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Federal University of Rio de Janeiro State



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## RESEARCH

### Repercussões da terapia comunitária integrativa nas pessoas doentes renais durante sessão de hemodiálise

Community impact of integrative therapy for renal patients people during session hemodialysis  
Impacto en la comunidad de tratamiento integral para personas pacientes renales en hemodiálisis sesión

Paula Simoni de Melo<sup>1</sup>, Lucia Rosa Rocha Ribeiro<sup>2</sup>, Aldenan Lima Ribeiro Corrêa da Costa<sup>3</sup>, Denner Regis Urel<sup>4</sup>

#### ABSTRACT

**Objective:** To understand the repercussions of Integrated Community Therapy (ICT) for people during renal hemodialysis session. **Method:** Field research intervention type, with exploratory and descriptive goals, performed in a qualitative approach. The ICT was held in July 2011, people with renal disease were eligible, who underwent hemodialysis from 6 pm to 10 pm. The hemodialysis circle was recorded, videotaped and transcribed. The video was presented to the participants, and then they were interviewed. The transcription of the circle and the interviews were subjected to thematic analysis. **Results:** It was observed that the circle provoked an explosion of feelings: excitement, admiration and compassion, even in the facial transformation of people: from afflicted/grieved, the serene and joy ful as the circle was developing. **Conclusion:** The ICT was a practice for the care, by providing the opportunity to express feelings, to promote reflection on the experience, condition, treatment and strengthening to cope with their difficulties. **Descriptors:** Therapy, Community, Dialysis, Nursing.

#### RESUMO

**Objetivo:** Compreender as repercussões da Terapia Comunitária Integrativa (TCI) nas pessoas doentes renais durante sessão de hemodiálise. **Método:** Pesquisa de campo do tipo intervenção, com objetivos exploratórios e descritivos, obtidos na abordagem qualitativa. A TCI foi realizada em julho de 2011, com pessoas renais crônicas, que faziam hemodiálise das 18 às 22 horas. A roda foi gravada, filmada e transcrita. O vídeo foi apresentado aos participantes que, em seguida, foram entrevistados. A transcrição da roda, e as entrevistas foram submetidas à análise temática. **Resultados:** Percebe-se que a roda provocou uma explosão de sentimentos: emoção, admiração e compaixão, no semblante das pessoas que, de angustiados/entristecidos, passaram a serenos e alegres à medida que a roda foi se desenvolvendo. **Conclusão:** A TCI foi uma prática para o cuidado, por fornecer a oportunidade de expressar sentimentos, promover reflexão sobre a vivência, condição, tratamento e fortalecimento para enfrentamento de suas dificuldades. **Descritores:** Terapia, Comunidade, Hemodiálise, Enfermagem.

#### RESUMEN

**Objetivo:** Conocer las repercusiones de la Terapia Comunitaria Integradora (TCI) para las personas durante la sesión de hemodiálisis renal. **Método:** Investigación de campo tipo de intervención, con objetivos exploratorios y descriptivos, realizados en un enfoque cualitativo. La TIC se llevó a cabo en julio de 2011, las personas con enfermedad renal eran elegibles, las que fueron sometidas a hemodiálisis de las 18:00 hasta las 22:00. El círculo de hemodiálisis fue grabado, filmado y transcrito. El video fue presentado a los participantes, y luego ellos fueron entrevistados. La transcripción del círculo y de las entrevistas fueron sometidas a análisis temático. **Resultados:** Se observó que el círculo provocó una explosión de sentimientos: emoción, admiración y compasión, incluso en la transformación facial de las personas: desde afligido/entristecido, hasta sereno y alegre conforme el círculo se estaba desarrollando. **Conclusión:** La ICT es una práctica para el cuidado, proporcionando la oportunidad de expresar sus sentimientos, promover la reflexión sobre la experiencia, la condición, el tratamiento y el fortalecimiento por hacer frente a sus dificultades. **Descriptor:** Terapia, Comunidad, Diálisis, Enfermería.

