

Federal University of Rio de Janeiro State



Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

INTEGRATIVE REVIEW OF THE LITERATURE

As ações do enfermeiro ao paciente renal crônico: reflexão da assistência no foco da integralidade

Nurses' actions for chronic renal patients: reflection of comprehensive care focus

Las acciones de enfermeras para paciente renal crónico: reflexión de asistencia en el foco de la integridad

Luana de Oliveira Alves ¹, Carolina Cristina Pereira Guedes ², Beatriz Gerbassi Costa ³

ABSTRACT

Objectives: to identify and discuss the health care activities of nurses to chronic renal patients in hemodialysis treatment. **Method:** an integrative review of the scientific literature with a qualitative approach, whose purpose was to gather and analyze the findings in databases that have interoperability with the Virtual Health Library (VHL). **Results:** there were 10 published articles selected between 2005 and 2010 grouped into three themes: Actions Guidance on Health, Family Empowerment, focused care to the family nucleus and Care Surveillance. **Conclusion:** to enlarge the care focus of hemodialysis services is to promote an arrangement of care practices to the proposal for comprehensive care, which adds to expertise a look under the sociocultural dimensions of user needs. **Descriptors:** Chronic renal insufficiency, Nurse's role, Renal dialysis, Nursing care, Comprehensive health care.

RESUMO

Objetivos: identificar e discutir as ações assistenciais do enfermeiro ao paciente renal crônico em tratamento hemodialítico. **Método:** revisão integrativa da literatura científica, com abordagem qualitativa, cujos propósitos foram reunir e analisar os achados encontrados nas bases de dados que possuem interoperabilidade com a Biblioteca Virtual de Saúde (BVS). **Resultados:** foram selecionados 10 artigos publicados entre 2005 e 2010, sendo agrupados em três temáticas: Ações de Orientação em Saúde; Empowerment da Família, o cuidado focalizado ao núcleo familiar; e Vigilância Assistencial. **Conclusão:** ampliar o foco de atenção dos serviços de hemodiálise implica em promover um arranjo das práticas de cuidar com sentido a proposta de integralidade, a qual agrega ao conhecimento técnico um olhar sob as dimensões socioculturais das necessidades dos usuários. **Descritores:** Insuficiência renal crônica, Papel do enfermeiro, Diálise renal, Cuidados de enfermagem, Assistência integral à saúde.

RESUMEN

Objetivos: identificar y discutir las actividades de atención de la salud de las enfermeras para el tratamiento crónico hemodiático al paciente renal. **Método:** una revisión integradora de la literatura científica con un enfoque cualitativo, cuyo objetivo fue recopilar y analizar los resultados en bases de datos que tienen la interoperabilidad con la Biblioteca Virtual en Salud (BVS). **Resultados:** se seleccionaron 10 artículos publicados entre 2005 y 2010 que se agruparon en tres temas: Acciones de Orientación en Salud, Empoderamiento de la Familia, cuidado centrado en el núcleo familiar y Vigilancia de Salud. **Conclusión:** ampliar el foco de la atención de los servicios de hemodiálisis consiste en la promoción de un sistema de prácticas de cuidado con respecto a la propuesta de la integridad, que se suma al conocimiento técnico bajo las dimensiones socioculturales de las necesidades del usuario. **Descriptor:** Insuficiencia renal crónica, Rol de la enfermera, Diálisis renal, Cuidados de enfermería, Atención integral de salud.

1 Nurse Specialist in Medical-Surgical Nursing Home in molds, UNIRIO, Rio de Janeiro, Brazil. Email: luaves@hotmail.com 2 Master in Nursing. Master's Graduate Program in Nursing, UNIRIO. Rio de Janeiro, Brazil. E-mail: ccpguedes@gmail.com 3 Ph.D. in Nursing. Associate Professor of the Master's Graduate Program in Nursing at UNIRIO. Rio de Janeiro, Brazil. E-mail: residenfermagem@unirio.br

INTRODUCTION

Kidney failure is a clinical syndrome characterized by the inability of the kidneys performing their main functions,¹ thus these substances accumulate and cause serious cardiac and neurological manifestations.

The urinary system plays several essential roles to body homeostasis. Its functions include: the formation of urine, excretion of waste products, the electrolyte balance, self-regulating blood pressure and endocrine function.²

A dysfunction in the renal system promotes several complications in the human body system. Depending on the type of commitment, a person can be identified with a chronic renal picture. Dialysis is an alternative among other treatments.

