

## Nursing in the guidance about the self-care of patients in hemodialysis

*A enfermagem na orientação do autocuidado de pacientes em hemodiálise*

*Enfermería en la orientación del autocuidado de los pacientes en hemodiálisis*

### ABSTRACT

**Objective:** to know the role of nursing in providing guidance about self-care for patients on hemodialysis. **Method:** descriptive qualitative study guided by Dorothea Orem's Theory of Self-care. Semi-structured interviews were conducted with 18 nursing professionals from a renal dialysis unit. **Results:** the analysis allowed the identification of two categories: self-care demands of hemodialysis patients and the role of nursing in providing guidance on the self-care of hemodialysis patients. **Conclusion:** it was possible to see that the nursing team recognizes and provides guidance on self-care. However, this action is still permeated by challenges due to the characteristics of the service itself, such as work overload and the difficulty of inserting guidance in an organized and systematized way in care protocols. Therefore, there is a clear need to encourage continuing education and to create of protocols and norms aimed at this action.

**Descriptors:** Nursing; Guidance; Self-care; Patients; Kidney Dialysis.

### RESUMO

**Objetivo:** conhecer a atuação da enfermagem na orientação do autocuidado de pacientes em hemodiálise. **Método:** estudo qualitativo descritivo e orientado pela Teoria do Autocuidado de Dorothea Orem. Foram realizadas entrevistas semiestruturadas com 18 profissionais de enfermagem de uma unidade de diálise renal. **Resultados:** a análise permitiu identificar duas categorias: demandas de autocuidado de pacientes em hemodiálise e a atuação da enfermagem na orientação do autocuidado de pacientes em hemodiálise. **Conclusão:** foi possível verificar que a equipe de enfermagem reconhece e realiza a orientação do autocuidado. Porém, essa ação ainda é permeada de desafios do próprio serviço, como a sobrecarga de trabalho e a dificuldade de inserir a orientação de forma organizada e sistematizada nos protocolos da assistência. Evidenciou-se, portanto, a necessidade de incentivo à educação permanente e da criação de protocolos e normas voltados para essa ação.

**Descritores:** Enfermagem; Orientação; Autocuidado; Pacientes; Diálise Renal.

### RESUMEN

**Objetivo:** conocer el papel de la enfermería en la orientación del autocuidado de los pacientes en hemodiálisis. **Método:** estudio cualitativo descriptivo guiado por la teoría del autocuidado de Dorothea Orem. Se realizaron entrevistas semiestructuradas a 18 profesionales de enfermería de una unidad de diálisis renal. **Resultados:** el análisis permitió identificar dos categorías: demandas de autocuidado de los pacientes en hemodiálisis y el papel de la enfermería en la orientación del autocuidado de los pacientes en hemodiálisis. **Conclusión:** se pudo constatar que el equipo de enfermería reconoce y realiza la orientación del autocuidado. Sin embargo, esta acción aún está impregnada de desafíos del propio servicio, como la sobrecarga de trabajo y la dificultad de insertar la orientación de forma organizada y sistemática en los protocolos de atención. Se evidenció, por tanto, la necesidad de impulsar la formación permanente y la creación de protocolos y reglas dirigidas a esta acción.

**Descritores:** Enfermería; Orientación; Autocuidado; Pacientes; Diálisis Renal.


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## INTRODUCTION

Chronic Kidney Disease (CKD) represents an important public health problem due to its high incidence and high prevalence. Chronic kidney disease is a slow, silent and progressive disease that causes an irreparable reduction in the number and function of nephrons, a fundamental structure of the kidneys. This pathology can be caused by nonspecific reasons such as genetic abnormalities, autoimmune diseases, glomerulonephritis, exposure to toxins, or also by inflammatory processes related to systemic arterial hypertension and diabetes mellitus<sup>(1)</sup>.

Some Renal Replacement Therapy (RRT) modalities are offered for the treatment of CKD when in terminal phase or stage five, as for example: Peritoneal Dialysis (PD), Hemodialysis (HD), and kidney transplantation; of these, HD is the most common<sup>(2)</sup>. Hemodialysis has the function of filtering toxic nitrogenous substances and fluid excess accumulated in the body through an extracorporeal circuit composed of an arterial line and a venous line of synthetic material and a hemodialyzer<sup>(3)</sup>. According to the 2019 Census of the Brazilian Society of Nephrology<sup>(4)</sup>, based on a survey with a sample of 805 registered and active RRT units, there are 139,691 patients in HD treatment in Brazil. The patient needs a vascular access in order to be connected to the machine, which can be a double lumen catheter, a prosthesis or an Arteriovenous Fistula (AVF)<sup>(4)</sup>.