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## INTRODUCTION

**C**hronic Renal Failure (CRF) is a chronic disease with high mortality, incidence and prevalence in Brazil and progressive in the world. Configures itself as a condition that concerns the health systems of the world, because thousands of people receive some kind of Substitute Kidney Therapy (especially hemodialysis), being that in Latin America there are approximately 150,000 people on dialysis program and, of these, only 60.000 in Brazil.<sup>1</sup>

Many chronic illnesses do not offer to person perspective of recovery, leaving her and their families the effort to reorganize the life now with the presence of chronic condition, restructuring it to achieve the best possible condition, despite the limitations and losses imposed by the diagnosis. It is what is observed in people with the IRC, which require a new way of forwarding your life and in which health professionals, particularly those in need of nursing care devices that may encourage the formation of new ways of living. In this sense, it sought to apply the Integrative Community Therapy as an intervention (TCI) mediator in the context of hemodialysis.

The IRC is characterized as a chronic condition, in that it is a condition that interferes with the performance of activities of daily living and in the perception of individual well-being, with a strong impact on relations with the physical and social environment, expressed by new lifestyle, especially due to treatment by dialysis, which requires personal, family and professional management.

Within the framework of the concept of adult health chronic condition has been studied in the scientific literature associated with the essential attributes tied not only to the illness itself, but also to the experience of life. In this regard, we highlight the fact that involves health needs who perpetuate through time, if featuring the permanence/recurrence of disability and dependency pharmaceuticals<sup>2</sup>. Solid as well, to attend to a chronic condition such as IRC, you need the involvement of all who share, is his own person and their family members, whether in health services professionals.

The chronic kidney condition and its aftermath bring with them multiple changes in the lifestyle of people who experience, generating emotional problems and family, among others. 4 Thus, experience it, represents a difficult challenge, because it implies the need to change living habits, the ongoing use of medications, the dependence of others and/or appliances.

The process of experiencing chronic kidney condition and the need for treatment by hemodialysis, in particular, requires the establishment of new parameters in life and introduces a new reality for the person, especially because of the difficulty in dealing with his new condition that is to perform hemodialysis sessions weekly. Undergo dialysis four

hours a day, three times a week, is experiencing an experience full of hassle and risks, in addition to the discomfort that occurs during its realization.

People on hemodialysis treatment become dependent on technology and trained professionals to the maintenance of life. From this moment, they live this experience in different ways, but usually with a lot of pain. Experience also the limitations imposed by handling, reflecting on the loss of autonomy and expecting to undergo the transplant, beyond suffer physiological changes. Situations that lead to deal with the prospect of death as a reality that approaches every day. Such limitations and symptoms begin to be felt as a threat and produce feelings of fear and distress. Each person has their own way of reacting to the chronic condition, in addition to bringing its history and its cultural baggage.<sup>5</sup>

Under hemodialysis treatment generates can impact physical, psychological, social and economic.<sup>5</sup>

Considering hemodialysis as a chronic condition, Maruyama et al<sup>3</sup> bring relevant reflections to experiments by people spend, helping to enrich their experiences of illness and of overcoming, and may support others who go through similar situations. In this way such socializing experiences and share the interaction constitutes a support network, supporting people who share suffering.<sup>2</sup>

In this regard, TCI is shown as a possibility to watch these people, considering the ease of exchange of experiences among those who experience the same condition, allowing the construction of social support networks.

Given this context, TCI, object of study in question, is of importance as it provides those who cohabit with hemodialysis and their families the opportunity to express their feelings and thoughts about their lives and to promote a reflection on their values and beliefs about the condition and treatment. Because it is a collective activity, TCI also offers healthcare professionals and other workers who provide assistance to kidney patients, people the opportunity to review poses for the careful, adopting both technological innovations as humanistic strategies so balanced.

In terms of completeness, one should not restrict people only to the condition that causes the pain, but use knowledge to identify the health needs of those with which relates, in order to recognize and articulate preventive actions and assistance regarding the condition, seeking to build projects of intervention from the dialogue. Through dialogue to understand the specific context of the various meetings and in these, it is the responsibility of the health care professional prepare therapeutic project, both brought by health professionals and other workers and the other from its suffering, expectations and desires.<sup>6</sup>

TCI has been shown as a possibility of care which promotes the achievement of completeness, insofar as it allows you to work both with the suffering of the people, but also their potential.