The individual with chronic renal impairment has neuromuscular, dermatological, musculoskeletal, gastrointestinal, cardiovascular, hematologic complications, with emphasis on cognitive function disorders such as personality, behavior and psychosocial changes.³ The main complications are hypotension, hypertension, muscle cramps, nausea and vomiting, headache, chest and lower back pain, rash, fever and chills.

Chronic kidney disease (CKD) and dialysis provoke a succession of situations that affect physical, psychological, personal, family and social repercussions.⁴ With these aspects, it is evident the importance of nursing intervention seeking solutions to the limitations caused by the disease and/or therapy of choice.

The limitations that accompany the CKD directly interferes with the participation of the individual in society. Among the chronic diseases, kidney disease is one that generates more impact on the lives of patients.⁵ Changes in the patients' daily life bring huge disruption to their daily routine, which remained throughout their lives, such as, depend on a machine to survive and have their life tied to a hemodialysis center, among others. Although these issues have great importance in the lives of their patients, they are still poorly debated and analyzed by the health team when planning the care seeking the comprehensive care.

Comprehensive is a way to develop care practice involving the health care needs to the technical-scientific knowledge together with the socio-cultural needs of the individual.⁶ Thus, the concept of comprehensive care is understood as a perspective that can expand and modify the current practice of hemodialysis, since their practices transcend the institutional barriers in order to qualitatively improve health care to renal patients.

Given the importance of nursing care for chronic renal patients and on the reflection on the implication of the dialysis procedure for health promotion for this patient, it was

delimited as the object of this study, the assistance actions of the nurse to chronic kidney patients on dialysis.

Then the question that guides this study arose: What are the nursing care activities performed for patients with CKD on hemodialysis? And how these actions contribute to the comprehensive care?

Thus, this study aimed to identify and discuss the care actions of the nurse to chronic renal patients on hemodialysis, described in the scientific literature related to the importance of ensuring the comprehensive care to the individual.

From this perspective, this study is justified by the importance of investigating the performance of new designs to the established practice in caring for CKD patients, providing reflections on the changes in care related to technical and biological issues, but also the socio-psycho-emotional nature, contributing to health interventions that aim to provide comprehensive care and effective improvement in their quality of life.

The involvement of a multidisciplinary team is important to assist addressing the adaptations imposed by the condition of being a chronic kidney patient on dialysis. The fundamental role of nursing is quality, continuity and safety of care, building a form of humanized and comprehensive care.

METHOD

It is an integrative review study of the scientific literature, with a qualitative approach. This research method allows the synthesis of multiple studies published and provides general conclusions about a particular area of study.⁷

The integrative review aims to gather and synthesize scientific knowledge produced about the investigated theme allowing synthesize the available evidence and their incorporation in care practice,⁸ in order to obtain a more complete understanding of the phenomenon studied.

To develop this research method, it was necessary to carry out six distinct steps: preparation of the guiding question of the study; search or sampling in the relevant research literature; data collect; critical analysis of the studies; interpretation of results; presentation of the review/synthesis of knowledge with identification of evidence.⁹

A search for scientific production was performed such as articles, monographs, dissertations and theses through electronic consultation at SCIELO, in the World Health Organization (WHO), the Ministry of Health, the Latin American Library and Caribbean Sciences health (LILACS), which have interoperability with the Virtual health Library (VHL).

For identification and selection of productions, descriptors were used in Portuguese: chronic renal failure, nurse's role, kidney dialysis, nursing care, complete health care. These terms have been identified in the Health Sciences Descriptors (Decs).

Thus, after the identification of scientific production from the descriptors, an exploratory reading was held to select the scientific productions that met the inclusion criteria: availability in its entirety; language published in Portuguese; articles that discuss the assistance actions of nurses to chronic renal patients on hemodialysis and studies published between 2005 and 2010.

Data from selected studies were identified and classified by author, title, scientific publication, place of publication, year, objectives, methodology, results, considerations. After this identification the classification of studies by level of evidence was carried out.

Data analysis sought to identify in scientific literature the actions of nurses to chronic renal patients on hemodialysis confirming the strengthening of the role of nurses in nephrology and comprehensive care to chronic patients. There were 1223 articles identified. Of these, only 173 articles were available to read in full and only 25 were presented in Portuguese.

The exclusion criteria were: 01 article excluded from the study by year of publication be earlier than the time of the research; 05 were repeated and 09 were outside the study theme, which was determined while reading the abstracts of selected texts. Thus, there were 10 articles selected for analysis and discussion.