The HD catheter is a tube usually inserted into the jugular, subclavian or femoral veins, and can be temporary or permanent. The risk of infection and obstruction are the main complications. In turn, an AVF is a junction (anastomosis) between a small artery and a small vein made through a minor surgery, usually in the upper limb, with the function of increasing blood flow at the site and thus facilitating punctures with HD needles, making the vein of a larger diameter and more resistant<sup>(4)</sup>.

The purpose of HD is to replace the excretory functions of the kidneys and, for this to be possible, a minimum of hours is required. Usually, the treatment is performed three times a week on alternate days with sessions that last a mean of four hours<sup>(5)</sup>. The HD treatment prolongs the survival of patients, however, it also causes numerous changes, due to the compromise of the hemodynamic, cardiorespiratory and musculoskeletal systems, in addition to involving physical, psychological, family and social changes

that significantly affect and limit the routine of these patients and their daily life activities<sup>(6)</sup>.

Some complications can still occur in the HD process and in order to reduce them and obtain a better control of the disease, it is necessary to have a strict control of water intake, blood pressure, diabetes, extra care with the use of medications, in addition to controlling the smoking and overweight, among others. Therefore, it is essential that patients and family members know the disease and adopt healthier lifestyle habits compatible with the treatment. A balanced and specific diet, moderate physical activity, consistency and adherence to prescribed behaviors are examples of attitudes that favor patients to become co-participants and co-responsible for the proposed plans and, thus, develop self-care<sup>(7)</sup>. It is essential that the patients be aware of their reality and become active in their care, always aiming at a safer and more effective treatment<sup>(8)</sup>.

As consolidated in Dorothea Orem's Theory of Self-care<sup>(9)</sup>, self-care is essential for the quality of human survival in the world in which they live and nurses, when caring for the needs of each patient, must systematize the teaching of self-care, that is, enabling people to take care of themselves, performing actions for their well-being in order to preserve life and health, readapting them to society<sup>(9)</sup>.

In this conception, nursing plays a fundamental role in guiding the self-care of chronic renal patients, mainly because it has a comprehensive view of the individuals, develops health education actions, works closer to the patients and thus allows a better understanding of educational needs, psychosocial and economic aspects of each patient. In view of these considerations and observing the specificity of the care that must be provided to patients with chronic renal failure, the following guiding question emerged: what is the role of nursing in guiding the self-care of HD patients? Thus, based on this guiding question, this study aimed to know the role of nursing in guiding the self-care of patients on hemodialysis.

## METHODS

This is a study of descriptive and qualitative nature, the most appropriate methodological approach to apprehend the objective of the present study, because "qualitative research responds to very particular questions and works with the universe of meanings, motives,

aspirations, beliefs, values and attitudes”<sup>(10)</sup>. Thus, human social reality comprises a set of phenomena, since human beings think and interpret their actions before acting in accordance with the lived reality, and this distinguishes them from other animals. This set of phenomena, which is the object of qualitative research, presents great complexity when measured in quantitative indicators<sup>(10)</sup>.

Eighteen nursing professionals from a renal replacement therapy unit who provide care to HD and PD patients participated in the research through a semi-structured interview. Providing care for HD and PD patients was the inclusion criterion to participate in the study. Nursing professionals who were on day off, vacation or leave during the data collection period were excluded, and the right to refuse of those who did not wish to participate was also respected, being exempt from harm in case of non-acceptance or withdrawal. It should be noted that there was no sample, since all nursing professionals at the institution were invited to participate in the study.

The research scenario was a Renal Replacement Therapeutic Unit located in a municipality in the Zona da Mata of Minas Gerais that provides care for 230 patients undergoing HD and PD treatment on average. The institution was created in 1976, it is of a private nature of secondary health care and linked to the SUS. About 80% of the patients are SUS users and 20% are linked to some health plans. It provides care to more than 37 municipalities and offers also in-hospital care to CKD patients, especially for patients with acute kidney injury.

