

DISCOVERY OF CHRONIC KIDNEY DISEASE AND EVERYDAY OF HEMODIALYSIS¹

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ABSTRACT

The goal was to understand the person's daily life in hemodialysis experience. Qualitative research with phenomenological basis of Martin Heidegger. Participants were 14 people registered on the waiting list for kidney transplant hemodialysis treatment at a clinic of renal replacement therapy, based on a Collier county. He performed the phenomenological interview technique. The results were announced by an abrupt onset and symptoms and signs of the disease. Featuring its discovery, as no knowledge about the disease and its treatment, expressing feelings of sadness, anger, anger, discomfort and at the same time a duty to completion of treatment. Report the need for information and publicity about chronic kidney disease. The discussion provides an understanding of the way of being-there-hemodialysis shown by gossip, curiosity and daily advertising such as improper anguish guiding be inauthenticity. In addition to the relationship between nurse and be careful that unveiled the care with substitute care. We conclude that the improvement of nursing work can be guided by theoretical and philosophical approaches supporting care for authentic seeking a vision of health from the perspective of being careful interaction with the caregiver basing both objective aspects as subjective.

Keywords: Waiting lists. Kidney transplantation. Renal dialysis. Qualitative research. Nursing. Philosophy.

INTRODUCTION

Chronic kidney disease (CKD) is considered as a public health problem both worldwide and in Brazil, according to data from the Brazilian Society of Nephrology (SBN) match that 10% of the Brazilian population suffer from kidney disease and about 100 000 people made dialysis in the year 2013. These indices demonstrate the magnitude of the disease and its severity^(1,2).

The DRC occurs by the gradual and irreversible loss of kidney function, in such a way that on stage presents a series of changes that affect the kidneys and this can't keepregulation and metabolic waste removal⁽³⁾. The main symptoms of alert for incorrect operation can be kidney, high blood pressure, weakness, anemia and swelling on the face and lower limbs⁽⁴⁾.

As forms of treatment there are drug therapy

and dietetics, therapy substitute kidney (hemodialysis and peritoneal dialysis) and renal transplantation. The most used is the hemodialysis and represents for these people the continuity of life, but also physiological dependence of hemodialysis machine⁽⁵⁾. The treatment improves the quality of life, but even with this advance the health condition of the person with CKD can be complex and problematic bringing conflicts, concerns and anxieties in their day-to-day⁽⁶⁾.

Daily life is represented by the day-to-day and social events, cultural and health that enwrap, analyzing the person within the context of life. The hemodialysis constitutes an essential element of analysis, governs how the days of treatment sessions and subsequent days. Influencing positively or negatively the lives of these people, referring to the process of illness, the treatment and the emotional conflicts^(3,6).

The person who has and DRC are treating with hemodialysis presents the need to adapt to

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the new condition and for such uses counter differentiated forms to develop strategies to deal with the changes in your daily life. Thus, each read individually and subjective without a pattern of behavior and adaptation. In this way, several factors influence the experience of each individual as your physical, mental, social and cultural condition and his life story that influence on health condition⁽⁷⁾.

The DRC is a sudden, unexpected event and generates suffering. Your diagnosis brings the idea of the imminence of death and the repercussions in dialysis treatment, causing emotional conflicts and the experiences/painful experiences, traumatizing and complex that can change the everyday life of these people^(3,6).

Even with all institutional and professional apparatus offered to be-who are undergoing hemodialysis, is immersed in a whirlwind of feelings that interfere effectively in your behavior and consequently in your life. Thus the disease, the changes caused by dialysis treatment and wait for kidney transplants are considered stressors (positive and/or negative) responsible for adaptation needs of the individual, as coping modes based on emotion and/or problem⁽⁸⁾.

These facts have arisen concerns around how the person experiencing this situation; How is your lived since the discovery of CKD and dialysis. In the basement of this study used the phenomenology based on benchmark of Martin Heidegger who through the questioning of be in your daily lives proposes reaching the understanding of be-hemodíalítico in the lived of the discovery of the DRC and in the everyday life of hemodialysis. Thus emerged as the goal to understand the everyday person in the experience of hemodialysis.

METHOD

Qualitative and phenomenological slant research based on Heidegerian thought that subsidized research understanding the meanings of person with CKD on dialysis.

In the expanded sense means the study of Phenomenology and phenomena as science is his own philosophical research, as it should from the presentation of phenomena for a unit of meaning⁽⁹⁾.

