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Silva MCOS, Silva KL, Silva PAB *et al.**The waiting room as...*

EXPERIENCE REPORT

THE WAITING ROOM AS A SPACE FOR EDUCATION AND HEALTH PROMOTION TO PEOPLE WITH CHRONIC RENAL FAILURE ON HEMODIALYSIS

A SALA DE ESPERA COMO ESPAÇO DE EDUCAÇÃO E PROMOÇÃO DE SAÚDE À PESSOA COM INSUFICIÊNCIA RENAL CRÔNICA EM HEMODIÁLISE

LA SALA DE ESPERA COMO UN ESPACIO PARA LA PROMOCIÓN DE LA EDUCACIÓN Y LA SALUD A LAS PERSONAS CON INSUFICIENCIA RENAL CRÓNICA EN HEMODIÁLISIS

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ABSTRACT

Objective: To report educational experience in the waiting room with chronic renal failure patients, describing the topics requested by patients, adherence in hemodialysis this educational approach and the involvement of the nursing staff as an agent promoting health education. **Method:** A descriptive method with qualitative approach, against the backdrop of a Clinic of Nephrology in a public hospital in Belo Horizonte, MG. We used flipchart, puppet theater and music as tools in the construction of the intervention. **Results:** The project reached the waiting room patients and families, enabling information exchange between the triad patients / families / caregivers. However, to implement this project there were limitations set by the institution itself, impacting this reality in nursing care in action. **Conclusion:** There is need to promote training of health professionals as a way of continuing the project waiting room in favor of the construction of collective knowledge among patients undergoing hemodialysis. **Descriptors:** Renal dialysis, Health education, Nursing.

RESUMO

Objetivo: Relatar experiência educativa em sala de espera com pacientes renais crônicos, descrevendo os temas solicitados pelos pacientes, à aderência desta abordagem educativa na hemodiálise e o envolvimento da equipe de enfermagem como agente promotora de educação em saúde. **Método:** Descritivo de abordagem qualitativa, tendo como cenário uma Clínica Nefrológica de um hospital público de Belo Horizonte, MG. Foram utilizados álbum seriado, teatro de fantoches e música como instrumentos na construção da intervenção. **Resultados:** O projeto sala de espera atingiu pacientes e familiares, possibilitando trocas de informações entre a tríade pacientes/familiares/profissionais de saúde. Entretanto, para a concretização deste projeto houve limitações definidas pela própria instituição, impactando esta realidade na assistência de enfermagem em ato. **Conclusão:** Constatou-se necessidade de promover capacitação dos profissionais de saúde como forma de dar continuidade ao projeto de sala de espera em prol da construção do conhecimento coletivo entre os pacientes que realizam tratamento hemodialítico. **Descritores:** Diálise renal, Educação em saúde, Enfermagem.

RESUMEN

Objetivo: Presentar la experiencia educativa en la sala de espera de pacientes con insuficiencia renal crónica, describiendo los temas solicitados por los pacientes, la adherencia en hemodiálisis este enfoque educativo y la participación del personal de enfermería como agente de promoción de la educación sanitaria. **Método:** Estudio descriptivo cualitativo, en el contexto de una clínica nefrológica un hospital público en Belo Horizonte, MG. Se utilizó rotafolios, teatro de títeres y la música como herramientas en la construcción de la intervención. **Resultados:** El proyecto llegó a los pacientes de la sala de espera y las familias, lo que permite el intercambio de información entre los pacientes con la tríada / familias / cuidadores. Sin embargo, para poner en práctica este proyecto había limitaciones establecidas por la propia institución, afectando esta realidad en la atención de enfermería en acción. **Conclusión:** Existe la necesidad de promover la formación de profesionales de la salud como una forma de continuar con el proyecto de la sala de espera en favor de la construcción del conocimiento colectivo entre los pacientes sometidos a hemodiálisis. **Descriptor:** Diálisis renal, Educación para la salud, Enfermería.

