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Veröffentlichungsversion / Published Version
Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Xavier, B. L. S., Santos, I. d., & Silva, F. V. C. e. (2017). Promoting self-care in clients on hemodialysis: application of the nola pender's diagram. *Revista de Pesquisa: Cuidado é Fundamental Online*, 9(2), 545-550. <https://doi.org/10.9789/2175-5361.2017.v9i2.545-550>

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Promovendo autocuidado em clientes em hemodiálise: aplicação do diagrama de nola pender

Promoting self-care in clients on hemodialysis: application of the nola pender's diagram

Promoción del autocuidado en pacientes en hemodiálisis: aplicación del diagrama de nola pender

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Study from the Doctoral Thesis: Nursing orientation evidence for self-care of clients with chronic kidney disease on renal replacement therapy: aesthetic/poetics perspective. 2015.

How to quote this article:

Xavier BLS; Santos I; Silva FVC. Promoting self-care in clients on hemodialysis: application of the nola pender's diagram. Rev Fund Care Online. 2017 abr/jun; 9(2):545-550. DOI: <http://dx.doi.org/10.9789/2175-5361.2017.v9i2.545-550>

ABSTRACT

Objective: To highlight the patient's coexistence with chronic kidney disease during hemodialysis from the application of Nola Pender's theory Health Promotion Model (MPS). **Method:** Descriptive study done with an intra-group design, in a self-care workshop with 48 customers in Campos dos Goytacazes, Rio de Janeiro, from 2013 to 2014. It was evidenced self-care behavior in the diagram: individual characteristics and experiences; cognitions and specific affections of the most important motivational behavior, representing modifiable categories through nursing actions. **Results:** Nursing guidelines led individuals to acquire MPS behaviors in order to meet their welfare needs, because they value their lives. The workshop stimulated the development of reflective consciousness, providing conditions for reflection on their reality and harmonization with life. **Conclusion:** The guidelines gives rise conditions for the individual acquire a health promotion behavior, reverberated in meeting their self-care needs and well-being.

Descriptors: Nursing; Self-Care; Renal Insufficiency.

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RESUMO

Objetivo: Evidenciar a convivência do cliente com doença renal crônica em hemodiálise a partir da aplicação da teoria do Modelo de Promoção da Saúde (MPS) de Nola Pender. **Método:** Descritivo com delineamento intragrupos em oficina de autocuidado com 48 clientes, em Campos dos Goytacazes, Rio de Janeiro, de 2013 a 2014. Evidenciou-se o comportamento de autocuidado no diagrama: características e experiências individuais; cognições e afetos específicos do comportamento de maior importância motivacional, representando categorias modificáveis mediante ações de enfermagem. **Resultados:** As orientações de enfermagem conduziram os indivíduos para adquirir comportamentos de MPS, visando o atendimento de suas necessidades de bem-estar, pois estes valorizam o viver. A oficina estimulou o desenvolvimento da consciência reflexiva, proporcionando condições para reflexões sobre sua realidade e harmonização com o viver. **Conclusão:** As orientações ensinam condições para que o indivíduo adquira um comportamento de promoção da saúde, reverberando no atendimento de suas necessidades de autocuidado e bem-estar.

Descritores: Enfermagem; Autocuidado; Insuficiência renal.

RESUMEN

Objetivo: Este artículo tiene como objetivo destacar la coexistencia del paciente con enfermedad renal crónica en hemodiálisis, a través de la aplicación de la teoría del Modelo de Promoción de la Salud de Nola Pender. **Método:** descriptivo con diseño intergrupo en el taller de autocuidado con 48 clientes en Campos dos Goytacazes, Rio de Janeiro, 2013-2014. Se evidenció el comportamiento de autocuidado en el diagrama: características y experiencias individuales; cognición y afecciones concretas del comportamiento de mayor importancia motivacional, representando categorías modificables mediante de las acciones de enfermería. **Resultados:** directrices de enfermería llevaron individuos para adquirir comportamientos de MPS con el fin de satisfacer sus necesidades de bienestar, porque valoran vivir. El taller estimuló el desarrollo de la conciencia reflexiva, proporcionando las condiciones para la reflexión sobre su realidad y la armonización con la vida. **Conclusión:** directrices enfermería enseñan condiciones para el individuo para adquirir un comportamiento que promueven la salud, reverberó en el cumplimiento de sus necesidades de cuidado personal y bienestar.

Descriptores: Enfermería; Autocuidado; Enfermedad renal crónica.