For Heidegger, the being represents the reason for the answer and why this demand

seeks the way of investigating reality looking for unveiling what is hidden⁽¹⁴⁾. Describes the being in its various forms of manifestation, it is necessary to his unveiling as this is presented by facets that need to be clarified before its complexity. So, starting from the human existence to understand being itself-even, "*dasein*" or "*being-there*". Is the being that everyone is, which differs from other beings and you have the possibility to inquire about, things and the world⁽¹⁰⁾.

To get access to must initially understand the "being", because the be is the essence of the "being"⁽¹¹⁾. To determine that, we unveil the possibility be by various ways of being in the everyday world. Thus, the entity is all that we are and how we act, how we express, anyway, the way we behave⁽¹²⁾.

For detection and addressing the participants use the listing of active receivers on the waiting list for kidney transplant. The scenario was of choice of participants and with the subsequent schedule of meetings, we have unanimity for the conduct of research in renal therapy clinic based in the substitutionary Zona da Mata of Minas Gerais.

The participants were 14 people on hemodialysis and registered on the kidney transplant waiting list. 11 of which were women and three men. Inclusion criteria: users aged between 18 to 60 years; and they were on dialysis and registered in the single list for kidney transplant. And as exclusion criteria: people who have already performed a kidney transplant with rejection; people undergoing treatment for peritoneal dialysis.

In the field we use the open interview technique, allowing dialogue and relationship with the participants, enabling flexibility, active listening and empathy. To this end, we use as a tool a script containing the guiding question and a field journal to note the non-verbal language, expressed in gestures or other events. The guiding questions: what does it mean to you to be on dialysis? How is your day-to-day?

The interviews were recorded in MP4 and performed between the months of October/April 2012/2013 ... As the choice of participants, the months of December (2012), January and February (2013) have been deleted for conducting the interviews, they expressed that

they were the months that felt sadder and depressed by the celebrations and school holidays. Some interviews were rescheduled because of complications during hemodialysis sessions. Such limitations have generated a spacing in time of data collection. The interviews lasted around 42 minutes to 1 hour and 10 minutes.

In the field we have had a period of 15 days of ambience for a rapprochement with the likely subject of the research, noting the Group's coexistence with each other and with health professionals. After this period, we performed the phenomenological interviews and later, every statement he described information pertinent to the field journal. In the observation of non-verbal language through gestures and expressions that were during the interview, if convergent/divergent was with what was said in the same.

The interviews were transcribed and analyzed in its entirety after each encounter. To determine the units of meaning we use the technique of marking with colors demarcating the lines approaching of an axis. The collection was interrupted when the depositions not added more value to the knowledge of the object, because each unit of meaning already presented the Declaration of most respondents.

Data analysis with the Heideggerian method is subjective and strict that begins with the study of phenomena such as appears the mind to find the truths of reason and intentionality of consciousness⁽¹²⁾. Developed by two times methodical, being: understanding wave and median (1st time) in which they seek the meanings expressed by participants from their experiences; and interpretive or hermeneutical understanding (2nd time) in the analysis of the ontological aspects of being in the world, that is, understanding the directions announced by⁽¹³⁾.

The project was submitted and approved by the ethics and Research Committee of the Universidade Federal de Juiz de Fora in accordance with the recommendations of the current resolution⁽¹⁴⁾ and opinion no 131,836/2012. To maintain the anonymity of the participants, use fictitious names of precious stones while preserving their identity.

RESULTS AND DISCUSSION

With vague understanding and median, unveiled the meanings of be-who are undergoing hemodialysis that experience of hemodialysis through a unit of Meaning "Reported the health complications that led to discovery of chronic kidney disease", being a clipping of the dissertation "the sense of be-carrier-of-disease-chronic renal-on-experience-of-wait-for-a-new-rim: nursing's contribution to health care"⁽¹⁵⁾.

The essential structures have announced the possibility of dasein's own ways in everyday life. Report on the State of health has meant:

Have an abrupt onset:

I was fine and normal and all of a sudden I was wrong? (pause) I didn't have (symptoms of CKD). Now, the only thing I felt was the pressure, it bothered me a lot, was too high and was not hypertensive. I wasn't well and lay in the car, I felt a pain that started to grow, it was the same side (shows the rim) and passed out. I woke up in the hospital. (Amber).

I found out a little while ago. The cause, my blood pressure. She rose too much, until rose beyond the limit, then I admitted doing the tests. Then found that my kidney had stopped, all two. I was 30 days in the hospital. There! (pause) That's when I started doing (hemodialysis). (Topaz).