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INTRODUCTION

The process of demographic and epidemiological transition experienced in the last century has given the aging of the world population in a short time, bringing profound changes in the profile of needs and demands of the population.¹

The increased longevity of people predisposes the onset of chronic diseases, triggered by several factors and characterized by a pathological long course. Morbidities such interventions require support and care, maintenance of function, prevention of disability and future support for better quality of life, which has caused concern among health professionals and interventions in micro and macro-spaces production and health.²

Chronic kidney disease (CKD), characterized by progressive loss of renal function insidiously and asymptomatic, in this scenario emerges as a significant public health problem worldwide, due to the significant growth of its prevalence and impact of chronic complications and their high social cost and economic.³

In 2001, the average annual cost for maintenance of renal replacement therapy ranged from 70 to 75 billion dollars worldwide and the expected number of CRF patients exceeded two million people in 2010.⁴

In Brazil, there are more than 70 thousand people with CKD were enrolled in dialysis programs, and 54% of these people are in the Southeast, resulting in an annual cost around 1.8 billion dollars a year. Estimates suggest the addition of approximately 8% per year of new cases of CKD requiring renal replacement therapy.⁵

Besides the high magnitude, the diagnosis of CKD in Brazil still happens in late moment in which treatment options are limited, directing the

patient to dialysis or transplantation renal.⁵ Despite the provision of several alternative therapies that retard the loss of renal function and its complications, the DRC is still under-diagnosed and often inadequately treated worldwide.⁶

Chronic renal patients on hemodialysis program experiences a radical change in your life, such as the use of catheters, water restrictions, changes in diet and self-image, among other changes. These changes impact heavily biopsychosocial that interfere with treatment adherence, acceptance of self, self-care, interpersonal relationships with family and social life.⁷

Moreover, when faced with the impact of disease and treatment, an individual becomes fragmented, connected to a machine as a way to prolong their life and maintain so unavoidable, undeniable and constant. Chronicity may make it dependent on the care of intermediaries, emphasizing the family as an important unit of care. The nuclear family usually takes the comprehensive care to this patient and requires adaptation to the new reality. Your participation in the whole process of treatment becomes essential, emerging demands and needs information to understand and accept the illness of loved family.

To meet these demands, we highlight the activities of education and health promotion developed in groups, which are useful in this process to show the maintenance of patients' lives, as it allows to increase the level of knowledge, acceptance and awareness of their limits positive attitudes, as well as their appreciation in society as citizens with rights and duties.⁸

In particular, it emphasizes the space in the waiting area of educational development in

health, for it is in this environment that is made by the host of professional users.

The waiting room is the ideal place for socialization and potential of health information where they form natural groups, with opportunities still little exploited.⁹ It is also space to tell who is the nursing staff, publicize the profession and show the quality of this team.¹⁰ The educational activity in the waiting room provides a therapeutic listening to patients and families, enabling realize their anxieties, fears and doubts to the disease and chronicity.

In the literature, there are several studies that exemplify the use of this proposal as a strategy for education and health promotion. It was successfully used in addressing diabetic outpatients¹¹; relatives of patients hospitalized in the Intensive Care Unit¹² and assisted users in Psychosocial Care Centers¹³; chronic pain patients¹⁴ and care center for the elderly.¹⁵

In the same vein, it is important and appropriate to emphasize that were not found in the literature on educational activities involving the waiting room patient on hemodialysis.

It is therefore important to reflect on the waiting room with patients with CKD to meet and discuss about education and health promotion in hemodialysis, contributing to the self-care of these patients and stimulate the adoption of this resource problematizing theoretical and practical when the meeting of two actors (professional and patient) the act of caring.

Taking into consideration the many advantages of the strategy of health education in the waiting room for patients hemodialysis⁸, wonders what care needs of patients with chronic renal failure? These needs, which can be worked on group activities waiting room?

Report educational experience in the waiting room with chronic renal failure patients, describing the topics requested by patients, adherence in hemodialysis this educational J. res.: fundam. care. online 2013. jul./set. 5(3):253-263

approach and the involvement of the nursing staff as an agent promoting health education.

METHODOLOGY

It is an experience of teaching undergraduate course in Nursing at the Catholic University of Minas Gerais, descriptive qualitative approach. This experiment was conducted from January to March 2009, and had as a Clinic of Nephrology a scenario of a public hospital in Belo Horizonte, Minas Gerais.

The audience consisted of patients with chronic kidney disease and caregivers present in the waiting room before each hemodialysis session. The meetings were approximately 25 to 30 people per group performed.

The idea of developing an educational work with this target audience arose from the need for the industry itself to perform activities of education and health promotion, transposing the routine treatment and transforming the lounge space in construction, education and learning.

The planning of the waiting room as facilitators had four academic courses Undergraduate Nursing and Nutrition at the Pontifical Catholic Minas Gerais and support the coordination of nursing responsible for the dialysis unit.

