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RESEARCH

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The Communication as an Educational Tool During Kidney Transplantation Preoperative Period

A Comunicação como Ferramenta Educativa no Pré-Operatório Mediato de Transplante Renal

La Comunicación como Herramienta Educativa en el Período Pre-Operatorio Mediato de Trasplante Renal

Adriana Maria de Oliveira^{1*}, Enedina Soares²

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ABSTRACT

Objective: The study's aim has been to recognize the importance of the communication as a tool used by the nurse over the preoperative period of patients undergoing hemodialysis therapy and indicated for having renal transplantation. **Methods:** It is a descriptive and convergent study with a qualitative approach. Data were collected through a semi-structured interview with 9 female nurses and using a pre-established script with subjective questions. By using this approach, the following 2 categories emerged: the nurse's responsibility in communicating to the patient; and the significance of nurse/patient communication. **Results:** The results point out the relevance of studying the communication process, because, by putting it into practice, there is an improvement regarding the nurse's communication skills, and then avoiding any interference that may affect the information provided. **Conclusion:** The significance of the nurse/patient relationship stands out, which enables understanding the educational information and the way in which they are provided, then constituting a powerful tool during the preoperative period of a renal transplantation.

Descriptors: Kidney transplantation, Preoperative guidance, Nurse.

¹ Nursing Graduate by the Universidade Gama Filho, Master's Degree in Nursing by the Universidade Federal do Estado do Rio de Janeiro, Specialist's Degree in Nephrology by the Universidade Gama Filho. E-mail address: dicaoliveira.1177@gmail.com.br.

² Nursing Graduate, Doctor's Degree in Nursing, Collaborating Professor at Universidade Federal do Estado do Rio de Janeiro. E-mail address: soaresene@ig.com.br.

RESUMO

Objetivo: O objetivo do estudo é reconhecer a importância da comunicação como ferramenta utilizada pelo enfermeiro no pré-operatório mediato do paciente em terapia hemodialítica indicada para transplante renal.

Métodos: Trata-se de um estudo descritivo, convergente, com abordagem qualitativa. Os dados foram coletados por meio de entrevista semiestruturada com 9 enfermeiras, utilizando um roteiro pré-estabelecido com questões subjetivas das quais emergiram 2 categorias: Responsabilidade do enfermeiro na comunicação com o paciente; e Importância da comunicação enfermeiro/paciente. **Resultados:** Os resultados apontam a relevância de estudar o processo da comunicação, pois, ao praticá-lo, há aperfeiçoamento do modo que o enfermeiro se comunica, evitando interferências que possam comprometer as informações prestadas. **Conclusão:** Ressalta-se a importância da relação enfermeiro/paciente, que possibilita o entendimento das informações educativas e o modo como são prestadas, constituindo poderosa ferramenta no pré-operatório mediato de transplante renal.

Descritores: Transplante renal, Orientação pré-operatória, Enfermeiro.

RESUMEN

Objetivo: El objetivo es reconocer la importancia de la comunicación como herramienta utilizada por los enfermeros en el paciente preoperatorio mediato en hemodiálisis indicado para el trasplante de riñón. **Método:** Se trata de un estudio descriptivo, convergente, con un enfoque cualitativo. Los datos fueron recogidos a través de entrevista semi-estructurada con 9 enfermeras, utilizando un guión pre-establecido con preguntas subjetivas de las que emergieron 2 categorías: Responsabilidad del enfermero en la comunicación con el paciente; e Importancia de la comunicación enfermero/paciente. **Resultados:** Los resultados señalan la relevancia de estudiar el proceso de la comunicación, pues, practicándola, hay una mejora en la forma en que el enfermero se comunica, evitando interferencias que puedan poner en peligro las informaciones ofrecidas. **Conclusión:** Se destaca la importancia de la relación enfermero/paciente, que permite la comprensión de las informaciones educativas y la forma en que se prestan, constituyendo poderosa herramienta en el período pre-operatorio mediato de trasplante renal.