The interviews were scheduled and carried out at the institution itself, at the moment of shift handover, prioritizing a place where there were minimal interruptions and that preserved the privacy of the interviewee. Interviews had a mean duration of 5.4 minutes. It was explained to the participants that the interview would be recorded and later transcribed; the recordings were to be kept by the responsible researcher during five years, and then they are to be destroyed. The first interview was carried out to evaluate the instrument to capture the reality, which proved to be satisfactory and was maintained throughout the data collection stage.

The material collected was transcribed and analyzed reliably and in detail, following the stages of content analysis. After identification, the themes were organized by categories in order to understand what message the interlocutors

wanted to convey about the theme and what meaning the subject addressed had for them, in addition to problematizing the explicit and implicit ideas, seeking broader dialogue with information sets from other studies on the subject and theoretical framework. These procedures allowed the identification of two categories: self-care demands of hemodialysis patients and the role of nursing in providing guidance on the self-care of hemodialysis patients.

To guarantee the confidentiality of the information and preserve the identity of the participants, it was decided to name the interviewees using the letter “I” followed by Arabic numerals, according to the order in which the interviews were carried out. In addition, at all stages of the research, the ethical precepts of Resolution 466/2012 of the National Health Council (NHC), which provides for research involving human beings, were considered. Thus, the present research was carried out after approval by the Research Ethics Committee, CAE 09537019.9.0000.5147, Consubstantiated Opinion number 3,301,410 and all participants, before the interviews, read, accepted, signed and received a copy of the Informed Consent Term.

## RESULTS AND DISCUSSION

### Presentation of the participants

The 18 interviewees, five nurses (28%) and 13 nursing technicians (72%), worked at the institution in different shifts (morning, afternoon or evening), their working time at the institution varied between one and 26 years and most of the participants, 13 (72%) interviewees, had no other employment bond. The time elapsed after graduation varied between one and 34 years, with a mean of 11.5 years. The age group ranged between 22 and 58 years, with a mean age of 35 years, and the female sex was predominant, with 14 (77.8%) female participants and only four (22.2%) male participants. The length of time working in the institution was high, with a mean of approximately nine years. These data are similar to those of another study<sup>(11)</sup> carried out in a HD service in Southern Brazil.

The long time working in the institution can be an indication of a direct relationship with satisfaction with the work environment and the ability of this environment to offer positive stimuli to the professionals, consequently reflecting in quality care<sup>(12)</sup>.

### Self-care demands of hemodialysis patients

In this category, the participants reported the need to give guidance on self-care for patients undergoing hemodialysis, specifically, why and how they identify this need. All participants responded that they perceived the real need and importance of providing guidance on self-care for patients in this treatment modality. The pertinence of this statement reiterates that the lack or loss of information is one of the main causes of chronic kidney disease patients to be discouraged in the face of the disease and treatment, in addition to scarce or absent motivation for self-care<sup>(13)</sup>.

When asked about how they noticed that guidance on self-care was needed, the respondents mentioned the specificities of CKD, restrictions on food, water intake, caution with vascular access and the risk of infection, factors that are associated with greater doubts and resistance of patients, thus justifying this demand, in addition to being factors directly related to the quality of treatment. Other authors<sup>(1)</sup> corroborate this in the sense of affirming that CKD is inevitably linked to a relentless treatment, which triggers a succession of situations to the client, compromising the corporal, physical, mental and spiritual dimensions and that also have repercussions in the personal, family and social spheres.

Some statements from the interviewees reinforce these questions: "(...) There are many patients who think it is the end. So we have to always encourage them to take care of themselves. The more care is taken, the longer their life is prolonged" (I2). "(...) fluid intake, the food issue, vegetables that they have to be careful, the fruits that they have to intersperse because of potassium levels that may increase. There are many who arrive here very fat and during the HD they feel sick because of this" (I5). "Because they have a lot of doubts about what to eat, what to do with the fistula... for example, if the patient has a hematoma, he doesn't know if he's going to put ice, if he's going to put a warm compress... for us to guide what they are going to do, for their well-being" (I6).

"First, because he has to be more careful with the fistula, he has to be careful with the catheter, not to get wet, or dirty, not to scratch, not remove the bandage. The fistula, they have to avoid carrying heavy things, sleeping on top of it, they need to keep a good cleaning of the site" (I8). "It's a patient who has a catheter, or he has a fistula, or a prosthesis. So, as for the hygiene of the

place; the care with the site to preserve the access for HD; washing the arm before HD... It's a whole process that we guide so as to avoid contamination" (I10). "The HD population has very specific characteristics because it suffers from a chronic disease. So, first, because it is a chronic disease, this population will have to learn to deal with this disease in the long term, in their life" (I14).