RESULTS AND DISCUSSION

The results show that all the articles selected in this integrative review were published and developed in Brazil. Among the 10 selected publications, the region of Brazil with the highest expression was the southeast region, grouping 50% of searches, followed by the southern region with 30%, the Midwest with 20% and Northeast with 10% of the publications. The northern region showed no studies related to the theme. These events can occur because in Brazil the concentration of the technology centers are located in southern and southeastern regions of the country.

In the analysis of publications, it was observed that about 60% of those searches were linked to post-graduate studies of federal public universities. This information highlights and confirms the high productivity of research of universities that are in the southeast region where there are universities that receive encouragements and most conduct research in Brazil.

It was observed that 80% of the analyzed studies were published between 2008 and 2010. And 90% of the articles were performed by nurses, and in 01 article was not possible to define precisely the professional category of authorship, showing in the text that it was a medical authorship. Such information may highlight the concern of Brazilian nursing to provide the chronic renal disease patient effective improvements in health promotion, providing comprehensive care, reaffirming the role of nurses in this context.

In 50% of the publications analyzed, there was the need to rethink the professional practice in nephrology nursing, because the research has highlighted a purely mechanistic care professional nursing and proposed a change in the process.^{10 11 12}

Other highlights of the analyzed studies described the lack of trained professionals to meet children's patients,¹³ and also the adoption of strategies at the national level to prepare nurses in effective care to early detection of CKD and appropriate follow-up protocols created by the Ministry of Health.¹⁰ In this way, to value the nurse's role in society and provide a comprehensive care.

Regarding the study design and level of evidence, it was observed that 80% of the analyzed publications had a qualitative approach and only a study presented evidence level IV, referring to a prospective research on patient survival in hemodialysis, describing the therapeutic evolution of care in hemodialysis and having positive views toward longer survival, technical, diagnostic and therapeutic improvements.

Table 1: Distribution of publications according to the study design, analysis instrument and level of evidence

Nº	Author	Year and publication place	Study design	Analysis instrument	Level of evidence
01	Nascimento, Marquês Nurse	2005 Brasília	Qualitative approach	Literature review	VI
02	Paim, Silva, Tretini, Vieira, Koschinik Nurses	2006 Maringá	Search the convergent-care type Qualitative approach.	Interview with 6 people in hemodialysis treatment	VI
03	Fraguas; Soares; Silva. Nurses	2008 Rio de Janeiro	Qualitative approach	Semi-structured interview (7 families in two substitutive renal therapy units).	VI
04	Maldaner, Beuter, Brondani, Budó, Pauletto. Nurses	2008 Porto Alegre	Descriptive study	Literature review	VI
05	Oliveira <i>et al.</i> Nurses	2008 São Paulo	Longitudinal study, Qualitative approach	Building an instrument for SAE.	VI
06	Silva <i>et al</i> S/ info	2009 São Paulo	Qualitative approach Cohort study	Restrospective analysis from the records	IV
07	Severo, Amestoy, Thofehr, Goldmeier Nurses	2009 Rio Grande do Sul	Action research, with Qualitative approach.	The study was divided into stages: pre-test and post-test.	VI
08	Travagim; Kusumota; Teixeira; Cesarino. Nurses	2010 Rio de Janeiro	Qualitative approach	History oral thematic/Interview with 12 nurses working in basic units.	VI
09	Furtado <i>et al.</i> Nurses	2010 Brasília	Qualitative approach	Theoretical and reflective study.	VI
10	Moreira; Vieira. Nurses	2010 São Paulo	Qualitative approach	Structured interview	VI

By classifying evidence level of the 10 selected studies predominance of level VI can be identified, which determines low level of evidence. The research found, with level of evidence VI have a lower level of recommendation for applicability of their results in professional practice, compared to studies with random analyzes.¹⁴ However, studies corroborate the reflective process of nursing care, urging adoption of new practices, as well as the need for further research in the area to promote optimization in health care.

After classification by evidence, the results of the analyzed studies were grouped into common themes. Thus, the information found were concentrated and discussed in three thematic groups: *Health Guidance*, as the group of actions where the nurse was identified as an educator agent; *Empowerment of the family*, a theme that emerges from the results of research where the family is seen as the focus of care, and *Care surveillance*, the actions highlighted in the study as an intervention during the dialysis process, prevention and monitoring of nurses' actions to the terminal chronic kidney patient.