INTRODUCTION

The person affected by Chronic Kidney Disease (DRC) experiences, inexorably, a set of striking changes in their daily translated, mostly in limitations/restrictions in their life that directly affects their quality of life.¹ This disease associated to the inevitability of a ruthless treatment² triggers a succession of customer situations, compromising their physical body, mental and spiritual dimensions; fact that affects the personal, family and social spheres.³

Thus, as regards the aspect of living, it is emphasized that the challenge set in care with the customer with DRC on Renal Replacement Therapy (TRS) is characterized, greatly, by attention to the complexity of their clinical and emotional framework, seeking one relearn how to live appreciating being alive.

The experiences of seeking well-being constantly or to deal with the biases of chronic injury are inexorably features

present in the context of those affected by DRC, considering that this disease and its treatment often arise unexpectedly, revealing a new and cloudy horizon. Therefore, it is promoting their health fed back by a supporting network^{4,5} - family and health team - that stimulates behavior and style of a healthy life, with a view to maintain autonomy and a successful self-care.

However, outweighs that the use of models and theories in the fertile ground of health promotion can facilitate the understanding of health problems' determinants and guide solutions that meet the demands and peculiar interests of customers with DRC on regular dialysis treatment. It has also to be considered the possibility of contributing to the promotion of knowledge, reflection, and decision in the act of caring and acting, enabling better chance in achieving the objectives set to promote well-being.⁶

Regarding this, the following objective was delimited: to demonstrate the client living with DRC in TRS from the application of Nola Pender's Health Promotion Model (MPS) theory, in order to adopt strategies under the care of nursing, related to education for self-care.

METHODS

It is emphasized that to develop the study with a view to full compliance with the established goal, we used Nola Pender's⁷ theory "Promotion Model of Health" (MPS) as a methodological theoretical framework. Meanwhile, surpasses the concept and applicability of self-care practices/ educational interventions through the development of nursing consultation as a research strategy.

Health promotion expression refers to community empowerment process to work on improving their quality of life in health, including greater participation in the control of this process. To achieve a high state of physical well-being, mental, social and spiritual, individuals and groups should be able to identify aspirations, satisfy needs and favorably modify the environment. Therefore, the promotion of health should not be seen as solely the responsibility of the health sector. It goes beyond a healthy lifestyle, toward a global welfare.⁸

It is considered therefore that education has the responsibility to transform reality for its potential to provide a reflexive movement, heading the individual forward to a conscience to behavior and actions that will focus on their health conditions or disease, resulting in the (re)conquest autonomy. Thus, to perceive and allow appears to be responsible for yourself, for your life, citizens tend to exercise self-care towards their welfare.

Characterized as middle range theory, the MPS is fundamentally a model of nursing⁹ and can be used to implement and evaluate actions and health promotion behaviors, enabling even understand health behaviors throughout life. One of its proposals highlights that individuals strive to have behaviors which requires the derivation of valid benefits; other side argues that the

perceived competence or self-efficacy related to certain behavior increases the propensity of people to engage in action and performance of this behavior.⁹

In the diagram⁹ proposed by the author, which was implemented in this study, it is evident, above all, that the behavior that leads to promote the participants' health, from the interrelationship of these three main points: a) the individual characteristics and experiences; b) specific cognitions and affects behavior (considered as the most important motivational, representing modifiable categories through nursing actions); c) behavioral outcome (the result desired in the face of the subject acting appointment, except when there is a demand and/or preference countered that cannot be avoided).⁹

This is a doctoral thesis focusing on trimming the person living characteristics of CKD and its treatment inevitable, considering above all their human and guidance to self-care needs.

We chose to do a clinical research, descriptive and design intragroup type time series, as the results were measured before and after the subjects have received the intervention that is the main experimental pillar (education for self-care considering living with DRC and its consequences).

Therefore, this is a study done with a longitudinal approach, and the production of data occurred in the period from October 2013 to September 2014, in a private health institution specialized in nephrology, located in the city of Campos dos Goytacazes, Rio de Janeiro/Brazil.

We worked with a sample of 48 clients who met the following inclusion criteria: to have definitive diagnosis of CKD, be registered in regular hemodialysis program and be waiting for kidney transplantation.

In regard to the clinical research, considering the proposal to reveal the self-care needs of the participants, we used the nursing consultation mediated sensitive listening/therapy theorized by René Barbier.¹⁰ We should also consider the support of this strategy⁸ as a widely way used in nursing to assess the level of knowledge of the people about certain subjects.