When interviewee I2 emphasized that "the greater the care, the longer their life" reinforced the idea of care as a fundamental part of patients' survival. Sociodemographic factors also proved to be important indicators of the participants' perception of the need of chronic kidney patients for guidance on self-care. In a similar way, other authors<sup>(13)</sup> found that there are different factors that indicate the need for these guidelines, such as the chronicity of the disease, advanced age, and the emergency, since there are cases of patients who start HD in an urgent state and do not receive the proper guidance. According to the Brazilian Society of Nephrology<sup>(2)</sup>, 22.2% of chronic kidney patients are between 65 and 74 years old, 13.3% are over 75 years old, and the estimated number of new patients in 2019 reached 45,852, confirming the large number of elderly patients and the progressive increase in new HD patients.

From this perspective, some speech fragments stand out: "They do not understand much due to their age, so they have this difficulty in understanding. We need to be more attentive to this aspect" (I3). "There are some patients who have no idea; then we have to explain everything. And there are some that we explain the same thing every session, but they really have difficulty to understand" (I4). "Yes, especially the patients who are arriving. When they arrive (...) it always seems that it is a small thing, that everyone already knows, that the television knows, the internet knows, but maybe there is a path that has failed" (I5). "(...)people with low education are predominant, they have difficulty to understand, grasp things, we need to be validating from the simplest information and even more the information that may be complex, with adequate language, they are patients under social, economic vulnerability, lack of support network, family network and support" (I14).

"I see that the lower the cognitive capacity of that person, the greater their need for us to give guidelines on self-care, but this identification is very clear when we see adherence to treatment" (I15). "I think many of them are very uninformed

about the disease. So, even though they have been here for a while, they still have difficulty understanding some things" (I17). Also, reinforcing the deficit for self-care due to advanced age, other authors<sup>(14)</sup> correlated age and issues related to self-care, showing that older patients are the ones who most need these guidelines, due to the greater challenges related to their own care .

Regarding the identification of the need for guidance on self-care, the participants stated that the need is identified through interaction and that they use listening and interpersonal relationships in the routine of the service for this perception. Other authors<sup>(15)</sup> have analyzed Nursing care in this specialty and have found that this care involves a broad field of professional action that permeates care, management, legal, social, teaching, research and promotion responsibility, bringing an important contribution to the recovery of the patients' health and their ability to face and understand the treatment. In addition, it involves acting and thinking and provides the exercise of care focused on each patient, offering them better forms of care for their adaptation, thus achieving a better quality of life.

In this way, the professionals create a bond of trust, establishing an interpersonal relationship that influences adherence to treatment and the prolongation of the life of these patients. About this look, some statements from the interviewees follow: "In their daily routine with them. We interact a lot. I think with affection, mildness, and conversation." (I2). "This need is perceived through listening, through interaction with these subjects, through clinical assessment and through physical examination" (I12).

"On a day-to-day basis, the contact of nurses with the patients is very frequent. Nurses who are on shift have the opportunity to provide this care on a daily basis, they meet these patients all the time. They manage to establish a more effective interpersonal relationship, they manage to establish a therapeutic plan" (I14). "Yes. I think we provide guidance on self-care all the time. (...) But in a more formal way, it is in the nursing consultation. We identify how is the adherence of the patients to medications, also in relation to hypervolemia, weight gain, the frequency of treatment itself, there, we are already providing the guidelines for self-care" (I15). "So the more we talk, the more we explain, the better they follow the treatment, because then they gather the information, they eat better, they take care of

themselves better, and the treatment becomes more effective" (I17).

Still in this perspective, some authors<sup>(16)</sup> reinforce that HD is a treatment that needs adaptation to the new condition that the patient is in, and it is important to stimulate the capacities, abilities and potential of each individual, on the part of the family and the health team, so that there is a better adaptation to the treatment and the new lifestyle.

Thus, it was possible to observe that the speeches of the participants were articulated with the theoretical subsidies and support the need for guidance on self-care of the chronic renal patient, especially if it is considered that the HD patients have specific characteristics due to the chronicity of the disease, dependence on the treatment, and limitations in their activities of daily life. Thus, guidance on self-care becomes a fundamental ally for the effectiveness of the therapy, contributing to the improvement of adherence, reduction of intra- and interdialytic complications, improvement of the quality of life, and the well-being of patients.