It is noteworthy that the term surveillance was considered as a theme of a group of actions representing the state of meaning action of a subject as an agent that is vigilant, cautious, alert, earnest and diligent, as well as set out the actions highlighted in the articles

analyzed which emerged the prevention, monitoring and intervention of the nurse as key actions in the care process.

These themes identified were discussed before the concept of care in the focus of comprehensive. Comprehensive is understood as a full screen to compose the health needs of individuals. Such requirements have also the technical knowledge at the socio-psycho-cultural dimensions in which these individuals live.⁶

Health guidance

There were identified four studies originated from graduate research. Research discussed assistance and the social, psychological, cultural and religious context of the patient, the patient's knowledge after health guidance, patient awareness through health information, and the appropriate language to guide them.^{15 16 13 12}

In one of the studies, the objective was to measure the level of knowledge acquired by patients before and after the realization of health education conducted by the nurse¹⁵. The results stood out the positivity of the nurse's role as an educator agent in health and the benefits of this praxis. Changes in customer lifestyle were evident such as reduction in smoking in 5% of cases, physical activity (31%); reduction in salt intake in 58% of cases and reduction in the consumption of alcohol (6%). The study showed that education acts as a form of rehabilitation helping chronic renal patients in coping with stressful situations, such as dietary restrictions, experienced in daily hemodialysis.

It is suggested a care called "permanence caring", that is a service built on scientific knowledge, but permeated by human subjectivity,¹⁶ where the actions of technical and mechanistic care, remain sustained by human actions such as: hosting, listening, touching, interpersonal relationship,¹⁶ providing an effective therapeutic relationship between patient and staff, comprehensive care.

There were seven main care that permeate nursing practice in patients with RRT, such as hosting, link, specialized techniques, self-care, treatment evaluation, facing the discouraging routine and rescue citizenship, emerging permanence caring to comprehensive care.¹⁶

When researching technologies and nursing care to people on hemodialysis, there was a care similar to "permanence caring"¹⁶. In this case, it was proposed the term "emancipatory" to highlight a form of care, where new technologies occupy the spaces of relationships and build knowledge and health care linked to human subjectivity, life experiences, and the culture of the kidney patient.¹²

These perspectives of "permanence" and "emancipatory" caring strengthen the recognition of the patient as the agent of his own care, to refer the patient as participating in the assistance and not as a passive agent, simple care receiver.¹⁷

Care for vascular access, adequate diet for dialysis procedure are results elucidated the educational nursing practice as a fundamental care, favoring the encouragement of self-care by the patient and is of great importance to the therapeutic regimen.^{13 15 16}

The importance of ongoing dialogue between users and health professionals is still highlighted, favoring sedimentation of knowledge and also raising awareness of good health practices.¹³

However, it is noteworthy that for a good educator is not enough to know deeply the subject being taught, but also he must know the characteristics of those who will be teaching.¹⁸ Thus, it is recommended that nurses consider biopsychosocial factors to work with individuals with chronic diseases with low compliance, involving the support of family and the multidisciplinary team in the search for appropriate follow-up treatment.

Family Empowerment

Empowerment has its significance in various fields of knowledge, being built over decades. It is influenced by the 70s self-help movements, by community psychology, passing the social law in the 80s, citizenship since the 90s, focusing on during this period medical practice, health education and physical environment.¹⁹

The empowerment concept is sometimes translated as “empoderamento” and/or “apoderamento” in Portuguese, being defined as a health promotion strategy and the family as support, allowing creation of care strategies kidney patients.¹⁹

In this perspective, out of the 10 analyzed studies, only 05 were identified as those who discussed this issue.^{19 20 21 11 13} The studies addressed the importance of involving the family in the context of the treatment of chronic renal patients, where the provider goes to see the family as the focus of his care, the demands and family resources to treatment, factors influencing hemodialysis therapy, and multidisciplinary care.