TCI emerges as a broad-range care technology and low operating costs on a daily basis, whether in the health units and/or in the community with the goal of building social solidarity networks, minimizing the emotional distress of the people related to the abandonment, insecurity and low self-esteem.<sup>7</sup>

Care for these people means meeting your needs, share knowledge by facilitating the understanding of the condition, including their participation and their families,

considering cultural, religious, social factors and psychological through behaviors and procedures, which require professional attention.

The experience as nurses and in different contexts, caregivers and researchers together to people with chronic diseases, has generated reflections on new possibilities of care. 8.9 Have realized that the IRC and the treatment affect the physical and psychological aspects of the person, with personal, family and social repercussions.

We assume that the TCI, at this moment, can represent an opportunity for them to be expressed the sufferings of these people, to the formation of support networks, but also to the emergence of new looks aimed at disease/treatment for persons with IRC, families and workers. So, we bet on TCI as a technology of care able to allow the ressignification of the experiences of people with IRC.

TCI wheels can make it possible for people on dialysis, his family and workers a space for the ressignification of the condition and treatment besides working prejudices and a better coexistence of people on dialysis, with their families and workers by minimizing their anxieties and a relearning how to live in a more humanized. Above all, we believe that the TCI in the context of hemodialysis can promote dialogue from speech, listening and sharing life experiences necessary for all persons involved in care: the workers, who are being cared for and their families.

In search held in the literature on the topic "Integrative Community Therapy, haven't found work addressing the TCI in the context of hemodialysis. And also seeking the theme "Hemodialysis", the experiments focus on treatment and clinical manifestations, to the technical procedures and related care for the complications during hemodialysis; thus, we consider that our proposal is innovative and challenging.

We consider relevant the research in question, as it seeks to deepen the investigation into TCI, which has been arousing interest among students at the undergraduate and the graduate, from the encouragement of researchers of the group.

Added, still, that the results of this study may contribute to the construction of knowledge about the experiences that come true with this tool in the context of care hemodialysis, in the perspective of the construction of social support networks.

From this context, we believe in the contribution of this study for the construction of knowledge in nursing care through the TCI and, especially, in the care people - patients, their families and employees of the unit-in the context of hemodialysis.

Thus, we aim to understand the impact of the intervention of the sick people during renal dialysis session.

## METHOD

Field research of the kind intervention of applied nature, with exploratory and descriptive goals, held on a qualitative approach.

This study was developed as prior to trial the larger research dissertation which succeeded him. There was effected from the realization of a wheel in a private clinic partner to TCI Unified Health System (SUS), in the city of Cuiaba, Mato Grosso. This service meets every week, an average of 197 chronic renal patients in four shifts, on Mondays, Wednesdays and Fridays and in three shifts on Tuesdays, Thursdays and Saturdays.

First, there was the disclosure to patients of the proposed implementation of TCI in the clinic. The group involved with the TCI was triggered and articulated to the task, which presented itself as a challenge.

The wheel of TCI was held in July of 2011, and this study participated in chronic renal patients, people who were on dialysis the night shift, from 18 at 10:0 pm. TCI was held during the hemodialysis session, with the participation of the nursing staff as agents of integration, sharing with patients developed actions.

The wheel of TCI was filmed, so as to allow a reliable record of actions and events, being subsequently transcribed.

In another moment, he returned to the clinic for that group that had participated in the TCI rewatched the video. After watching the footage of what were protagonists, were released a few questions like: what it meant to you to participate in a TCI during hemodialysis? From the TCI wheel experience what are the aspects of your life that you reflected? Participation in therapy modified somehow his thoughts and feelings about hemodialysis? Tell us. What were the attitudes that you had from that experience? Thus, people who were willing to talk formed a conversation about wheel TCI's contributions to your life.

The narratives of this video session were filmed, recorded and subsequently transcribed.

The data were discussed and analyzed qualitatively based on thematic analysis technique. In addition, it also applied the technique of narrative, which enabled the comparison of meanings with the literature pertinent to the topic discussed.

To preserve the individuality of each participant, we use biblical names, since in the context of hemodialysis, kidney patients end up clinging to religion/spirituality, and their names were: Rita, Maria José, Edvirges, Samuel, Isaías, Isaac, Ezequiel, José e João.