### **The role of nursing in providing guidance on the self-care of hemodialysis patients**

The respondents were asked whether or not they provided guidance on self-care for HD patients, at what time, and in what way, and what resources they used in this practice, in addition to the facilitating and hindering aspects encountered in guiding this clientele.

The Law of Professional Practice of Nursing, n° 7.498/86, of June 25, 1986, provides that the Nurses are responsible for the organization and direction of nursing services and their technical and auxiliary activities in the companies that provide these services; the planning, organization, coordination, execution and evaluation of nursing care services; participation in the planning, execution and evaluation of health program, in addition to education, with a view to improving the population's health.

Furthermore, within the fundamental principles of the Code of Ethics for Nursing Professionals<sup>(17)</sup>, it is highlighted that nursing is a profession committed to the health and quality of life of the person, family and community; that the nursing professional works to promote the human being in its entirety based on the Principles of Ethics and Bioethics and based on health policies that ensure universal access, comprehensive care, resolution, and preservation of autonomy of people. This demonstrates that guidance is



inherent in the exercise of nursing professionals, in the sense of promoting health, in the social practice of assisting, managing, teaching, educating and researching.

In view of the above, when being asked about carrying out guidance on self-care for HD patients, all participants stated that they provide this guidance, demonstrating compliance with the legal and ethical precepts of the exercise of the profession with regard to promotion, prevention, recovery and rehabilitation of health, with preservation of the person's autonomy. The participants also answered at what time, in what way, and what resources they used to provide this guidance:

"I always provide. I'm always guiding. When they arrive, we see them, do the math, and they are very overweight, this is something that we guide every day, every hour. And about food, we always advise when doing the interview (...)" (I4). "Yes. Especially when the patient arrives, a little unbalanced. Sometimes he arrives with hypervolemia, very high blood pressure. So, at those times, we come close and give them the guidance. Talking, calmly, I come, I talk to them, slowly, I go between one chat and another. Even a joke for the person to understand" (I7). "I do. I always try to have a friendly conversation (...). Because we talk a lot, we have a very strong bond with the patients, so we end up guiding them, in one way or another, in a general conversation, in a routine treatment for them" (I8).

"Yes, we do it with patients. The patients that we see they need. We guide when we notice that the patients need it, but it's not a periodic thing. It's not a programmed thing that we do all the time. During HD, in a direct conversation. And the approach of patients who did not receive guidance, family members. Sometimes, the older ones, we talk to the children" (I10). "Yes. I think we give guidance about self-care all the time. (...) But in a more formal way, it is in the nursing consultation. (...) I think we can do it formally and informally. It is a treatment that creates a strong bond and proximity between professionals and patients. I believe that, over time, this guidance is given through the gaze itself" (I15).

It is clear in the speeches of the participants, once again, the importance of effective communication between professionals and patients as well as between professionals and family members. This communication enables interaction, greater patient participation in actions

and contributes to the achievement of established goals<sup>(8)</sup>.

Reinforcing the importance of the link between professionals and patients some authors<sup>(18)</sup> state that a strongly established dialogic relationship must be evidenced at a certain point in the HD treatment, as the patients feel more secure and obtain the desire to talk, to share their desires, creating a bond and narrowing the distance between them, making them trusted partners. However, the professionals who manage to establish the bond, and without forgetting the subjectivity of the relationship, anticipate their care and strengthen their partnership and help the patients to face the challenges in dialysis treatment.

It is also noticed, in the context of the participants' answers, that although there is a dialogue between patients in HD and the nursing professionals to provide guidance on self-care, this guidance is often given in an informal and automatic way, and this makes it clear that there is no fixed moment to this. There is no planning and organization, making it imprecise and discontinuous, and this may compromise the effectiveness of the process of guidance on self-care and the practice of health education.

In view of this fundamental role of nursing in the care process, some authors<sup>(19)</sup> emphasize the stress of the professional, which appears with significant relevance, because their work requires a high level of discernment, knowledge and responsibility, factors that, together result in a stressful routine for the professional. These professionals still carry as consequences the lack of motivation, the decrease in daily cognitive capacity and less precision in the development of patient care, which directly influences the practice of Systematization of Nursing Care (SNC), making the whole process difficult.