Emphasizing the multiple concepts of empowerment as a strategy for promoting health there are two questions: the psychological empowerment, presenting as an individual's sense of control over his life, standing out practices such as the ability to adapt to the environment and development of self-help and solidarity mechanisms; and the community empowerment as a process of actions that affect the distribution of power in personal, inter-subjective and political spheres. Thus, it needs to rethink health education practices; of management organizations and community engagement strategies.¹⁹

Empowerment is also discussed as the essence of caring activities, where care should develop beyond the biological aspects and family information transmission. Health professionals need to look at the social, psychological, cultural and religious patient.¹¹ The family should be considered as a partner, active in the process and integrated the information for the promotion of health of the individual patient.²¹

From the perspective of the family as the fundamental care, there are 09 social and therapeutic factors highlighted: confidence in the team, support networks; level of education, the acceptance of the disease, the side effects of treatment, lack of access to medicines, the long treatment, the complex treatment regimen and the absence of symptoms.²¹ Such demands permeate the family nucleus of the patient, the need for support and adequate information which is demonstrated vehement in various situations inherent in the context of life of kidney patients, such as difficulty following the diet and regimen; loss of freedom to travel; recreation; difficulty in transport; complications, among others.¹¹ These

highlights are consequences of the adequacy of the patient's life to his pathological condition.

From the adherence difficulties by the patient to the treatment of CKD, as well as the demands and family resources to live with this patient, the necessity of the formation of support networks emerged in order to reduce the difficulties inherent in the life context of this patient also anchored by family support.^{21 11} The family is now viewed as an active participant in the care process.

The work of nurses is of great importance in creating a therapeutic link between health team, patient and family, essential for better adaptation and evolution of these patients during treatment.^{13 20}

The multidisciplinary work is also one of the factors that ease care for this patient, sometimes lacking in financial resources and saturated in need of care.²⁰

Contributions from the community empowerment go beyond the family context, requiring educational approaches in groups that value the social participation of the subject in the search for understanding of their problems and also participation in changing strategies in lifestyle in order to promote health care quality.¹⁹

It was observed a great emphasis in the studies on educational processes in nursing care by the patient's family to support constant dialogue, favoring a better conformation of therapeutic relationships through creative strategies, which used informal conversation groups of chronic renal failure patients, promoting reflections about the disease and this new reality imposed on the patient.

Care surveillance

In the actions of care surveillance, there are seven studies highlighted.^{16 13 20 10 22 23 12} Issues in ways and actions to take care of that patient in the primary care environment in the dialysis clinic have been addressed, observing aspects related to professional nursing practice; punctuating issues related to the need for vocational training specific to children, among others;

The design of the ways of care in dialysis nursing, demonstrated an important therapeutic tool of effective communication between members of health and family team, thus favoring the therapeutic bond, among others such as hosting, link, specialized techniques, stimulating self-care, assessment of treatment, face the discouraging routine and rescue of citizenship.¹⁶

One of the studies analyzed the health care provided by nurses in the basic units of Ribeirão Preto - São Paulo, where 12 nurses were interviewed. They realized by analyzing the subjects' discourse certain shortcomings in technical practice such as incomplete case histories, poor physical examination, no follow-up clinical protocols, request tests not routinely, and no follow-up to their results, ending in charge of the medical staff.¹⁶

It is also pointed out in this study that nurses should know the existence of clinical protocols for chronic diseases, which contains tasks and competencies of members of the health team. However, these recommendations were not implemented in practice. The study highlights the fact as a prediction of the need for nurses to review their practices and

prioritize their activities to care in order to solidify the role of nurses in the various fields of expertise and provide the customer with comprehensive care.¹⁶

There are also highlighted the actions of nurses in focus groups of diabetes mellitus and chronic hypertension as important in the control and prevention of CKD since these diseases are the major risk factors for developing kidney disease. It is observed in groups: weight loss; stimulating physical activity, monitoring of glycemic control and blood pressure, such activities had a positive effect on metabolic control of the individual.¹³

However, it is observed a need to better structure the CKD prevention process with the need to reorganize the national system in order to prepare health teams to adopt in practice clinical protocols of the Ministry of Health.¹³

A prospective study in Santa Maria/RS in hemodialysis units during the period of 1982 to 2007, showed a positive impact on improvements diagnostic, therapeutic and general quality of the dialysis program. There was a lower morbidity in the most recent period, however, the profile of patients who had hemodialysis in this period was most of them elderly and diabetics. In this way, it was observed that the best quality dialysis gave greater survival for even a group at increased risk of comorbidities.²⁰

During hemodialysis sessions, there may be complications such as hypotension, cramps, nausea and vomiting, headache, chest pain, back pain, rash, fever and chills¹⁰. As the nurses are the professional who assists more closely the patient on hemodialysis, they should be able to intervene in the early detection of abnormalities and avoiding other complications. Interventions such as close monitoring of vital signs and observation of specific symptoms can help limit the occurrence and intensity of such complications, which is a differential for achieving safety and quality in hemodialysis procedure.¹⁰

It is necessary to create instruments that facilitate both the record as data recovery, qualifying the nursing care and cost control and audits²³, in order to occur most materialization to understand the role of nurses in care practice in nephrology.

