necesita abarcar quejas, necesidades y oscilaciones clínicas; debe considerar las condiciones cotidianas experimentadas por él. Todo ayuda a comprender el perfil conductual y clínico ante los cambios necesarios para la adherencia al tratamiento. Valorar continuamente el estado psicológico, físico, social, emocional y la capacidad de comprensión del paciente en cada evaluación clínica tiene un impacto positivo cuando se realiza con frecuencia y cuando se dispone de intervenciones interdisciplinarias, a favor de la promoción de su salud.

Descriptores: Diálisis Renal; Insuficiencia Renal Crónica; Enfermería; Atención de Enfermería; Promoción de la Salud.**Resumo**

Objetivou-se discutir como a avaliação clínica contínua por enfermeiro é uma ação essencial na promoção da saúde de pessoas com doença renal crônica. Estudo qualitativo, exploratório e descritivo, a partir de entrevista gravada, com oito enfermeiros na hemodiálise de Hospital Universitário, região Sudeste do Brasil, em 2017. A análise foi processada com o auxílio do software NVivo® 11. Para inserir o paciente no centro do cuidado, a avaliação clínica deve ser contínua; deve ser monitorada gradativamente; precisa englobar as queixas, as necessidades e as oscilações clínicas; deve considerar condições cotidianas vivenciadas por ele. Tudo auxilia na compreensão do perfil comportamental e clínico frente as mudanças necessárias à adesão ao tratamento. Valorizar continuamente o estado psicológico, físico, social, emocional e a capacidade de compreensão do paciente em cada avaliação clínica impacta positivamente quando realizada frequentemente e quando se dispõe de intervenções interdisciplinares, a favor da promoção de sua saúde.

Descriptores: Diálise Renal; Insuficiência Renal Crônica; Enfermagem; Cuidados de Enfermagem; Promoção da Saúde.

Introduction

Chronic kidney disease (CKD) is considered a public health problem in the world, with a growing and global impact on people's lives. The incidence rates of this disease can present itself in an accelerated way, reflecting the slow and silent progression of the disease and the ability of the organism to remain adapted, even when its stages are advanced, where renal replacement therapy (RRT) is used. clinically indicated. The most used RRT in the world is hemodialysis (HD), implemented in Brazil in the early 1950s¹⁻³.

This treatment modality, in Brazil, reached 596 patients per million of the population (pmp) in 2016, varying between the North regions, with 344 pmp patients and 700 pmp patients in the Southeast. Globally, 544/pmp were recorded, with a trend of permanent annual growth. As of July 1, 2016, the estimated number of patients with CKD in Brazil was 122,825. In 2011 it reached 91,314. In general, there was an increase of 31,500 patients in five years, the result of an average annual progression of 6.3% patients, half of these from the Southeast region^{1,2}.

The HD is a modality of RRT, which is performed through blood filtration. A semipermeable membrane (dialyser or artificial kidney) assumes responsibility for carrying out the exchange of fluids, electrolytes and products of metabolism. This process occurs due to the presence of a venous catheter with central access, arteriovenous fistulas or prostheses, through which the blood flows, driven by a pump, the hemodialysis machine, which runs through the entire extracorporeal extension of the patient, and returns the blood free of toxins⁴.

Although this modality of RRT maintains the patient's survival, its impact is multidirectional, that is, it influences the perception about the before and after the disease, as well as functional capacity, libido and the appearance of depressive symptoms. These factors, in addition to being related to the disease itself, may also be associated with malnutrition, immune and drug dysfunction, and psychosocial effects, such as separations, loss of work, relationship with the health system, acquisition of expensive drugs, dialysis units and family conflicts.

The patient, in this context, starts to live with the mishaps generated by CKD in their daily lives, such as stressful situations, changes in lifestyle, decreased physical energy, and changes in personal appearance, which assign them to new responsibilities. These are situations that require, in addition to their adherence to treatment, the creation of coping strategies and adaptation to such new living conditions³. The evaluation of these aspects, when related to the quality of life of patients with CKD, can contribute to the maintenance of their clinic and to the direction of care, making it safer and more effective.