In compliance with the National Health Council resolution nº 196/96.10 follow strictly the current regulations for carrying out the research with human beings through the agreement signed an informed consent and authorization of use of image.

## RESULTS AND DISCUSSION

### Wheel description of Integrative Community Therapy

To start the wheel of Integrative Community Therapy (CIMT), sought to meet people who were present during the hemodialysis session. Considering the environment and the disposition of dialyzer machines, the wheel was formed, interweaving among kidney patients people, students, the therapists and the workers of the unit in order to obtain a greater rapprochement of people.

Driving was done by two nurses and community therapists in five steps.

At first, the greeting, this step had the feature encourage people to the celebration of life, of the achievements and propose interactive dynamics.

The reception lasted approximately 10 minutes, with the purpose of bringing the participants of the group, leaving them loose and relaxed. This is an important step, because it favored the Group warming and their participation. It was held by co-therapist that started, desiring to welcome group and explaining about the TCI and its rules: the quiet when the other was expressing himself; speaking in the first person singular; do not judge, do not give advice, do not "lecture" and that participants could, at any moment of the therapy, suggesting songs to be remembered from the lines. Were also commemorated the anniversaries. The presentation was held with a dynamic, in which everyone would say your name and an adjective.

This dynamic was important, especially by self-applied adjectives for people on hemodialysis: jewel, skeptical, happy, yellow, flower, and forgotten, conscious, good people, passionate. Was also held the dynamics of "COP or not the hat": a hat, with a mirror glued to the bottom without the knowledge of the participants, was presented to the people and asked them if they would "take the hat" for the character seen in the bottom of the same. This dynamic had as objective the awakening of self-esteem. All, without exception, said take my hat off to him.

The stage of the host is the second step to the construction of the "Be" Group, because "when participants are welcomed in a warm climate, stimulates the breakdown of resistance and fears, all are equal in their celebrations, everyone can play and get closer to freely".<sup>11:3</sup>

This step is essential for the "success" of TCI, as it is at this point that co-therapist, with its dynamics of heating, promotes the "icebreaker". It was a tool that had as its function: welcoming, warm, celebrating the joy and mirror function.

"[...] In TCI the host is face-to-face relationship, whose goal is to let the participant at ease and ensure the respectful dialogue, based on the exchange of information".<sup>12:75</sup>

In the second stage, the choice of theme had as its express function sufferings which, otherwise, would not have been possible. At this point, participants had the opportunity to talk about their suffering, exposing it to the whole group.

Lifting the Theme aims to encourage participants to expose their concerns, issues or themes of interest and through democratic participation, define which of them will be elected to be contextualized and problematized by people present in the TCI.<sup>13</sup>

In this step, the therapist who drove the wheel asked participants if anyone would like to talk about something that was disturbing, which bothered him or made him suffer.

It is useful to encourage participation and involvement of the entire group, sensitizing people to speak for them in a genuine host and listener stance. Yet right now,

the therapist stressed the importance of talking about the sufferings, often making an appeal to the proverb: "When the mouth shut, the body speaks, when the mouth speaks, Sara's body". Or even: "when you save, sour. When sour, erupts. When it erupts, it stinks."<sup>14</sup>

Given this, some proverbs, can strengthen the capacity and resilience to overcome.

The proverb is resource that promotes communication between people in the TCI. It is used as a resource for synthesis that participant that has a very long-winded speech and also to provoke reflection and even the humor.<sup>13</sup>

Participants talked, briefly, the problems that generated them anguish or suffering.

The opportunity of choice also provided people a certain degree of power, of autonomy, control, which, for the most part, is not allowed in an environment of hemodialysis. People in treatment undergo it without choice.

TCI in step of choosing the topic enabled the organization of care in the sense of valuing the human being understanding people to different situations experienced in its trajectory of life, respecting the uniqueness of each, exploring the conditions of choice and creating conditions for change.

In this way, the Organization of care requires effective paths and secure techniques that mitigate the suffering of people on dialysis, giving importance to the perception that each person has of their life, health, condition, considering their suggestions for solving their problems, developing a work-oriented person and not to the condition, by establishing a link to supply it with safety and confidence.

The wheel of TCI during this step made it possible to understand the experience of people on hemodialysis and mainly, listening to their experiences, welcoming their pain, trying to understand the essence of their sufferings, observing the reality of this scenario to which the person belongs.