Descriptores: Trasplante renal, Orientación pre-operatoria, Enfermero.

INTRODUCTION

Classified as a worldwide public health problem, chronic kidney disease has transplantation as renal substitute therapy, in addition to hemodialysis and peritoneal dialysis. Nevertheless, for renal transplantation to be performed, the patient must be able to undergo surgery and have no contraindications to the use of immunosuppressive medications. This modality of substitutive therapy provides a better quality of life for the patient, when well oriented, for offering better socioeconomic rehabilitation and lower social cost.¹⁻²

The role of the nurse in a renal transplant unit is, fundamentally, to promote more adherence to the treatment by the recipient, besides the educational orientation and the follow-up of complications, among which are highlighted rejection and infection. So, it is necessary that health professionals, especially nurses, be properly informed and aware of the appropriate techniques and

routines for the treatment, aiming at the perfect restoration of the patient undergoing renal transplantation.¹⁻²

It is worth mentioning that in addition to the issue of patient orientation and the challenges of the communication process, the patient in hemodialysis therapy may suffer constant stress due to routine change, when conditioned to renal replacement therapy, presenting emotional instability and, at times, psychotherapeutic support.

The assumptions about individuals' ability to cope with stress for a prolonged period suggest the idea that suffering is an experience that will be experienced at some point. It is believed that the nurse is the professional indicated to provide help and clarification when the stress is related to the health/illness process.³

Educational guidance in nursing and the continuous monitoring of these clients can help prevent complications, especially rejections and infections. Thus, it is necessary that the nurse who works in these therapeutic units is properly trained and is knowledgeable of techniques and routines suitable for the treatment, aiming at the perfect reestablishment of the patient undergoing renal transplantation.¹

Aiming to know this clientele and to establish a relationship that favors the nurse's performance, the reality of the educator in hemodialysis treatment units arises, with challenging actions that seek theoretical basis in the communication research and in the Interpersonal Relationship of Travelbee.³⁻⁴

The nursing profession can be practiced in several places. In this study, our proposal focuses mainly on the communication nurse/patient in dialysis therapy with probable surgical indication. Therefore, the communication process must begin at the moment when the interest for renal transplantation arises, which must be prepared in the hemodialysis sector itself until the surgical procedure is completed.

Sometimes the patient remains in only one modality simply because no other is addressed. Nonetheless, it is believed that an active person in the care of their health and the choices that involve their life should be inserted in the therapeutic context so that the method of choice is shared as a team. The patient, as the "protagonist" of his own life, and the health team, in particular the nurse, need an interpersonal relationship with the purpose of maintaining an effective communication, based on clarifications regarding health education regarding to the preoperative period of renal transplantation.

When considering the possibility of renal transplantation, significant changes (physical or social/psychological) may occur, affecting the patient's life routine. Sometimes, this patient is well adapted to the hemodialysis procedure, in other words, he is at a time of stability of chronic kidney disease or underlying disease, be it diabetes or hypertension in control, so it is important to have an interpersonal relationship (health team and other

patients), making them share their life history, in addition to moments of joy, sadness or even any other feelings that can contribute effectively to their emotional stability.

Given the aforementioned, this study aimed to recognize the interpersonal communication between the nurse and the patient indicated for renal transplantation, during the hemodialysis process, as a tool of educational guidelines for the preoperative period, with emphasis on improving the care quality.

METHODS

It is a descriptive and convergent study with a qualitative approach, which is derived from a Master's thesis. The study is aimed at patients undergoing hemodialysis and indicated for having renal transplantation.

The research was developed in the hemodialysis unit of a public university hospital located in Rio de Janeiro city.

This study counted with the participation of 4 permanent nurses, who worked in the hemodialysis sector for at least 6 months, and 6 resident nurses from both the 1st and 2nd year of residency, who either were working or worked in the hemodialysis unit and participated in the therapy of the patients that could undergo renal transplantation, and also who volunteered to participate in the study, by signing a Free and Informed Consent Term.