Challenges and obstacles also occur in primary care therapeutic when patients diagnosed with kidney disease are referred to secondary care when returning the unit to make hepatitis B vaccine and are undergoing hemodialysis. It was also observed in studies, no records in the base unit tests that predicted complications of CKD, such as renal osteodystrophy, metabolic acidosis, diabetic neuropathy, malnutrition, among others.¹³

It is necessary that the nurses have a solid knowledge and also sensitivity to use the technology without giving a lower position to the patient.²⁰ It is also highlighted nursing care beyond the mechanistic routine, resizing always caring for the life context of the patient.¹² The daily contact allows the formulation of strategies to help the patient cope with the disease and its implications.

During hemodialysis, patients remain for hours with no activity, it is a long period of downtime, which could be created better ways of interacting with them, such as planning a booklet with information about their condition, care needed during treatment, the treatment modalities offered by that center, etc. In addition, background music, TV, movies, reading, games, individual conversation with the patient would also be excellent strategies to fill the gap of lost time during the hours in which the patient is treated.

There are still certain situations in the context of hemodialysis unit that meet the expected care. There are some negative aspects related to the practice of nurses working in nephrology, where they can experience fatigue at times by having to repeat over and over again the guidelines, the routines, the technique, hearing the complaints from the team, sometimes from the patients, which can bring dissatisfaction at work, making it difficult to take care of this patient.²⁰

To the needs relating to living conditions, health and treatment of people on hemodialysis, five problem situations are formulated:¹²

- The need to join a class association, which can enable the rights and benefits to people with chronic kidney problems;
- The right to special care in public institutions through a document evidencing their chronicity situation (ID card), which would promote greater patient comfort, maximizing access to services;
- Guidance for primary prevention, the right to information is one of the SUS guidelines, the right to know to learn to take care of themselves.
- People are not prepared for hemodialysis treatment, prevention efforts are incomplete even the disease being slow and progressive people end going into hemodialysis in an abrupt and unprepared way;
- Wait for a kidney donor, sometimes kidney transplantation is seen as the searching for normalcy in health, and there is no health campaigns enlightening. Nursing care to these people must extend beyond mere routine care of the operation of the dialysis machine.

It is important to create mechanisms that favor the translocation of the barriers imposed by the disease and treatment, being indispensable that use of nursing care actions focused on customer needs and not only in pathological, promoting expanded health care.²⁰
12

The nurse should encourage the autonomy of chronic renal patients through strategies that facilitate self-care, establishing a relationship of trust with the team through a therapeutic bond, which when it is successful will reflect in a better quality of life to the patient.²⁴

The lack of specific professionals to children and the right approach to take care of children in hemodialysis treatment is a reality. There was the need for unrestricted presence of family members, the right profile of health workers, the use of security measures, as well as recreational activities specific to the age in order to promote an effective care.²⁰

CONCLUSION

Haemodialysis is a renal replacement therapy (RRT) most used by patients with chronic renal failure. However, the stay in this type of treatment has caused disagreements and changes in daily routine by changing significantly the quality of life of this population.

In this integrative review, it was noted that studies have shown the need for nurses to review their professional practice in actions related to the care process. Actions relating to the care extended to the nuclear family, favoring the therapeutic bond with the health team. The role of the nurse as an educator agent was highlighted, promoting information exchange and implementation of care strategies and confidence in the team.

The actions of the nurse to chronic renal patients highlighted in the studies analyzed focused on three themes that are inter-related and exemplified in family involvement strategies, and patient self-care especially to society and their inclusion in the community.

It was also highlighted the lack of professional experts in pediatric nephrology, where the dialysis units usually have their conformation care and treatment focused on adult patients.

By classifying the level of evidence, the studies selected for this integrative review identified a predominance of level VI, determining low level of evidence, compared to studies with analysis by randomization. However, studies corroborate the reflective process of the actions of nursing care, searching for comprehensive care.

Nurses also help in the adoption of reflection to new practices in health; the need for further research in order to promote optimization of care for kidney patients. It was observed that only one study showed evidence level IV, described as a cohort, prospective, regarding patient survival in hemodialysis, which was described therapeutic evolution of care in hemodialysis. The result showed positive views toward longer survival, the technical improvements, diagnostic and therapeutic dialysis treatment.