In this way, the wheel of TCI actually was able to welcome, dialogue, produce new subjectivities, exercising the critical capacity, creatively transform the ways of seeing, feeling and thinking.

So the dialogue doesn't happen so imposed, it occurs naturally when people can put themselves in the position of the other. He is a reflective Act, transformer, breaking the silence and reaching the autonomy to decide what's best for you.

Then, the Group has chosen, among the topics presented, the one that would be shared on the wheel. According to Barreto, the person only recognizes the other what they know about you. All themes presented by kidney patients people related to his chronic condition, such as: fear (leave the family alone and helpless, needle, hemodialysis, death), the non-acceptance of that condition, the dependency of the machine, limitations, the struggle for transplant and financial difficulties. The theme chosen was fear of dying and leaving the family alone and helpless.<sup>14</sup>

This moment made possible the involvement of the participants for the listening and reception.

The socialization of experiences and interaction constitute a network of support, i.e. support to people who share the suffering.<sup>3</sup>

The third moment was the contextualization, contextualizing is asking for more information on this subject, in order to understand the problem in its context and "see beyond finger pointing the Star".<sup>14:69</sup>

At that time, the participant who had his chosen theme was invited by the therapist talking to provide more information about what was living, i.e. what was bringing him suffering, and asked the people in the group to make questions, in order to better understand its context and also allowing the person who spoke to organize their ideas, feelings and emotions.

The questions of the participants can take the person who had your chosen theme to reflect on yourself, your links and future prospects, allowing the suffering to be ressignification in the context in which it is inserted.<sup>15</sup>

This moment made listening to the account of the story, i.e. the situation experienced by the person who had your chosen theme, and thus we can understand, respect the uniqueness of each person in the context of hemodialysis.

It is worth noting that the talks, in this stage of the TCI, is an element that contributes to the care both of whom sound like who listen. The Group heard and interacted during the hemodialysis session, and it was observed through the words, the facial expressions and the looks. This form of care approached people and made us believe have been positive for them.

In the fourth stage, after careful listening of the person, the questioning took place.

The wheels of TCI, the questioning occurs when the therapist asks the group to share their experiences with the launch of the mote, when people spend talking about themselves socializing experiences and sharing the way managed to overcome them. So the person who exposed his problem is to understand it differently. The key question that the therapist makes allows a group reflection through the following question: Who has experienced a similar situation and what did you do to overcome it?

The theme promotes a collective reflection and helps bringing elements that allow each one, reviewing their concepts, their frailties, favoring and resigning them, and rebuilding the reality.<sup>14</sup>

The therapist asked the person who detailed their suffering to remain silent and, addressing the group, launched the "mote", namely, the question that would allow reflection of everyone: "Who has experienced a similar situation, of fear, and what you did to resolve"?

This was followed by the moment of sharing of experiences, and all were encouraged to talk about their experiences and coping strategies, revealed how: get support from family and friends, live and stop denying the disease, make plans, psychotherapy, faith, work, devote himself to do good to others and think of the good time lived.

In this step of the wheel, the formation of this group did to people who didn't know each other, even though together three times a week, started to interact and meet in the group, the importance of the other for the problems. This encouraged people to discover the resilient power in each of them.

The closure is the fifth and final stage of the TCI wheel, lasting approximately 10 minutes, and aimed to recognize the effort and the will to overcome the problems. Also this

step was characterized by positive connotation, which invited participants to co-therapist express about what they have learned with the stories reported and that they were taking of learning.

It is to recognize, appreciate and thank the efforts, the courage, the determination and sensitivity of each. On other occasions, attempts to "deceive" the suffering, not valuing the suffering itself, but recognizing the courage and resilience of the problems.<sup>14</sup>

This time was special and provided an environment of intimacy, making people feel very close to one of the other, creating a climate of great emotion and affection.