Data collection was performed during the first semester of 2013, through a semi-structured interview, based on the communication that the nurse, participant of this study, uses during the hemodialysis treatment of the patient indicated for renal transplantation. It was used a script, previously elaborated, composed by 2 guiding questions:

1. What are the strategies used by the nurse in communicating with the patient during the preoperative period of a renal transplantation?
2. How does the nurse perceive the communication during the care process toward the patients that will undergo the transplant?

The interviews were carried out in a reserved place and recorded with the authorization of the participants, considering the time and availability of each interviewee, so as not to interfere in the dynamics of the sector.

After the interviews, all the material was transcribed, to apprehend the senses and meanings, constituting a reflection procedure. The analysis of content was used as support and theoretical reference, to base the data obtained.

Content Analysis deals with the information coming from the discourses/speeches of the subjects investigated on a subject, where it is possible to centralize the ideas and to categorize them thematically. Understanding what is implicit in the subject's discourse, seeking its codification in units of meaning, unfolds in 3 phases, as follows: pre-analysis; material exploration or data coding; and treatment of the results

obtained, inference and interpretation.⁵ We attempted to report the experiences experienced by the participants in the communication and in the interpersonal relationship during the hemodialysis procedure with the patient indicated for renal transplantation.

After data collection, the purpose of each report was to define the findings, from which the following two thematic categories emerged: the nurse's responsibility in communicating to the patient; and the significance of nurse/patient communication.

The thematic categories were described in detail for the apprehension of the relevant information, including the fragments of the texts of the registration units, for the understanding of the data obtained and the analysis and discussion involved in the research.

Observing the Resolution No. 466/2012, the participants' identity was preserved with the use of codenames: four (4) nurses from the institution's permanent staff (N1 to N4) and six (6) resident nurses (RN5 to RN9).

It is important to mention that this study was approved by the Research Ethics Committee from the institution, under the Protocol No. 234.320.

RESULTS AND DISCUSSION

The organization of the collected data allowed the construction of the registration units, after the statements, grouping the subjects related to the object of study in each unit that constituted the categories.

Category I - The nurse's responsibility in communicating to the patient

With regards to this category, when questioning about the strategies used by the nurse in the scope of the communication, the issues that involved "guidance" as the meaning core for the questioning were pointed out. We emphasize the communication with the patient in hemodialysis therapy, which can act as a strong channel of connection, intensifying the interpersonal relationship with the nurse for questions of orientation in the preparation of the possible surgery. Still, this communication requires a more consolidated formation of the interdisciplinary team and interaction between the health team and the patient, as the statements indicate:

Nurses do not use so much technical terms, for instance, headache, hyperthermia, dysuria, anuria, among others, and terms that they will not understand... we use clearer terms in order to be understood and not scare anybody. [...] the nurse reinforces what the physician says. (RN5)

The orientation of the nurse is very different from the physician... the doctors speak, the patients think they

understand and do not understand anything and will ask the nurse... the nurses explain better, more clearly, according to the language they can understand. (RN6)

These statements indicate that the nurse plays an important role in ensuring patient safety, since it represents the highest proportion of health professionals. The fact that, faced with working conditions, the nursing team may be involuntarily contributing to failures in the organizational system, for example, insufficient levels of staff, inadequate orientation and training, deficiency in and create an environment of respect, shared responsibility and open communication between the patient, health team and professionals from all areas.⁶

As health professionals, we must not forget that messages can be interpreted not only by what we speak but also by the way we behave. Therefore, it is possible to increase the effectiveness of communication by becoming aware of body language, especially with regard to posture and eye contact. Proper communication is difficult because most stimuli are transmitted by signals and not by symbols. People have their own set of values, ideas, experiences, attributing to each sign a meaning that is not only denotative, but mainly, connotative.⁴ This process makes nurses' communication a fundamental tool for the preparation of surgery in the preoperative period of renal transplantation, through the construction of new knowledge and solidification of the nurse/patient relationship.