Due to the peculiarities of the sector, the academic was emphasized, the fact that the moment before the start of the hemodialysis session always a time of concern and anxiety for patients and families, with adverse psychological consequences. In this case, the biggest challenge being faced by them, within the educational activity in the waiting room, would translate into anxiety and idleness in learning events, mobilizing resources to address situations quest for health.

The educational activity was organized from institutional needs, which began with a discussion between the nursing staff and

Silva MCOS, Silva KL, Silva PAB *et al.*

The waiting room as...

employees, bringing up the recurring themes peculiar to this group, which were discussed in five modules:

Module 1: "Care arteriovenous fistula."

Main issues discussed: how was the start of treatment, the importance of washing member before hemodialysis, as should be the placement of needles and why, how to check its functioning, general care (not cover up member of the fistula during hemodialysis, not carry much weight, remove the bandage after four hours of completion of hemodialysis, do not sleep on the limb, not measuring blood pressure in the limb, not to allow the puncture for purposes other than hemodialysis, and others).

Module 2: "Control of interdialytic weight gain." Main issues discussed: measures to reduce water intake, major complications of fluid overload.

Module 3: "Care of the double-lumen catheter." Main issues discussed: experience of using the catheter main difficulties encountered during this period, major complications, preventing infection (what to do when there are signs of infection or bleeding), and major catheter care.

Module 4: "Control of potassium." Main issues discussed: concept potassium, in that it acts in the body, the consequences of this ion excess, potassium-rich foods and how to prepare them.

Module 5: "Handwashing and fistula." Main issues discussed: the importance of hand washing and the fistula.

It is noteworthy that the topics most requested by patients were addressed in the first four modules. On the subject handwashing and the fistula was a perceived need for professionals involved in the project.

After choosing the themes proposed, it was proceeded the preparation of teaching materials, paying attention to the level of knowledge among patients and caregivers, as well
J. res.: fundam. care. online 2013. jul./set. 5(3):253-263

as the importance of clarity of the information. The time allotted for each meeting was 15 minutes before the estimated time of entry to the hall of hemodialysis patients.

In the search for a dynamic language and attractive that would foster the mobilization of patients and caregivers for the reflection of your health / disease process, was elected as a pedagogical strategy building flipchart with explanatory information, pictures and tips. Later, we entered recreational activities such as theater and music.

For mounting flipchart explored the bibliographic research on the topics and informal contact with patients and caregivers in order to familiarize themselves with the local reality. The materials used were cardboard, black marker, scissors, pictures taken via the Internet for public access and colored tape.

During the making of these textbooks, concerned with the quality of information on the issues discussed, respecting the level of human development and education of the target audience. Still looked up for ease of visualization of the materials while maintaining low writing and giving preference to the figures and questions. According to some authors¹⁵, these strategies enable individuals to awaken from their daily lives and be able to see your own reality from the possibility of changing its position before the world and kidney disease.

Before each presentation in the waiting room was a conversation held between the nursing staff and the academic preparation of the material and make any necessary corrections and discussing how they were feeling for academic achievement activity. Shortly thereafter a performance test was conducted for the nursing staff, where adaptations of language and incorporating answers to the most frequently asked questions were inserted in the educational activity.

A poster was displayed at presentation, with a minimum of three days, inviting patients and families for a chat about the theme, which helped bring them together in the waiting room, since they were aware of the meeting.

It is noteworthy that the waiting room in the dialysis unit under study is not a room itself. It is a wide corridor within the institution, with provision of chairs and availability of television, where patients and family members sitting awaiting the start of the hemodialysis session.

Subsequently, considering the experience of one of the authors with the puppet theater was proposed to the Nursing team building skits to act, consistent with the themes. The skit this is a small story that enacts a comic situation with a limited number of actors without thorough characterization, or plot, insisting at times funny and subversive.¹⁶

To create the script dramaturgical departed from the premise to establish a dynamic dialogue with the opening of spaces for participation, critical reflection and socialization. This feature allows the sharpening of methodological sensitivity reduces anxiety and enhances learning.¹⁷ The educational practice involved the discovery of talents among the nursing staff, professionals involved in the care process and at the same time, construction and rescue of valuing human life that needs to be noticed by others both in the family and at work.

Still, in order to innovate educational practices were invited musicians to submit musical instruments with diverse and at different times, such as the violin, the flute, the guitar, which brought serenity to the environment. The songs performed were more classic and backcountry.