Regarding the development of a nursing consultation, it was used as a strategy of research the application of the Self-Care Form⁸, aimed at raising self-care needs of the investigated patients. It is revealed that this form was developed during the PhD⁸ research, so that turned into a protocol for the identification of self-care needs, after being subjected to a thorough analysis and validation by the technique Delphi¹¹, by a panel of judges with expertise in the subject.

Here are the following study variables, set the Data Production Instrument (IPD) above: daily living with DRC; knowledge about the disease and treatment; knowledge about the limits and possibilities of diet; limits and possibilities of living with DRC; behaviors and feelings about the illness.

Developed mainly from the perspective of providing a support for the application of IPD, the nursing consultation transpired during hemodialysis therapy. It should be stressed

that it is performed in an average of 4 hours, so that the client gets the entire time sitting and generally idle. This fact, above all, made interaction/connections more possible between healthy customers (with their knowledge) with the researcher (with their weights and buoyed placements IPD).

Thus, after the lifting of self-care needs, possibly made by the application of IPD, developed one of the Self Care Workshop.⁸ Representing the independent variable of the study, this workshop, mediated by sensitive listening¹⁰, it was configured in a space created especially for free and unrestricted manifestation of the research participants. It turns out that during the same workshop it was implemented the *Pescurso*⁸ (research and course) of self-care, which coupled together with the adoption of Poetic-socio¹² theory worked as a facilitator and innovative device for the practice of research, education and nursing care.

Completed this stage related to the orientation/education for self-care - founded in *Pescurso* - it was implemented a strategy aimed at ascertaining what actually was assimilated/applied by the subjects. Therefore, it was applied a simple instrument⁸ elaborated by the researcher, in order to assess whether there were improvements in customer living with CKD, their injuries and treatment.

The study proposal was submitted to the Ethics Committee of the University of Rio de Janeiro State for evaluation, having obtained approval by the opinion No. 407,889/2013. Fulfilling, thus, the recommendations of Resolution 466 of 2012, related to research in humans. It is noteworthy that all subjects were duly informed about the objectives, benefits and risks of research with subsequent signing of informed consent and informed with respect to the aforementioned resolution.

RESULTS

It is necessary to clarify, at first, that the warm and horizontal direction implemented in the workshop of Self Care⁸, framed, in particular by a human bias and socio-educational, enabled a dialogical¹³ covering of important aspects about the individual living with CKD, regarding its limits and possibilities, especially when considering ways to get more wellness through the appreciation of being alive and accountability for self-care.

In this sense, it surpasses that the workshop device stimulated the development of a reflexive¹³ consciousness in the study subjects, that is, provided conditions for everyone to reflect upon their own reality aiming to (re)align with a new life. Thus, the research participants tend to gather conditions to raise hypotheses about the challenge of this reality and seek solutions/new paths.

Regarding the implementation of the Pender's Diagram embodied, therefore, from the customers' perception, aspects of Characteristics and Individual Experiences (evidenced before the workshop development) and Related Behavior Previously stand out: low self-esteem; lack of affection;

difficulty in accepting the transformation of the DRC; unaccountability for care; lack of information on practices and self-care behaviors in living with DRC; concern, insecurity and hopelessness about the future. Personal Factors, Biological, Psychological and Sociocultural: mean age 49 years; most without work and/or paid activity, with low education and family income of 1 to 2 minimum salaries; feel limited, lonely, misunderstood and stigmatized as the aspects of socializing.

In the field of cognitions and Affections Specific Behavior, substantially paved in light of the activities⁸ in the workshop, please note: Perceived Barriers to Action: resistance to accept limitations of the DRC; feeling of discrimination, misunderstanding, socio-affective heeding and dehumanization in action; negative internalization of chronic illness (unknown body/repressed/denied); reliance on sensation (technological and human); not have access to information; unaccountability for self-care. Self-efficacy perceived: accept/understand the illness as something to be faced; reflective self-awareness to their real needs and potential; confidence from the contact experiences and transformative experiences; ability to build life plan; sense of self-care role in the process. Situational influences (options, demand characteristics, aesthetic): wish to obtain knowledge/health information; participation in group/self-care workshop; group meeting outside the hospital; desire to learn; satisfaction/learning with experiences of socialization/frustrations/challenges/losses and gains; partnership/support of the Association Friends of Rim; health services (have/do not have access).

It was also verified, based on the diagram constructed in the research from the Health Promotion Model of Pender, propositions that subjects verbalized considering teaching for self-care developed in the workshop. In regard to commitment to an Action Plan: adhere to treatment plan as a life; desire to cherish life; I desire to continue living; freedom from social emotional imprisonment; space to create opportunities to exchange experiences, socialize experiences, knowledge and learning; seek dialogue with family.