Co-therapist requested that all participants take their hands and those who were not connected to the machines, which were even raised. The Act of "hand-holding" was mentored by co-therapist, which reinforced the procedure to offer the right hand to the other with the palm facing down and the left hand with the palm facing up. The therapist explained the symbolism of this Act, which "gives people a hand and the other we get." "In this relationship and Dialogic, horizontal, reciprocity law of coexistence, it is exercised when the group gives the hands in a circle and promotes, with the Palm of your right hand down and the Palm of the left hand upward, the formation of a network alive."<sup>16:54</sup>

People have hands forming a big wheel. From that moment on, co-therapist held positive connotation, valuing the courage and determination of those who took the themes for the wheel, thanking the trust, recognizing the courage and willpower to overcome adversities and difficulties. Still in circle, co-therapist asked the group what each admired in the exposed lines and they're moving away. A reflective and fraternal environment was created, with the main responses were: learning, strength, solidarity, love, hope, resilience, friendship, everyone has problems, the importance of being together and speaking, appreciation of own experience and that of others and the satisfaction of knowing the TCI.

The therapy ends with songs and thanks of the therapists and the participants who soon asked when would be the next wheel. All TCI had duration of approximately eighty minutes. During its development, we were able to realize the transformation in the expressions of the people: of distressed/saddened, the choice of subject, the serene and joyful as the wheel was developing.

The reports provoked an explosion of feelings in patients, leaving the wheel full of emotion, admiration and compassion.

### **The effects of the circle of Integrative Therapy Community**

In another step back to hemodialysis unit at the same time that people who participated in the wheel were present. On this day, we did the feedback of footage from TCI to participants of the circle that have been protagonists.

We started asking if they had enjoyed the TCI wheel that showed how extraordinary contribution, as provided to the larger group relationship with others and interact being that important to them that remain idle most of the time during the four hours of dialysis three times a week. Some talk to each other and with the nursing staff, others watch

television, but mostly spends all his time sleeping, without having a greater contact with the world around them. This information is referred to by participants of the circle:

Have needed more often! (Rita)

So for me it was very important, I would like to continue. (João)

I also found it very cool. Also served I grow. Everyone felt it, everyone wants it back! (José)

Community Therapy this is a great thing because it brings you closer to the interaction process, understand? I think it's worth. (Edvirges)

For me it was very important, because I knew better colleagues. Because when you're in a community can better understand their colleagues, everything is better for you, because you get to acquire their experiences, because some things, such as my colleague that I had not talked much with me today he talks, gimme some situations, I spend my him, we vents and relies, as we held hands, one supporting the other. (Maria)

It is laudable, it is good, helps relieves this is interesting. (Isaías)

[...] Any initiative that makes these four hours moving from a more healthful, tastier spending, so good. Be it a song, be it a movie [...] be it in anything that attracts people's attention. Be a conversation, be a political discussion [...]. (Ezequiel)

The wheel of TCI was commendable in the sense of exchanging ideas, reflection and relationship, making the four-hour dialysis less tense, IE, relaxed, passing the time in a more wholesome and enjoyable.

It is observed that the wheel has stimulated the participation and mutual action between people through dialogue and reflection, strengthening the links between people in the context of hemodialysis.

The link connects people to each other and the earth people, their beliefs, their values, finally, their culture which gives identity and sense of belonging.<sup>14</sup>

To watch the filming of the wheel of which they participated in, a person on dialysis reports what else caught my attention:

When you see me on the wheel of the therapy that really caught my attention, that we had courage, everyone was brave to vent there, I saw that everyone talked to the heart, was telling the truth, so that was very important to us. (Ezequiel)

Facing this reality, the TCI wheel worked as an antidote to this climate of tension and of responsibilities, causing the group to view and act differently.

The wheel of TCI was pervaded by many emotions and some participants were able to show how they are, and this made them more United and more solidarity.

From the TCI wheel experience, participants reported which aspects of his life about which reflected and changes in the way we think and feel hemodialysis:

For me it was good because I met colleagues better, right? I tried to understand better through therapy, gave me an evaluation known also vent some things, spent some things to people, that sometimes colleagues do not know to stay well I really do, keep doing it on a day-to-day to keep me happy, happy, happy, help families, not take the trouble to my house, so as not to affect my family because they have nothing to do with it. (José)

Therapy helped me a lot, so the best part that I met the fellow, you understand? Because when you're in a community can better understand their colleagues, everything is better for you, because you get to acquire their experiences, because some things, such as my colleague that I had not talked much with me today he talks, gimme some situations, I spend my him, we vents and relies, as we held hands, one supporting the other. (Rita)