Other authors<sup>(19)</sup> also mention that in their studies, important factors that hinder the work process were highlighted in their entirety, such as the overload of nursing professionals in nephrology services, the reduction in the number of professionals that is inversely proportional to the increase in patients admitted to these sectors, the lack of motivation of professionals, the complexity of the service and the lack of training to perform such tasks related to SNC. Given the above, when questioned about the factors that facilitate and hinder the guidance about self-care to this clientele, many participants responded that the lack of a specific moment and the challenges of

effective communication, due to cognitive and age factors, are examples. But a facilitating aspect is the bond created due to the proximity of care and the treatment routine, as can be seen in the following statements:

There are difficulties regarding the words. Maybe they have trouble understanding what we're saying. (...) there are patients who have a greater difficulty in understanding (...) Disoriented patients, who do not answer for themselves, we come to the family and speak" (I6). "Yes. There is always someone who doesn't understand or who doesn't want to understand, who doesn't care, so that's the biggest problem. I think it's not even the lack of understanding, I think it's understanding and not wanting to do it" (I11). "Yes. We work with a varied public, with different levels of education. So, it is necessary to adapt to the language to each one of them, but we have difficulties regarding their understanding, difficulties sometimes for this subject to have collaborators to take care of them when he is not able to perform his own care, and also socioeconomic issues. Our public deserves special attention and that we can, it is not easy being a nurse in the day-to-day life, perform individualized care" (I12).

"The great difficulty is the degree of understanding. It is you validating that information you are transmitting (...), it is the absence of the support network. In some moments, I wouldn't even mention the lack of time, because although the nurse has a more tight work routine and has a more undersized team, we can compensate from the moment we have a more lasting bond. So, the contact becomes, with each session that the patient comes here, we have countless opportunities to be with this patient" (I14). "I think the facilitating factor is the bond. It's you being with that person three times a week; this generates a very great proximity. But this is also a hindering aspect, because in some cases the professional can be confused and not put himself as a professional. (...) Another point that I think is a hindering aspect is that we are not able to have a private moment with that person (...)" (I15).

In view of the responses of the interviewees, it is clear that the routine of the HD service represents a facilitator and a hindrance, concomitantly, with regard to the role of nursing in the guidance about self-care to these patients. A facilitator in the sense of creating a bond between professional and patient resulting from the long time spent on the dialysis process and its periodicity, which generates greater proximity and

trust between them. It is also a hindrance because the work demand of the professionals is intense and, for this reason, there is a lack of a formal or specific moment (such as the nursing consultation) for the commitment of guidance about self-care, implying in the lesser effectiveness of this action, making it often dispersed.

It is also evidenced, with the analysis and interpretation of the interviewees' answers, that there is a lack of professionals, more evident among nursing technicians, in training and updating on the proper performance in the guidance about self-care for HD patients, based on theoretical and scientific knowledge. Other authors have already discussed that events in the work environment should be used to improve knowledge<sup>(20)</sup>, in addition to training and updating the team on the techniques, procedures and skills to work with new technologies<sup>(21)</sup>.

In line with this analysis, the Ministry of Health instituted the National Policy on Permanent Education (PNEPS) by Ordinance 198/GM on February 13, 2004, as a strategy of the Unified Health System to contribute to training and learning in the work environment, providing critical reflection and strengthening work in multidisciplinary teams. Therefore, it is worth mentioning that the action of Permanent Education in Health is not just about qualification or training, but also about the construction of knowledge in a horizontal line, with the participation of the different sectors and the interaction between them, based on and promoting the critical debate and discussions about the demands in the daily routine of health services, which means that the starting point is the problem or the problematization of the concrete reality<sup>(22)</sup>.

Therefore, since this commitment is non-transferable, the duty of professionals of the nursing team to prepare themselves to provide guidance on self-care to HD patients is evident, so as to make this practice safe and efficient. In this way, it is expected that health professionals recognize themselves as citizens and can assume greater control over their work process, being necessary to rethink and introduce actions that stimulate and enhance their participation, in order to obtain the maximum benefit of training activities<sup>(23)</sup>.

In this sense, in view of the freedom in daily action, nursing professionals use, in large part of the work process, the analysis of situations and information in order to allow decision making.