The proposal of educational practice in a dialysis center had the capacity inventive structural axis of the authors, who sought to impart knowledge and enact a portrait of the

subjective world of chronic renal patients and family.¹⁷

RESULTS AND DISCUSSION

In January, when the project was proposed, to March 2009, there were 15 meetings.

Patients who participated in the educational activity had a mean age of 62 years and a mean duration of hemodialysis was 3.5 years, predominantly men (53.8%). Only one patient refused to participate in all individual modules and ten did not participate due to anxiety to start hemodialysis session.

We organized meetings; it was found that the waiting room is a potential territory conducive to the exchange of experiences, dealing with people who experience more intensely or not the same dilemmas, doubts, difficulties and joys, making these conversations at a time whose knowledge and technical-scientific popular blends.

In hemodialysis, there is little turnover among patients, which allows more constant and close contact. In the waiting room, most people knew each other, helping the interaction and exchange of information between them. Such contact also helped the students in developing their communication skills, public speaking area and encouraged group participation with the completion of questions, a finding also shared by other studies⁸⁻⁹.

Was instrumental in the early intervention clarify the idea that that moment it was a chat, which allowed to reduce the barriers between the health professional / academic and public target, reducing the barriers that prevent the participation, involvement and sharing group, allowing to have a warm and conducive to information exchange.

By providing talking about his life, conceptions, knowledge and reality, patients have to reflect on your life as a person who has a chronic health condition. There was the possibility

Silva MCOS, Silva KL, Silva PAB *et al.*

The waiting room as...

of conducting a listening therapy, as well as clarify each topic and discuss the questions presented from the experience of each, in an action that goes beyond the flexibility of intervention.¹⁸

It is known that chronic kidney disease limits the patient, making the experience a brutalization of its essence. Facing such a situation, it is devoid of any reaction to attacks that suffers, assuming an attitude of alienation from their vulnerability, which decreases your chances of developing how to be full, preventing you from thinking about your reality, stimulating their loss autonomy. The family lives similarly intensely the impact of the disease and the sudden need to take care of a way hitherto unknown.¹⁹⁻²¹

In view of these specificities, the discussions between the team prior to the completion of the educational activity allowed the student to the nurse and the development of skills that would enable them to deal with their values, emotions, fears and anxieties when assisting others, strengthening their ability to communicate with the individual care.¹⁶ Such feelings can be used as resources for the professional motivators and can deal with the other, so that the instrumental aspects can be better prepared in conjunction with people.⁸

The preparation of each waiting room based on recurring themes requested by the patients showed the topics that are part of everyday life in this group, which enabled plan, schedule and implement an action most appropriate intervention, not shaped and directed by the technical expertise of professionals health but, considering the patient as a co-participant in the process of building a healthier living.¹¹

The collective approach "Care of arteriovenous fistula" and "Control of interdialytic weight gain" had greater involvement of members. In the view of patients and caregivers the matters J. res.: fundam. care. online 2013. jul./set. 5(3):253-263

discussed in these modules are of great importance, with the end of the presentation participants with contributions from some relevant questions and some suggestions for learning, such as: Why cannot I sleep on top of the arm that has fistula? From this question could explain that is not only sleep on the arm that is not recommended, but carry much weight, the pressure gauge member of arteriovenous fistula, is watching episodes of hypotension among others. I do not drink much water, but I like soup. This assertion reveals no clarification of some patients about the fact that when health professionals guidance on the need to restrict water consumption is not just pure water, but food preparations containing much liquid as broths, soups and juices. Because I'm tired when I drink too much water? With this questioning was possible to discuss major complications associated with excess fluid in patients with chronic renal failure undergoing hemodialysis. It would be good that you're telling people it was said also to my family. This suggestion makes clear the need to address the patient-binomial family.

In the module "Care of the double-lumen catheter" was possible to realize the interest of some participants, especially those who use or have used catheter and apathy of others who deny the possibility that he might use it.