I always thought ... I thought that all of us, the only problem we had over here I was. Then, listening to other people I understand we all have our problems, some minor other larger, understand? I was so upset. When starting to give 3:30 p.m.-16:00 pm, we had to get to come down here, my anguish was very great, this anguish has passed, but I still am very afraid, so afraid, of a pulmonary embolism, but I thought only problem I had, but then I saw that it's not just me who have a problem, we all have problems, then I started to understand and began to get my little one. (Samuel)

Through the reports noted that TCI provided a space for reflection, improved self-esteem, occurring a real communication among people who had freedom to expose their feelings, their anxieties, and may develop a relationship of exchanging experiences, sharing, processing, relationship and quest for alternatives to your well-being.

You can check that the fact several people express that passed through the same situation has expanded the range of possibilities for the resolution of the problems, because there are several ways to face them.

With the common account of the anguish and testimonials TCI complements, as all people participating share the same problems and present suffering.<sup>17</sup>

Chronic renal patients highlighted that TCI was a strategy that also contributed to entertainment that should always be performed, because during hemodialysis session are only watching television programs. Stated that the TCI has cultural resources which helped to rescue the values and enhance the personal and social identity. In their speeches showed that music used as a resource rescues its origins and its traditions:

[...] Establishes a profile, who is the gaúcho, miner, born Mato Grosso, etc., etc., and we do music that rescued our origins, our tradition [...] (Isaac)

The music! Music is the expression of the soul! Music is the expression of the soul! When our body is not some nice thing upsets him. The music makes renew ourselves, she can get a joy that's in there, a word that is inside an expression. (Samuel)

It is through music that often express their loving feelings is through music that you express your faith through song is you raise your ego [...] is important to me that cycle you are doing, ie, that you bring as community therapy. (João)

The use of cultural resources in TCI collaborated in order to consolidate, to rescue and strengthen values, knowledge, individual and community skills and assist in the development of dynamic sessions, contributing to the participation and interest of the people.<sup>18</sup>

Regarding the way we think and feel hemodialysis observed that chronic renal patients referred to the fear of the hemodialysis machine, and in this sense the TCI contributed so they see another way of looking at life and understanding of rescuing treatment hope and spontaneity of each.

So the circle of TCI was a space that ran to share the wisdom and experiences of these people's lives, a strategy that made it possible to find solutions for their suffering and overcoming, besides promoting the autonomy and the exercise of citizenship.

## CONCLUSION

As a nurse of Nephrology nutria the desire and the curiosity to understand how complementary care TCI, in the context of hemodialysis, aspiration which led to the production of this study as an ethical commitment to science and society in order to be necessary to advance nursing knowledge to better take care of people.

During the preparation of this study, which involved since the choice of the object, the method of research, of the instruments to be used, there were many questions and doubts primarily because the scientific literature on the subject to be very scarce.

In this sense, in terms of conclusions, we can affirm that:

- TCI made possible the creation of an area of care for people in the context of hemodialysis, humanized care-focused and also invested in the social determinants of health, especially in reducing stress and social support enlargement;

- The circles of TCI were developed in all its stages as a therapeutic approach and as a space for listening to people on hemodialysis;

- The discussions that took place allowed reflections of this approach in order to guide the transformations that prove necessary in the care for people undergoing hemodialysis process.

Thus the wheel of ICT in the context of hemodialysis was timely, functioning as a strategy complementary care to enhance actions, enabling the construction of supportive social networks.

The opportunity to conduct this study exceeded our initial expectation that motivated us to perform the TCI as an additional instrument for the care and opportunity for growth both personally and professionally. Possible a life of learning for our concerns and a new look to the way you act.