Are surprised with the discovery of the DRC which occurred abruptly, not showing signs or symptoms and when present if characterized by acute episodes that have marked the beginning of consultations, tests and hospitalizations resulting in the diagnosis of kidney failure, requiring invasive procedures like catheter and use under hemodialysis treatment.

Express have signs and symptoms:

So (cough) a lot of cramping, I worked until the eve of committed, had strong pains, the knee down, I couldn't feel my leg, very slight vomiting and diarrhea. That's what I felt. (Alexandrite).

I started to swell, very fatigue, high blood pressure and a lot of shortness of breath (beginning of hemodialysis). (Ruby).

To make the treatment chronic Glomerulonephritis and gave that had to do hemodialysis, already taking diuretic and always had a problem. There, I gained too much and cut the remedy and gave. I had leg pain and swelling,

a lot of pain in the leg. The doctor said it was the disease (CKD stage V). (Citrus).

Reported that they were fine and normal, but suddenly they were sick with symptoms such as swelling, fatigue, shortness of breath, high blood pressure, cramps and numbness in the lower limbs, kidney pains, abdomen and lower extremities, fainting, anemia, vomiting and diarrhea.

They had no knowledge of the DRC and TRS

At first I didn't even know what was on dialysis, thought the treatment was only come here once and just you know, just go to the doctor. I didn't know (laughter, shake his head and pauses in speech) UM, I don't know. (Emerald).

Don't. No, no idea (what was hemodialysis). [...] To look at this machine took me 2 hours to get to look at her and see the blood pass it. It's horrible, very bad now, I have to live right, I have to live with that, as they say is a routine now. (Topaz).

Didn't know about the treatment, I imagined something totally different. Look I got here pretty much out (first session of hemodialysis), just saw that had the catheter in my neck, I had no idea it was that our body (hemodialysis machine). (Amber).

The lack of knowledge about who are undergoing hemodialysis treatment, expressing that the improvement was by performing a single session of dialysis to stabilize your health or cure. Demonstrated that they didn't know and neither imagined that the dialysis machine was kidney function and that the blood in your body go through her.

Express your feelings

As I was? (laughs) very angry, there is no (pause) I didn't take much [...]. In the beginning was not good, I had to do (hemodialysis). Do that right, you have to accept (hemodialysis) and expect (the transplant). Is bad [...] changes a lot. (Aquamarine).

At the time I started was very angry, anger, I didn't think I could get better, felt really bad, but it was my pain. After I did some more tests and took the catheter was better. (Amber).

And on the first day I don't even remember how I made was in the ICU hemodialysis. I can't remember I tell you. Oh! After strange, strange Yes (hemodialysis). (Quartz).

It's hard to describe the treatment and acceptance showing feelings of sadness, worry, bother, rebellion and anger. Demonstrate thoughts of not being able to improve health, feeling bad. Understand that the short period between the discovery of the disease and who are undergoing hemodialysis treatment brought changes in their lives and in this situation feel tense and pressed. In addition to describing the difficulty encountered in dialysis is bad, horrible and at the same time is a must.

Need for the dissemination of CKD:

I think last year here has entered more than 30 people, I think it's a lot to know and should be released for people to understand. (Diamond).

So you should eat well without salt and drink water. Should inform (the population). Huh! It is important. If people were so wouldn't have the DRC and not needed transplant. (Tanzanite).

Reported that should be more publicized the CKD and kidney therapies instead to educate the population, informing about the disease, the diagnosis and the treatment, because they had no prior knowledge about your health problem. And, that the discovery of the disease associated with the treatment is impacting factor in your life.

Understanding spot and median pointed the meanings expressed by *be-there*, that is, the understanding of what they allow that the facts are ontic emerging the concept of your experience. The wire guided analytical movement toward the hermeneutics that is to unveil the senses overshadowed by the apparent meanings of *be-who are undergoing hemodialysis* in the discovery of CKD.

The concept of being announced in the mode of *dasein* indicated *an everyday life* permeated by talk that according to Heidegger^(13:227) is "unfolding and understood by the communication originated in that repeats and passes below the line, and this did not reach the ontological reference. The person bearer of DRC relates to the world, reproducing the speech of health professionals, using the technical language, because the repetition of the terms is not understanding and not interpret what talks, settling on just repeat and pass along the line in your daily life⁽³⁾. In this way communication

occurs for lines inserted into your daily life as: fistula, depression and chronic Glomerulonephritis.