Category 2 - The significance of nurse/patient communication

It was verified in this category how the nurses perceive the communication during the care process with the patients that will undergo the surgery - only 3 nurses fled the proposal of the question, the others considered to be very important. We have also perceived that what has been understood corresponds to what the other is expressing. So, the available information and data clarify the perceptions in the attempt to understand the other, highlighting the need for training and guidance on the educational process with the patient and communication is considered a key tool for this educational training.

This practice is intended to incorporate useful knowledge in the revision and/or construction of representations and to adopt ways of acting that allow the promotion of self-care, in other words, it helps the patient to understand and wait for an organ with the hope of having a life. The interviewees' statements clearly state this:

[...] It is very important, because there are certain pathologies that is not worthy undergoing transplantation... the patient has to know about all the interurrences that may arise. (N3)

[...] It is important, because they feel welcomed. (N4)

[...] I think it important [...] certainly is fundamental. (RN5)

It is understood, therefore, that health communication is seen as any practice aimed at incorporating useful knowledge in the revision and/or construction of representations and adoption of ways of acting that make possible the promotion of self-care, individual health, collective and environmental, so the professional will be able to promote the life quality.⁷

Nurses play an important role in the preoperative phase of the patient indicated for renal transplantation, being essential to transmit confidence and security, reducing their anxieties and anxieties, through the established relationship between them. However, the professional actions are sometimes still authoritarian and concerned to follow norms and routines oriented towards self-care, with formal and objective aspects, although it is known that the intimacy or familiarity of care requires more flexibility and interaction with the patient, seeking to know what their real needs are, aiming to plan nursing care.⁸

In the following statement it is observed how important and relevant the communication process is:

The nurse needs to be well trained in order to guide and to say everything to the patient [...] clarify the information well so that he can have an adhesion and success in transplantation [...] the nurse is the reference and cannot generate insecurity in the patient. (RN7)

It is noted in these statements that communication can be an important tool for establishing healthy and adequate relationships, both in the personal context and in the organizational environment. Nurses who adopt a style of communication based on empathy and ethical values seem to be easier to establish relationships, as they seem to be easier to mediate conflicts.⁹

It can be observed that the nurses, in a unsubstantiated way, convey meanings that refer to the need for listening and openness to dialogue.¹⁰

Therefore, the nurse's attitude requires a technical-scientific knowledge, the one that teaches is considered the only driver of the educational process, enabling the construction of a knowledge about the health/illness process that allows and makes the individuals responsible for understanding their own professional responsibility.¹¹

CONCLUSIONS

It was verified in this study that the patient bearing chronic renal failure has 3 modalities of substitutive therapy available, as follows: hemodialysis, peritoneal dialysis and renal transplantation. It is considered important to inform

the patient about these modalities as soon as the need for dialysis has been detected.

The nurse's responsibility in the process of communicating with the patient has emerged from the importance of guiding him about self-care. Among the responsibilities found in communication discourses, it is important to encourage transplantation, inform, guide, verify the conditions of each individual, communicate appropriately, organize and direct the flow of patients for transplantation, be careful about keeping the communication effective, welcoming, attentive to person's individualities, seeking to stimulate change, willing to get qualification, and to reinforce the information/learning process.

We have note that nowadays it has become necessary and relevant to study the communication process, because by practicing it, there is an improvement in the way the nurse communicates, then avoiding interferences that could compromise the results, as well as the qualification of those involved in this process, aiming to solve the problems that may arise during communication in the interpersonal relationship between the transmitter and the receiver of a message.

Therefore, it was concluded that the nurses should not only act when requested but also anticipate when providing information about transplantation. Thus, it is extremely important that this professional favors the nurse/patient relationship and considers the differences of each renal substitution therapy, giving greater attention to the information focused on the specificities of each modality, then allowing a better communication towards the patient undergoing hemodialysis therapy with interest in renal transplantation.

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***Corresponding Author**

Adriana Maria de Oliveira

Rua Joaquina Rosa, 231, apto 302

Méier, Rio de Janeiro/RJ, Brazil

Zip Code: 20710 080

E-mail address: dicaoliveira.1177@gmail.com.br