The greater involvement of patients in the discussion of certain subjects is linked to the beliefs, values and importance that each theme has on their lives. Having a functioning arteriovenous fistula, considering the need for hemodialysis, is the desire of all patients. Thus, knowing about the possible complications and right attitude to be taken before such a fact, especially with the daily care it is of great importance for these individuals. They understand that the machine is connected so undeniable, and the fistula safe access, despite the pain every

puncture, allowing them to perform a treatment with less risk and greater quality of life.^{12,22}

The catheter occurs in many cases unexpectedly abrupt and without clarification and participation of the patient in selecting the implant site. The movement restrictions conditioned by location of catheter insertion, the modified hygiene, care and maintenance of dressing high risk of complications make the venous access catheter with lower acceptance with patients.²³

The double-lumen catheter, type of catheter used in this clinic more temporary, is considered by patients as an IV line that exposes the social curiosity, shows his illness, his frailty, generating fear of discrimination to which they are subject, leaving them vulnerable faced with such a situation.^{12,20,24} Through these situations, it is clear that nurses should anchor their practice in a caring creative approach that transcends the purely technical vision in an environment that focuses on the technology needs and hard to play the specificity of the human being in all its complexity.

The interdialytic weight gain was also perceived as a matter of concern in the study group, because patients were aware of the implication for the treatment of a fluid overload. This issue is considered a priority in a life full of restrictions, difficult to control because it requires changes in lifestyle and is connected directly to the complications and pre-intradialitics.²

The transgression of treatment is common among individuals and may be evidenced by interdialytic weight gain, regarded as the most effective way to verify adherence to treatment⁸. In a study found in the literature²⁵, there was an average gain of 3.42 kg in females and 3.6 kg in males, which allowed an average of 2 to 2.5 kg or 3.0-4.0% of body weight.

J. res.: fundam. care. online 2013. jul./set. 5(3):253-263

In the module "Control of potassium", was expected to present the first shift greater knowledge on the subject, because it is the oldest patients of the clinic. On the other hand in the third round, which concentrates most of hospitalized patients and often starting treatment was not expected that they have mastery of the subject. A private conversation is allowed to realize the potassium a familiar theme for a small minority of patients, especially those with higher education levels and / or family support.

In this regard, some authors^{3,24} point out that patients with more education may possess intellectual resources capable of generating greater emotional adaptation to the consequences of disease and treatment. Still say that although each component of the family group to accept and adapt to the disease at different times, with varying degree of difficulty as each individual, the family has great potential to help patients with chronic renal failure in confronting this new reality, as it is disease that affects not only the individual but also the family as a single unit of care and the same target.

Despite the anticipation, the first round, as well as others, has shown that many do not know the definition of potassium, although understand the importance of controlling this ion, which had already aware of its major complications, as well as which foods were high in potassium and how to prepare them.

To innovate educational practice, the discussion on the topic "Handwashing and fistula" was held from the puppet theater. During the presentation of the theater could realize charm and involvement of all patients, as it is the team itself that carers are proposing there be a time to promote education, interaction, entertainment, construction / reconstruction of knowledge.

The play activity helped deconstruct the patients strictly technician vision of health professionals to equip them as beings able to

Silva MCOS, Silva KL, Silva PAB *et al.*

The waiting room as...

laugh, joke, get emotional and discuss the specificity of patients with chronic kidney disease in terminal stage.

When performing an intervention on a theme of hard real impact was necessary to direct and change the focus of action in service: an imperative form of information transferred to and uncritical patients, for a joint construction of new ways of doing hemodialysis and health care, helping not only the accumulation of information, but in the construction of knowledge that impacts on wise choices that build new habits.

The music also stood out as innovative and creative strategy, facilitating communication and interaction among academics and health professionals assisted with the group. Played within the hemodialysis room in a moment where tranquility unit and patients' anxiety to go away mix and mingle, music proved as a determinant for calm them and entertain them, doing all distance themselves coldness of the hospital, with all its technological arsenal to the most delightful places to thoughts, impacting a significant decrease in intra-dialytic complications.

According to some authors²⁶, the influence of music on humans is diverse encompassing the physical, cognitive, emotional and social. Similarly, it is internalized or expressed subjectively, considering the individuality and cultural context of each. The music also helps to organize life in sequence and recall phases, scoring when they happened.

Thus, it was important to see how each member noticed and experiencing particular song at a particular time of hemodialysis treatment, as required to increase the capacity of understanding the intricate context in which human relations are embedded.

The project waiting room allowed exchange of information between the triad patients / relatives / associates, from a liberating practice, assisting them in learning the concept of J. res.: fundam. care. online 2013. jul./set. 5(3):253-263

self-care and health not as the absence of disease but as a constant process of adaptation and improve quality of life.^{9,18}

However, this experience also has shown how complex the process of building subject knowledge, therefore, to achieve the goals, it was necessary flexibility in the strategies outlined initially.