It was observed in the studies concern to providing care with an expanded look, not directing the actions of the nurse only to pathological aspects of the disease and mechanistic treatment, as well as a care expanded to health issues, to the context of life and bio-psycho-social aspects inherent to the treatment. This corroborates the comprehensive care, focusing on the quality of services and minimizing the demands of care to renal patients.

In this sense, comprehensive gained prominence filling gaps in health care; when it is realized that only the application routines does not address the health needs of people. Thinking of strategies that give support to the chronic renal patient in coping with their condition is a constant challenge for nursing and requires commitment and special dedication.

Therefore, the role of nurses in the treatment of chronic renal patients is extremely relevant to the therapeutic efficacy. The constant search for implementation of new technical, educational and organizational strategies in order to promote comprehensive, safe

and efficient care is required. It is noteworthy that in most of the research support the family nucleus of renal disease patient was seen as a positive factor to the good prognosis of therapy and that the family must be participating in the reference system of the renal patient.

REFERENCES

1. Pedroso ERP, Oliveira RG. Blackbook Clínica Médica. Belo Horizonte: Blackbook; 2007. p. 507-514
2. Smeltzer SC, Bare BG. Tratado de Enfermagem Médico-Cirúrgica. 10^a ed. Rio de Janeiro: Guanabara koogan; 2006. v. 3. p.1320-1415.
3. Netinna SM. Prática de enfermagem: Transtornos renais e urinários. 8^a ed. Rio de Janeiro: Guanabara Koogan. 2007. cap. 21. p. 734-739.
4. Campos CJG, Turato ER. A equipe de saúde, a pessoa com doença renal em hemodiálise e suas relações interpessoais. Rev. Bras. de Enferm.. 2003 set./out: v.56, n.5: p.508-512.
5. Menezes CL, Maia ER, Lima Júnior JF. O impacto da hemodiálise na vida dos portadores de insuficiência renal crônica: uma análise a partir das necessidades humanas básicas. Nursing. São Paulo, 2007 dez: v.10, n.115, p.76.
6. Matos RA. A integralidade na prática (ou sobre a prática da integralidade). Cad. Saúde Pública. Rio de Janeiro, 2004 set/out. v.20, n.5, p. 18. Disponível em: <<http://www.scielo.br/pdf/csp/v20n5/37.pdf>>. Acesso em: 25 de out de 2012.
7. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. Texto & Contexto Enferm. 2008; 17(4):758-64.
8. Galvão CM., Sawada NO, Rossi LA. A prática baseada em evidências: considerações teóricas para sua implementação na enfermagem perioperatória. Rev. latino-am enferm. Ribeirão Preto. 2002 set-out. p.690-695. Disponível em: <<http://www.scielo.br/pdf/rlae/v10n5/v10n5a10.pdf>>. Acesso em: 23 de ago de 2012.
9. Galvão CM, Sawada NO, Mendes IA. A busca das melhores evidências. Rev esc enferm USP. 2003 Dez. 37(4):43-50. Disponível em: <<http://www.scielo.br/pdf/reeusp/v37n4/05.pdf>>. Acesso em: 20 de ago de 2012.
10. Nascimento CD, Marques IR. Intervenções de enfermagem nas complicações mais frequentes durante a sessão de hemodiálise: revisão da literatura. Rev. bras. enferm., Brasília. 2005 dez. v. 58, n. 6. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S003471672005000600017&lng=en&nr m=iso> . Acesso em 10 de mar de 2013.
11. Fraguas G, Soares SM, Silva PAB. A família no contexto do cuidado ao portador de nefropatia diabética: demanda e recursos. Esc. Anna Nery, Rio de Janeiro. 2008 Jun. v. 12, n. 2. Disponível em:

- <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S141481452008000200011&lng=en&nr m=iso>. Acesso em 10 mai 2013.
12. Paim L, Silva DGV, Tretini M, Vieira RM, Koschnik Z. Tecnologias e o cuidado em enfermagem a pessoas em tratamento de hemodiálise. *Ciência Cuidad e Saúde*, Maringá. 2006 set./dez. v. 5, n. 3, p. 335-343. Disponível em: <<http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/5051>>. Acesso em 10 de mar de 2013.
 13. Travagim DAS, Kusumota L, Teixeira CRS, Cesarino CB. Prevenção e progressão da doença renal crônica: atuação do enfermeiro com diabéticos e hipertensos. *Rev. enferm. UERJ*, Rio de Janeiro, 2010 abr/jun; 18(2):291-7. Disponível em: <<http://www.facenf.uerj.br/v18n2/v18n2a21.pdf>>. Acesso em 10 de mar 2013.
 14. Melnyk BM, Fineout-Overholt E. Making the case for evidence-based practice. *Evidence based practice in nursing & healthcare. A guide to best practice*. Philadelphia: Lippincot Williams & Wilkins; 2005.p.3-24.
 15. Severo DF, Amestoy SC, ThofehrnMB, Goldmeier S. Conhecimento e modificação do comportamento frente ao tratamento não-farmacológico da HAS: antes e após educação em saúde do profissional enfermeiro. *Cogitare Enferm*. 2009 Jul/Set; 14(3):506-11.
 16. Furtado AM. Pennafort VPS, Silva LF, Silveira LC, Freitas MC, Queiroz MVO. Cuidar permanência: enfermagem 24 horas, nossa maneira de cuidar. *Rev. bras. enferm.*, Brasília, 2010 dez. v. 63, n. 6. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S003471672010000600032&lng=en&nr m=iso>. Acesso em 10 mar 2013.
 17. Dupas G, Pinto IC, Mendes MD, Benedini Z. Reflexão e síntese acerca do modelo do autocuidado de Orem. *Acta paul de enferm*. São Paulo. 1994. v.7. n.1. p.19-29. Disponível em: <http://www.unifesp.br/denf/acta/1994/7_1/pdf/art3.pdf>. Acesso em: 23 de mar de 2012.
 18. Figueiredo AE, Kroth LV, Lopes MH. Diálise peritoneal: educação do paciente baseada na teoria do autocuidado. *Scientia Medica*. [Porto Alegre] [1999]. p. 1-5. Disponível em: <<http://caioaba.pucrs.br/revistapsico/ojs/index.php/scientiamedica/article/viewPDFInterstitial/1567/1170>>. Acesso em 20 de mar 2012.
 19. Carvalho SR. Os múltiplos sentidos da categoria "empowerment" no projeto de Promoção à Saúde. *Cad. Saúde Pública*, Rio de Janeiro. 2004 ago. v. 20, n. 4. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2004000400024&lng=en&nr m=iso>. Acesso em 23 maio 2013.
 20. Moreira DS, Vieira MRR. Crianças em tratamento dialítico: A assistência pelo enfermeiro. *Arq Ciência Saúde* 2010 jan-mar. 17(1):27-34. Disponível em: <http://www.cienciasdasaude.famerp.br/racs_ol/vol-17-1/IDL4_jan-mar_2010.pdf>. Acesso em 12 de mar de 2013.
 21. Maldaner CR, Beuter M, Brondani CM, Budo MLD, PaulettoMR. Fatores que influenciam a adesão ao tratamento na doença crônica: o doente em terapia hemodialítica. *Rev. Gaúcha Enferm*. Porto Alegre. 2008 dez. 29(4):647-53. Disponível em: <<http://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/view/7638>>. Acesso em 10 de mar de 2013.
 22. Silva LAM, Mezzomo NF, Pansard HM, Arantes LC, Rempel W, Argenta LC et al. Sobrevida em hemodiálise crônica: estudo de uma coorte de 1.009 pacientes em 25 anos. *J. Bras. Nefrol.*, São Paulo. 2009 set. v. 31, n. 3.

<http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0101-28002009000300004&lng=en&nrm=iso>. Acesso em 10 mar de 2013.

23. Oliveira SM, Ribeiro RCHM, Ribeiro DF, Lima LCEQ, Poletti NAA. Elaboração de um instrumento da assistência de enfermagem na unidade de hemodiálise. *Acta paul. enferm.*, São Paulo. 2008 out. v. 21. Disponível em:

<http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-21002008000500006&lng=en&nrm=iso>. Acesso em 10 mar de 2013.

24. Rocha RPF, Santos I. *Rev. de Pesq.: cuidado é fundamental Online* 2009. set/dez. 1(2):423-433. Disponível em:

<<http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/444/398>>. Acesso em 10 de mar de 2013.



Received on: 19/08/2014
Required for review: No
Approved on: 17/09/2015
Published on: 07/01/2016

Contact of the corresponding author:
Luana de Oliveira Alves
Rua José Cândido Gouvea, nº 94, Bairro: Tejuco - São João Del-Rei /
MG CEP: 36309-348 (tel. (21) 98076-1289 / (32) 9965-7824). E-mail:
luaves@hotmail.com / luaves2014@gmail.com