The be-who are undergoing hemodialysis uses health staff, especially to the doctor so that it can improve its signs and symptoms arising from the sudden complication of their State of health. Before this facticity of daily lives, he's not himself, he is not liable, being released in the decay, which "is just a special way of *being-in-world* in which is totally absorbed by the" world "and the co-presence of others in the impersonal", "worldliness", the way to be average^(13:237).

So, he doesn't quite understand who he is, but you understand that has a chronic disease and if left untreated is fatal, in your life from the diagnosis will depend on the actions that are performed for maintaining the *occupation mode* toward the activities imposed by everyday life and to the responsibility of their own well-being⁽¹²⁾.

In this sense, is a *being there* in a world that is already given and no choices. In the public domain is the location of everyone and no one, and the "we" in which daily life is common and familiar. So, don't you realize being dominated by the daily lives and her repeating the same things^(13:184). The *advertising* proscribes the decision of these people in a design for the quest to be healthy, if impersonal mode, showing their understanding is not of itself, but what is released on a daily basis and open for all⁽¹⁶⁾.

In *advertising* it is they and anyone, because all are carriers of CKD that use the same therapy (hemodialysis), the same drugs and tests. However, not always satisfies your needs, not the routine release of anguish in^(12:17).

The experience of being under hemodialysis let dominate the daily lives in that in coexistence with the other ones in the world manifest behaviors and, more often than not he's not, and what anybody says that he is showing in the. "himself of being the everyday mode which is the inauthenticity and the impropriety to disregard as being of possibilities"^(13:179).

Therefore, in the way of being of inauthenticity to presence is not herself, lives and acts guided by another, where you have no power of decision for letting others decide your day-by-day, downloading their responsibility and their own care. For Heidegger^(13:197) means

"in a first approximation, the factual presence is common in the world, discovered by middle age. In a first approximation "I" not "I am" in the sense of the proper itself, and the other along the lines of the impersonal".

On your way to be loved on a daily basis, that "it's all we talked about, all that we understand that we behave this way or that way, it's also what is how we ourselves are. Being is what it is and how"^(13:42). How loved coexist with other beings-we perceive as such, *being with* them in the disabled mode, realize their only physical aspects and forgetting the emotional aspects. Determining what they should or should not do as: cannot ingest liquids; must do properly the guidelines; you have to take the medicine and conduct dialysis.

So, living being controlled by the relation with the other and being threatened by signs and symptoms of CKD and therapy, seeking to go back to being what it was before, on condition that apparently understood as original⁽¹⁸⁾.

Demonstrated want to take knowledge of the disease and treatment and that is the phenomenon of curiosity. But, the being disperses with the possibilities and the being end up not appropriating of the information supplied to it, only making the repetition without a question, it makes them confused as to the path or decision will take^(13:237). Curiosity is "the fundamental Constitution of the view shows an ontological trend to" view "the everyday itself [...] not limited to view, expressing the tendency for a special kind of perceptive with the world meeting"^(13:34).

The dispersion generated by possibilities of understanding coupled with talk that leads to the understanding of everything you've been passed and if fully understood, unveiling the sense of *ambiguity* that is the opening of everyday *presence*. The ambiguity is when "everything seems to have been understood, captured and discussed authentically when, in the background was not. Or it looks like it wasn't when, deep down, I was"^(13:238). Revealing herself when they think you've learned about your state of health, when deep down you still don't get it. The ambiguity is revealed not only right now, but the accompanying by not understanding that there is the possibility of improving their quality of life with hemodialysis.

Heidegger describes the threat “has no character of something harmful that would relate to the threatened with the prospect of a specific power-determined to be factual. What the anxiety is entirely indeterminate”^(13:152). In this mode of provision, may be in different ways depending on what and how threat. The threat is anything that fears are with: fear, sadness, tension and nervousness not knowing and not understand under hemodialysis treatment at the beginning^(14,19). At this point you can choose as dasein possibility property, or impropriety, the be-who are undergoing hemodialysis anticipate himself and is committed with the occupations in the world, by the confrontation of everyday life who feel dangerous as the condition of carrier of CKD and staying on dialysis. In this way remains shrouded not familiarity and strangeness essential through the decision of impersonality.

The being-there builds their relationships with health professionals based on physical aspects, pathological and technical (goals). So the perception of emotional aspects (subjective) is obscure, not transcending the careful promotion of autonomy and the understanding authenticates the person bearer of CKD. This connect interact with inauthentic, where concern is with dasein in order to deal with the other.

Thus the levels of attention to health is on the inauthenticity of health professionals, which must be guided on orientation of objective and subjective aspects on the DRC, treatment and prevention. Think about the process of care places the nurse on the challenge of deepening on the need to understand the health-disease process and what he's involved⁽²⁰⁾. Noting the

complex dynamics of the DRC relating to modifications of the life of the subject their understanding improves performance in various contexts of daily life.