It should be noted that the workshop device, framed of strategies⁸ for self-care, blossomed a strand for the development of a reflective¹³ consciousness in the research subjects, it means that it provided conditions for everyone to reflect on their own seeking reality (re)align with a live subject to change.

Entering in the Behavioral result, in accordance with the proposed diagram to the study, are revealed aspects related to demands Competitive Aplenty (low control), namely amount of liquid ingested per day; adherence to treatment/diet; accept the new changes live; conditioning/institutional interfering. Also in this segment, it surpasses to the demands Competitive Preferred (high control): resilience; enhance feelings; prioritize new learning; responsibility with their lives/adequate approaches to health; implementation of care as their way of being and their experiences.

However, considering the desired Promotion Behavior of Health, which should be reflected by the subject by seeking the benefits of action for positive health outcomes, such as the well-being great, personal fulfillment and productive⁹ life, stand out the main aspects revealed by customers and recorded in the diagram: accept, understand the new, ie the individual transformation; responsibility with a new life plan; self-care represented the belief in life; responsibility with operation of dialysis and materials/technology; understanding/acceptance limits and possibilities of treatment; responsibility for the body in its entirety, within the limits concerning: diet/nutrition, vision and vascular access; better living with DRC; enhancement of dialogue; love life; self-respect.

DISCUSSION

In congruence with the described propositions, it is considered essential to the nurse's role in appreciating, instrument and pave the development of responsibility for self-care in clients.¹⁴⁻¹⁵ In the meantime, it is emphasized that nursing interventions has the potential to enable the individual conditions to achieve a promotional behavior of Health¹², reverberated in meeting their needs for self-care¹⁵ and wellness.

Furthermore, this research denoted that the self-care workshop has proved to be a facilitator device considering the implementation of Pescurso as an innovative technology, fully in favor of the acquisition of a self-care¹⁵ behavior and love life.

Specifically in regard to the implementation of the schematic model containing the concepts of the Nola Pender's Theory of Model Promotion of Health⁹, in contemplation of behaviors and attitudes aimed at promoting health, it was evidenced that: through actions and strategies aimed at self-care it was possible to view all the upward trend of individuals who received the guidelines, regarding the conduct of acquired self-care and better living with DRC.

In this sense, among the main conduits of health promotion/self-care adopted/implemented by individuals who received education, it is to be noted: accept/understand the new individual transformation; responsibility with a new life plan; self-care represented by the belief in life; responsibility with operation of the hemodialysis therapy and materials/technology; understanding/acceptance limits and possibilities of treatment; responsibility with the body in full (diet/nutrition, vision, vascular access, better living with DRC); love life; self-respect.

Notoriously, the set of actions and strategies developed in the workshop⁸ enabled participants individuals a kind of release from a state of "drunkenness" and not criticism facing the 13 (possible) interferences/conditionings in its surroundings. In this regard, the new status acquired by the subjects allowed the understanding that the quality and

efficiency of their actions can function as the great differential to achieve high self-esteem and sense of well-being.

Thus, it is wise to reflect the effect that when there is no understanding and therefore absorption of information and guidance¹⁵ for the customer, as an active part of the process, nothing can be implemented and/or consolidated.

It is alerted, therefore, in the sense that health professionals provide and prioritize conditions for the client to understand how responsible and subject's own care, and not object and/or his mere receiver. Still, it considers that the interventions related to care for the health and well-being, cannot rely solely on public policy, that is, the individual must feel so responsible for his as well-being the health professional and/or governmental spheres.¹⁶

It also emphasizes considering the amplitude of the disclosed result, there is no way to work with a cold cast protocol to ensure understanding/client adhesion with DRC in hemodialysis therapy, as regards the possibilities for self-care.

CONCLUSION

However, the study showed that there is the possibility of creating an interactive environment to prioritize/cultivate empathy ties and trust in interpersonal relationships customer/health professionals. This path is feasible, especially when the trader believes the speech/customer perception as the protagonist of the process. Thus, a valuable opens possibility that one can plan activities together, actions and conduct of self-care.

Thus, it is understood that the individual, with all its inseparable individuality, only exercise self-care - facing its challenges - from the moment he understood its importance and breadth, and convince yourself that something is essential to their well be, never stop believing in their potential.

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Received on: 10/08/2016
Reviews required: 06/09/2016
Approved on: 09/09/2016
Published on: 10/04/2017

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