Faced with this complexity, which permeates the assessment of the clinical health condition of the patient with CKD, the nurse assumes the responsibility of identifying and treating the phenomena resulting from hemodialysis therapy, as well as those that become part of this new stage of life. Among the nurses' attributions, in this context, are the implementation of strategic methods, to offer

individualized assistance and place the person at the center of attention and approach, improving the service to biological, psychological and social needs. The challenge is to institute care methods that achieve health promotion and favor the maintenance of the quality of life of patients with CKD⁵.

That said, recognizing that hemodialysis treatment and machine dependence can generate feelings such as anguish, fear, anxiety, insecurity, guilt and anger in patients with CKD. And, as a consequence of these symptoms, decreased self-esteem, development of treatment-resistant behaviors, and symbolic struggles between illness and therapy, which significantly interfere with their life and clinical condition^{3,4}.

The objective was to describe the aspects of the nurse's clinical evaluation in the health promotion care of people with chronic kidney disease.

Methodology

This study was concerned with meeting the national and international precepts of ethics in research involving human beings, being approved by the Research Ethics Committee of the Anna Nery School of Nursing, of the Federal University of Rio de Janeiro under opinion No. 494.141 and CAAE: 23337513.9.0000.5238. All interviewees were guaranteed their anonymity, with their names being coded in the statements in alphanumeric sequence (I1, I2, I3, [...] I8), according to the order of participation in the study.

Qualitative, exploratory and descriptive, based on a semi-structured script, with open and closed questions, and a recorded interview. Eight nurses, over eighteen years of age, from the daytime hemodialysis service participated, who agreed to participate in the research out of self-interest. The instrument is composed of personal and professional identification data and socioeconomic characterization, and a semi-structured questionnaire related to nursing care in the clinical evaluation of patients with chronic kidney disease. Initially, a contact was made with the nurse responsible for the hemodialysis sector, which enabled the work schedule of all nurses. A prior appointment was made with each of them, thus providing the opportunity for data production, respectively in the months of March to September 2017.

The study setting was a room in the hemodialysis sector, located on the seventh floor of a University Hospital in the city of Rio de Janeiro, Southeast Region of Brazil.

Data collection took place in the hemodialysis sector itself, through the application of a semi-structured instrument that guided the interview with the participants. Initially, the professional characterization form was filled out, which the participants themselves could fill out without assistance. Subsequently, the interview directed to the clinical evaluation was carried out. It was recorded and transcribed. The transcribed data were carefully read and added to the NVivo® 11 Pro software, which assisted in the data analysis process.

Initially, it was based on a convenience criterion, based on the completion of the participants' characterization form. And, to assist in the organization,



"[...] evaluate the clinical condition of the patient, the psychological condition is very important for adherence to treatment. The patient's social conditions. It's a whole set [...]" (I1).

"[...] when they get here you see that they need this attention, although some talk and others are more closed, they talk less. There are patients who arrive well one day and the next day they are down. Here we have people who suffer because of the family, because they don't have support, nobody accompanies them. We have to evaluate well the condition that this patient arrives [...]" (I4).

"We approach each one in a way depending on how he is. First, it is important, we see his condition, his ability to understand the guidelines, observing the cognitive is fundamental because guiding a patient who does not understand, there is no reason [...]" (I5).

"[...] in the evaluation, we take into account the physical, social and emotional aspects that permeate the patient's entire condition [...]" (I7).

"[...] That's why I say, nursing consultation, along with the updated, modern, adequate instrument, according to what we have, according to our needs, according to our service profile, because it's no use for you to elaborate something that will not meet our profile [...]" (I1).

"[...] here there is nothing systematized, there is no protocol, we are intervening and evaluating according to the need that the patient presents even [...]" (I2).