Therefore, it is important to develop skills for critical thinking, since it is considered an essential component of responsibility and professional quality. It is necessary that nurses are directed to the use of administrative and management tools that encourage and value the interaction and participation of the team in the decision-making process to achieve the defined results and, in this way, qualify the assistance<sup>(24)</sup>. Furthermore, institutional policies to encourage the continuing education of these professionals are important, especially considering the needs arising from the practice and that enable the continuing development of their skills<sup>(25)</sup>.

Nursing professionals must assume responsibility for health promotion in a way that contributes to its highest level of quality. It is necessary that they adopt a comprehensive stance, that they recognize and respect the individual and community aspects for a healthier life, opening space between the health and social sectors, in addition to requiring a greater effort in health research, changes in education and in the teaching professionals in the field. In this way, nursing care can then result in a more effective care for the chronic renal patients, since it allows for greater participation in their care plan, always considering that people with CKD require the support of health professionals and their families to adapt to the new lifestyle.

Thus, it was possible to verify that the orientation for the self-care of HD patients is a practice adopted by nursing professionals. However, given the challenges of the routine of the service, the work overload and, perhaps, the lack of motivation on the part of these professionals, the presence of a limitation in this action is considered, with regard to the attentive look at this commitment and the need for an up-to-date scientific theoretical basis. It is evident, therefore, the presence of a dilemma among nursing professionals, who are divided by the fulfillment of the high demand of technical and administrative obligations, specific to HD treatment, and by the recognition of the real need for a planned, precise and directed orientation for self-care.

One of the positive points, which deserves to be highlighted, was the recognition and action by the interviewees on the effective communication between professional and patient and the relationship of trust created from this bond, a fact that is due to the proximity of the assistance of the nursing team, to the permanence of HD treatment and the attentive look of professionals to the

demands of patients. This study also highlights the importance of continuing education for the nursing team, since in some of the interviewees' statements, the need to update the theoretical and scientific content to be shared with the patients was demonstrated. Continuing education allows the problematization of issues raised in care practice, the constant updating of professionals and this gap, if corrected, can protect the commitment of nursing to this practice.

This commitment must be guided with great attention by nursing professionals, being based on a comprehensive and individualized treatment, with planning and organization for its best development. In this way, it is necessary to encourage permanent education by the institution, in order to add actions to raise awareness of the internal change of each professional, cooperating to be and to do nursing proper to each one.

Furthermore, the creation of protocols and norms for this action and the creation of groups aimed at guidance about self-care are recommended, as examples of actions that could increase the factors that support and help to promote the self-care of these patients, not leaving aside the autonomy and essence of the relationship between each professional and patient. It is also worth mentioning the responsibility of educational institutions from which the nursing professionals originate, so that they pay attention to the training process, with emphasis on this demand from the clientele in relation to health education and guidance for self-care.

## CONCLUSION

This study showed the importance of the nursing team in guiding the self-care of HD patients. This guidance is provided with the goal of favoring the self-care process of chronic kidney patients, contributing to the recognition of their responsibility and participation in their treatment, which contributes to promoting their adherence and acceptance of their condition and of the treatment, thus increasing its effectiveness.

It was possible to verify that the participants recognize and provide guidance about self-care for HD patients, showing compliance with the legal and ethical precepts that back the profession. However, it was seen that this action is permeated by some challenges resulting from the characteristics of the service itself, such as work overload; the risk of providing guidance on an automatic way, due to the constancy and



frequency of treatment and the high complexity of the service, which requires a great deal of time and attention from professionals. Furthermore, the difficulty of maintaining this educational practice on a more permanent way and also the fact that the guidance is not inserted in an organized and systematized way in the assistance protocols are hindering factors.

The main limitation of the study is the fact that the interviews were carried out at the time of shift handovers and, as a result, the professionals spent less time to answer the questions. However, it is understood that this study did not intend to exhaust the discussions on the topic. The study met the proposed objective and allowed the reproducibility of similar studies in other contexts and scenarios, strengthening the discussion and exchange of information related to the theme.

Thus, the study brings contributions to nursing by expanding the perspective of critical and reflective analysis of the professional and revealing the need for new studies and the development of strategies for the proper sensitization of professionals to the guidance about self-care for HD patients. It is hoped that the study provide nursing professionals with an opportunity to rethink their practice in this action, in addition to contributing with subsidies for interventions and strategies aimed at health promotion and guidance on self-care for these patients, for a safer and more quality care.

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