During the process of construction and reconstruction of this project there were difficulties and limitations set by the institution itself, for example, the shortage of professionals and the negative impact of this situation on the availability of nursing care in action.

Furthermore, it is noteworthy that the anxiety of some patients to enter the room hemodialysis be the first to start the session allowing him to perform four hours of therapy and leave ASAP Clinic of Nephrology was prejudicial to get hold attention of them, thus contributing to lower participation in the explanatory questions and contributions.

Because the educational activity have happened minutes before the hemodialysis session, most patients were anxious and afraid of talking slow them down, especially in the first round. During the second module of the project, many patients have suggested carrying out the activity in the room with concomitant hemodialysis sessions. From these suggestions the proposed educational activity for waiting room, began to happen during this turn intra-dialytic.

Research in the waiting room^{7,27} that showed anxiety as a factor that allowed the diversion of the attention of the patients showed that the patients are less anxious and individual educational approach can better attend to the matter discussed, contributing to a greater number of questions and comments. Thus, we reiterate the importance of approaches that are more individualized and unique.^{14,28}

Difficulties also resulting in a minority of the subjects involved in the meeting and act of care from the inflexibility of behavior and a caring purely instrumentalist, where it was not possible to converge the horizons for the same model of care and a shared project of happiness.²⁸⁻²⁹ Promoting the use of light technologies in a typical place of hard technologies always encounters resistance, demonstrating the need for further reflection on the topic so that it becomes widely experienced in the encounter between professionals and patients.³⁰

The irregularity of the project, justified by the reduced number of regular contributors, was also perceived as demotivating factor among professionals and unmet expectations among patients, as it is a steady clientele.

However, strategies for helping patients address their health problems have been implemented in order to contribute to healthier choices, but independent of the subjects, citizens of law, free men.

When you start this treatment at a Nephrological Clinic, patients and their families are guided by the multidisciplinary team regarding the treatment, the services offered by the clinic and the hours of operation of the site.

It is known that at this moment the impact of disease, excessive number of treatment and hindering the assimilation of information by patients. Considering this fact, this was drawn Clinic Nephrological a guidance manual to chronic renal patients, including the following topics: presentation of the unit, services offered, hours of operation, power (this item is important information on salt, fluids, potassium, phosphorus, dietary tips), vaccinations, exams, urgent, necessary documents, social services, psychological care, kidney transplant waiting list for transplant, the kidney and its functions, dialysis treatments, care of venous access (fistula arteriovenous and double-lumen catheter), J. res.: fundam. care. online 2013. jul./set. 5(3):253-263

important signs of weight gain, increased blood pressure, nausea, vomiting and diarrhea, difficulty breathing, cramps, tips to control the amount of liquids, among others.

CONCLUSION

This experience report highlighted the importance of implementing the waiting room in a Clinical Nephrology, as critical and reflective space, which allows users to host differently, enhancing building a relationship of co-responsibility, self-care which enables to change.

The educational activities of preventive and health promotion were directed to the real needs of the population served, being organized and addressed the issues in a creative and dynamic in order to attract the attention of users waiting for care. They sought to intervene with them and not just for them, breaking clientelism as present in the tertiary health.

In this scenario, it was required of nurses and students develop skills related to communication and interaction, where patient care with chronic renal failure undergoing hemodialysis machines and goes beyond administrative activities. The waiting room enabled the exchange of knowledge, recognition of sociocultural reality, as well as expression of feelings and beliefs of the participants, which may give members a sense of cohesion and security.

This experience in the waiting room lets say that nurses can help develop a sense of well-being, hope, confidence building, better adaptation to the disease, freedom and autonomy to make wise choices that privilege and a consequent improvement in quality of life.

Shares of education and health promotion are one of the strategies that proved to be an innovative way, capable of generating conscious and intentional attitudes of the people involved, and the appreciation and recognition of the

Silva MCOS, Silva KL, Silva PAB *et al.*

The waiting room as...

patient as a free man, subject of law, therefore in exercise of their citizenship.

The objective of this report was not to encompass the full complexity of the issue, but to expose the possibilities contained in the learning process and building mutual caring in action. It is necessary, however, new studies and reflections on the theme that expand and innovate an act of care closer to the concept of completeness among patients undergoing hemodialysis, where the process of maintaining life has based models, and agreed converged to humanize the health service.

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