"[...] the assessment that we do is to ask about the disease and through this questionnaire and the questions that I ask it, I see the needs and put what has to be done [...]" (I3).

"[...] evaluating, we can access this information and work within their needs [...]" (I4).

"[...] this patient must be seen within their needs like any other, but their life routine is totally changed when starting treatment and as the nurse is the first professional to receive him in the sector, it is up to him to identify his needs by referring this patient to the right professional according to your needs [...]" (I7).

"[...] each patient has different needs than the other [...]" (I7).

In the second category, which deals with "the profile of the chronic renal patient", nurses share that:

"[...] it is usually necessary to reassess when the profile changes, for example, the patient who uses dialysate for a fistula and suddenly he loses that fistula and will start using a catheter so we need to make a new assessment even of the patient's profile in general, to know and guide better [...]" (I2).

"[...] first, you cannot treat a patient without knowing what he has. Everyone here has chronic kidney disease, but there are other things, you have to draw a profile [...]" (I5).

The third category, which involves "patient adherence to treatment", nurses infer that:

"As I see it, it is often in relation to his adherence or his difficulty in relation to liquids and some in relation to treatment adherence I think that every day that goes by goes, I think because of osteodystrophy or some other situation that they are acquiring with the time of dialysis for them it becomes more difficult, right?! So you have to stay there, each one is more complicated, one that with regard to adhesion to liquid that cannot hold [...]" (I3).

"[...] the food issue here, nutrition is of great importance here in their lives, the issue of joy too, I think this is important even in relation to adherence to this treatment, which is a well-suffered treatment [...]" (I3).

"[...] it does not depend only on the nutritionist and nursing guidelines, the patient has to want it and the patient's adherence to the diet is a problem here [...]" (I4).

"Adherence to treatment is something that we always need to evaluate, I even think that the patient's clinic will not make much difference, I think that for adherence it is important to know more about the personal, social and family side. I think that in treatment adherence these things influence more than the clinic itself [...]" (I5).

"It is through the information collected in the evaluation that we will be directing the patient to the competent professional, making him feel safer and, consequently, will better adhere to the new routine of life and to the treatment [...]" (I7).

In this category, nurses' point to the care "to the needs of the chronic renal patient", as shared:

Discussion

In the hospital service of high complexity, among the duties of the nurse is to act in a continuous way in the prevention and health promotion of the patients who are under their direct care. These include those with CKD who require an assessment aimed at their health condition, as well as monitoring and establishment of individualized therapeutic approaches.

Moreover, it is through clinical assessment, on a continuous basis, that nurses plan their actions and meet the demands of individualized care. Through the evaluation, he can recognize how the patient arrives for treatment, his cognitive capacity. This recognition is fundamental, and is related to the acquisition, storage and use of knowledge. This includes attention, memory and reasoning, important functions for the development of people and their interaction with the environment⁷.

For the participants, a fundamental element in the clinical evaluation of nurses is the identification of the profile of each patient. In general, this element is necessary because it emphasizes the quality of nursing care, favoring the recognition of factors capable of interfering in the lives of patients, in their treatment, and aspects of their life, such as those of a psychosocial nature^{7,8}.

Another element identified as essential by nurses for the clinical evaluation of the patient is adherence to treatment. For them, whether or not the patient adheres to the treatment of chronic kidney disease is directly linked to issues that transcend knowledge about the disease. This is because the symptoms presented by them can, in addition to making patients debilitated, make them seek help from the beginning of treatment, and start to observe their emotional needs more, which, in general, significantly influence their adherence to treatment⁹. Social, psychological and emotional factors, in short, exert direct interference in the decision and conduct adopted by the patient.