## REFERENCES

1. Fermi MRV. *Diálise para Enfermagem: Guia Prático*. 2 ed. Rio de Janeiro: Guanabara Koogan; 2010.
2. Freitas MC, Mendes MMR. Condição crônica: análise de um conceito no contexto da saúde do adulto. *Rev Latino-am Enfermagem*. 2007 jul-ago;15(4): 77-84.
3. Maruyama SAT, Ribeiro RLR, Gaíva MAM, Pereira WR, Bellato R, Costa ALRC. Associações de pessoas com condição crônica: a politicidade como uma estratégia na construção da cidadania. *Rev. Eletr. Enf*. 2009;11(3):732-7.
4. Salati MI. A questão da vulnerabilidade percebida pelo indivíduo com insuficiência renal crônica, em tratamento hemodialítico. [dissertação]. Dissertação. São Paulo (SP): Mestrado em Bioética, - Centro Universitário São Camilo; São Paulo, 2010.
5. Campos CJG, Turato ER. Tratamento hemodialítico sob a ótica do doente renal: estudo clínico qualitativo. *Rev Bras Enferm*. Brasília 2010 set-out; 63(5): 799-805.
6. Mattos RA. A integralidade na prática (ou sobre a prática da integralidade). *Cad. Saúde Pública*. Rio de Janeiro 2004; set-out 20(5):1411-1416.
7. Ferreira Filha MO, Dias MD, Andrade FB, Alves TT. Terapia comunitária: principais problemas e estratégias de enfrentamento de seus participantes. In: Grandesso M, Barreto MR. *Terapia Comunitária: Tecendo redes para a transformação social, saúde, educação e políticas públicas*. São Paulo: Casa do Psicólogo; 2007: 295-300.
8. Ribeiro RLR, Rocha SMM. Enfermagem e famílias de crianças com síndrome nefrótica: novos elementos e horizontes para o cuidado. *Texto contexto - enferm*. Florianópolis Mar 2007; 16(1). .
9. Costa ALRC, Figueiredo DLB, Medeiros LHL, Mattos M, Maruyama SAT. O percurso na construção dos itinerários terapêuticos de famílias e redes para o cuidado. In: Pinheiro R, Martins PH. *Avaliação em saúde na perspectiva do usuário: abordagem multicêntrica*. São Paulo: ABRASCO; 2009.
10. Camarotti MH. *Terapia Comunitária Integrativa: do individual para o grupal. Eis o desafio!* Abratecom. [citado 21 nov. 2012]. Disponível em < <http://abratecom.org.br/blog/?p=112> >
11. Andrade, F. B. *A Terapia Comunitária como instrumento de inclusão da Saúde Mental na Atenção Básica: avaliação da satisfação dos usuários*. 142 f. Dissertação (Mestrado em Saúde) - Universidade Federal da Paraíba, João Pessoa, 2009.
12. Silva, MRG. *A metáfora na Linguagem da Terapia Comunitária: estudo de caso com pais de alunos do 1º ciclo do Ensino Fundamental de uma Escola Municipal de Ipatinga - MG* [dissertação]. Caratinga (MG): Mestrado Acadêmico em Educação e Linguagem, Centro Universitário de Caratinga - UNEC; 2010.
13. Barreto AP. *Terapia comunitária passo a passo*. 4ª ed. Revisada e ampliada. Fortaleza: Gráfica LCR; 2010.
14. Barreto, AP; Barreto, MCR; Oliveira, D; Barreto, ICHC; Abdala, MP. *Terapia Comunitária Integrativa na ESF/SUS. Projeto de inserção da terapia comunitária integrativa na ESF/ SUS*.

Ministério da Saúde /Fundação Cearense de Pesquisa e Cultura/ Convênio nº 3363/2007 e nº2397/2008. Fortaleza, 2011.

15. Barreto MR, Barreto AP, Barreto JP. A trajetória da Terapia Comunitária Sistêmica Integrativa. In: Camarotti MH, Freire TC, Barreto AP. Terapia Comunitária sem fronteiras: compreendendo suas interfaces e aplicações. Brasília: MISMEC-DF, 2011.

16. Souza, G.M.L.; Silva, P.M.C.; Azevedo, E.B.; Ferreira Filha, M.O.; Silva, V.C.L.; Espinola, L.L. A contribuição da terapia comunitária no processo saúde - doença. Cogitare Enferm. out/dez. 2011; 16(4): 682-8.

17. Oliveira, D.S.T.; Ferreira Filha, M.O. Contribuição dos recursos culturais para a Terapia Comunitária Integrativa na visão do terapeuta. Rev Gaúcha Enferm., Porto Alegre (RS) 2011 set;32(3):524-30.



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