FINAL CONSIDERATIONS

The discovery of the DRC is considered a situation in which a complex modification occurs in a person's life, for the impact on lifestyle, psychosocial demands and physiological constraints. And its adaptation will be influenced by your experiences and livings, making it important to take care developed by nursing, which permeates through several dimensions as assistance, administration, research, teaching and ethics.

The nurse to take care as *being with* the person in hemodialysis may be helpful in subjective aspects, in addition to the pathological/physical aspects in developing possibilities for the improvement of professional performance as the theoretical and philosophical approaches to support for care. So do the impersonal care movement back scientific knowledge only (valued by the pathology, treatment and routines) for a handle authentic seeking a vision for health care in being optical interaction with the caregiver.

To get changes and transformations related to sense health system unveiled based on inauthenticity of health professionals proposed: raise their awareness about the importance of informing the general public, of the family and of DRC on the DRC, the treatment and the emotional and social aspects.

DESCOBERTA DA DOENÇA RENAL CRÔNICA E O COTIDIANO DA HEMODIÁLISE

RESUMO

O objetivo foi compreender o cotidiano da pessoa na vivência da hemodiálise. Pesquisa qualitativa com embasamento fenomenológico de Martin Heidegger. Participantes foram 14 pessoas cadastradas na lista de espera do transplante renal em tratamento hemodialítico em uma clínica de terapia renal substitutiva, sediada em um município Mineiro. Realizou a técnica de entrevista fenomenológica. Os resultados foram anunciados por um início abrupto e os sinais e sintomas da doença. Caracterizando sua descoberta, como o não conhecimento sobre a doença e sua terapêutica, expressando sentimento de tristeza, raiva, revolta, incomodo e ao mesmo tempo um dever a realização do tratamento. Relatam a necessidade da informação e divulgação sobre a doença renal crônica. A discussão possibilita a compreensão dos sentidos do ser-aí-hemodialítico mostrado pelo falatório, curiosidade e publicidade do cotidiano, como angústia imprópria guiando o ser a inautenticidade. Além da relação entre enfermeiro e ser cuidado que desvelou o cuidar com solicitude substitutiva. Conclui-se que a melhoria da atuação do enfermeiro pode ser pautada por abordagens teóricas e filosóficas dando suporte para um cuidar autentico buscando uma visão de saúde pela ótica do ser cuidado em interação com o cuidador embasando tanto nos aspectos objetivos como subjetivos.

Palavras-chave: Listas de espera. Transplante renal. Diálise renal. Pesquisa qualitativa. Enfermagem. Filosofia.

DESCUBRIMENTO DE LA ENFERMEDAD RENAL CRÓNICA Y TODOS LOS DÍAS DE LA HEMODIÁLISIS

RESUMEN

El objetivo del estudio fue comprender el cotidiano de la persona en la vivencia de la hemodiálisis. Se trata de una investigación cualitativa con enfoque fenomenológico de Martin Heidegger. Los participantes fueron 14 personas catastradas en la lista de espera del trasplante renal en tratamiento hemodialítico en una clínica de terapia renal sustitutiva, ubicada en un municipio de Minas Gerais-Brasil. Se realizó la técnica de entrevista fenomenológica. Los resultados fueron anunciados por un inicio abrupto además de las señales y los síntomas de la enfermedad. Caracterizando su descubrimiento, como el no conocimiento sobre la enfermedad y su terapéutica, expresando sentimiento de tristeza, rabia, desacuerdo, incomodo y al mismo tiempo un deber a realización del tratamiento. Los participantes relatan la necesidad de más información y divulgación sobre la enfermedad renal crónica. La discusión posibilita la comprensión de los sentidos del ser-ahí-hemodialítico mostrado por el habla, la curiosidad y la publicidad del cotidiano, como angustia impropia, guiando al ser a la inautenticidad. Además de la relación entre enfermero y ser cuidado que desveló el cuidar con solicitud sustitutiva. Se concluye que la mejoría de la actuación del enfermero puede ser basada por abordajes teóricos y filosóficos dando soporte para un cuidar auténtico, buscando una visión de salud por la perspectiva del ser cuidado en interacción con el cuidador, llevando en consideración tanto los aspectos objetivos como los subjetivos.

Palabras clave: Listas de espera. Trasplante de riñón. Diálisis renal. Investigación cualitativa. Enfermería. Filosofía.

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