It is worth noting that it is the responsibility of nurses to encourage patient adherence to treatment,



through the implementation of educational strategies and daily interventions, both aimed at the follow-up of hemodialysis, and which encourages them to have an active life. What can certainly be seen is that the nurse-patient relationship plays an important role in their lives, in addition to contributing to better adherence to therapy. This bond seems to contribute to the reduction of psychological symptoms, which involve alterations in memory, slowness of thought, troubled and disconnected thoughts, sadness, anger, crying, which may stop happening, as they find support in coping with the disease and in the treatment^{3,10}.

In this class, the dialogues of patients stand out, who consider that, in order to achieve success in the treatment, they need to follow food and water restrictions in addition to hemodialysis sessions⁹. Moreover, although many patients have this information, they do not always make use of it. The need to change habits in your daily life generates countless feelings, such as frustrations, especially when this change refers to the patient's eating habits and behavioral pattern.

Changes in the lives of chronic kidney patients, due to the disease, specifically with regard to dietary issues, were evidenced as an important challenge for adherence to treatment. This is because eating is related to a system of values, which, when altered, generates repercussions in social life, meaning eating or even submitting to deprivation⁹. Therefore, other aspects come into play, those that transcend the therapeutic nature of the diet, the interaction in the act of eating, as well as all their experience in the disease.

Meeting the needs of the other requires the nurse's ability to perceive and identify. These attributes, arising from experience and constant practice, help you in the professional practice of nursing¹¹. In addition, the more accurate this perception of the professional, the better care can become, due to the possibility of identifying and valuing the peculiarities and singularities of each individual. Interaction, in the meantime, presents itself as a link between those who care and those who are cared for, allowing the former to sharpen perceptions and the latter to identify their needs. The assistance provided by nurses, therefore, seeks to accommodate the needs of the patient, whether manifested or not, since caring involves meeting the needs of the other, perceived, felt, captured and translated, in addition to those mentioned by the patient at the time of the care action.

Nursing care must be aimed, in context, towards meeting the needs of patients with CKD, which includes physical, emotional, social and spiritual aspects. The challenge is to work tirelessly to eliminate or alleviate the anxieties and desires expressed by the patient. In the

meantime, there is an incessant search for technical-scientific knowledge, the interpretation of the subjectivity of each patient in care, to assign a care profile to the profession, which, when implemented, emphasizes the interpersonal relationship and humanized care. This action can favor the achievement of the desired goal, which is the patient's quality of life¹⁰⁻¹³.

Nursing care requires, therefore, the identification of the person, the recognition of what affects their health and their entire context. The work is to direct attention to the real needs of the patient, guarantee, in their attention, a better satisfaction with the therapy and the established conducts¹⁴.

The sample size and the fact that the study was carried out in only one setting stand out as limitations of this study. The results of this study can contribute to the instrumentalization of nurses' performance, to rethink their care practice. Therefore, it emphasizes the health education initiative and measures that can lead the professional to reflect on the assistance offered to qualify their clinical evaluation and interventions, with the intention of directing care through the promotion, maintenance and recovery of the health balance of hemodialysis patients.

Final Considerations

With the results of this study, it was possible to identify the main factors evaluated by nurses during the care of chronic renal patients. It is noted the perception of nurses that people, especially those patients with chronic diseases, are very complex in their physical and emotional aspects. Therefore, these aspects are taken into account throughout the approach to these patients. Understanding these elements is essential for nurses to have early access to interdisciplinary intervention strategies in favor of health promotion.

In this context, nurses play an important role due to their stay, most of the time, in direct contact with the patient, three times a week, which favors and enables the creation of a bond of trust. Which leads the nurse to know, observe, evaluate, dialogue and detect changes in their general condition. This relationship can contribute to improve adherence to treatment and consequently reduce complications, through health promotion, educational actions and damage prevention, resulting from complications and the evolution of the disease.

These results refer to reflections and actions of health professionals responsible for the care of patients with CKD, in order to prevent complications, as well as to act early in order to minimize their undesirable effects and with positive repercussions on the well-being of the patient and perceptions about your health.

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